World Peace Foundation

Future of Peace

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Ways of working for more peaceful futures: A global health humanities roundtable

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About

World Peace Foundation was established by Edwin Ginn, a Boston-based publisher of educational texts and an advocate for international peace. Initially created as the International School of Peace on July 12, 1910, the WPF was tasked with educating a global audience about "the waste and destructiveness of war and of preparation for war, its evil effects on present social conditions and on the well-being of future generations." In the language of its time, the mandate also included promoting "international justice and the brotherhood of man… peace and goodwill among all mankind."

Today, WPF remains committed to the vision of collective action and nonviolence. It also seeks to learn from the limitations of the past by fostering more inclusive approaches to achieving and sustaining peace. Through justice-informed research, we aim to change public conversations on pressing issues related to envisioning, creating and sustaining nonviolent futures.

The WPF is solely affiliated with the Fletcher School of Global Affairs at Tufts University.

The **CUGH Global Health Humanities (GHH) Working Group** seeks to explore global health through diverse humanities perspectives: history, literature, personal narrative, philosophy, ethics, creative arts, religious traditions, and cognitive and social sciences, in the effort to illuminate dimensions of human experience hitherto neglected in current global health activities and scholarship. GHH welcomes health professionals and trainees, educators, and global health advocates from around the world to join our efforts. Activities include: (1) sharing and discussing the emerging literature in GHH; (2) identifying questions, developing projects, and writing articles pertinent to GHH; (3) examining pedagogies for teaching health humanities in different cultures and contexts; (4) participating in conferences on global health and GHH.

Learn more about **CUGH Global Health Humanities (GHH) Working Group** at:
cugh.org/committees/global-health-humanities-working-group

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Learn more about **The Future of Peace Program** at our website: **worldpeacefoundation.org**

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Introduction

The pursuit of more peaceful and just futures requires attention not only to the futures we hope to achieve, but to the processes we use to work toward them. At a moment of profound global change and uncertainty, that distinction takes on particular importance. Polarization and contested values, deep inequalities and unequal power relations, institutional mistrust, technological and ecological change, violent conflict, and other complex challenges are reshaping the conditions in which people live and work. However, these challenges also invite us to expand what we imagine as possible and reconsider the ways of working that can– or should– help shape what comes next.

Prior to my current role with the World Peace Foundation, I spent more than four years at a research institute focused on inequalities in global health. The field was new to me; my prior scholarship and practice was in conflict resolution, political transitions, and divided societies. Part of what drew me to global health was a sense that it may offer ways of working that would be new to me, and that I could carry into other justice-oriented work. I had long been interested in process, and in what the process itself produces or makes possible that we may miss when focused only on outcomes: How can we produce knowledge with, rather than simply about, the people whose lives are implicated in it? How should we navigate differences in power, expertise, experience, and ways of knowing? And how might the processes through which we pursue change reinforce, undermine, or even begin to embody the change we hope to achieve?

As suspected, working in global health brought me into contact with new ways of thinking about these questions. Alongside substantive concerns with equity and the structural conditions that shape health, I encountered people and spaces grappling with what equity requires of how work is done. Questions of community engagement, co-production, reciprocity, positionality, epistemic humility, and power feature in these conversations, often emerging precisely from critiques of global health's own hierarchies and colonial inheritances. It was within this grappling, rather than any settled approach, that I found ideas about process that I valued.

During this period, I became involved with the Global Health Humanities Working Group, an interdisciplinary community of scholars bringing humanities perspectives into conversation with global and public health. I was struck by the range of disciplines, geographies, knowledge traditions, and forms of practice its members bring to questions of health and wellbeing, and particularly by their attention to how work is done. This was, to me, one of the most valuable parts of the Working Group; it created space for perspectives and ways of working that remain less common in global health, and that have also sharpened how I think about process in my work within and beyond that field.

These observations have stayed with me as I moved into my current role directing the World Peace Foundation's Future of Peace program. Health and peace have long been understood as interconnected: violence profoundly shapes health, while health inequities reflect and reproduce wider structures of power and injustice. However, my interest here is in a somewhat different connection. Many of the changing conditions shaping possibilities for peace also intersect with longstanding questions about methods and approaches in global health. For the Future of Peace program, this reinforces that there is no reason to assume the most useful lessons will come only from work using the language of "peace." Other fields and communities are already experimenting with ways of relating, knowing, organizing, and acting that have important lessons to offer.

That insight is the premise of this roundtable.

I asked members of the Global Health Humanities Working Group to reflect on the following question:

> ***Drawing on your own experience, what ways of working do you think are particularly important for navigating current and future global health challenges? What lessons might others– within and beyond global health– who care about shaping less violent and more just futures learn from these ways of working?***

The responses do not offer a single model, nor do they suggest that global health provides a blueprint. Instead, they bring different practices and intellectual traditions into conversation around a shared proposition– that the ways we work are not incidental to what our work makes possible.

The contributors bring perspectives spanning global health research and practice, medicine, the health humanities, Indigenous approaches to health and wellbeing, and beyond. Nomusa Mngoma begins with the structures and relationships through which knowledge is produced, asking what more equitable research partnerships require in practice. Stefanie Theuring moves beneath these practices to their normative and epistemological foundations, asking how global health might retain a universal commitment to human dignity while continually questioning the assumptions and categories through which it understands the human. Quentin Eichbaum turns to the capacities required for such questioning, presenting metacognition as a practice of recognizing the limits of expertise, interrogating assumptions, and remaining open to correction. Rosemary Jolly pushes further into questions of what counts as knowledge and how we encounter it, showing how embodied practices can make otherwise obscured forms of knowledge available through listening. Chioma Ohajunwa approaches these questions through Indigenous spiritual and relational understandings of personhood, asking what changes when engagement begins from connection rather than separation. Charles-Antoine Barbeau-Meunier widens the lens further, locating these practices within an emotional ecology of trust, belonging, and relational safety that makes solidarity and collective action possible.

Together, these perspectives invite us to consider what these different approaches to global health might also teach us about creating the conditions for less violent and more just futures.

Roundtable perspectives

Navigating global South-North research relationships

NOMUSA MNGOMA

Born and raised in a South African township during apartheid, I experienced oppression and state violence firsthand. Those experiences shaped my commitment to dignity, justice, and peace. As a researcher from the Global South working within Global North institutions while remaining connected to communities in the South, I argue that peace in global health cannot be separated from the power relations through which knowledge is produced, valued, and shared. Drawing on Ubuntu and decolonial thought, I suggest that a more peaceful future depends on research relationships grounded in humility, reciprocity, shared authority, and accountability.

Unequal power in global health partnerships

The language of partnership is now common in global health, yet partnership alone does not eliminate power imbalances. Many Global North-Global South collaborations continue to reflect colonial histories and inequalities in funding, publication opportunities, mobility, and decision-making authority. Researchers from the North often arrive with grants, timelines, and established theoretical frameworks, while local scholars and communities are frequently asked to support implementation rather than shape research priorities.

Coloniality persists not only through overt actions but also through assumptions about whose knowledge is privileged. Decolonial approaches challenge us to ask: Who defines research priorities? Who benefits from the research? Whose knowledge and theories are recognized? Whose labour is valued? Who owns data and receives professional recognition? These are questions of justice that reveal whether global health research is transforming inequitable relationships or continuing to reproduce them.

Working between North and South

For researchers from the Global South working in the Global North, these dynamics can be particularly complex as we often occupy an in-between space. While Northern institutions provide access to resources, funding, and influence, our communities of origin continue to be treated as research sites rather than equal partners.

Although this position can be uncomfortable, it also creates an opportunity for ethical leadership. We can challenge dominant assumptions, translate across knowledge systems, and advocate for research that remains accountable not only to funders and journals but also to the communities whose lived realities make the work possible. Rather than facilitating extraction, we can help create more equitable forms of knowledge production.

Ubuntu and a relational approach to research

Ubuntu offers a powerful framework for imagining a more peaceful future in global health. Often expressed as *umuntu ngumuntu ngabantu* ("a person is a person through other people"), Ubuntu reminds us that knowledge and human flourishing are fundamentally relational. Research achievements are incomplete if they fail to acknowledge the communities, students, and colleagues whose labour and insights made them possible. Ubuntu challenges the individualism that often underpins academic prestige and instead frames scholarship as a shared moral practice grounded in mutual responsibility. From this perspective, peace is not simply the absence of conflict. It is the presence of respectful relationships, shared dignity, and meaningful recognition of others as knowledge holders and partners in inquiry.

Global health humanities as a bridge to peace

Global health humanities can help foster these relationships by expanding how we understand knowledge and evidence. While global health often prioritizes measurement and technical expertise, the humanities draw attention to the human dimensions of illness, care, language, history, and belonging.

Communities are holders of knowledge, archives of experience, and makers of meaning, and not simply locations where health problems occur. Engaging communities ethically requires understanding how people make sense of suffering, healing, and hope within their own cultural contexts.

Humanities approaches, such as narrative, oral history, and ethical reflection, create space for perspectives that might otherwise be overlooked. Combined with Ubuntu, they encourage humility, listening, and shared interpretation. They do not replace public health science; rather, they make science more accountable to the people and communities it seeks to serve.

Practices for a more peaceful research future

Peace is not the avoidance of difficult conversations about colonialism, race, privilege, funding, or authorship. It requires actively rebuilding research relationships on more equitable terms. Several practices can help move global health in this direction:

- Begin with community priorities and interpretations rather than imported assumptions;
- Ensure equitable approaches to authorship, funding, data governance, and decision-making;
- Recognize Indigenous knowledge, oral histories, community memory, and lived experience as legitimate sources of evidence and theory; and
- Remain accountable beyond publication and sustain relationships after projects conclude.

Meaningful change also requires institutional action. Funders should support community governance, universities should reward reciprocal scholarship, and journals should recognize community-based and multilingual knowledge.

Ubuntu reminds us that our humanity is interconnected. If global health is to contribute meaningfully to peace, it must transform the relationships through which knowledge is produced. By addressing power imbalances and fostering reciprocity, dignity, and epistemic justice, research can become not only a tool for improving health but also a pathway toward more just and peaceful futures.

A call for critical humanism in global health

STEFANIE THEURING

In times when there is little consensus on what is “right” and “wrong”, the search for meaningful responses to future challenges calls for a (re)examination of the normative foundations of global health: what grounds our obligations toward the health of people beyond national borders?

Global health, a field of scientific and political practice, must be understood as an agent: it categorizes, prioritizes, intervenes. This agency is based on decisions that inevitably involve value judgments. Global health thus operates within a field of moral and ethical tensions, which must be navigated through assumptions, definitions, and generalizations. To do so in a meaningful way, global health requires a normative point of reference.

"Health" alone cannot provide this reference. It is not an end in itself; health derives its value from its contribution to human life. If the value of health lies in this contribution, then the human person becomes the normative reference point for global health. But whom exactly do we mean by the "human person," and what form of humanism are we drawing upon?

Scholars have criticized traditional humanism as a Western construct that can shift from benevolence and care to paternalism and coercion;[1] global health for universalizing European conceptions of the human person;[2] humanitarianism for reproducing power imbalances through compassion for the misery of others;[3] and totalizing frameworks for concealing the complex particularity of lived realities.[4] How, then, can global health commit to humanism, as a general moral obligation toward human beings, without reproducing a Western universalist concept of the human person?

This is only possible if humanism continuously and critically questions its own assumptions.[5] Crucially, the universality of a fundamental moral commitment to human dignity must be distinguished from a universalism of human existence: the universal commitment does not, in fact, require that people everywhere understand health, the good life, autonomy, needs, or self-conception in the same way.

Human persons can never be fully captured by external categories. They are always relational, socially embedded, structurally situated, and shaped by lived experience, actions, individuality, and historical context. Building on the premise that human categorization is necessarily incomplete, several cornerstones of a normative orientation emerge:

- Our knowledge of a person is limited: epistemic humility
- Our assumptions about what a person is are situated: ontological modesty
- People experience life in multiple ways: pluralism
- People are knowing and acting subjects: participation
- People are relational and structurally situated: structural critique
- Our knowledge is position-dependent: reflexivity

These are essential components for understanding the constitutive assumptions underlying the production of global health knowledge; how that knowledge can be applied to people; how interventions are developed and implemented; and what kinds of power relations arise in the process.

Obviously, certain generalizations and simplifications- from epidemiological classifications and population-level indicators to treatment guidelines- are inevitable. They are vital to modern public health, just as universal standards and health rights are fundamentally valuable. Global health *must* abstract human reality and reduce it epistemically to create a starting point for research and shared discourse.

However, critical humanism may serve as a corrective to such abstractions when they become ontologically superior to the human person itself. In other words, epistemic reduction must not turn into ontological reduction. Categories are not power-neutral and must not be confused with the persons they partially describe. Structures matter, but do not exhaust personal realities. Categories like “suffering” or “vulnerability” must not be granted definitional power over persons; rather, they establish moral claims on society independent of the person. At the same time, the human person as a point of reference in global health does not imply a return to individualism or anthropocentrism: A person can never be socially or ecologically decontextualized.

There is already an abundance of frameworks in global health; my aim is not to propose yet another one. Rather, critical humanism in global health may provide a normative orientation for navigating the challenges of our time: by insisting that the human person remains the reference point for all global health action, while continuously scrutinizing how global health defines and operationalizes this person, how it produces and uses knowledge about them, and how it acts in relation to them.

The tension between a universal moral obligation toward the human person and the ongoing questioning of our conceptions of what it means to be human cannot ultimately be resolved. Nor is resolving it the aim of critical humanism in global health, or in other fields of action with a collective moral commitment to justice and equality. In fact, the aim itself is simple: the willingness to hold and continually negotiate this tension.

The value of metacognition

QUENTIN EICHBAUM

Metacognitive competence

The global health challenges I have encountered—from developing education programs, devising public health interventions, and creating transfusion and cellular-therapy capacity through to working across professional and ethnographic cultures and unequal health systems—have rarely been solved just by knowledge acquisition and cumulative information. They demand another underrecognized domain of cognitive skills and competencies known as metacognition: the awareness and learned capacity to notice, question, and regulate one’s own thinking, emotions, assumptions, and biases. This field has in recent years been deeply enriched by findings in neuroscience and entails a range of other competencies, such as how we perceive, reflect, navigate change, pay attention, make decisions, and deal with mistakes.

Practitioners of medicine and global health often work and act under conditions of uncertainty, time pressure, and moral urgency. Those conditions tend to reward knowledge, decisiveness, and authority. But these attributes can lead to overconfidence, biased decision-making, and premature conclusions. The assumption is that technical know-how and knowledge acquisition confer wisdom and expertise. Metacognition creates a pause: What am I assuming? What, and whose, knowledge is absent? What emotion is shaping this judgment? What evidence would change my mind?

From traditional expertise to learning and adaptive expertise

My work in medical training and education, transfusion medicine, and global professional collaborations has taught me that technical competence is important and often essential but not always sufficient. A protocol that is appropriate in a well-resourced cancer center may be unsafe, impractical, or inequitable elsewhere—not because colleagues lack knowledge, but because contextual realities differ – the local pathologies, cultures, political conditions, infrastructures, and patients' living conditions and realities.

A critical foundation for developing metacognitive competence is epistemic humility: recognizing that one's expertise is always partial. It means entering partnerships not simply asking, "What can we teach (given our expertise)?" but "What do we need to understand before acting?" It requires treating local clinicians, patients, and communities as co-interpreters of a problem, rather than as passive recipients of externally created solutions.

This approach is especially important in global health, where even good intentions can lead to acceptance and reproduction of unequal power structures. Programs framed as "capacity building" may overlook existing and reliable capabilities; data-driven priorities may displace legitimate community priorities; and urgent interventions may neglect the long-term relationships required for trust. Metacognitive awareness does not slow action for its own sake. Instead, it ensures that action is not merely efficient but responsive and adaptive. This approach leads one from traditional expertise based on knowledge acquisition, to adaptive expertise based on adaptive cognitive processes and how knowledge is applied.

Thinking adaptively and collectively

Metacognition is not only an individual practice but can also be a collective practice guiding a team's ability to examine how it reaches conclusions, whose voices carry authority, and when consensus may conceal dissent. In multidisciplinary clinical teams, this may suggest inviting the person closest to the patient or operational problem to challenge an apparently expert decision. In international partnerships, it means building structures in which reciprocity is authentic, and disagreement is safe.

Such shared cognition is a practical form of peacebuilding. Violence is not limited to war. It can also be embedded in disregard, extraction, exclusion, and systems that make some lives easier to overlook than others. Institutions become less violent when they can detect their own blind spots, acknowledge harms, and revise their practices with inbuilt safety and without defensiveness.

In working towards peace and just futures, listening must be active and attentive, not interrupted or feigned for politeness. It must have consequences. If communities identify a problem differently from external experts, the response should not be to explain their view away, but to ask what the difference reveals about the limits of one's own frame.

AI, human judgment and metacognition

Artificial intelligence intensifies the need for this discipline. AI can retrieve and synthesize enormous quantities of information, recognize patterns, generate plausible recommendations, and support work in settings where expertise is scarce. These capacities could be valuable in global health in analyzing data, supporting diagnostic decisions, interpreting materials, widening access to educational resources.

But AI can also create a misleading illusion of neutral, slick knowledge. Its outputs reflect the data, institutions, and inequalities from which it is built. A system trained mainly on data from affluent settings may perform poorly in populations, languages, or health systems that were inadequately represented. Its confident language can conceal uncertainty. And its ostensible objectivity can encourage users to defer to it rather than to the people affected by its recommendations.

The essential skill, therefore, is not merely AI literacy—knowing what AI tools can do—but meta-AI literacy: the metacognitive skill to recognize how AI tools shape our judgment and the metacognitive competencies to deal with the range of threats posed by AI. When an algorithm offers a diagnosis, priority, or prediction, we should ask: What is this system seeing? What is it unable to see? What assumptions are embedded in its categories? Why am I inclined to trust or reject it? Who bears the cost if it is wrong?

AI should complement if not extend human capacities but not assume its own ethics and replace human moral responsibility. A machine can rank options, but it cannot decide what justice requires. An AI tool can identify correlations that also result in reckless policies. While it can produce answers, it cannot participate in the deeply human work of repairing trust.

Metacognition will not eliminate error, conflict, or injustice. Its value lies in making corrections attainable and guiding us there. In a world of accelerating technology, polarized politics, and deep global inequality, the capacity to examine how we know—and how we may be wrong—is not a luxury but a condition for acting with humility, solidarity, and peace.

Accessing stigmatized knowledges: a crucial peace-making skill

ROSEMARY J. JOLLY

We often think of peace as an absence of violence or conflict. But defining peace as an absence, rather than an active practice of "making," leaves little guidance for working toward peace in a polarized world. Peace, like the human rights meant to support it, centers the human. The Universal Declaration of Human Rights (UDHR) is paradoxically both assertive (all humans *are* to have rights) and aspirational (all humans *should* have them)[6]. Hannah Arendt, writing after the mass statelessness of World War II, observed that only citizens hold enforceable rights, yet the stateless are the ones who most need them.[7] This problem has only grown with rising numbers of refugees and stateless people, not to mention citizens who find themselves at odds with states that don't accord them the rights they do have in law. For these reasons, human rights frameworks often exclude the very people who most need them. Further, the UDHR's "human" is rooted in the Western notion of "Man" — what Sylvia Wynter calls an idea of the human that overrepresents itself as all humans.[8] That man is also anthropocentric: rights center the human so completely that they fail to serve human interests well. Humans are deeply interdependent with non-human animals and the natural and built environments. For example, access to clean water and breathable air are necessities for many beings, not just humans.

So where do we go from here?

First, we need to abandon the idea that peace and material or political goods are things the privileged "give" to those who lack them. I spent decades working to mainstream gender-based violence prevention into HIV/AIDS prevention efforts in southern African communities facing endemic poverty and HIV prevalence rates between 33% and 38%, both before and after highly active antiretroviral therapy (HAART) became available through churches and then the state. This work reshaped my understanding of peacemaking — both its methodology and the community-based knowledge it depends on. The two are inseparable.

Violence — whether structural, like racism, gender-based violence, or entrenched ethnic conflict, or interpersonal, like partner abuse — is heavily stigmatized. We lack everyday language for discussing it, and when we do speak of it, we tend to abstract it away from the body, even though it is our bodies and minds that bear its harm. For this reason, our community engagement approaches drew on embodied strategies from dramatists, body-mappers, and educators using "cellphilm" methods to capture young girls' experiences. By embodied methods, I mean ones that engage not just the mind but the entire body of community members — and often facilitators too. These activities include drawing maps of one's own body in relation to

others' in a cohort; drama techniques using the body to communicate with a cohort; and using cell phones to film oneself in daily contexts, record voice-over reflections, and play these back to one's cohort and facilitators.[9]

These approaches let community members convey knowledge to each other and to outsiders without relying on spoken or written narrative. Working through posture, gesture, and the traced histories of participants' bodies accomplishes three things: it allows stigmatized issues to be addressed without being spoken aloud, sparing the communication from self-censorship; it refuses the mind-body split that makes violence against others easier to commit; and it surfaces knowledge participants may not have known they held — knowledge essential to right-making. This includes understandings of the interrelation between the natural world and humans (unborn, living, and ancestral), and the primacy, in some cultures, of relationship over individual identity. In Ubuntu, for instance, one has no identity apart from one's relations to human and non-human beings.[10]

These methods are slow and effortful, resistant to economies of scale. But they build trust and understanding. Peacemaking cannot be reduced to time-rationing or large-scale intervention into other people's worlds — two modes of "efficiency" that can themselves produce violence. For example, the introduction of Western medicine, dependent on the mind/body split Western science manifests, imposes that split onto cultures that never suffered it in the first place — itself a kind of violence demanding acute attention and remediation in cross-cultural medical work. Consider the thousands of Westerners trying to bridge that split through practices like yoga. Or the other side of the coin: the foreignness, to some, of a Western-trained doctor's[11] instructions: take HAART with food. But how do you explain — itself a point of stigma — that you have no food, and so skip the medicine because it makes you vomit? A rural traditional healer would not demand that explanation; they would foresee the possibility, because they create an environment that does not stigmatize that degree of poverty.

Embodied engagement is a way of listening to knowledge we haven't been attuned to — which suggests real listening is itself an act of peacemaking. It is not passive; it means attending to what we don't already know and cannot simply recognize.

Finally: peacemaking is not all-or-nothing, as the conflict-versus-peace binary implies. Differences can exist without becoming violent. Moreover, harm reduction in this violent world is not an attack on excellence — it is progress toward peace, not despair at the distance between where we are and where we strive to be.

African indigenous traditions and relationality in research and practice

CHIOMA OHAJUNWA

Within many African Indigenous traditions, personhood is understood relationally: humans exist in relationship with one another, their environments, and the spiritual world, with those relationships shaped by place, history, and context.[12] This does not imply a single or homogeneous African worldview; relational understandings of humanity take different forms across contexts, expressed through concepts such as Ubuntu in South Africa,[13] Obuntu Bulamu in Uganda,[14] and Sankofa in Ghana.[15] Across these differences is a recognition that no human being exists in isolation, we exist in community. From this perspective, violence, displacement, or trauma experienced by one person or community implicates a wider shared humanity.

What does this mean for peace missions/the future of peace?

> *"Although despised by the materialistic science, the pragmatic spirituality of different peoples is the basis of the wisdom that produces meanings and builds bridges between the outer and the inner sides, the immanent and the transcendent, the thought and the affection."*[16]

This quote by Marcelo Firpo de Souza Porto captures the relationality embedded within the work we do in different spaces of the globe. My work within indigenous communities is focused on a sociocultural and spiritual understanding of wellbeing and its influence on the experiences of health and wellbeing. My work is influenced by Ukulungisa- seeking a balanced relationship that supports wellbeing.[17] I primarily work with people with disabilities, traditional healers, and traditional birth attendants. This sense of a shared humanity influences the work I do. I enter communities with a knowing that there is connectedness that makes me not the 'other' but 'a part of' the community. That is for me, where the strength lies. I realise that this connection exists on a spectrum, every encounter is unique, and although grounded in the same value system, each project requires a shift, a spiritually informed re-positioning of myself in recognition of the unique attributes of that specific space, the people and their history.

I have learnt that every context is different. This means that I do not impose previous knowledge even from a similar context. I listen to every context. This makes me not finalize even a research proposal without input from the context of implementation. I meet with the community and present my intentions, asking for their input. I ask questions, seeking to understand, and find mutual agreement, rather than filling the space with my own assumptions, training and knowledge. This helps build respect, trust, and a sense of ownership. In this way, we begin to build community around the research focus, of which I also become a part; however, the intent

is that the people within the context must lead the conversation. I have learned that people align more with what they help to build. For example, birthing is often seen as the primary area of women. Still, we seek the voices of men, building together so that women are supported holistically by their men, which supports a shared, sustainable outcome.

Building community is hard work, and I have experienced challenges and opposition because the political, and the institutional, co-exist with our personal ideals when we work. My spirituality allows me to be this, but also that, always seeking middle ground (Ukulungisa) within myself while building community with people and place.

People working towards more peaceful and just futures must learn that community is not built once, but is ongoing around each mission, each intent. Community, although girded by a similarity of values and shared humanity much like peace, is not static. We must be ready to re-learn, re-position, show humility, and build together every time we engage.

Although international rules and legislation remain important, they cannot substitute for engagement grounded in people, place, history, and the spirituality that binds us all together. Neither global health practice nor peace can be reduced to a checklist; it depends on how we relate to and work with one another. In this way, I am because they are, and they are because I am; without them, I cannot be.

Feelings are facts: An emotional ecology for peace

CHARLES-ANTOINE BARBEAU-MEUNIER

Throughout my years of involvement in global health, I have learned to perceive the field as devoted to solving practical problems: reducing the burden of disease, preventing epidemics, strengthening health systems, mitigating the climate crisis, and promoting universal healthcare. From my background in sociology, I paid particular attention to the social determinants of health, well aware that disparities in wealth and health go hand in hand. In the last decade, however, there has been a more somber shift across the social gradient. Loneliness, disempowerment, shame and resentment have spread across the emotional landscape, giving way to fear of otherness, polarization and radical violence. Institutional legitimacy and social trust are eroding to the point it is now an existential risk of the magnitude of the misalignment of artificial intelligence, rapid ecological collapse, and our growing desensitization towards human suffering. Global solidarity seems awash in apathy, but the truth is that most of us are staggered.

If we are hoping to reinvent peace, new technologies, better policies or changes in governance won't get us there. We need to reinvent how we look at the problem. Every intervention and aspiration in global health is rooted in human relationship, yet the emotional ecosystem sustaining those relationships is quickly decaying. How is collective action sustainable after empathy and care have become suspect?

As the poet Paul Valéry wrote, *l'on pense comme l'on se heurte* ("our struggles make up our thoughts"). Now working in child psychiatry, I witness this principle daily. Children growing up in stable, nurturing relationships approach the world with confidence, openness and playfulness. By contrast, neglect and abuse cultivate vigilance, excessive self-reliance and mistrust. As we all are born profoundly interdependent, pervasive mistrust is not our natural state, but the hallmark of relational trauma.

How then may we build peaceful, less violent societies? If our emotional environment sets the frame of mind for our thinking, we must consider an ecology that can "make the world trustworthy again." We must nurture a structure of affect that makes solidarity psychologically possible: relational safety at a collective scale, so that we approach others with curiosity rather than suspicion and build meaningful connections rather than merely professional contacts. The greatest challenge facing global health is therefore not simply a question of treatment and cure, but a journey towards healing and repair.

The good news is that this does not necessarily require new ways of working. Human civilization was built on trust, and time-tested traditions and rituals have long given communities anchoring and duration. Gathering around food is one example. Initiatives that strengthen community education and outreach similarly bolster the social fabric. Playing, as Donald Winnicott championed, enables children and adults to access their creativity, personality and capacity to connect. Educational programmes that foster empathy decrease bullying and dropout, but also cultivate lifelong prosocial tendencies. Community outreach workers deliver essential health interventions, but also create spaces where people feel recognized and safe. Institutions that genuinely connect with vulnerable populations strengthen their efficacy, but they also bolster trust and legitimacy to the eyes of the people they serve.

The same principle extends to our shared environments. Public parks, community centers and other "third places" sustain an infrastructure of trust by allowing encounters outside performance and competition. Natural landscapes soothe our racing minds, restore attention and set the stage for curiosity and connection. Beauty, through architecture, art, landscapes or seasonality, can evoke awe, loosening our self-preoccupation and nurturing a sense of belonging beyond the self.

Greater access to the arts and humanities likewise attests to a focus on people rather than systems. Our scale for progress has tipped towards statistics, science, technology and leaner management, leaving suffering, trust and belonging an increasingly lonely burden. Global

health's rallying cry to "leave no one behind" will remain a distant bureaucratic fantasy if we continue prioritizing biometrics over human relations. The emerging field of global health humanities, by attending to cultural, historical and narrative dimensions of health, offers an important return to the human scale.

These examples are diverse but share a common purpose: creating environments where people repeatedly experience themselves as valued and others as trustworthy. They cultivate the emotional foundations from which empathy, dialogue and solidarity emerge. Global health has long recognized that health is shaped less by hospitals than by the conditions in which people live; this insight must now be extended to peace. Just as health is not merely the absence of disease, peace is not merely the absence of violence. Peace requires lasting, meaningful relationships that protect us from desensitization and nihilism. They motivate us to care for what we love, and love what we care for.

Beyond diplomacy, reinventing peace, I do think, will be the patient work of cultivating the emotional conditions in which we can once again trust one another to imagine and build a shared future.

Conclusion

The contributions gathered here offer diverse perspectives from global health on ways of working and what they might contribute to more peaceful and just futures. As becomes apparent across the essays, what is striking, despite their different starting points, is their degree of convergence.

The authors often return to humility, including about what we know, the limits of expertise, and the assumptions we carry into encounters with others and into our work. They also return to reflexivity, not simply as individual self-awareness but as a capacity within institutions and relationships to continue learning and, in turn, revise their practices. Across quite different approaches, they emphasize forms of listening that have consequences; relationships built through reciprocity rather than extraction; and forms of engagement that treat people as participants in producing knowledge and shaping action rather than as recipients of expertise. Across the contributions, connection itself emerges not as an incidental feature of the work, but as part of what the work both requires and produces.

There is something deceptively simple about many of these propositions: listen before acting; approach others with humility; recognize the limits of one's own knowledge; attend to context;

share authority; create conditions in which people can trust and be trusted. None sounds especially radical when described as a feature of human relationship. Yet their recurrence in these reflections is a reminder of how easily these practices can be displaced when fields become overly professionalized and institutionalized– when efficiency, scalability, technical expertise, standardized knowledge, and measurable outcomes become dominant ways of determining what is deemed rigorous or effective work. The field of global health has grappled explicitly with many of these tensions; it was partly out of this grappling that the Global Health Humanities Working Group formed in the first place. Peace research and practice have been shaped by many of the same forces of professionalization and internationalization. Similarly, efforts toward "localization" within peacebuilding offer one parallel attempt to address these dynamics through deeper engagement with communities and greater local ownership, but have themselves struggled with what this means in practice, both as a way of working and in terms of who shapes the goals toward which that work is directed. The reflections here therefore offer not only lessons from another field, but an invitation to ask what peace work itself may have marginalized, standardized, or lost through those processes– and what we should and could do differently.

It is also notable that several contributors arrive at these questions through African intellectual traditions, experiences, and contexts, particularly those of southern Africa. There is undoubtedly some positionality in that convergence. I learned to ask many of these questions through my own doctoral work in South Africa, and it may be that members of the Working Group situated within related intellectual traditions were particularly likely to see themselves in the question I posed. The composition of this roundtable is therefore no more neutral than the forms of knowledge production its contributors ask us to examine. Even so, the recurrence itself is revealing. Ubuntu appears repeatedly, but not simply as a concept invoked in the abstract. Contributors draw on relational understandings of personhood to think differently about knowledge production, care, responsibility, community, and the relationship between individual and collective wellbeing. This resonates with a broader emphasis on relationality across the roundtable, including among contributors arriving from quite different starting points. For peace research and practice, that convergence points not only to the importance of relationships themselves, but to the value of looking beyond familiar intellectual traditions for different ways of understanding what relationships require and make possible.

Together, these contributions invite us to pay closer attention to the processes through which change is pursued: how we understand our relationships to others, whose knowledge we recognize, how we respond to the limits of our own expertise, where authority sits, and what kinds of relationships our ways of working create along the way. They do not prescribe a single way of working; rather, they show what becomes visible when process is treated as consequential in its own right. If more peaceful futures depend partly on the conditions we create in the present, these are not secondary questions of method. They are part of the work of peace itself.

Endnotes

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2 Clara Affun-Adegbulu and Oluwaseun Adegbulu, "Decolonising Global (Public) Health: From Western Universalism to Global Pluriversalities," *BMJ Global Health* 5 (2020): e002947, https://doi.org/10.1136/bmjgh-2020-002947.

3 Didier Fassin. *Humanitarian reason. A moral history of the present.* (Berkeley and Los Angeles: University of California Press, 2011).

4 João Biehl, "Theorizing Global Health," *Medicine Anthropology Theory* 3, no. 2 (2016), https://doi.org/10.17157/mat.3.2.434.

5 Plummer, *Critical Humanism*.

6 The UNHR also argues that we all have a common understanding of human rights but says it should be protected in law, to prevent the violence that can take place when a group of humans are denied their human dignity. This highlights the gap between what the UNHR thinks should be the case and what is often actually the case – a denial of a mass of human's "integral rights".

7 Hannah Arendt, *The Origins of Totalitarianism* (1951; repr., New York: Harcourt Brace Jovanovich, 1976).

8 Sylvia Wynter, "Unsettling the Coloniality of Being/Power/Truth/Freedom: Towards the Human, After Man, Its Overrepresentation—An Argument," *CR: The New Centennial Review* 3, no. 3 (2003): 257–337.

9 For fundamental approaches to forum theater, bodymapping and cellphilm see Boal, *Games for Actors and Non-actors*, 1992; Boal, *Theater of the Oppressed*, 1979; Solomon, 2008 and Mitchell, 2026, respectively. These are just starting points for reference as there is an extant body of work on each of these methods too extensive to document here.

10 Rosemary J. Jolly, *The Effluent Eye: Narratives for Decolonial Right-Making* (Minneapolis: University of Minnesota Press, 2024).

11 Here I don't mean simply Western doctors. Much of the postcolonial world trains their doctors in Western medicine, a tradition that has been actively hostile to Indigenous and traditional medicine with few exceptions.

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