



Proceeding Paper

Connecting Positive Peace and Positive Health in a Systems Approach to Sustainable Development at the Community Level [†]

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Abstract: The 2030 Agenda for Sustainable Development recognized the interconnectedness of sustainable development, with peace and health emerging as highly influential. Challenges to peace and health have been linked from a systems approach by existing research; however, the potential for positive peace and positive health to be connected in a self-sustaining system has been investigated with less rigor. The present research argues that recentering a systems approach on capacities rather than challenges at the community level may present useful opportunities to both understand and pursue sustainability, which this paper explores through the lens of peace (SDG 16) and health (SDG 3).

Keywords: assets; armed conflict; capacities; community agency; collective violence; disease; localization agenda; salutogenesis; sustainable development; systems approaches



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1. Introduction

The Sustainable Development Goals are designed in appreciation of their interlinkages, and understanding these connections may facilitate progress toward their achievement [1,2]. Systems thinking has been embraced as a potentially more effective approach to address complex challenges to sustainable development, such as building peace and cultivating health. Recentering a systems approach at the local level, even for large-scale challenges such as these, may present useful opportunities to both develop and pursue sustainable development strategies in more integrated, locally meaningful, and ultimately more self-sustaining ways.

Tremendous global spending is dedicated to challenges related to peace and health (SDGs 16 and 3, respectively), collectively amounting to some 20% of global GDP each year [3,4], but neither amount of spending nor using GDP as a metric necessarily gives useful results. Despite these investments, the global community has struggled to make progress in addressing large-scale collective violence—such as war, criminal violence, and genocide—and disease/injury/bodily harm—such as pandemics, malnutrition and undernutrition, and communicable and noncommunicable diseases. This is all the more troubling, given that the “peace” and “health” SDGs both represent input and output into the 2030 Agenda; peace and health are fundamental to achieving all of the SDGs, and, at the same time, they are highly dependent on having achieved the SDGs.

Critiques of global development initiatives such as the SDGs argue that these collective failures are due to the persistence of a global hegemony of top-down power, opaque and

exclusive decision-making structures, and the pursuit of unfettered economic growth over human and environmental sustainability. In response, the “localization agenda” has gained momentum to decentralize resources and power in international humanitarian and development work to local actors, who are seen as better positioned to leverage their knowledge, skills, and capacities to improve actual conditions in their own localities. While communities are notoriously challenging and problematic to define due to their dynamism, diversity, and subjectivity, they may be “linked by common interests and conditions, becoming effective and successful agents of change” [5] when addressing the complex challenges that affect them, including those related to peace and health.

Challenges to peace and health have also been linked together in self-reinforcing systems of collective violence and disease/injury/bodily harm. However, little work to date has sought to develop and link positive conceptualizations of peace and health in self-reinforcing systems, especially at the community level. This paper contends that a reorientation away from challenges and toward capacities for peace and health at the community level may unlock insights into a new vision for how to translate a systems approach to sustainable development into action, with implications for the post-2030 agenda.

2. Deepening Understandings of Peace and Health

Peace and health are conventionally conceptualized in relation to their shadows of violence and disease/injury/bodily harm, and contemporary inquiry is dominated by investigations and interventions related to violence [6] and disease/injury/bodily harm [7]. Yet, the absence of violence and disease/injury/bodily harm do not fully encapsulate the true meanings of peace and health, which are known to be more holistic, nuanced, and thus, challenging to define.

Negative peace refers to the absence of direct violence, such as the absence or cessation of warfare. Positive peace expands to include “the absence/reduction of violence of all kinds,” including structural and cultural forms of violence, and “nonviolent and creative conflict transformation” [8] (p. 9). Positive peace encompasses “the attitudes, institutions and structures that create and sustain peaceful societies” [3] (p. 3). Conflict is an inherent part of all societies, and positive peace enables nonviolent and constructive ways of addressing conflict.

Peace has been explored by numerous cultures around the world, including concepts such as:

“*ahimsa* (Indian; to kill no living creature), *shanti* (Indian; to maintain a tranquil mindset even in suffering or conflict), *heiwa* (Japanese; aligning oneself to the common good/social order), *al-Islam* (Arabic; to be at peace in alignment with the will of Allah), *eirene* (Greek; prosperity and order), and *shalom* (Hebrew; right relationships or unity and prosperity in alignment with the will of Jehovah).

(Ishida, 1969 as cited in [9])

Despite the different perspectives on peace, these concepts may share certain features in common. In review of the world’s most peaceful countries, the Institute for Economics and Peace (IEP) [3] identifies eight pillars that constitute positive peace, as follows:

- Well-functioning government;
- Sound business environment;
- Equitable distribution of resources;
- Acceptance of the rights of others;
- Good relations with neighbors;
- Free flow of information;
- High levels of human capital;
- Low levels of corruption.

Certain aspects of peace may appear universal, but peace is an inherently contested concept [9] that shifts across place and time and may itself be a source of conflict [10]. At a community level, peace may take on more practical dimensions that are highly contex-

tualized, and it may manifest in everyday ways such as people being able to send their children to school [11]. These community-level understandings may provide insights into the local values and assets that provide the building blocks for peace from the ground up.

Conceptualizations of health are similarly rich and pluralistic, despite the field of public health often adopting a biomedical understanding of health as the absence of disease and functioning at a “normal” level [12]. Recognizing the multifaceted nature of health, the World Health Organization [13] defined health as, “A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.” Building on this touchstone of global understanding, positive health includes characteristics that may increase wellbeing, longevity, and the ability to recover from health challenges [14]. Positive health refers to “A spectrum of wellbeing and flourishing partially independent from disease or infirmity that is determined by a collection of health assets” [5] (p. 2).

Various cultures around the world have developed conceptualizations of health that provide deeper insights into positive health. For example, Aboriginal and Torres Strait Islander culture in Australia identifies facets of health that include physical, mental, cultural and spiritual, environmental, and place-based factors [15]. Andean culture developed the concept of *Buen Vivir*, which highlights the centrality of social and environmental harmony in collective wellbeing [16]. These definitions suggest that complete health encompasses the presence of positive assets for health that align with cultural and social values [17], which implies that “positive health” is normatively defined [18,19] by a specific collective in a specific context. As such, positive health may evade standardization, as communities pursue their health goals with a unique collection of assets in ways that align with local values. Health cannot be reduced to biological and behavioral factors, but it is socially determined through structures of power [20]. More equitable distributions of power and resources are seen as central to enhancing both negative and positive health.

The 2030 Agenda matured how it represented peace and health as SDGs from how they were addressed in the Millennium Development Goals (MDGs). While peace was arguably implicit in the MDGs, it became an explicit standalone goal in the SDGs. SDG 16 on peace aims to “promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.” The MDGs sought to address a specific and narrow range of health concerns, such as malaria, that were seen as relevant to low- and middle-income countries, but the SDGs reconfigured their focus on health issues more universally. SDG 3 on health aims to “ensure healthy lives and promote wellbeing for all at all ages.” While these ambitious standalone goals are written in ways that reflect positive conceptualizations of peace and health, they do not reflect diverse learnings related to positive peace and positive health concepts and practices. SDG 16 on peace has been heavily critiqued for its targets and indicators, representing a technocratic rather than nuanced understanding of peace [21] and not addressing issues that bear on the attainment of peace such as sustainable environmental governance [22]. SDG 3 on health targets and indicators predominantly focus on ameliorating diseases and premature mortality (i.e., achieving negative health population benchmarks) and do not include positive health assets. Neither SDG lends itself to bolstering grassroots community efforts in building locally meaningful peace and health.

3. Connecting Positive Peace and Positive Health through Systems Thinking at the Community Level

Given the globally pervasive and entrenched challenges related to collective violence and disease/injury/bodily harm, is there utility in expanding focus to an even greater range of concerns through the lens of positive peace and positive health? A negative prism brings focus to interlocking challenges, but it does little to illuminate integrated solutions for social–environmental thriving. Positive peace and positive health may be best described as self-generative processes rather than static conditions: the structures and the effects of positive peace and positive health support the sustainable growth of peace and health in a virtuous cycle. A narrow focus on challenges alone does little to ameliorate underlying

structures and even less to build structures that support alternative futures. The flip side of a problem-based system may not be its opposite, but it may represent a new system entirely. Therefore, the tools to envisage and build such sustainable futures may be derived from sources beyond the dominant global perspective.

Daily collective actions and aspirations play out at the community level, which may be disconnected from central systems of governance and power where most formal peace and health strategies are developed and disseminated. Communities often know their challenges as well as their strengths, guided by their values and visions for the future. While the notion of community is contested, we conceptualize it as being defined by identities, processes, and decision-making structures that are located in a socially meaningful unit. The community level enables focus on issues and actions not bound by state-level politics, which currently dominates the SDGs. Indeed, a community-level focus rather than individual- or global-level ones may resonate more closely with collectivist cultures around the world, comprising approximately 70% of the global population. In this way, a focus on the community level highlights the need for cooperative action within communities as well as between actors at multiple institutional scales (e.g., local, state, international).

A reorientation toward positive peace and positive health in communities also uncovers extant resources and values within and between communities worldwide. For the majority of the world's population—located at a distance from formalized systems of power and decision making—incentives to nurture conditions for positive peace and positive health are constrained by a deficit model of health and development. Insights derived from the community level highlight the interplay between agency and structure and community ability to leverage agency to pressure structural changes through organized action and advocacy. In contrast to a deficit model, asset-based approaches encourage collective discovery of skills, resources, and capacities inherent in communities in order to facilitate home-grown solutions to peace, health, and other development challenges.

To uncover and mobilize resources to collectively build structures supporting positive health and peace, a systems-based approach may be helpful. From the local perspective, what matters most for peace and health cannot be distilled into neatly defined issues and may not even be explicitly labelled as peace and health issues. Grappling with complexity and interconnectivity are unavoidable when taking a community perspective. Insights from civil society organizations worldwide highlight the collision of factors shaping livelihoods and wellbeing, including increasing social inequities, a globalized extractive economy, unsustainable food systems, climate change, and corruption. Systems thinking enables grappling with complexity, embracing it as a part of life rather than resisting or abstracting problems into component parts. Through a systems approach, meaningful community outcomes may be thought of as a product of a complex set of resources, events, and activities operating in a nonlinear and interlinked manner. Various perspectives can also be accounted for: not only can the unique perspective of each actor in the system be recognized, collective goals of peace and health can also be positioned in relation to broader systems. The way in which resources interact, as well as the quality of these interactions and overall direction of the system, provides clues as to levers for interventions and insights about ideal conditions for human flourishing.

4. Developing a Positive Peace and Positive Health System

The violence–disease/injury/bodily harm nexus has been explored in academic scholarship and global policy spheres, with violence and disease/injury/bodily harm recognized as driving each other. Violence, including collective violence, is a recognized public health threat [23]. Armed conflicts are a significant determinant of global health [24] due to actors in armed conflicts directly causing injury and death and implementing strategies of war including famine [25]. As collective violence increases, so does the incidence of infectious disease transmission and outbreak [26]. Violent conflicts also indirectly increase the incidence of disease/injury/bodily harm and other negative health outcomes through

detrimental impacts on infrastructure, including structures related to water, sanitation, and health (WASH), and diverted resources toward war-related activities, for example.

Disease has also been linked to increased violent conflict onset by way of the parasite–stress theory of intrastate conflict: a high intensity of infectious disease may contribute to inter-group hostility and group fissioning, which has a direct causal influence on the onset of small-scale intrastate armed conflicts [26]. Ide [27] found that the COVID-19 pandemic has affected armed conflict dynamics in ways that often resulted in escalation, though de-escalation of armed conflict has occurred in some cases.

Violence and disease/injury/bodily harm are connected in a system not only because they are causally linked directly and indirectly in both directions, but also because they share common drivers which they also produce (see Figure 1). Inequities and socially and environmentally unsustainable patterns of development are linked to both violence and disease/injury/bodily harm, and may manifest as a host of engrained difficulties, including but not limited to environmental degradation and destruction, disasters including those influenced by climate change, food and water insecurity, lack of dignified livelihoods, lack of education, oppression, marginalization, poverty, and inequitable resource distribution and access to services. Complex interactions between violence, disease/injury/bodily harm, and these related issues make this problem-centric system particularly wicked, since it is constantly reproducing and reinforcing itself and resists solutions. For example, environmental destruction and a lack of dignified livelihoods will produce a constant stream of challenges to peace and health, and addressing specific diseases or violent conflicts will do little to change the complex sources of these challenges. A negative orientation with a narrow focus on challenges may not be able to recognize community assets and capacities and generate actions that affect a system of positive peace and positive health.

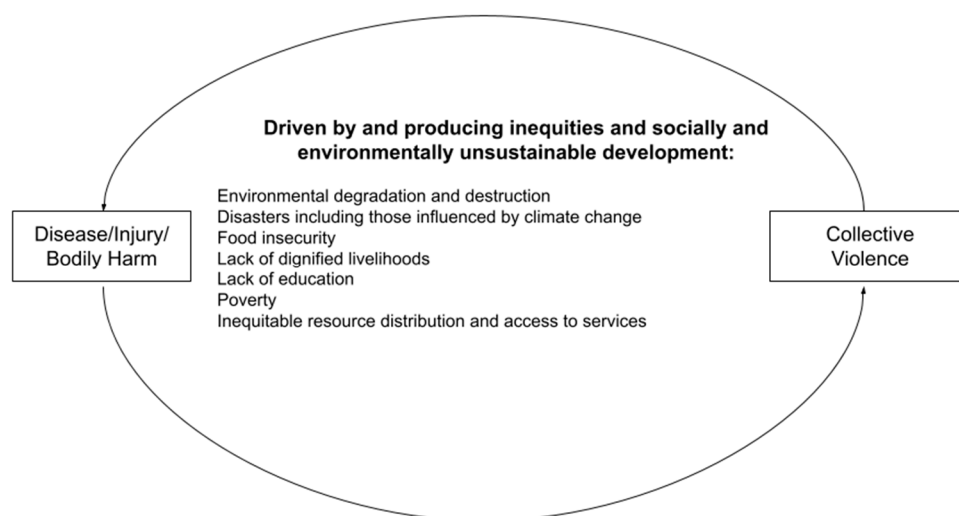


Figure 1. Collective violence and disease/injury/bodily harm are connected in a system with direct connections as well as through structural drivers that are also produced by the system.

Positive peace and positive health may be connected in a self-sustaining system that is also linked to sustainable development more broadly, but the positive peace–health nexus has been investigated with far less rigor. Recent research has posited that the global health community may contribute to conflict prevention and peacebuilding through addressing the structural and situational roots of conflict [24], including how health initiatives that address disease outbreaks (or attempt to prevent disease outbreaks through vaccination programs) may lead to humanitarian ceasefires or the cessation of violence. However, this still amounts to negative health interventions leading to negative peace, and evidence for this kind of health diplomacy is lacking [28]. This area of research does not comment on how building positive health (including its diverse features) may contribute to positive peace, and, likewise, how positive peace (including its diverse features) may in turn build

positive health beyond the absence of disease/injury/bodily harm, without disability as a detriment (see Figure 2).



Figure 2. Positive peace and positive health are connected in a system with direct connections as well as through structural drivers that are also produced by the system.

Notions of positive peace and positive health encompass the presence of positive features that overlap conceptually. For example, positive peace and positive health share local and place-based understandings and processes related to social interconnectedness, living in harmony with the natural environment, and the freedom to live in accordance with shared values. Moreover, positive peace and positive health may be interdependent and lend themselves to encompassing and supporting other SDGs, such as reducing inequalities (SDGs 5 and 10) and using environmental resources sustainably (SDGs 6, 12, 13 and 15). These overlaps have been increasingly recognized by the international community, and the WHO [29] (p. 3) went so far as to claim, “Investing in health is investing in peace.” Positive peace and positive health are also recognized as input and output into sustainable development. For example, United Nations Secretary-General Ban Ki-moon stated that “peaceful and inclusive societies are both outcomes and enablers of sustainable development” [30] (p. 1).

Communities have the ability to exercise agency—setting their own agendas, building and mobilizing their own resources and assets, and influencing their life circumstances according to their values—not only in the absence of challenges and constraints. Both positive peace and positive health connote the presence of processes leading to social integration, cooperation, and harmony, which contribute to the ability of communities to self-organize and take action in the face of the complex social–environmental challenges that face them. Collective violence and disease/injury/bodily harm may also be opportunities for communities to strengthen their collective goals and vision for alternative futures, as challenges necessitate that communities bring together their disparate assets and resources to function in an integrated way.

Agency-based approaches (i.e., those approaches that seek to support community agency and empowerment) to positive peace and positive health seek to recognize and identify, build and nurture, connect and reinforce, and mobilize and leverage community assets and capacities to enable sustainable development that aligns with local values and social meaning. Community resources and assets are unique to their social, cultural, political, economic, and environmental conditions, and a universal recipe for positive peace and positive health does not exist. However, it is through these agency-based processes that communities can strengthen themselves, with positive spillover effects on ameliorating collective violence and disease/injury/bodily harm, and their effects on community wellbeing and sustainable development more broadly. The existence of a

negative system cannot and should not be ignored, but a positive system exists alongside it that must be recognized and nurtured in order for it to become more dominant.

5. Implications for a Post-2030 Agenda and Conclusions

Because processes of social change to build peace and cultivate health are not politically neutral, community-level systems approaches may involve strengthening local abilities to renegotiate power relationships with the goal of redressing inequitable distributions of power and resources and exclusive decision-making processes, which are at the heart of unsustainable development. Communities are capable of championing positive changes leading to positive peace and positive health, but others—international, national, and private sectors—may play important support roles. For example, they may be able to provide certain targeted resources and support, help to remove structural barriers, lend wider legitimacy to grassroots efforts, and connect communities through translocal initiatives to create alternative agendas [5]. These local agendas may or may not line up neatly with global peace and health agendas, including the SDGs (16 and 3, and others in connection), or progress in linear ways that match with donor funding and reporting timelines.

As such, the key is promoting a more integrated agenda combining localization and positiveness in peace and health, with appropriate balances for translocal initiatives beyond localization, and developing community capacities even when they are not directly tied to challenges within this system (or set of systems drawing from formal and informal institutions, resources, and factors). This paper argues against lumping together positive and negative concepts of peace and health, as the SDGs do, with a particular focus on negative framings. This also means recognizing that any framing, including localization and positiveness, has limitations, so complements and supplements are required for balance. Too often, community approaches fall prey to romanticization of the local and fetishizing traditional or vernacular preferences. Nor should this be an excuse for larger-scale interests to dominate or dictate. Partnerships between the local and the international (encompassing institutional scales in between) must build on long-term, sustained dialogue to develop progressive agendas together, pointing to the need for investments to focus on creating and mediating channels for communication first and foremost.

Ultimately, a constructive agenda is sought to advance peace and health for the 2030 and post-2030 agendas as a continuum. Focusing on top-down targets and indicators can lead to subservience toward allegedly universal numbers rather than recognizing nuances, provisos, and contextualities—even if universality is not a baseline intention of the SDGs. Starting from the ground up may better capture how positive peace and positive health actually manifest and interact in people's daily lives, including the challenges that they face and the strategies they find most relevant to pursuing collective thriving. Global expertise and thinking should supplement—and not drive—pathways forward. This requires embarking on a new agenda to (1) explore the evolving embodied and expressed meanings of positive peace and positive health in localities around the world, (2) identify local strategies to pursue positive peace and positive health goals, and (3) iteratively assess what is needed to advance constructive local strategies. Connections between the local, state, and international levels can be leveraged to offer insights from other contexts as well as to safeguard against harmful local strategies that perpetuate exclusion and domination, particularly of marginalized groups.

The SDGs already involve self-monitoring and self-reporting, which introduces the difficulty of independent monitoring and constructive critique within an international system that is intended to effect change at local levels. This reiterates the long-standing question of how to design a framework that is dynamic, flexible, agile, and constructively critiquing for the 2030-plus-post-2030 agenda, with traction at the community level. States and other governments may not be best positioned to gather the needed input or report progress, and participatory approaches may seek to build coalitions centering on and connecting local formal and informal peace and health systems, including community peacebuilders, healthcare workers, and other active stakeholders. Targets and indicators

more broadly applicable may be derived from this grounded approach and applied at the international level to ensure that no one is left behind, not only in making progress in negative peace and negative health, but also in building local futures steeped in positive peace and positive health.

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