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Beyond the North-South Divide: Vaccine Ethics, Structural Inequities, And the Quest for Global Health Justice

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Abstract:

Considerable debate persists, as opponents of compulsory vaccination policies cite ethical issues related to such impositions, particularly amid a global public health crisis. This review examines whether vaccines infringe upon autonomy, self-control, and freedom from a utilitarian and deontological perspective. It draws on benchmark vaccine-related court rulings and vaccine justice principles to evaluate the moral justification of vaccine mandates, particularly with regard to prioritising disadvantaged and marginalised groups. The objective of this paper is to critically analyse how ethical theories and social justice frameworks intersect in shaping vaccine mandate policies across diverse global contexts, and to assess how these frameworks can inform more equitable and participatory approaches to public health governance. While arguing that mandates may be ethically justified in some instances, such as for the immunocompromised, it highlights the need for transparency, proportionality, and public trust that such mandates are evidence-based. From this standpoint, the analysis incorporates ideological and pedagogical dimensions of social justice theory to illuminate silences in knowledge production and advocacy in public health, to critique discourse around health inequalities. It raises questions about whether social justice is consistently defined across varying geopolitical contexts and examines how health policy can be reconfigured to incorporate more participatory and decolonial approaches. This paper argues that effective vaccine advocacy engages impacted communities because community conversation profoundly shifts the perception of how complex health knowledge is constructed and how social knowledge is applied.

Keywords: **Vaccine mandates, Social Justice, Utilitarianism, Deontology, Health equity, Global health epistemology.**

Introduction

Compulsory vaccination policies have faced significant ethical examination during major health emergencies such as the COVID-19 pandemic. These policies are often grounded in a utilitarian perspective that aims to achieve the greatest benefit for the largest number of people. A deontological view emphasises individual autonomy. It values the right to decide what happens to one's own body. Proponents of vaccination mandates regard these measures as vital for protecting vulnerable groups. They see them as a way to maintain herd immunity and strengthen public health. Opponents believe coercive vaccination policies limit personal freedom. They view them as violations of fundamental rights. Some objections arise from religious or philosophical beliefs. Ethical decision-making must hold a balance between collective welfare and individual liberty. Special attention is needed for those most at risk.

A social justice lens gives a wider view of vaccine mandates in global settings. Utilitarian and deontological ethics come from Western philosophical traditions. Their universal relevance is uncertain (Bhakuni and Abimbola 2021). Social justice theory questions whether these frameworks apply in societies with different cultural and political histories. Many regions in the Global South have legacies of colonial rule and deep structural inequities. These shape how citizens view and experience health systems (Pai et al. 2022). Vaccine access differs greatly across nations. Populations in the Global North often receive vaccines earlier and in larger amounts. Universal vaccination mandates spread globally without equal attention to context. Healthcare infrastructure, community autonomy, and trust in institutions influence the moral meaning of these mandates (Berkley 2021; Hotez 2021). Global health equity depends on recognising that similar policies can yield different outcomes in distinct local and historical conditions (Herzog et al. 2022).

Methods

This study used a qualitative interpretive literature review. It examined vaccine ethics and global health equity. The review used bioethical analysis, social justice theory, and decolonial perspectives. It drew evidence from empirical studies, philosophical works, and policy papers. It explored how utilitarian and deontological ethics connect with social justice in the global debate on vaccination mandates.

The search covered publications from January 2000 to June 2024. The databases were PubMed, Scopus, Web of Science, Google Scholar, and JSTOR. Grey literature was also included to capture wider viewpoints. Policy reports from the World Health Organization and Médecins Sans Frontières were reviewed. Legal cases such as *Jacobson v. Massachusetts* and *Schloendorff v. Society of New York Hospital* were examined. These materials provided a comprehensive overview of ethical, legal, and policy discussions in global vaccine governance.

The search used combinations of the following keywords: *vaccine mandates, vaccine ethics, social justice, utilitarianism,*

deontology, global health equity, autonomy, vaccine hesitancy, and public trust. Articles were included if they addressed ethical, legal, or social dimensions of vaccination policy. Exclusion criteria comprised purely biomedical studies without ethical or justice-oriented analysis.

A critical discourse analysis approach was applied to identify underlying ideological patterns in vaccine justice debates. The analysis was structured using Fraser's (1998) redistribution-recognition model and Freire's (1970) participatory pedagogy framework to assess whether vaccine mandates support or undermine the design of equitable and participatory health policies. Analytical categories included autonomy, collective responsibility, marginalisation, epistemic justice, and trust. This approach enabled cross-comparison of ethical reasoning between the Global North and the Global South, allowing for the identification of recurring structural inequities that shape vaccine policy debates.

Utilitarianism Versus Deontology

Among the ethical perspectives relevant to vaccine mandates, two stand out: utilitarianism and deontology. Utilitarianism provides a strong moral basis for compulsory vaccination. It is grounded in the belief that vaccines help reduce infection among vulnerable populations and, in doing so, lessen the overall burden on health systems. Effective vaccination can also limit the long-term financial and social impact of chronic disease while supporting public health stability (Tucak and Berdica 2024; Kurniawan et al. 2024; Marpaung 2024).

Deontological ethics, by contrast, focus on moral duties and the protection of individual autonomy. From this perspective, mandatory vaccination may violate personal liberty and bodily integrity (Tucak and Berdica 2024; Gibelli et al. 2022). This approach defends the right to refuse vaccination for reasons of conscience, religion, or moral belief. Scholars such as Jones-Nosacek (2023) and Lando (2022) argue that coercive elements—such as fines or job loss—can represent a form of human rights violation because they pressure individuals to act against their will.

Autonomy remains one of the central principles of modern medical ethics. Consent must be obtained before any medical or surgical intervention. In *Schloendorff v. Society of New York Hospital*, Justice Cardozo stated that "Every human being of adult years and sound mind has a right to determine what shall be done with his own body." Mill's (1985) liberal philosophy similarly asserts that individuals should be free to act as they wish, provided their actions do not harm others. Nussbaum (2011) extends this view by framing bodily integrity as a key expression of human dignity and an essential component of basic rights.

Gawande (2014) examines the tension between personal choice and public welfare in health policy. Past public health responses, such as quarantines during tuberculosis and Ebola outbreaks, show that restrictions on individual freedom have sometimes been accepted to protect communities. Vaccine mandates raise similar ethical questions. While some regard them as intrusive, others see them as reasonable measures necessary for collective safety.

While public health ethics emphasise the impacts on others, this does not negate personal responsibilities, which can mitigate harm. Vaccination benefits individuals and, more so, isolated communities through herd immunity. Populations with certain medical reasons for not being able to take the necessary vaccinations need to enjoy some form of protection.

Historically, vaccination mandates have played a critical role in reducing or eradicating major diseases. For example, Smallpox eradication occurred after rigorous vaccination programmes, sometimes including mandates (Jacobson v. Massachusetts). Similarly, polio has been nearly eradicated worldwide due to extensive mandatory immunisation programmes. Numerous countries have adopted policies for school-entry vaccinations, which go a long way in alleviating severe, life-threatening childhood diseases. Such laws demonstrate the role of mandates in public health governance.

An explanation often provided for most public health policies is the necessity of limiting individual freedom to prevent significant, large-scale damage due to the spread of diseases. Quarantine, travel ban laws, and prohibitive legislation on smoking are examples of state interventions that are required to safeguard the health of the people. Similarly, vaccine mandates can be justified under the same logic, especially when they protect public health (Schloendorff v. Society of New York Hospital).

Brennan (2018) suggests that a balance needs to be struck between individual freedoms and social obligations. This balance provides a stronger ethical justification based on social responsibility when the consequences of non-compliance with the policy outweigh those of compliance. The ethical question is no longer whether the liberty, in the form of regulations, is imposed at a loss, but what reconciled reason is provided for this degree of imposition. The next question becomes: Is compulsion the only means of obtaining herd immunity in certain communities, such as schools or workplaces? These differences are summarised in Table 1, which compares the ethical foundations and implications of utilitarian and deontological perspectives in vaccine mandate debates.

Table 1. Ethical Frameworks Underpinning Vaccine Mandates

Ethical Theory	Core Principle	Application to Vaccine Mandates	Ethical Challenge
Utilitarianism	Greatest good for the greatest number	Supports mandates to achieve herd immunity and protect vulnerable populations	May override individual autonomy and cultural diversity
Deontology	Duty and respect for	Emphasises informed consent and	May reduce collective protection in pandemics

Ethical Theory	Core Principle	Application to Vaccine Mandates	Ethical Challenge
	autonomy	freedom of choice	
Communitarian Ethics	Moral duty to the community	Balances rights and responsibilities through social cooperation	Can lead to coercive paternalism if poorly implemented
Justice-Based Ethics	Fairness and equity in outcomes	Prioritises vulnerable and marginalised groups	Difficult to achieve global consensus on equitable policies

Legal Precedents and Public Health Justifications for Mandates

Many countries launched compulsory childhood vaccinations a long time ago. These requirements are generally imposed to ensure the person's right to age and provide a clinically safe learning setting for young minors (Rezza 2019; Attwell & Navin 2022). Despite that, there have been instances where these laws are found in difficult positions, particularly when parents refuse to vaccinate their children for religious or social reasons.

The necessity for workers to be vaccinated against COVID-19 sparked numerous debates during the pandemic. In Italy and Greece, the law requires that healthcare workers and clients be vaccinated as a condition for employment or access to services (Gibelli et al. 2022; Tay 2023). Some view the mandates as opposing the sovereign right of individual freedom and choice (Jones-Nosacek 2023; Lando 2022). This invariably pushes towards forming a safe and balanced working environment for the organisation.

Indonesian and Italian settings compared mandatory immunisation policies in the pandemic era (Kurniawan et al 2024), and the social surroundings (Gibelli et al 2022). The policies' immune-compromising foundation is at the centre of the utility's needs to preserve life and ensure that the healthcare system is not overwhelmed by patient overflow (Marpaung 2024; Tay 2023). On the other hand, these were subjected to public outcry, where proper community engagement with the right approach can improve the communication of scientific facts to the public, leading to increased trust and compliance.

Equity, Marginalisation and Community Trust

The social justice perspective on vaccine mandates reveals ideological tensions that often remain unexamined in public health discourse. When framing vaccination as a collective responsibility, we must consider whose voices shape this narrative and whose experiences remain marginalised (Farmer 2003). Social justice theory encourages us to question whether public health advocacy truly represents the communities it claims to serve, particularly when those communities have historical reasons for distrust in institutions. Advocacy for vaccine mandates must be earned through genuine listening to affected communities rather than imposed from positions of authority (Young 2000). This approach recognises that meaningful consent requires addressing the structural inequities that shape health decisions, not merely overriding individual autonomy in service of a greater good defined by dominant social groups. The experiences of marginalised communities during previous public health interventions, from the Tuskegee syphilis study to forced sterilisation programs, demonstrate how utilitarian arguments for public health have sometimes masked discriminatory practices, creating lasting distrust that contemporary vaccine mandates must acknowledge and address (Washington 2006; Gamble 1997). As Jegede (2007) notes in his analysis of medical mistrust, "*Historical trauma continues to shape contemporary health behaviours and must be addressed through structural interventions rather than simply dismissed as 'hesitancy*".

While vaccination mandates reduce public health risk, they often pose additional challenges for vulnerable populations like those with low incomes, ethno-racial minorities, and the medically uninsured (Gillibrand et al. 2024; Nadkarni et al. 2024; Mammana et al. 2024). These inequalities stem from socio-systemic factors such as a lack of trusted information and various historical experiences of discrimination (Gillibrand et al.; Russ et al.). Numerous marginalised groups in the UK have lower vaccination uptake owing to deep-seated mistrust and socioeconomic disenfranchisement (Gillibrand et al. 2024). In the United States, vaccination rates varied by participants' race and ethnicity due to prevailing structural inequities in healthcare accessibility and acceptability (Nadkarni et al., 2024; Russ et al., 2024). Community-based vaccination programs and culturally tailored communication have improved the vaccination rate among marginalised groups (Nadkarni et al. 2024, Mammana et al. 2024, Russ et al. 2024). Engaging with the community guides the work of further ethnic leaders, boosting society's relationship with the state. These initiatives enhance immediate vaccination compliance rates, promote long-term health resilience, and promote equitable access to strong health services to sustain public welfare. A summary of the structural and contextual determinants that shape vaccine equity across communities is presented in Table 2.

Table 2. Structural and Contextual Determinants of Vaccine Equity

Determinant	Description	Example Context	Ethical Implication
Socioeconomic Status	Income, education, and housing affect access to vaccines	Low-income groups face logistical and opportunity cost barriers	Increases inequity despite universal mandates
Historical Mistrust	Past abuses by medical institutions	Tuskegee, forced sterilisation, colonial	Requires reparative and

Determinant	Description	Example Context	Ethical Implication
	influence hesitancy	medical programs	participatory approaches
Information Accessibility	Availability and cultural relevance of vaccine information	Language and literacy gaps in migrant communities	Affects informed consent and autonomy
Policy Design	Inclusion or exclusion in mandate enforcement	Essential workers facing job-related mandates	Must balance fairness with necessity
Community Engagement	Degree of participatory decision-making in health policy	Faith-based and local leader partnerships	Builds sustainable trust and compliance

Critics argue that vaccine mandates may violate the principles of individual autonomy and bodily integrity, which are fundamental values in deontological ethics (Tucak and Berdica, 2024; Gibelli et al., 2022; Jones-Nosacek, 2023). Advocates of mandatory vaccination argue that the concept of performing a good deed beyond all others, especially in the context of communicable diseases, where the actions of every individual can pose a serious risk to a larger number of people (Marpaung 2024, Tay 2023, Aslam and Waheed 2024). They demonstrate the complexity of the notion and the contrast between individual rights and the common safety of the people.

Public reactions to vaccine refusal have sometimes shown hostility. In rare cases, aggression toward those who refuse vaccination has created new ethical concerns. Some studies suggest that vaccine deniers may turn to violence against vulnerable groups (Navin and Attwell 2023; Tay 2023). Refusing vaccination during a pandemic can endanger others. It can also be seen as careless behavior rather than responsible conduct (Tay 2023; Jones-Nosacek 2023). Public health advocates aim to build a society that involves people in vaccination decisions. This shared approach offers protection for all groups, including those most at risk. It also strengthens the population's collective defence against infectious disease.

On a personal level, vaccination creates a barrier against diseases and their complications. On the community side, such population immunisation specifically guarantees immunity, which applies to people who cannot be vaccinated due to medical contraindications. The setting here is based on utilitarian principles, as some of the reasons the community should value vaccinations are that they result in a society free from diseases. Human rights must be strictly interpreted, as public security and public safety remain highly controversial issues. Others contend that fans will be disproportionately affected by such policies, particularly those with medical conditions that prevent vaccination (Gillibrand et al., 2024; Nadkarni et al., 2024; Mammana et al., 2024). This issue raises important questions of fairness and equal treatment, particularly in contexts where medical exemptions are applicable.

Designing Ethical Vaccine Mandates: Trust, Fairness, and Soft Compulsion

A social justice framework for vaccine mandates must confront what traditional bioethical approaches often overlook or remain unspoken. While public health ethics typically centres disease prevention metrics, social justice theory demands attention to power dynamics in healthcare decision-making and implementation (Powers and Faden 2006). The blind spots in conventional approaches to vaccine mandates include insufficient recognition of how socioeconomic factors determine both exposure risk and access to exemptions. For instance, essential workers—disproportionately from lower-income and minority communities—often face greater pressure to comply with workplace vaccination requirements while having less institutional power to negotiate accommodations (Lipsitch and Dean 2020). Similarly, the global political economy of vaccine production and distribution reveals stark inequities, with pharmaceutical intellectual property regimes often privileging profit over universal access (Kapczynski 2012; Médecins Sans Frontières 2021). A truly effective approach to vaccination policy would address these systemic issues rather than focusing solely on individual compliance. This perspective challenges us to consider whether mandates that do not simultaneously address the "1% versus 99%" dynamics of global healthcare access can ever achieve their stated ethical aims of protecting the most vulnerable (Benatar et al. 2003). As Fraser (1998) argues, "*Justice requires both redistribution of resources and recognition of difference—neither alone is sufficient for health equity.*"

The compulsory vaccination procedures definitely help address the epidemic and contribute to public health; nevertheless, they raise some concerns regarding autonomy, equity, and trust in healthcare organisations. The entire argument can be put forward on the grounds that herd immunity is present; these mandates have been scientifically proven to be effective against certain diseases. Overly punitive measures may erode public trust and fuel vaccine hesitancy. Ethical vaccination mandates should emphasise transparency, equity, and fair play to avoid any incentive for imposing excessive constraints on the borderline. Economic and social inequalities should be reduced, health information tools need to be improved, and vaccine prices must be affordable and accessible to achieve mandates.

Punitive approaches are limited in effect. Education and positive incentives are more ethical ways to increase vaccination. Trust grows through open communication, outreach, and public education. These efforts work better than coercion. Soft compulsion may apply in specific settings. Examples include school enrolment and jobs with higher infection risk. Personal choice must align with the duty to protect public health. Individual freedom and collective welfare can exist together. Fair and respectful policies make this possible. Governments and health authorities must remain neutral. They must protect both autonomy and public safety. Policies

should build confidence in immunisation. They should lessen the need for coercion. Societies that take this path support health, fairness, and moral integrity.

Theory as Ideology and Its Pedagogical Blind Spots

The public health discourse surrounding vaccine mandates often forces the issue through the lens of social justice theory and its ideological underpinnings, which, as Beck (2020) notes, leaves critical tensions largely unaddressed. Those tensions emerge when moral components of injustice are sidelined in favour of purely systemic assessments. Within the framework of vaccine mandates, these tend to manifest as dismissive rhetoric where resistance is categorised as either scientifically ignorant or systemically conditioned. As Bell (2016) eloquently summarises, the notion of social justice aspires to activism. It must be performative, "*full and equitable participation of people from all social identity groups*", and as a process that must be "*democratic, participatory, respectful of human diversity and group differences*." Beck (2020) illustrates widespread social justice education oblivious to self-identity, adding that systems which fail utterly, figuratively speaking, are "pure folly". Vaccines and trust are deeply ingrained within people's belief systems, and choosing to describe advocacy frameworks in this manner disregards, sadly, the reality that the communities in which practitioners claim to serve are embedded.

Sultana (2019) highlights an injustice in global health, specifically the position of colonialism within a hierarchy of knowledge. Colonialism reproduces patterns of knowledge where community intellect is considered subordinate to 'expert' knowledge. Such frameworks, when employed in vaccination policies, seem to aim at equitably addressing sociopolitical power divisions. However, they still reproduce the colonial power system by treating knowledge derived from communities as secondary and no more than perfunctory to 'expert' knowledge, capturing the very power relations the frameworks purport to disrupt.

The Global North-South Divide and the Limits of Universal Social Justice Frameworks

The consideration of whether social justice can maintain meaningful uniformity in its understanding between the Global North and South becomes critical at the intersection of vaccine mandate policies and their implications for globally diverse communities. Sultana's (2019) critique of the development education discourse within the context of decolonisation demonstrates the ways in which "*colonial legacies continue to shape development thinking and practices*", with dominant narratives remaining "*ideologically and epistemologically different from decolonised approaches*." This critique is equally valid for international vaccine policy, where the same utilitarian reasoning that justifies mandates in affluent countries is argued to operate as a form of neocolonial domination in the Global South context, which historically relates to medical authority and state power in different ways. Aspiration through social justice interventions to achieve a "fair and compassionate distribution" of wealth, as articulated by the United Nations, is noble, but it must contend with the reality that the "deep entrenchment" of global capitalism creates structural constraints that extend beyond the scope of policy solutions. In vaccine access, this takes the form of intellectual property systems that treat access to medicines as an adjunct to profit-making, which, as Fraser (1998) argues, exposes the inadequacy of defences based on redistribution or recognition alone.

The complexity of the issue increases when examining the argument in favour of universal vaccine mandates that could, on the face of it, be rationalised from a public health perspective. Such a mandate would still reproduce gaps that social justice theory aims to address. As Frey and Hanan (2020) argue, social justice activism is effective only when there is collaboration among "*rhetoricians intervening with oppressed communities*." This claim highlights the importance of developing equitable vaccine policies through community engagement, rather than applying ethics from outside the community, however benevolent.

Listening Rhetoric, Community Advocacy, and the Epistemological Foundations of Just Health Policy

When considering the social, political, and economic inequalities that affect access to healthcare, the concept of listening rhetoric within social justice theory offers valuable insight. This approach avoids the traditional, often paternalistic patterns of advocacy that rely on semi-empathetic storytelling in public health. Grain (2017) states that social justice advocacy needs humility before uncertainty. It also needs a willingness to listen to lived experience. Listening allows a deeper reconsideration of how vaccine mandates are formed and applied. This view questions advocacy carried out for communities without their involvement. True advocacy includes active community participation at each stage. It begins with identifying problems and continues through creating solutions. Advocacy must be earned through listening. It requires engagement with community knowledge systems. These may differ from dominant scientific beliefs. This idea reveals a major ethical issue in vaccine policy. Public health workers must listen sincerely to communities that express doubts or concerns. They must not label them as resistant or uninformed. They must be prepared to answer questions about cultural relevance, suitability, and effectiveness. Listening builds trust. It replaces persuasion with honest dialogue and shared understanding. The key principles of listening rhetoric and community advocacy as applied to vaccine policy are summarised in Table 3, illustrating how participatory approaches foster ethical and equitable health governance.

Incorporating Bourdieusian theory of practice, this model of health behaviour recognises the interplay of health actions within a frame of an individual's agency and structure as a dialectical relationship conditioned by cultural capital and social position (Bourdieu, 1990). Grounded theory methodologies allow us to impose no frameworks other than those constructed through observation, which helps in creating vaccine policies that are responsive to the actual socio-communitarian needs and values (Charmaz, 2014). Through its advocacy for the use of constructive knowledge by both researchers and community residents, engaged theory provides an example of how public health professionals can partner with communities to create vaccination programmes that prioritise group safety while honouring cultural and religious diversity (Freire, 1970). Such frameworks highlight the need to understand that confronting the "1% versus the 99%" of global healthcare access inequities requires more than redistribution; it entails a complete transformation in the production, legitimisation, and utilisation of health information through various social lenses.

Table 3. Principles of Listening Rhetoric and Community Advocacy in Vaccine Policy

Concept	Description	Mechanism in Practice	Ethical/Policy Implication
Listening Rhetoric	A communication approach grounded in humility, empathy, and openness to community perspectives	Engaging with communities through dialogue rather than persuasion; prioritising understanding over compliance	Builds trust and enhances legitimacy of vaccination campaigns
Participatory Advocacy	Inclusion of affected communities in policy formulation and implementation	Co-design of vaccination initiatives with local leaders, faith groups, and cultural organisations	Promotes ownership and long-term compliance
Epistemic Justice	Recognition of local and experiential knowledge as valid contributions to policy	Integrating community insights into health research and programme design	Counters historical marginalisation and reinforces equity
Cultural Relevance	Aligning communication and intervention strategies with local cultural norms and beliefs	Translating vaccine messages into culturally resonant narratives and languages	Increases acceptability and reduces resistance
Reflexive Practice	Continuous ethical self-assessment by policymakers and practitioners	Evaluating whether interventions reproduce power hierarchies	Encourages transparency and moral accountability

Ethical Synthesis and Policy Implications

The moral issues surrounding stringent vaccine policies are compounded by questions about whether the right to freedom and social responsibility can coexist, as well as the inequalities faced by some groups. Vaccine mandates are not morally wrong in every case. Their ethical value depends on how they are planned and used. Policies must be clear, fair, and grounded in sound reasoning. People should understand the purpose behind the rules and feel that their rights are respected. Trust is more likely when people believe they are treated with honesty and care. A good policy protects public health without ignoring personal freedom. Both values can work together when the approach is balanced.

The ethical evaluation of vaccine mandates ultimately requires a nuanced understanding of how social justice operates across different contexts and communities. Rather than applying universal ethical principles without regard for historical and structural inequities, policymakers must engage with the specific narratives and lived experiences of affected populations (Nussbaum 2011). This approach recognises that social justice in healthcare cannot be achieved through top-down mandates alone but requires building systems that earn trust through transparency, equity, and meaningful community participation (Gostin and Wiley 2018). By integrating social justice perspectives into bioethical frameworks, we can develop vaccination policies that balance collective well-being with respect for diverse community values and historical experiences. Such policies would acknowledge that the path to widespread vaccination acceptance lies not in coercion but in addressing the underlying social determinants of health that create disparities in both disease burden and healthcare access (Marmot 2005). Only through this more comprehensive approach can we hope to achieve the dual aims of public health protection and social justice. As Sen (2002) reminds us, "*Health capabilities are inseparable from the social arrangements that make them possible.*".

Conclusion

This review highlights a central paradox in social justice–based approaches to public health. Even the most well-intentioned strategies can reproduce unequal power relations if they fail to question the ideological and pedagogical assumptions that underpin them. Distinguishing between moral and structural aspects of injustice may offer clarity, but doing so can also divert attention from the collective healing that drives social justice advocacy. Applying theoretical models from the Global North to the varied realities of the Global South reinforces neocolonial patterns of knowledge and authority. Such practices often privilege external expertise

while discounting local epistemologies and community perspectives. This dynamic continues to marginalise those whose knowledge systems fall outside dominant scientific frameworks.

Addressing these structural inequities demands significant reform in critical public health and vaccine policy. Verification and accountability mechanisms within these systems must be re-evaluated to ensure they recognise community participation as central to ethical practice. Advocacy should shift from speaking *for* communities to earning legitimacy *through* direct engagement with their knowledge, values, and lived experiences. Public health can only fulfil its ethical commitment to the most marginalised when it moves beyond paternalistic and anthropological models that silence cultural diversity. The advancement of equitable health policy depends not only on better-designed rules but on processes that recognise health as a social experience and justice as an active, participatory endeavour.

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