

# A multidimensional account of social justice for global health research

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## Abstract

A transformation of global health research is urgently needed if it is to eliminate long-standing structural inequities within the field and help reduce global health disparities. Ethics has a key role to play in fostering such a transformation: it can help identify what the transformation should entail. Yet, ethics scholarship linking global health research to greater equity and social justice has limited authority and capacity to do so for two related reasons: it largely fails to apply theories and concepts of justice from the global South and it says little about whether or how to address the coloniality and epistemic injustices inherent within global health research. This paper develops a *multidimensional social justice lens* using social justice and decolonial theory from the global North and global South. This lens identifies five core dimensions of social justice: power, recognition, harmony, inclusion, and well-being. This paper then applies the multidimensional lens to the global health research context. For each dimension of social justice, several key ways to transform global health research are identified and described. They include shifting control of global health research funding, education, conduct, and publishing away from the global North and making knowledge from the global South visible and valued. To conclude, potential objections are considered.

## KEYWORDS

equity, ethics, global health, power, research, social justice

## 1 | INTRODUCTION

Improving health and achieving equity in health for all people worldwide is the ultimate goal of global health research, programs, and policy.<sup>1</sup> Yet, global health, as currently practiced, shows many asymmetries in power and privilege and exacerbates epistemic

injustices.<sup>2</sup> COVID-19 put a spotlight on existing inequalities and processes of coloniality in global health.<sup>3</sup> A transformation of the field is necessary if it is to help transform people's health worldwide and promote equity and social justice. But what should this transformation look like?

<sup>1</sup>Koplan, J. P., & Baggett, R. L. (2008). The Emory Global Health Institute: Developing partnerships to improve health through research, training, and service. *Academic Medicine*, 83(2), 128–133.

<sup>2</sup>Bhakuni, H., & Abimbola, S. (2021). Epistemic injustice in academic global health. *Lancet Global Health*, 9(10), 1465–1470. [https://doi.org/10.1016/s2214-109x\(21\)00301-6](https://doi.org/10.1016/s2214-109x(21)00301-6)

<sup>3</sup>Abimbola, S., Asthana, S., Montenegro, C., Guinto, R. R., Jumbam, D. T., Louskieter, L., Kabubei, K. M., Munshi, S., Muraya, K., Okumu, F., Saha, S., Saluja, D., & Pai, M. (2021). Addressing power asymmetries in global health: Imperatives in the wake of the COVID-19 pandemic. *PLoS Medicine*, 18(4), e1003604.

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Ethics has a key role to play in helping answer that question. In relation to global health research, which is the focus of this paper, the ethics field develops guidance on how such research and the actors who fund and conduct it should advance equity and social justice. Whether such matters should fall within the remit of the ethics field has been a point of debate over the years. Perhaps it is sufficient for the field to define justice as a fair distribution of burdens and benefits, without bringing consideration of background conditions of injustice into the ethical picture or attempting to link global health research to addressing them. However, ignoring background conditions of injustice is an epistemic injustice in itself. Disregarding histories of colonialism and present conditions of coloniality reinforces Eurocentrism and a coloniality of knowledge within the ethics field. Beyond that, over the last twenty years, the idea that global health research should generate knowledge to reduce health disparities between and within countries has also become widely accepted.<sup>4</sup> Helping improve healthcare and systems for those considered disadvantaged and marginalized is an important value motivating much global health research today. Here, global health research is defined as research focused on health problems with a global effect or typically experienced in the global South. It encompasses research with groups considered marginalized or vulnerable in high-income countries as well as research in low- and middle-income countries. It is funded and conducted by actors from both the global North and South.

In accordance with the position outlined above, two decades ago, Solomon Benatar and Peter Singer argued that “a new, proactive research ethics...must ultimately be concerned with reducing inequities in global health and achieving justice in health research and health care.”<sup>5</sup> Since then, considerable work moved the new agenda forward such as the development of ethical concepts for global health research like a broader standard of care,<sup>6</sup> fair benefits,<sup>7</sup> ancillary care,<sup>8</sup> and community

engagement,<sup>9</sup> and ethical guidance in relation to them. So far, two main ethical frameworks have been created to link global health research to health equity and social justice: the Human Development Approach and Research for Health Justice.<sup>10</sup>

Yet, much of this work shows two significant and related shortcomings that limit its authority and ability to identify what a transformation of global health research should entail and, in effect, to help transform global health research. First, it largely does not apply theories and concepts of justice from the global South (aside from Amartya Sen's capability approach). The silencing of the theories and concepts of those in the global South upon whom global health research ethics is inscribed comprises an epistemic injustice and reflects a wider pattern in global health ethics,<sup>11</sup> though there are some exceptions.<sup>12</sup> This trend reinforces a coloniality of knowledge<sup>13</sup> and threatens the credibility of the global health ethics field.<sup>14</sup> As a matter of epistemic justice, such scholarship should be informed by theories, values, concepts, and principles from the global North and from the global South.<sup>15</sup> Second, existing work primarily applies three conceptions of social justice—distribution, inclusion, and well-being—which restricts its capacity to highlight and address the coloniality and epistemic injustices inherent in global health research.

Perhaps unsurprisingly, ethics scholars typically develop ethical concepts and frameworks linking global health research to social justice and equity by applying theories largely from the global North. For example, the Human Development Approach draws on the work of Thomas Pogge, Amartya Sen, Martha Nussbaum, John Rawls, and Henry Shue; Research for Health Justice draws on Jennifer Ruger's

<sup>4</sup>Koplan & Baggett, op. cit. note 1; Salm, M., Ali, M., Minihane, M., & Conrad, P. (2021). Defining global health: Findings from a systematic review and thematic analysis of the literature. *BMJ Global Health*, 6(6), e005292.

<sup>5</sup>Benatar, S. R., & Singer, P. A. (2000). A new look at international research ethics. *BMJ*, 321(7264), 824–826. <https://doi.org/10.1136/bmj.321.7264.824>

<sup>6</sup>Shapiro, K., & Benatar, S. R. (2005). HIV prevention research and global inequality: Steps towards improved standards of care. *Journal of Medical Ethics*, 31(1), 39–47. <https://doi.org/10.1136/jme.2004.008102>; Emanuel, E. J. (2012). Global justice and the “standard of care” debates. In J. Millum & E. J. Emanuel (Eds.), *Global justice and bioethics* (pp. 181–212). Oxford University Press.

<sup>7</sup>El Setouhy, M., Agbenyega, T., Anto, F., Clerk, C. A., Koram, K. A., English, M., Juma, R., Molyneux, C., Peshu, N., Kumwenda, N., Mfutso-Bengu, J., Molyneux, M., Taylor, T., Diarra, D. A., Maiga, S., Sylla, M., Youssouf, D., Falade, C. O., Gbadegesin, S., ... Wendler, D. (2004). Moral standards for research in developing countries from “Reasonable Availability” to “Fair Benefits”. *Hastings Center Report*, 34(3), 17–27. <https://doi.org/10.2307/3528416>; Ballantyne, A. J. (2010). How to do research fairly in an unjust world. *American Journal of Bioethics*, 10(6), 26–35. <https://doi.org/10.1080/15265161.2010.482629>; Lavery, J. V., Bandewar, S. V., Kimani, J., Upshur, R. E., Plummer, F. A., & Singer, P. A. (2010). ‘Relief of oppression’: An organizing principle for researchers’ obligations to participants in observational studies in the developing world. *BMC Public Health*, 10, 384. <https://doi.org/10.1186/1471-2458-10-384>.

<sup>8</sup>Merritt, M. W., Taylor, H. A., & Mullany, L. C. (2010). Ancillary care in community-based public health intervention research. *American Journal of Public Health*, 100(2), 211–216; Pratt, B., Zion, D., Lwin, K. M., Cheah, P. Y., Nosten, F., & Loff, B. (2013). Ancillary care: From theory to practice in international clinical research. *Public Health Ethics*, 6(2), 154–169.

<sup>9</sup>Tindana, P. O., Singh, J. A., Tracy, C. S., Upshur, R. E. G., Daar, A. S., Singer, P. A., Frohlich, J., & Lavery, J. V. (2007). Grand challenges in global health: Community engagement in research in developing countries. *PLOS Medicine*, 4(9), e273. <https://doi.org/10.1371/journal.pmed.0040273>; Reynolds, L., & Sariola, S. (2018). The ethics and politics of community engagement in global health research. *Critical Public Health*, 28(3), 257–268. <https://doi.org/10.1080/09581596.2018.1449598>; Pratt, B., & de Vries, J. (2018). Community engagement in global health research that advances health equity. *Bioethics*, 32(7), 454–463.

<sup>10</sup>Pratt, B., & Loff, B. (2015). A comparison of justice frameworks for international research. *Journal of Medical Ethics*, 41, 539–544; London, A. J. (2005). Justice and the human development approach to international research. *Hastings Center Report*, 35(1), 24–37; London, A. J. (2022). *For the common good: Philosophical foundations of research ethics*. Oxford University Press; Pratt, B. (2021). Research for Health Justice: an ethical framework linking global health research to health equity. *BMJ Global Health*, 6(2), e002921. <https://doi.org/10.1136/bmjgh-2020-002921>. <http://gh.bmj.com/content/6/2/e002921.abstract>

<sup>11</sup>Pratt, B., & de Vries, J. Where is knowledge from the global South? An account of epistemic justice for a global bioethics. *Journal of Medical Ethics*. Advance online publication. <https://doi.org/10.1136/jme-2022-108291>; Tosam, M. J. (2018). African perspectives in global bioethics. *Developing World Bioethics*, 18(3), 208–211; Tangwa, G. B. (2017). Giving voice to African thought in medical research ethics. *Theoretical Medicine and Bioethics*, 38(2), 101–110. <https://doi.org/10.1007/s11017-017-9402-3>

<sup>12</sup>See Munung, N. S., de Vries, J., & Pratt, B. (2022). Towards equitable genomics governance in Africa: Guiding principles from theories of global health governance and the African moral theory of Ubuntu. *Bioethics*, 36, 411–422; Metz, T. (2017a). Ancillary care obligations in light of an African bioethic: From entrustment to communion. *Theoretical Medicine and Bioethics*, 38(2), 111–126. <https://doi.org/10.1007/s11017-017-9404-1>; Tosam, M. J., P. Chi, C., Munung, N. S., Oukem-Boyer, O. O. M., & Tangwa, G. B. (2018). Global health inequalities and the need for solidarity: A view from the Global South. *Developing World Bioethics*, 18(3), 241–249.

<sup>13</sup>Coloniality of knowledge has several effects on knowledge production, including (1) subordination/erasure of theory, concepts, knowledge, and methods from the global South and (2) a division of labor where theory is generated in the center and subjects are present in the global South.

<sup>14</sup>Pratt & de Vries, op. cit. note 11.

<sup>15</sup>Ibid.

health capability paradigm and Iris Marion Young's work on inclusion.<sup>16</sup> These theories define the ends of social justice in terms of inclusion, distribution, and/or well-being, where health is understood to be a core element of well-being. Sen, Nussbaum, and Ruger are capability theorists and, therefore, conceive of social justice as ensuring humans the freedoms—such as the capability to be healthy—that they need for sufficient or optimal functioning or well-being. The rights-based theories of Shue and Pogge endorse an understanding of social justice as achieving a basic level of well-being. They require that individuals have secure access to minimally adequate shares of basic goods,<sup>17</sup> that is, what is needed to lead a minimally worthwhile life.<sup>18</sup> Rawls' theory of justice defines social justice in distributive terms.

We thus see a strong focus on these three understandings of social justice and what they demand of global health research in the ethical concepts and frameworks linking the two, for example, community engagement, a fair distribution of benefits, enhancing the capacity of host communities' basic social structures to meet their members' health priorities.<sup>19</sup> Community engagement is clearly connected to building a sense of inclusion<sup>20</sup> and deepening the participation of those affected by global health research in its conduct. The concept reflects a growing emphasis on collaboration and inclusion of communities in research.<sup>21</sup> Ratcheting up the standard of care and ensuring fair benefits are concepts that are supported by and advance distributive justice theories and principles (e.g., Rawls, Pogge) and well-being theories (e.g., Powers and Faden).<sup>22</sup>

The Human Development Approach and Research for Health Justice each describe how to structure global health research—in terms of what research populations to select, what research priorities to select, and what benefits to provide during and after studies—in order to ensure that studies generate knowledge that can enhance the health of their host communities. The focus is on how to design global health research projects to contribute to better health amongst those considered disadvantaged and thereby help reduce global health disparities. Research for Health Justice also describes how to undertake inclusive priority-setting processes.<sup>23</sup>

Existing ethical concepts and frameworks are then dangerously incomplete because they say little about whether and how to address the coloniality and epistemic injustices in global health research. At most, those that advance inclusion may indirectly help to reduce

unfair power dynamics and epistemic injustice. This is problematic because misrecognition in the form of cultural imperialism—and specifically Eurocentrism—is inherent in the field, where epistemologies, theories, methods, and evaluation criteria from the global North are the norm and the standard by which such research is performed and assessed. Those from the global South are subordinated and erased through transactional and structural testimonial injustices.<sup>24</sup> The result is that a small proportion of scholars conduct global health research from a Southern epistemic perspective and hermeneutical injustice continues: certain global health values, problems, and ideas for solutions are not articulated or conceptualized accurately, at all, or as fully as they might have been.<sup>25</sup> This, in turn, limits the field's transformative potential and capacity to generate interventions equipped to address the complex causes of health inequities.<sup>26</sup>

When power is discussed in global health research ethics, it is frequently in relation to exploitation: who benefits.<sup>27</sup> Other types of unfair power relations within global health research such as coloniality and subordination, which are primarily about who controls, are discussed much less. Yet, global health is a field that was “birthed in colonialism” and is still significantly affected by coloniality.<sup>28</sup> The major funding bodies of global health research are mainly located in the United States, United Kingdom, and Europe.<sup>29</sup> Although the situation is slowly changing, direct access to funding from most of these funding bodies has historically been very difficult (or legally impossible) for researchers from the global South to obtain.<sup>30</sup> This is concerning because, as Walsh, Brugha, and Byrne point out, as long as funding for global health research flows solely through the global North, this ensures that power remains with the global North.<sup>31</sup>

<sup>24</sup>Transactional testimonial injustices occur in terms of which researchers are listened to and which are not. The silencing of researchers could include not being taken seriously when making verbal contributions from a Southern epistemic viewpoint at conferences or being asked to define the relevance or quality of their work in relation to dominant theories or methods during peer review. Structural testimonial injustices occur within global health funding, publication, and education systems—namely, where they are structured in ways that systematically ignore, distort, and/or discredit particular intellectual traditions and knowledges. In Africa, for instance, Kevin Behrens (2017, p. 95) contends that education continues to be “dominated by the methods, theories and presuppositions of the colonial masters who first created the universities in Africa.” Solomon Benatar et al. (2016, 327) further highlight the “epistemic hierarchy” that is “embedded in the education process,” where methodologies that are rational, scientific, quantitative, and reductionist are valued over other methodologies. Behrens, K. G. (2017). Hearing sub-Saharan African voices in bioethics. *Theoretical Medicine and Bioethics*, 38(2), 95–99; Benatar, S., Daibes, I., & Tomsons, S. (2016). Interphilosophies dialogue: Creating a paradigm for global health ethics. *Kennedy Institute of Ethics Journal*, 26(3), 323–346.

<sup>25</sup>Bhakuni & Abimbola, op. cit. note 2.

<sup>26</sup>Ibid.

<sup>27</sup>Benatar, S. R., & Singer P. A. (2010). Responsibilities in international research: A new look revisited. *Journal of Medical Ethics*, 36(4), 194. <https://doi.org/10.1136/jme.2009.032672>; Hawkins, J. S. (2008). *Exploitation and developing countries: The ethics of clinical research*. Princeton University Press; El Setouhy, M., et al. op. cit. note 7; Tindana, P. O., et al. op. cit. note 9.

<sup>28</sup>Bhakuni & Abimbola, op. cit. note 2.

<sup>29</sup>Policy Cures Research. (2021). *Neglected disease research and development: Where to now?* Policy Cures Research.

<sup>30</sup>Tucker, T. J., & Makgoba, M. W. (2008). Public-private partnerships and scientific imperialism. *Science*, 320(5879), 1016–1017. <https://doi.org/10.1126/science.1156720>

<sup>31</sup>Walsh, A., Brugha, R., & Byrne, E. (2016). “The way the country has been carved up by researchers”: Ethics and power in north-south public health research. *International Journal for Equity in Health*, 15(1), 204.

<sup>16</sup>London, op. cit. note 10; Pratt, op. cit. note 10; Pratt, B., & Hyder, A. A. (2016). Governance of transnational global health research consortia and health equity. *American Journal of Bioethics*, 16(10), 29–45.

<sup>17</sup>Pogge, T. (2002). *World poverty and human rights*. John Wiley & Sons; Shue, H. (1996). *Basic rights: Subsistence, affluence, and U.S. foreign policy*. Princeton University Press.

<sup>18</sup>Pogge, op. cit. note 17.

<sup>19</sup>London, op. cit. note 10; Pratt & de Vries, op. cit. note 9; Ballantyne, op. cit. note 7.

<sup>20</sup>Participants in the Community Engagement and Consent Workshop. (2013). Consent and community engagement in diverse research contexts. *Journal of Empirical Research on Human Research Ethics*, 8(4), 1–18.

<sup>21</sup>Lavery, J. V., Tinadana, P. O., Scott, T. W., Harrington, L. C., Ramsey, J. M., Ytuarte-Núñez, C., & James, A. A. (2010). Towards a framework for community engagement in global health research. *Trends in Parasitology*, 26(6), 279–283.

<sup>22</sup>Benatar & Shapiro, op. cit. note 6; Lavery, J. V., et al., op. cit. note 7.

<sup>23</sup>Pratt, op. cit. note 10; Pratt, op. cit. note 16.

We also continue to see unfair divisions of labor between the global North and South in research collaborations, with researchers from the global South often relegated to the role of “glorified field workers,” responsible for providing samples but “excluded from the creative, interesting, and ‘scientific’ features of the collaboration.”<sup>32</sup> Other manifestations of coloniality in global health research exist beyond these examples.<sup>33</sup>

We urgently need to start addressing the shortcoming of ethics scholarship linking global health research to social justice and equity. This paper's first contribution is to develop a *multidimensional social justice lens* using social justice and decolonial theory from the global North and global South. Each of its five dimensions—power, recognition, harmony, inclusion, and well-being—comprises a different conception or understanding of social justice and its ends. To begin, I describe the selection of the five dimensions of social justice and the theory informing the proposed lens. For each dimension, I next identify and define the main facets or components essential to achieving it that are articulated in social justice and decolonial theory.

The paper's second contribution is to apply the multidimensional lens to the global health research context to start developing a more comprehensive account of what social justice demands of the field. After defining each dimension of social justice, I articulate several practical implications of advancing it in global health research. This provides initial ideas about what upholding the various dimensions looks like and shows that it clearly entails addressing the issues of coloniality and epistemic injustice plaguing global health research. The paper concludes by considering potential objections and discussing the proposed account's transformative potential for global health research.

## 2 | UNDERPINNINGS OF THE MULTIDIMENSIONAL SOCIAL JUSTICE LENS

The dimensions selected to comprise the social justice lens each constitute a distinct end of social justice identified within theories of social justice and decolonial theory from the global North and global South. The aim was to capture as many different conceptions as possible, which is in keeping with a pluriversal approach. The pluriverse—a world in which many worlds fit—foregrounds multiple ways of being in and seeing the world<sup>34</sup> and desilences perspectives that have been in the periphery. Typically, social justice and

decolonial theories articulate one or two dimensions of social justice each, though there are some exceptions across certain philosophers' bodies of work; for example, Young discusses inclusion, recognition, and power. As such, the five dimensions are collectively identified across theories of social justice and decolonial theory, but each dimension is not found in every theory. The paper draws on decolonial discourses as well as social justice theory because both highlight dimensions of injustice.<sup>35</sup> Social justice theories have been formed by scholars largely from the global North but also by scholars from the global South, for example, Sen. Decolonial discourses largely evolved from the global South.<sup>36</sup> If decolonial discourses were not included, significant conceptual work from the global South that speaks to what comprises social injustice would have been excluded, thereby reinforcing epistemic injustice.

The five dimensions of social justice identified are power, recognition, harmony, inclusion, and well-being. *Power* means reducing unfair power dynamics between humans. Unfair power dynamics express judgments of unequal moral worth and create conditions where some have to work much harder and be much luckier to have prospects for a decent life that others are socially positioned to experience effortlessly.<sup>37</sup> The *well-being* dimension reflects the ethical significance of the functioning and flourishing of humans and nonhumans and finds harm—injustice—where that potential is limited and deprivation occurs.<sup>38</sup> The *harmony* dimension reflects the ethical significance of relationships of shared identity, care, and solidarity between humans and finds harm—injustice—in forces that interfere with those relations.<sup>39</sup> Social harmony with other persons is necessary to become a full or authentic person.<sup>40</sup> Ensuring *recognition* is morally necessary because misrecognition causes status injury (i.e., disrespect or erasure) to social groups, cultures, and/or their ways of knowing.<sup>41</sup> It threatens to erase difference and diversity and to homogenize cultures.<sup>42</sup> The *inclusion* dimension reflects the ethical significance of self-determination.<sup>43</sup> It calls for meaningful participation in decision-making processes by all those affected, particularly those affected who are considered socially marginalized or disadvantaged. The dimensions can each

<sup>35</sup>Adam, T. (2020). Between social justice and decolonisation: Exploring South African MOOC designers' conceptualisations and approaches to addressing injustices. *Journal of Interactive Media in Education*, 2020(1), 7.

<sup>36</sup>Ibid.

<sup>37</sup>Powers, M., & Faden, R. (2019). *Structural injustice: Power, advantage, and human rights*. Oxford University Press.

<sup>38</sup>Powers, M., & Faden, R. (2006). *Social justice: The moral foundations of public health and health policy*. Oxford University Press; Schlosberg, D., & Carruthers, D. (2010). Indigenous struggles, environmental justice, and community capabilities, 10(4), 12–35.

<sup>39</sup>Metz, T. (2010). African and Western moral theories in a bioethical context. *Developing World Bioethics*, 10(1), 49–58.

<sup>40</sup>Behrens, K. G. (2013). Toward an African relational environmentalism. In E. Imafidon & J. A. I. Bewaji (Eds.), *Ontologized ethics: New essays in African meta-ethics* (pp. 55–72). Lexington Books.

<sup>41</sup>Fraser, N. (1997). *Justice interrupted critical reflections on the “postsocialist” condition*. Routledge.

<sup>42</sup>Rozzi, R., Chapin, F. S., III, Baird Callicott, J., Pickett, S. T. A., Power, M. E., Armesto, J. J., & May, R. H., Jr. (2015). Introduction: Linking ecology and ethics for an interregional and intercultural earth stewardship. In R. Rozzi, F. S. Chapin III, J. Baird Callicott, S. T. A. Pickett, M. E. Power, J. J. Armesto, & R. H. May Jr. (Eds.), *Earth stewardship: Linking Ecology and ethics in theory and practice*. Springer International Publishing.

<sup>43</sup>Young, I. M. (2000). *Inclusion and democracy*. Oxford University Press.

<sup>32</sup>Parker, M., & Kingori, P. (2016). Good and bad research collaborations: Researchers' views on science and ethics in global health research. *PLOS ONE*, 11(10), e0163579. <https://doi.org/10.1371/journal.pone.0163579>

<sup>33</sup>Costello, A., & Zumla, A. (2000). Moving to research partnerships in developing countries. *BMJ*, 321(7264), 827. <https://doi.org/10.1136/bmj.321.7264.827>; Jentsch, B., & Pilley, C. (2003). Research relationships between the South and the North: Cinderella and the ugly sisters? *Social Science and Medicine*, 57(10), 1957–1967. [https://doi.org/10.1016/s0277-9536\(03\)00060-1](https://doi.org/10.1016/s0277-9536(03)00060-1); Moyi Okwaro, F., & Geissler, P. W. (2015). In/dependent collaborations: Perceptions and experiences of African scientists in transnational HIV research. *Medical Anthropology Quarterly*, 29(4), 492–511. <https://doi.org/10.1111/maq.12206>

<sup>34</sup>FitzGerald, M. (2022). *Care and the pluriverse: Rethinking global ethics* (1st ed.). Bristol University Press.

bear on one another. For instance, having an unequal playing field will clearly mean that some people are less well situated to achieve human flourishing.

Distribution, perhaps controversially, is not identified as a dimension on its own. This is because distributive concerns are to some extent cross-cutting. They are inherent in certain identified dimensions of social justice: well-being (is inadequate well-being disproportionately experienced by some), inclusion (is the opportunity to voice ideas distributed unevenly between participants in decision-making), and recognition (is misrecognition disproportionately experienced by some). How well-being, inclusion, and recognition are distributed is an important aspect of social justice. Ensuring that those who have been historically marginalized or experience disadvantage are not losing out relative to those who are better off or in dominant positions is essential in relation to these dimensions of social justice. I, however, concur with Young's position that bringing power under the logic of distribution misconstrues the meaning of power. For instance, it obscures the fact that power is a relation rather than a thing that can be traded or exchanged.<sup>44</sup> Harmony, similarly, is a relational concept. At most, there are distributive elements within certain types of unfair power relations. As an example, an unfair distribution of benefits and burdens is viewed as a component of exploitation.<sup>45</sup>

For the most part, the main facets or components described for each dimension in this paper are consistent with what dimensions they are connected to in the literature. One exception, however, is that cultural imperialism and coloniality of knowledge are discussed primarily within the recognition dimension of the multidimensional social justice lens. In the literature, both are identified as types of unfair power dynamics by Young and Aníbal Quijano, respectively. In the paper, they are identified as types of misrecognition because they speak to injustices that involve devaluing and rendering knowledge, needs, and perspectives invisible. While these concepts describe injustices that are a product of unfair power dynamics, the injustices themselves relate to the misrecognition of different cultures and types of knowledge.

To derive/define the content of each dimension, specific theories of social justice and decoloniality were used. Table 1 presents an overview of some of the main scholars whose work is used to define each dimension. The bases upon which specific theories were selected varied to some extent for each dimension. For the power dimension, I selected theories from the global North and global South that define different types of unfair power dynamics in detail. Here, incorporating work on coloniality was essential in light of the global health context, and the work of Aníbal Quijano was a clear choice. His pioneering essays on the "Coloniality of Power" not only inspired the project of Modernity/Coloniality/Decoloniality but have also influenced countless intellectuals and activists who were not necessarily involved in the so-called "Decolonial Turn."<sup>46</sup>

For the recognition dimension, I selected theories and conceptual work from the global North and global South, with an emphasis on those that conceptualize injustices in relation to knowledge (epistemic injustices). This is because, in the global health context, misrecognition in relation to knowledge is prominent.<sup>47</sup> For the inclusion dimension, I selected deliberative democracy theory from the global North and South, with an emphasis on theory that attends to the way in which power enters deliberative spaces. This is because the global health context is rife with unequal power dynamics. As theories exist that apply deliberative democracy norms and concepts to the health context, I made sure to include them because they are also pertinent to global health. For the well-being dimension, I selected theory from the global North and South that spanned the range of positions on how much well-being is owed to individuals and/or communities as a matter of social justice: a basic, decent, or optimal level. Again, as theories of health justice exist, I made sure to include them. For the harmony dimension, I primarily relied on the social justice theory of Thaddeus Metz because he is the main theorist to identify harmony as the end of social justice. However, I further selected work on solidarity from the global North and South to supplement his theory. Thus, I do not presume to locate and use all existing social justice and decolonial theory from the global North and South to develop the multidimensional lens. Future work can continue to identify relevant theory beyond that which has been applied in this paper and to further elaborate upon the different dimensions.

Given that the theory utilized to develop the multidimensional lens was selected for its relevance to the global health context, the pluralistic lens can also be applied to nonresearch aspects of global health (policy and healthcare delivery). It may also be useful to apply to domestic health sectors (policy, healthcare delivery, research). Coloniality and other unfair power dynamics continue to play out within countries: in settler colonies between settler and indigenous populations and in former colonies, where hierarchies established in colonial periods continue to be reinforced by groups within those countries.

### 3 | A MULTIDIMENSIONAL SOCIAL JUSTICE LENS AND ITS IMPLICATIONS FOR GLOBAL HEALTH RESEARCH

#### 3.1 | Power

Social justice means reducing unfair power dynamics that create an unequal playing field within society.<sup>48</sup> Doing so is especially important to alleviate systematic disadvantage.<sup>49</sup> Social justice and

<sup>44</sup>Young, I. M. (1990). *Justice and the politics of difference*. Princeton University Press.

<sup>45</sup>Hawkins, op. cit. note 27.

<sup>46</sup>Gandarilla Salgado, J. G., García-Bravo, M. H., & Benzi, D. (2021). Two decades of Aníbal Quijano's *Coloniality of Power, Eurocentrism and Latin America*. *Contexto Internacional*, 43(1), 199–222.

<sup>47</sup>Bhakuni & Abimbola, op. cit. note 2; Koum Besson, E. S. (2022). How to identify epistemic injustice in global health research funding practices: A decolonial guide. *BMJ Global Health*, 7(4), e008950.

<sup>48</sup>Powers & Faden, op. cit. note 37; Young, op. cit. note 44.

<sup>49</sup>Powers & Faden, op. cit. note 37.

**TABLE 1** Scholars whose work is used to define each dimension of social justice.

Social justice dimension	Key scholars (not an exhaustive list)
Power	Iris Marion Young Madison Powers and Ruth Faden Aníbal Quijano
Recognition	Iris Marion Young Boaventura de Sousa Santos Aníbal Quijano Walter Mignolo
Inclusion	Iris Marion Young David A. Crocker Munamoto Chemhuru Norman Daniels
Harmony	Thaddeus Metz
Health and Well-being	Martha Nussbaum Madison Powers and Ruth Faden Jennifer Ruger Sridhar Venkatapuram

decolonial theory identify several different types of unfair power relations. *Subordination* refers to control by another social group. A privileged few get to determine the rules and make decisions that apply to another social group.<sup>50</sup> It encompasses an unfair division of labor between those who plan and those who execute, that is, what Young calls “powerlessness.”<sup>51</sup> *Exploitation* means taking advantage of a less powerful individual or social group's vulnerability for the benefit of a more powerful person or social group and to extract unearned benefits.<sup>52</sup> An unfair distribution of burdens and benefits is generated.<sup>53</sup> *Social exclusion* means that an individual or social group is excluded or marginalized from participating in a valuable social activity (e.g., the employment system) due to group membership. This, in effect, forecloses certain options and relationships to some and leaves advantages open only to others, which has flow-on effects for the distribution of well-being.<sup>54</sup> *Group-directed violence* encompasses physical attacks, harassment, intimidation, ridicule, degradation, humiliation, and/or stigmatization of group members simply because they are group members.<sup>55</sup>

*Coloniality* refers to longstanding unequal patterns of power that emerged as a result of colonialism. It has several dimensions: race, labor, and epistemology/knowledge.<sup>56</sup> Coloniality of race refers to

social relations of domination/subordination between the center and periphery founded upon the category of race, where the races of the periphery are classified as inferior and those of the center as superior. This “justifies” the former's subordinate rank, place, and role in global society's structure of power.<sup>57</sup> Here, the “center” refers to colonizing powers, for example, United Kingdom, Europe, and North America, and the “periphery”<sup>58</sup> refers to the formerly colonized world.<sup>59</sup> The global North–South distinction largely maps onto those terms, though the global South is larger than the periphery. It encompasses all those worldwide who experience systemic and unjust human suffering.<sup>60</sup> Coloniality of labor means relations of exploitation between the center and periphery and encompasses all forms of control and exploitation of labor and production by the center.<sup>61</sup> Coloniality of knowledge refers to the epistemic hegemony of Eurocentrism. It is understood as any attempt to obliterate the culture, epistemology, and philosophy of any colonized peoples.<sup>62</sup>

If we consider what unfair power dynamics centrally affect global health research, our gaze, as previously discussed, must land on coloniality to start. Colonialism and the center–periphery relationship, in particular, are integral to the history and conduct of global health research. The imperialist origins of modern tropical medicine are well documented.<sup>63</sup> Imbalances between the center and periphery can still be seen in many aspects of the field.<sup>64</sup> Such relations exist amongst those who fund, publish, teach, and conduct global health research.

Reducing unfair power dynamics in global health research arguably then means recognizing that relations of subordination and exploitation between the center and periphery are inherent in the field *and* actively working to identify where and how they occur and to decrease and avoid recreating them. Raising awareness about global health research's colonial history and inherent coloniality is the first step. For example, global health degree programs' content

<sup>57</sup>Ibid.

<sup>58</sup>The center–periphery distinction was first coined by the Argentinian economist Raúl Prebisch.

<sup>59</sup>Quijano, op. cit. note 56.

<sup>60</sup>Santos, B. (2014). *Epistemologies of the South: Justice against epistemicide*. Paradigm.

<sup>61</sup>Ibid.

<sup>62</sup>Quijano, op. cit. note 56; Maldonado-Torres, N. (2007). On the coloniality of being. *Cultural Studies*, 21(2–3), 240–270. <https://doi.org/10.1080/09502380601162548>

<sup>63</sup>Baranov, D. (2010). *The African transformation of Western medicine and the dynamics of global cultural exchange*. Temple University Press; Espinosa, M. (2009). *Epidemic invasions: Yellow fever and the limits of Cuban independence, 1878–1930*. University of Chicago Press; Worboys, M. (2000). Colonial medicine. In R. Cooter & J. Pickstone (Eds.), *Medicine in the twentieth century* (pp. 67–80). Harwood Academic Publishers.

<sup>64</sup>Policy Cures Research. (2021). *Neglected disease research and development: Where to now?* Policy Cures Research; Tucker, T. J., & Makgoba, M. W. (2008). Public-private partnerships and scientific imperialism. *Science*, 320(5879), 1016–1017. <https://doi.org/10.1126/science.1156720>; Parker, M., & Kingori, P. (2016). Good and bad research collaborations: Researchers' views on science and ethics in global health research. *PLOS ONE*, 11(10), e0163579. <https://doi.org/10.1371/journal.pone.0163579>; Kelaher, M., Ng, L., Knight, K., & Rahadi, A. (2016). Equity in global health research in the new millennium: Trends in first-authorship for randomized controlled trials among low- and middle-income country researchers 1990–2013. *International Journal of Epidemiology*, 45(6), 2174–2183. <https://doi.org/10.1093/ije/dyw313>; McCoy, D., Kembhavi, G., Patel, J., & Luintel, A. (2009). The Bill & Melinda Gates Foundation's grant-making programme for global health. *Lancet*, 373, 1645–1653; Moran, M., Guzman, J., Ropars, A. L., & Illmer, A. (2010). The role of Product Development Partnerships in research and development for neglected diseases. *International Health*, 2(2), 114–122. <https://doi.org/10.1016/j.inhe.2010.04.002>

<sup>50</sup>Ibid.

<sup>51</sup>Young, op. cit. note 44.

<sup>52</sup>Powers & Faden, op. cit. note 37; Young, op. cit. note 44.

<sup>53</sup>Hawkins, op. cit. note 27.

<sup>54</sup>Young, op. cit. note 44.

<sup>55</sup>Ibid.

<sup>56</sup>Quijano, A. (2000). Coloniality of power and Eurocentrism in Latin America. *International Sociology*, 15(2), 215–232.

should highlight colonialism as a central part of the origins of the field and describe current manifestations of coloniality within it. They should also build students' understanding about how to identify coloniality and avoid reinforcing it within collaborations.

Actively decreasing and avoiding reinforcing relations of subordination and exploitation between the center and periphery means shifting greater control and benefits to the periphery. This demands not simply shifting control within research collaborations so that they, for instance, are led or co-led by low- and/or middle-income country researchers and are characterized by fair divisions of labor. It further requires broader structural changes in terms of who controls global health research funding; who controls leading global health journals; who controls global health knowledge production, that is, which institutions form the "center" of global health knowledge production; and who controls global health education. As an example, shifting control within funding calls for their agendas and grant programs to be developed and designed by parties from the center and periphery, with decision-making power shared equally or favoring the latter. Funding decisions would be made by both parties as well.

### 3.2 | Well-being

Social justice calls for ensuring an adequate level of well-being for individuals, groups, and communities,<sup>65</sup> with debate ongoing as to whether that comprises a basic, sufficient, or optimal level of well-being. At a minimum, social justice demands that people reach a basic level of well-being understood in terms of subsistence or survival. They can access those necessities without which they cannot survive (e.g., basic goods such as food, health care, housing).<sup>66</sup> Beyond this basic level, the sufficiency principle holds that it is morally valuable for people to attain the level of well-being required for a decent life over a "sufficient" life span (such as 75 years).<sup>67</sup> Others argue that equity entails reducing shortfall inequalities in health and well-being status between actual achievement and the optimal level: the highest level of health and well-being achieved by a population worldwide.<sup>68</sup> Core dimensions of individual well-being include (but are not limited to) health, reasoning, personal security, respect, and affiliation (i.e., relations of love, friendship).<sup>69</sup> Core dimensions of community well-being include (but are not limited to) preserving cultural practices, beliefs, and traditions; leadership; participatory decision-making;

social and organizational networks; social cohesion; and collective efficacy.<sup>70</sup>

Ensuring adequate well-being has both negative and positive ends.<sup>71</sup> It means that no one is pushed below an adequate level of well-being and that disparities in well-being, particularly involving those below an adequate level, are not made worse.<sup>72</sup> It also entails bringing those below an adequate level of well-being up to such a level.<sup>73</sup> In effect, there are no inequalities in the distribution of well-being between countries or within countries, where certain groups, communities, or populations fall below adequate well-being and others do not. Many theories of social justice give priority to bringing those individuals, communities, and populations who are considered disadvantaged or marginalized up to an adequate level of well-being.<sup>74</sup> Powers and Faden contend that the well-being deficits of the "systematically disadvantaged" are the most "morally urgent" to address.<sup>75</sup> Systematic disadvantage means that individuals, communities, or populations experience deficits on multiple dimensions of well-being that are caused by multiple social determinants.<sup>76</sup> These deficits comprise sizeable deficits from sufficiency rather than the absolute largest deficits.

Beyond human well-being, scholars call for extending the scope of justice to nonhuman animals and ecosystems.<sup>77</sup> Some accounts offer instrumental reasons for doing so, contending that decimation of the environment, either now or in the future, undermines a range of rights and capabilities necessary for our functioning, and so creates injustice.<sup>78</sup> Others take the view that nonhuman animals, non-living beings (e.g., soil), and ecosystems have intrinsic value and that a more inclusive conception of justice therefore applies to them.<sup>79</sup> This position is consistent with many non-Western and Indigenous worldviews, which consider animals, non-living beings, and ecosystems to be agents that have rights similar to those of humans.<sup>80</sup>

<sup>65</sup>Powers & Faden, op. cit. note 38; Chemhuru, M. (2017). Gleaning the social contract theory from African communitarian philosophy. *South African Journal of Philosophy*, 36(4), 505–515. <https://doi.org/10.1080/02580136.2017.1359470>; Gyeke, K. (2013). *Philosophy, culture and vision: African perspectives*. Sub-Saharan Publishers; Venkatapuram, S. (2011). *Health justice: An argument from the capabilities approach*. Polity Press.

<sup>66</sup>Gilbert, P. (2012). *From global poverty to global equality: A philosophical exploration*. Oxford University Press; Pogge, T. (2008). *World poverty and human rights*. Polity Press; Shue, H. (1996). *Basic rights: Subsistence, affluence, and U.S. foreign policy*. Princeton University Press.

<sup>67</sup>Powers & Faden, op. cit. note 38.

<sup>68</sup>Ruger, J. P. (2010). *Health and social justice*. Oxford University Press.

<sup>69</sup>Powers & Faden, op. cit. note 38; Wolff, J. & de Shalit, A. (2007). *Disadvantage*. Oxford University Press.

<sup>70</sup>Schlosberg & Carruthers, op. cit. note 38; Whyte, K. (2017). Indigenous climate change studies: Indigenizing futures, decolonizing the anthropocene. *English Language Notes*, 55(1–2), 153–162. <https://doi.org/10.1215/00138282-55.1-2.153>

<sup>71</sup>Powers & Faden, op. cit. note 38.

<sup>72</sup>Powers & Faden, op. cit. note 38; Nussbaum, M. (2000). *Women and human development: The capabilities approach*. Cambridge University Press.

<sup>73</sup>Ibid.

<sup>74</sup>Powers & Faden, op. cit. note 38; Wolff & de Shalit, op. cit. note 69; Ruger, op. cit. note 68.

<sup>75</sup>Powers & Faden, op. cit. note 38.

<sup>76</sup>Powers & Faden, op. cit. note 38; Wolff & de Shalit, op. cit. note 69.

<sup>77</sup>Holland, B. (2008). Justice and the environment in Nussbaum's "capabilities approach": Why sustainable ecological capacity is a meta-capability. *Political Research Quarterly*, 61(2), 319–332. <https://doi.org/10.1177/1065912907306471>; Nussbaum, M. (2006). *Frontiers of justice: Disability, nationality, species membership*. Belknap Press; Schlosberg, D. (2019). *An ethic of ecological justice for the Anthropocene*. Retrieved May 27, 2022, from <https://www.abc.net.au/religion/an-ethic-of-ecological-justice-for-the-anthropocene/11246010>

<sup>78</sup>Holland, op. cit. note 77; Anand, S., & Sen, A. (2000). Human development and economic sustainability. *World Development*, 28, 2029–2049.

<sup>79</sup>Nussbaum, op. cit. note 77; Schlosberg, op. cit. note 92.

<sup>80</sup>Bykov, M. F., Hyams, K., Satyal, P., Anguelovski, I., Benjamin, L., Blackburn, S., Borie, M., Caney, S., Chu, E., Edwards, G., Fourie, K., Fraser, A., Heyward, C., Jeans, H., McQuistan, C., Paavola, J., Page, M., Priest, S., Swiderska, K., ... Venn, A. (2021). An agenda for ethics and justice in adaptation to climate change. *Climate and Development*, 13(1), 1–9. <https://doi.org/10.1080/17565529.2019.1700774>; McGregor, D. (2018). Indigenous environmental justice, knowledge, and law. *Kalfou*, 5(2), 279–296; Rozzi, R. (2015). Earth stewardship and the biocultural ethic: Latin American perspectives. In F. S. Chapin III, J. B. Callicott, J. J. Armesto, M. E. Power, R. Rozzi, R. H. May Jr., & S. T. A. Pickett (Eds.), *Earth stewardship* (pp. 87–112). Springer International Publishing.

The positive end of well-being grounds a responsibility for global health research to prioritize generating knowledge to identify and address root or structural causes of poor health experienced by those considered systematically disadvantaged (individuals and communities), animals, non-living beings, and ecosystems. Addressing structural causes is especially key to alleviating systematic disadvantage. Structural causes refer to social norms and social, economic, and political institutions that entrench unfair power relations and create an unequal playing field.<sup>81</sup> They make it much harder for certain individuals, groups, and collectives to achieve and sustain adequate health and well-being.<sup>82</sup> It is vital that the root causes of health disparities between and within countries, like coloniality, be made visible in order to identify effective ways to address them. Histories of colonialism and current coloniality in research settings are often ignored when investigating the causes of health problems and inequities in the global South and when developing interventions.<sup>83</sup>

Although this responsibility gives priority to research on the structural determinants of health, upholding it also entails funding and conducting other types of global health research to improve the health of humans and nonhumans who fall below an adequate level. To ensure adequate health, theories of health justice purport that people need equal access to high-quality public health measures, high-quality healthcare and services, and the social determinants of health.<sup>84</sup> Health research must therefore also generate knowledge about other causes of poor health, especially for those considered systematically disadvantaged; about effective public health interventions, healthcare and services, and measures to ensure the social determinants of health, particularly those needed to achieve adequate health for the worst-off; and about how to organize healthcare systems to ensure equal access, especially for those least advantaged. For instance, clinical trials to develop new vaccines and medicines for illnesses that predominantly affect those considered systematically disadvantaged.

The negative end of well-being grounds a responsibility for global health research to avoid pushing individuals, communities, animals, non-living beings, and ecosystems (farther) below an adequate level of well-being, especially those who are already considered systematically disadvantaged. This responsibility entails assessing the impact of global health research on individual, community, and nonhuman well-being to determine whether they are likely to or are being negatively impacted. If substantial negative effects are identified before or during projects and programs, then they should be redesigned to avoid or mitigate such risks and harms.

Importantly, this responsibility implies (but is not limited to) assessing and minimizing global health research's *environmental*

*impact*. Global health initiatives, including research, can have a profound effect on ecosystem and human well-being through their environmental impact. Evidence shows, for example, that international clinical trials can have a large carbon footprint due to freight delivery of trial drugs, trial coordination centers' use of energy, and trial-related travel.<sup>85</sup> Given that climate change is the biggest threat to the security of human and ecosystem health,<sup>86</sup> it is important that global health research reduces its environmental impact.

### 3.3 | Recognition

Recognition-focused conceptions of social justice call for addressing misrecognition: disparaging and devaluing social groups (disrespect) and rendering their knowledge, needs, and perspectives' invisible (silencing).<sup>87</sup> Different (but related) types of misrecognition include cultural imperialism,<sup>88</sup> epistemic injustice,<sup>89</sup> cognitive injustice,<sup>90</sup> and coloniality of knowledge.<sup>91</sup> Coloniality of knowledge comprises a particular form of cultural imperialism. Epistemic and cognitive injustice can contribute to cultural imperialism and coloniality of knowledge but can occur independently of them too. The latter forms of misrecognition tend to be disproportionately experienced by people from the global South—those who experience unjust suffering worldwide.<sup>92</sup> As such, recognition calls avoiding such distributive inequities. Certain groups, communities, and populations should not bear a disproportionate burden of the different types of misrecognition.

*Cultural imperialism* universalizes a dominant group's experience and culture and establishes it as the norm and standard to be measured against. As Young affirms,

their particular experience and standards is construed as normal and neutral. If groups' experience difference from this neutral experience, or they do not measure up to those standards, their difference is constructed as deviance and inferiority.<sup>93</sup>

<sup>85</sup>Subaiya, S., Hogg, E., & Roberts, I. (2011). Reducing the environmental impact of trials: A comparison of the carbon footprint of the CRASH-1 and CRASH-2 clinical trials. *Trials*, 12(1), 31. <https://doi.org/10.1186/1745-6215-12-31>

<sup>86</sup>Masson-Delmotte, V., Zhai, P., Pörtner, H.-O., Roberts, D., Skea, J., Shukla, P. R., Pirani, A., Moufouma-Okia, W., Péan, C., Pidcock, R., Connors, S., Matthews, J. B. R., Chen, Y., Zhou, X., Gomis, M. I., Lonnoy, E., Maycock, T., Tignor, M., & Waterfield, T. (2019). *IPCC, 2018: Global Warming of 1.5°C. An IPCC Special Report on the impacts of global warming of 1.5°C above pre-industrial levels and related global greenhouse gas emission pathways, in the context of strengthening the global response to the threat of climate change, sustainable development, and efforts to eradicate poverty*. Intergovernmental Panel on Climate Change.

<sup>87</sup>Young, op. cit. note 44; Fraser op. cit. note 41.

<sup>88</sup>Ibid; Etieyibo, E. (2016). African philosophy in the eyes of the West. *Phronimon*, 17(1), 84–103. <https://doi.org/10.25159/2413-3086/1987>

<sup>89</sup>Fricker, M. (2007). *Epistemic injustice: Power and the ethics of knowing*. Oxford University Press; Kidd, I. J., Medina, J., & Pohlhaus Jr., G. (2019). *The Routledge handbook of epistemic injustice*. Routledge.

<sup>90</sup>Santos, op. cit. note 60.

<sup>91</sup>Quijano, op. cit. note 56.

<sup>92</sup>Santos, op. cit. note 60.

<sup>93</sup>Young, op. cit. note 44, p. 54.

<sup>81</sup>Powers & Faden, op. cit. note 37.

<sup>82</sup>Ibid.

<sup>83</sup>Li, T. M. (2007). *The will to improve: Governmentality, development, and the practice of politics*. Duke University Press.

<sup>84</sup>Ruger, op. cit. note 68; Venkatapuram, op. cit. note 65; Daniels, N. (2008). *Just health: Meeting health needs fairly*. Cambridge University Press.



Their values, culture, and behavior are degraded, devalued, and/or construed as “lacking of truly human qualities,” and the dominant meanings and culture render them largely invisible.<sup>94</sup>

*Coloniality of knowledge* does this by establishing Eurocentrism as the hegemonic epistemology. Its hegemony has several effects on knowledge production: (1) subordination/erasure of theory, concepts, knowledge, and methods from the periphery;<sup>95</sup> (2) a division of labor where theory is generated in the center and subjects are present in the periphery;<sup>96</sup> (3) the history of colonialism is largely ignored when identifying the origins of problems and their solutions;<sup>97</sup> (4) education programs in the center and periphery only impart theories and methods from the former;<sup>98</sup> and (5) evaluation criteria take the center's experience as a model.<sup>99</sup> It also means that, while scholars' physical location or place of birth may be in the periphery, their epistemic location may or may not be. As Ramon Grosfoguel notes,

the fact that one is socially located in the oppressed side of power relations, does not automatically mean that he/she is epistemically thinking from a subaltern epistemic location. Precisely, the success of the modern/colonial world-system consist in making subjects that are socially located in the oppressed side of the colonial difference, to think epistemically like the ones on the dominant positions.<sup>100</sup>

Similarly, the concept of *cognitive injustice* draws attention to inequalities in the knowledge that is valued and produced in today's world, for example, “Northern” epistemologies over “Southern” epistemologies, technical and quantitative measures over qualitative measures rooted in lived experiences, and “expert” knowledge over local and indigenous ways of knowing.<sup>101</sup> It calls for such inequalities to be rectified and for drawing out epistemologies of the global South. Cognitive justice refers to the right of different forms of knowledge to co-exist.<sup>102</sup>

Two forms of epistemic injustice that have been the focus of much theoretical work are *testimonial injustice* and *hermeneutical injustice*.<sup>103</sup> Testimonial silencing occurs when a speaker is accorded insufficient credibility by a hearer due to a prejudicial stereotype held

by the hearer.<sup>104</sup> Testimonial quieting is a form of self-silencing that occurs when a speaker perceives his/her audience as unwilling or unable to provide appropriate uptake.<sup>105</sup> Hermeneutical injustices occur when phenomena or experiences are not talked about or are poorly understood in a culture, and a group of people is unfairly disadvantaged in terms of making sense of their social experiences and articulating them to others as a result. Such injustices are the product of hermeneutical marginalization: “a situation in which some social groups have less than a fair crack at contributing to the shared pool of concepts and interpretive tropes that we use to make generally shareable sense of our social experiences.”<sup>106</sup> Both testimonial and hermeneutical injustice can be either transactional or structural, where prejudice is inherent in interactions between individuals or within social structures. An example of the latter is when school curricula and academic disciplines are structured in ways that systematically ignore, distort, and/or discredit particular intellectual traditions.<sup>107</sup> Thus, where a coloniality of knowledge is inherent in education systems, it can produce hermeneutical injustice.

To promote recognition, global health research should make knowledge from the global South visible and valued by incorporating and using its epistemologies, theories, concepts, methods, knowledge, and standards of evaluation. Here, core components of cognitive justice are pertinent: (1) acknowledging the plurality of knowledges and (2) undertaking intercultural dialogue and mutual learning. The former means recognizing a diversity of epistemologies and knowledges, and research methodologies exist in the world, both within the global North and within the global South, and demonstrating epistemic respect for them.<sup>108</sup> For example, Linda Tuhiwai Smith's book *Decolonizing Methodologies* provides practical examples of how decolonial and Indigenous methodologies have been effectively applied to recent research projects. The latter builds on that acknowledgment and aspires to connect systems of knowledge from the global North and South through dialogue in “translational contact zones.”<sup>109</sup> Translational contact zones are places where rival normative ideas, knowledges, and epistemologies meet in “usually unequal conditions and resist, reject, assimilate, imitate, and translate each other,” thus giving rise to hybrid knowledge constellations.<sup>110</sup>

In global health research, it is important to create such zones at macro and micro levels—namely, at the level of research foundations and at the level of research studies. The former means creating zones for broad dialogue between the global North and South about the field's underlying methods, epistemologies, and foundational concepts and theories. The latter means creating zones for dialogue about what epistemologies, theories, and methods to use when designing and conducting particular studies. Over time, dialogue at

<sup>94</sup>Young, op. cit. note 44; Fraser, op. cit. note 41.

<sup>95</sup>Mignolo, W. D. (2008). Coloniality at large: Latin America and the postcolonial debate. In M. Moraña, E. Dussel, & C. A. Jáuregui (Eds.), *The geopolitics of knowledge and the colonial difference* (pp. 225–258). Duke University Press; Lander, E. (2000). Eurocentrism and colonialism in Latin American social thought. *Nepantla: Views from South*, 1(3), 519–532.

<sup>96</sup>Grosfoguel, op. cit. note 100.

<sup>97</sup>Lander, op. cit. note 95.

<sup>98</sup>Mignolo, op. cit. note 95; Grosfoguel, op. cit. note 100.

<sup>99</sup>Lander, op. cit. note 95.

<sup>100</sup>Grosfoguel, R. (2007). The epistemic decolonial turn. *Cultural Studies*, 21(2–3), 211–223.

<sup>101</sup>Santos, op. cit. note 60; Rowell, L. L., & Hong, E. (2017). Knowledge democracy and action research: pathways for the twenty-first century.” In L. L. Rowell, C. D. Bruce, J. M. Shosh, & M. M. Riel (Eds.), *The Palgrave international handbook of action research* (pp. 63–83). Palgrave MacMillan; Visvanathan, S. (2009). *The search for cognitive justice*. [https://www.india-seminar.com/2009/597/597\\_shiv\\_visvanathan.htm](https://www.india-seminar.com/2009/597/597_shiv_visvanathan.htm)

<sup>102</sup>Santos, op. cit. note 60.

<sup>103</sup>Fricker, op. cit. note 89; Kidd, I. J., et al., op. cit. note 89.

<sup>104</sup>Fricker, op. cit. note 89.

<sup>105</sup>Dotson, K. (2011). Tracking epistemic violence, Tracking practices of silencing. *Hypatia*, 26(2), 236–257.

<sup>106</sup>Kidd, I. J., et al., op. cit. note 89, p. 43.

<sup>107</sup>Ibid.

<sup>108</sup>Santos, op. cit. note 60.

<sup>109</sup>Ibid: 218.

<sup>110</sup>Ibid.

the two levels will ideally shift the epistemological, methodological, and conceptual foundations of the field, which, in turn, will lead to changes in how it is conducted and with whom and will generate richer constellations of meaning. At both levels, it is essential to pay attention to the power dynamics inherent in the dialogue process. For example, are more ideas from the center translated by the periphery than vice versa, do those from the center mainly translate works from the periphery that fit their preconceived notions of the latter?<sup>111</sup>

### 3.4 | Inclusion

Social justice means ensuring that individuals, groups, and communities meaningfully participate in making decisions that have a significant impact on their well-being.<sup>112</sup> Those affected have the right to shape a decision-making space, to be present or represented (in diversity and numbers), to raise their voice (spoken, written, or drawn), and be heard.<sup>113</sup> They should span a wide spectrum of roles and demographics in the group, community, or society and include those considered disadvantaged or marginalized so that processes are informed by differently situated actors.<sup>114</sup> Effort is made to ensure that the powerful do not dominate decision-making by force of numbers.<sup>115</sup> Deeper inclusion occurs when those affected are present from the start of the decision-making process,<sup>116</sup> have an equal opportunity to express their ideas and viewpoints,<sup>117</sup> and participate as partners and decision-makers rather than as consultants.<sup>118</sup>

Scholars often equate fairness with *deliberative* decision-making: everyone has an opportunity to contribute to debate on the issue at hand and closure occurs when consensus is reached.<sup>119</sup> For participants to have an equal opportunity to voice their ideas, deliberative processes must be designed to mitigate power dynamics.<sup>120</sup> This is to ensure that those considered disadvantaged or marginalized do not have a lesser or unequal opportunity to voice their ideas relative to better-off participants. Additionally, some scholars call for deliberation to be conflict-seeking, rather than consensus-seeking.<sup>121</sup> Where deliberation is *consensus-seeking*, it is

structured to bring about agreement amongst participants on deliberative outputs. Where deliberation is *conflict-seeking*, it is structured to bring opposing points of view to the surface in order to sharpen understanding of difference. Deliberative democratic norms further include transparency, accountability, reciprocity, and reasonableness.<sup>122</sup>

Being deeply inclusive means a responsibility to achieve diversity and shared decision-making in global health research. In such research, decision-making occurs in several contexts that include (but are not limited to) within collaborations, funding bodies, and journals. Decision-making is ideally shared amongst as much of a diversity of actors as possible in each context and is deliberative, with effort made to mitigate power disparities. At the collaboration level, this means shared decision-making throughout the research process, from grant writing to dissemination. Here, sharing decision-making amongst a diversity of the research team and the leadership/steering group within it is important. Diversity is defined as encompassing (but not limited to) socioeconomic status, race, language, gender, physical ability, disciplinary background, center/periphery location, and epistemic location. Within research collaborations, it also means a diversity of roles, for example, senior, mid-career, and early career researchers as well as students and research support staff. At the funding level, this means shared decision-making about overarching strategies and priorities, funding programs, and the allocation of funding to research projects and programs. Diversity amongst leaders, staff, and grant assessment panels is key. At the journal level, this means shared decision-making about journal aims, scope, and policies, including peer-review processes, submission requirements, and open access. Diversity of editors and peer reviewers becomes critical. In all three contexts, ensuring equal (or even greater) representation from the global South is especially imperative so that actors from the global North do not dominate by numbers. Transparency about how decisions are reached and by whom is essential in each context.

Within collaborations, achieving inclusivity further calls for meaningfully engaging the communities with whom global health research is undertaken, as they are affected parties. Meaningful engagement is understood as sharing decision-making with a given community in its diversity throughout global health research. Where research collaborations include community partners, they should be among those leading the project or program. Ideally, community partners should represent and be able to access the research population or host community in its diversity, including those who are considered disadvantaged or marginalized within it.<sup>123</sup> Community partners and community members should participate from the start of global health research, that is, grantwriting and priority-setting, as early entry reflects a deeper level of participation.<sup>124</sup> Community partners should participate as decision-makers, and

<sup>111</sup>Ibid: 230.

<sup>112</sup>Young, op. cit. note 43; Chemhuru, op. cit. note 65.

<sup>113</sup>Young, op. cit. note 43; Crocker, D. A. (2008). *Ethics of global development: Agency, capability, and deliberative democracy*. Cambridge University Press; Cornwall, A. (2011). "Whose voices? Whose choices? Reflections on gender and participatory development." In A. Cornwall (Ed.), *The participation reader* (pp. 203–223). Zed Books.

<sup>114</sup>Young, op. cit. note 43; Crocker, op. cit. note 113.

<sup>115</sup>Crocker, op. cit. note 113.

<sup>116</sup>Ibid.

<sup>117</sup>Young, op. cit. note 43; Chemhuru, op. cit. note 65.

<sup>118</sup>Crocker, op. cit. note 113; Cornwall, op. cit. note 113.

<sup>119</sup>Young, op. cit. note 43; Chemhuru, op. cit. note 65; Gyeke, K. (2013). *Philosophy, culture and vision: African perspectives*. Sub-Saharan Publishers; Daniels, op. cit. note 84; Wiredu, K. (2001). Democracy by consensus: Some conceptual considerations. *Philosophical Papers*, 30(3), 227–244.

<sup>120</sup>Gibson, J. L., Martin, D. K., & Singer, P. A. (2005). Priority-setting in hospitals: Fairness, inclusiveness, and the problem of institutional power differences. *Social Science & Medicine*, 61(11), 2355–2362.

<sup>121</sup>Mouffe, C. (1996). Democracy, power, and the "political". In S. Benhabib (Ed.), *Democracy and difference: Contesting the boundaries of the political* (pp. 245–256). Princeton University Press.

<sup>122</sup>Young, op. cit. note 43; Daniels, op. cit. note 84.

<sup>123</sup>Pratt, B. (2021). Ethical toolkit for sharing power with communities in health research priority-setting. <https://www.researchforhealthjustice.com/r4hj-framework>

<sup>124</sup>Crocker, op. cit. note 113.

community members should participate as decision-makers or as consultants, depending on what they prefer,<sup>125</sup> while at the same time being aware that participation as decision-makers implies a deeper level of participation.<sup>126</sup>

### 3.5 | Harmony

Social justice is about creating social harmony and a sense of community amongst members of a society because we become real or genuine persons through other persons.<sup>127</sup> To commune or live harmoniously with others entails relations of *identity* and *solidarity*. Identifying with others demands the psychological attitudes of cohesion, “we-ness,” and a sense of togetherness, for example, considering oneself a part of the whole, sharing a way of life, belonging. It entails cooperative behaviors such as transparency, acting on the basis of trust, and adopting common goals.<sup>128</sup> Solidarity is also understood as both an attitude and a practice. Cognitive and emotional bases for solidaristic relationships include moral imagination, recognition of shared moral standing and interdependence, empathy, mutual understanding, and mutual respect.<sup>129</sup> Such relationships imply action for another's good and/or to achieve the common good.<sup>130</sup> These actions can focus on relieving suffering and aiding the poor<sup>131</sup> and/or go beyond humanitarianism to seek to rectify structural injustices.<sup>132</sup>

Promoting harmony means entering into relations of identity and solidarity and avoiding relations of discord.<sup>133</sup> Relations of discord are to be avoided because they fail to respond positively to what gives people a dignity, namely, their capacity to befriend and to be befriended. Two types of discordant relationships are division (us versus them) and ill will (harm, cruelty).<sup>134</sup> As such, societies should provide certain resources and services to enable people to share a way of life and to commune with others.<sup>135</sup>

In global health research, it is important to create social harmony within the global health research community, rather than feelings of division. In part, this means building a sense of identity and solidarity at the collaboration and institutional levels. At the level of collaboration, harmonious relationships are built within the research

team and between the research team and the communities with whom they perform studies. At the institutional level, harmonious relationships are built within global health units/departments/centers/schools at research institutions, between global health units/departments/centers/schools at different research institutions, and between research institutions and their local communities.

To do so, it is essential to cultivate the bases of identity and solidarity. Relationship-building—namely, a *sustained and long-term* series of interactions—helps foster them at the collaboration and institutional levels. Here, informal interactions, where individuals are more likely to share personal information and contextual knowledge with each other, are key.<sup>136</sup> They can be built into events/meetings with other purposes and/or held as standalone events. Beyond informal interactions, embeddedness experiences are valuable. They could involve researchers spending time at other institutions within a collaboration or exchange programs between different institutions. With communities, they could consist of community representatives working as community engagement staff; researchers spending time in the community; and/or research institutions hosting events in the community (Table 2).<sup>137</sup>

## 4 | POTENTIAL OBJECTIONS

Several objections can be anticipated to the proposed multidimensional account of social justice for global health research. First, even if it is accepted that social justice is relevant to global health research, the fact remains that social justice itself is a contested term. How can responsibilities be identified for global health research when there is no agreement on the concept of social justice generally? Drawing on a range of scholars' work from both the global North and global South to identify a multidimensional lens of social justice is a way to help address this issue. The lens is intended to reflect a range of dimensions/concepts of social justice that have been articulated globally. That more social justice dimensions (and nuances within them) exist than are laid out in this paper is undoubtedly true. The social justice lens and account proposed in this paper are starting points only. That more theories and concepts of social justice from the global South need to be identified and applied is a given, and future work should be done to investigate what they are and what their implications are for global health research. Such work can be incorporated into the multidimensional lens and into the account for global health research presented here.

Second, it could be argued that a social justice account for global health research should be derived solely or primarily from theories and concepts from the global South. This is important to consider because, if accepted, it means that the starting point for much existing global health ethics scholarship is incorrect. In this paper, I took the position that knowledge from anywhere should be used to

<sup>125</sup>Pratt, op. cit., note 123.

<sup>126</sup>Cornwall, op. cit. note 113; Arnstein, S. R. (1969). A ladder of citizen participation. *Journal of the American Institute of Planners*, 35(4), 216–224.

<sup>127</sup>Metz, op. cit. note 39.

<sup>128</sup>Metz, T. (2015). An African theory of social justice. In C. Boisen & C. Murray Matthew (Eds.), *Distributive justice debates in political and social thought* (pp. 173–190). Routledge.

<sup>129</sup>Jennings, B., & Dawson, A. (2015). Solidarity in the moral imagination of bioethics. *Hastings Center Report*, 45(5), 31–38. <https://doi.org/10.1002/hast.490>; Gould, C. C. (2018). Solidarity and the problem of structural injustice in healthcare. *Bioethics*, 32(9), 541–552; Tosam, M. J., Chi, P. C., Munung, N. S., Oukem-Boyer, O. O. M., & Tangwa, G. B. (2018). Global health inequalities and the need for solidarity: A view from the Global South. *Developing World Bioethics*, 18(3), 241–249.

<sup>130</sup>Metz, op. cit. note 128; Gould, op. cit. note 129; Jennings & Dawson, op. cit. note 129.

<sup>131</sup>Prainsack, B., & Buyx, A. (2012). Solidarity in contemporary bioethics—Towards a new approach. *Bioethics*, 26(7), 343–350.

<sup>132</sup>Gould, op. cit. note 129.

<sup>133</sup>Metz, op. cit. note 128.

<sup>134</sup>Ibid.

<sup>135</sup>Ibid.: 182.

<sup>136</sup>Pratt, B. (2021). Achieving inclusive research priority-setting: What do people with lived experience and the public think is essential. *BMC Medical Ethics*, 22(1), 117.

<sup>137</sup>Pratt, op. cit. note 136; Pratt, B. (2019). Towards inclusive priority-setting for global health research projects: Recommendations for sharing power with communities. *Health Policy and Planning*, 34(5), 346–357.

**TABLE 2** Critical implications of social justice for global health research.

Dimension of social justice	Critical implication(s) for global health research
Reduce unfair power dynamics	Build awareness that relations of subordination and exploitation between the center and periphery are inherent in global health research  Actively work to identify, decrease, and avoid recreating relations of subordination and exploitation between the center and periphery in global health research. Shift greater control and benefits to the global South.
Be deeply inclusive	Achieve diversity and shared decision-making within collaborations, funding bodies, and journals, especially with historically marginalized parties  Meaningfully engage the communities with whom global health research is undertaken
Advance the well-being of systematically disadvantaged individuals and communities, animals, non-living beings, and ecosystems	Prioritize generating knowledge to identify and address root or structural causes of poor health experienced by those considered systematically disadvantaged (human and nonhuman)  Also generate other knowledge to improve the health of individuals, communities, animals, and ecosystems who fall below an adequate level  Avoid pushing individuals, communities, animals, non-living, and ecosystems (farther) below an adequate level of well-being or substantially reducing their probability of sustaining adequate well-being
Make knowledge from the global South visible and valued	Incorporate and use epistemologies, theories, concepts, methods, knowledge, and standards of evaluation from the global South in global health research
Create harmonious relationships	Build a sense of identity and solidarity in global health research at the collaboration and institutional levels

address ethical issues faced in the global South if it is relevant and can help. Similarly, Baragahare (2018) and Fayemi and Macaulay-Adeyelu (2016) affirm that

moral ideas, theories and principles, whether from Africa, West, or the East are prima facie applicable in so far as they are effective in providing moral direction on specific and concrete bioethical topics relevant in Africa.<sup>138</sup>

It thus seemed pertinent to draw on relevant theory from the global North as well as the global South to develop a social justice account for global health research.

Third, I acknowledge that tensions exist between dimensions of social justice and thus potentially may also exist between upholding them in global health research. For example, developing harmonious relationships may create a large carbon footprint if it involves significant airplane travel for foreign researchers to the countries where they are working. Further conceptual and empirical work is needed to explore the nature of these tensions and how they can be navigated.

Finally, objections can be raised to any of the multidimensional lens' implications for global health research that have been identified in this paper. For example, since many root causes of poor health are well described, what can additional research contribute? Perhaps it does not make sense for global health research to prioritize generating

knowledge to identify and address structural causes of poor health. In response, I acknowledge that we do have a lot of evidence about traditional social determinants of health, but there is increasing attention being drawn to structural determinants of health like racism. Here, much research is needed to further our understanding of, for example, how institutional and cultural racism adversely affects health and how to counteract its effects.<sup>139</sup> Without greater evidence about the structural and social causes of poor health, we will not be able to *medically* address the symptoms of poor health amongst those considered socially marginalized or disadvantaged as effectively as we could.<sup>140</sup> If we primarily conduct biomedical research, new vaccines and medicines may be developed, but they will not necessarily reach those in need to help save or improve lives.<sup>141</sup> The overarching trend in global health research for many decades has been to fund and conduct biomedical research,<sup>142</sup> and it is time to shift that status quo.

<sup>139</sup>Williams, D. R., Lawrence, J. A., & Davis, B. A. (2019). Racism and health: Evidence and needed research. *Annual Review of Public Health*, 40, 105–125.

<sup>140</sup>Braveman, P., & Gottlieb, L. (2014). The social determinants of health: it's time to consider the causes of the causes. *Public Health Reports*, 129(Suppl 2), 19–31; Brown, A. F., Ma, G. X., Miranda, J., Eng, E., Castille, D., Brockie, T., Jones, P., Airhihenbuwa, C. O., Farhat, T., Zhu, L., & Trinh-Shevrin, C. (2019). Structural interventions to reduce and eliminate health disparities. *American Journal of Public Health*, 109(S1), S72–S78.

<sup>141</sup>Pratt, B., & Loff, B. (2012). Health research systems: Promoting health equity or economic competitiveness? *Bulletin of the World Health Organization*, 90(1), 55–62; Stuckler, D., McKee, M., & Kentikelenis, A. (2021). Are we making the same mistakes in fighting COVID-19 as in past pandemics? Lessons from HIV show the urgent need to invest in HPSR. *Public Health Research & Practice*, 31(4), e3142116; Ostlin, P., Braveman, P., & Dachs, N. (2005). Priorities for research to take forward the health equity policy agenda. *Bulletin of the World Health Organization*, 83(12), 948–953.

<sup>142</sup>Pratt & Loff, op. cit. note 141; Stuckler, D., et al., op. cit. note 141.

<sup>138</sup>Baragahare, J. (2018). African bioethics: Methodological doubts and insights. *BMC Medical Ethics*, 19(1), 98; Fayemi, A. K., & Macaulay-Adeyelu, O. C. (2016). Decolonizing bioethics in Africa. *BEOnline*, 3(4), 68–90.

## 5 | CONCLUSIONS

A transformation of global health research is necessary if it is to help transform global health and promote equity and social justice. According to the ideas presented in this paper, that transformation should entail: (1) changing unfair power dynamics in global health research and (2) changing unfair power dynamics within society through global health research. The latter should be achieved by generating new knowledge about the root causes of humans' and nonhumans' poor health, including racism and coloniality, and how to address them. Making epistemologies, theories, concepts, methods, and knowledge from the global South visible and valued in global health research is also essential, as is building a sense of identity and solidarity between researchers, research institutes, and their local/host communities. It will help build the relational foundations for meaningful engagement, inclusive decision-making, and intercultural dialogues. Such dialogues will lead to important changes in the epistemological, methodological, and conceptual foundations of the field, better equipping it to generate the knowledge needed to rectify health inequities and their complex causes.

While the proposed account in its current form offers important ethical guidance to global health research actors, much future work can continue to inform and strengthen both the multidimensional lens and the account of social justice for global health research. Scholarship canvassing more decolonial and social justice theory from the global South and applying it to global health research is especially critical here, as is work to define what upholding the dimensions of social justice entails for different types of global health research actors. Achieving a transformation of global health research requires action by the entire global health research community, including researchers, research institutions, funders, educators, and journals. What each is responsible for doing to generate that transformation needs further specification.

Ultimately, the ideas presented in this paper lay a solid foundation from which such work can build and provides a more comprehensive picture than previously existed on how to restructure global health research to promote equity and social justice.

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### CONFLICTS OF INTEREST STATEMENT

The author declares no conflicts of interest.

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