Abstract

Although public health aims to foster positive health outcomes, the lacunas between individual and collective health priorities raise conceptual and pragmatic dilemmas. Frameworks including consequentialism, utilitarianism, liberalism and communitarianism have been offered as tools for engaging these dilemmas as well as rendering interventional succor. In the African context, these however suffer serious shortcomings. These are reflected partly by the failure of the medical paradigm to address the public health issues. It also partly explains why sub-Saharan Africa bears 13% of the global burden of disease with only 24% of the world’s population. Drawing from the conceptual semblance between the communitarian and the African Ubuntu worldview, this paper explores the relevance of the latter vis-à-vis ethical challenges in the public health sector. On this note, it highlights the nuances embedded in the harm rhetoric when individual interests are balanced against social interests. This, the paper argues, underscores the need for an ethically segmented approach along the lines of socio-economic realities. While this echoes Rawl’s difference principle which grants preferential treatment to the disadvantaged, the ubuntuan lens differs from the Rawlsian position in that it appeals to preexisting ideas as proposed interventions stem from extant cognitive framework in the sense that an I-you/self-other nexus functions in shared and complimentary experiences. Employing the contexts of vaccine-preventable diseases and chronic diseases, the paper ultimately addresses the pragmatic relevance of a Ubuntu-driven system in shaping public health policy and ethics.