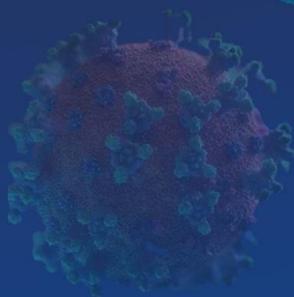


WHO'S PANDEMIC TREATY AND GLOBAL HEALTH GOVERNANCE: OPPORTUNITIES AND CHALLENGES FOR INDIA

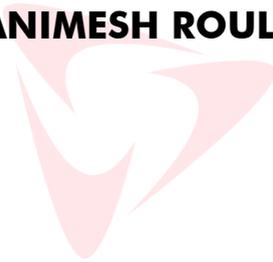


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WHO's Pandemic Treaty And Global Health Governance: Opportunities and Challenges for India

By

ANIMESH ROUL



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Introduction to FINS

Forum for Integrated National Security (FINS) is a non-profit organisation. As a policy research institution, we study national security challenges and policy-related issues. FINS is a platform for experts to share their perspective and ideas with civil society. The idea about FINS came when defence experts thought that 'compartmentalized approach' in matters of national security needs to be replaced with 'Integrated National Security (INS) approach'. Such an approach will be more effective in dealing with future challenges. Furthermore, the Integrated National Security approach will strengthen our ability to achieve the desired national objectives.

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WHO's Pandemic Treaty and Global Health Governance: Opportunities and Challenges for India.

By ANIMESH ROUL

ABSTRACT

This policy paper offers an in-depth study of the ongoing negotiations for the Pandemic Treaty. The treaty has been proposed as a strategic response to manage global health crises in the post-Covid-19 era and is being developed under the World Health Organization's (WHO) purview. The paper is segmented into five parts: Part-I recounts the inception and evolution of the Pandemic Treaty negotiations within the WHO's framework. It summarises the proposed treaty's objectives and major provisions currently under negotiation. Additionally, it assesses the treaty's potential impact on global health governance. In Part II, the paper delves into the ongoing discussions surrounding key provisions, challenges, and criticisms of the draft pandemic treaty. The primary focus is on issues related to state competition, equity, geopolitical divisions, and, notably, concerns related to national sovereignty. Part III focuses on India's role and

involvement in Global Health Governance, particularly its participation and contributions towards the Pandemic Treaty negotiations within the WHO's structure. Part IV discusses opportunities and challenges for India, primarily assessing the prevalent conversations surrounding the pandemic treaty within various circles such as the government, civil society, industry and the expert community. Part V offers recommendations for India to seize opportunities by advocating for national interests in treaty negotiations and implementation, which would eventually enhance India's stature in global health governance and decision-making.

The overarching argument put forth in this policy paper is that India should engage and advocate for the development of a new international instrument for Pandemic prevention. However, it should do so without undermining its national interests and sovereignty. Furthermore, it should support and take necessary steps to enhance or modify the existing global health regulations, such as IHR and within the new treaty framework.

Keywords: *Pandemic Treaty, WHO, India, Global Health Governance, Covid-19*

INTRODUCTION

The COVID-19 pandemic, which wreaked havoc across the globe since its onset in December 2019 and devastated the economy and health worldwide, posed one of the biggest security challenges before the international community. The human cost of this pandemic remains high and surpasses every calamity and disaster, man-made or natural. As of early August 2023, the cases reached over 69crores, with more than 69 lakh deaths worldwide.¹ While both rich and poor, developed and underdeveloped countries are still struggling to find a viable coping mechanism, the Covid pandemic reinforced the need for a robust and effective multilateral system or tool which promotes collaborative efforts to tackle the crisis of transboundary nature, not subject to nationalist and protectionist measures of the individual and group of countries.

While Covid-19 remains a threat, though subdued for now, multiple other public health emergencies of international concern in the world today increased the future risk of pandemics. They posed a grievous challenge to public health and human security. Beyond the Coronavirus pandemic, the world has witnessed the intermittent appearance of Ebola, Zika and bird flu and Swine

flu type of influenza viruses. Adding to the woes, the World Health Organisation (WHO) has a deadly but unknown Disease-X in its list of priority pathogens that can make ferocious Covid-19 look meek.² The world health body recently warned about the looming threat of another pandemic, signalling that worse may be in store for humankind.

Like other affected countries, the Covid-19 pandemic has also severely impacted India's health apparatus significantly, with over 531,900 deaths reported from January 2020 to August 2023.³ With its vast population, diverse healthcare challenges, and expertise in healthcare delivery, India's contributions to global health have remained substantial over the years.⁴ Despite various roadblocks, India has emerged as a significant player in global health governance, actively engaging in WHO and other international health organisations and initiatives under the United Nations, the US, the EU and Japan. India, a prominent member of the WHO since January 1948, contributes to policy discussions, provides technical expertise, and collaborates with other member states to address global health challenges. With WHO's regional headquarters for South East Asia (SEARO) in New Delhi, India actively participates in its governance structures,

including the World Health Assembly (WHA) and Executive Board.⁵

Indeed, for both India and the World, COVID-19 exposed the weakness or inadequacy of existing bilateral or multilateral institutions to fight public health emergencies and shows why the world urgently needs a robust and collective defence mechanism to face and overcome future global health crises. The global health system came under scrutiny several times in the past couple of decades, for example, during the Ebola epidemic in Africa in 2014-2016 and the SARS pandemic in 2003-04.⁶ In all these situations, the WHO faced scrutiny and criticism for its delayed response to the crisis, especially COVID-19. Serious concerns have been raised regarding its effectiveness and prospects moving forward. The lessons of this devastating pandemic and its management (or mismanagement, perhaps) have prompted world leaders to consider transforming global health governance with an unprecedented push for renewed international norms and rules.

End Notes:

1. "Covid-19 Coronavirus Pandemic", Worldometer Dashboard (Accessed August 17, 2023), <https://www.worldometers.info/coronavirus/>
2. S. Banerjee, Q. Sultana, D. Mukherjee, V. Agrawal, V. Jaiswal, K. Paudel, "Disease-X: Accounting for the unknown," Health Science Report, March 29, 2023, doi: 10.1002/hsr2.1173.
3. "INDIA: Covid-19 Coronavirus Pandemic", Worldometer Dashboard (Accessed August 17, 2023), <https://www.worldometers.info/coronavirus/country/india/>
4. J.P. Narain, "Public Health Challenges in India: Seizing the Opportunities," Indian Journal of Community Medicine, April-June, Vol. 41(2), 2016, pp. 85-88. doi: 10.4103/0970-0218.177507. Also, See, A. Kasthuri, "Challenges to Healthcare in India - The Five A's" Indian Journal of Community Medicine, Vol. 43 (3), July-September. 2018, pp. 141-143 doi: 10.4103/ijcm.IJCM_194_18.
5. India's Girish Chandra Murmu, the Comptroller and Auditor General of India (CAG), has been re-elected as the External Auditor of the World Health Organization from 2024 to 2027. The CAG is holding this position in the WHO since 2019.
6. J. Kaner, S. Schaack, "Understanding Ebola: the 2014 epidemic," Global Health, Vol. 12 (1), September 13, 2016, <https://pubmed.ncbi.nlm.nih.gov/27624088/>. For the SARS pandemic, see, for example, J.W. LeDuc, M.A. Barry, "SARS, the first pandemic of the 21st century", Emerging Infectious Disease, November 2004, [https:// www.ncbi.nlm.nih.gov/pmc/articles/PMC3329048/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3329048/)

I. Evolution of the WHO's Pandemic Treaty

The idea for the global pandemic treaty (alternatively called a multilateral accord or international instrument) has received support from WHO member states, international informal governance clubs, institutions and civil society groups. However, it also has generated criticism for several factors, including the necessity of a new legal instrument when WHO already has binding rules under International Health Regulations (IHR-2005) delineating countries' obligations where public health events have cross-border potential. The IHR offers a comprehensive legal framework that outlines nations' rights and duties in managing public health events and crises with transborder implications. The IHR is legally binding on the 194 WHO Member States. Its role and responsibilities include advising or informing the WHO of a health emergency and recommending trade and travel precautions. IHR 2005 was primarily bestowed with the task to prevent, protect against, control, and provide a public health response to the international spread of disease, among other things.¹

In March 2021, 26 heads of state, the President of the European Council, and the Director General of WHO firmly stated the urgent

need for a pandemic treaty. Countries later formed a Group of Friends of the Treaty. Subsequently, the Seventy-fourth WHA (May 2021) decided to convene a special session in November 2021 to deliberate on the prospects of an international treaty regime.

More appropriately, the proposal for an international instrument on pandemic prevention, preparedness and response was first announced by the President of the European Council, Charles Michel, at the Paris Peace Forum in November 2020, amid the height of the Covid-19 pandemic. However, the global treaty idea was circulated much before the Paris Peace Forum. In 2016, the Geneva-based Framework Convention on Global Health Alliance (FCGHA) proposed a global treaty based on the 'right to health' and 'national and global health equity', though not precisely similar to the WHO's international Pandemic Treaty.² In September 2019, The Global Preparedness Monitoring Board (GPMB), a WHO and the World Bank joint arm, outlined the acute risk of a devastating global epidemic or pandemic in its first report, 'A World at Risk'. It called for political action to mitigate the effects of global health emergencies. It also urged world leaders to take responsibility to prioritise preparedness with a whole-of-society approach that ensures all are

involved and all are protected. The GPMB study underlines, among other things, leadership, multisectoral country systems, research and development, money, and strong international collaboration to prepare for health catastrophes.³

However, the call for an international pandemic treaty gathered momentum starting from Paris Peace Forum. The G7 leaders subsequently highlighted it in their statement on February 19, 2021, which vowed to work with the WHO and other international groups to 'bolster global health and health security architecture for pandemic preparedness by strengthening the "One Health" approach and Universal Health Coverage, and exploring the potential value of an international health treaty.'⁴ The EU also capitalised on the G20 Italian presidency in 2021 to further its campaign for a multilateral pandemic treaty.

In late March 2021, leaders of 23 countries (part of the original 'Friends of the Treaty', along with the Director-General WHO Tedros Adhanom Ghebreyesus, backed the idea of an international treaty that would deal with future health emergencies like the COVID-19 pandemic.⁵ The Seventy-fourth World Health Assembly (WHA-74), the decision-making body of WHO, in May 2021

formally requested the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies to prioritise the assessment of the benefits of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response. Despite a lack of consensus, the special session of WHA, the second-ever since the foundation of WHO in 1948, considered various core issues, such as the scope of the treaty, its legal status, and the role of the WHO and other international organisations in its implementation. The WHA special session on December 01, 2021, adopted a decision titled "The World Together" and established an intergovernmental negotiating body (INB) to draft and negotiate a convention, agreement, or other international instruments within the framework of the WHO Constitution to strengthen pandemic prevention, preparedness, and response.⁶

In July 2022, the INB circulated a first working draft of a future Pandemic instrument and held discussions with WHO member states and other stakeholders.⁷ This was followed by the Conceptual Zero Draft (CZD) released on November 25, 2022.⁸ The CZD, including its structure, was considered at the third meeting of the INB in December 2022. The deliberations on

CZD witnessed divisions on issues such as intellectual property, One Health, governing pathogen and benefit sharing, financing and accountability.⁹ During this meeting, it was agreed that the Intergovernmental Negotiating Body (INB), with support from the WHO Secretariat, would prepare the Zero Draft (ZD) based on the CZD and input received. Accordingly, the Bureau released Zero Draft for the consideration of the INB at its fourth meeting on February 01. The Zero Draft comprised a preamble, vision, and eight chapters with 38 articles focused on key topics such as equity, capacity strengthening, funding, and collaboration for the treaty draft.¹⁰

Between March 17 and March 22, 2023, three informal Intersessional Briefings (IB) took place. The first one focused on topics such as a Predictable global supply chain and logistics network (Article 6), One Health and the Quadripartite (Article 18).¹¹ The second IB focused on the topic of access to technology, promoting sustainable and equitably distributed production and transfer of technology and know-how (Article 7), while the third IB focused on the 'pathogen access and benefit sharing system', with the pandemic influenza preparedness framework as an example (Article 10). On May 22 this year (2023), an unedited version of the draft Bureau's

text (of the WHO CA+) was released (instead, leaked to the media) during the 76th WHA.¹² It received more criticism than accolades. However, while the treaty text is yet to be finalised and is under deliberations, the latest 'watered down' Bureau's text (of the WHO CA+) was released in early June 2023, consisting of three chapters with a total of 41 articles.¹³

There will be intense deliberations and criticisms over the gaps in the proposed legally binding treaty texts and the removal of some important provisions provided for in the zero draft, including protection of human rights, accountability, regulation the private-sector entities, etc. This year also will witness efforts to amend the International Health Regulations (2005), mainly limited to addressing issues relating to verification, information sharing, risk assessment, public health response, collaboration, and assistance, among other things.¹⁴ The new treaty (or instrument) would basically address the lacunae and limitations of the IHR. As Global health experts Haik Nikogosian and Ilona Kickbusch (at Global Health Centre, Geneva, Switzerland) rightly noted in the early months of treaty negotiations, the proposed pandemic treaty should work in conjunction with, rather than duplicate or replace, the IHR. According to them,

the new treaty should address not only the deficiencies exposed by the COVID-19 response but also encompass measures beyond the current scope of the IHR. It should tackle some of the systemic shortcomings of the existing system."¹⁵

The INB Drafting Group hosted its sixth meeting in July 2023. A series of sessions are scheduled to take place by the end of this year. The UNGA High-Level Meeting on Pandemic Prevention, Preparedness and Response, set for September 2023, is expected to guide the implementation of necessary reforms for an effective, streamlined health system via a clear, action-focused statement. The World Health Assembly-77 in May 2024 is expected to adopt the new instrument and the amendments to the IHR.

Goals and Guiding Principles of the Proposed Treaty: The draft treaty text is designed to prevent pandemics, save lives, reduce disease burden, and safeguard livelihoods, all while upholding the principles of equity. It aims to enhance the global capacity for pandemic prevention, preparation, response, and health system recovery. The WHO CA+ is committed to addressing the systemic gaps and challenges at national, regional, and international levels. It plans

to do this by significantly reducing pandemic risk, bolstering preparedness and response capabilities, and progressively working towards universal health coverage. Furthermore, the WHO CA+ ensures a coordinated, collaborative, and evidence-based approach to pandemic response. It also aims to foster the resilient recovery of health systems at community, national, regional, and global levels.

Core guiding principles of the proposed treaty text remain vital for successful adoption and to promote its implementation in future. First and foremost, respect for Human Rights entails the application of the WHO CA+ with full regard for individual dignity, human rights, and fundamental freedoms. Each State party will promote and safeguard these rights, bearing in mind the necessity for specific measures to ensure non-discrimination, respect for diversity, promotion of gender equality, and protection of vulnerable individuals. Secondly, under the principle of Sovereignty, following the United Nations Charter and international law, states have the sovereign authority to enact and implement legislation aligned with their health policies while respecting the goals of the WHO CA+ and maintaining sovereign equality, territorial integrity, and non-interference in other states' affairs.

Thirdly, at national and international levels, equity should underpin all aspects of pandemic management, from prevention and preparedness to response and recovery. This principle calls for protective measures for vulnerable populations and guarantees equal and timely access to safe, affordable pandemic-related products, services, technologies, and social support. Parties collectively agree to foster equity throughout all stages of pandemic management. Fourthly, solidarity is characterised by effective collaboration, coordination, and cooperation at various levels and sectors, which is essential for creating a safer, fairer, more equitable, and better-prepared world for pandemics.

The fifth principle, transparency, requires efficient and open sharing of accurate information, data, and other related elements for pandemic risk assessment, prevention, control measures, and product development. This sharing should align with national, regional, and international privacy and data protection standards.¹⁶ The sixth principle, accountability, implies that states are responsible for enhancing their health systems and public health functions by adopting appropriate measures for pandemic management.¹⁷ Furthermore, states are obligated to provide

specific protective measures for vulnerable populations.

Finally, common but differentiated responsibilities and capabilities (CBDR) recognise all states' critical role in managing pandemic prevention, preparedness, response, and recovery within their health systems. However, it acknowledges each state's varying capacity and resources, including its ability to produce pandemic-related products. The principle underscores that universal safety requires comprehensive cooperation from individuals and states, obligating all parties to comply with WHO CA+ directives. States endowed with more resources should bear proportional responsibility in global pandemic management. Emphasis should be given to the specific needs and circumstances of developing countries, particularly those most vulnerable to pandemics, lacking adequate response capacities, or possibly facing a disproportionately high burden. The ultimate aim is to assist every party in reaching the highest sustainable capacity level.

Other than addressing definitional issues, e.g. defining terms such as a pandemic, genomic sequence, one health and infodemic, along with vital guiding principles for the treaty, the draft

treaty text also contains provisions to achieve equity in the global supply chain for pandemic-related products and access to relevant technologies. This involves ensuring that all nations have fair access to necessary resources regardless of their economic status. In tandem with this, the draft also prioritises research & development, access and benefit sharing, preparedness, readiness, and resilience. The treaty text emphasised the resilience and responsiveness of health systems and how they need to be strengthened. This means that health systems should be able to withstand shocks and adapt quickly to changing circumstances during a pandemic. Coordination and cooperation between states and the World Health Organization (WHO) are vital. A unified approach to pandemic preparedness and response can lead to more efficient and effective strategies. However, these initiatives require substantial funding. Therefore, mechanisms for financing pandemic preparedness and response initiatives need to be established and maintained, according to the draft. To oversee the treaty's implementation, a new Governing Body, potentially a Conference of the Parties (COP), could be set up. This body would ensure all parties adhere to the treaty's provisions and achieve its objectives. Lastly, general legal issues relating to the treaty, such as amendments,

withdrawal, and dispute settlement, must be addressed. These provisions will ensure the treaty's longevity and effectiveness, allowing it to adapt to changing circumstances and resolve any disputes that may arise. Together, these elements can form a comprehensive and robust approach to global pandemic preparedness and response.

The primary objective of the treaty is to encourage a comprehensive approach to pandemic readiness and response involving all sectors of government and society. This holistic approach acknowledges that health crises are multifaceted, influenced by and impacting various sectors beyond health. The treaty seeks to enhance pandemic prevention, preparedness, and response capabilities at national, regional, and global levels. This enhancement could include improvements to health systems, surveillance and reporting mechanisms, and research and development capacities. It also outlines the importance of international collaboration, encompassing resource and information sharing, joint research efforts, and mutual assistance during health emergencies. As highlighted in its preliminary version, a key focus of the treaty is the equitable distribution of vaccines and medications, emphasising the need for fair access to necessary medical interventions during a pandemic. Last, the

treaty aims to equip nations worldwide with the tools and strategies to be more resilient and better prepared for future pandemics.

End Notes:

1. International Health Regulations (2005), Third Edition, January 1, 2016, <https://www.who.int/publications/i/item/9789241580496>
2. Brigit Toebes, “The Framework Convention on Global Health: Considerations in Light of International Law”, Special Issue on The Framework Convention on Global Health, Vol. IX (1), 2015, pp.7-23. Available at <http://blogs.shu.edu/ghg/files/2016/01/2015-Spring-Fall-Combined-Issue.pdf#page=7>. The special issue comprising another article calls for WHO to lead FCGH. See, Florian Kastler, “Why the World Health Organization Should Take the Lead on the Future Framework Convention on Global Health”, Special Issue on The Framework Convention on Global Health, Vol. IX (1), 2015, pp.131-148.
3. “A World at Risk”, GPMB 2019 Annual Report”, September 18, 2019, <https://www.gpmb.org/annual-reports/overview/item/2019-a-world-at-risk>
4. “G7 Leaders’ statement”, European Council Statements, and Remarks, February 19, 2021, <https://www.consilium.europa.eu/en/press/press-releases/2021/02/19/g7-february-leaders-statement>
5. “Leaders of 23 countries back EU’s pandemic treaty idea”, EURACTIV.com/ Reuters, March 30, 2021, <https://www.euractiv.com/section/coronavirus/news/leaders-of-23-countries-back-eus-pandemic-treaty-idea/>
6. World Health Organization, “World Health Assembly agrees to launch process to develop historic global accord on pandemic prevention, preparedness and response,” December 01, 2021, <https://www.who.int/news/item/01-12-2021-world-health-assembly-agrees-to-launch-process-to-develop-historic-global-accord-on-pandemic-prevention-preparedness-and-response>

7. Working draft, presented on the basis of progress achieved, for the consideration of the Intergovernmental Negotiating Body at its second meeting, A/INB/2/3, July 13, 2022, https://apps.who.int/gb/inb/pdf_files/inb2/A_INB2_3-en.pdf
8. Conceptual zero draft for the consideration of the Intergovernmental Negotiating Body at its third meeting, World Health Organization, https://apps.who.int/gb/inb/pdf_files/inb3/A_INB3_3-en.pdf
9. Zero draft of the WHO CA+ for the consideration of the Intergovernmental Negotiating Body at its fourth meeting, World Health Organization, A/INB/4/3 1 February 2023, https://apps.who.int/gb/inb/pdf_files/inb4/A_INB4_3-en.pdf
10. https://apps.who.int/gb/inb/pdf_files/inb4/A_INB4_3-en.pdf
11. The Quadripartite aims to achieve together what no one sector can achieve alone, and it consists of four main agencies: the Food and Agriculture Organization of the United Nations (FAO), United Nations Environment Programme (UNEP), World Health Organization (WHO) and World Organisation for Animal Health (WOAH).
12. The May 22 leaked draft has evoked strong criticism from human rights and health equity advocates on the grounds that text on the right to health and equity seems to have been removed or weakened by the INB. See, Health Policy Watch, May 2023, https://healthpolicy-watch.news/wp-content/uploads/2023/05/DRAFT_INB_Bureau-text_22-May.pdf
13. Bureau's text of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (WHO CA+), June 2, 2023, https://apps.who.int/gb/inb/pdf_files/inb5/A_INB5_6-en.pdf
14. "Report of the Review Committee regarding amendments to the International Health Regulations (2005)", February 06, 2023, https://apps.who.int/gb/wgihhr/pdf_files/wgihhr2/A_WGIHR2_5-en.pdf

15. Haik Nikogosian and Ilona Kickbusch, "Would a pandemic treaty relate with the existing IHR (2005)?," British Medical Journal, May 23, 2001, <https://blogs.bmj.com/bmj/2021/05/23/how-would-a-pandemic-treaty-relate-with-the-existing-ihr-2005/>
16. Talha Burki, "Calls for transparency in pandemic accord talks", The Lancet, April 15, 2023, [https://www.thelancet.com/journals/lancet/article/PIIS01406736\(23\)00763-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS01406736(23)00763-8/fulltext)
17. J. Szapocznik, G. Faviero, A.S. Dansua, D. G. Bausch, J.Saavedra, "The importance of accountability in tackling future pandemics", The Lancet, April 29, 2023, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00638-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00638-4/fulltext). Also See, G. F. Faviero, B.M. Stocking, S.J. Hoffman (et al.), "An effective pandemic treaty requires accountability", The Lancet, July 26, 2022, [https://www.thelancet.com/journals/lanpub/article/PIIS2467\(22\)00192-X/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2467(22)00192-X/fulltext)

II. Treaty Stipulations, Challenges and Criticisms

Before the negotiations started, initial reactions from expert communities centred around geopolitics, the most critical element in health governance experienced during the Covid-19 pandemic. The WHO was in the middle of a geopolitical tug-of-war between the U.S. and China (and Taiwan) for its Covid-19 handling. Global health experts and international security scholars have highlighted how geopolitics have 'immediate, ruthless repercussions for the lives and livelihoods of billions. According to leading global health experts Ilona Kickbusch & Anna Holzscheiter, the main obstacles in negotiating a pandemic treaty are 'global health inequities', particularly those affecting the global south, and intense competition among major powers such as US and China. According to them, The COVID-19 pandemic, amidst escalating geopolitical rivalry and mistrust, further weakened support for multilateral systems. This 'undermined the WHO and hindered consensus at the G7 and G20, obstructing progress towards vaccine equity. Overcoming these challenges requires promoting multilateral cooperation and addressing health disparities.'¹ According to David Fidler of the Council of Foreign Relations (USA), the main

challenge ahead is getting countries with diverse national interests in pandemic preparedness and global health to agree on important treaty obligations. People often underestimate how significant these differences are, which stem from variations in domestic politics and growing geopolitical competition. For Fidler, the issue of 'pandemic preparedness cannot be separated from how governments shape their national interests for domestic, foreign policy, and geopolitical reasons.'²

Many in the US have argued against the proposed Treaty under WHO, which may eventually empower the world health body to control the 'American way of life'.³ While criticising WHO's inept handling of Covid-19 and how it is influenced by foreign governments (such as China), speculations are rife about the proposed treaty text might trample intellectual property rights, among other things, with unspecified financial commitments and a mere lip service to sovereignty issue.⁴ Opposing voices can be heard from the United Kingdom, where a Member of Parliament underscored the 'danger of empowering WHO, which failed to learn lessons from Covid-19 and how WHO could impose sweeping, legally binding directives on member states overriding UK sovereignty through this new

pandemic treaty.⁵ Members of the European Union repeatedly expressed concerns. They opposed the proposed pandemic treaty under the WHO auspice, as the international body is reportedly influenced and controlled by countries like China with geopolitical and financial interests and pharmaceutical industries.⁶ However, in March 2021, the World Health Organization director-general Tedros Adhanom Ghebreyesus was optimistic about the US and China's positive participation in the proposed international treaty on pandemics.⁷

Amid global geopolitics and big power dynamics, the debate over the future pandemic treaty continues at the negotiations. In March 2023, civil society organisations across the globe expressed profound reservations about the underlying vision of the Zero draft text.⁸ They have urged the INB to address these concerns with urgency in the subsequent rounds of negotiations.⁹ In its present form, the draft also tiptoes around some of the most controversial issues unleashed by the pandemic, namely the glaring inequities in accessing lifesaving vaccines and treatments. During its negotiation process, the latest Bureau's draft received more criticism than accolades from scientists, health experts, and civil society groups. The treaty text is criticised for its tepid

enforceability, sparking anxieties that nations could conveniently eschew their obligations without fortifying the language.¹⁰ Experts fear that the diluted language may render the treaty impotent, allowing countries to evade their responsibilities without consequences.¹¹ Even as the draft agreement emphasises the importance of vaccine and drug equity, it regrettably lacks the teeth for rigorous enforcement, a deficiency sharply underscored by experts and global health researchers.

Additionally, the draft's proposed solutions to the pandemic's complex challenges, such as ensuring equitable access to health countermeasures, have ignited a fierce debate in the international arena, illustrating the difficulty of navigating global health diplomacy. Another issue is the inclusion of the Common but Differentiated Responsibilities (CBDR) principle in the texts sparked a discussion between developed and developing nations.¹² The principle, which is long-standing in international environmental law, acknowledges historical and current inequalities between these nations, asserting that responsibilities to address global challenges should be differentiated based on each country's capacity.¹³

In general, the treaty or the instrument, what it is termed, embraced controversies due to the excision of several critical stipulations. Most notably, the treaty lacks a concrete legal framework that mandates equitable access to vital pandemic-related resources such as vaccines, therapeutics, and tests. This glaring omission has particularly frustrated African nations, who fervently push for binding agreements on transferring technologies, capacity-building measures for domestic manufacturing capabilities, and establishing a holistic access and benefit-sharing system.¹⁴ Moreover, according to experts, the draft shows a disappointing lack of commitment to address the structural hindrances that inhibit fair access, encompassing glaring inequalities in technology, health workforce, infrastructure, and funding. Besides, experts and critics urged a strong commitment in the future treaty regime to low- and middle-income countries (e.g., India, Brazil, and Vietnam) for global health security as the COVID-19 pandemic has highlighted the vast health disparities between wealthy nations and low or middle-income countries (LMICs). It is imperative to have a global early-warning system in place to prevent the next pandemic, and LMICs hold the key.

End Notes:

1. Ilona Kickbusch & Anna Holzscheiter, "Can geopolitics derail the pandemic treaty? British Medical Journal, November 26, 2021, doi: <https://doi.org/10.1136/bmj-2021-069129>
2. Author's Interview with David Fidler, Senior Fellow, Global Health and Cybersecurity, Council on Foreign Relations, June 12, 2023.
3. Brett D. Schaefer and Steven Groves, "Why the U.S. Should Oppose the New Draft WHO Pandemic Treaty", Heritage Foundation, Issue Brief, No. 5306, February 27, 2023, <https://www.heritage.org/sites/default/files/2023-02/IB5306.pdf>. Also See, "Tucker: There is no graver violation of medical ethics than this", Fox News, May 19, 2022, <https://www.foxnews.com/video/6306500271112>.
4. "Smith presses Secretary Blinken on Biden's push to enter binding pandemic treaty that could cede US sovereignty to World Health Organization," March 23, 2023. <https://chris-smith.house.gov/news/documentsingle.aspx?DocumentID=411267>
5. Andrew Bridgen, "Pandemic Prevention, Preparedness and Response: International Agreement", You Tube, April 17, 2023 <https://www.youtube.com/watch?v=eh30cThVm0&t=249s>
6. "Rob Roos Comments on WHO Pandemic Treaty," You Tube, May 29, 2023, <https://www.youtube.com/watch?v=uZYD2gofTWg>
7. "US, China positive on pandemic treaty idea: WHO's Tedros", Reuters, March 30, 2021, <https://www.reuters.com/article/us-health-coronavirus-treaty-members-idUSKBN2BM10T>
8. Luke Taylor, "Covid-19: WHO treaty on future pandemics is being watered down, warn health leaders", British Medical Journal, May 31, 2023, doi: <https://doi.org/10.1136/bmj.p1246>

9. See, for example, “Public Statement on Zero Draft of Pandemic Treaty: Corporate Accountability and Society for International Development”, February 2023, https://drive.google.com/file/d/1QJismU2XKutHJknSPGkd7Mrdm_suYc-E/view?pli=1
10. Bureau’s text of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response (WHO CA+)”, (A/INB/5/6, June 02, 2023, https://apps.who.int/gb/inb/pdf_files/inb5/A_INB5_6-en.pdf
11. Mariana Lenharo, “Global plan for dealing with next pandemic just got weaker,” Nature, June 01, 2023 <https://www.nature.com/articles/d41586-023-01805-4>
12. Roojin Habibi and Clare Wenham, “The world is running out of time to negotiate a global pandemic treaty”, The Globe and Mail, April 24, 2023, https://www.theglobeandmail.com/opinion/article-the-world-is-running-out-of-time-to-negotiate-a-global-pandemic-treaty/?utm_medium=twitter&utm_source=dlvr.it
13. Nithin Ramakrishnan) WHO: Developed countries oppose CBDR inclusion in new pandemic instrument, Third World Network, 29 July 2022, <https://www.twn.my/title2/health.info/2022/hi220702.htm>;
14. Kerry Cullinan, Africa Decries Weakening of Equity Provisions in New Pandemic Accord Draft, Health Policy Watch, June 12, 2023, <https://healthpolicy-watch.news/africa-decries-weakening-of-equity-provisions-in-new-pandemic-accord-draft/>

III. Health Governance, Pandemic Treaty and India's Engagement

India, one of the largest lower-middle-income countries, supports and sustains 17.7 per cent of the world's population.¹ The country managed and mitigated successfully, to some extent, the Covid-19 pandemic crisis relatively well with an inclusive, accessible, and affordable healthcare system in place. India received accolades for its 'Vaccine Maitry (vaccine friendship)' initiative, which started in January 2021, and provided COVID-19-related medical and other assistance to over 150 countries since the beginning of the COVID-19 pandemic.² This landmark initiative has strengthened India's global standing as the largest vaccine producer and the first responder in health emergencies. However, the unprecedented challenge posed by the pandemic gave rise to "Vaccine nationalism", where countries like the US and China used vaccine supplies for their citizens. For a brief period, even India halted exports for domestic use during the virulent second wave of the Covid-19 crisis. While the vaccine inequality continues, nationalistic policies, like travel bans imposed after discovering deadly Covid-19 variants, lack a solid health rationale and global coordination. The 2021 EU-India conflict over travel restrictions,

triggered by the EU's non-recognition of certain Indian vaccines, demonstrated power dynamics in pandemic responses.

During the initial months of treaty discussions, the EU, the UK and several other countries (Friends of the Treaty) backed a legally-binding pandemic treaty. Still, countries like the US, Russia, India and Brazil were unsure or reluctant to commit to a binding pandemic treaty.³ In May 2021, European Union invited India to work towards an international treaty on pandemics within the framework of the WHO during a meeting in Porto, Portugal.⁴ Acknowledging the critical global situation due to the pandemic, the joint statement underscored the priority of mitigating the pandemic and commitment to work together to ensure a better, safer, sustainable and inclusive recovery through global cooperation and solidarity.

Covid-19 raised questions about the efficacy of the IHR in securing prompt and precise reporting from countries. The pandemic also exposed faltering global solidarity as high-income countries failed to distribute vaccines, treatments, and diagnostics equitably, undermining the global response to this transboundary threat.

In December 2020, India proposed a nine-point proposal for WHO reform, calling for enhanced funding and governance transparency and advocating for the WHO's increased role in facilitating global access to affordable Covid-19 vaccines. Amid criticism for its early pandemic response, these suggestions come as part of India's ongoing demand for WHO reforms, which has gained international support. India's "Approach on WHO Reforms" document underscored the Pandemic as an unprecedented challenge with a socio-economic impact beyond the health sector. It also urged to build a new global partnership with reformed and effective multilateralism.⁵

While India's stance on the under-negotiation Pandemic Treaty lacks clarity, India has suggested amendments to the International Health Regulations (IHR-2005) during the first meeting of the Working Group on Amendments to the International Health Regulations in November 2022. Among other things, based on its COVID-19 experience, India proposed equitable access to and distribution of medical countermeasures, i.e. vaccines, therapeutics and diagnostics, for optimal public health response. It emphasised that IHR implementation should be based on the principles of equity, inclusivity, and coherence and in

accordance with the common but differentiated responsibilities of the States Parties, considering their social and economic development.¹⁶ It also calls for more accountability from the WHO regarding IHR implementation and member-state compliance.

Starting from the second special session of the World Health Assembly in November 2021, India actively participated and played an active part in the Pandemic Treaty negotiations. Even though there were no official statements from India in WHA 75 (May 2022), India participated and issued official statements during the 150th session of the WHO Executive Board meeting (Geneva, 24–29 January 2022), reiterating its stance on strengthening the IHR through potential amendments.⁷

India's official statement at the special session of WHA in 2021 as an independent member of WHO and joint statement as part of the eleven countries representing the South-East Asia Region (SEARO) emphasised the necessity for a holistic and consistent approach to bolster the global health structure. It acknowledged the resolution to craft a new mechanism focusing on preventing, preparing for, and responding to pandemics using an all-encompassing government

and societal strategy. Through the joint declaration representing SEARO countries, India reasserted its support. It encouraged the WHO and the INB to undertake measures to avert future pandemics, guided by the principles of solidarity, inclusivity, transparency, efficiency, and consensus.⁸ India maintained that the importance of equity in global health is paramount and reiterated that it should be at the core of the treaty. India pushed for addressing obstacles to creating and distributing medical countermeasures, which encompass issues concerning intellectual property, technology transfer, and the expansion of local and regional manufacturing abilities during future crises like Covid-19. It expressed support through its official statements to boost global support for the public health infrastructure in developing countries, which remains insufficient until now. While batting for capacity-building technical and financial backing to member countries, India contended that the forthcoming pandemic treaty should incorporate elements for the prevention and management of zoonotic risks as part of a 'One Health' approach.⁹ It is to be noted that under Article 18 of the Zero Draft and Article 5 of Bureau Text, the term 'One Health' encapsulates a cohesive strategy that recognises the interconnectedness of human, animal, and plant health, including their shared environment. It underlines the necessity for cross-

sectoral and interdisciplinary collaboration. This methodology is critical in averting outbreaks caused by antimicrobial-resistant (AMR) pathogens and diseases transmitted from animals to humans. India stresses AMR in its official statements, especially during the 35th WHO Executive Board meeting in January 2022.¹⁰

Addressing the recently concluded WHA 76, the Prime Minister of India, Narendra Modi, set the scene for India's leadership role in global health initiatives. He stressed greater collaboration in healthcare, collective effort in building resilient global systems and boosting global health equity, underscoring the gaps in the global health architecture.¹¹ However, India's participation and statements during the Assembly broadly reflected the ambiguity, though not denial, in its stance towards the proposed pandemic treaty, as the comments and briefs primarily focussed on supporting the necessary amendments for IHR 2005.¹² In one of the official statements, India suggested that the Bureau (INB) and the Working Group on IHR (WGIHR) coordinate their negotiation processes with Secretariat support to harmonise the WHO's CA+ and the IHR amendments to create efficient, complementary mechanisms.¹³ India emphasised aligning the works to ensure the inclusiveness of the processes.

A coordinated effort has been urged to produce an impactful joint outcome for pandemic preparedness and response. Lastly, India called for closer coordination between the INB and WGIHR bureaus to prevent potential overlaps. During the Assembly, India's Health Minister, Dr Mansukh Mandaviya though, emphasised the country's G20 Presidency philosophy of "One Earth, One Family, One Future", which involves India's commitment to tackling health emergencies and bolstering prevention, preparedness, and response efforts with a focus on the "One Health" approach, his keynote speech was more or less silent on the ongoing deliberations for the treaty.¹⁴ He, however, reiterated India's commitment to global health challenges and raised the issue of Anti-Microbial Resistance (AMR), international collaboration within the pharmaceutical sector, digital health innovations, universal health coverage, and grassroots healthcare.

End Notes:

1. "Population of India", Ministry of Statistics and Programme Implementation, Population of India, UN (World Population Prospects 2019), December 09, 2021, <https://statisticstimes.com/demographics/country/india-population.php>
2. India has supplied 723.435 lakh doses of COVID vaccine to 94 countries and 2 UN entities in the form of grant, commercial export or through COVAX till 29th November 2021, Press information

Bureau, December 7, 2021, <https://pib.gov.in/PressReleasePage.aspx?PRID=1778837>

3. Ashleigh Furlong, "US succeeds in efforts to delay pandemic treaty," Politico, May 25, 2021 <https://www.politico.eu/article/us-succeeds-in-efforts-to-delay-pandemic-treaty/>; Also See, Ashleigh Furlong, "Countries break deadlock on pandemic treaty, agree to start negotiations," Politico, November 28, 2021, <https://www.politico.eu/article/countries-break-deadlock-on-pandemic-treaty-agree-to-start-negotiations/>
4. "Joint Statement: Investing in EU-India Strategic Partnership," European Council, May 08, 2021, <https://www.consilium.europa.eu/media/49523/eu-india-leaders-meeting-joint-statement-080521.pdf>
5. "India's Approach on WHO Reforms", Government of India/Ministry of Health and Family Welfare, December 23, 2020. <https://main.mohfw.gov.in/sites/default/files/India%27s%20Approach%20on%20WHO%20Reforms.pdf>
6. "India: Proposed Amendments to the International Health Regulations (2005) submitted in accordance with decision WHA75 (9) (2022)", Working Group on Amendments to the International Health Regulations (2005), November 14-15, 2022, https://apps.who.int/gb/wgihhr/pdf_files/wgihhr1/WGIHR_Submissions-en.pdf, pp.1-13.
7. "Agenda: Pillar 2: One billion more people better protected from health emergencies," 150th Session of The Who Executive Board, January 24–29, 2022, https://pmindiaun.gov.in/public_files/assets/pdf/6India's%20interventions%20delivered%20during%20150%20OEB%20and%2035%20PBAC%20Agenda%2015.pdf
8. "Joint statement on delivered by India on behalf of the Group of countries representing South-East Asia region (SEARO)", December 01, 2021, https://pmindiaun.gov.in/public_files/assets/pdf/SEARO_1dec.pdf

9. India: National Statement for the World Health Assembly, Special Session (November 29 to December 01, 2021), https://pmindiaun.gov.in/public_files/assets/pdf/dai02122021.pdf; Joint statement on delivered by India on behalf of the Group of countries representing South-East Asia region (SEARO), https://pmindiaun.gov.in/public_files/assets/pdf/SEARO_1dec.pdf
10. India: National Statement, Thirty-Fifth Meeting of The Programme, Budget and Administration Committee of The Who Executive Board, (January 19–21, 2022), https://pmindiaun.gov.in/public_files/assets/pdf/10India%27s%20interventions%20delivered%20during%20150%20EB%20and%2035%20PBAC%20PBAC35%20Agenda%203.pdf
11. "PM addresses 76th Session of the World Health Assembly in Geneva, Switzerland", Press Information Bureau, May 21, 2023, <https://pib.gov.in/PressReleaseframePage.aspx?PRID=1926129>
12. "India's Approach on Who Reforms," Ministry of Health and Family Welfare, December 20, 2020, <https://main.mohfw.gov.in/sites/default/files/India%27s%20Approach%20on%20WHO%20Reforms.pdf>
13. "India: Seventy Sixth Session of the World Health Assembly, May 21-May 30, 2023), WHA 76 Statements, World Health Organization, <https://apps.who.int/gb/statements/WHA76/PDF/India-14.1-14.2-15.1-15.2-15.3.pdf>
14. "76th World Health Assembly: Union Health Minister Dr Mansukh Mandaviya delivers keynote address on Heal in India & Heal by India", Press information Bureau, May 24, 2023, <https://pib.gov.in/PressReleasePage.aspx?PRID=1926803>

IV. Opportunities and Challenges for India

In India, the conversations surrounding the highly anticipated pandemic Treaty under WHO's stewardship have gained momentum of late and raised important questions in various circles such as the government, civil society, industry and the expert community. India's official position about the proposed pandemic treaty remains ambiguous until now. Even though not yet nuanced, people question whether it is wise to initiate global negotiations for a new treaty when multilateral stress is prevalent and international cooperation is declining. Moreover, what is the primary rationale behind pursuing the multilateral health treaty while the threat of Covid-19 still looms large and countries are recovering from the Pandemic waves? India's health system is already overwhelmed by pandemic fatigue and other non-communicable health emergencies, pushing the Ministry of Health and Family Welfare (MoHFW) to its limits. In light of these challenges, it is a little weird for many to visualise this sense of urgency at the global forum surrounding the process, and many wonder why it is being rushed.

However, there are several concerns raised at various forums. At the same time, there are voices supporting the treaty as well. Adar

Poonawalla, CEO of the Serum Institute of India, strongly advocates for a multilateral pandemic treaty. He believes such a treaty could bolster governments' and global health regulators' response speed and efficiency to future pandemics.¹ Soumya Swaminathan, former Chief Scientist at WHO, also supports this international health treaty, emphasising the need for equitable access.² Similarly, Rajinder Suri, CEO of the Developing Countries Vaccine Manufacturing Network (DCVMN) - a group of over 40 vaccine manufacturers - asserts that a global pandemic treaty is necessary. Suri argues that it would elevate preparedness and expedite vaccine development in anticipation of future pandemics.³

An overwhelming apprehension in India is that WHO, an unelected, unaccountable world body suspected to be lenient with China for the outbreak of Covid-19, would seize immense power over national sovereignty under the garb of a pandemic treaty. Amitav Banerjee, the Pune-based Epidemiologist, remains one of the avid critics of the pandemic treaty. He says the proposed treaty under negotiation has abandoned all public health principles and ethics.⁴ Likewise, Nithin Ramakrishnan, an international law professional critical of international health laws, says that powerful countries and their private

investors consistently prioritise their interests, especially seeking to profit during times of crisis, without fulfilling their legal obligations to provide assistance to countries in need.⁵ He further argued why India must firmly oppose the proposal for the new treaty for the sake of the rights of low and middle-income countries.⁶ One of the leading global health experts, David Fidler, went further, suggesting the Indian government has full sovereignty to undertake domestic public health reforms and doesn't need a WHO treaty to take robust, comprehensive action. He stressed how India's "population is more likely to benefit from those domestic reforms than anything the international treaty contains or can offer".⁷ Dinesh Sharma, a noted science commentator, noted that "without equity as a core principle of health, the proposed pandemic treaty could meet the same fate as climate change".⁸

Priti Patnaik, Founding Editor of Geneva Health Files, a Geneva (Switzerland) based international health policy monitoring and reporting initiative, emphasized India's anticipated role as an important player alongside other large developing countries like Russia, China, Brazil, and Indonesia. According to her, India is poised to be influential in these discussions with its significant manufacturing capacities and integral

position in supply chains. However, she added, "It remains to be seen whether the nation will exercise true leadership or be guided by narrower, domestically driven commercial interests." ⁹ Civil society groups like Awaken India Movement urged the Indian government for public consultation and a Parliamentary scrutiny process before accepting the treaty terms. ¹⁰

India has several inherent roadblocks to accepting or signing the Pandemic treaty terms. They are: 'lack of trust in the WHO system', which has hindered support for its Pandemic Treaty as the global health body has faced criticism for handling the COVID-19 pandemic, including a delayed response, lack of transparency, and failure to coordinate an international effort. This lack of trust has made it difficult for the WHO to garner backing for the treaty. Another concern surrounding the treaty remains national sovereignty, as several countries, including India, fear it would infringe on their sovereignty and relinquish control over their pandemic response. They worry the treaty would grant the WHO excessive power to interfere in their domestic affairs. For instance, people in India are apprehensive about sharing sensitive data or being compelled to implement specific policies dictated by the WHO. Another challenge could be

the divergence of priorities among countries. While countries like the USA and Australia criticise the WHO's pandemic management, India should prioritise safeguarding its citizens from the immediate threat of a pandemic and work on long-term strategies and collaborations to prevent future outbreaks. As David Fidler puts it, "If India would want to take on a leading role in this proposed treaty, then it would have to be anchored in India's national interests in protecting its national security, strengthening its national economic power, advancing its development agenda in the Global South, and contributing to its humanitarian assistance activities."¹¹ Furthermore, many think negotiating a comprehensive treaty like this would require time, collective endeavours, and mutual understanding over several contentious issues such as vaccines, medicines, verification measures, data sharing, etc.

India has one of the lowest densities of health workforce with an already over-stretched health infrastructure that needs to be strengthened to confront future challenges. The country played vital roles and demonstrated political commitment in several recent initiatives to strengthen global health governance. These include the Muscat Manifesto on Anti-microbial Resistance (November 2022), the Friends of the Medical

Countermeasures Platform (March 2023), and its commitment towards the Pandemic Treaty negotiated under WHO/INB.¹² India's Health Minister reiterated at the WHA-76 regarding the global medical countermeasures platform to ensure equitable access to safe, high-quality, cost-effective medical countermeasures to all countries.¹³

India's G20 presidency focuses on three major priorities regarding health: 1) enhancing efforts to prevent, prepare for, and respond to health emergencies, with an emphasis on combating antimicrobial resistance; 2) promoting the One Health approach and enhancing collaboration in the pharmaceutical industry to ensure access and availability of safe, effective, high-quality, and affordable medical countermeasures; and 3) harnessing digital health advancements and solutions to support universal health coverage and enhance the delivery of healthcare services.¹⁴ While the G-20 presidency focused on harnessing shared responsibilities and collaborative governance to make the world safer from future pandemics, digital health for universal health coverage remains a major priority with principles like inclusivity, equity and affordability.¹⁵

In recent years, India, as part of the Quad grouping, has been at the forefront of health security initiatives in the Indo-Pacific region along with extended partners (Quad Plus).¹⁶ Between 2021 and 2022, the Quad partners successfully administered over 400 million COVID-19 vaccine doses, ensuring their safety and effectiveness, to countries in the Indo-Pacific region. Globally, they delivered nearly 800 million doses through bilateral agreements and in collaboration with COVAX. Recognising the importance of this effort, the Quad Vaccine Partnership has transformed into a more comprehensive Quad Health Security Partnership. The expanded partnership focuses on vaccine distribution and extends support for health workforce development, disease surveillance, and the establishment of electronic health information systems. Additionally, the Quad group coordinates outbreak responses through initiatives like the Quad Pandemic Preparedness Exercise.¹⁷

India's participation in global health governance, notably in producing and distributing generic medicines and lifesaving vaccines to low- and middle-income nations, contributes to the country's reputation as a responsible nation and one of the leading countries providing health service. Collaboration and cooperation with major powers (such as US and Japan) in handling global

health programmes strengthen the country's international influence. Nonetheless, India confronts substantial hurdles in managing health inequities and a high illness burden, hampered its capacity to adopt a leadership role in global health initiatives until now.

End Notes:

1. Adar Poonawalla, "We need a Global Pandemic Treaty – before it's too late", CNN, May 23, 2022, <https://edition.cnn.com/2022/05/23/opinions/global-pandemic-treaty-covid-19-wef-poonawalla/index.html>
2. Jenny Lei Ravelo, "First WHO chief scientist to successor: 'Speak truth to power'", November 30, 2022, <https://www.Devex.com/news/first-who-chief-scientist-to-successor-speak-truth-to-power-104534>
3. "Need to ensure a global pandemic treaty, says DCVMN CEO", Indian Express, October 22, 2022, <https://indianexpress.com/article/cities/pune/global-pandemic-treaty-dcvmn-ceo-8224408/>
4. Amitav Banerjee, "What's the role of police and profit in public health emergencies ?" National Herald, June 20, 2022, <https://www.nationalheraldindia.com/india/whats-the-role-of-police-and-profit-in-public-health-emergencies>
5. Nithin Ramakrishnan, "The WHO Assembly Has a New Pandemic Treaty Proposal. India Should Be Wary", The Wire, May 24, 2021, <https://science.thewire.in/law/the-who-assembly-has-a-new-pandemic-treaty-proposal-india-should-be-cautious/>
6. Nithin Ramakrishnan, "Why India Must Speak Up Against the New Pandemic Treaty Proposal at the WHO", The Wire, May 24, 2021, <https://thewire.in/health/why-india-must-speak-up-against-the-new-pandemic-treaty-proposal-at-the-who>

7. Author's Interview with David Fidler, Senior Fellow, Global Health and Cybersecurity, Council on Foreign Relations, June 12, 2023.
8. Dinesh C. Sharma, "Global treaty on pandemic: Affordable access to diagnostics, vaccines and treatment are a challenge", The Tribune, March 24, 2022, <https://www.tribuneindia.com/news/comment/global-treaty-on-pandemic-380139>
9. "AIM Position Paper on WHO and its proposed Global Pandemic Treaty", August 01, 2023, <https://awakenindiamovement.com/who-and-its-proposed-global-pandemic-treaty/>
10. Author's Interview with Priti Patnaik, Founding Editor, Geneva Health Files, August 11, 2023. <https://genevahealthfiles.substack.com>
11. Author's Interview with David Fidler, Senior Fellow, Global Health and Cybersecurity Council on Foreign Relations, June 12, 2023.
12. Rajesh Bhushan, "India is advancing global health goals with its G-20 presidency", Nikkei Asia, May 11, 2023, <https://asia.nikkei.com/Opinion/India-is-advancing-global-health-goals-with-its-G-20-presidency>
13. "India proposes global medical countermeasures platform at 76th World Health Assembly", Economic Times, May 24, 2023, <https://government.economictimes.indiatimes.com/news/governance/india-proposes-global-medical-countermeasures-platform-to-bridge-digital-divide-in-healthcare/100471190>
14. "G20 – 1st Health Working Group Meeting, Kerala, India", The Global AMR R&D Hub, January 18-20, 2023, <https://globalamrhub.org/g20-1st-health-working-group-meeting-kerala-india/>
15. "G20 India Presidency: 3rd HWG Meeting", Press Information Bureau, June 5, 2023, <https://pib.gov.in/PressReleasePage.aspx?PRID=1929905>

16. The Quadrilateral Security Dialogue (or Quad) is a strategic security dialogue between Australia, India, Japan, and the United States, reestablished in 2017. Quad Plus extended to South Korea, New Zealand, and Vietnam.
17. “Quad Leaders’ Joint Statement”, Ministry of Foreign Affairs, May 20, 2023, <https://www.mea.gov.in/outgoing-visit-detail.htm?36571/Quad+Leaders+Joint+Statement>

V. Recommendations for India's Engagement in the Treaty Negotiations

Despite the mixed reactions coming back and forth (discussed in preceding sections), India's political elites have not yet clarified if India will support or oppose the pandemic treaty. So far, there is hardly any parliamentary debate or public discourse on the subject. The question remains whether India should sign or join the WHO's Pandemic Treaty in 2024 as scheduled. Several recent developments concerning India's proactive health initiatives and participation in global health policy matters suggest that India may consider signing the international instrument on pandemics if the future treaty ensures more transparency, accountability, and shared responsibility in the international system. Indeed, the so-called pandemic treaty has potential benefits and drawbacks. However, India should carefully consider its decision in light of the proposed treaty's limitations and potential impact on global health equity.

While all eyes are on the following year's World Health Assembly- 77 (May 2024), a few recommendations are in order which can be prioritised by India for better engagement in the treaty negotiations and implementation.

- **Active Participation in Treaty Negotiations:** India should actively engage in the negotiation and consultation process to ensure that specific concerns and interests (e.g. equity and the issue of sovereignty along with affordable access to medical products, technology transfer, and capacity-building support) are considered and taken into account.
- **Strengthen Diplomatic Efforts:** India should enhance its diplomatic efforts to build alliances and partnerships with other countries and regional grouping (such as G-20, Quad and BRICS), particularly those sharing similar health challenges and priorities. By forming coalitions, India can amplify its voice and influence in global health governance (especially at WHO) leading to policies that better reflect its needs and priorities.
- **Speaking for Developing Countries:** India needs to exert its influence and stature to highlight the concerns of developing and least developed countries (LDC) for better access to vaccines and treatments during the ongoing negotiations and INB-led consultation process.
- **Transparency and Accountability:** India should ensure that Transparency and Accountability

principles remain the mainstay to promote state compliance.

- **Equitable Access:** India should ensure that the treaty promotes fair and inclusive distribution of essential health resources, such as medicines, vaccines, medical technologies, and health services, across all countries and populations, regardless of their socio-economic status or geographical location.
- **Fear of Pandemic Lockdowns:** Restrict measures during the pandemic is one of the apprehensions among developing countries regarding the WHO treaty. India should ensure that outbreak response efforts should be balanced and can protect public health and safeguard individual rights.
- **Sharing of Virus Data:** India should ensure that the treaty addresses the issue of fair sharing of virus data and compensation, a central sticking point in the draft of the pandemic treaty. India should support a plan that ensures countries aren't exploited and promotes fair sharing of virus data.
- **Strengthening Global Health Governance:** India should ensure that its recommendations are considered to address the insufficiency of

International Health Regulations and complement the future pandemic treaty.

- **Discussion Paper on Pandemic Treaty:** Finally, India should take the lead in placing a 'non-paper' or a discussion paper on the Pandemic Treaty and global health governance at the upcoming Regional Committee for South-East Asia meeting in September 2023, scheduled in Delhi.

CONCLUSION

The Pandemic treaty is still being drafted and negotiated by the INB. The latest (sixth) meeting was held between July 17–21, 2023, and further negotiations are expected until the final pandemic Treaty is announced at the World Health Assembly-77 in May 2024. India has an important role to play in shaping this proposed pandemic treaty. By supporting policies that promote vaccine equity, accountability, and fair sharing of virus data, India can help ensure that the treaty effectively prevents and responds to future pandemics. The policy paper examined the WHO's Pandemic Treaty and its implications for India's role in global health governance by exploring the potential benefits of the Treaty for India's public health system, including strengthened pandemic preparedness and improved access to global resources and expertise. It also discussed the opportunities for India to enhance its role and influence in global health decision-making and the importance of strengthening collaborations and partnerships with other countries.

India's proactive participation in the Pandemic Treaty negotiations would present a unique opportunity to strengthen its public health system, enhance its influence in global health

decision-making, and contribute to effective global health governance. By addressing challenges and leveraging opportunities, India can shape the future of global health and ensure a more resilient and equitable response to pandemics and other health emergencies.

References and Further Reading

1. "A World at Risk: GPMB 2019 Annual Report", September 18, 2019, <https://www.gpmb.org/annual-reports/overview/item/2019-a-world-at-risk>
2. "Rob Roos Comments on WHO Pandemic Treaty," YouTube May 29, 2023, <https://www.youtube.com/watch?v=uZYD2goiTWg>
3. "WHO's pandemic treaty: promises of equity should be kept", *The Lancet*, March 01, 2023, [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00121-3/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00121-3/fulltext)
4. Adar Poonawalla, "We need a Global Pandemic Treaty – before it's too late", CNN, May 23, 2022, <https://edition.cnn.com/2022/05/23/opinions/global-pandemic-treaty-covid-19-wef-poonawalla/index.html>
5. Alexandra L Phelan, "The World Health Organization's pandemic treaty", *The British Medical Journal*, February 28, 2023, <http://dx.doi.org/10.1136/bmj.p463>
6. Amitav Banerjee, "What's the role of police and profit in public health emergencies ?," *National Herald*, June 20, 2022, <https://www.nationalheraldindia.com/india/whats-the-role-of-police-and-profit-in-public-health-emergencies>
7. Arush Lal, Salma M Abdalla, Vijay Kumar Chattu, Ngozi Adaeze Erundu, Tsung-Ling Lee, Sudhvir Singh, Hala Abou-Taleb, Jeanette Vega Morales, Alexandra Phelan, "Pandemic preparedness and response: exploring the role of universal health coverage within the global health security architecture", *The Lancet*, 2022; 10: e1675–83, September 27, 2022 [https://doi.org/10.1016/S2214-109X\(22\)00341-2](https://doi.org/10.1016/S2214-109X(22)00341-2)
8. Ashleigh Furlong, "Countries break deadlock on pandemic treaty, agree to start negotiations," *Politico*, November 28, 2021, <https://www.politico.eu/article/countries-break-deadlock-on-pandemic-treaty-agree-to-start-negotiations/>

9. Ashleigh Furlong, "US succeeds in efforts to delay pandemic treaty," *Politico*, May 25, 2021, <https://www.politico.eu/article/us-succeeds-in-efforts-to-delay-pandemic-treaty/>
10. Brett D. Schaefer and Steven Groves, "Why the U.S. Should Oppose the New Draft WHO Pandemic Treaty", *Heritage Foundation*, Issue Brief, No. 5306, February 27, 2023, <https://www.heritage.org/sites/default/files/2023-02/IB5306.pdf>.
11. Brigit Toebes, "The Framework Convention on Global Health: Considerations in Light of International Law", *Special Issue on The Framework Convention on Global Health*, Vol. IX (1), 2015, pp.7-23. <http://blogs.shu.edu/ghg/files/2016/01/2015-Spring-FallCombined-Issue.pdf>.
12. Bureau's text of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response (WHO CA+)", (A/INB/5/6, June 02, 2023, https://apps.who.int/gb/inb/pdf_files/inb5/A_INB5_6-en.pdf
13. Clare Wenham, Mark Eccleston-Turner, Maike Voss, "The futility of the pandemic treaty: caught between globalism and statism", *International Affairs*, 98: 3 (2022) 837–852; doi:10.1093/ia/iiac023
14. Clare Wenham, Rebecca Reisdorf, Sumegha Asthana, "Pandemic treaty: a chance to level up on equity", *The British Medical Journal*, May 20, 2022, <http://dx.doi.org/10.1136/bmj.o1279>
15. David P. Fidler, "A New Global Health Order?", *Think Global Health*, July 21, 2021, <https://www.thinkglobalhealth.org/article/new-global-health-order>
16. David P. Fidler, "The Case Against a Pandemic Treaty", *Think Global Health*, November 26, 2021, <https://www.thinkglobalhealth.org/article/case-against-pandemic-treaty>
17. Dinesh C. Sharma, "Global treaty on pandemic: Affordable access to diagnostics, vaccines and treatment are a challenge", *The*

- Tribune*, March 24, 2022, <https://www.tribuneindia.com/news/comment/global-treaty-on-pandemic-380139>.
18. Elliot Hannon, Layth Hanbali, Susanna Lehtimaki, Nina Schwalbe, "Why we still need a pandemic treaty", *The Lancet*, July 13, 2022, [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00278-9/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00278-9/fulltext)
 19. Florian Kastler, "Why the World Health Organization Should Take the Lead on the Future Framework Convention on Global Health", *Special Issue on The Framework Convention on Global Health*, Vol. IX (1), 2015, pp.131-148.
 20. Guilherme F. Faviero, Barbara M Stocking, Steven J Hoffman, Anicca Liu, Daniel G Bausch, Sandro Galea, et al., "An effective pandemic treaty requires accountability", *The Lancet*, July 26, 2022, [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(22\)00192-X/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00192-X/fulltext)
 21. Haik Nikogosian and Ilona Kickbusch, "Would a pandemic treaty relate with the existing IHR (2005)?", *The British Medical Journal*, May 23, 2001, <https://blogs.bmj.com/bmj/2021/05/23/how-would-a-pandemic-treaty-relate-with-the-existing-ihr-2005/>
 22. Haik Nikogosian, Ilona Kickbusch, "The Legal Strength of International Health Instruments - What It Brings to Global Health Governance?", *International Journal of Health Policy and Management*, 2016, 5(12), 683–685, doi 10.15171/ijhpm.2016.122.
 23. Ilona Kickbusch & Anna Holzscheiter, "Can geopolitics derail the pandemic treaty? *The British Medical Journal*, November 26, 2021, doi: <https://doi.org/10.1136/bmj-2021-069129>
 24. International Health Regulations (2005), Third Edition, January 01, 2016, <https://www.who.int/publications/i/item/9789241580496>
 25. J. Kaner, S. Schaack, "Understanding Ebola: the 2014 epidemic", *Global Health*, 2016 September 13; 12(1):53.doi: 10.1186/s12992-016-0194-4.

26. J. Patel, "International negotiations for a pandemic treaty: A thematic evaluation of 43 member states", *Global Policy*, 2023; 00:1–5. DOI: 10.1111/1758-5899.13217
27. J. Szapocznik, G. Faviero, A.S. Dansua, D. G. Bausch, J.Saavedra, "The importance of accountability in tackling future pandemics", *The Lancet*, April 29, 2023, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00638-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00638-4/fulltext).
28. J.P. Narain, "Public Health Challenges in India: Seizing the Opportunities", *Indian Journal of Community Medicine*, Vol. 41(2), April-June, 2016, pp. 85-88.doi: 10.4103/0970-0218.177507.
29. J.W. LeDuc, M.A. Barry, "SARS, the first pandemic of the 21st century," *Emerging Infectious Disease*, November 2004, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3329048/>
30. Kasthuri, "Challenges to Healthcare in India - The Five A's", *Indian Journal of Community Medicine*, Vol. 43 (3), July-September. 2018, pp. 141-143 doi: 10.4103/ijcm.IJCM_194_18.
31. Kerry Cullinan, "Africa Decries Weakening of Equity Provisions in New Pandemic Accord Draft", *Health Policy Watch*, June 12, 2023, <https://healthpolicy-watch.news/africa-decries-weakening-of-equity-provisions-in-new-pandemic-accord-draft/>
32. Kerry Cullinan, Future Pandemic Treaty Will be 'Legally Binding', Member States Resolve During 'Honeymoon' Negotiations, *Health Policy Watch*, July 21, 2022, <https://healthpolicy-watch.news/future-pandemic-treaty-will-be-legally-binding/>
33. Lisa Forman, "Human Rights Treaties are an Important Part of the International Health Instrumentarium: Comment on The Legal Strength of International Health Instruments - What It Brings to Global Health Governance?" *International Journal of Health Policy and Management*, 2018, 7(5), 467–469, doi 10.15171/ijhpm.2017.109

34. Luke Taylor, "Covid-19: WHO treaty on future pandemics is being watered down, warn health leaders", *British Medical Journal*, May 31, 2023, doi: <https://doi.org/10.1136/bmj.p1246>
35. Mariana Lenharo, "Global plan for dealing with next pandemic just got weaker, critics say watered-down language in the latest draft of the 'pandemic treaty' worries researchers.", *Nature*, June 01, 2023, <https://www.nature.com/articles/d41586-023-01805-4>
36. N.A. Evaborhene, E.E. Udokanma, Y.A. Adebisi (et al.), "The Pandemic Treaty, The Pandemic Fund, and The Global Commons: Our Scepticism", *BMJ Global Health* 2023; 8: e011431.doi:10.1136/bmjgh-2022-011431
37. Nicoletta Dentico, "The WHO pandemic treaty: responding to needs or playing COVID-19 geopolitics?" *Spotlight on Sustainable Development*, October 2021, https://www.sidint.net/sites/www.sidint.net/files/General/Spotlight_Briefing-Nicoletta_Dentico.pdf
38. Nithin Ramakrishnan, "The WHO Assembly Has a New Pandemic Treaty Proposal. India Should Be Wary", *The Wire*, May 24, 2021, <https://science.thewire.in/law/the-who-assembly-has-a-new-pandemic-treaty-proposal-india-should-be-cautious/>
39. Nithin Ramakrishnan, "WHO: Developed countries oppose CBDR inclusion in new pandemic instrument", *Third World Network*, July 29, 2022, <https://www.twn.my/title2/health.info/2022/hi220702.htm>
40. Nithin Ramakrishnan, "Why India Must Speak Up Against the New Pandemic Treaty Proposal at the WHO", *The Wire*, MAY 24, 2021, <https://thewire.in/health/why-india-must-speak-up-against-the-new-pandemic-treaty-proposal-at-the-who>
41. Rajat Khosla, David McCoy, Anna Marriot, "Backsliding on human rights and equity in the Pandemic Accord", *The Lancet*, June 01, 2023 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)01118-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)01118-2/fulltext)

42. Rajesh Bhushan, "India is advancing global health goals with its G-20 presidency", *Nikkei Asia*, May 11, 2023, <https://asia.nikkei.com/Opinion/India-is-advancing-global-health-goals-with-its-G-20-presidency>
43. Roland Alexander Drieco, Precious Matsoso, Tovar da Silva Nunes, Ahmed Soliman, Kazuho Taguchi, Viroj Tangcharoensathien, "A WHO pandemic instrument: substantive provisions required to address global shortcomings", *The Lancet*, April 04, 2023, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00687-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00687-6/fulltext)
44. Ronald Labonté, Mary Wiktorowicz, Corinne Packer, Arne Ruckert, Kumanan Wilson and Sam Halabi, "A pandemic treaty, revised international health regulations, or both?", *Globalization and Health* (2021) 17:128 <https://doi.org/10.1186/s12992-02100779-0>
45. Roojin Habibi and Clare Wenham, "The world is running out of time to negotiate a global pandemic treaty", *The Globe and Mail*, April 24, 2023, https://www.theglobeandmail.com/opinion/article-the-world-is-running-out-of-time-to-negotiate-a-global-pandemic-treaty/?utm_medium=twitter&utm_source=dlvr.it
46. S. Banerjee, Q. Sultana, D. Mukherjee, V. Agrawal, V. Jaiswal, K. Paudel, "Disease-X: Accounting for the unknown", *Health Science Report*, March 29, 2023, doi: 10.1002/hsr2.1173.
47. Sakiko Fukuda-Parr, Paulo Buss, Alicia Ely Yamin, "Pandemic treaty needs to start with rethinking the paradigm of global health security", *BMJ Global Health*, 2021; 6:e006392. doi: doi:10.1136/bmjgh-2021-006392
48. Saurabh Todi, Shambhavi Naik, "WHO Pandemic Treaty – Proposed Zero Draft: Annotated Explainer," Takshashila Discussion Document No. 2023-04, February 2023.

49. Suerie Moon, Ilona Kickbusch, "A pandemic treaty for a fragmented global polity," *The Lancet*, May 05, 2021, [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(21\)00103-1/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(21)00103-1/fulltext)
50. Talha Burki, "Calls for transparency in pandemic accord talks", *The Lancet*, April 15, 2023, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00763-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00763-8/fulltext)
51. Viola Savy Dsouza, Sanjay Pattanshetty, George Wharton, Helmut Brand, Oommen Kurian, "Preparing for the next crisis: The G20 and the Pandemic Treaty May 2023", *T20 Policy Briefs*, Observer Research Foundation, May 23, 2023, <https://www.orfonline.org/research/preparing-for-the-next-crisis-the-g20-and-the-pandemic-treaty/>
52. Zero draft of the WHO CA+ for the consideration of the Intergovernmental Negotiating Body at its fourth meeting. World Health Organisation, (A/INB/4/3), February 01, 2023. https://apps.who.int/gb/inb/pdf_files/inb4/A_INB4_3-en.pdf

GLOSSARY

AMR: Anti-Microbial Resistance

CoP: Conference of the Parties

CZD: Conceptual Zero Draft

FCGHA: Framework Convention on Global Health Alliance

GPMB: Global Preparedness Monitoring Board

IHR: International Health Regulation

INB: Intergovernmental Negotiating Body

LDC: Least Developed Countries

LMIC: Low- or Middle-Income Country

MoHFW: Ministry of Health and Family Welfare

SEARO: South-East Asia Region

WGIHR: (Working Group on IHR)

WHA: World Health Assembly

WHO: World Health Organisation

ZD: Zero Draft

TIMELINE AND DELIVERABLES FOR THE INB ¹

Date	Meetings	Deliverables
September 4-6, 2023	Additional INB session and/or Drafting Group meetings.	Progress towards a consensus text of the WHO CA+
November 6-10, 2023	Continuation of the drafting group meetings.	Progress towards a consensus text of the WHO CA+
December 4-6, 2023	Seventh meeting of the INB	Progress towards a consensus text of the WHO CA+ – Outline of the final report for the Seventy-seventh World Health Assembly
February 19-March 01, 2024	Eighth meeting of the INB and drafting group meetings.	Progress towards a consensus text of the WHO CA+ – Preparation of the final report for the Seventy-seventh World Health Assembly
March 8–29, 2024	Ninth meeting of the INB and drafting group meetings.	Consensus text of the WHO CA+, Finalization of the report for the Seventy-seventh World Health Assembly
May 2024	Seventy-seventh World Health Assembly	

End Notes:

1. https://apps.who.int/gb/inb/pdf_files/inb3/A_INB3_4-en.pdf

TREATY Resources: ZERO DRAFT and BUREAU TEXT

1. Zero draft of the WHO CA+ for the consideration of the Intergovernmental Negotiating Body at its fourth meeting:
 - i. A/INB/4/3, February 01, 2023; https://apps.who.int/gb/inb/pdf_files/inb4/A_INB4_3-en.pdf
2. Bureau's text of the WHO convention, agreement or other international instrument on pandemic prevention, preparedness, and response (WHO CA+):
 - i. A/INB/5/6, June 02, 2023; https://apps.who.int/gb/inb/pdf_files/inb5/A_INB5_6-en.pdf

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