

Foreign Secretary's virtual address to MIT World Peace University, Pune on the Importance of Multilateralism in the Time of a Global Pandemic – an Indian Perspective

May 11, 2020

**Faculty & Students of MIT World Peace University,
Ladies & Gentlemen,**

1. Let me begin by thanking the MIT World Peace University, Pune for hosting this webinar today on the topic of health and multilateral diplomacy. It is, as you will agree, of enormous contemporary relevance to all of us. I wish, in particular, to thank Shri N T Rao, Vice Chancellor MIT World Peace University, Shri Pravin V Patil, CEO Center for Industry Academia Partnerships MIT World Peace University and Professor Dr. Joe Thomas, Associate Dean – Faculty of Sustainability Studies for conducting this discussion.

2. The coronavirus pandemic has delivered a huge shock to the global system. It is as if life has been brought to a standstill by a giant pause button. We are struggling, individually, as a nation, and as an international community to cope with the shock and its many impacts – immediate and future.

3. We know that life has changed. We can see that all around us. What we do not know is how much it will change.

4. For students of diplomatic history, the current situation inevitably leads to parallels with the age of the two World Wars in the previous century. Death, destruction and suffering ravaged the world. These are the sorrows and miseries invoked by the preamble of the Charter of the United Nations when it declares the intention of the international community "to save succeeding generations from the scourge of war, which twice in our lifetime has brought untold sorrow to mankind".

5. While the UN, in general, and the UN Security Council, in particular, have been attuned to focusing on traditional threats to international peace and security, the nature of threats in today's highly integrated and networked global community calls for a different level of preparedness. I recall from my time in India's Permanent Mission to the UN in New York, of the increasing awareness of the emergence of non-traditional threats in the nature of intra-State conflicts, natural disasters, epidemics and pandemics, and the concomitant need for international mechanisms to respond to such threats. Nothing, however, has prepared the world for COVID-19, and we are still dealing with what the international community could do to address such situations.

6. The United Nations Charter, the United Nations itself, and the hope they represented catalysed the growth of a multilateral diplomatic system that was unprecedented in its scope, scale and ambition. They built on the legacy of the Hague Conferences of 1899 and 1907 which introduced an innovation in diplomacy – the practice of creating internationally legal instruments by multilateral conference. They built on the legacy of the League of Nations and its soaring vision. International organisations like the United Nations and its organs and affiliates, including the World Health Organisation; the World Bank and IMF; and multilateral regimes such as that based on WTO have expanded the legacy of the Hague Conferences and the League of Nations into a force of considerable strength. The processes of multilateral diplomacy, and its outcomes, impact our lives everyday.

7. The universality of the challenges we face, be it in the present form of pandemics or, as has been the case in the past, challenges arising from armed conflicts or economic shocks or climate change; and the need for fairness, not just equity, in addressing these challenges have been the drivers of India's emphasis on multilateralism. This is mirrored in India's strong support for cooperative, development-oriented mechanisms for partnerships, as reflected in its membership of, and support to, SAARC, BRICS, IBSA, BIMSTEC, IORA, and the Commonwealth. We are also members of Summit-level dialogue partnerships with ASEAN including through the East Asia Summit process, with the EU, and FM-level dialogues with GCC, the Caribbean and so on.

8. Health diplomacy is a subset of this larger machinery of multilateral diplomacy. WHO says that global health diplomacy brings "together the disciplines of public health, international affairs, management, law and economics and focuses on negotiations that shape and manage the global policy environment for health. The relationship between health, foreign policy and trade is at the cutting edge of global health diplomacy."

9. The term global health governance is now widely used.

10. The origins of global health governance are traditionally attributed to the efforts by European states in the 19th century to cooperate on preventing infectious diseases such as cholera, plague and yellow fever. These and diseases such as smallpox periodically ravaged many parts of the world.

11. The practice of quarantining had been prevalent for some time and was being supplemented by newer science-based understanding of the importance of sanitation and disease transmission. A series of 10 International Sanitary Conferences took place between 1851 and 1902 and a number of International Sanitary Conventions were negotiated.

12. A Pan American Sanitary Organisation was created in 1902. This was followed by the Office International de l'Hygiene in 1907, the Health Organisation of the League of Nations in 1923 and the WHO in 1948.

13. These two parallel trends, that of the growth of scientific knowledge, and the creation of global health governance have directed global attention and capacities towards addressing a number of health concerns with varying degrees of success. The eradication of Small Pox is one example of how things can work when they work at their best. The near eradication of polio is another example of how these structures and processes can deliver a public good.

14. It is a truism that health is more important than wealth. The world is both healthier and wealthier, the current pandemic notwithstanding, than at anytime in the past. GDP and per capita income are at historic highs. Health indicators have shown a constantly improving trend over decades. Fortunately, it also appears that as we grow less poor, we tend to devote more resources and intellectual bandwidth to health. It simply becomes more important.

15. We can see this positive correlation between health and wealth playing out on the global health stage in a number of ways. There is steep increase in the number of credible "actors" in global health governance. More meetings are happening. More ideas are generated. More funds are available. More problems are being highlighted. More solutions are being discussed and more is being done.

16. An unprecedented number of international organisations are working on health. WHO, UNICEF, UNAIDS, UNFPA are some of the prominent ones. International financial institutions such as the World Bank and ADB, and several bilateral financial and development agencies, have a strong interest in healthcare.

17. A growing number of non state actors also points out to a "mainstreaming" of health in the collective consciousness.

Non state actors in global health governance include such big names as the Gates Foundation, Carter Foundation, Clinton Foundation, Rockefeller Foundation, and the Wellcome Trust – to name a few. They bring resources and capacities to the table that can sometimes match, or even exceed, those of states.

18. There is yet another category of actor. These might be the most innovative. These are the state-non-state and public-private "hybrid" players. This category includes players such as GAVI (Global Alliance for Vaccines and Immunisation), CEPI (Coalition for Epidemic Preparedness and Innovation), Global Fund for AIDS, TB, and Malaria, PEPFAR (President's Emergency Program for AIDS Relief), and the Global Financing Facility. They are akin to special purpose vehicles, bringing an intense focus to particular problems and working methodically and swiftly to deliver results. India has been a participant in some of these key programmes.

19. We have a long record of working with the entire range of actors in global health governance and health diplomacy.

20. India thus has a long record of commitment to the principles and practice of multilateral diplomacy. Our record of working in and through international organisations is second to none. It is in fact India, under Prime Minister Narendra Modi's leadership, that initiated regional and multilateral consultations on the need for the international community to unite to fight COVID-19. Prime Minister Modi brought SAARC together on the premise that neighbouring countries had a mutual interest in collaborating on COVID-19. Similarly G-20, by its very nature, has never been an organization that considered issues other than financial and economic. Prime Minister's intervention at G-20 appealed to the body to deal with global humanitarian issues with the same urgency and importance as it would deal with global financial and economic issues. Recently, Prime Minister also participated in the NAM Contact Group on COVID-19.

21. At the Video Conference of SAARC Leaders on combating COVID-19 on 15 March 2020, the Prime Minister announced a USD 10 million COVID-19 Emergency Fund which has been operationalized to deliver urgent medical supplies, equipment and humanitarian assistance to our neighbours. We have also, upon request, deployed Rapid Response Teams comprising doctors, nurses and paramedics in the Maldives and Kuwait, and more recently, to Mauritius and Comoros. We are using e-ITEC network to share expertise and have developed a 'SAARC COVID19 Information Exchange Platform (COINEX)' for use by health professionals of all SAARC countries.

22. Prime Minister addressed the Extraordinary Virtual G20 Leaders Summit on 26 March 2020 where he emphasized the need to put human beings, rather than economic targets, at the centre of our vision of global prosperity and cooperation. He also pointed out the need to strengthen and reform intergovernmental organizations like WHO, which continue to be based on the last Century's models and which are driven more to balance competing individual interests, rather than advance the collective interests of all human kind.

23. In the video conference of NAM Contact Group in response to COVID-19 on 4 May 2020, Prime Minister highlighted the role that India has played as a 'pharmacy for the world' especially for affordable medicines. India also has the world's oldest plant-based traditional medicine system to help boost immunity and strengthen our innate capacity to fight infections.

24. External Affairs Minister participated in the video conference of BRICS Ministers' of Foreign Affairs on 28 April 2020 and emphasized that the current challenge underlined all the more the need for reform of multilateral systems.

25. We are in fact about to commence service as Chairman of the WHO Executive Board. As we look at ways of strengthening multilateral frameworks to deal with such challenges, the objective would be to promote new crisis-management protocols and procedures for our inter-connected global village and develop more adaptive, responsive,

affordable and humane health care systems and resources that can be deployed globally.

26. Our commitment to health diplomacy goes far beyond our work in multilateral agencies. India's role as a "pharmacy of the world" has come into focus during this pandemic. We have a world-class pharmaceutical industry that is the producer of choice for critical medications with brand recognition in all geographies and markets.

27. In a coordinated response involving several branches of government and multiple private sector pharma companies, India was able to supply, after ensuring adequate domestic stockpiles, large volumes of these drugs to friends and consumers across the world. It is also making its medical and public health expertise and capacity available to the entire South Asian region.

28. The lockdown has made the logistics of this humanitarian relief operation extremely complex. A mixture of innovative means are being used to ensure delivery. Despite these challenges, India has provided medical assistance, on commercial or aid basis, to 133 countries across the globe.

29. These are not just independent and isolated facts. They weave a narrative. They represent our central beliefs and our aspirations. India, in the midst of the pandemic, went out of its way to be a net provider of health security. We decided, in these very difficult circumstances, to be a responsible member of the international community and take a far-sighted view that will stand us in good stead in the post-pandemic world.

30. I have been asked to comment on Indian priorities in international health diplomacy. I would like to draw your attention to Indian statements at the World Health Assembly in Geneva that give a very broad overview of our priorities.

31. "Health for All" through Universal Health Coverage is a central objective for us and India is working relentlessly towards it. We are working on strengthening health systems, on improving access to free medicines and diagnostics and reducing catastrophic healthcare spending. As you all know, we have recently launched 'Ayushman Bharat'. This is going to become the largest government funded health protection scheme in the world. This is a game-changer and its successful execution will have a huge positive impact global health indicators.

32. We are committed to the Millennium Development Goal - which we have substantially achieved - and to meeting the ambitious Sustainable Development goals with its underlying commitment to taking everyone along.

33. India is also betting that universal immunization and sanitation will also be game-changers. India's polio program is considered to be a best practice in global health administration. Our program of building toilets and our clean drinking water mission will I am sure blaze similarly inspiring paths.

34. Prevention and management of non communicable diseases, treatment of cancer, cardiovascular diseases and supply of medical devices such as cardiac implants at significantly reduced prices are other priorities and we will work on international frameworks that further our objectives.

35. The future is digital and the global ecosystem of digital health technologies is something in which we will have a strong interest. India is committed to leveraging these technologies to promote health outcomes and hosted the 4th Global Digital Health Partnership Summit in India last year.

36. India is deeply committed ensuring access and affordability of medicines. We believe that access to medical products and creating an enabling legal and trade environment for public health are critical to achieving the SDG

Agenda. India has organized a series of World Conferences on "Access to Medical Products" over the last 2 years.

37. The pandemic has highlighted this question of access to medical products during crises. The inability of global manufacturing supply chains to cope with demand for essential medical supplies such as PPEs etc. and equipment is a matter of concern. It is forcing countries to re-examine their healthcare infrastructure, availability of pharmaceutical products and essential medicines, and the development of secure and reliable supply chains for critical health and livelihood related products.

38. None of the issues which I have just mentioned can or should be resolved in isolation. They require a pooling of global efforts and resources. Communities of policies and practitioners around the world are working on these. There are ideas to be shared, joint research projects to be undertaken, and best practices to be emulated. There are, as I have also pointed out, a whole range of actors engaged with varying degrees of ambition involving global health. Making sense of this complex and resource-rich scenario, matching it with our requirements and obligations, and leveraging our own resources and capabilities, is an imperative for us.

39. I have been asked about my personal reflections on the scope of "health issues" in the international relations context. I will leave you with three thoughts.

40. Firstly, we hope and expect that the pandemic will lead to an upsurge in investment in research, vaccines, therapeutics, and diagnostics. India is well placed to contribute substantially to this coming surge. We have a strong R&D tradition in domestic institutions and in global R&D hubs. I have already spoken of our pharma industry. India is also a recognized leader in vaccines. We produce over 60% of vaccines globally and have a record of supplying of high quality vaccines to the developing world affordably and equitably.

41. India is THE emerging market in the healthcare sector. We are talking of sums that run into hundred of billions of dollars over the next decade. Leveraging our market to support the creation of a class leading eco-system for healthcare has, therefore, to be one our highest priorities.

42. Secondly, I worry about our biosecurity. The management of public health emergencies, including pandemics, has been an important item in the global health governance agenda. The international community has been working on this for a long time.

43. The current crisis demonstrates that in spite of this common understanding and coordination, major gaps exist. Catastrophic biological events could possibly occur again. There is a need for an international conversation that will be focused on improving the capacities to respond to such future mega-disasters.

44. The convening of International Sanitary Conferences in the 19th century was based on the understanding that pathogens are not limited by national boundaries and that pooling of efforts and expertise was essential. The whole range of global health structures, and actors - governments, non-state actors, international organisations, development finance institutions, foundations etc - need to be mobilized in the same spirit towards a 21st century international biosecurity dialogue. The current playbook of responding to pandemic and bio threats needs to be updated.

45. The conversation needs to look beyond a purely public health or disaster management approach. It would have to address such issues as the creation of a "surge" capacity that is available for all at the time of greatest need; it would need to look at global mechanisms for pooling R&D; it would require to include or associate with other conversations on vaccines, basic sciences and technology.

46. Lastly, I would like to leave you a thought about my last posting as Ambassador of India to the United States. Indian physicians and researchers are highly respected in the medical and scientific community. Their acumen and their record of hard work has been a great asset for India. Respect for Indian medical professionals and Indian medical expertise is not restricted to the United States. We have worldwide brand recognition in the healthcare industry. India is, as I have said earlier, the pharmacy of the world. It is also, we must note, recognized for the quality of its treatment, for the innovations in medical care, and for generating intellectual property. We attract hundreds of patients from our neighbourhood and many other parts of the world.

47. We need to work together to leverage this asset. If we continue to grow, to invest, to innovate, to benchmark ourselves against the best in the world and to work hard, we will I feel become a healthcare power in the years and decade to come.

48. I would like to conclude by saying that we are confronted with a grave peril presently. How we react to it will define our futures. We should not take counsel of our fears and retreat into our shells. This is when we must come together to rise above the dangers and rekindle the spirit of the United Nations. Now is when we start working for a better and safer tomorrow.
