

GLOBAL HEALTH LAW AND REGULATIONS

Course Duration: One Semester (14 Weeks)

No. of Credit Units: 4 Credits

Level: UG and PG

Pre-requisites: None

Credit Type: Law

Cross Elective: Yes

- Course Vision and Description:**

Introduction

The importance of a deeper study of global health law and regulation cannot be overstated. At its core, it aims to protect human life and improve the quality of life for all. The learnings from the COVID-19 pandemic exposed what many experts had previously anticipated- the possibilities and the failures of international cooperation when it was absolutely needed. While science achieved unprecedented breakthroughs in vaccines, legal frameworks struggled to ensure equitable access, protection of rights, and availability of services. Intellectual property regimes, trade barriers, vaccine nationalism, strong sovereign interest, socio-economic & cultural barriers, and weak enforcement of international regulations highlighted deep structural problems.

To understand these concerns, this course will first study the vanguards of global health regulations, including the treaties, the conventions, organizations such as WHO & other UN bodies, non-State actors such as NGOs & CBOs, and individual State practices through national health planning and programming. The aim is not just to describe existing frameworks but also to allow students to critically interrogate them by asking questions such as: Who benefits from current arrangements? How does the Global Majority continue to be marginalized? Can law be a tool of solidarity and justice rather than control and exclusion? What does global solidarity look like when translated into a global health legal framework?

By foregrounding social determinants, emergency preparedness, key & marginalized populations, human rights frameworks, reproductive justice, and global health inequalities, this

course departs from its traditional role of a “law of epidemics and emergencies” to ask broader questions about imagining health systems and policies within the larger framework of equity, justice, and fairness, while exploring the role of international law in shaping human well-being.

De-centring the ‘Global’ view

While the course will focus on the global lens, the relevance of individual practices as a collection of responses to traditional and emerging health challenges will also be explored in detail. It will also delve into the colonial legacies of the current framework and the effect it has on different regions. This course will therefore seek to interrogate how health law operates differently across contexts of various forms of marginalization, such as poverty, gender, sexuality, caste, disability, ethnicity, indigeneity, language, and even geographical location. By engaging with case studies from India, Brazil, South Africa, and other Global Majority jurisdictions, students will analyze how governments, courts, communities, and social movements have reinterpreted the right to health, challenged pharmaceutical monopolies, and reimagined public health beyond biomedical models.

The students are expected to have a firm understanding of the fact that much of global health law has historically been shaped by Euro-American institutions, colonial-era mentalities, and post-war governance models that often reproduce inequalities rather than dismantle them. The Global Majority perspective allows us to uncover structural injustices in trade, intellectual property, migration, and pandemic responses, while also foregrounding innovative legal and political strategies emerging from these regions. In doing so, the course will also highlight the possibilities for more solidaristic, bottom-up approaches to health justice built on not just the latest evidence but also traditional forms of knowledge acceptable to all.

Breaking Down Barriers to Equitable Access to Health

Outbreaks of Ebola in West Africa, the COVID-19 pandemic, the global HIV/AIDS crisis, and debates around equitable access to vaccines illustrate that public health is not simply a scientific or medical challenge. It is profoundly legal, political, and institutional. This course seeks to introduce students to the evolving field of global health law, to analyze its historical roots, institutional frameworks, and normative debates, and to equip them with conceptual and analytical tools to critically evaluate the future of health governance.

At its core, global health law is concerned with who has authority to govern, how that authority is exercised, and whose interests are prioritized. It operates at the intersection of sovereignty, international cooperation, trade, human rights, and development while trying to uphold the AAAQ model, that is, Availability, Accessibility, Acceptability, and Quality of Care. This course has been designed to provide a doctrinal grounding in key legal instruments, their failings and successes, and a critical lens on the structural inequalities that shape health outcomes.

Conclusion

While the course introduces students to the normative approaches to global health law and the recent updates on the subject, it also presents contestations within the field, moving beyond the rhetoric of ‘One World’ and ‘Planetary Health’. The importance of looking at local health issues and approaches to tackle them can be pivotal in preventing another epidemic or pandemic outbreak.

The central emphasis of the course will be on the study of global health law as not a niche pursuit but a central concern for international law and governance. As future lawyers, judges, policy makers, and politicians, an awareness of the implications of everyday decisions of policy and law on health must be instilled in each student. Further, in an era where health has become a central concern, its intrinsic connection to threats such as climate change, authoritarianism, migration, corruption, growing economic inequality, population growth, and social stratification must be studied; the strategies to counter it must be conceptualized; and the way forward must be built on collective resilience and by ensuring no one is left behind.

- **Pedagogical Approaches:**

This course is designed to be interdisciplinary and participatory. While the primary lens is law, students will engage with materials from public health, epidemiology, political science, sociology, history and critical cultural studies. Students can expect interactive debates, unconventional approaches to lecturing, rewriting, and rethinking workshops. These exercises demand that we understand the TWAIL and the critical lens to apply it to everyday questions of international health law and regulations. Students must be able to use comparative

methodology to assess heterogeneous practices, views, and approaches to justice globally and ideologically.

- **Intended Learning Outcomes:**

- Demonstrate analytical understanding of the core concepts of global health regime such as WHO guidelines, International Health Regulations, Pandemic Treaty, and other covenants and conventions.
- Critically assess the role of the World Health Organization (WHO), non-state actors, and states in shaping global health governance.
- Apply human rights frameworks to issues of health, with particular attention to marginalized and vulnerable populations.
- Learn to identify gaps and biases within existing scholarships.
- Critically discuss the relevant literature and themes introduced in the course and their real-life effect on everyday lives.
- Demonstrate basic understanding of the legal terminologies, theories, debates, international customs, and concepts introduced in the course.
- Have the ability to analyze the tension between sovereignty and collective security in responding to global health emergencies.

- **Lecture Design:**

| WEEK | MODULE | TOPIC |
|--------|------------------------------------------------------------------------------------|------------------------------------------------------------|
| Week 1 | Module 1 Introduction to International Health Laws and Governance | What is “Global Health”? (Concepts, actors, governance) |
| | | Evolution of international health law |
| | | Linkages with human rights, trade, and security |
| | | Case Study: Disability law |
| Week 2 | Module 2 | Colonial medicine and early international health diplomacy |

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| | History and Evolution of Global Health Regime | From Cholera to Covid-19 |
| | | Decolonizing Health and its |
| Week 3 | Module 3 Social Determinants of Health and the Law | Macro Determinants of Health |
| | | Micro Determinants of Health |
| | | Case studies: Flint water crisis, caste & sanitation workers, gender & sexuality, climate change and small island. |
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| Week 4 & Week 5 | Module 4 WHO and International Health Regulation | WHO's authority and the role of international law |
| | | Core obligations of the States |
| | | Evolution of IHR 2005 |
| | | Means of enforcement |
| Week 6 | Module 5 Human Rights and Health | Economic, Social and Cultural Rights |
| | | Right to Health in international and regional treaties |
| | | Securitization of health |
| | | Protection for marginalized populations |
| Week 7 | Module 6 Models of Global Health Governance | Bio medical vs. social medicine models |
| | | Nationalist Approach |
| | | Public-Private Partnership |
| | | One Health |

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| Week 8 | Module 7 Sexual and Reproductive Health | The movement for reproductive justice and regional resistance |
| | | Local politics and domestic law : A story of global impact |
| Week 9 | Module 8 Comparative National Health Governance and the Role of Non-State Actors in the Global Majority | Communicable and non-communicable disease (NCD) control |
| | | Domestic emergency preparedness |
| | | The comparative frame- India, South Africa, Brazil and Cuba |
| Week 10 | Module 9 Trade, Intellectual Property and Medicines | WTO, TRIPS and Compulsory licensing |
| | | Access to vaccines and medicines- The curious case of pharma companies |
| | | DOHA Declaration and access to affordable medicines |
| Week 11 | Module 10 Pandemic Preparedness and Response | The Pandemic Treaty |
| | | The Global Infectious Disease Surveillance Regime |
| | | Health emergency programming |
| Week 12 | Module 11 Health, Migration and Borders | Refugees and displaced populations |
| | | Health and securitizations of borders |
| | | Towards a holistic Universal Health Coverage |
| Week 13 | Module 12 Future of Global Health | Anti-Microbial Resistance (AMR) |
| | | Digital Health, data privacy and AI |
| | | Other challenges such as the opioid epidemic |

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| Week 14 | Revision and Exam Week | |

- **Essential Readings:**

- 1) Steven J. Hoffman & Suerie Moon, *What Is Global Health Law?*, 41 J.L. Med. & Ethics 90 (2013).
- 2) Paul Farmer, *Pathologies of Power: Health, Human Rights, and the New War on the Poor* (Univ. of Cal. Press 2003).
- 3) Philip Alston & Ryan Goodman, *International Human Rights* (Oxford Univ. Press 2013).
- 4) Sofia Gruskin, Edward J. Mills & Daniel Tarantola, History, Principles, and Practice of Health and Human Rights, in *Health and Human Rights in a Changing World* 32 (Michael Grodin et al. eds., Routledge 2013).
- 5) João Biehl, Mariana Socal & Joseph Amon, The Judicialization of Health and the Quest for State Accountability: Evidence from 1,262 Lawsuits for Access to Medicines in Southern Brazil, 18 Health & Hum. Rts. J. 209 (2016).
- 6) Mark Raley, The Drafting of Article 33 of the Convention on the Rights of Persons with Disabilities: The Creation of a Novel Mechanism, 20 Int'l J. Hum. Rts. 138 (2015).
- 7) David P. Fidler, From International Sanitary Conventions to Global Health Security: The New International Health Regulations, 4 Chinese J. Int'l L. 325 (2005).
- 8) James F. Dwyer, Environmental Justice, Ethics, and Public Health, in *The Oxford Handbook of Public Health Ethics* 728 (Anna C. Mastroianni, Jeffrey P. Kahn & Nancy E. Kass eds., Oxford Univ. Press 2019).
- 9) Nina Sun, Kenechukwu Esom, Mandeep Dhaliwal & Joseph J. Amon, Digital Healthcare and eHealth to Advance UHC, 9 World Health Org., *Global Strategy on Digital Health 2020–2025* (2020).
- 10) Lawrence O. Gostin & Emily A. Mok, Grand Challenges in Global Health Governance, Brit. Med. Bull., Apr. 17, 2009, at 1.

- 11) Sophia A. Zweig, Alexander J. Zapf, Chris Beyrer, Debarati Guha-Sapir & Rohini J. Haar, Immunization and Ethics: Beneficence, Coercion, Public Health, and the State, in *The Oxford Handbook of Public Health Ethics* 435 (Anna C. Mastroianni, Jeffrey P. Kahn & Nancy E. Kass eds., Oxford Univ. Press 2019).
- 12) Benjamin Mason Meier, *Global Health Justice as a Foundation for the Future of Global Health Governance* (2021), Volume XVI, No. 1Special Symposium Issue 2021