

# COVID-19, Multilateralism and Human Security: Situating the Nature and Scope of ‘Global Health Diplomacy’ (GHD)

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## Abstract

COVID-19 has yielded serious consequences globally, including severe damages to the economic, social, and health sectors around the world. The ensuing global crisis has made states realize that Non-Traditional Security (NTS) threats such as pandemics and diseases do not discriminate between territorial boundaries. Hence, they cannot be dealt with in isolation but by creating a mutual ground and impetus for coordination and collaboration within the international system. This research paper outlines the revival of global health diplomacy (GHD) as grounds for reforming multilateral global governance institutions under the umbrella of ‘human security’. In doing so, it lists vital GHD initiatives during COVID-19 by state and non-state actors while highlighting the need for continued collaboration in the post-pandemic recovery phase. Additionally, the present study takes the case of Pakistan, a developing state with extremely fragile health and economic infrastructure, to showcase the importance of humanitarian and developmental assistance in ensuing ‘human security.’

## Keywords

Multilateralism, human security, global health diplomacy, COVID-19

## Introduction

For centuries, the world has witnessed outbreaks of respiratory diseases, deadly viruses and fevers that have claimed millions of lives. The latest iteration of such deadly outbreaks, i.e., the COVID-19 virus, has shocked the modern world with its high morbidity rate and decimating impact on global systems. The ensuing crisis

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impacted healthcare systems in both developed and developing countries and generated serious disruption in critical global economic supply chains, with carry-on effects for social setups across states. Consequently, states and key global institutions felt it necessary to redirect their efforts towards global health diplomacy (GHD) to ensure economic and social stability in countries struggling to contain the impact of the pandemic. There followed attempts to revamp diplomatic engagements by prioritizing health, under the ambit of ‘human security,’ as a site for regional and international collaboration. There are multiple perspectives on the nature of GHD, with a definition by the Swiss-Maltese non-governmental organization (NGO) Diplo concisely characterizing the concept as “a field of diplomacy that brings together the priorities of global health and foreign affairs ... (and) a variety of participants in areas that affect public health all around the globe” (Diplo, n.d., para.1).

Following the COVID-19 onslaught, governments and multilateral organizations concentrated on reasserting ‘health’ as a global foreign policy priority. The idea of a health-foreign policy nexus echoes such initiatives as the 2007 Oslo Declaration, where the foreign ministers of seven countries promoted the concept of GHD to promote new forms of global health governance as an extension of foreign policy design. In addition to state-led efforts towards promoting GHD, international organizations like the United Nations (UN) and agencies such as the World Health Organization (WHO) have attempted to reassert the idea of the ‘human’ as the key referent of ‘security’ initiatives in governance circles predominated by traditional security threats.

Given the emergence of new virus strains, partly caused by asymmetric vaccination rates across the developed and developing world, WHO has emerged as a key site for disseminating real-time information on rates of spread while addressing the risk of misinformation. Access to such information is particularly important for states that lack indigenous diagnostic and research expertise in epidemiology and related fields and hi-tech equipment such as that available to the US Center for Disease Control and Prevention (CDC). More than 120 nations worldwide have received testing supplies and equipment from the WHO (Jenkins & Jones, 2022). The body has also helped governments improve their hospitals and emergency care services to deal with the unique characteristics of the COVID-19 outbreak. Further, the UN, with the help of its vast global outreach, has been actively networking with local and regional organizations to support countries around the world in addressing the impact of the pandemic. In light of this, the ‘UN COVID-19 Response and Recovery Fund’ has made creditable efforts to address the immediate health needs.

This paper argues that, given the nature and impact of COVID-19, GHD may be better contextualized using the lens of ‘human security’ as a key pillar underlying the global liberal peacekeeping paradigm and its consequent impact on contemporary multilateral engagements. The deadly impact of COVID-19 has prompted both developed and developing countries to highlight several ‘human security’ centric issues, especially the availability and affordability of adequate healthcare services.

Key states have come forward to extend their support towards developing nations in this regard, with the US, UK, Germany, and China supplying large stocks of personal protective equipment (PPE) and vaccines to states struggling to procure the same. Such bilateral and multilateral efforts have been of key help to developing states such as Pakistan in designing efficient and effective policies to deal with the pandemic. The reference point for the analysis presented in this study are official statistical reports, news articles, and papers in the contemporary academic literature that utilize GHD as a conceptual lens in problematizing state responses to COVID-19.

## **GHD and Human Security**

Labonte and Gagnon (2010) comment on GHD as a process by which both state and non-state actors attempt to prominently embed health concerns in the context of foreign policy decision-making, citing the importance of six essential policy frames. These may be summarized as security, development, global public goods, trade, human rights, and ethical/moral reasoning. Similarly, Chattu et al. (2019) situate GHD as embracing ‘human security’ in its broadest possible sense by focusing negatively on transnational ‘health’ threats affecting social and economic stability across multiple states.

Chattu and Knight (2019) further build on this conceptualization of ‘health’ as encompassing various sectors and stakeholders to project the idea of a health-peace nexus, i.e. GHD as a robust medium for ensuring ‘positive peace’. As per the Institute of Economics and Peace (IEP), ‘positive peace’ revolves around creating an environment where human potential may flourish, i.e., where attitudes, institutions, and structures facilitate equitable gains from development and investment.<sup>4</sup> A key measure of ‘flourishing’ concerns global health equity, where ‘health’ may be problematized as a multisectoral concept having political, social, economic, and security implications (Chattu et al., 2019). Thus, health emerges as a key facet of ‘human security’, which remains a fundamental founding principle informing the contemporary liberal international order (LIO).

The resilience and salience of this order have been subjected to acute geoeconomic and geopolitical strain emanating from fractured responses to the pandemic, coupled with the resurgence of protectionist and nationalistic mindsets. Thus, as per Saha and Chakrabarti (2021), non-traditional security threats such as COVID-19 necessitate the reworking of conventional governance mechanisms so as to situate health as a primary concern underlying ‘human security’ centric economic planning. This further highlights the need for the state to consolidate its role as a significant integration point of multisectoral inclusive policy design. The authors highlight the GHD-centric governance of China and India as signifying how lone statist approaches, grounded in legal-institutional officialdom, fail to correspond with the modalities of unconventional NTS threats.

Similarly, Babic (2021) cites how the pandemic indicates the vulnerability of the LIO to fissures emanating in maladroit socioeconomic and political sectors across states, where scarcity and austerity carry the potential to mobilize mass unrest and instability. The response of existing global governance platforms towards enabling GHD engagement across states is a key barometer for assessing the resilience of the LIO to ‘black swan,’ i.e. unexpected NTS events, with implications for the future of multilateralism (Gupta et al., 2021).

Thus, in the aftermath of COVID-19, the ‘human security’ informing LIO style governance is increasingly seen as fundamentally dependent on health security. Further, vulnerable communities, especially in the context of economic deprivation and social marginalization, are seen as more severely impacted by challenges to health security. The suspension of trade and industrial production in light of quarantine and social distancing measures has induced fears of a global recession as economies struggle to restart. To integrate human security into UN initiatives centered on the development and economic growth, bodies such as the Commission on Human Security, established in 2001, have continued to assert that health is a

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<sup>4</sup> For details, please visit: <https://reliefweb.int/report/world/positive-peace-report-2020-analysing-factors-sustain-peace>

condition of whole mental, physical, and social well-being in addition to the absence of disease, and that good health is essential to human security because security entails preserving human lives (Commission on Human Security, 2003). For developing societies with poor levels of social cohesion and a lack of citizen confidence in state service delivery, COVID-19 risked reigniting pre-existing conflict sites, e.g. ethnic, sectarian, and class-based fractures etc.

Consequently, by amplifying current conflict causes and accelerating ongoing conflict processes, COVID-19 is now widely recognized as a danger to economic, social, and political stability, spurring the rise of mass civil unrest in regions across the globe. While interventions by state and non-state actors keen to contain the pandemic's impact have acknowledged the pandemic's far-reaching impacts, they have yet to evolve comprehensive schemes for addressing socioeconomic recovery in worst-affected states. However, given the success of bilateral and multilateral initiatives in containing the spread of the pandemic itself, a revival strategy embedded in 'human security' centric GHD initiatives stands to have a broad measure of efficacy.

### **GHD and Multilateralism under the LIO**

Multilateralism emerges as a key pillar of the contemporary LIO, with attendant linkages to the overarching concept of 'human security' in which the order is embedded. A high-level UN Security Council (UNSC) debate in May 2021 stressed the importance of upholding multilateral engagement so as to address emergent security challenges proficiently and peacefully (United Nations Meeting Coverage and Press Release, 2022). The Chinese State Councilor and Minister for Foreign Affairs, Wang Yi, further highlighted the need for the UN to emphasize public health, counterterrorism, climate change and other NTS issues, while citing the challenges posed by the inadaptability of the global governance system.

This emphasis on multilateral engagement has been highlighted by authors from the Global South, such as Rodriguez and Thornton (2022). They examine how countries impacted by a history of colonial exploitation, the precursor to the current geopolitical order, have not simply rejected the LIO as a smokescreen for imperial power. Instead, states, such as those in Latin America, have repeatedly attempted to reform and even strengthen multilateral institutions, with the aim that they hold the leaders of the LIO accountable for their commitments. The need for reform is also stressed by Carayannis and Weiss (2021), citing the role played by supportive non-state actors, i.e. intellectuals, scholars, NGOs, think tanks etc., as a key resource for identifying and enabling policy interventions.

In light of the need for reform highlighted above, authors commenting on the impact of the COVID-19 crisis on multilateral engagement cite human security as a critical lens to gauge the nature and scope of needed interventions. Wuchte and Drake (2022) cite a need for multilateral institutions to shift the understanding of security, informing global governance, coupled with a robust response by organizations such as the UN and the Organization for Security and Cooperation in Europe (OSCE) in promoting cooperation. Such a shift in understanding is argued to inform China's discourse on multilateralism, as highlighted by Banik and Bull (2022), especially as seen during Chinese outreach to Global South states during the COVID-19 years of 2020 and 2021. Platforms such as the China-Community of Latin America and Caribbean States Forum (China-CELAC) and the Forum on China-Africa Cooperation (FOCAC) draw on the normative and analytical frameworks surrounding human security that form the basis for international bodies such as the UN. As per a

technical report for the UNDP prepared by Gomez and Gasper (2022), human security thinking exists as both a policy philosophy connecting peace, development, and human rights, as well as an analytical and policy planning approach necessary for the operationalization of attendant objectives. Consequently, any potential way forward for multilateralism under the LIO must situate prospective institutional reforms in the context of human security, conceptualized through the multisectoral lens of GHD.

It is in this context that the present study examines the Pakistani state's response to the COVID-19 pandemic, drawing on the implications of increasingly assertive 'vaccine diplomacy' by China, a key regional and global player, as well as outreach by multilateral organizations aimed at signifying the continued vitality of LIO style GHD engagement under the ambit of 'human security'.

## **Implications of COVID-19 on the Health Sector in Pakistan**

### ***Increase in Mortality and Morbidity Rates***

According to the WHO's latest statistics, in Pakistan, in-between 3 January 2020 and 29 July 2022, there have been 1,551,871 confirmed cases of COVID-19, with 30,474 deaths reported. As of 18 July 2022, a total of 298,381,219 vaccine doses have been administered (World Health Organization, n.d.). The WHO warned the Pakistani government on 23 April 2020, stating that the nation faced a higher risk of COVID-19-related mortality and morbidity if the proper measures were not implemented to curb the spread of the infection ("WHO warns Pakistan's COVID-19 cases", 2020).

A survey of the Pakistani healthcare system exposed multiple underlying structural problems, all of which contributed to an unprecedented increase in the mortality and morbidity rates in the country during the first and second waves of the pandemic. As cases mounted, the healthcare facilities were not enough to cater to a population of more than 207 million people.

Pakistan currently has 5527 basic health units, 686 rural health facilities, and 5671 dispensaries (Ministry of Finance, 2019). The impact of inadequate facilities was compounded by negligence, lack of awareness, and an uncooperative attitude by the general public in response to masking and social-distancing mandates. Additionally, self-medication with home remedies and a reluctance to opt for testing led to the delayed diagnoses of patients, hence increasing the risk of higher mortality rates in vulnerable populations.

Non-communicable chronic diseases, such as hypertension, diabetes, cardiovascular disease, and cancer, are common in Pakistan; between 45 and 80 percent of seniors suffer from one or more of these diseases. Pakistan's healthcare system received a 0.0 index score in the Global Health Security Index 2019 for a number of factors, including emergency preparedness and response planning, worker communication, infection control procedures, equipment availability, cross-border agreements on public health emergency response, and risk communication systems (Global Health Security Index, 2019).

Furthermore, another major reason for the increase in mortality rate was that the health care professionals exhibited limited awareness of the control and prevention measures prescribed for COVID-19 infections. The 'Ministry of National Health Services, Regulations and Coordination' faced serious deficits in its emergency response facilities, partially prompted by resource constraints. Overall, this is illustrative of the general degree of basic healthcare provision and disease

prevention in the state, where outbreaks of AIDS, dengue, hepatitis, measles, and the resurgence of Polio indicate the need for concentrated reform.

### ***Lack of Drugs, Vaccines, and Supplies***

The unforeseen situation during COVID-19 caused serious disruptions in the global pharmaceutical supply chain, to which Pakistan was no exception (Global Health Security Index, 2021). However, the healthcare system in the country was already lacking pharmaceutical supply chain capacity, added to which was the impact of unreliable pharmaceutical rules and regulations. All these factors culminated in Pakistan's lack of access to important medications during a crucial time, causing healthcare centers to fall short of providing several necessary and life-saving drugs (such as antipyretic, analgesics, and other flu and cough medicines), sanitizers, facemasks and other PPE. Stocks were either unavailable or highly-priced due to low supply and high demand ratios (Javed et al., 2020). The federal government assigned the vaccination task to the 'National Disaster Management Authority' (NDMA), relieving the Ministry of Health of this critical duty, which in turn caused a lack of coordination.

Further, the subsequent disruption in vaccine supplies negatively affected the inoculation procedure. Several other issues, mainly related to key structural gaps, were reported, including the National Institute of Health's (NIH) failure to supply 3 million doses for vaccination. Federal initiatives aside, provincial governments also struggled to launch a comprehensive and coordinated response, with the Punjab and Sindh governments' vaccination campaigns negatively impacting similar shortcomings (Malik & Bhatti, 2021).

### ***Impact on Health Care Workers (HCWs)***

The lack of adequate services and stressful situations during the COVID-19 pandemic significantly impacted frontline health workers. Low-income nations like Pakistan struggled to provide workers with essential protective resources, with the shortage of PPE causing alarm and distress among care providers who remained highly susceptible to infection. In order to ensure effective healthcare delivery to citizens and to safeguard the healthcare workers as the main line of defense against higher infection rates, the state eventually initiated numerous adjustments for the health and safety of the HCWs.

PPE and vaccine donations by states such as China and the USA proved instrumental in this regard, though a lot remains to be done regarding implementing structural reform initiatives to address institutional gaps. In terms of aid, Pakistan remained reliant on contributions by China as a key geostrategic ally and donations by affluent ex-pat communities in states such as the UK. Both China and the US donated equipment for disease diagnosis and medical personnel security during the COVID-19 crisis. The Pakistani government also established a relief fund to solicit public welfare donations to aid recovery efforts. Social media platforms have been used in several languages to educate the public about preventative actions and reduce cases as new and virulent strains of COVID-19 continue to emerge (Waris et al., 2020).

### **Foreign Aid and COVID-19 Crisis in Pakistan**

The outbreak of COVID-19, and the ensuing global health emergency, shifted the attention of key global governance institutions towards GHD. Both state and institutional actors have played a significant role in the universalization of health



diplomacy to improve global health standards, health protection, and resilience towards future pandemics. In the contemporary globalized world order, health concerns can no longer be dealt with by states acting in isolation, highlighting the need for a coordinated international response. Recently, during the COVID-19 pandemic, as well as the epidemics of H5N1 in 2007, H1N1 in 2009, Ebola in 2014, and Zika in 2016, health diplomacy has seen some success.

Hence, states and institutions are striving to improve health diplomacy globally. Responding to the fallout of the COVID-19 crisis in developing countries, international organizations and key states attempted to launch coordinated interventions involving humanitarian aid and funding. According to a World Economic Forum (WEF) report, governments worldwide collectively mobilized \$16 trillion worth of COVID stimulus measures, of which only 1 percent has been directed to help developing countries cope with the impacts of the crisis. The report further highlights how 16 DAC (Development Assistance Committee) nations raised their aid expenditures, with Canada, Finland, France, Germany, Hungary, Iceland, Norway, the Slovak Republic, Sweden, and Switzerland seeing the highest increases. In contrast, 13 countries decreased their aid payments, among which Australia, Greece, Italy, South Korea, Luxembourg, Portugal, and the UK stand out (World Economic Forum, 2021).

Despite rising unemployment and significant government spending on national welfare payments, the German development agency raised funding for international health programmes by €3.2 billion (Kobayashi et al., 2020). A 2020 report by the Guardian highlights how the UK's international development secretary similarly announced the country's commitment towards foreign aid to protect lives worldwide by rolling out aid programs worth approximately £744 million.

The United States became a reliable contributor during the pandemic by distributing humanitarian aid programs through the UN Children's Fund (UNICEF) and the World Food Programme (WFP). As per a 2021 communique by the US Department of State, the American Government announced more than \$1.5 billion in emergency health, humanitarian, economic, and development assistance, with a focus on supporting governments, international organizations, and non-governmental organizations (NGOs) in their efforts to combat the pandemic. Similarly, China also sent medical supplies to more than 150 nations while dispatching healthcare teams to another 27 states in need of assistance (Krutzer, 2020).

Additionally, several international initiatives have been launched to achieve maximum immunization and protection of the people against COVID-19. GAVI (Global Alliance for Vaccines and Immunization) is a vaccine alliance promoting a global health partnership to aid poor countries in combating health-related systemic and capacity snags. It involves public-private partnerships incorporating the WHO, UNICEF, the World Bank (WB) and the Bill & Melinda Gates Foundation. GAVI has the capability to negotiate the prices of vaccines so as to render them affordable for low-income countries categorized as poor.

GAVI supported the vaccination of about 50% of the world's first cohort, in addition to working in close collaboration with governments and their health ministries to support vaccination and response plans. COVAX is another significant initiative by WHO towards the promotion of GHD. The Coalition for Epidemic Preparedness Innovations (CEPI), GAVI, the WHO, and crucial delivery partner UNICEF led the initiative to ensure equitable vaccine access. The initiative focused on COVID-19 vaccine development and production along with nondiscriminatory and equitable distribution for all nations worldwide. Further, the COVID-19 Vaccine

Delivery Partnership (CoVDP) was established by the Vaccine Alliance, WHO, UNICEF, and GAVI in response to the pressing need to produce sufficient vaccine doses for immunization and the protection of the masses (Gavi staff, 2020). Thus, the CoVDP worked directly with nations to comprehend vaccine barriers and provided access to urgent operational funds and technical support to accelerate the inoculation process.

### **International Development and Humanitarian Assistance for Pakistan amid COVID-19**

International organizations and states extended considerable support towards developing countries like Pakistan to maintain social and economic cohesion during the outbreak of COVID-19. Due to fragile health and economic structures, Pakistan suffered detrimental economic consequences during the various 'waves' of COVID-19. Nevertheless, it managed to scrape through the first and second waves with comparatively lower morbidity and mortality rates due to foreign assistance.

The WHO extended a helping hand towards Pakistan in supporting the 'We Care Campaign' to protect frontline healthcare workers. This campaign was launched at the National Command and Control Centre (NCOC), Islamabad, in June 2020 and worked for the awareness and training of the frontline healthcare workers regarding the 'Infection, Prevention and Control (IPC) regime.' The training of healthcare workers was done in collaboration with the National Health Services Academy (NHSA). Around 1500 healthcare workers were trained under the program.

This campaign linked WHO with Pakistan's Federal Ministry of Health, the NCOC, Provincial Health Departments, and various domestic training institutes, thus establishing a better and more reliable environment to deal with COVID-19 patients. In collaboration with the WHO, China sent medical equipment and PPE to Pakistan. Pakistan received 500,000 surgical masks, 50,000 N-95 masks, and 50,000 testing kits in the first aid batch. The NDMA reported receiving 130 mechanical ventilators and around 14 tons of PPE. Additionally, funding through the WHO enabled Pakistan to mobilize domestic capacity to produce masks, hand sanitizers and protective face shields while launching an inoculation drive to contain the spread of COVID-19 (Jamal, 2020).

Under the COVAX Initiative, since May 2021, Pakistan has received almost 2.4 million doses of AstraZeneca: 100,160 doses of Pfizer; and 2.5 million doses of Moderna. In light of these contributions by international organizations for enabling Pakistan to better deal with the COVID crisis, the state's full vaccination rate has reached almost 55.93 percent, according to the latest immunization statistics. Additionally, under the UN Programme III initiative, the framework of cooperation between the Pakistani government and the UN includes sectors ranging from economic growth and food security, to learning and education. The UN IPC wing has also provided PPE, medical supplies, training for frontline healthcare workers, and assistance in disinfecting schools and hospital buildings, in addition to water, sanitation, and hygiene (WASH) facilities (United Nations Pakistan, 2021).

### **Recommendations**

As states in the developing world continue to struggle with initiating economic recovery drives post-COVID-19 while addressing the risk of emergent variants, the LIO is subject to increasing strain. In light of this, international institutions must formulate global governance mechanisms to address prevalent disparities in healthcare systems and the protracted impact of post-COVID-19 inflationary



pressures. Further, there is a need for the WHO to establish research units of virology and epidemiology across various countries to study the initiation, genesis, impacts and prospects of various microbes and epidemics to prevent/counter unforeseen medical emergencies and pandemics. Given the existing health challenges and growing rates of viral outbreaks across the globe, the developed states must extend their support and resources to bodies like WHO in a concentrated attempt to develop and promote GHD engagement.

Being a developing state, Pakistan has so far weathered the COVID-19 crisis with the help of international organizations and ally donor states. However, a few recommendations must be considered for future action. Considering the health challenges in Pakistan, the NCOC must be made into a permanent and actively functioning body to tackle ongoing epidemics and the risk of future pandemics. Similarly, bodies such as the NDMA must be revitalized in line with a proactive and dynamic approach towards disaster management. Such measures improve the state's preparedness and resilience to deal with health-related emergencies.

Additionally, specialized training programs, including specialized medical disaster training, must be introduced for healthcare workers and medical staff. There is a need to ensure such training extends to hospitals and clinics in far-flung peripheral areas in addition to urban centers, as sporadic access to healthcare remains a key concern, particularly in emergencies requiring coordinated responses across the state's provinces.

Further, Pakistan must introduce GHD mid-and-senior level trainings in both public and private sectors. The goal of the training must be to increase the awareness and recognition of the importance of GHD and its relationship with other critical domains, including economic growth, human rights, trade, and foreign policy decision-making. In recognition of the importance of collaborative GHD engagement in tackling COVID-19 and related threats, Pakistan has now introduced Health Security in its latest National Security Policy (2022-2026), while initiating outreach with both state and non-state actors in addressing the socioeconomic fallout from the pandemic.

## **Conclusion**

In light of the given analysis, it can be concluded that GHD stands revitalized as a diplomatically relevant trend in a world order facing complex challenges. Trends surrounding developmental and humanitarian aid in multilateral forums following COVID-19 showcase the ability of the LIO to proactively respond to emergent crises, while simultaneously highlighting the need for reforms in key institutional mechanisms and processes. The risk of such responses falling prey to geopolitical competition and obstruction remains paramount, especially given the role of an economically ascendant China. The pandemic has highlighted the vulnerability of seemingly impregnable modern systems and showcased the importance of global collaboration in managing NTS threats.

The deadly impact of COVID-19 has prompted both developed and developing countries to highlight several 'human security' centric issues, especially the availability and affordability of effective healthcare services. While interventions by state and non-state actors keen to contain the impact of the pandemic have acknowledged the far-reaching impacts of the pandemic, they have yet to evolve comprehensive schemes for addressing socioeconomic recovery in the worst affected states. In order to integrate human security into UN initiatives centered on development and economic growth, 'health' must be recognized as a multisectoral

concept with economic, social, political, and security implications, with GHD acting as a critical site for reform-centric multilateralism in a post-COVID19 global order.

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