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Why the pandemic treaty must reclaim human rights and equity

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Written by Salvador Santino Regilme

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SALVADOR SANTINO REGILME, APR 27 2025

The COVID-19 pandemic laid bare a crucial truth that global health emergencies cannot be contained within national borders (Davies and Wenham 2020; Regilme and Parthenay 2024; Regilme 2020a; 2023; Regilme 2024; Regilme 2020b; FitzGerald 2024). Pathogens move faster than diplomatic negotiations, and their social and political consequences outpace slow, fragmented governance. In the face of such a shared existential threat, the world urgently needs robust international cooperation rooted in human rights, equity, and solidarity. Yet a close reading of the ongoing WHO pandemic treaty negotiations reveals a troubling reality: instead of building a future-ready system of global collective action, the process is reinforcing an outdated prioritization of sovereign state interests at the expense of global public health (Anderson, Fenton, and Crump 2025) .

The initial drafts of the pandemic treaty articulated a cosmopolitan ethic, acknowledging the intrinsic moral value of all individuals irrespective of nationality and establishing obligations towards the global collective welfare (Anderson, Fenton, and Crump 2025) . These drafts underscored principles such as universal health coverage (UHC), the “One Health” approach (which integrates human, animal, and environmental health), community engagement, and inclusiveness. Collectively, these elements envisioned a comprehensive, multi-sectoral, and genuinely cooperative model for pandemic preparedness. However, subsequent revisions of the treaty have diluted these commitments. The provisions for UHC and One Health were significantly weakened; community engagement and inclusiveness were omitted; and human rights protections were consolidated and stripped of specificity. Concurrently, state sovereignty was elevated to the treaty’s foundational principle.

This shift represents more than a mere technical drafting adjustment; it exemplifies what scholars refer to as ethical amnesia (Anderson, Fenton, and Crump 2025) : the gradual abandonment of principled commitments to justice and solidarity when political expediency dictates otherwise. During the most severe phases of COVID-19, world leaders employed the rhetoric of global cooperation, pledging that the failures of vaccine nationalism, resource hoarding, and fragmented crisis responses would not recur. However, as the acute sense of crisis diminished, so too did the willingness to embed binding ethical obligations into new institutional frameworks.

The risks associated with this retreat are neither hypothetical nor remote. The COVID-19 crisis has already demonstrated how self-serving state actions have exacerbated the situation (Surianta and Dressel 2025; Soulé 2022; Zhang and Jamali 2022; Han, Millar, and Bayly 2021) . In 2020 and 2021, affluent nations secured substantial vaccine supplies through advance purchase agreements, effectively excluding much of the Global South. This vaccine inequity, described by UN Secretary-General António Guterres as “the biggest moral failure of our times,” extended the pandemic, facilitated the emergence of new variants, and resulted in numerous fatalities. Indeed, vaccine nationalism not only failed to protect domestic populations in the long term but also hindered global recovery, serving as an empirical critique of short-term self-interest (Phelan et al. 2020) .

Even within seemingly successful national responses, the absence of a genuinely global perspective was apparent. New Zealand’s early pandemic measures, widely lauded for their effectiveness, were characterized as a form of national exceptionalism—a victory over the virus—rather than as part of a collective global effort. As Crump et al. (2023) observe, such “health nationalism” ultimately exacerbates global inequalities and diminishes the political will

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to share resources and knowledge across borders.

Furthermore, the weakening of explicit human rights commitments in the pandemic treaty is profoundly concerning. Pandemics invariably exacerbate existing social inequities. Migrants, refugees, Indigenous communities, racialized minorities, and persons with disabilities disproportionately suffer during health crises. These vulnerabilities are not incidental; they result from systemic marginalization. Without explicit, enforceable protections for the rights of these groups, future pandemic responses risk perpetuating and amplifying existing injustices. The pandemic treaty, in its current form, provides little assurance that states will be held accountable for human rights violations committed under the guise of public health emergencies.

Reducing cosmopolitan commitments is strategically unsound. As I have previously argued (Regilme 2020a; Regilme and Parthenay 2024; Regilme 2023; 2020b; Regilme 2024), institutions that neglect to prioritize human dignity and global solidarity ultimately compromise the political stability they aim to safeguard. Inequitable responses to pandemics exacerbate resentment, intensify North-South divides, and diminish trust in international institutions. In an era characterized by increasing authoritarianism and populist backlash, this erosion of trust poses a direct threat to international peace and security.

The pandemic treaty, therefore, transcends being a mere technocratic document; it serves as a litmus test for the international community's readiness to reconceptualize sovereignty in the 21st century. Genuine sovereignty in an interconnected world necessitates a commitment to cooperation, sharing, and actions that safeguard humanity collectively. When threats are global—such as climate change, pandemics, and technological risks—the traditional model of isolated national responses becomes obsolete and counterproductive.

Urgent concrete reforms are imperative. First, the treaty must reinstate binding commitments to equitable access to vaccines, therapeutics, diagnostics, and other pandemic countermeasures. Solidarity must be operationalized rather than merely invoked rhetorically. Mechanisms like the WHO's COVAX initiative, despite their imperfections, have demonstrated that international pooling and allocation can be effective if adequately supported and depoliticized. Building on these models, the treaty should establish permanent, automatic redistribution mechanisms that activate during global health emergencies.

Second, the treaty must institutionalize transparent and equitable global surveillance and information-sharing systems. During COVID-19, early warnings were frequently delayed, distorted, or ignored for political reasons. A cooperative surveillance system, with inherent protections for individual privacy and human rights, could facilitate more rapid and equitable responses. The pandemic treaty should mandate open data-sharing across nations, supported by clear enforcement mechanisms to deter data withholding or manipulation.

Third, and perhaps most critically, the treaty must embed human rights protections throughout every phase of pandemic governance—from early preparedness and surveillance to emergency response and recovery. Protecting vulnerable groups should not be an afterthought; it must be a guiding principle. For instance, during COVID-19, individuals with disabilities encountered disproportionate barriers to healthcare access and economic support. Proactively addressing these gaps would enhance societal resilience overall, rendering pandemic responses more just and effective.

Some critics argue that binding global commitments are politically unrealistic, that national governments will never cede significant autonomy in matters of public health. But this view misreads the stakes. Sovereignty today is less about resisting external influence and more about managing interdependence wisely. Pandemics, like climate disasters, do not negotiate with borders. If states cling to sovereignty as an excuse for inaction or inequity, they will only find themselves more vulnerable, not less.

The ongoing WHO negotiations represent a rare and fleeting cosmopolitan moment—a chance to reimagine global health governance based on solidarity, equity, and the recognition of our shared human vulnerability. To squander this opportunity would be a profound failure of political imagination and moral courage. The next pandemic is inevitable. Whether it becomes another preventable global catastrophe or a demonstration of true international

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cooperation will depend on the choices being made today. Strengthening human rights, embedding solidarity into binding obligations, and reclaiming the cosmopolitan ethic that the pandemic briefly made visible are not utopian aspirations. They are urgent necessities for a safer, fairer, and more resilient world.

References

- Anderson, Emma M R, Elizabeth Fenton, and John A Crump. 2025. "Pandemic Treaty Textual Analysis: Ethics and Public Health Implications." *Journal of Public Health*, fdaf040. <https://doi.org/10.1093/pubmed/fdaf040>.
- Davies, Sara E, and Clare Wenham. 2020. "Why the COVID-19 Response Needs International Relations." *International Affairs* 96 (5): 1227–51. <https://doi.org/10.1093/ia/iaa135>.
- FitzGerald, Maggie. 2024. "Care, Politics, and the Political: The Case of the COVID-19 Global Pandemic." *International Feminist Journal of Politics* 26 (3): 588–608. <https://doi.org/10.1080/14616742.2023.2269947>.
- Han, Yuna, Katharine M. Millar, and Martin J. Bayly. 2021. "COVID-19 as a Mass Death Event." *Ethics & International Affairs* 35 (1): 5–17. <https://doi.org/10.1017/s0892679421000022>.
- Phelan, Alexandra L, Mark Eccleston-Turner, Michelle Rourke, Allan Maleche, and Chenguang Wang. 2020. "Legal Agreements: Barriers and Enablers to Global Equitable COVID-19 Vaccine Access." *The Lancet* 396 (10254): 800–802. [https://doi.org/10.1016/s0140-6736\(20\)31873-0](https://doi.org/10.1016/s0140-6736(20)31873-0).
- Regilme, Salvador. 2024. "International Relations in Public Health: The Pentagon's Anti-Vax Campaign during COVID-19 Pandemic." *Journal of Public Health*, July, fdae139. <https://doi.org/10.1093/pubmed/fdae139>.
- Regilme, Salvador Santino. 2020a. "COVID-19: Human Dignity under Siege amidst Multiple Crises." E-International Relations. June 12, 2020. <https://www.e-ir.info/pdf/85067>.
- . 2020b. "Opinion – COVID-19: Human Dignity Under Siege Amidst Multiple Crises." E-International Relations. June 12, 2020. <https://www.e-ir.info/2020/06/12/opinion-covid-19-human-dignity-under-siege-amidst-multiple-crises/>.
- . 2023. "Crisis Politics of Dehumanisation during COVID-19: A Framework for Mapping the Social Processes through Which Dehumanisation Undermines Human Dignity." *The British Journal of Politics and International Relations* 25 (3): 555–73. <https://doi.org/10.1177/13691481231178247>.
- Regilme, Salvador Santino, and Kevinb Parthenay. 2024. "COVID-19 Pandemic and Competitive Authoritarian Regimes: Human Rights and Democracy in the Philippines and Nicaragua." *Political Geography* 115 (November 2024). <https://doi.org/10.1016/j.polgeo.2024.103212>.
- Soulé, Folashadé. 2022. "Addressing Vaccine Inequity: African Agency and Access to COVID-19 Vaccines." *China International Strategy Review* 4 (1): 156–65. <https://doi.org/10.1007/s42533-022-00105-2>.
- Surianta, Andree, and Björn Dressel. 2025. "A New Era of Vaccine Diplomacy: Navigating the US-China Rivalry in Southeast Asia, 2020–2022." *Geopolitics* ahead-of-print (ahead-of-print): 1–28. <https://doi.org/10.1080/14650045.2025.2485206>.
- Zhang, Dechun, and Ahmed Bux Jamali. 2022. "China's 'Weaponized' Vaccine: Intertwining Between International and Domestic Politics." *East Asia* 39 (3): 279–96. <https://doi.org/10.1007/s12140-021-09382-x>.

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