



INTERNATIONAL SYMPOSIUM
ON
HEALTH GOVERNANCE IN A POLITICAL LANDSCAPE:
INTERPLAY OF HEALTH LAW, SOCIETY AND POLITICAL ECONOMY

Organized by:

The Centre for Justice, Law, and Society (CJLS), Jindal Global Law Review (JGLR) at Jindal Global Law School (JGLS), O.P. Jindal Global University

AND

The Centre for Trade and Investment Law (CTIL) at the Indian Institute for Foreign Trade (established by Ministry of Commerce and Industry, Government of India) and WTO Chairs Programme (India Chair).

21st and 22nd March 2024

New Delhi, India

CONCEPT NOTE

The Centre for Justice, Law, and Society (CJLS) and Jindal Global Law Review (JGLR) at Jindal Global Law School (JGLS), O.P. Jindal Global University and the Centre for Trade and Investment Law (CTIL) at the Indian Institute for Foreign Trade (established by Ministry of Commerce and Industry, Government of India) and WTO Chairs Programme (India Chair) are collaborating on an international Symposium among scholars, activists, policymakers and students on the intricate relationship between health law and political economy.

The global landscape of health and its governance is undergoing a profound transformation, necessitating a comprehensive exploration of the intersection between health law and political economy. Against the backdrop of a post-COVID-19 pandemic world, the imperatives for sustainable and equitable health outcomes have never been more pressing. The symbiotic interplay between health and political economy lays the groundwork for transformative health policies. On reflection, health is not just a matter of medical concern; it is a fundamental right intricately linked with political, economic and social structures. The commitment to equity in healthcare access necessitates an intersectional understanding that transcends traditional boundaries, acknowledging the varied challenges faced by marginalized groups.

This intersectional approach entails not only an evidence-based approach but also a rights-based legal framework to serve as a linchpin for recalibrating healthcare enforcement mechanisms. Within the framework of neoliberalism, key principles of free market capitalism, deregulation, privatization, globalization, revolve around the commodification of health services and a strong emphasis on market-driven efficiency. Further, the disciplines within the World Trade Organization (WTO) multilateral trading system including those mentioned in



GATT, GATS, TRIPS, TBT, and SPS provide limited flexibility for domestic regulatory space to ensure access to healthcare, particularly public health.

The neoliberal orientation often gives rise to a healthcare system characterized by fragmentation, where profitability and market dominance take precedence over universal access to healthcare. Such fragmentation is often augmented by neoliberal policies that incentivize the privatization of healthcare services (including commercial R&D) and contribute to the establishment of a tiered system in which individuals with greater financial means receive superior medical care, while persons with limited financial resources encounter barriers to access.

A thorough exploration of political economy and analysis of the complex dynamics, institutions and structures shaping resource hierarchies, production, distribution, trade and consumption reveal a profound connection with health. Apart from domestic factors, these parameters are particularly influenced by the guidelines and policy review by the international bodies including World Health Organization (WHO), WTO, Food and Agriculture Organization (FAO), Standard Setting Bodies (such as Codex Alimentarius Commission, International Plant Protection Convention), etc. These play a crucial role in making strides towards access to universal health, providing a forum to voice for supporting healthcare accessible to all, and striking a balance between private rights and innovation.

Unfortunately, much of the existing work on health and political economy has narrowly focused on population and mortality, neglecting other macro-social determinants.¹ Political economy provides an effective lens for contextualizing political systems, economic policies, power relations and normative ordering, offering insights into their impact on health outcomes.

Furthermore, legal structures play a pivotal role in ensuring equitable access to healthcare services, with political and economic factors influencing the realization of this right.² Research indicates that marginalized groups face multiple barriers in accessing healthcare, thereby necessitating an intersectional approach that considers gender, sexuality, caste, indigeneity, disability, age, race, class, profession, geographical location, language, marital status, migrant status and diseases like HIV.

The Symposium aims to critically examine the intersections of healthcare delivery, legal frameworks, global relations, and socio-economic dynamics, with a vision to reshape narratives and drive tangible change. It seeks to spark ongoing dialogue and advocacy, envisioning a future where health is universally recognized as a right and where political and economic systems prioritize the upliftment of marginalized communities. As discussions evolve, the Symposium emphasizes the need to navigate the complexities of global health governance, keeping in mind its profound impact on individual lives and societal structures.

¹ Hazem Adam Ghobarah, Paul Huth & Bruce Russett, Comparative Public Health: The Political Economy of Human Misery and Well-Being, 48 *International Studies Quarterly* 73 (2004)

² Anja Rudiger, Human Rights and the Political Economy of Universal Health Care, 18 *Health Hum Rights* 67 (2016)



CALL FOR PAPERS:

To advance these discussions, we invite abstract submissions ranging from 350 to 500 words from diverse contributors. Abstracts may broadly address any one of the following themes:

- The Universal Health Coverage (UHC) and Political Economy;
- Health as a Universal Right;
- TWAIL, Health and Political Economy;
- Healthcare and Public Health;
- Health, Neoliberalism and Privatization;
- Health Regulation and Economics;
- Health and Feminist Economics;
- Rights-based Approaches to Healthcare;
- Alternative Approaches to Modern Medicine;
- International Investment in the Health Sector or Healthcare;
- Health, Law and Marginalization;
- Access to Drugs and International Law;
- Emergency Preparedness and Regulations (particularly during health crisis);
- International Trade Law and Health;
- TRIPS and Public Health;
- Health, International Law, and WTO Agreements such as TRIPS and GATS;
- Vaccine Diplomacy, including WTO Waivers;
- Health Governance and International Relations.

ABSTRACT SUBMISSION:

Send your abstract, ranging between 350-500 words, to cjls@jgu.edu.in

Use the subject line- “Abstract Submission – Intl’ Symposium on Health Governance in a Political Landscape”. The deadline for submissions is 20th January 2024. We will notify you of our decision by 25th January 2024. If accepted, please note that the draft paper, spanning 3000-5000 words, must be submitted by 28th February 2024. For any questions or clarifications,



reach out to Prof Dipika Jain (djain@jgu.edu.in), Prof James. J Nedumpara (headctil@iift.edu), Prof Anmol Diwan (adiwan@jgu.edu.in) and Mr. Pranav Narang (pranav.ctil@iift.edu).

Selected papers from the Symposium will have the opportunity to be featured in the Scopus Indexed Jindal Global Law Review's June 2025 Issue. It's important to highlight that the editorial team at JGLR will adhere to a stringent selection process. Authors should also be aware that their submissions will undergo a double-blind anonymous peer review within the journal's framework.

Please be informed that the Symposium will be held in-person in New Delhi, India. While participants are expected to manage their own travel arrangements, we will cover accommodation and meals for the duration of the Symposium. Additionally, limited funding support for travel expenses is available for select participants from the Global South. If you are interested in the applying for the funding, kindly detail your reasons in the cover letter accompanying your abstract.