

## STATE SOVEREIGNTY OVER DEADLY PATHOGENS: ENSURING GLOBAL HEALTH SECURITY

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### ABSTRACT

The spread of virulent viruses like pandemic influenza and Ebola has devastating effects on population health with significant economic impacts, particularly for developing countries. Sharing access to novel pathogens and vaccines technologies has emerged as a critical issue for global health diplomacy. In December 2006, Indonesia disengaged from WHO's Global Influenza Surveillance Network, concerned on what it termed "the lack of mutual trust, transparency, equity" where it claimed influenza virus (H1N1) strains it sent had been shared without its knowledge to vaccine researchers/manufacturers in high-income countries. Indonesia's withdrawal triggered widespread global panic since sharing of virus samples is critical for development of rapid diagnostics, vaccine development, understanding viral evolution, resistance and assessing pandemic potential. In an unprecedented move, Indonesia claimed 'State sovereignty' over strains of H1N1 in 2007, and with support from most developing countries prompted WHO to enhance regulatory frameworks and negotiate a more rigorous and equitable system of influenza virus and benefits sharing. The resulting Pandemic Influenza Preparedness Framework (PIP) was ratified in 2011 after a protracted 4-year debate aimed at creating transparent mechanisms for virus sample sharing. This paper explores the legitimacy of Indonesia's claim of viral sovereignty and identifies key points of weakness within international legal framework, customs, agreements and global health response mechanisms aimed at preventing the spread of infectious disease outbreaks

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