IN FOCUS

Special Address

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Excellencies, colleagues and friends, Namaste!

Thank you for inviting UNDP to be part of this important discussion.

Last week, at the 80th United Nations General Assembly**,** world leaders spoke with urgency about the state of multilateralism. And yet, **history reminds us that when nations cooperate, progress is possible.**

For example, Smallpox — a disease that killed millions for centuries — was eradicated through a global vaccination campaign led by UN, with every nation contributing. The **Montreal Protocol** brought the world together to protect the ozone layer, proving that collective action can reverse even planetary-scale damage. The **Paris Agreement** brought nations together to chart a shared course on climate change.

These examples remind us that international cooperation works. It saves lives. It restores trust.

The recent COVID **pandemic is a perfect illustration of why international cooperation matters**.

At first, the world was fragmented - borders closed, supply chains strained, vaccines hoarded. The virus crossed border and wreaked havoc across the world. But slowly, we came together – with science and solidarity. Scientists shared data at unprecedented speed. COVAX delivered doses across continents. Partnerships were forged to strengthen health systems under pressure.

Health diplomacy, became the strongest medicine of all. Health diplomacy built **trust between nations, equity between peoples, and resilience across systems.**.

Think back to the early days of COVID.

India joined the **Quad Vaccine Partnership**, manufacturing doses at scale while others funded and delivered. Even today, they continue to collaborate to strengthen the Indo-Pacific's ability to detect and respond to outbreaks of diseases with epidemic or pandemic potential.

It contributed $10 million to the SAARC COVID Fund and sent military doctors to Nepal, Maldives, and Kuwait to help local teams design response plans.

Small island states like **Dominica** suddenly found themselves with **vaccines for their entire population — because India shared.** India's ***Vaccine Maitri*** initiative shipped over 235 million doses of live-saving COVID-19 vaccines to 98 countries. I am also a beneficiary. In February 2021, COVAX shipped 600 000 doses of the AstraZeneca / Oxford vaccine, from the Serum Institute of India (SII) from Pune, India to Accra, Ghana where I was serving. By May, 1.2 million lifesaving doses had been administered.

Going beyond the drugs and treatment – 5 examples.

At the **WTO, India stood shoulder to shoulder with South Africa to demand a TRIPS waiver** - so that intellectual property would never block access to lifesaving treatments as well as related equipment and technologies.

In **Africa**, access to health technology is shifting the narrative. By building **mRNA vaccine hubs in South Africa, Senegal, and Rwanda**, African nations are changing the script: a continent declaring that it is ready to manage future pandemics for its people and the world. This is diplomacy not of dependency, but of self-reliance.

In **Latin America**, countries came together to share **genomic data in real time**, tracing new COVID variants faster than some global mechanisms could. That is diplomacy powered by science.

The **Health Development Partnership for Africa and the Caribbean** launched in 2023 aims to bolster health workforce development and share innovative solutions in primary health care, climate resilience, and maternal and child health.

And **globally, the recent adoption of the Pandemic Agreement** by the 78th World Health Assembly in May 2025, after more than three years of intensive negotiations, boosts global collaboration to make the world more equitable and safer from future pandemics.

I would also like to share an example closer to home, where innovation at home has turned into cooperation abroad.

India's electronic vaccine intelligence network, ***eVIN*****,** has transformed vaccine supply chains and reduced wastage. With UNDP's support, it crossed borders: **adapted in Indonesia as *SMILE*, rolled out in Sudan, Malawi, Afghanistan, and now being prepared for Zambia and Laos.**

India's **CoWIN** platform — which registered 1.2 billion people and tracked 2.4 billion doses during the pandemic — is now offered as a **Digital Public Good** to any country that wants it. Already more than 50 nations, from Nigeria to Mexico, have shown interest.

This is solidarity in practice – through people, processes and partnerships.

Each of the examples of health diplomacy in practice makes the same point: the **Global South - home to nearly 85 percent of the world's population – is not waiting to be included.** It is leading, innovating, and shaping the future of global health. And when the South leads, the whole world is made stronger.

Finally, I would like to share four investments that cannot wait, if the Global South is serious about the future of health diplomacy.

First, invest in public health infrastructure and digital tools. Preparedness depends on systems that work and connect. India's open-source innovations — from Co-WIN and U-WIN to the Ayushman Bharat Digital Mission and e-Sanjeevani telemedicine — are showing how technology can transform delivery at the last mile. Early warning systems, resilient supply chains, and digital health records are the difference between an outbreak contained and a disaster unleashed.

Second, in data sharing that is fast, fair, and trusted. When days matter, delays cost lives. We need real-time, transparent sharing of genomic and epidemiological data, backed by agreements that guarantee those who share information also share in access to treatments and vaccines. The WHO Pandemic Hub in Berlin is designing this trust architecture, and PAHO's regional networks are already proving how shared data can save lives.

Third, in South–South cooperation that scales what works. The South is rich in solutions — from digital platforms to supply chain models to last-mile health programmes. What succeeds in one country should be adapted and shared. Through the India–UN Development Partnership Fund, more than 30 countries have already adapted Southern innovations, reaching nearly three million people with better healthcare.

Fourth, in One Health approach, we need integrated surveillance that tracks pathogens not just in hospitals, but in farms, markets, and forests. We need veterinary science, human medicine, and climate research connected into one shared system. We need policies that protect ecosystems, because deforestation is as much a health threat as a climate one. And we need diplomacy that ensures no country faces these risks alone — because an outbreak anywhere is a threat everywhere.

Excellencies, colleagues, friends,

In closing, health diplomacy is about international cooperation on health that builds bridges to advance national and global policy, security, and development goals — where every nation is a stakeholder, every region a source of solutions and every person protected.

The **Global South is not asking for a seat at the table**. It is **building the table** - a table where solidarity is practical, where science is shared, and where health is treated as a true global public good.

The question is not whether we can afford to invest in health diplomacy. It is whether we can afford not to. **Because if we fail to act today, we will all pay tomorrow — in lives lost, in systems broken, in crises multiplied.**

Let us choose investment, cooperation, and shared resilience. Because in health, as in humanity, no one is safe until everyone is safe. Thank you.

**This was a keynote address delivered by Dr. Angela Lusigi, UNDP Resident Representative, India at the high-level consultation on "Health Diplomacy Futures: Capacity Building in the Global South" on 30 September 2025 organised by DAKSHIN – Global South Centre of Excellence at RIS in collaboration with NIMS Institute of Public Health and Governance and NIMS University, Rajasthan*