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Pakistan's Legal Response To Global Health Crises: Evaluating Compliance With WHO Regulations

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Abstract: *International health emergencies like pandemics represent a big legal, ethical, and governance problem to national governments. Global health security is achieved through legally binding frameworks such as the International Health Regulations (IHR 2005) that are set up by the World Health Organization. As a signatory to these regulations, Pakistan is bound to establish legal mechanisms on a national level to prevent, detect, and respond to public health emergencies. The COVID-19 pandemic demonstrated the strong and weak aspects of the Pakistani legal and institutional reaction to international health crises. This study explores the legal aspects of health emergencies in Pakistan and their use in relation to the rule of law. It examines law, institutional policies, and interventions taken in big health emergencies, especially COVID-19. The research concludes that although Pakistan introduced major reforms like establishing coordinated response channels, smart lockdown measures, and enhanced infection preventive measures, there are still loopholes in areas like surveillance capacity, legal alignment between federal and provincial governments, and resource distribution. The study concludes that Pakistan is complying partially with the WHO policies but needs legal restructuring, institutional empowerment, and more cooperation with other countries to ensure that it fully absorbs the international health governance systems.*

Keywords: global health law, pandemic response, Pakistan, WHO regulations, International Health Regulations, COVID-19, public health governance.

Introduction

International health crisis is one of the most acute problems of the international community in the twentieth century. The high transnational spread of infectious diseases has highlighted the value of an organized global governance and a good national system of the public health. Pandemics are highly threatened by globalization, travel, urbanization and environmental changes. The outbreaks of SARS in 2003, the pandemic of H1N1 influenza in 2009, the outbreaks of Ebola, and the recent COVID-19 pandemic have shown just how fast an infectious disease can spread across the globe and disorganize economies, health care systems, and social frameworks (Farooq, 2020).

To counter such challenges, the international community has formulated legal frameworks to organize the world response to health crises. The World Health Organization (WHO) on one hand

has developed one of the most important legal tools in the form of International Health Regulations (IHR 2005). These regulations are a legally binding pact between WHO member states to prevent, identify and respond to any international spread of public health emergencies. The rules compel nations to build the capacity of core capacity in disease surveillance, reporting, risk evaluation and emergency response to make sure that outbreaks are easily detected and contained before it leads to the global crises (WHO, 2005).

Pakistan, being a lower-middle-income nation (population over 240 million), is highly challenged with the issue of managing the public health emergencies. The healthcare system in the country is faced with inadequate funding, infrastructural limitation, population density and uneven distribution of healthcare services in the rural and urban regions. Nevertheless, Pakistan has been an active member of the global health governance systems and has dedicated itself to the enforcement of the international health laws and the WHO guidelines (WHO, 2005).

The legal reaction of Pakistan to the world health crisis has been changing over the years under a mixture of colonial laws, the contemporary public health laws and changes in the institutions. The Epidemic Diseases Act of 1897 is one of the first legal tools used to regulate epidemic response in Pakistan because it gives the government the authority to implement quarantine and movement restrictions during epidemics. Despite the previous health disasters where this law has been invoked, academics believe that this law is outmoded and inadequate to deal with issues like pandemics which involve global journeys and supply chain in the face of advanced modern health challenges.

Besides historical legislation, Pakistan has also established a number of contemporary institutions and governmental bodies of healthcare, which are charged with the management of health crises. These are the Ministry of National Health Services, the National Institute of Health (NIH), provincial health departments and specialized regulatory bodies such as the Drug Regulatory Authority of Pakistan. These institutions collaborate with each other to track outbreaks of diseases, conduct health policies and respond to the emergencies in the realm of the health of the population.

The COVID-19 pandemic is the recent event in the world since it is the biggest health crisis, and it can be used as an excellent example to assess the adherence of Pakistan to international health standards. In February 2020, Pakistan was reported to have had the first confirmed COVID-19 case. To this, the government responded by implementing various policy measures such as border checking, quarantine centers, country-wide awareness campaigns, and lockdowns to curb the spread of the virus (WHO, 2020).

Even though the healthcare infrastructure is highly limited, the way Pakistan reacted to the pandemic has been deemed a comparatively good one to other developing nations. As the study about the response to COVID-19 in Pakistan has shown, such innovative measures as targeted or smart lockdowns were adopted in the country, and these approaches were meant to be used to curb outbreaks in high-risk zones instead of introducing nationwide lockdowns that would have a devastating effect on the economy (NIH, 2021).

One more significant feature of the pandemic response in Pakistan was the creation of the National Command and Operation Centre (NCOC) as a centralized coordination institution that would coordinate the data integration, direct the policy decisions, and coordinate the federal and provincial governments. NCOC was crucial in the process of implementing the national strategies, including vaccinations, travel bans and public health guidelines (MNHS, 2020).

Nevertheless, the reaction of the Pakistani population to the COVID-19 crisis also demonstrated some structural issues influencing the adherence to the international health guidelines. The challenges are lack of disease surveillance capabilities, lack of coordination between the federal and provincial governments, and ethical dilemmas of the enforcement of the actions of the state to ensure the safety of the population through quarantine and travel bans. The studies of the application of the IHR in

Pakistan in the time of COVID-19 crisis suggest a variety of ethical dilemmas regarding the need to consider population health security and individual rights, fair allocation of resources, and avoiding losing social trust (Munir, 2022).

The legal framework of Pakistan to address the global health crises is an important area of understanding how the country is ready to face the next epidemic. With the new infectious diseases still arising, it is even more crucial to reinforce the national legal frameworks and harmonize them with the international requirements on health.

The study seeks to analyze how Pakistan has responded to the international health crises in the country and how well the country has adhered to the international health regulations, especially the International Health Regulations (2005). Some of the main concerns of the study include the legislation regarding the health of the populace, institutional policies and policy responses to major health crises.

Another purpose of the research is to find gaps in the legal framework of Pakistan and give recommendations on how to enhance the preparedness of the country to the pandemic. The analysis of the events experienced by Pakistan during the COVID-19 pandemic and other health crises could be considered one of the contributions to the further discussion of the health governance in the world, as well as the role of the legal systems in the countries in safeguarding the health of the population.

Finally, the success of health regulations in the world is not only based on the international agreements but also on the ability of individual states to enforce regulations in the domestic legal frameworks. The review of the legal reaction of Pakistan can be of great information in the context of the developing countries struggling to adhere to the international health requirements and to show the way to enhance global health safety.

Literature Review

International health regulations and the national legal systems have been extensively studied in terms of public health law and global governance literature. Researchers stress that a response to a pandemic should be based on the combination of a robust domestic legal framework, international collaboration, and a properly-operating health system.

The International Health Regulations (2005) is one of the key frameworks that are used to inform international preparedness to the pandemic and that give legal requirements on the member states to establish surveillance systems that can be used to detect and intervene during outbreak of infectious diseases. These standards give priority to three key abilities prevention, detection, and response to the health of the population.

Some studies have discussed the issues that countries have while trying to apply these rules, especially the developing ones which have little resources. Studies have revealed that most nations are unable to reach the total compliance level because of inadequate healthcare facilities, incompetent human resource, and poor disease surveillance networks.

In this case of Pakistan, researchers have discussed the relations between the public health system in the country and international health governance mechanisms. An analysis of ethical dilemmas in the application of the International Health Regulations in the COVID-19 pandemic showed that medical practitioners and policymakers experienced issues when trying to find a balance between public health protection and rights and ethical principles. These problems were associated with quarantine measures, travel bans, and equal healthcare resource allocation (Umer, 2020).

The other research that is of great interest is the efficiency of the strategies of Pakistan to deal with the pandemic. Research that examines the response of the country to the COVID-19 outbreak indicates that Pakistan developed a fairly flexible and adaptive approach in comparison to most other nations. Pakistan did not use a blanket lockdown throughout the nation and instead adopted localized lockdown operations which were aimed at reducing the economic impact whilst still containing the virus spread (Noreen, 2025).

In a study conducted empirically to investigate the impact of lockdown policies in Pakistan, the researchers were able to conclude that lockdowns were effective in reducing the spread of COVID-19 at the initial phases of the pandemic. The analysis revealed that the rate of infection declined upon the lockdowns, proving that the issue of policy interventions timeliness can play a key role in overseeing the health crisis among people.

The other literature is dedicated to the changes made by institutions concerning health crises in Pakistan. Researchers emphasize the important role of the national organizations like the National Institute of Health and the Ministry of National Health Services in the process of coordinating the response to the disease outbreaks and disease surveillance. These centers act as major liaisons between the health systems of a particular country and international bodies like the World Health Organization.

The existing studies also highlight that it is essential to incorporate the biosecurity systems and the One Health approach in the management of emerging infectious diseases. The One Health approach identifies the value in human health, animal health and environmental health as being interconnected and should be tackled together to avert future pandemics. Research indicates that the effectiveness of the biosecurity approach when applied together with the policies of the public health can contribute to the greater ability of a country to prevent and respond to the outbreak of an infectious disease.

In addition, researchers have discussed how digital technologies and data systems are helpful in empowering disease surveillance and vaccination initiatives. As an illustration, a study on digital health interventions in Pakistan reveals that mobile-based communication interventions can enhance vaccination adherence and awareness among the Iranian population about infectious diseases.

Nevertheless, in spite of these developments, there are always structural flaws in the public health system in Pakistan. They are inadequate financing of healthcare facilities, unequal allocation of healthcare facilities across the country, and the problem related to coordination between federal and provincial governments after the 18 th Constitutional Amendment.

Besides domestic issues, researchers also note that the global cooperation is a critical part of the successful response to pandemics. According to recent debate on a proposed global pandemic treaty, there is an emphasis on how international collaboration can be tighter, the reporting of disease outbreaks should be transparent, and access to medical resources including vaccines and diagnostic equipment must be equitable.

In general, the literature shows that Pakistan has achieved a lot in ensuring that its public health policy is in tandem with international health standards, especially during the period of the COVID-19 pandemic. Nevertheless, current studies also show that legal frameworks, institutional coordination, and healthcare infrastructure have numerous gaps that still restrict the possibility of the country being completely able to adhere to the WHO regulations.

Methodology

In this study, the research design is a qualitative research design which will be used in assessing how Pakistan has responded to global health crisis and adhered to the regulations of the World Health Organization. The research includes secondary data sources, mainly peer-reviewed research articles, policy documents, governmental reports, and publications of international organizations, such as the WHO, as its primary sources.

The methodology of the research is divided into three parts, the literature review, legal analysis and the comparative policy evaluation.

To begin with, a thorough analysis of the available academic literature will help determine the main themes and arguments on the global health governance and pandemic preparedness, as well as implementation of International Health Regulations. Scholars databases such as PubMed, ScienceDirect, Oxford Academic, and WHO publications were used to find relevant research articles.

Second, the paper examines the legal system of

Pakistan that regulates the crisis in the field of public health. This involves the review of the current laws like the Epidemic Diseases Act, national policies related to the national public health and institutional frameworks in charge of health crisis management. The legal analysis aims at establishing whether these laws are in tandem with the provisions of the International Health Regulations.

Third, the study measures the reaction of Pakistan to the recent global health crises, especially the COVID-19 pandemic. The WHO recommendations are analyzed against the policy measures taken by the government such as lockdown strategies, disease surveillance systems and public health guidelines.

To determine the main patterns and themes of the data obtained, the qualitative content analysis was employed. In this way, the impact of legal frameworks and policy measures on the strategies of responding to pandemics can be properly captured.

Ethical and governance issues regarding the implementation of the public measures during the pandemic are also taken into account in the study. Such issues are the need to balance the protection of the health of the population with the rights, a fair allocation of resources, and transparency in decision-making.

It will also enable me to analyse legal concerns and policy implications to give a detailed analysis of the adherence to the international health regulations and identify areas requiring enhancement of Pakistan.

Discussion and Analysis

The legal response of Pakistan to global health emergencies is the result of a complicated system of interactions between national laws, institutional abilities, and international law in the International Health Regulations. Although the country has achieved great strides in enhancing the effectiveness of its pandemic response systems, a number of structural issues are still found to influence its adherence to the WHO regulations.

The establishment of coordinated health emergency management institutional mechanisms is one of the main strengths of the Pakistan response to the pandemic. The creation of the National Command and Operation Centre in the times of the COVID-19 pandemic enabled policymakers to bring together epidemiological information from various sources and conduct evidence-based policies. This centralized system of coordination enhanced communication among federal and provincial governments and quick decision-making (Noreen, 2025).

The other significant feature of the reaction of Pakistan was the use of specific lockdown strategies. Pakistan did not declare nationwide restrictions over long periods but instead, implemented high-risk areas-centered lockdowns, also known as smart lockdowns. Study methods that evaluate these policies show that lockdowns helped to decrease the rate of infection in the initial phases of the pandemic.

Nevertheless, the pandemic response in Pakistan also revealed the shortcomings in the legal and healthcare system of this country. One of the greatest problems is associated with disease surveillance capacity. A successful execution of the International Health Regulations mandates nations to have developed surveillance systems in place, which can identify the outbreaks in an early phase. The surveillance mechanisms in Pakistan are not yet at their advanced stages, especially in the rural regions where there is no advanced health infrastructure (Khan, 2021).

The other issue is the enforcement of health policies in inter-border areas. Pakistan has many points of entry in terms of airports, land crossing points, and seaports that are of utmost importance in keeping track of the flow of travelers and goods amid pandemics. Research conducted into the adoption of International Health Regulations of Pakistan in these portals of entry shows that there are a number of operational and ethical issues encountered by workers in the health care sector, such as lack of resources and challenges in imposing quarantine (WHO, 2020).

The ethical factor also contributes considerably to measuring the adherence of Pakistan to the WHO regulations. Quarantine, isolation, and travel bans are all the elements of the public

health that may clash with individual rights and civil liberties. Studies also show that healthcare practitioners and policymakers in Pakistan were usually dilemmas when putting such measures into practice, especially when there is a conflicting issue of consideration to the public health and the individual autonomy and privacy.

The other concern that influenced the way Pakistan was complying with the international health regulations is the division of governance after the 18 th Constitutional Amendment. The devolution of health to provincial governments has posed a problem of coordination on health emergencies that occur in the country. Although decentralization will enable the provinces to draw region-based health policies, it may also prove challenging to adopt national solutions (Noreen, 2024).

The second significant obstacle to enhancing the preparedness to pandemic is financial constraints. Pakistan spends a very low national budget in terms of healthcare as compared to most other nations. This is due to the limited financial resources that limit investments in hospitals, laboratories and disease surveillance systems that are necessary in achieving the core capacity requirements as set in the International Health Regulations (Miraz, 2025).

However, despite these problems, Pakistan has been able to show its strength and flexibility in reacting to global health crises. The experience of the COVID-19 pandemic in the country explains the way in which novel policy strategies and international collaboration can be used to alleviate the effect of pandemics even in the resource-constrained environment (Bashir, 2025).

Conclusion

The legal reaction of Pakistan to the global health crisis is both an indicator of improvement and a struggle to adhere to global health standards. Pakistan, being a member of the World Health Organization, has agreed to adopt the International Health Regulations, which mandate nations to establish mechanisms of detection, reporting and responding to the outbreak of infectious diseases.

The COVID-19 pandemic was a good time to test how effective the legal and institutional framework of Pakistan is in dealing with the health emergencies. Some of the new approaches that were adopted by the country encompassed specific lockdowns, centralized coordination, and disease monitoring system.

These actions contributed to the fact that Pakistan was able to cope with the pandemic comparatively well as compared to most of the other developing nations. Nevertheless, the pandemic has also portrayed structural vulnerabilities in the healthcare system of the country such as resource scarcity, fragmentation of governance, and disease surveillance infrastructure loopholes.

Although Pakistan has gone a step further to harmonize its policies on the management of public health with those of the international health, the country needs additional reforms to enhance its preparedness in relation to the pandemic and to have a complete adherence to the WHO standards.

Recommendations

There are a number of policy interventions that could be made to enhance Pakistan in adhering to global health standards and making it better prepared to face similar global health disasters in the future.

To start with, Pakistan ought to revamp its public health law by ensuring that old laws are substituted with all-inclusive pandemic preparedness laws, which clearly stipulate the roles of the federal and provincial governments in case of health emergencies.

Second, additional funding of healthcare facilities is necessary. The increase of laboratory networks, hospital capacity, and disease surveillance systems will increase the capacity of Pakistan to improve detection and response to outbreaks.

Third, Pakistan needs to embrace the use of digital health technologies that are advanced to enhance disease monitoring and information sharing among government institutions.

Last but not least, enhancing international

collaboration with other organizations, including the WHO and regional partners, will assist Pakistan to gain access to technical skills, financial resources and medical equipment necessary to address further pandemics.

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