

## Abstract

Unlike seasonal influenza, a *pandemic influenza* is caused by a new strain of A virus. Being a new strain, vaccines do not exist. Thus, it has the potential to spread fast over a large geographical area, as has been found in cases of AH1N1 (“Swine Flu”), AH5N1 (“Bird Flu”). Recognizing this threat, World Health Organization (WHO) had urged every country to have a pandemic influenza preparedness plan (PIPP). However, after SARS (2003), AH5N1 (2005), when some public health measures adopted, e.g. coercive quarantine, raised ethical quandaries, WHO (2007) prescribed that PIPPs should not only include medical and logistical principles, but also must include *ethical considerations*.

The present study investigates how inclusion of elements from ethical theories in a PIPP can actually help to address the ‘fairness’ issues; in particular, the issue of equitable attention to the disadvantaged individuals and groups, in the relevant preventive policies, actions, and programs. It maintains that past pandemic experiences, including that in India, repeatedly have confirmed that when social disparities and different socioeconomic gradients exist, a pandemic can disproportionately worsen the health outcome for an already socio-economically disadvantaged population. The Bellagio Principles (2006) also concur that the same are often the worst affected during health emergencies such as an epidemic or a pandemic. Although the discourse on social determinants of health amply exhibits the causal nexus between social determinants of health and inequitable health outcome, this study claims that the research literature on ethics in pandemic plans has remained largely silent about this connection. Consequently, the link between the increased vulnerability and the existence of social determinants of health in a population is neither adequately addressed in the PIPPs, nor visible in the public health responses.

With specific focus on India’s PIPP, the present study shows: (a) how the insights from the Health Ethics theories, such as Ruger’s ‘Health as Social Justice’ (2010), and the discourse on social determinants of health, can help India’s PIPP to become sensitive to the role that social determinants of health play in worsening the pandemic outcome for certain individuals and groups; (b) how a social-justice based implementation of PIPP, e.g. in risk assessment, surveillance, prioritization, can help to address the health needs of various population groups more equitably during the pandemic phases. Finally, the study proposes that its recommendations can also be extended to other infectious disease preventive efforts, wherever the increased vulnerability to a pathogen is known to be worsened by the existing socioeconomic gradients in the society.

**Key Words:** Health, Ethics, Social Justice, Health Capability, Pandemic Influenza Plan, Social Determinants of Health.