Reimagining Security: Lessons from the Pandemic to India's Human Security Framework

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Publication Date: 2026/04/13

Abstract: The COVID-19 pandemic has redefined the outlines of national and global security, situating health emergencies as a crux within the domain of non-traditional security threats. For India, the pandemic examined the persistence of its healthcare framework and revealed the complicated linkages between human well-being and national governance under the ambit of human security. Unlike traditional security threats that emanate from military or political strife, pandemics appear as intangible, cross-border challenges that undermine societies from within. The outbreak drastically affected India's socio-economic fabric. It also put down peculiar trauma on public health institutions and accentuated drawbacks in health infrastructure, policy coordination, and crisis management.

Pandemic as a non-traditional threat, featured that security can no longer be confined to territorial defence but must encompass the protection of human lives, livelihoods, and dignity. The concept of human security, which prioritizes human well-being, becomes vital in understanding India's vulnerabilities and preparedness. The crisis underlines the need for an integrated health emergency policy within the broader framework of national security. Strengthening public health governance, fostering inter-governmental cooperation, and investing in research and technology are essential to building a resilient security architecture.

Furthermore, India's pandemic experience highlights the significance of global cooperation, as no nation can tackle such crises in isolation. Thus, pandemics challenge India to rethink its conventional security paradigm and need to adopt a comprehensive approach where health is recognized as a vital pillar of security. Addressing pandemics as non-traditional security challenges requires not only institutional reforms but also a shift in policy mindset from reactive containment to proactive preparedness rooted in the principles of human security and sustainable governance.

Keywords: *Non-Traditional Security, Pandemic, COVID-19, Human Security, Health Security, Public Health, Health Emergencies.*

How to Cite: Athira Sajeev (2026) Reimagining Security: Lessons from the Pandemic to India's Human Security Framework. *International Journal of Innovative Science and Research Technology*, 11(4), 427-435.
https://doi.org/10.38124/ijisrt/26apr429

I. INTRODUCTION

The COVID-19 pandemic has fundamentally modified the understanding of national and global security by highlighting health emergencies as censorious non-traditional security threats. Unlike conventional security challenges rooted in military aggression or political instability, pandemics transcend borders, undermine state capacity from within, and disproportionately affect human lives and livelihoods. In India, COVID-19 exposed structural vulnerabilities in public health infrastructure, governance frameworks, and crisis preparedness while simultaneously reaffirming the centrality of human security in contemporary security discourse. This paper examines the COVID-19 pandemic as a non-traditional security threat in the Indian context, emphasizing its implications for human security, health governance, and national security policy. illustrating upon human security theory, non-traditional security frameworks, and India's pandemic experience, the study argues for a paradigmatic shift from state-centric security to a people-centric, preventive, and integrated security architecture. The paper highlights the necessity of institutional reforms, inter-governmental coordination, technological investment, and global cooperation to strengthen India's health security preparedness. It concludes that pandemics necessitate a redefinition of security where health is recognized as a foundational pillar of national resilience and sustainable governance.

Security has traditionally been conceptualized as the protection of territorial sovereignty, political independence, and military strength of the state. Rooted in realist thought, classical security studies emphasized inter-state rivalry, balance of power, nuclear deterrence, and strategic military

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26apr429

capabilities as the primary determinants of national survival (Walt, 1991). During the Cold War era, security discourse was largely confined to military preparedness and defence against external aggression, with the state positioned as the central referent object of security (Buzan, 1991). This state-centric and militarized understanding of security, however, proved increasingly inadequate in addressing emerging threats that did not originate from armed conflict. By the late twentieth and early twenty-first centuries, the scope of security studies expanded significantly to incorporate a wide range of non-military threats. Scholars and policymakers began to recognize that challenges such as climate change, international terrorism, cyber insecurity, economic instability, environmental degradation, and public health crises possess the capacity to destabilize societies and undermine state authority from within (Ullman, 1983; Buzan, Wæver, & de Wilde, 1998). These non-traditional security threats are often transnational in nature, scattzzer in origin, and difficult to deter using conventional military instruments. As a result, security came to be understood not merely as the absence of war, but as the protection of societal stability and human well-being.

Among the various non-traditional threats, pandemics have emerged as particularly destabilizing security challenges. Unlike conventional military threats, pandemics do not recognize political boundaries, cannot be deterred through force, and disproportionately affect vulnerable populations, thereby exacerbating social and economic inequalities (McInnes & Lee, 2006). The rapid spread of infectious diseases in an era of globalization, urbanization, and increased human mobility has intensified their security implications. Pandemics possess the ability to overwhelm public health systems, disrupt economic activity, weaken governance capacity, and decay public trust in state institutions (Elbe, 2010). Crucially, the impact of pandemics is not contingent upon a state's military or economic power, as demonstrated by the global reach and severity of the COVID-19 crisis.

The COVID-19 pandemic further reinforced the argument that health emergencies constitute a core security concern in the contemporary world. It revealed that even militarily powerful and economically advanced states remain deeply vulnerable to biological threats, underscoring the limitations of traditional security paradigms (World Health Organization [WHO], 2020). Consequently, pandemics have accelerated the shift toward a broader, people-centric understanding of security that prioritizes the protection of human lives, livelihoods, and dignity alongside territorial defence. This evolving discourse highlights the necessity of integrating health security into national and global security frameworks to ensure comprehensive and sustainable security in the twenty-first century. The COVID-19 pandemic, which emerged in late 2019 and rapidly spread across the globe, stands as one of the most defining events in contemporary history. Beyond its immediate public health consequences, the pandemic triggered widespread disruptions across economic, political, and social systems worldwide. According to the World Health Organization (2020), COVID-19 evolved into an unprecedented global health emergency, overwhelming healthcare systems, disrupting global supply chains, and inducing economic contractions on a scale comparable to major historical crises. The pandemic not only resulted in extensive loss of life but also reshaped patterns of work, mobility, governance, and social interaction, thereby altering the everyday functioning of societies.

In the Indian context, the COVID-19 crisis severely tested the resilience and preparedness of the national healthcare system. Chronic underinvestment in public health infrastructure, shortages of healthcare personnel, and uneven access to medical services across urban and rural regions became starkly visible during successive waves of infection (Baru, 2021). The pandemic further exposed deep-rooted socio-economic inequalities, as marginalized populations particularly migrant workers, informal sector labourers, women, and the urban poor bore a disproportionate share of its adverse impacts (Kundu & Bhowmik, 2020). These vulnerabilities underscored the interconnected nature of health, economic stability, and social justice, revealing how health crises can rapidly escalate into broader human security challenges.

Moreover, the pandemic posed significant challenges to conventional approaches to national security that prioritize military preparedness and territorial defence. COVID-19 demonstrated that non-military threats can undermine state capacity, social cohesion, and economic stability as profoundly as armed conflict (Elbe, 2010). The crisis revealed that threats to human survival, dignity, and livelihoods arising from disease, poverty, and institutional fragility are central to contemporary security concerns. In this sense, the pandemic reinforced the relevance of the human security framework, which emphasizes the protection of individuals and communities from both chronic and sudden threats to their well-being (United Nations Development Programme [UNDP], 1994). Situated within the domain of non-traditional security, the COVID-19 pandemic exemplifies the evolving nature of security threats in an increasingly interconnected world. Non-traditional security challenges such as pandemics are transnational, diffuse, and complex, often requiring coordinated responses across sectors and borders rather than unilateral, force-based solutions (Buzan, Wæver, & de Wilde, 1998). This paper positions COVID-19 at the critical intersection of health security and human security, arguing that pandemics demand a comprehensive and integrated policy response that transcends traditional security institutions.

By analysing India's experience of the COVID-19 pandemic, this study seeks to contribute to the broader discourse on rethinking national security in an era characterized by complex, transnational threats. It contends that integrating health security into India's national security architecture is essential for enhancing resilience, governance effectiveness, and societal stability. The paper further argues that a shift toward preventive preparedness, inter-governmental coordination, and people-centric governance rooted in the principles of human security is imperative for addressing future health emergencies and safeguarding national security in the twenty-first century.

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26apr429

II. CONCEPTUAL FRAMEWORK: NON-TRADITIONAL SECURITY AND HUMAN SECURITY

➢ *Non-Traditional Security*

The concept of non-traditional security emerged as a critical response to the limitations of traditional, state-centric security paradigms that dominated much of twentieth-century security thinking. Classical security studies, deeply rooted in realist theory, prioritized military power, territorial integrity, and the protection of state sovereignty against external threats. However, scholars began to argue that such a narrow conception of security failed to account for a growing range of threats that endangered societies without involving armed conflict. Ullman (1983) was among the earliest scholars to challenge conventional definitions by asserting that security threats should include any action or event that significantly degrades the quality of life of citizens or constrains the policy choices of governments. This broader understanding laid the groundwork for the emergence of non-traditional security discourse.

Building on this critique, Buzan (1991) conceptualized security as a multidimensional phenomenon encompassing military, political, economic, societal, and environmental sectors. According to this framework, threats to security need not originate from military aggression alone but may arise from economic crises, environmental degradation, demographic pressures, and public health emergencies. The non-traditional security paradigm thus expanded the referent object of security beyond the state to include societies and individuals, acknowledging that threats to human survival and well-being can be as destabilizing as conventional warfare. This reconceptualization marked a significant shift in security studies, aligning it more closely with the realities of an interconnected and globalized world.

Non-traditional security threats are generally characterized by their non-military origins, transnational nature, and complex, multidimensional impacts. Unlike traditional threats, which are often attributable to identifiable state actors, these challenges are diffuse, difficult to predict, and resistant to military solutions (Buzan, Waever, & Wilde, 1998). Issues such as climate change, terrorism, cyber insecurity, food insecurity, and pandemics transcend national boundaries and require cooperative, multi-level governance mechanisms. Their impacts are often gradual yet cumulative, undermining social cohesion, economic stability, and governance capacity over time. Pandemics fit squarely within the non-traditional security framework due to their transboundary nature and profound implications for human well-being. Infectious diseases do not respect political borders and can spread rapidly through global travel, trade, and migration networks. Unlike military threats, pandemics often emerge silently, with delayed detection and limited early warning, allowing them to escalate quickly before effective responses can be mobilized (McInnes & Lee, 2006). The primary targets of pandemics are not state institutions per se but human bodies and communities, making their consequences deeply human-centric. As a result, pandemics directly threaten health security while simultaneously triggering economic disruption, social instability, and political stress.

The COVID-19 pandemic exemplified the defining characteristics of a non-traditional security threat. Within weeks of its emergence, the virus spread across continents, overwhelming healthcare systems, disrupting global supply chains, and compelling governments to impose extraordinary measures such as lockdowns and travel restrictions. The crisis demonstrated the inability of conventional military power to prevent or mitigate biological threats, highlighting the inadequacy of traditional security instruments in addressing such challenges (Elbe, 2010). Moreover, COVID-19 revealed how health emergencies can cascade into broader security crises by exacerbating inequality, unemployment, food insecurity, and social unrest. By situating pandemics within the non-traditional security paradigm, it becomes evident that effective responses require a shift from unilateral, state-centric strategies toward cooperative, preventive, and people-centred approaches. Addressing pandemics as security threats necessitates investment in public health systems, early warning mechanisms, scientific research, and international collaboration. Thus, the non-traditional security framework provides a critical analytical lens for understanding pandemics not merely as medical emergencies but as comprehensive security challenges that demand integrated governance and policy responses.

➢ *Human Security*

The concept of human security was formally articulated in the *Human Development Report* published by the United Nations Development Programme (UNDP) in 1994, marking a significant departure from traditional, state-centric approaches to security. Human security shifts the referent object of security from the state to the individual, emphasizing the protection of people rather than territories. The UNDP (1994) defined human security as freedom from fear and freedom from want, encompassing both protection from chronic threats such as hunger, disease, and repression and safeguards against sudden and disruptive events that threaten everyday life. This people-centric approach recognizes that the security of the state is ultimately contingent upon the security and well-being of its citizens.

The UNDP framework identifies seven interrelated dimensions of human security: economic security, food security, health security, environmental security, personal security, community security, and political security (UNDP, 1994). These dimensions underscore the multidimensional and interconnected nature of insecurity, wherein a threat in one domain can rapidly cascade into others. For instance, economic insecurity can lead to food shortages, while environmental degradation can exacerbate health risks. Human security, therefore, calls for comprehensive and preventive policy interventions that address root causes of vulnerability rather than merely responding to their symptoms. Among these dimensions, health security constitutes a core pillar of human security, as health is fundamental to human dignity, productivity, and social stability. Health security refers to the protection of populations from diseases and unhealthy living conditions, as

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26apr429

well as ensuring equitable access to healthcare services. The absence of disease and the availability of affordable and quality healthcare are essential prerequisites for human development and societal resilience (Chen & Narasimhan, 2003). Health insecurity, by contrast, undermines economic productivity, exacerbates poverty, and places severe strain on social and governance structures.

The COVID-19 pandemic powerfully reaffirmed the relevance and urgency of the human security framework. The crisis demonstrated how a health emergency can rapidly escalate into a multidimensional security challenge, triggering economic recessions, disrupting food supply chains, eroding livelihoods, and intensifying social and political tensions (Elbe, 2018). Lockdowns and mobility restrictions, while necessary for disease containment, also exposed millions to economic hardship and food insecurity, illustrating the deeply interconnected nature of human security threats. The pandemic thus underscored the inadequacy of approaches that treat health crises as isolated medical issues rather than as comprehensive human security challenges.

In the Indian context, the COVID-19 pandemic revealed profound vulnerabilities in health security and highlighted longstanding socio-economic inequalities. Marginalized populations, including migrant workers, informal sector labourers, rural communities, women, and socially disadvantaged groups, were disproportionately affected due to limited access to healthcare, insecure livelihoods, and inadequate social protection mechanisms (Baru, 2021). The uneven distribution of health infrastructure across regions and the dominance of out-of-pocket healthcare expenditures further exacerbated these vulnerabilities. Consequently, health insecurity translated into broader forms of human insecurity, affecting economic stability, food ac cess, personal safety, and community cohesion.

Furthermore, the Indian experience demonstrated that health security cannot be divorced from governance quality and social justice. Weak public health systems and fragmented institutional coordination reduced the capacity to respond effectively to the crisis, while misinformation and social stigma undermined community security. These challenges highlight the necessity of integrating human security principles into public policy, emphasizing preventive healthcare, social equity, and inclusive governance. By foregrounding the protection of human lives and dignity, the human security framework provides a comprehensive lens for understanding the far-reaching implications of pandemics and for designing resilient, people-centred responses to future health emergencies.

➢ *Pandemics as Security Threats: A Global Perspective*

Historically, pandemics have played a decisive role in shaping political authority, economic systems, and social structures across civilizations. The Black Death of the fourteenth century, which wiped out nearly one-third of Europe's population, profoundly transformed feudal economies, labor relations, and state–society dynamics by accelerating social mobility and weakening existing power hierarchies (Snowden, 2019). Similarly, the 1918 influenza pandemic, often referred to as the Spanish Flu, claimed an estimated 50 million lives worldwide and disrupted governance, military operations, and economic productivity on a global scale (Barry, 2004). Despite the magnitude of these crises, pandemics were historically perceived primarily as medical or humanitarian concerns rather than as threats to national or international security.

This traditional perception began to shift in the late twentieth and early twenty-first centuries as globalization intensified cross-border interdependence. Accelerated global travel, urbanization, ecological disruption, and increased human–animal interaction significantly heightened the risk of infectious disease transmission (McNeill, 1976). Outbreaks such as Severe Acute Respiratory Syndrome (SARS) in 2003, the H1N1 influenza pandemic in 2009, Ebola in West Africa between 2014 and 2016, and the Zika virus outbreak in 2015–2016 underscored the transnational nature of health threats and their capacity to disrupt economic activity, public trust, and political stability (Fidler, 2010). These outbreaks demonstrated that infectious diseases could no longer be confined within national borders or addressed through isolated public health interventions.

The COVID-19 pandemic marked a critical turning point in the securitization of health. Unlike previous outbreaks, COVID-19 combined high transmissibility with global reach, overwhelming healthcare systems, destabilizing economies, and challenging governance structures across both developed and developing states. Governments imposed unprecedented restrictions on mobility, trade, and civil liberties, signaling the recognition of the pandemic as an existential threat to national stability (WHO, 2020). As a result, health security emerged as a core component of national and global security agendas, prompting renewed scholarly and policy interest in pandemics as non-traditional security threats (Buzan et al., 1998; Fidler, 2020). The pandemic also exposed deep structural weaknesses in global health governance. Inadequate disease surveillance mechanisms, delayed information sharing, fragmented institutional responses, and insufficient preparedness undermined early containment efforts (Kickbusch et al., 2021). Furthermore, inequitable access to vaccines and medical supplies revealed stark disparities between the Global North and Global South, raising ethical and security concerns regarding global solidarity and collective action. Vaccine nationalism and competition over resources highlighted the limitations of existing multilateral frameworks in addressing shared health threats (Moon et al., 2020).

These failures underscore the necessity of reframing pandemics as collective security threats that demand shared responsibility, multilateral cooperation, and coordinated global governance. From a security perspective, pandemics threaten not only human life but also economic stability, political legitimacy, and international order. Consequently, global health security must move beyond reactive crisis management toward proactive preparedness, emphasizing early warning systems, equitable access to medical

technologies, and strengthened international institutions (WHO, 2020). In this context, pandemics challenge conventional security paradigms by demonstrating that the security of states is inseparable from the security of individuals worldwide. Recognizing pandemics as global security threats reinforces the need for a comprehensive, human-centred approach to security one that integrates public health into broader strategies of sustainable development, international cooperation, and global governance.

III. COVID-19 AND INDIA: AN OVERVIEW

India reported its first confirmed case of COVID-19 in January 2020, marking the beginning of an unprecedented public health challenge for a country with a population exceeding 1.3 billion. As case numbers began to rise in March 2020, the Government of India implemented one of the world's most stringent nationwide lockdowns, aimed at containing viral transmission and preventing the collapse of the healthcare system (Ministry of Health and Family Welfare [MoHFW], 2020). While the early response was widely regarded as decisive in slowing the initial spread of the virus, it also produced profound socio-economic repercussions, particularly for migrant workers, informal sector labourers, and other vulnerable communities (World Bank, 2021). The abrupt suspension of economic activity disproportionately affected India's vast informal workforce, which constitutes a majority of total employment and is largely excluded from formal social security mechanisms. Millions of migrant workers were rendered unemployed overnight and forced to undertake long journeys back to their home states under precarious conditions. This humanitarian crisis exposed structural vulnerabilities in India's labour market, social protection systems, and urban governance, underscoring the intersection between health emergencies and human security concerns (Acharya, 2020).

India's healthcare system, long characterized by underinvestment, regional disparities, and high out-of-pocket expenditure, struggled to cope with the sustained demands of the pandemic. Public health expenditure as a percentage of GDP remained comparatively low, limiting the capacity of government hospitals to respond effectively to large-scale health emergencies (WHO, 2021). These structural weaknesses became especially evident during successive waves of infection, as healthcare facilities faced severe shortages of hospital beds, intensive care units, trained medical personnel, and diagnostic infrastructure. The second wave of COVID-19 in 2021, driven by highly transmissible variants, represented a critical turning point in India's pandemic experience. The rapid surge in cases overwhelmed healthcare systems across multiple states, resulting in acute shortages of medical oxygen, essential medicines, and life-saving equipment. Images of overcrowded hospitals and emergency cremations highlighted the human cost of systemic inadequacies in emergency preparedness, supply chain management, and inter-governmental coordination (Fidler, 2020). These challenges underscored the need for stronger institutional mechanisms to anticipate and manage health crises as national security threats.

At the same time, India demonstrated notable resilience and adaptive capacity in its pandemic response. The country emerged as a key player in global vaccine production, leveraging its pharmaceutical industry and scientific expertise to develop and manufacture COVID-19 vaccines at scale. The national immunization drive, one of the largest in the world, reflected the state's ability to mobilize resources, digital platforms, and public–private partnerships to address a complex public health challenge (MoHFW, 2021). India's vaccine diplomacy initiatives further underscored the strategic dimension of health security in international relations. Overall, India's experience with COVID-19 presents a complex picture of vulnerability and capacity. While the pandemic exposed deep structural weaknesses in healthcare infrastructure, governance coordination, and social protection, it also revealed significant strengths in scientific innovation, institutional learning, and crisis response. These dual dimensions offer critical lessons for strengthening health security, enhancing preparedness, and integrating public health more fully into the broader framework of national and human security.

IV. IMPACT ON HUMAN SECURITY IN INDIA

The COVID-19 pandemic profoundly affected multiple dimensions of human security in India, reinforcing the argument that health emergencies constitute comprehensive non-traditional security threats. By simultaneously disrupting health systems, livelihoods, social relations, and governance mechanisms, the pandemic exposed the interdependence of various pillars of human security, as articulated in the human security framework (UNDP, 1994). India's experience illustrates how vulnerabilities in one domain of security can cascade into others, magnifying the overall impact of a crisis.

➢ *Economic Security*

Economic security refers to access to stable income and employment. India's sudden nationwide lockdown in March 2020 halted economic activity across sectors, disproportionately impacting the informal economy, which employs over 80% of the workforce (International Labour Organization [ILO], 2020). Daily wage labourers, street vendors, construction workers, and domestic workers experienced immediate income loss. The massive displacement of migrant workers became one of the most visible manifestations of economic insecurity. Millions attempted to return to rural areas due to unemployment and lack of urban support systems (Srivastava, 2020). This reverse migration disrupted both urban and rural economies, reducing remittances and straining agrarian livelihoods. According to the World Bank (2021), poverty levels in India increased after years of gradual decline, underscoring how pandemic-induced economic shock translated into long-term insecurity. Government interventions such as the *Atmanirbhar Bharat Abhiyan* and direct benefit transfers provided some relief, but exclusion errors and digital divides limited their reach (Dreze & Somanchi, 2021). Economic insecurity thus amplified vulnerability among already marginalized groups.

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26apr429

➢ *Food Security*

Food security entails physical and economic access to sufficient, safe, and nutritious food. Pandemic-related job losses and supply chain disruptions heightened food insecurity, especially among migrant workers and urban poor populations. Closure of schools eliminated access to mid-day meals for millions of children, affecting nutritional intake (FAO et al., 2020). The government expanded the Public Distribution System (PDS) through the *Pradhan Mantri Garib Kalyan Anna Yojana*, providing free food grains to vulnerable households. While this intervention prevented large-scale starvation, nutritional quality remained a concern, with protein and micronutrient deficiencies persisting (World Bank, 2021). Women and children were particularly affected due to reduced household food diversity and healthcare access. Thus, COVID-19 transformed an existing problem of malnutrition into a heightened food security crisis, reinforcing the interdependence of economic and nutritional well-being.

➢ *Health Security*

Health security, defined as protection from disease and access to healthcare, lay at the core of the pandemic crisis. India's healthcare infrastructure faced severe strain during successive waves, particularly in 2021 when shortages of oxygen, hospital beds, and essential medicines were widely reported (Ministry of Health and Family Welfare [MoHFW], 2021). Non-COVID healthcare services were disrupted, affecting immunization programs, maternal health services, and treatment for chronic diseases such as tuberculosis and diabetes (WHO, 2021). Rural areas and urban slums experienced disproportionate impacts due to weak primary healthcare facilities and overcrowded living conditions. Although India's vaccination campaign became one of the largest globally, disparities in access remained due to digital registration barriers and regional inequalities (Agarwal & Bhuyan, 2021). The crisis thus highlighted long-standing deficiencies in public health investment and the need for universal healthcare as a foundation of human security.

➢ *Environmental Security*

Environmental security concerns protection from environmental degradation and unsanitary conditions that threaten survival. The pandemic generated unprecedented levels of biomedical waste from masks, gloves, and personal protective equipment. Inadequate waste management raised risks of environmental contamination (Central Pollution Control Board [CPCB], 2020). Urban slums and informal settlements, characterized by overcrowding and poor sanitation, became hotspots of infection. These spatial inequalities linked environmental vulnerability with health outcomes, revealing how housing conditions and pollution directly affect survival prospects (UNDP, 2020). Temporary reductions in air pollution during lockdowns did not offset the long-term environmental risks created by medical waste and relaxed environmental regulations.

➢ *Personal Security*

Personal security refers to protection from physical violence and abuse. Lockdowns intensified domestic violence, with women and children facing increased exposure to abusive environments (UN Women, 2020). Reports of mental health distress, including anxiety and depression, also increased due to isolation, unemployment, and fear of infection (Roy et al., 2020). Migrant workers encountered personal insecurity during travel, facing hunger, exhaustion, and at times police action while attempting to return home. These experiences demonstrated how enforcement of public health measures, when not accompanied by adequate social protection, can undermine human dignity and physical safety.

➢ *Community Security*

Community security relates to protection of social identity and cohesion. The pandemic weakened traditional community support systems through physical distancing and mobility restrictions. Stigmatization of COVID-19 patients and healthcare workers undermined trust within neighbourhood and villages (Banerjee & Rao, 2020). Misinformation and fear occasionally deepened communal and regional tensions, threatening social harmony. At the same time, civil society organizations and local self-help groups played crucial roles in providing food, information, and care, demonstrating the importance of community resilience in mitigating insecurity (UNDP, 2020).

➢ *Political Security*

Political security involves protection of civil liberties, human rights, and equitable access to public services. Emergency regulations restricted freedom of movement and assembly. While necessary for infection control, such measures raised concerns about proportionality and transparency (OHCHR, 2020). Digital governance mechanisms for vaccination and welfare distribution excluded populations lacking smartphones or internet access, raising questions of equity and accountability (Agarwal & Bhuyan, 2021). The pandemic thus highlighted the tension between public health imperatives and democratic rights, reinforcing the need for rights-based crisis governance.

V. GOVERNANCE, POLICY COORDINATION, AND INSTITUTIONAL CHALLENGES

The COVID-19 pandemic exposed significant governance and institutional challenges in India's response to a large-scale health emergency. While decisive measures such as lockdowns and containment zones were implemented, coordination across central, state, and local governments proved uneven. Health being a state subject under the Indian Constitution complicated the formulation and implementation of uniform policies across regions, leading to variations in response capacity and outcomes (Acharya, 2020). Despite these challenges, the pandemic also witnessed the emergence of cooperative federalism as a critical mechanism for crisis management. Coordination between the central government and states in areas such as vaccine procurement, distribution, and data sharing demonstrated the potential of collaborative governance in addressing non-traditional security threats (MoHFW, 2021). However, institutional limitations including fragmented public health governance, inadequate data systems, and insufficient investment in preventive healthcare constrained the overall effectiveness of the response.

ISSN No:-2456-2165 https://doi.org/10.38124/ijisrt/26apr429

These governance challenges underscore the need for structural reforms aimed at strengthening public health institutions, enhancing intergovernmental coordination, and institutionalizing crisis preparedness. From a human security perspective, effective governance is essential not only for managing emergencies but also for safeguarding the dignity, well-being, and trust of citizens during times of crisis.

➢ *Health Security as a Pillar of National Security*

The COVID-19 pandemic decisively demonstrated that health emergencies can undermine national stability as profoundly as conventional military or political threats. A large-scale health crisis weakens the productive workforce, disrupts supply chains, strains governance institutions, and generates socio-political unrest, thereby affecting the core components of national power (Buzan, Wæver, & de Wilde, 1998). In India, prolonged lockdowns, economic contraction, and public health system overload revealed how health insecurity can cascade into economic, social, and political instability, reinforcing the argument that health security is inseparable from national security.

Traditional security paradigms have largely prioritized territorial integrity and military preparedness. However, COVID-19 exposed the limitations of such narrow approaches by demonstrating that non-military threats can paralyze states from within. A debilitated population reduces labour productivity, weakens defence readiness, and undermines state legitimacy when governments are unable to ensure basic survival and well-being (McInnes & Rushton, 2014). From this perspective, health security is not merely a welfare concern but a strategic necessity central to national resilience and governance capacity. Integrating health security into national security strategies requires a reconceptualization of security itself. Investments in public health infrastructure, disease surveillance systems, biomedical research, and trained human resources should be viewed as long-term security investments rather than discretionary social spending. Strong health systems enhance a state's capacity to prevent, detect, and respond to biological threats, whether naturally occurring or deliberate, thereby contributing to overall national preparedness (Fidler, 2020).

Recognizing health as a security concern also promotes inter-sectoral collaboration. COVID-19 necessitated coordination among public health agencies, disaster management authorities, law enforcement, and defence institutions. Such collaboration illustrates the convergence of health security with disaster risk reduction and national security planning. Institutionalizing these linkages can help states respond more effectively to future health emergencies and other non-traditional security threats.

➢ *Global Cooperation and India's Role*

The pandemic reaffirmed a fundamental reality of contemporary security: no nation can address global health threats in isolation. The transboundary nature of infectious diseases renders unilateral responses insufficient, underscoring the importance of international cooperation in surveillance, data sharing, research, and supply-chain resilience (WHO, 2020). COVID-19 revealed significant weaknesses in global health governance, including fragmented coordination, unequal access to vaccines, and delayed collective responses.

India's experience during the pandemic highlights both the challenges and opportunities associated with global health cooperation. As one of the world's largest producers of vaccines and pharmaceuticals, India emerged as a key player in global health security. Initiatives such as vaccine diplomacy demonstrated India's potential to contribute to international pandemic response efforts, particularly in supporting developing countries and strengthening South-South cooperation (Chattu et al., 2021). These efforts enhanced India's global standing while reinforcing the link between health assistance and soft power in international relations.

However, the pandemic also exposed persistent inequities in global health systems. Unequal vaccine distribution and limited access to essential medical supplies highlighted structural imbalances in global governance mechanisms. Strengthening institutions such as the World Health Organization and ensuring equitable access to medical countermeasures remain critical challenges for the international community (UNDP, 2020). India's active engagement in multilateral forums, including the G20 and World Health Assembly, positions it to advocate for a more inclusive and resilient global health security architecture.

VI. POLICY IMPLICATIONS AND RECOMMENDATIONS

Drawing from India's pandemic experience and the broader human security framework, several policy implications emerge for strengthening health security as a non-traditional security priority:

➢ *Strengthening Public Health Infrastructure*

India must substantially increase public expenditure on health to improve infrastructure, expand healthcare access, and reduce regional disparities. Investments should prioritize primary healthcare, rural health systems, and preventive services to enhance resilience against future health crises (MoHFW, 2021).

➢ *Integrated Security Framework*

Health security should be formally incorporated into national security planning and strategic assessments. This integration would enable early risk identification and coordinated responses across health, defence, and disaster management institutions, reflecting a holistic security approach.

➢ *Institutional Reforms*

Enhancing coordination among central, state, and local governments is essential. Establishing clear protocols for crisis governance, improving data-sharing mechanisms, and strengthening public health institutions can address systemic weaknesses revealed during the pandemic.

➢ *Technological Investment*

Leveraging digital health technologies, disease surveillance systems, and data analytics can improve early warning and response capabilities. At the same time, safeguarding data privacy and ethical standards is crucial to maintaining public trust and legitimacy.

➢ *Global Collaboration*

India should continue strengthening multilateral partnerships and regional health security mechanisms. Collaborative research, shared surveillance networks, and equitable access to medical resources are vital for addressing future pandemics as collective security challenges.

VII. CONCLUSION

The COVID-19 pandemic fundamentally challenged traditional notions of security by demonstrating that threats to human survival and dignity can emerge from non-military sources with devastating consequences. In India, the pandemic exposed structural vulnerabilities in health systems, governance mechanisms, and socio-economic arrangements while simultaneously underscoring the centrality of human security to national resilience. Addressing pandemics as non-traditional security threats requires a paradigm shift from reactive containment to proactive preparedness rooted in human security principles. Integrating health into the broader security framework, strengthening public health governance, and fostering global cooperation are essential steps toward building a resilient and inclusive security architecture. By recognizing health security as a foundational pillar of national and global security, India can better confront future crises and contribute to a more stable and humane international order.

COVID-19 transformed human security in India from a theoretical framework into an urgenst lived reality. The pandemic exposed systemic weaknesses in healthcare, employment protection, and welfare delivery while magnifying social inequalities. An effective post-pandemic recovery strategy must therefore integrate human security principles into development planning by prioritizing universal healthcare, food and income security, environmental sustainability, and rights-based governance. The crisis illustrates that pandemics are not merely biological events but social and political phenomena that test the resilience of societies. In the Indian context, strengthening human security is essential not only for managing future health emergencies but also for advancing inclusive and sustainable development.

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