

## Failure Of Health Diplomacy To Communicate Covid-19: Political, Ethical, Legal And Medical Perspective

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Health diplomacy (HD) is an arising field that merges foreign affairs to medicine and law, with a focus on negotiations that impact the global policy environment for health [1]. Successful health diplomacy relies on political and diplomatic experience and practice, which must be combined with public health knowledge and evidence-based medicine [2]. It plays a vital role in sharing information which makes a difference to (un)successful communication. The HD core principle relies on the concept of bringing nations together in diplomatic missions to confront public health threats that all countries need to prepare for [3]. The pandemic warning system from political administrations failed when SARS-CoV-2 unexpectedly hit the world, although lessons were to be learned from emergency preparedness and response to HIV and EBOLA [4]. The COVID-19 pandemic has demonstrated the vital importance of global solidarity to confront common public health warnings [5]. Despite the expectations and responsibility of the World Health Organization (W.H.O.) in supporting countries to respond in a coordinated way and to bring together decisions aimed to jointly address the pandemic, it has an enormous global impact and has led to substantial misunderstanding worldwide.

The biggest communication issue from the beginning of the pandemic was the report that there is no presence of human-to-human transmission, which caused a delay in implementation of public health measures like wearing masks, keep social distancing and, taking the situation seriously. The protective measures varied among countries and caused global distrust and protest when wearing the mask became mandatory. Without the United Nation's guidance, countries have imposed quarantine and social distancing measures on their own. That concerns the implications and enforcement of the Universal Declaration of Human Rights [6]. Since then, a reliable source of trustworthy information was very difficult to obtain, as every country's government provided the public with their personal perspectives. Decisions were mostly made by the experts in the department of civil protection, which were presented as national heroes. The points of view divided both, the citizens and the professionals.

For instance, information on the treatment procedure with Hydroxychloroquine (HCQ) as Compassionate Therapy of COVID-19 has shown the rise and fall. Some clinical observational studies have suggested therapeutic benefits of Hydroxychloroquine in COVID-19, whereas other studies have shown mixed results [7]. The study made by Risch et al in 2020 for outpatient treatment efficacy received strong scientific criticism and raised serious concern for openly promoting HCQ without strong clinical trial evidence.

Further, the French authorities warned against the use of ibuprofen in patients with coronavirus disease [8], which was afterward denied. Side by side, as the vaccine developed so did the negotiation process in delivering vaccines started, but without equal distribution globally. The Guardian reported on India's Covid catastrophe by witnessing a crime against humanity and was

seeking help [9]. It should have been thought that the problem could not be solved without considering helping low-income countries.

While awareness of the side effects of vaccines grows, a bigger problem loomed as many millions have been depending on it. It's been one step forward, two back for AstraZeneca's COVID-19 vaccine [10]. A report from the German economic newspaper Handelsblatt's "Setback for vaccine" ran as its top story subtitled, "The AstraZeneca vaccine apparently has an effectiveness of only 8% in the elderly [11]. Just a few days later BBC reported that most adults under the age of 40 will be given an alternative to the Oxford-AstraZeneca vaccine due to its association with rare blood clots [12].

Canada and Germany joined Iceland, Sweden, Finland, and France in recommending against this vaccine's use in younger people, who seem to be at higher risk for developing the clot and are less likely to develop severe COVID-19. The Goethe University from Frankfurt highlighted that the approach makes sense given that other vaccines are available if we do not have just one type of vaccine [13]. The European Medicines Agency (EMA) says it is not yet clear what the risk factors are, and that the benefits of the AstraZeneca vaccine continue to outweigh the very low probability of side effects. Furthermore, there were also reports of side effects after other types of vaccines; Johnson & Johnson, Pfizer and Moderna [14]. Following several cases of individuals incidentally vaccinated with 2 different vaccines, it was presented to the public that all vaccine doses need to be the same to provide an appropriate level of effectiveness. Not long afterward, some countries have adopted an unproven strategy: switching shots midstream believing that it would be extremely likely that mixing vaccines will still produce a strong immune response [15].

Any of this public information has not been officially confirmed or denied by coordinating authority and it leads to a complete vaccine mess and allowed space for the anti-vaxxer movement to flare up. Therefore, each country adopted instructions of safety and implemented an age limit, (under 30, under 40, or 50, etc.) from their evaluation, in the same way as they organized healthcare without common opinion and uniform strategy for hospital management. However, questions have arisen about who is the main coordinating authority as The World Health Organization cannot "overrule" the Center for Disease Control and Prevention (C.D.C.) because they are separate agencies but both make recommendations based on expert advice. The C.D.C. relies on advice from its internal experts while the W.H.O. convenes panels of independent experts from around the world [16].

Now, it is critical to review the shortage of guidelines and protocols sent to the hospitals for disease control for non-COVID patients. Healthcare professionals were not given clear instructions on how to organize healthcare and at the same time, their responsibility was sought, nonetheless without national support. No country, hospital, or clinic can keep its patients safe unless it keeps its health workers safe [17]. The numerous hospital departments were completely empty, while on COVID departments worked doctors from different specialties as psychiatrists, ophthalmologists, etc. In the face of incredible efforts to provide full care for patients, putting themselves at risk, it consequently resulted in burnout syndrome of health workers [18].

The growing awareness of ethical and social determinants of health has also made international health negotiations increasingly political, diverse, and multi-sectoral [19].

The introduction of Coronapass or Covid's safe card is an ethical and legal minefield. The bioethical question is the logic behind the coronapass, which excludes people from social life because of their presumed health [20].

Although it has an undoubtedly safety value, the coronapass can be criticized from a legal point of view in that it will inevitably create discrimination [21]. Accordingly, the toughest privacy and security law in the world, the adoption of certain measures taken to govern the COVID-19 emergency generates certain data protection issues. It is important to have a full understanding of what it is to be done under the current General Data Protection Regulation [22]. The outbreak of COVID-19 subsequent measures taken by the government and public authorities raise several challenging issues for employers [23].

The announcement of reopening borders and traveling to and from abroad raises awareness of safe free movement. The information changes from day to day, which particularly affects tourist

countries [24]. The fear of covid restrictions still continues to dominate, especially regarding covid-test on the borders, which shows a failure in communication from politics to clinics [25]. Responding to emergencies, whatever the cause presents a very big challenge for successful world health management. Diplomatic rule of control emergency operation is unique and only when politics admits mistakes could learn from them. As a result, when it comes to planning ahead for positive outcomes, we should be ready to face the new threats and sustain public confidence.

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