

The Scope of Government Responsibility in the Spread of the Coronavirus Pandemic and Its Impact on the Right to Health

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Abstract: COVID-19 pandemic. This global crisis has posed unprecedented challenges to health systems and governments around the world, and has shown how failure to manage health crises can have serious consequences for citizens' right to health. This article examines the extent of government responsibility for the spread and spread of this pandemic and its impact on the right to health. Given that the right to health is a fundamental human right, governments have a duty to ensure this right for their citizens by taking preventive measures, providing health and medical resources, and providing transparent information to the public. The results of this research show that weaknesses in crisis management not only threaten public health, but can also lead to human rights violations and increasing inequalities.

Keywords: COVID-19 pandemic, right to health, government responsibility, social inequalities, management challenges

INTRODUCTION

As one of the largest health crises in modern history, the COVID-19 pandemic has not only affected public health, but also profoundly and fundamentally changed the social, economic and political dimensions of societies. The right to health is recognized as a fundamental human right, which includes access to health services, healthy living conditions and a suitable environment. This right is recognized in international instruments such as the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights. Governments are obliged to guarantee this right for all members of society by providing the necessary infrastructure and effective policies.

Governments have multiple responsibilities during health crises such as the COVID-19 pandemic. These responsibilities include early detection of the disease, taking preventive measures, providing health and medical resources, informing the public and also protecting vulnerable groups. These measures are not only necessary to control the spread of the disease, but are also vital to safeguarding the right to health of citizens.

The COVID-19 pandemic has not only affected the physical health of individuals, but also had far-reaching economic and social consequences. Quarantines and social restrictions have led to business closures and reduced household incomes. This has led to increased social and economic inequalities, putting vulnerable groups such as minorities and low-income people at greater risk. In this context, governments must adopt policies that reduce inequalities and ensure equitable access to health services.

Crisis management during the COVID-19 pandemic has faced numerous challenges. Lack of transparency in information, shortages of medical equipment and human resources, and the

inability to meet basic health needs were among the problems that many countries faced. These challenges have not only affected the ability of governments to control the spread of the disease, but also negatively affected public trust in health systems.

The COVID-19 pandemic is a global crisis that requires international cooperation. Governments should work together to share information, resources and experiences. This cooperation can include the exchange of vaccines, medical equipment and scientific knowledge. Countries that have been successful in managing pandemics have often benefited from each other's experiences, demonstrating the importance of global solidarity in the face of health crises. Given the vast dimensions of the COVID-19 pandemic and its impact on the right to health, it is essential that governments take their responsibilities seriously and take effective measures to protect public health and the rights of citizens.

THE RIGHT TO HEALTH IN INTERNATIONAL LAW

The right to health has been emphasized globally as a fundamental individual and collective right. According to the International Covenant on Economic, Social and Cultural Rights (1966), all people, without discrimination on grounds of sex, age, race, religion or other factors, should enjoy this right. The World Health Organization (1946) has also defined health not merely as the absence of disease or infirmity, but as a state of complete physical, mental and social well-being. (San Giorgi M. 2012.1) In this context, the right to health has been raised in the Universal Declaration of Human Rights (1948) as part of the standard of living, including access to food, housing, medical care and social security in various circumstances such as unemployment or old age.

This right has two key dimensions: first, respect for the autonomy of the individual in matters of health and the prevention of unauthorized interference with his or her body; second, the provision of essential services in times of illness. The Committee on Economic, Social and Cultural Rights has stated the minimum requirements of this right, including prevention, treatment, reduction of infant mortality, improvement of child health and the environment. International treaties such as the Convention on the Rights of the Child (1989), the Convention on the Elimination of Discrimination against Women (1979) and the Convention on the Rights of Persons with Disabilities (2006) have also emphasized this right.

Despite the ratification of at least 115 countries on the conflict of this right in their constitutions, there are deep gaps in access to health services. (Gwatkin DR, 2004; 1273-1280) A report by the World Health Organization shows that many health systems are accompanied by inequality and uncertainty, so that quality services are provided more to the wealthy and less to vulnerable groups. In addition, market-oriented approaches to health policies have shifted the focus from low-cost and mass prevention to expensive and profitable medical services for minorities in society. This is while the international covenant requires that health resources be allocated based on the needs of the majority of society, not economic interests.

The right to health has been emphasized as a fundamental right in several international documents. The first implicit reference to this right is found in Article 55 of the United Nations Charter, which refers to the improvement of the standard of living and universal health. The Constitution of the World Health Organization also considers access to the highest attainable

standard of health as a fundamental right for everyone in its preamble. (Poutakidou D. 2012. 7)

Article 25 of the Universal Declaration of Human Rights (1948) introduces health as part of an adequate standard of living and lists medical care, social security and security conditions as essential to this right. Article 12 of the International Covenant on Economic, Social and Cultural Rights (1966) also explicitly guarantees the right of everyone to a desirable level of physical and mental health. (Javid and Niavaran, 2019, 54)

This right has also been reiterated in anti-discrimination treaties: Article 5 of the Convention against Racial Discrimination (1965) obliges states to provide medical care and social services to all. Article 12 of the Convention on the Elimination of Discrimination against Women (1979) also emphasizes equal access of women and men to health services. (Al-Kajbaf and Ansarian, 2014, 65)

By creating legal obligations for governments, these documents conceptualized health not only as the absence of disease, but also as a condition for a dignified life and social justice.

Impact of the Corona pandemic on the right to health of citizens (Commitments 6.7.8)

The coronavirus was first identified in late 2019 in Wuhan, China, and was officially reported to the World Health Organization on January 12, 2020. After a short time, the virus spread rapidly to other parts of the world and on March 11, 2020, the World Health Organization declared it a pandemic. (Khosravi, 2020, 417)

This infectious disease can be examined from various aspects of human rights.

People infected with Corona have the right to receive therapeutic and life-sustaining interventions.

Infected people can threaten the right to health of others by transmitting the virus, so members of society also have the right to be protected from contracting the disease.

There may be a need for compulsory treatment and quarantine policies, which can lead to the restriction of some of the rights and freedoms of patients.

Governments are obliged to protect the right to health of all individuals and to ensure public health. (Momani, 1400, 54)

Human rights strategies: Human rights approaches in the face of a pandemic can lead to diverse discourses from ethical, philosophical, social and legal aspects.

The World Health Organization has announced that the coronavirus outbreak reached the pandemic stage in a short period of time, and this situation has caused new crises in the global health, economic and political systems. In this regard, governments and international organizations should take measures to guarantee the right to universal health by utilizing the capacities of international law and avoid discriminatory measures. The UN Secretary-General, Antonio Guterres, has emphasized that the COVID-19 pandemic demonstrates two fundamental truths about human rights: first, that human rights violations affect everyone; and second, that these rights are universal and must protect everyone. (Aminzadeh, 1400, 54)

An effective response to the pandemic must be based on solidarity and cooperation; divisive approaches cannot work against global threats. In its general comment No. 14, the Committee on Economic, Social and Cultural Rights has recognized access to essential medicines as a human right that is essential for the realization of the highest attainable standard of physical and mental health. The UN Commission on Human Rights has also emphasized that access to medicines for common diseases must be provided at a reasonable price in order to ensure the right to health for all. (Junaidi, 1400, 184)

Pharmaceutical products are protected by intellectual property rights, and countries The World Trade Organization (WTO) requires countries to respect these protections. However, the high price of medicines often prevents patients from having adequate access to them. One of the main pillars of the right to health is access to medicines; however, patents may lead to monopoly of medicine production, which is a serious challenge to the realization of the right to health. (Al-Kajbaf, 2013, 43)

According to the principle of the right to health, and in particular the right to access to essential medicines, governments are obliged to provide access to medicines for all individuals and to prevent the creation of restrictions or obstacles in this regard. In the current situation where the coronavirus pandemic has had a profound impact on health and the global economy, the provision of medical and pharmaceutical equipment to treat patients in Iran has faced serious challenges.

The outbreak of COVID-19 is one of the greatest challenges for the global community and its negative effects on the global economy are evident. This crisis has brought many problems to many countries. As long as we do not adhere to the principle of equal rights in access to health and benefit from scientific advances, success in the fight against Covid-19 will be at risk. Vaccine production and distribution should be based on the real needs of countries and rich countries should not be allowed to monopolize this vaccine. The World Health Organization has warned against unhealthy competition in the field of vital medicines, and some American officials have also called for prioritizing their citizens in this regard. (Hassan Zadeh, 1400, 52)

UN Secretary-General Antonio Guterres had previously emphasized that if a corona vaccine is successfully produced, it should be accessible to everyone around the world. The UN has issued a resolution calling for the equitable distribution of vaccines. This resolution emphasizes the importance of fair access and equitable distribution of vaccines. The UN Human Rights Council has also adopted a resolution emphasizing the responsibility of governments in addressing the COVID-19 outbreak and the need for all countries to have access to vaccines. (Rostami, 1400, 143)

This resolution recalls that one of the goals of the UN is to achieve international cooperation to solve economic, social, cultural and humanitarian problems and to promote respect for human rights for all without discrimination. Also, concerns about the unequal distribution of vaccines could delay the end of the COVID-19 pandemic and hinder the achievement of the Sustainable Development Goals. Therefore, countries and stakeholders should take effective measures through solidarity and multilateral cooperation to ensure fair, efficient, transparent and affordable access and distribution of COVID-19 vaccines, especially in developing and least developed countries. (Seyed Mousavi, 2014, 44)

THE SCOPE OF GOVERNMENT RESPONSIBILITY IN THE OUTBREAK AND SPREAD OF THE PANDEMIC (RESEARCH)

According to Article 29 of the Constitution, providing health and medical services is a duty of the government, and the spread of the coronavirus can be considered the result of the government's poor performance and irresponsibility in the field of public health. One of the goals of civil responsibility is to restore the economic situation to the state before the crisis; therefore, the government, which has the necessary facilities and capital, must manage these challenges and be accountable in case of failure. (Mehra, 2010, 141) Also, by citing Article 487 of the Islamic Penal Code, the unity of criteria can be extracted from criminal law; meaning that if a person is murdered and the murderer is not identified, blood money will be paid from the treasury. (Safaei, 2015, 54)

The government's responsibility includes all its actions, whether based on fault or due to administrative actions of employees or deficiencies in the administrative system. This responsibility is not absolute and is basically based on fault; Its realization in the case of damages resulting from government occupation requires proof. In the context of sovereign actions, the lack of government liability is accepted, because public interests often conflict with personal interests and in many cases individual interests are ignored. (Bahrami, 2015, 76)

The main purpose of civil liability is to compensate the injured party and gain his satisfaction. This includes restoring the individual's previous status, punishing the offender, preventing the repetition of the criminal act, and creating peace and morality in society.

Civil liability generally includes two main concepts: contractual liability and tortious liability (involuntary). Contractual liability is related to the failure to fulfill obligations arising from a contract. (Amid, 2016, 165) In this case, a person who does not fulfill his obligations and causes damage to the other party is obliged to compensate for the damage. (Badini, 2015, 155) On the other hand, compulsory or non-contractual liability refers to duties that the law directly imposes on an individual due to the performance or non-performance of an act, without the need for a specific intention or will. An example of this type of liability is the loss of another person's property, in which case the injured person will be obliged to compensate for the damage. (Yazdanian, 2017, 155) The basis of the state's civil liability for compensation for damage varies depending on the type of liability (contractual or non-contractual). In the context of the state's contractual liability, some jurists believe that there is a social contract between the state and the nation, according to which ensuring security is considered the main duty of the state. Therefore, if the government's fault leads to harm to citizens, this institution must compensate for the damage. Another group also believes that there is an implicit contract between the government and the nation; meaning that citizens are required to pay taxes annually and in return, the government must protect their rights against damages. (Shahidi, 2010, 44).

In the area of non-contractual liability of the state, there are various theories that can be the basis for compensation. One of the most important of these theories is the theory of fault, according to which the state is held responsible towards its citizens if it fails to perform its duties.

EXEMPTION FACTORS FROM STATE RESPONSIBILITY

Under the principles of State responsibility law, there are certain circumstances that a State may invoke to exempt itself from responsibility for a breach of its international obligations. These invocations serve as a defense against a claim of breach of international obligations. According to the interpretation of the International Law Commission, such invocations and defenses do not nullify or terminate the obligation, but are merely justifications for the failure to perform those obligations, and the principle of the obligation remains valid. (Bergkamp L. 2001.76)

In the context of the barriers to responsibility, three main factors can be identified: 1) force majeure, 2) urgency, and 3) necessity. Before examining the details of each of these factors, three points should be noted: first, whether a particular factor can exclude responsibility or not, which depends on the nature of the underlying rule. For example, in some cases involving human rights treaty obligations, the claim of necessity may be rejected. Second, the International Law Commission has emphasized that these factors have a high threshold, meaning that it is difficult for States to invoke them to escape responsibility for conduct in breach of their international obligations. Third, the relevance and necessity of these factors depend on the situation and capabilities of each State with respect to the specific obligation. (Ebrahimi SN. 2012; 18)

In general, there is no comprehensive factor or situation applicable to all States regarding the breach of all international obligations during the COVID-19 crisis.

In the field of international trade, and based on Article 7.1.7 of the Principles of International Commercial Contracts of the Institute for the Unification of Private Law, Force Majeure is defined as one of the oldest and most common contractual excuses. This concept refers to a sudden and unavoidable event that exempts the obligor from fulfilling its obligations. Compensation for damages by the other party is also possible in these circumstances. (International Law Commission. UN Doc. A/56/10. 2001)

Regarding the situation of force majeure, Article 23 of the International Responsibility of States stipulates that if an act of a State is caused by force majeure, it is prevented from being a breach. Force majeure refers to the occurrence of unavoidable force beyond the control of the State and makes it impossible to perform the obligation. (Paddeu F, 2020.77.)

A situation of force majeure, whether alone or in combination with other factors, may result from the action of the State invoking it or from the acceptance of the risk of the situation by that State. As mentioned in paragraph 1, it is emphasized that in the circumstances in which the obligation must be performed, the force majeure must essentially make the performance of the obligation impossible. This concept means that force majeure must affect the ability of a State to perform its obligations in such a way as to make it practically impossible to perform.

According to Article 23, for a force majeure claim to be accepted, six main conditions must be met:

1. The situation or event must be an unavoidable force.
2. The situation or event must not have been foreseeable.

3. The event must be beyond the State's control.
4. The situation must make it fundamentally impossible to perform the State's obligation.
5. The State must not have played a role in creating the situation.
6. The risk of such a situation occurring must not have been accepted by the State.

During the COVID-19 pandemic, States that have been unable to perform their international obligations must prove that it was fundamentally impossible to perform their obligations. According to the interpretation of Article 23, force majeure is different from a state of urgency or necessity; Because in force majeure, the state's behavior is completely involuntary and there is no free choice for the state. For this reason, the failure of a state to fulfill an international obligation as a result of restrictive measures such as quarantine or movement control during the COVID-19 pandemic may be due to circumstances that make the fulfillment of the obligation practically impossible.

These cases show that force majeure is not only a legal obstacle to the performance of obligations, but also has specific and strict conditions that must be proven in order to be exempt from international responsibility. (The Case Concerning the Barcelona Traction. 1970. p.3.)

Distress refers to a situation in which the lives of individuals are in danger and there is no reasonable or reasonable way of saving them. Article 24 of the Commission's draft stipulates that distress has two main conditions: first, the situation must not be caused by the act of the invoking State itself or by a combination of its acts and those of another; second, there must be a greater likelihood of the danger arising if the action is not taken. According to the interpretation of Article 24, distress can only be invoked in cases where a State official or a person with a special relationship to a State organ acts to save his own life or the life of others.

The more general conditions of crisis and emergency do not apply to this article and will rather include a state of necessity. The following criteria and conditions have been put forward for the acceptance of this defense in a claim of urgency:

1. There must be a threat to life;
2. There must be a special relationship between the state organ and the individuals concerned;
3. There must be no other reasonable way to deal with the threat;
4. The state must not have played a role in creating the situation;
5. The state's actions must be proportionate to the risk involved.

These cases show that proving a special connection between a state organ and its official who has committed a breach of an international obligation, as well as the individuals at risk, is a major challenge for states.

Necessity, according to Article 25, refers to a situation where a "grave" and "imminent" threat threatens the essential interests of a state and the state is compelled to take a wrongful act that would lead to a breach of its obligations. In such a case, necessity can prevent the state from being held responsible. The International Law Commission has clarified that the term "necessity" in this article refers to exceptional cases and is the only way in which a State can

protect its essential interests against a serious threat. Necessity will therefore rarely be invoked to justify the failure to perform obligations.

The same criteria that have been put forward for the possibility of invoking “necessity” are applicable to necessity. Therefore, States wishing to invoke necessity must prove that the obligation breached is not in any way incompatible with the essential interests of the State. (The Case Concerning the Barcelona Traction, 1970.10.)

Review of International Conventions Related to Public Health and State Responsibility

Public health is one of the fundamental pillars of sustainable development and social welfare in human societies. There are numerous international conventions that address the issue of public health and the responsibility of states in this regard. Here we will mention some of the most important of these conventions and the principles related to them.

1. Convention on the Rights of the Child (1989)

The Convention on the Rights of the Child, adopted by the United Nations, addresses children’s rights in various areas, including health and treatment. Article 24 of this convention states that States Parties shall take the necessary measures to ensure the right of the child to access appropriate health services (UNICEF, 1989.87). This convention emphasizes the responsibility of states in providing health services and preventing diseases.

2. Universal Declaration of Human Rights (1948)

The Universal Declaration of Human Rights, adopted by the United Nations General Assembly, recognizes the right of everyone to health as a fundamental human right (United Nations, 1948.88). Article 25 of the Declaration states that everyone has the right to an adequate standard of living, including food, health and medical care. States are obliged to create conditions in which these rights can be realized.

3. International Covenant on Economic, Social and Cultural Rights (1966)

This convention also emphasizes the right of everyone to the enjoyment of the highest attainable standard of health (United Nations, 1966.54). Article 12 of the convention states that States Parties shall take measures to improve health conditions, prevent disease and provide health services. The convention outlines the responsibility of States in ensuring public health and access to health services.

4. World Health Organization (WHO) Guidelines

The World Health Organization, as the international body responsible for health, issues guidelines and guidance to member states. These guidelines include recommendations for managing communicable diseases, promoting mental health, and improving health systems (WHO, 2021.87). Governments are required to incorporate these recommendations into their health policies.

5. International agreements on communicable diseases

There are also agreements such as the "Global AIDS Convention" and the "Global Tuberculosis Convention" that emphasize the responsibility of governments in the prevention and control of

communicable diseases (UNAIDS, 2016.88). These agreements require member states to develop and implement effective national programs to combat these diseases.

The responsibility of governments in the field of public health is determined by international conventions and agreements. This responsibility includes providing health services, preventing diseases, and promoting the health of the community. Governments, in cooperation with international organizations and non-governmental organizations, must take effective measures to realize human rights and public health.

THE IMPACT OF STATE ACTION ON THE RIGHT TO HEALTH

The right to health is a fundamental human right recognized in various international instruments. This right not only means access to health services, but also includes the social, economic and environmental conditions that affect the health of individuals (World Health Organization, 2008.76). This article examines the impact of state action on the right to health and analyzes the role of their policies, programs and actions in promoting or undermining this right.

The right to health Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) clearly states that States Parties are obliged to provide the necessary conditions for the realization of this right (United Nations, 1966). This convention emphasizes that states must ensure access to health services, adequate nutrition and a healthy environment in order to promote public health. Therefore, the performance of states in this area has a direct impact on the realization of the right to health.

Governments are responsible for establishing and maintaining effective health systems that meet the needs of their populations. Access to health services is a key factor in realizing the right to health. Studies show that countries with strong and comprehensive health systems have better health outcomes (Bambra et al. 2015.76). For example, Scandinavian countries with free and universal health systems have been able to provide high health indicators for their citizens (Marmot, 2015.55).

Adequate financing of health systems is another key factor in influencing the right to health. Governments must allocate sufficient financial resources to provide health services. Insufficient allocation of resources can lead to a decrease in the quality of services and people's lack of access to necessary treatments (WHO, 2010.66). In countries with limited budgets, such as some African countries, a lack of financial resources can lead to increased mortality and infectious diseases (World Bank, 2017.32).

Effective public health policies play a critical role in realizing the right to health. Governments should design comprehensive, evidence-based programs that identify and respond to the needs of populations. For example, universal vaccination programs in developed and developing countries have had a significant impact on reducing communicable diseases (CDC, 2019.88). Preventive policies such as tobacco control and physical activity promotion can also help reduce the burden of disease (WHO, 2017.56).

Social and economic inequalities can negatively impact the right to health. Vulnerable groups such as minorities, women, and children are often disproportionately affected. Governments should adopt policies that reduce inequalities and ensure equitable access to health services

(Phelan Link, 2015.37). For example, in the United States, racial and economic inequalities have led to some groups having less access to health services and experiencing poorer health outcomes (Williams Mohammed, 2009.57).

Global crises such as the COVID-19 pandemic have highlighted the importance of government action in the right to health. Governments that responded quickly and effectively to the crisis were able to prevent further spread of the disease and preserve the health of their populations (Ranney et al. 2020.132). In contrast, countries that failed to respond adequately experienced increased mortality and disease burden (Gonzalez et al. 2021.187). This highlights the importance of crisis management and the ability of governments to protect the right to health of their citizens.

Public education on health issues is another duty of governments that has a strong impact on the right to health. Increasing public awareness of disease prevention, healthy eating, and active lifestyles can significantly improve the health status of a community (Nutbeam, 2000.88). For example, educational programs on nutrition and physical activity can lead to a reduction in obesity and related diseases (Hesketh et al. 2005.87).

The performance of governments in the right to health plays a crucial role. From adequate financing to effective policymaking and crisis response, all of these factors can have a direct impact on people's access to health services and their quality of life. Therefore, governments must take measures that guarantee the right to health for all citizens, in accordance with human rights principles.

BARRIERS TO PUBLIC HEALTH

Pandemics are one of the major challenges that threaten public health internationally. Since its inception, humans have always struggled with diseases and have tried to understand and prevent their spread.

An epidemic is an event in which a specific disease or health behavior significantly exceeds the expected level in a region or community. This situation is relative and depends on the normal frequency of the disease in the population in question and at a particular time of year. For example, the observation of a single case of a communicable disease that has not been seen in a community for a long time, or two cases of such diseases that are temporally and spatially related, requires immediate and careful investigation. Also, a disease that has been known as an epidemic for years may eventually be considered endemic; that is, the permanent presence of an infectious agent in a specific geographical area.

Today, despite the epidemiological changes resulting from urban and industrial life, and the increasing importance of cardiovascular diseases and other diseases associated with modernity, communicable and infectious diseases remain one of the greatest threats to public health, especially in developing countries. Even developed countries may face the risk of their return if they do not have effective programs to combat these diseases. Among the widespread diseases that threaten public health are AIDS, malaria and hepatitis. (Zamani, 2016, 66)

One of the serious threats facing public health and public health worldwide is emerging diseases. While we have reached a point since the beginning of the 21st century where we expect to live in an industrialized world without the hassle of serious infectious diseases,

significant advances in improving public health and success in immunization programs against diseases have raised hopes. However, the emergence of new infectious diseases in various countries, both developed and developing, was long ignored. But the sudden emergence of AIDS as a global epidemic about twenty years ago highlighted the fact that there is always the possibility of new diseases with unknown symptoms and complications. Emerging diseases are infectious diseases that have increased in incidence over the past three decades or are expected to increase in the near future. These diseases include those that have recently appeared in different parts of the world or have appeared in areas where they did not exist before. The term also includes diseases that were previously easily treatable but have now become resistant to antimicrobial drugs. Resistant organisms have no natural boundaries and are easily transported to other parts of the world through air travel. (Abbasi, 2014, 65)

Population growth, continuous migrations, and refugee movements indicate that the fate of humans is now more interconnected than ever. This closeness of nations allows diseases to spread rapidly not only from person to person but also from continent to continent; this transmission may occur through airborne particles, sexual contact, or direct contact.

Despite great medical advances, human society is still faced with new and unknown diseases that require urgent measures to prevent their spread. Among these emerging diseases that have caused great harm to humans are SARS and bird flu.

Another serious challenge facing public health and safety worldwide is the issue of bioterrorism. Bioterrorism means the use of biological agents to create fear and panic in society. Biological weapons include tools that are used to deliberately spread disease-causing organisms or their products through food, water, vector insects or sprays. This type of warfare involves the use of bacteria, viruses, plants, animals and their products for hostile purposes.

According to the 2007 definition of the International Criminal Police Organization, bioterrorism is the deliberate release of biological or toxic agents with the intention of harming humans, animals or plants. These acts are carried out with prior intent and to create fear or pressure on governments or groups of people in order to achieve political or social goals. It is difficult to predict when and how chemical and biological attacks will occur; therefore, the possibility of such attacks cannot be ignored. Events such as the sarin gas attack on the Tokyo subway or the discovery of biological weapons programs in Iraq and the former Soviet Union demonstrate the importance of being prepared for these threats.

To counter these threats, public health infrastructures must be prepared to rapidly detect and control infectious diseases resulting from biological attacks. A strong and resilient national health system is essential for early detection of these attacks. However, many people still believe that biological warfare is just a military fantasy, but advances in biotechnology and political developments have changed this belief.

At the beginning of the third millennium, the need for biological defense preparedness is felt more than ever. Outbreaks of infectious diseases caused by contaminated food or other factors can increase the likelihood of bioterrorist attacks. Therefore, timely awareness, preventive treatment measures, and rapid crisis control by medical and health personnel are vital. (Mottaqi, 2017, 68)

In the field of biological weapons, there are conventions and protocols that prohibit the use of these weapons. For example, the 1925 Geneva Protocol condemned the use of biological weapons. It also adopted the 1972 Convention on the Prohibition of the Production, Development and Stockpiling of Biological and Toxin Weapons. The December 1966 UN General Assembly resolution also emphasized that the prohibition of the use of biological weapons is a general rule that all countries must adhere to.

These measures demonstrate the importance of global cooperation to counter the threat of bioterrorism. Although less than one percent of global deaths are caused by bioterrorism attacks, their potentially widespread impact on public health and community security requires careful national and international planning.

CONCLUSION

As one of the greatest health challenges of this century, the COVID-19 pandemic has placed multiple responsibilities on the shoulders of governments. The crisis not only directly affected public health, but also had a wide range of social, economic and political dimensions. Governments have a number of preventive responsibilities during a pandemic, including early detection and control of the spread of the disease. These responsibilities are particularly important in the early stages of the pandemic. Taking measures to limit gatherings, implementing quarantines and monitoring travel are among the measures that governments must take. For example, countries that quickly closed borders and restricted public gatherings were able to control the spread of the disease and avoid overwhelming their health systems. Governments must allocate sufficient resources to strengthen health infrastructure. This includes providing medical equipment, increasing hospital capacity and health personnel. Failure to pay attention to these issues can lead to serious crises during the outbreak. For example, in many countries, shortages of medical equipment and manpower at the peak of the outbreak increased mortality and the burden of disease.

Providing accurate and timely information about the risks of the virus and how to prevent it is one of the most important tasks of governments. Public education on compliance with health protocols, such as wearing masks and social distancing, can have a major impact on controlling the spread of the disease. Countries that have been successful in managing the crisis have usually implemented effective education programs to raise public awareness. The COVID-19 pandemic has exacerbated existing inequalities in societies. Vulnerable groups such as minorities, low-income people, and those with limited access to health services have been most affected. Governments must adopt policies that reduce inequalities and ensure equitable access to health services. Otherwise, the right to health will be violated for many people. The COVID-19 pandemic has had profound effects on the global economy. Many businesses have closed and millions of people have lost their jobs. This situation has not only affected people's physical health, but also their mental health. Governments should develop plans to support businesses and individuals affected by the crisis to prevent the economic and social consequences of the crisis. Transparency and accountability of governments during a crisis are another key factor that can build public trust. Accurate information about the state of the outbreak, decisions made and actions taken by the government can help strengthen public trust in the health system. In countries that were more transparent in their crisis management, the public showed greater cooperation with health protocols. The COVID-19 pandemic is a global crisis that requires international cooperation. Governments should work together to share

information, resources and experiences. This cooperation can include exchanging vaccines, medical equipment and scientific knowledge. Countries that have been successful in managing the pandemic have usually benefited from each other's experiences. Given the widespread impact of the COVID-19 pandemic on the right to health, governments should look for ways to strengthen their health systems. This includes investing in health infrastructure, increasing access to health services and addressing the needs of vulnerable groups. Governments should also develop plans to prevent future pandemics. Finally, the scope of government responsibilities in the face of the COVID-19 pandemic is very wide and includes preventive measures, provision of resources, information, reduction of inequalities, economic and social support, transparency and international cooperation. These responsibilities affect not only public health but also the right to health of citizens. Therefore, governments should take measures that guarantee the right to health for all members of society, taking into account the lessons learned from this pandemic.

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