

EDITORIAL

Cross-Border Health Policy and Emerging Infectious Diseases: The Science and Diplomacy Interplay

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Emerging infectious diseases (EIDs), once considered a regional phenomenon of relatively narrow scope and local influence, have nowadays become a global phenomenon.¹ EIDs are posing a significant threat to health care systems, social cohesion, and disrupting the balance of interstate relations. The epidemics of Covid-19 and m-pox have underscored the reality that pathogens transcend the sovereignty of borders. In the world we live in today, a combination of strict scientific and active diplomatic involvement cannot be overlooked in finding solutions to the multi-dimensional problems that are caused by EIDs. This editorial attempts to highlight the nexus at which policy can be formed through empirical evidence and transformed into collective action through the international mechanism of diplomacy, highlighting the need to establish joint governance, equitable distribution of resources, and robust international cooperation.

The Covid-19 pandemic exposed both the weaknesses and strengths of the global health systems. The rapid spread of the virus demonstrated how a local outbreak can spread into a global emergency in a short span of time.² Moreover, the pandemic highlighted the lack of preparedness, coordination, and equitable distribution of vaccines on a global scale. Although there were unprecedented scientific advancements, such as fast-tracking the production of vaccines, stark inequality in the distribution of these lifesaving drugs/treatments highlighted deep-rooted political and economic inequity. Developed countries were able to access the vaccines first, while middle and low-income countries faced long delays. These disparities highlighted that scientific progress alone is insufficient and the dissemination of scientific advancements depends on the status of the diplomatic interactions that define the timing and implementation of health interventions. Additionally, the growing threat of emerging EIDs underscores the need for harmonized surveillance infrastructures. Timely identification and open reporting are the basic components that can help in preventing the development of localized epidemics into global disasters.

This undertaking is not a mere case of scientific investigation and surveillance, but it has far-reaching political implications. States hesitate to report new cases because of the economic consequences, reputational damage, and travel bans.³ To overcome these hurdles, countries need to strengthen healthcare organizations and implement international health regulations (IHR), and the incentives to encourage the timely dissemination of information should be politically neutral. Transparency and responsibility without any punitive outcomes of openness should prevail and be implemented as a practical policy. Geopolitical contestation tends to affect health diplomacy, in which a political discourse overshadows rational analysis. The role of the World Health Organization (WHO) cannot be ignored in facilitating coordinated efforts in dealing with EIDs. WHO needs to be enabled with the capacity and credibility to take prompt, decisive actions.

Another relevant aspect of the science-diplomacy nexus is related to the exchanges of data and joint research. Pathogen sequencing, vaccine development, and clinical trial outcomes can prove to be pivotal when they are shared across borders.⁴ Protection of intellectual property rights and national interests might, however, tend to be a setback to such cooperation. The socioeconomic implications of EIDs are profound, exacerbating inequities, disrupting the health system, and threatening livelihoods, particularly in resource-constrained regions. Countering these ramifications can only be done via a concerted effort which demands addressing health policy and developments on a global scale. Moreover, diplomacy should not be restricted to only containment of outbreaks, but should be extended beyond outbreaks to encompass social protection, as well

as resilience-building measures. There should be a multipronged collaboration among ministries in devising policies that are not only scientifically and technically valid but also address the needs of society in general.

Finally, the issue of EIDs is expected to be a recurring problem, given the current state of globalization and climate change. It is therefore imperative to develop evidence and equity-based international health policies. While these issues are complex, they also allow us to build a global health structure that symbolizes scientific integrity and, more specifically, collective responsibility of the international community. Ultimately, policies should be guided by sound scientific evidence, strengthened through diplomacy and a united international approach, to ensure confidence, security, and trust among societies and individuals.

Editor-in-Chief

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