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CORONAVIRUS WORLDWIDE PROLIFERATION: MORTALITIES DURING THE FIRST AND SECOND WAVE OF CORONA

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KEYWORDS	ABSTRACT
Right of Health, Highest Attainable Standards of Health, Equality, Coronavirus, World Health Organization,	The coronavirus has jeopardized the life of human creatures worldwide. Its vulnerability has instigated health and financial debacle consequentially has agitated international relations. Many medicinal and health care challenges have been suffered by several states that not only deteriorated standards of health but quivered the stability of highest attainable standards of health. The study elucidates causes of these challenges and their emancipation in the light of the implementation of Human Rights. The article also scrutinizes whether China is responsible for spread of Coronavirus under International Law or if International Law has the power to impose liability on China for the spread of the pandemic. For that purpose, this piece reads the relevant provision of International Law. The article quantitatively explores research articles, various reports, and case laws. This quantitative research contributes that whenever the international law protocols will be violated aftermath of it would be devastating. In this way, the deaths caused that is the aftermath of the worldwide proliferation of Corona during the first and second waves of Corona are thoroughly studied.
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INTRODUCTION

Coronavirus is a “pandemic” and is epidemic of infectious disease which has been proliferated globally without identifying the border or boundaries, nationality or race, ethnicity, or religion. This indiscriminate Virus has affected every state and the human community in the world. Due to Coronavirus, which is a respiratory disorder, world has suffered the multidimensional crisis including the effect of the virus on all levels of society and international health legal order. Still at this period Coronavirus is raging as the viruses are usually uncontrollable by human beings. The World Health Organization (hereinafter “WHO”) in the light of International Health Law is a panacea with basic aim to resolve all problems concerning the health of World. Additionally,

the International Health Regulations, 2005 is foremost legal binding tool that is enlightened with canons and regulations related to response against spread of any contagious and infectious diseases. The article in the first segment discusses the basic challenges tolerated by all states in coronavirus time. The paper finds non-achievement of the “highest standards of health” during coronavirus and forgetting attitude of the State in recognition of the basic fundamental Human Rights and failing to recall the role of WHO had caused spread of Coronavirus to a devastating level. The paper recalls the basic Human Rights Health Laws and discusses the role of WHO as a mother institution that can help to give good response to Coronavirus and similar pandemics and epidemics like it. This research finds the necessity of the investigation and argument on the legal responsibility of China that had thus played a role in spreading the worldwide flood of the Coronavirus.

China initially did not pay the proper and evident information about the spread of the disease to WHO and had violated the regulations of International Health Regulations 2005 by informing late to WHO about the spread of Coronavirus. Even in past, the attitude of China regarding the outbreak of the SARS-CoV-2 virus was also criticized. Therefore, second segment of the article discusses the responsibility of China by exploring the protocols, rules, and regulations of state responsibility to China’s actions regarding the initializing of Coronavirus and commission of an internationally wrongful act that has materialized state responsibility on China. To authenticate this aspect, this paper seeks content and the conditions of the state’s responsibility in case of the spread of Coronavirus in light of “Responsibility of States for Internationally Wrongful Acts, 2001” and “International Health Regulations, 2005.” This paper explores that the uncontrolled spread of Coronavirus from jurisdiction of China to the jurisdictions of all the states of world by wrongful act of China had led the world to the verge of destruction in form of Coronavirus. To discuss uncontrolled spread of Coronavirus, a hazardous element by China from its jurisdiction to jurisdictions of other states, which makes China responsible to investigate that aspect, this discusses no-harm rule of Public International Law. It explores the data from different studies and researches conducted by various countries to elucidate how the coronavirus has affected the members of all age groups especially people with age 60 to 70 years that were greatly affected by Corona.

LITERATURE REVIEW

This portion describes the aftermaths of the worldwide proliferation of the Corona. The study conducts a survey to inspect those mortalities during the first and second waves of corona that occurred in US, UK, Belgium, Japan, Italy, France, and Germany. The article has compared the data on country/state-specific coronavirus mortality in two time periods, corresponding to the first wave and the second wave. This survey has been conducted with the purpose to inspect whether age distribution of coronavirus deaths during first and second waves of coronavirus has been changed or not due to the certain and uncertain circumstances that greatly influenced the entire format of human lives from different perspectives. The eligible data has been collected from seven countries that involved a various range of deaths occurring from January 2021 that contains comprehensive material, information, and data accessible on the age distribution of these deaths and all the data has been quantitatively analysed. The outcomes of the survey were like the change during the second wave of coronavirus versus the first wave in the proportion of the coronavirus deaths happening in the “people <50 years among all coronavirus deaths and the coronavirus deaths in people <70 years old.” In the end, the article provides a reasonable conclusion.

Standard Health Challenges and Role of WHO

The right of an individual to be gratified with the primary achievable criterion of health that entails mental and physical stability also ensures normative regulation for preeminent health care system. There are numerous steps recognized by the International Covenant on Economic, Social, and Culture Rights, 1966 for the enjoyment of “highest attainable standards of health.” These are the general steps to be followed for better health along with the enhancement of the eco-friendly environment, (Covenant, 1966) article 12 of Covenant, 1966 includes “prevention, treatment and control of the epidemic, endemic, occupational and other diseases” and to assure “medical service and medical attention” in the happening of any ailment. However, according to the WHO, in Coronavirus pandemic, various countries had faced many difficulties regarding basic health facilities and health standards. Many countries tolerated the deficiency of essential and basic medical care like lack of “basic diagnostic tests, ventilators and oxygen and in personal protective equipment for health-care workers and other front-line staff” (WHO, Geneva, 2020). Many states of the world lacked austerity measures and fundamental operational regulatory programs (Thomson, Kentikelenis & Stubbs, 2017). Underprivileged medicinal facilities and an unregulated health care system made coronavirus precarious. International Law deliberately discusses health care in a broader sense. The right to health is recognized not only in biological or natural spheres but is also realized at the societal level as well (United Nations, Switzerland, 2000).

In 1948 “Universal Declaration of Human Rights” (1948, Declaration hereinafter) was founded and was considered first notion for “Right of Health” which was dealt with under the shadow of International Law. 1948 Declaration was called a standard of health for all mankind by the “United Nations General Assembly” (United Nations; 1948). Article 25 (1) of 1948 Declaration reads as follows: “Everyone has the right to a standard of living adequate for the health and wellbeing of himself and his family, including medical care and the right to security in the event of sickness, disability or other lack of livelihood in circumstances beyond his control.” In this connection, 1948 Declaration has an inadequacy as it never describes the components of a right to health but only discusses the outlook of medical care. However, Article 12 of “International Covenant on Economic, Social and Cultural Rights, 1966” defines the steps for Right to health as: “States should take to “realize progressively” “to the maximum of its available resources” the “highest attainable standard of health,” including “the reduction of the stillbirth-rate and infant mortality and for the healthy development of the child”; “the improvement of all aspects of environmental and industrial hygiene”; in this connection, “the prevention, treatment, and control of epidemic, endemic, occupational and other diseases”; and “the creation of conditions which would assure to all medical service and medical attention in event of sickness” (Covenant, 1966).

The “highest attainable standards of health” under Constitution of WHO are the basic and fair standards of health (Chapman, 2002), and state being a protagonist can also play a vital role in ensuring right of health to public (Toebe, 1999). The “highest attainable standards of health” can be attained due to the modern medicinal developments. As far as the beginning for better implementation of the “right to health” there is a need for structured and planned coordination of international support for a proper response to Coronavirus pandemic. There is a need that the international community should share the “research, medical equipment, supplies, and best practices.” The WHO is a mother institute that cares about global health. So it is necessary to inform WHO about the spread of any infectious disease. The “Right of health” is recognized

by international law as well as it is recognized by international and regional conventions. These conventions like “Indigenous and Tribal Peoples Convention, 1989” analyze a comprehensive content of standards for health. ([Convention, 1989](#)). Article 25 of the 1989 Convention reads as follows:

1. Governments shall “ensure that adequate health services are made available to the peoples concerned, or shall provide them with resources to allow them to design and deliver such services under their own responsibility and control, so that they may enjoy highest attainable standard of physical and mental health.
2. Health services shall, to the extent possible, be community-based. These services shall be planned and administered in co-operation with peoples concerned and take into account their economic, geographic, social and cultural conditions as well as their traditional preventive care, healing practices and medicines.
3. The health care system shall give preference to the training and employment of the local community health workers, and focus on the primary health care while maintaining strong links with other levels of health care services.
4. The provision of such health services shall be co-ordinated with other social, economic and cultural measures in the country.”

However, execution of basic right to health requires that “medical evidence” must be considered as the requisite for any medication. Medicaments or general treatments include the proper care, testing, and examination of patients and are not inoperative based on disability or age. Any country must devote paramount resources to the health care and implementation of the right to health ([Gostin, Meier, Thomas, Magar & Ghebreyesus, 2018](#)). While dispensing right to health and health care during the Coronavirus, some emergency responses essentially are protected in contradiction of disruptions to other indispensable healthcare amenities including “sexual and reproductive health care, antiretroviral for people living with HIV, immunization campaigns, and community-based care and support, including mental health care.” ([Council of Europe, 2020](#)) Proper and increased access to health care can maximize the implementation of the right to health. The rising threats of Corona and Corona like pandemics can demand the world to take certain important, instant, and progressive steps for prosperous “Public Health”. The world can “take measures to prevent, or at least to mitigate” effects and influence of such diseases. This can be done by the accessibility of “best available scientific evidence to protect public health”, as identified by WHO ([UN Committee on Economic, Social & Cultural Rights, 2020](#)).

For more effective results against the appropriate prevention and response to the Coronavirus, there must be regulated coordination of the human rights along with health care having the deduction “protection of health by realization of the basic rights.” Fundamental Human Rights enshrine the public by delivering the essential rules and regulations for effective responses to Coronavirus ([WHO, Geneva 2020](#)). Human Rights provide the rights, care, and devotion to the vulnerable and weak groups through its notion of “Equality and Non-discrimination.” All the vulnerable communities are supported by the “Equitable Responses” as United Nation experts stated that “everyone has the right to life-saving interventions”. UN experts even stated that: “We all together face this unprecedented challenge. Business sector, in particular, continues to have human rights responsibilities in this crisis. Only with the concerted multilateral efforts, solidarity and mutual trust, will we defeat the pandemic while becoming more resilient, mature and united.” ([Pūras, Šimonović & Shaheed, 2020](#)). Therefore, in the case of the coronavirus if

everyone would be given an opportunity to be treated without any discrimination then there would be the implementation of another basic fundamental right that is “Everyone has the right to health.” Coronavirus is no doubt a serious and unprecedented challenge that the world is facing.

Coronavirus has also awakened “the revitalization of universal human rights principles.” These principles can spread trust in people and can encourage individuals to fight against such pandemics without discrimination and inequality. The UN Secretary-General António Guterres while talking about Coronavirus said that “human crisis that calls for solidarity” ([UN Secretary-General, 2020](#)). The international community should come up and coordinate to lessen the financial and social effects of the Coronavirus as well as should restrict financial sanctions and debt compulsions and should pay heed to the vulnerable groups by providing them access to the basic need and resources to fight against Coronavirus. Although many countries during the pandemic of Corona remained unsuccessful in proving necessary, adequate, and satisfactory international assistance and coordination that caused threat to human rights and the health of vulnerable groups even though WHO had pleaded for “global solidarity.” WHO is an institution that plays basic role in coordination of world to fight against the pandemic as countries on their own should not take any divisive steps that can pursue destabilization of governance of global health. The countries should support WHO and can contribute to WHO budget as well as the countries should follow the guidelines of WHO for fighting against Coronavirus. Even states of the world should coordinate and encourage global governance through “UN’s COVID-19 Global Humanitarian Response Plan” and “UN Framework for Immediate Socio-Economic Response to COVID-19.”

Violation of International Health Regulation 2005

In 2001 the “United Nations International Law Commission” had codified and recognized the Articles on the “Responsibility of States for Internationally Wrongful Acts, 2001 (hereinafter 2001, Act).” ([Report of the International Law Commission, 2001](#)) The rule and regulations of 2001 Act are utilized by international tribunals, superior courts, and quasi-judicial institutes. While all the countries of the world are independent in regulation of the issue of responsibility by special and distinct rules, it can be established that various issues may feature obligations and regulations that diverge and override these general rulings ([Regulations, 2005](#)). The 2001 Act in Article 2 deliberates two main fundamentals of “state responsibility” that are; firstly, “the attribution of conduct to the state in question,” and secondly “existence of a breach of state’s international legal obligation.” First fundamental needs resolution of dispute that constitutes “an act of the State”, as well as the state, depends upon the participation of “a human being or group.” The second fundamental deal with universal legal responsibility, on the infringement of regulation, would be binding on a country. Second fundamental does not need any general rule that requires occurrence of damages ([Responsibility of States for Internationally Wrongful Acts, 2001](#)). In rules of state responsibility, there is a discussion on the standards that describe the responsibility of the state in the unprecedented period of any kind of infectious disease or outbreak.

For making a ground for China’s infringement of international protocols in case of Coronavirus various legitimate obligations have been sought. ([Souza Dias, Talita & Antonio, 2020](#)) These legal obligations contained “right to health” subjected under International Human Rights Law, rule of Customary Environmental Law named “no-harm rule” as well as “duty to share information”

under Global Health Law. Some of these laws are directly related to Coronavirus while some relate indirectly. There is also the existence of a “treaty obligation” of World Health Assembly. This obligation deals with prevention and control of infectious diseases under the International Health Regulations, 2005 (hereinafter “2005 Regulations”) ([United Nations Treaty Series 79, 2005](#)). China is bound under this obligation as the 2005 Regulations have universal coverage and is associated with 196 countries of the world including the self-governing territories too. Article 2 of 2005, Regulations defined motive of regulation as: “The purpose and scope of these Regulations are to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks and which avoid unnecessary interference with international traffic and trade.” Severe Acute Respiratory Syndrome epidemic had taught lesson to the world so 2005 Regulations were made.

The 2005 Regulations are not limited to any specified diseases although these regulations are made to counter “continued evolution of diseases” ([Regulations, 2005](#)). Consequently, outbreak of Coronavirus can be discussed under the 2005 Regulations. Every country in world is obliged by the 2005 Regulations to sustain “capacity to detect, assess, notify and report events.” Article 6 of 2005, Regulations discusses notification of infectious disease by a State to WHO and says: “Each State Party shall notify WHO, by most efficient means of communications available...and within 24 hours of assessment of public health information, of all events which may constitute the public health emergency of international concern within its territory.” Article 5 (2) of the 2005 Regulations obliged the state after notifying the WHO about the disease to “continue to communicate to WHO timely, accurate and sufficiently detailed public health information available to it on the notified event.” In this reporting, there is a need to tell WHO about the number of cases, rate of death, genuine results by labs, and especially it is mandatory to inform about the adopted the health measures. 2005 Regulations need instant, evident and genuine information from a country where there is an outbreak or any pandemic or epidemic ([Oliveira Mazzuoli, Valerio, 2020](#)). This can be valid by Article 7 of 2005 Regulations which says: “Evidence of an unexpected or unusual public health event within its territory...which may constitute a public health emergency of the international concern...to provide WHO all the relevant public health information.”

All the countries of the world know the intricate systematic considerations regarding public health that are involved in notifying the other states about the outbreak of any disease ([Fidler, David, 2020](#)). The sudden spread of Coronavirus was undoubted “a public health event” that is dealt with under the obligations of the 2005 Regulations. The main question that arises here is whether China by following the obligations of the 2005 Regulations informed or notified WHO within 24 hours by any source of communication. Without any criticism WHO had openly inferred the action of China to be creditable. “Adhanom Ghebreyesus” the Director-General of WHO has said that “China has bought the world time” ([WHO Director-General, 2020](#)). Many countries and their political figures have analogous opinions early on outbreak of Coronavirus. But the critical viewpoint on the outbreak emerged very late. Usually, it was reported and was on air about what sort of precautionary measures authorities of China took. In this connection, WHO established and revealed how officials of WHO were frustrated and were facing difficulty because of not receiving the evident, advanced, and authentic information and data from China that was very requisite to fight against the outbreak of the lethal Coronavirus ([Associated Press](#)

2020). Therefore, corona was called “Pneumonia of unknown cause” in the early period of the outbreak.

That name was given by the Wuhan health authorities when the very first case of Coronavirus was recognized in city of Wuhan. On December 8, 2019 “Pneumonia of unknown cause” was named Covid-19. (Davidson, Helen, 2020) However, ambiguities still exist on this topic that the name Covid-19 had taken place either one week before December 8 or some week earlier. (Huang, Chaolin, 2020) To make the scenario unclear Government of China stated that first case of the Coronavirus was identified in “late December” (Timeline, 2020). Although the late December report of Chinese government is considered then till 31 December 2019 WHO was not informed by China officially (Henderson, Matthew, Alan Mendoza, Andrew Foxall, James Rogers, and Sam Armstrong, 2020) Chinese government archives revealed that China updated and notified WHO on 3 January 2020 (Timeline, 2020). Research had been conducted by the researcher at the “University of Southampton” on the topic “Early and Combined Interventions Crucial in Tackling COVID-19 Spread in China.” The researcher used the anonymized data on movement of the individuals and disease or infection onset, to help simulate various pandemic circumstances and consequences in various China’s cities. The main purpose of the research was to check the transmission of Coronavirus and how this transmission is affected by various factors like timing and a combination of other interventions. The research was concluded as: “The study estimates that by end of February 2020 there were total of 114, 325 COVID-19 cases in China.

It shows that without non-pharmaceutical interventions such as early detection, isolation of cases, travel restrictions, and cordon sanitaire, the number of infected people would have been 67 times larger than that which occurred. The research also found that if interventions in the country could have been conducted one week, two weeks, or three weeks earlier, cases could have been reduced by 66 percent, 86 percent, and 95 percent respectively significantly limiting the geographical spread of the disease” (University of Southampton, 2020). The facts and figures regarding the outbreak of Coronavirus are a bit controversial so it would be very tough to construct a viewpoint that either China had violated the rules of the 2005 Regulations or not. There is the need for more authenticated facts to make any state liable for the spread of the Coronavirus. Still, it can be observed possibly that People’s Republic of China has infringed the International Law as well as rules of the 2005 Regulations although the government of China and the legal expert in China never admitted it (Cao, Yin, 2020). International legal Scholars have a conclusive interpretation of “China’s culpability” (Kraska, James, 2020). The Chinese government tried to allege local government for spread of Coronavirus. Wuhan’s Government had unacknowledged the pandemic in the initial stages. The Mayor of Wuhan was aware of the spread of infectious disease but his team allowed the issuing of thousands of tickets to the travelers.

Thousands of tourists came to celebrate New Year in the province as they all were unaware of the disease. It cannot be denied that “Wuhan government and central authorities deliberately misrepresented the nature, scale, and risk of the emerging epidemic at the crucial early stages” (Henderson, Matthew, Mendoza, Foxall, Rogers, & Armstrong, 2020). In the first two weeks of January, china officially reported that in Wuhan the number of new cases of Coronavirus had lessened to 41 Government tried to give an impression that the outbreak is in control and the measures and treatments followed by China are useful in controlling outbreak (Garrett, 2020).

However, the Beijing Media reported that 50 new cases of the Coronavirus are reported by a radiologist in Wuhan. (Kynge, Yu & Hancock, 2020). After relying on all the reports regarding the identification of the virus and notifying WHO about the virus by China it can be illustrated that the Chinese government did not notify WHO within 24 about the outbreak. However, the International Law states that WHO should be notified within 24 hours in such cases. In this way, China looks to be in conflict because it does not constantly and frequently report to WHO. China looks to be in conflict on another point that due to such unpredictable behavior of China in giving wrong and non-evident reports to WHO the spread of Coronavirus had increased two to three folds. In short, it was responsibility of China to inform the world and WHO about the spread of disease in this way China has violated protocols of International Law and is liable for compensation.

Though, the main deficiency and loophole in the 2005 Regulations are that it has no distinct and special rule or regulations on “responsibility of state” in case of infringement. There is no discussion on sanctions and recompence of damages on trendy of any losses by infringement of protocols and regulations. The universal guidelines for state responsibility, the Responsibility of States for Internationally Wrongful Acts, direct all international obligations regardless of subject matter as well. International Law demands that when any country infringes regulations and protocols then such country will become liable to pay the compensation or full reparation for it. The concept of state responsibility not only guards all the countries of the world against material or any kind of legal injury but also entirely endeavors to check the undermining of the “international legal system.” The facts and figures regarding the outbreak of Coronavirus are a bit controversial so it would be very tough to construct the viewpoint that either China had violated the rules of the 2005 Regulations or not. There is the need for more authenticated facts to make any state liable for spread of the Coronavirus. The main goal of State's responsibility is to restore and renew the legal relationships between various countries. In this connection, the Law dealing with the state responsibility can be called the “victim ordained” as it emphasizes refurbishing a status quo if has gone erroneous. The law focuses on reparation for violation of protocols.

Article 35 of the 2001 Act reads: “A State responsible for internationally wrongful act is under an obligation to make restitution, that is, to re-establish the situation which existed before the wrongful act was committed, provided and to the extent that restitution: (a) is not materially impossible (b) does not involve burden out of all proportion to benefit deriving from restitution instead of compensation.” The concept of state responsibility has some principles that establish the liability of a state when a state infringes international protocols. In *Germany v Poland*, the “Permanent Court of International Justice” while describing the responsibility of the state has dealt with compensatory awards in breach of the international protocols. In this connection, the court stated that: “The essential principle contained in the actual notion of an illegal act is that reparation must, as far as possible, wipe out all the consequences of the illegal act and re-establish the situation which would, in all probability, have existed if that act had not been committed. Restitution in kind, or, if this is not possible, payment of a sum corresponding to value which restitution would bear; the award, if need be, of damages for loss sustained which would not be covered by restitution in kind or payment in place of it such are principles which should serve to determine the amount of compensation due for an act contrary to international law” (Factory, 1928). In the case of the Coronavirus pandemic, restitution can be an impossible remedy.

The death of people due to Coronavirus can never be restored. So there is a need for any other form of reparation in this situation that can be remedial compensation or satisfaction or both. The country that had breached the protocol can compensate for “any financially assessable damage” under Article 36 of the 2001 Act says: “1. The State responsible for an internationally wrongful act is under an obligation to compensate for the damage caused thereby, insofar as such damage is not made good by restitution. 2. The compensation shall cover any financially assessable damage including loss of profits insofar as it is established.” Usually, it happens that the country in violation of international law never voluntarily admits its fault and never tries to supervise itself. The attempt of China to deny all the allegations of misbehavior depicts that the state is not in the condition to acknowledge the concept of the state responsibility. The state responsibility in the light of international law is not instinctive and automatic in the practical sense. However, it is fact that responsibility is relational which means all the other countries essentially provoke the responsibility of China. There is also a way left that is China to admit that it had breached the protocols of international law as well as tender a formal and proper apology from all the countries that faced injury due to the Coronavirus. In this way, the injured countries can claim “assurances and guarantees of non-repetition” under Article 30 of the 2001 Act.

Violation of “No Harm Rule” of Public International Law

The distinct rule of public international law, the No Harm Rule (hereinafter “the rule”) bounds a state with an obligation to protect, diminish and control any kind of hazardous elements that cause harm to any other state (Patricia, Alan & Catherine, 2009). In *United States v. Netherland*, it is discussed that for the peace and stability in the states of world various standards having a broad spectrum for protection of these states are dealt with under the international law. These standards are being followed for restraining the conduct of any state that can be the origin of harm to another state. These standards have usually followed the prevention of all states from international tensions. Similarly, In *United Kingdom v. Albania*, the court affirmed a duty to all states “to protect within the territory and safeguard the rights of another state, in particular, right to integrity and inviolability in peace and war.” Protection of another state’s jurisdiction is the responsibility of any state. Further affirmation and authentication of the Rule are done by “Principle 21 of 1972 Stockholm Declaration on Human Environment” which spells out: “States have, following Charter of the United Nations and principles of international law, the sovereign right to exploit their resources according to their environmental policies, and the responsibility to ensure that activities within jurisdiction or control do not cause damage to environment of other States or of areas beyond limits of national jurisdiction” (Declaration of United Nations, 1972).

The Rule is not only applied to environmental conditions but it has also applied to the breach of human rights regarding life and health. The international court of justice has described it as very systematized in its advisory opinion in a case named “the Legality of the Threat of Nuclear Weapons.” The International Court of Justice stated: “The existence of the general obligation of States to ensure that activities within their jurisdiction and control respect the environment of other States or areas beyond national control is now part of corpus of international law relating to environment.” (Advisory Opinion, 1996). On January 30, WHO affirmed an “International Emergency?” However, the virus flooded all the countries of world from China. Wuhan’s Mayor officially admitted that near about five million travelers had departed from Wuhan all over the

world before the publically pronouncement and imposition of quarantine (Fottrell, Q, 2020). In United States v Canada, it was stated that the country within its jurisdiction can do whatever it wants but activity of that country would not cause any significant cross-boundary destruction. The Mayor admitted that his office remained unsuccessful in briefing the situation of outbreak of the virus to the people on time. In this connection, the confession of the Wuhan's Mayor about departing travelers to other cities of the world validated the spread of coronavirus inside and outside the jurisdiction of China that consequently leading to an outbreak of the virus. In this connection, on January 31, initial two cases were reported in the United Kingdom (James, Sun, & Hancock, 2020). According to Articles 6 and 7 of the 2005 Regulations, it was the state's responsibility to alert WHO within no time about a "public health emergency of international concern."

The breach of this obligation had resulted in the spread of the Coronavirus which caused the death of people and also caused the spread of this virus all over state which may be considered an infringement of the Rule as the virus had been spread out from the jurisdiction of China to jurisdiction of all over states. The other aspect is that China locked down all the home traffic at the end of January 2020 but foreign traffic continued till March. The aggressive foreign travel policy of China caused the spread of Coronavirus worldwide. Lockdown within China reduced the number of corona cases but due to continuation of the foreign traffic caused the spread of Coronavirus to the jurisdiction and territory of other countries. (Sandip, 2020) This behavior shows that organized states have no care for the other state. If a domestic lockdown was going to be started then there was a necessity to close foreign traffic so the jurisdiction of other states would be protected from Coronavirus. The States that had violated the protocols of WHO and International law negligently or knowingly made world face deaths. Worldwide proliferation had destroyed the peace of the world. People faced deaths, loss of profession, and loss of health. It is necessary to make a chart to count the deaths caused during the first and second waves of Corona. Because that will help world to know exact amount of deaths that occurred to people and which age group had been affected more due to it. This segment will provide how Corona has affected people of different ages after its worldwide proliferation. Difference between the death rate during the first and second waves of Corona has been described in form of tables and graphs.

METHODS AND ANALYSIS

The article has utilized the data that is available in public situational reports of all countries. Such reports have elucidated a large number of deaths due to Coronavirus during the first and the second wave of the Corona. The reports had played a meaningful role to deduct inferences in comparing age distributions. The study shows the trough occurred on the 15 of May and 15 of September 2020. Particularly, study is limited that all countries that had 4000 Coronavirus deaths, and at least 200 deaths have occurred during the first wave while a similar amount of deaths had occurred in the second wave. Wordometer data provided the 7-day average to separate and identify periods of two waves reliably and reasonably (Worldometer, 2020). New situational reports have shown the distribution of deaths as of the trough date. In study, age between 50 to 70 years has been specified. Many countries including the seven countries on which the study is based have experienced two waves of Corona. However, 2/3 of the population in the USA are younger than 50 years while the remaining population is between ages of 50 to 69. Many other countries have more number of the younger people so people between 50 to 69 are part of this study.

RESULTS OF STUDY

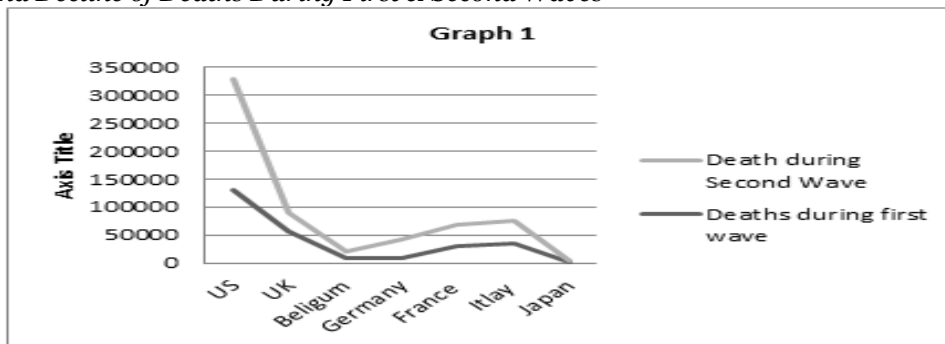
Nearly 4000 deaths had happened in 49 countries till 14th January 2021. 22 out of 49 countries had at least 200 deaths during each coronavirus wave. Such countries have a trough between 15 of May and 15 of September. This article inspects data of 7 out of these 22 countries including US, UK, Belgium, Japan, Italy, France, and Germany. Table 1 has data of these 7 countries. It is evident from Table 1 that trough between two waves occurred between June 1 and 28 August in all countries. Number of deaths during first wave is lesser than number of deaths during second wave.

Table 1
Locations for Analyzing the Deaths Rate During the Coronavirus as per Age Group

Countries	Date of trough	Death on trough	Deaths First Wave	Deaths Second Wave	Date of Separation	Current Date
USA	5 July	518	130951	198660	4 July	9 July
UK	21 August	7	56653	32590	21 August	1 January
Belgium	14 July	1	9671	10623	14 July	14 January
Germany	1 August	3	9148	32429	1 August	12 January
France	10 August	6	30354	38448	11 August	12 January
Italy	15 August	5	35614	39434	1 August	5 January
Japan	6 July	0	977	2742	6 July	6 January

Graph 1 has been made to elucidate specifically the rise and decline of deaths during the first and second waves of the Coronavirus in the different circumstances and situations. Moreover, it can be easily seen the number of deaths during the second wave is much higher than the first wave.

Graph 1
Rise and Decline of Deaths During First & Second Waves



Age Distribution of Coronavirus Deaths

The “age distribution of Coronavirus deaths” during first and second waves of Coronavirus in 7 specific countries along with qualitative data is shown in Table 2. Coronavirus deaths <50 years’ proportion during first wave of Corona had not exceeded 1.5%. This proportion can be seen in all high-income countries except USA. During second wave of Corona, the difference in contrast with first wave of Corona is 0.0 to 0.4% in countries with high income. Hugest decreases (0.4%)

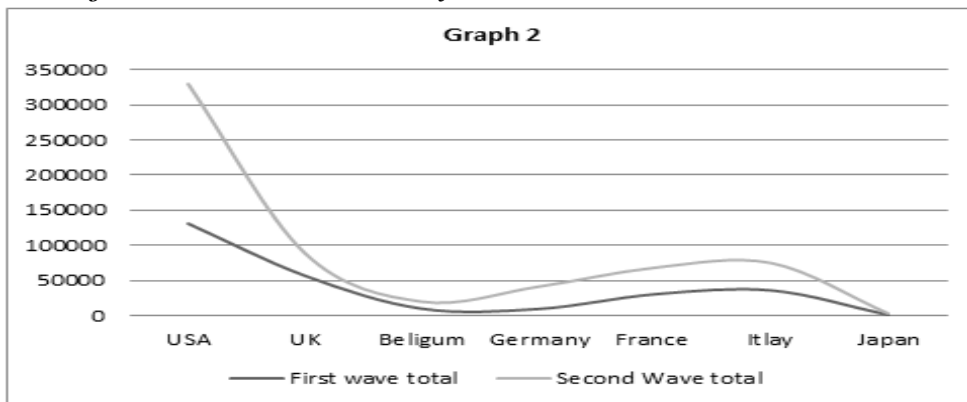
in deaths <50 years happening in USA (2.4% from 2.8% in 1st wave) and Germany (0.8% from 1.2%).

Table 2
Proportion of Death during Coronavirus in specific aged people

Name of Countries	FW < 50 N %	FW < 60 to 69 N %	FW ≥ 70 N %	SW < 50 N %	SW < 60 to 69 N %	SW ≥ 70 N %	FW Total	SW Total
USA	3722 (2.8)	22830 (17.4)	104381 (79.7)	4836 (2.4)	31557 (15.9)	162260 (81.7)	130933	198653
UK	592 (01.0)	5338 (9.4)	50723 (89.5)	264 (0.8)	2780 (8.5)	29545 (90.7)	56653	32589
Belgium	40 (0.4)	499 (5.2)	9116 (94.4)	56 (0.5)	638 (5.9)	9919 (93.5)	9655	10613
Germany	114 (1.2)	1212 (13.3)	7817 (85.5)	265 (0.8)	3038 (9.4)	29040 (89.8)	9143	32343
France	212 (0.7)	2055 (6.8)	27976 (92.5)	148 (0.4)	1861 (4.9)	36284 (94.5)	30243	38293
Italy	400 (1.1)	4815 (13.5)	30399 (85.4)	437 (1.1)	4844 (12.3)	34150 (86.6)	35614	39431
Japan	11 (1.5)	102 (14.3)	602 (84.2)	33 (1.2)	288 (10.7)	2378 (88.1)	715	2699

Graph 2 specifically shows deaths during the first and second waves of Corona to show difference between the proportions of deaths during each phase of Corona in the diverse situations as well as circumstances.

Graph 2
Deaths During the First and Second Waves of Corona



DISCUSSION AND CONCLUSION

It can be seen that the age distribution of coronavirus deaths during the first and second waves of Coronavirus has not much change or variation within the high-income countries. Nearly 1% of people <50 encountered death due to virus in high-income countries of the Europe. However, such proportion is a bit higher in the USA. In the same country during two waves of Corona, the

“stability of age distribution of Coronavirus deaths” evinces that demographics of a particular country’s population play a vital role in age distribution of infections that can also be depicted in distribution of deaths (Spiegelhalter, 2020). Certain other elements can cause Coronavirus deaths and distribution of age that including deprivation, ethnicity, the density of population as well as environmental factors. Slight deviation can be observed during two waves in countries including the USA, the UK, France, and Germany. The countries having the eligible data show that proportion of deaths <50 significantly decreased in the second wave of the corona. Such a decrease is not evident in death <70. It can be observed that more deaths have been caused in those aged <70 and they are not resistant to Corona, on the other hand, aged < 50 were resistant to it.

All the states of world should recognize Human Rights and International Law related to global health along with it acknowledging the role and functioning of WHO as the sine qua non. No consideration and no admiration of Human Rights have caused the aggravation of cases of the Coronavirus. Proper recognition, realization, and admiration of Human rights can be done only through global unity and coordination. There is a need to strengthen the structure of the Right of health for proper response to Coronavirus by actualization of “right to the highest attainable standard” for the achievement of standard health for all people of the world. All the states are encountered limitless substantial damages due to Coronavirus Pandemic. World has infinite rules and regulations on state’s responsibility but according to the past, it is bewildering to mention that there has been the finite application of these rules and regulation of pandemics and epidemics. Similarly, the application of rules and regulations on the state’s responsibility in the present scenario is not easily adaptable although the main responsibility for the spread of Coronavirus falls in the ambit of China as China has breached the obligations of the 2005 Regulations by not sharing the early and instant information to WHO regarding the spread of Coronavirus.

To consider China liable for strengthening international protocols and subsequent responsibility, there is a necessity to implement a no-harm rule not only in the domain of climate change but in case of spreading coronavirus, that can be executed to govern state attitude. Proliferation of Coronavirus had affected the whole world but the piece surveyed reports of seven countries to find out how Corona has affected the people of various age groups. It has been observed that the age distribution of Coronavirus deaths remained a bit high during the second wave of the Corona. The state’s responsibility evaluates to institute the facts regarding the pandemic of the Coronavirus as well as it also investigates the prospective responsibilities of the global health, however, these responsibilities are never formally described by the international tribunal but alleging China for wrongful behavior will certainly influence China as well as it will expectantly compel and oblige China to develop its aptitude to respond to contagious viruses or diseases. Consequently, not only China, but even all the other states of the world would learn a lesson from it.

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