Globalization Trends within the Framework of the COVID-19 Pandemic: Information and Social Communications

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Summary

The COVID-19 epidemic has created a new uncertain environment that is encouraging isolationism and separatism. Globalization is under threat as governments seek to limit global trade and public movement in order to lessen their susceptibility to the virus. Border closures and strict immigration processes have caused significant disruptions in global supply networks, resulting in negative consequences on service and availability. Financial prudence around the world is overly reliant on a few exportoriented trades. Given the macroeconomic effect of COVID-19 on various countries, we contend that regimes should develop societal safety platforms that give individuals with funds in order to sustain economic efficiency whereas reducing job losses. Furthermore, the unexpected onset of diseases and tales of mortality caused widespread panic, forcing people to seek help through the most readily available means. For many people, it's also the public mass media, which includes Facebook, Twitter, Instagram, WhatsApp, and other social media platforms, or the mainstream media, which includes both print and electronic media. Social media is the global medium that brings people from all over the world together, and in a

matter of seconds, any information may be transmitted all over the world without any verification or source.

Key words.

COVID-19, media role, communication gaps, prevention, suggestions

1. Introduction

The world is in the midst of a humanitarian crisis unlike anything we've ever seen. The COVID 19 epidemic has taken the entire globe by surprise, filling every day with grief and anguish. It has already expanded to more than 200 nations, causing the World Health Organization (WHO) to label it an endemic on January 30, 2020, creating worldwide public health concerns. Coronavirus has sent people all across the world into a state of fear, with everyone believing death was just a matter of minutes away [1, 2].

Coronavirus was fast killing people in the Chinese city of Wuhan in December 2019, and people all around the world were mute bystanders, unaware that the terrible virus may reach their own countries and swallow their lives as wellIn December 2019, the WHO received 45 reports of pneumonia of unknown origin, while Chinese facilities reported their first case of pneumonia of unknown origin in the first week of January 2020. However, the Agent was not identified during this time. On January 7, 2020, the new Coronavirus was discovered and its genetic sequence was released to the rest of the world. On February 11, 2020, the WHO identified the illness as COVID-19 and the virus as SARS-CoV-2.It was named after the coronavirus that transmitted SARS in 2003 due to a genetic resemblance.

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SARS coronavirus SAR-CoV and MERS coronavirus MERS-CoVID are members of this family [3].

Today, more than 262 million COVID positive cases and more than 5 million deaths have been reported across the domain, with the number of deaths increasing by the second. Only in Pakistan have over one million positive cases and 28k foetal cases been documented. [4].

1.1 COVID-19 Symptoms and Signs

COVID-19 is largely a respiratory infection that causes fervor, cough, and slight emphysematous, as well as severe dehydration and respiratory distress. In spite of the respiratory harm caused by distress syndrome, research suggests that the unique virus causes thromboembolic issues in the body, which can lead to myocardial infection and pulmonary embolism. This may be the primary cause of renal failure in the majority of patients. Water droplets, midair, and femur to commerce are examples of diffusion techniques. The virus is known for remaining active on surfaces for several hours to days. This diverse range of sickness is linked to one of the leading causes of disease-related death [5, 6].

Our social fabric has been shattered by the deadly virus, which has pushed us into panic and solitude. The role of various mass media channels and social media remained very significant in a situation where dread was enveloping humanity across the globe and social distance was so mandatory that even members of the same family avoided meeting [7]. Even if there were numerous misconceptions and truths regarding the sickness, the media not only connected people but also provided them with knowledge about epidemics. It was extremely difficult for the average person to distinguish between myth and fact and to analyse misinformation[8]. As a result, the unexpected breakout of diseases and tales of mortality caused widespread panic, forcing people to seek out help through the easily available means. For the most part, it's either social media, such as Facebook, Twitter, Instagram, and WhatsApp, or mainstream media, which comprises both print and electronic media. Social media is the global medium that brings people from all over the world together, and in a matter of seconds, any information may be transmitted all over the world without any verification or source. Controlling the transmission of disease is a primary need in an epidemic, and this necessitates promptscreening, fast analytical measures, good home and hospital therapy, and suitable safeguards [9].

The role of many departments at the national and international levels, from the government to healthcare, the media, and the general people, is vital in such a critical and severe humanitarian catastrophe. When a novel virus or bacterial ailment appears, it spreads quickly and crosses national borders. It can only be controlled by employing

specialised, professional, and scientific methods at each link in the chain that needs to be severed in order to prevent it from spreading further. Early detection, efficient prevention, control of the pandemic's spread, and finally its eradication are all critical steps in containing any such epidemic [10].

Since COVID-19 is the first of its kind and there is no cure, health advice about it has propagated on social media, particularly on Twitter and Facebook, as well as on numerous news sites, attracting the attention of readers who began to believe whatever they read, learned, and heard. People began to believe in conventional types of prevention, particularly in the East, which had psychological consequences on many people. People believed all they heard about coronavirus protection procedures that medical experts deem extremely detrimental to health, especially mental health, according to data collected by several organizations. Following the pandemic, countless conjectures, sedition privileges, theories, misrepresentation about the COVID19 have established mode into the intercontinentalmotif, their own microelectronic media muddle the difference between true and false news, primarily about its source and patient is nil. Despite the fact that some people believe it was an engineered bio-weapon or a case of bioterrorism, and others believe it is a naturally full-grown virus, the public is still confused and startled. [11].

It comprises synchronisation of responders, a proper health information scheme, and dealing with communiqué risks, according to WHO. Broadcasting is an important aspect of each phase, and the way broadcast reporting adapts the public's performance and methods. In early 2009 H1N1 infectionendemic in China's Shaanxi domain, this was planned [12]. Yan Q. et al. demonstrated how public reactions might vary in response to mass media stories and, as a result, can concern emergent disease controllers in a report published in 2016. During the 2009 H1N1 epidemic, the anxiety and vigilance instilled in the public by the media was palpable. On the one hand, it aided people in taking necessary precautions. [13]. Despite this, a few society began defaming diseased people as a result of unsuitable articles published in local publications. The interactions between media sentience and disease control are tackled in two different ways, as seen in the preceding case.

1.2 Myths about COVID-19'S origin

Famous persons and those associated with social media have a variety of opinions and prerogatives. The mystery surrounding COVID-19's origins continues to grow, with some believing that the US government would divulge additional information about the closure of a US Army organic laboratory linked to the outbreak. On March 10, thousands of people from all over the world signed a

petition on the White House website demanding that the US government reveal the spot-onintention for the closure of Fort Detrick, a well-known military germ lab, and to clarify whether the lab is the research dissection for the new coronavirus "COVID19" or if there was a virus leak[14]. The Fort Detrick laboratory is a top germ facility built by the United States Army in Frederick, Maryland. It conducted research on deadly contagious diseases such as Ebola and smallpox, and was abruptly blacked out in August 2019 [15].

According to media reports, the decision was reached due to security concerns after the Centers for Disease Control (CDC) and Stop page discovered the organisation had failed to install adequate wastewater purification systems and required sporadic recertification training for workers in bio repression laboratories. According to the New York Times, the CDC was unable to provide more specific information due to "national security concerns." The appeal listed a series of notable incidents in chronological order, indicating unexplained lab-related issues and a possible link between the lab and the corona virus. As an example, pneumonia of unknown origin was discovered in China in November 2019, just after the United States held Event 2019, a worldwide epidemic drill, in which the CIA's Deputy Director took part in October [16].

The appeal came just days after Zhao Lijian, a Chinese foreign ministry spokesperson, claimed on Twitter that the deadly virus had been delivered to Wuhan by the US troops. Zhao also provided evidence that the infection originated in the United States by retweeting a webpage URL. The website speculates that the virus was transported from Ft. Detrick to Hawaii via e-cigarettes and subsequently to Wuhan. Many deaths have been linked to the usage of ecigarettes in those publications. "This criticism is quite important to each of us. "Please read it and retweet it," Zhao wrote on Twitter. "What happened to the military lab at Fort Detrick?" Why has flu season arrived so early this year? What was the rationale behind puffing on pneumonia? Of course, this allows people to test for the Corona Virus? What are they concealing? "You have to explain everything to everyone," Twitter client Julius Ryde said, straight hand in hand with President Trump. In response to Zhao's claims, GengShuang, a spokeswoman for the Chinese foreign ministry, recently stated that "the world society, including the United States, has varied perspectives on the origin of the virus," and that "this is a technical matter that required scientific and expert attitudes."

In a March 18 press conference, China's chief medical advisor ZhongNanshan dismissed the widely circulated claim that the virus was invented in Wuhan, calling such claims immature. "The unique corona virus pneumonia outbreak undoubtedly occurred in China, in Wuhan," Zhong added, "but that does not mean its resource is in Wuhan." [17].

2 Globalization Trends

The corona virus in China was horrible news, with a concern regarding the virus's origins arising (Global Research Center). Several countries (East Asia) have released reports on the virus's derivation. The Western media jumped on the opportunity and quickly find out the executive description for the novel corona virus epidemic, claiming that the virus originated with mammals at a Wuhan food market. For a long time, the source of the virus remained mysterious, but it is now believed, according to Mongolianaccounts, that the virus instigatedsomewhere else, from several sources, and only began to extentextensively after introduction into the marketplace. [18].

Furthermore, according to Japanese reports, the virus was not developed in China but in the US. The virus originated outside of China, according to Chinese specialists. Following the gathering of epigenome samples in China, medical scholars initially confirmed that the seafood market was not the origin of virus, but rather had multiple anonymous sources. Later, it was open to the Wuhan fish market, where it quickly spread throughout the city. According to a new-fangledwork by Chinese scientists, the new corona virus might have been propagated among human in end of November from a location excluding a seafood market.

According to a study released on China Xiv, a Chinese open depository for technical people, the novel corona virus was acquaint with the sea-food market from many sources and then spread speedily due to many close interactions. The conclusions were reached after a thorough examination of genome data, infection mechanisms, and the spread of novel corona virus variants across China [19]. According to the study, patients who did not have the virus transmitted it to members of staff or vendors at the sea-food market, with the congested market easily helping more virus transmission to consumers, resulting in a greater spread in early December 2019. [20]. The Chinese medical establishment bureau conducted a rapid and exhaustive exploration for the virus's origins, amassing approximately 100 genome tests from 12 different states across four continents to identify all the variations and transmutations [21]. During their investigation, they discovered that the virus spread began farbefore, maybepositively in November, subsequently the Wuhan Armed Games.

Several Chinese and Japanese researchers came to the same conclusion that the virus originated outside of China. Now the debate arose as to what the true origin site was. If the establishment had conducted 100 genome tests in 12 countries, they would have discovered their disintegration. To be penetrating for the original outside resource than China, they must have a persuasive basis. This would explain why discovering and distinguishing a zero patient

was so difficult. Assistance from all countries is required for this aim.

In February 2020, a Japanese private news source (print and TV) reported that the corona virus first appeared in the United States, rather than China, and that many of the 14,000 deaths in the United States linked to the flu may have been caused by the corona virus. Obviously, it necessitates inquiry from all angles. Details from a Japanese TV station have gone popular on Chinese social media, revealing concern that some of those Americans may have accidentally come into contact with the Corona virus. Which are causing fear and speculation in China that the new corona virus may have its origins in the United States. In the same month, the US Centers for Disease Control and Prevention (CDC) announced that public physical condition testing labs in Los Angeles, San Francisco, Seattle, Chicago, and New York City will begin testing people with flu-like sickness for the new corona virus. The TV Asahi network provided scientific confirmation for their claims, highlighting the issue that no one would be aware of the grounds for death because the US also refused to test or reveal the results, posing the difficulty that no one would be aware of the grounds for death. Japan avoided questions about natural vs. artificial, unintended vs. malicious, and just shaping that the virus outbreak may have started in the United States. Although the Chinese media continues to discuss it, the Western media appears to have been cleansed of it in order. Meanwhile, at the Military World Games in Wuhan, speculations based on hornet's nest are circulating on social media not only in Japan but also in China, and it has been widely questioned whether the virus might have spread then and there from an outside source. Possibly US representatives transferred the coronavirus to Wuhan, where it underwent some changes, that makethem more lethal and transmissible, and causing an extensive pandemic the same year." (February 23, 2020, People's Daily). Shen Yi, an IR professor at Shanghai's Fudan University, said that virologists from around the world, including those from spy organisations, were tracking the virus's origin. Also, it's worth noting that the Chinese authorities did not close the entry. "Netizens are fortified to strongly participate in conferences, but rather in a normal style," the news channels noted. That is very expressive in China. If the stories were complete nonsense, the government would clearly proclaim so and warn the people not to believe them.

2.1 Role of media during pandemic

In order to investigate the media influence and syndrome subtleties, an effective model on media presentation was planned following the epidemic of SARS. Which is unconvincing of the general optimistic or adverse influence of media? So instigate the requirement to develop sculpt and study their properties. During the MERS

epidemic in 2012, the media took part in its role by improving its expertise and a surge in the excess of internet to the common man, civic sentience increased diverse, thus influence better devotion to crucial public health actions. The starring role of social media in the MERS endemic in 2012 and the H7N9 endemic in China was considered, displaying a sturdier reaction in the H7N9 endemic.

In December 2019, the descriptions of patients with pathological pneumococcal in China raised. The Huanan Seafood's entire market was considered as the origin of the virus. Researchers proven that the virus has probably devised from bats, transformed to infect humans, and diffused by fluid drop ways amongst humans. Meanwhile the origin befallen in a seafood marketplace, the media censured the Chinese for eating bats, sea snake, and pups. Beforehand recognized as "Wuhan virus" and "China coronavirus," it was afterward called 2019-nCoV, and then lastly, on February 11, the World Health Organization (WHO) provided the disease a certified name, "Covid-19". In spite of this, well-known world frontrunners rudely kept calling it the "Chinese virus" that left regarding special effects in international groups. Asian people were defamed and entitled by the name 'Corona' on the roads. Numerous reported events of such ethnic smear those extravagant previously existing preconceptions amongst people [22]. This persisted in the growth of the COVID-19 vaccine in addition, and the chore developed an opposition for invention and technology amid Washington and China, somewhat than a solution for public security. Thus, the goalmouth of the world's two major markets became to gain the combat of sovereignty and attain eventual power.

3 Role of media during pandemic

After the SARS pandemic of 2003-2004, the media effect model was created to investigate media influence and disease nuances. This was unconvincing in terms of media's overall positive or negative influence, necessitating the need to develop the model and explore its features. The media played a role in the MERS epidemic in 2012 once again. Civics sentience has grown more diverse as a result of increases in skill and a growth in the availability of the internet to the general public. This has influenced better devotion to critical communal health actions. The central role of societal media in the MERS endemic in 2012 and the H7N9 endemic in Mainland was explored, with the H7N9 endemic demonstrating a more robust response.

The number of individuals with pathogenic pneumonia in China increased in December 2019. The genesis was traced back to the Huanan Seafood market as a whole. The virus was most likely created by bats, converted to pass on a disease to humans, and spread by fluid drop waysamongst humans, according to researchers. Meanwhile, the media chastised the Chinese for intense live creatures such as reptiles and dogs, as the source was discovered in a seafood

market. It was formerlyrecognized as the "Wuhan virus" and "China coronavirus," then 2019-nCoV, and lastly, on mid of February, the World Health Organization (WHO) named it "Covid-19, officially."

Despite this, well-known world frontrunners sneered and referred to it as the "Chinese virus" that wiped off special effects in international groups. On the highways, Asian individuals were defamed and given the moniker 'Corona.' There have been numerous reports of ethnic smearing that have amplified previously held prejudices. This happened in Toronto in 2003 with SARS, which sparked a chauvinistic reaction, and it happened again thru the coronavirus epidemic. The aforementioned had a noteworthyinfluence, prompting the Chinese regime to order the shutting down of all agricultural markets and the restriction of live animal consumption. This was a particularly active period in the virus's tentative expansion. When the incidents were limited to China, though, it generated a wrong sense of sanctuaryamongst the rest of the domain, and nobody received the essentialsafety measures. Alternative report was that a long-term bioweapons study in Wuhan academies had stopped the virus from spreading. It resulted in tweets in October 2019 regarding US army servicemen carrying the virus to Wuhan while competing in military games. For a long time, broadcasting to blowout anecdotes has been popular. For example, the CIA was responsible for developing the AIDS virus in 1985, encouraging comparable responses in the community's perception of the infection's propagation and treatment. Such betrayals cause divisions among countries, create invisible boundaries, and stymie international collaboration among experts in the search for solutions [22]. This was also evident in the improvement of the COVID-19 vaccine, and the issue grew into a fight between Washington and Beijing over innovation and technology, instead of a solution for public security. As a result, the goalmouth of the two biggest markets worldwide were going to win the sovereignty combat and eventually accomplish power.

3.1 Communication effects during COVID-19

The media aided the kingdoms in predicting how this disease would unfold and, as a result, allowing them to raise critical activities at the appropriate periods. This also allowed specialists and scientists to cultivate unique prophecy models for the epidemic's path by expressing and controlling around the peak of positive cases and demises in each location. Furthermore, by displaying the number of retrievals, it provides anticipation in this dangerous situation. Now, computer-based three-dimensional investigations incorporating physio-epidemiological techniques are being conducted for the purpose of locating new possible epidemic locations.

Certainly, media platforms have made it simple to find health information, allowing people to identify health-

relevantthreats and address worldwide apprehensions. In the event of a universal communal health calamity, media manipulators typically develop and spread health information available across indigenous and worldwide platforms. Meanwhile, doctors, pharmacists, and governments have approved media tools to hold and achieve health disasters that are contrary to their significance, for example the anthrax outbreak in many cities of US in September 2001, the California measles epidemic in 2015, and the H1N1 influenza flu crisis in Beijing in 2009. Academics conducted numerous research to examine just how the community pursues, generates, and communicates health statistics via internet resources in the event of a health emergency, according to the current literature. Previous research in this area of health emergency has largely focused on consumer station preferences. They realised that the public had a higher proclivity to rely on out-of-date broadcasting for health information amid health-related disasters and tedious situations. People who are in need of health information are more likely to use smart-phones and societal media than outmoded media. One of the most essential scientific studies in examining the mental health issues offered by the COVID-19 epidemic is to make themevident and decode the critical macroscale societal and practical aspects convoluted.

For the people seeking health-relevant statistics on the COVID-19 epidemic, the media has delivered a soapbox of rationalized evidence. Public has been subjected to significant pressure and health threatsbecause of the coronavirus, which has boosted media and communication use as societiespursue specific health-alliedstatistics and remain connected to aristocracies, friends, and family. Over media requests, communal announcements, and partnership, afar personal massages delivery is aiming for accurate information and the COVID-19 pandemic in its entirety in order to establish a realistic sense of viral reticence [23]. As a result of the COVID-19 pandemic, living forms have changed in response to preventative testing. The enduringinclusive health calamity has advanced a powerful sagacity of coronavirus syndrome transmission inhibition. It could encourage different health behaviours, for examplesustaining social distance, using hand sanitizer, two minutes of hands washing and wearing masks. The health behaviour model was defined the health deeds models that explain how entities flop to advocate for preventative events or screening tests for the timelyfinding of communicable syndrome. The health behaviour model aids in comprehending useful techniques to individuals' health behaviour, such as cohesion to medical conduct that is in conflict with the sickness. When people see a propensity to an infectious disease with grave health implications, the HBM elucidates that the public's interest in health-based behaviour becomes entangled. Its rewards for health-basedhumanoid behaviour offset the obstructions. The world wants the barrier to be removed, and the entire country's barrier is no longer an option, since the frugality must yield to normal onceprobable. The use of media knowledge take a significant part in the face of the world's most serious health catastrophe. The community benefits from social media because it provides timely and consistent information. The media boards assist in the approval of cybernetic learning and teaching models so that schooling can continue in the COVID-19 outbreak. Most countries have statutory limits on physical contact and face-to-face schooling at all levels of education to prevent the danger of the COVID-19 spreading. To relieve their student societies, schools and universities have shifted almost immediately to teaching, learning, and virtual education are all available online. It aids students in reducing tension and providing a sense of release.

3.2 Negative role of media during pandemic

Because of the disease's widespread spread, it became a major public health trial over the world. Due to numerous rumors, swindles, and unverified information, the impact of COVID 19 on the world has been exaggerated. The first cases of COVID 19 were discovered in the last week of December 2019, when this mysterious sickness was discovered in Wuhan, China, and has since spread throughout the world. These instances of false news have propagated more quickly via all fonts of social media than reliable sources, causing discrepancy and destroying the credibility of the news ecosystem. The sickness has sparked numerous debates and has left the worldwide health-care system befuddled. It has had a gloomy effect on individuals, according to the media, in a country with over 350 million social media users and a large public unaware of factual resources. In the previous decade, societies have surpassed social media boards in terms of self-awareness and healthcare information. During the early months of COVID-19, it was seen that people from all over the world were using social media to look for information about the virus. Inappropriately, the same social media boards that many people utilised to learn about the virus also restricted nonfact-checked information. "Fake news" was labelled these unregulated fragments of evidence. According to recent research, fake news was more popular than reliable news in the 2016 presidential election in the United States. Even before the virus wreaked havoc on India, widespread fear was spread around the country via social media, condensing the availability of disinfectants and masks to the point where the majority of the population lacked these essential supplies. The country was in chaos due to speculations of the virus spreading by air and its presence on several shells. These reports, combined with the stress and worry of lockdown, seclusion, and quarantine, harmed people's mental health, causing depression, anxiety, terror, and pain, among other things. Because of the beneficial aspects of

social media, such as increased public awareness, most people began using seclusion, social separation, and quarantine to combat COVID 19. Many people began to experiment with masks such as cotton masks, surgical masks, and N95 masks. Despite this, a large number of N95 masks are being purchased and utilised by ordinary people during regular tasks due to a shortage of front-line healthcare workers. COVID-19 is a little-studied disease that has sparked a lot of misunderstanding about its behaviour and preclusion among people. Finding Ayurveda resistance booster medications and even spiritual means of inhibiting COVID 19 was widespread among the people, causing widespread misinformation and societal disgrace, leading to people's compliant obedience with proper security actions. There have been countless instances where a large number of individuals have been ill as a result of one person's inattention and contempt for social distancing etiquettes. People were scared of COVID 19 because of false reports that COVID-19 patients and suspects were being slaughtered in large numbers in China, and that the lockdown would be postponed, causing social embarrassment to foreign tourists and their acquaintances. Even north-east Indians were pointing to cultural judgement as the source of the disease's outbreak. People's fear of infection led to perversity; the first suicide instance in India occurred on February 12th, followed by two more cases. The original studies on social media's impact may be traced back to the 2009 H1N1 epidemic, when there was a 5% rate of misrepresentation and the use of phrases like Swine Flu was more common than the H1N1 Virus. WHO said that they are combating not just a global pandemic, but also a social media information emic? According to ABC News, a social media poll revealed that people are more concerned about Coronavirus than the virus itself. On BBC News, Brewer stated that a lot of misinformation concerning COVID-19 has caused dread and nervousness among civilization. The media, according to Rothschild and Fischer, is a source of worry and panic among its users. Molla claims that in a single day, 19 million COVID 19 credits were shared on social media, as well as a slew of new websites. Victor claims that Chinese citizens struggle to obtain sufficient evidence about COVID 19, and that they are depending on social media to do it. Similarly, Russian media issued a "notable deception crusade" to generate unrest and terror among the citizens of western countries, as Emmott as argued in a European Union Document. According to Devlin, there was another source of anxiety, which was representations of empty stores on social media. El-Trek claims that we live in a time when everyone is skilled and wants to be seen as such. As a result, they provide several memos and photographs pertaining to COVID-19. Garrett claims that we have given social media too much power, which has led to disorder.

4 Discussion

When there is an outbreak, the public has a tendency to seek information from the media. On March 11, Irrigator logged a total of nearly 20 million coronavirus references in COVID-19. It is enough for the people to be perplexed by general changing news analysis. Furthermore, the propagation of impulsive news via instant communication technologies creates fear. 'Significant stress disorder' is another name for it. In this epidemic, wrong and ambiguous info propagated unabated across various forms of media. This continued use of third-party fact-managers to control the spread of fictitious information is being noticed by social media groups. This strategy was applied late, and already damage the most of the things. It's worth noting that:

- The first evidence relating to WHO or CDC rules must be permitted to be shared among community or broadcast on television.
- Every media source must have a manner of directing visitors to trustworthy origins through the use of specific tags.
- The media must serve as a conduit for those who wants to seek help from doctors and the local government.
- Prohibition of ads for medicinal devices and treatments that have not been shown to perform a specific function.
- Arrange for a forum for the public to seek economic or communal assistance from communal members.
- Technical and political pronouncements should be kept apart and labelled appropriately.
- Increasing and bolstering the number of people fighting the disease.

4.1 Remote Process Visualization and Virtual Instrumentation

Access to offices in research and development organisations has been knowingly restricted due to the deadly conditions of the global pandemic of the COVID-19 virus. As a result, the problem of scholars' remote exertion associations has become serious. In this situation, a common demand is remote and secure access to the organization's limited network, including its servers and workstations, via the Internet, e.g., via Virtual Private Network. However, in the absence of direct approach by researchers, access and remote control of instruments relevant to study, as well as visual reflection of their performance, are usually required.

Two virtual research laboratories for technical and instructional drives were established at the Bauman Moscow State Technical University. One of them [24] is based on a laser laboratory for remote access. Which allows

the depiction of physical experiments to be combined with the suitability and security of remote control of a science or medical course using the above software and hardware equipment. The virtual laboratory "Robotics" [25] at the Bauman University's Dmitrov branch allows you to practise controlling the machines of the Worldwide Satellite. It gives you the ability to manage multifaceted remote labs workplaces on physical multiple robotic tools with the use of internet access.

A system for virtual access to the instruments of graduate level Laboratories for Computer Aided Design (CAD) Systems has been established and formed at many universities in developed countries [26]. The one-of-a-kind software allows for remote operation of the aim panels. From the standpoint of the transmittable of these supporting instruments, a thorough comprehension of the wonders and procedures has been generated in order to be careful in the exercise movement of approaching professionals in the virtual instrumentation arena. Constructed in the form of a shared tender, it provides future experts with the opportunity to benefit from a comprehensive training programme that begins with learning the academic component of a laboratory effort and progresses to envisioning the application systems and manufacturing capacities that are then castoff to create diverse investigation of results.

4.2 Health Education

The mass media can play an important role in contemporary epidemic by endorsing physical and mental health trials and confirming pliability in people of various ages and socioeconomic backgrounds. It is a precondition in COVID-19 to ensure community familiarity with the following effects:

- The relevance of a 6-foot social distancing distance.
- Appropriate use of face masks: One approach to encourage crowds to use face masks is for the administration to provide them rather than for individuals to purchase them out of pocket.
- Appropriate procedures for detecting, analysing, and coping with the disease: Online sign checkers might cause unnecessary fear.
- Aninclusive set of strategies could be available via the internet commencing a single source, such as the CDC or WHO, who vet them thoroughly before publishing them. Then steps must be taken to mandate the usage of these tactics across the board.
- Both physical and psychological wellness should be prioritised.
- Specialists must be permitted to contribute merely when legalauthorizations and credentials have been verified online.

 During the pandemic, COVID-19-specific smartphone apps can be built to keep customers informed about local drugstores and records, grocery stores and catalogue, hospital beds, emergency department wait times, and critical care clinics.

COVID-19 has revealed the vulnerability of current pandemic preparedness systems, which have been governed mostly by international health rules (IHR) and the World Health Organization (WHO) until now (WHO). Various panels and working groups have discussed the gaps in response and proposed strategies to close them in the event of future pandemics. The World Health Assembly (WHA) will convene a special session to explore the next steps in developing a proposed international pandemic treaty as a framework for dealing with future pandemics.

A contract is proposed to be created on a broad-church basis, accommodating contrasting perspectives of the developed and developing worlds, in a zero-draft prepared by a working group of six countries. The accepted zero draughts go a long way toward addressing the concerns of the Global South. While recognising the need for a new pandemic treaty, the proposal also highlights the significance of improving the International Humanitarian Regulations (IHR), which remains the primary regulatory instrument in the event of a worldwide pandemic. However, when it comes to animal-human interactions, such as in COVID's case, the treaty falls short.

The report also suggests creating an intergovernmental committee to establish a WHO treaty similar to the UN Convention on Tobacco Control. The report also urges governments to help strengthen and amend IHR so that they can be used in future outbreaks [26]. There is a growing consensus that the new treaty is the best option for dealing with future pandemics. Experts believe, however, that the intergovernmental road would be lengthy and fragmented. After the WHA's special session in January 2022, the working group will reconvene to produce a new report for the WHO's executive board.

Following the release of a report by the Independent Panel on Pandemic Preparedness and Response, which was established to assess the Covid-19 response, the topic on an international pandemic treaty gained traction. The epidemic could have been contained if timely and globally coordinated steps had been implemented, according to the research. The answer was slow, and the attitude was one of wait-and-see. The paper also suggested that immediate action be taken to make the vaccination widely available in the Global South, as well as to ensure easy and affordable access to Covid therapy and diagnostics.

The EU and WHO have also asked for a new global pandemic treaty and for the WHO's involvement in future pandemic investigations and response to be strengthened. China and Russia, on the other hand, turned down the plan. The United States was not far behind, arguing that a stronger and revised IHR was a better path forward than a

new pandemic pact. In a prominent publication, US Secretary of State Antony Blinken argued for this position. However, there are indicators that the US is moving away from an IHR-only approach and toward a pandemic treaty as a more comprehensive and all-encompassing solution. However, the new treaty's suggested design is riddled with inconsistencies and diverging impulses. While the EU proposal focuses on strengthening the WHO's role in future pandemics, the majority of developing countries are more concerned with ensuring that equitable access to vaccines, treatments, and personal protective equipment during future pandemics remains a priority in the new pandemic treaty. The Covid response, according to the latter, has exposed distributional imbalances in the supply of global healthrelated goods. These tensions are at the heart of the pandemic treaty's tense negotiations.

Many civil society activists from the Global South see the treaty as a ploy to divert attention from the TRIPS (Trade-Related Aspects of Intellectual Property Rights) waiver debate that seeks to make vaccine technology and treatments available to the developing countries by waiving intellectual property protection for the duration of the pandemic. The waiver proposal, though backed by the US and most of the Global South, is being resisted by the EU and UK. The fact that the sponsor of the treaty also happens to be the EU underscores this justly held view.

Vaccine equity, access to technology, treatment, and diagnostics remain major challenges for Pakistan, as they are for the rest of the Global South. To avoid a repeat of the global devastation caused by pandemics like Covid-19, these issues should be at the heart of the treaty. More crucially, rather than security considerations, the new treaty should be motivated by public health concerns. South Asian countries, particularly Pakistan, should strike a delicate balance between these two viewpoints as well.

5 Conclusion

Following the release of a statement by the Independent Panel on Pandemic Preparation and Reaction, which was formed to assess the Covid-19 response, pressure for a worldwide pandemic treaty gained traction. The epidemic could have been contained if timely and globally coordinated steps had been implemented, according to the research. The answer was slow, and the attitude was one of wait-and-see. The paper also suggested that immediate action be taken to make the vaccination widely available in the Global South, as well as to ensure easy and affordable access to COVID therapy and diagnostics. More crucially, rather than security considerations, the new treaty should be motivated by public health concerns.

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