

Reclaiming Comprehensive Public Health: A Call to Action

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We, the undersigned, reiterate the concerns raised by others, as cited in '[Reclaiming comprehensive public health](#),' regarding missed opportunities to build co-operation, public trust and effective responses to the COVID-19 pandemic and regarding the resulting suffering and rights violations endured by people across the world.

We call on heads of state and government at the Special Session of the United Nations General Assembly in response to the COVID-19 pandemic, and all those involved in shaping the response, to promote comprehensive, equity-focused and participatory public health approaches in countering the pandemic. Responses to the COVID-19 pandemic and future public health emergencies must equitably draw on and use diverse sources of knowledge, disciplines and capabilities; protect human rights; and be guided by the following principles.

1. ***Co-develop and implement comprehensive public health interventions based on collaboration, partnership, shared responsibility, policy dialogue, communication and solidarity*** at all levels, within and across countries, as the most effective and equitable basis for the widest population health protection and benefit.
2. ***Recognise the agency of, and critical contributions made by communities to co-designing, co-implementing and monitoring context-appropriate pandemic responses and mitigatory measures. Ensure the meaningful and proactive engagement*** of health care and frontline workers and their associations, community leaders, civil society, and of diverse communities, especially those that are marginalised or vulnerable and at increased risk in such responses.
3. ***Ensure the public availability, in local languages, of timely, accurate, accessible and disaggregated information drawn from diverse sources of evidence.*** Transparently report reliable information on the pandemic modelling, morbidity and mortality, including the social distribution, limitations and diverse analyses and interpretations of such data, as well as on the intervention measures, resources deployed and the impact and distribution of intervention effects. **Value, use and share knowledge and evidence** from a wide range of disciplines and from communities and implementers to design, communicate and evaluate measures applied and to enhance their effectiveness, equity, acceptability, uptake and local ownership. **Enable independent and transparent review** and oversight of responses by legislature and civil society.
4. ***Set clear goals relevant to local contexts.*** These should aim to promote universal and equitable population health and well-being and to ensure the continuity of essential health services for population health needs in both public and private sectors. **Adapt public health guidance to local conditions**, context, cultures, evidence, beliefs and knowledge, using measures that facilitate gender and social equity, participation and that build and sustain trust amongst communities, implementers, organisations and authorities.
5. ***Avoid coercive, militarized interventions; discriminatory measures; and actions that undermine dignity*** in public health responses. Ensure that national laws and practices, including criminal laws, recognise and comply with international and regional human rights

treaties and the International Health Regulations. **Do no harm** while applying measures to prevent, control or mitigate the pandemic and do not incite fear or anxiety, discriminate, stigmatise, harass, limit peoples' freedoms, including through evictions, arbitrary arrests, detentions or other forms of repression.

6. **Ensure that any restrictions on individual freedoms** required to control risks to public health and safety conform with the United Nations' Siracusa Principles. Restrictions must be clear, legitimate, proportionate and scientifically based with a public health purpose. They should be developed with community participation, be well-targeted through the least restrictive but effective alternative and be based on the precautionary principle. Measures should be of limited duration, subject to review and applied with respect for human dignity.
7. **Protect and support the health workforce and other frontline workers and their families**, including lay, contract and community health workers and volunteers. Provide safe and comfortable working conditions; personal protective equipment and infection control measures; access to accurate and timely information, guidance and training; and access to free testing, treatment, care and psychosocial support with social security and guaranteed compensation for injury at work.
8. **Ensure that all people, especially those who are most vulnerable, can equitably and safely access essential health products** (personal protective equipment, diagnostics, therapeutics, vaccines and related technologies) for the prevention and control of the pandemic, as global public goods. **Promote, invest in and strengthen capacities for local production and citizen-led technology** and system innovations for health promotion, prevention and care as well as for support of livelihoods, food security and social protection. Support local learning, evaluation and dissemination of innovations. Ensure that digital technologies for pandemic control are free, accessible to all, respect human rights, including the Siracusa Principles, and are not misused for other purposes.
9. **Implement and monitor multi-sectoral actions to address the socio-economic and environmental determinants of risk and vulnerability. Provide comprehensive social and economic support to all people whose rights and livelihoods are being restricted through efforts to control the pandemic**, ensuring access to food, water, sanitation, shelter, livelihoods, education, digital access and health services, including prevention and care and access to support for mental health concerns, loneliness, gendered violence and other forms of abuse. Enable civil society organisations, media and legislatures to assess the impact of such actions, to give voice to those affected and to publicly report situations where controls have been imposed but less restrictive measures are feasible.
10. **Ensure increased, sustained and equitable funding for comprehensive public health, health care and social protection** from local to global levels, and for the systems, and research and development, that support the above-mentioned principles and approaches.

These principles and approaches should inform laws, standards, systems, programmes and actions, from the local to global levels, and should be reflected in any future updates to the International Health Regulations and the Siracusa Principles. For our part, we as signatories, commit to the realization of these principles and approaches and invite others to join us.

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NAME INDIVIDUAL and/or ORGANISATION

COUNTRY/REGION