



Background brief: Building resilience to pandemic risk  
through rights-based and gender equal public service  
delivery at the local level

Dr Matthew Scott  
January 2022

**Background brief: Building resilience to pandemic risk through rights-based and gender equal public service delivery at the local level**

**Innehåll**

- 1 Introduction..... 3
- 2 Terminology..... 4
- 3 The Framework for Integrating Rights and Equality (FIRE) ..... 6
- 4 Building resilience to pandemic risk: integrating FIRE into the post-2015 development agenda at the sub-national level ..... 8
  - 4.1 Preventing pandemics..... 9
    - 4.1.1 Addressing the hazard .....10
    - 4.1.2 Addressing conditions of exposure and vulnerability.....14
  - 4.2 Pandemic preparedness for response ..... 26
    - 4.2.1 Aligning pandemic preparedness for response with the New Urban Agenda  
29
    - 4.2.2 Human rights and gender equality in pandemic response: lessons from COVID-  
19 32
  - 4.3 Building forward better..... 37
- 5 Annex 1: Further reading..... 39
- 6 Annex 2: Key international standards and guidelines..... 40

# 1 Introduction

The purpose of this Background Brief is to communicate key components of an integrated human rights-based and gender equality approach to building resilience to pandemic risk at the local level. It addresses pandemic prevention, preparedness for response, and building forward better within the umbrella of the post-2015 development agenda.

**Rather than focusing on the biomedical aspects of disease treatment, this brief focuses on the wider economic, social, and environmental context within which pandemic resilience is either strengthened or depleted.** Its primary target audience is local authority actors who must deliver services, enforce laws, and protect people in situations of vulnerability. Local authorities implement national law and policy, but also exercise independent competencies within certain spheres. How local authorities work to prevent and prepare for pandemics, protect people during pandemics, and build forward better is a critical human rights question. The Brief also targets civil society actors who operate at the local level.

Aligning with the post-2015 development agenda, the Background Brief draws connections between Agenda 2030 and the Sustainable Development Goals, the Sendai Framework for Disaster Risk Reduction, the Paris Agreement, the post-2020 Biodiversity Framework, and the New Urban Agenda. The Background Brief is intended as a contribution to a people-centred, multi-level, multi-sectoral, multi-stakeholder, and multi-hazard approach to building resilience through enhancing the enjoyment of human rights for all.

Although local authorities exercise a wide variety of competencies, the following areas were identified by United Cities and Local Government as having been particularly relevant for municipalities in responding to the COVID-19 pandemic:

- Education (nursery, schools, pre-elementary and primary education)
- Urban planning and management
- Local utility networks (water, sewerage, waste, hygiene, etc.)
- Local roads and city public transport
- Social affairs (support for families and children, elderly, disabled, poverty, social benefits, etc.)
- Primary and preventive healthcare
- Public order and safety (municipal police, fire brigades)
- Local economic development, tourism, trade fairs
- Environment (green areas)
- Social housing
- Administrative and permit services (UCLG 2021, p. 78)

Building resilience to pandemic risk must therefore necessarily address dimensions of exposure and vulnerability within each of these sectors. This Background Brief does not offer such a comprehensive overview. Rather, it provides an overarching framework that can then be referred to when considering measures to build resilience within each of these sectors.

The brief first defines key terms. It then outlines a broad human rights and gender equality conceptual framework for pandemic resilience. It then identifies how this framework can contribute to preventing and preparing for pandemics, protecting people during pandemics, and building forward better.

## 2 Terminology

Building back better	The use of the recovery, rehabilitation and reconstruction phases after a disaster to increase the resilience of nations and communities through integrating disaster risk reduction measures into the restoration of physical infrastructure and societal systems, and into the revitalization of livelihoods, economies and the environment.	UNDRR (2017)
Disaster	<p>A serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, leading to one or more of the following: human, material, economic and environmental losses and impacts.</p> <p>Annotations: The effect of the disaster can be immediate and localized, but is often widespread and could last for a long period of time. The effect may test or exceed the capacity of a community or society to cope using its own resources, and therefore may require assistance from external sources, which could include neighbouring jurisdictions, or those at the national or international levels</p>	UNDRR (2017)
Disaster risk	The potential loss of life, injury, or destroyed or damaged assets which could occur to a system, society or a community in a specific period of time, determined probabilistically as a function of hazard, exposure, vulnerability and capacity.	UNDRR (2017)
Disaster risk management	Disaster risk management is the application of disaster risk reduction policies and strategies to prevent new disaster risk, reduce existing disaster risk and manage residual risk, contributing to the strengthening of resilience and reduction of disaster losses.	UNDRR (2017)
Disaster risk reduction	Disaster risk reduction is aimed at preventing new and reducing existing disaster risk and managing residual risk, all of which contribute to strengthening resilience and therefore to the achievement of sustainable development.	UNDRR (2017)

	Annotation: Disaster risk reduction is the policy objective of disaster risk management, and its goals and objectives are defined in disaster risk reduction strategies and plans.	
Epidemic	The occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related events clearly in excess of normal expectancy	WHO (2020)
Exposure	The situation of people, infrastructure, housing, production capacities and other tangible human assets located in hazard-prone areas.	UNDRR (2017)
Hazard	A process, phenomenon or human activity that may cause loss of life, injury or other health impacts, property damage, social and economic disruption or environmental degradation.	UNDRR (2017)
Health	Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.	WHO Constitution
Isolation	Separation of ill or contaminated persons or affected baggage, containers, conveyances, goods or postal parcels from others in such a manner as to prevent the spread of infection or contamination	WHO (2020)
One Health	An approach to address a health threat at the human-animal-environment interface based on collaboration, communication, and coordination across all relevant sectors and disciplines, with the ultimate goal of achieving optimal health outcomes for both people and animals; a One Health approach is applicable at the subnational, national, regional, and global level.	WHO (2020)
Pandemic	A worldwide outbreak of a disease in humans in numbers clearly in excess of normal	WHO (2020)
(Public) health emergency	A type of event or imminent threat that produces or has the potential to produce a range of health consequences, and which requires coordinated action, usually urgent and often non-routine. Note: A health emergency may pose a substantial risk of significant morbidity or mortality in a community	WHO (2020)
Public health emergency of international concern	An extraordinary event which is determined, as provided in the International Health Regulations, (i) to constitute a public health risk to other States through the international spread of disease and (ii) to potentially require a coordinated response	International Health Regulations
Quarantine	The restriction of activities and/or separation from others of suspect persons who are not ill; or of suspect baggage, containers, conveyances or goods in such a manner as to prevent the possible spread of infection or contamination	WHO (2020)

Resilience	The ability of a system, community or society exposed to hazards to resist, absorb, accommodate, adapt to, transform and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions through risk management.	UNDRR (2017)
Response	Actions taken directly before, during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected.	UNDRR (2017)
Sustainable development	Sustainable development has been defined as development that meets the needs of the present without compromising the ability of future generations to meet their own needs... For sustainable development to be achieved, it is crucial to harmonize three core elements: economic growth, social inclusion and environmental protection. These elements are interconnected and all are crucial for the well-being of individuals and societies.	UN (2022)
Vulnerability	The conditions determined by physical, social, economic and environmental factors or processes which increase the susceptibility of an individual, a community, assets or systems to the impacts of hazards.	UNDRR (2017)
Zoonoses	Any disease or infection that is naturally transmissible from vertebrate animals to humans. Note: Zoonotic diseases can be spread by food, water, fomites or vectors	WHO (2020)

### 3 The Framework for Integrating Rights and Equality (FIRE)

The Framework for Integrating Rights and Equality (FIRE) was developed through a Sida-supported collaboration between the Asia Disaster Preparedness Center (ADPC), the Stockholm Environment Institute (SEI), the Swedish Civil Contingencies Agency (MSB) and the Raoul Wallenberg Institute of Human Rights and Humanitarian Law (RWI) as a major output of the Building Resilience through Inclusive and Climate-Adaptive Risk Reduction in Asia-Pacific (BRDR) programme, working in partnership with regional, national and sub-national partners. Combining social science-based approaches to gender equality with systematically consolidated international standards and guidelines relevant to disaster risk reduction and management, the Framework for Integrating Rights and Equality reflects a transdisciplinary approach to building resilience to disaster risk.

#### The six dimensions of FIRE explained

**Governance systems and structures:** This dimension focuses on developing and/or improving three types of systems:

- Law, policy and procedure on DRR and resilience building that is based on international standards and guidelines on gender equality and human rights

- Institutions for decision-making and accountability that enable people, particularly those belonging to disadvantaged or marginalized groups, to exercise their rights to voice, to participate, and to claim rights and entitlements
- Diverse platforms for civil society, particularly disadvantaged and marginalized groups, to articulate and pursue the realization of their rights.

Attention is paid to identifying and addressing institutionalized exclusion on the basis of social status (e.g. gender, age, class, caste, ethnicity, health)

**Fundamental rights:** This dimension focuses on realizing fundamental rights reflected in international standards, including human rights treaties and more operational guidelines. Amongst others, fundamental rights include economic and social rights like the right to food, shelter, health, and social security, as well as civil and political rights like freedom of movement and association and the prohibition on arbitrary detention. It highlights how gendered social and political structures influence individual and group enjoyment of rights as well as access and entitlements to natural, physical, social, and human resources. It sees equality as an end in itself and as a right established under international law and reflected in national constitutions.

**Participation, transparency and access to information:** This dimension focuses on promoting meaningful, equal, gender-sensitive and effective participation of women, girls, boys and men of diverse gender identities, ages, abilities and backgrounds in policy/decision-making that shape their entitlements. Attention is paid to:

- Ensuring gender-equal, socially inclusive access to information
- Ensuring free, prior, and informed consent (FPIC)
- Identifying and removing invisible barriers to participation such as social and gender norms, religious rules and hierarchy, stereotypes against certain identities (e.g. caste, homosexuality, disability). Ensuring procedures are in place to make participation accessible, socially inclusive, and safe for women, girls, boys and men of diverse gender identities, ages, abilities and backgrounds
- Recognizing the gendered politics of knowledge, i.e. whose knowledge counts? What knowledge counts? Whose voice matters? When do we listen to which voices?

**Non-discrimination:** This dimension focuses on addressing existing patterns of discrimination and causes of inequality based on identities and socioeconomic characteristics such as gender, age, class, caste, ethnicity, health, wealth, and so forth. It recognizes that those causes of inequality intersect in a wide variety of ways, affecting every aspect of the enjoyment of rights. It also emphasises that states have a duty to actively take steps to address discrimination and promote equality.

**Agency and empowerment:** This dimension focuses on enhancing the ability of right-holders, particularly of disadvantaged and marginalized groups to exercise their rights and entitlements, and to influence decisions and policies that shape their rights and entitlements.

Attention is paid to:

- Recognizing and strengthening agency, capacities and leadership

- Promoting collective learning and actions

**Social norms and context:** This dimension focuses on transforming social and gender norms that shape inequalities in rights, entitlements and voices that contribute to vulnerability. Attention is paid to:

- Examining production of inequality and vulnerability, privilege and marginalization within family, community and social groups, by customary norms, practices and social processes
- Transforming perceptions, attitudes, norms and practices that produce inequalities
- Recognizing social norms and enabling conditions that support the enjoyment of fundamental rights

As can be seen in Figure 1 below, the six dimensions are given depth through 14 elements, which have been identified from international standards and guidelines, as well as concepts developed within gender equality approaches. Overarching principles, including the ‘respect-protect-fulfil’ doctrine, the notion of the minimum core of economic and social rights, are highlighted alongside the commitment to multi-sectoral, multi-stakeholder, multi-level approaches reflected in the post-2015 development agenda.

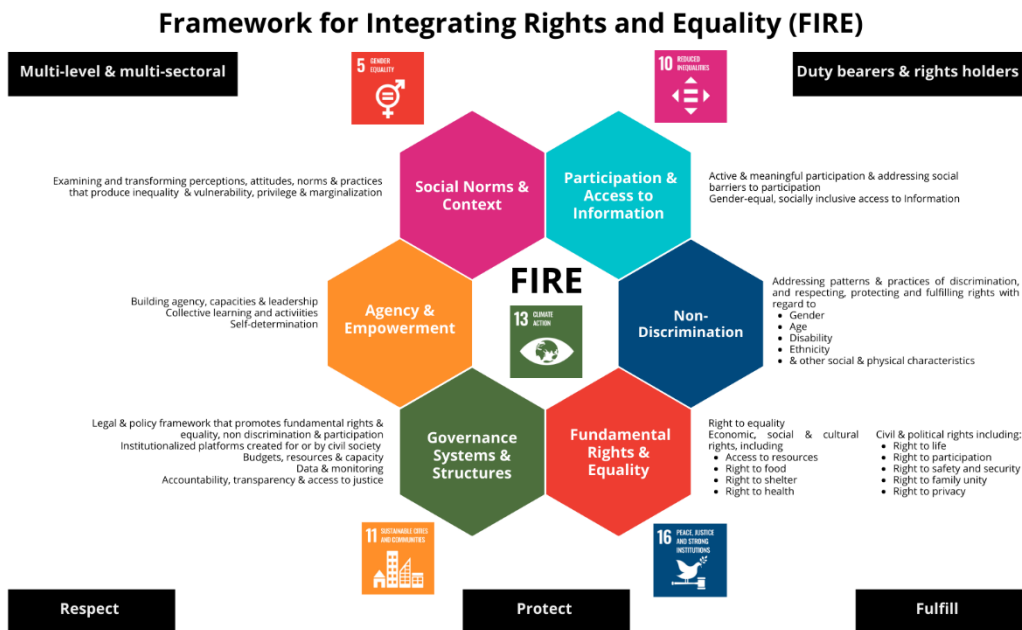


Figure 1: The Framework for Integrating Rights and Equality

#### 4 Building resilience to pandemic risk: integrating FIRE into the post-2015 development agenda at the sub-national level

Section 2 highlighted the lack of internationally accepted definitions of key terms, including public health emergency, epidemic, and pandemic. Why should this Background Brief focus



on pandemics, and would the outcome be different if the focus was on public health emergencies or epidemics?

This Background Brief focuses on pandemics for several reasons. First, pandemics necessarily entail a cross-border element that adds complexity and increases exposure and vulnerability in a variety of ways. The declaration of a pandemic means that local measures alone cannot eradicate the threat. The hazard is everywhere, and measures to contain it have impacts beyond the borders of a single state. Far-reaching restrictions on multiple forms of economic and social activity are likely to be adopted, including lockdowns, restrictions on public transportation, closure of schools and businesses, cancellation of non-emergency medical treatment, amongst many others. The price of goods increases, and scarcity has far-reaching human rights implications, in terms of the enjoyment of rights to food, work, and the highest attainable standard of health, amongst others. Budgets are cut and service delivery downscaled as the economic and social impacts of pandemics take hold. Similar impacts can be associated with epidemics as well, so principles, standards and guidelines relating to pandemics will apply equally in the context of epidemics.

Although this Background Brief focuses on pandemics, it is important to recall that pandemics are one form of disaster that can arise in the context of a multi-hazard riskscape. In line with the Sendai Framework for Disaster Risk Reduction (discussed in more detail below), building resilience to pandemic risk should be part of an increasingly integrated approach to building resilience to disaster risk more generally. It follows that many of the principles, standards and guidelines that are highlighted in this Brief have application in the context of disasters triggered by climatological, geological or other hazards.

Building resilience to pandemic risk entails broad as well as targeted measures to prevent and prepare for pandemics, protect people during pandemics, and build forward better. At the highest level, building resilience to pandemic risk is a feature of sustainable development, encompassing economic, social, and environmental dimensions. This section frames the concept of building resilience to pandemic risk, focusing first on prevention of pandemics, then pandemic preparedness for response, and finally building forward better. It integrates FIRE with the post-2015 development agenda, focusing on the sub-national level.

#### 4.1 Preventing pandemics

Pandemics can generally be described as a type of disaster.

A disaster is defined as:

a serious disruption of the functioning of a community or a society at any scale due to hazardous events interacting with conditions of exposure, vulnerability and capacity, leading to one or more of the following: human, material, economic and environmental losses and impacts (UNDRR 2017).

As this definition suggests, disasters result from the interaction of a biological hazard (a virus, a parasite, or bacteria) with exposed and vulnerable social conditions.

Exposure is defined as

the situation of people, infrastructure, housing, production capacities and other tangible human assets located in hazard-prone areas (UNDRR 2017).

Vulnerability is defined as

the characteristics determined by physical, social, economic and environmental factors or processes which increase the susceptibility of an individual, a community, assets or systems to the impacts of hazards (UNDRR 2017).

Each of these elements is required for the pandemic to emerge. Addressing the hazard, as well as the conditions of exposure and vulnerability, are therefore important aspects of building resilience to pandemic risk.

#### 4.1.1 Addressing the hazard

According to the UN Special Rapporteur on the Right to the Highest Possible Attainment of Physical and Mental Health, Danias Puras, addressing pandemic risk requires adopting a holistic approach to health:

Just as a biomedical paradigm overlooks the role of the determinants in health, so too does it disregard humankind's relationship with the environment and with climate change. WHO acknowledges that most emerging infectious diseases, and almost all recent pandemics, originate in wildlife, and there is evidence that increasing human pressure on the natural environment is driving disease emergence.”<sup>1</sup>

Although the precise context giving rise to the emergence of COVID-19 in the human population has not been definitively established, the possibility of zoonotic transmission (movement of the virus from animals to humans) has been widely discussed, and would be consistent with earlier epidemics and pandemics, including HIV, Bird Flu (H5N1), Swine Flu (H1N1), and Ebola, amongst others. The IFRC notes that “more than 6 out of every 10 known infectious diseases in people can be spread from animals, and 3 out of every 4 new or emerging infectious diseases in people are zoonotic” (IFRC 2021, p. 91).

The economic, social, and environmental dimensions of sustainable development are evident in this context, as reflected in the August 2021 report of the Scientific Task Force on Preventing Pandemics, which identify the following agents of zoonotic spillover risk:

---

<sup>1</sup> <https://digitallibrary.un.org/record/3878993>

- Land use change, including deforestation and agricultural development
- Livestock intensification
- Urbanization
- Wild animal hunting and consumption
- Wildlife trade
- Cultural practices, particularly eating wild animals
- Affluence and wildlife consumption
- Climate change

Interfaces of viral zoonotic spillover include forest edge, wildlife markets, and animal farms. The report identifies tropical regions in North America, Asia, Central Africa, and regions in South America as having ‘extensive areas of predicted emerging infectious disease occurrence.’ Areas of high population not located in tropical zones, including cities in Europe, the United States, Asia, and Latin America, were also identified as being potentially ‘high risk’. (Preventing pandemics at source report, page 6).

**It follows that action to build pandemic resilience needs to address economic, social, and environmental factors that contribute to zoonosis, with a particular focus on forest edge, wildlife markets, and animal farms, but also high density urban areas.**

Among the local authority competencies identified above in section 1, urban planning and management is of particular relevance in this connection. Zoning regulations concerning the location of wildlife markets and animal farms can help to prevent conditions for zoonotic spillover. Other local authority competences relevant to pandemic prevention include local utility networks (water, sewerage, waste, hygiene, etc.), local economic development, tourism, trade fairs, and environment (green areas).

This initiative to prevent pandemics at source aligns with the ongoing work under the 1992 Convention on Biodiversity to develop a Post-2020 biodiversity framework that reflects the wider post-2015 development agenda and pursues the One Health approach. The 2021 Kunming Declaration expressly links biodiversity, health, and sustainable development:

Increase the application of ecosystem-based approaches to address biodiversity loss, restore degraded ecosystems, boost resilience, mitigate and adapt to climate change, support sustainable food production, promote health, and contribute to addressing other challenges, enhancing One Health and other holistic approaches and ensuring benefits across economic, social, and environmental dimensions of sustainable development...

The One Health approach endorsed in the Kunming Declaration is defined by the One Health High Level Expert Panel:

One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and

the wider environment (including ecosystems) are closely linked and inter-dependent. The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for clean water, energy and air, safe and nutritious food, taking action on climate change, and contributing to sustainable development.

This approach to ‘optimizing the health of people, animals and ecosystems’ is critical to the sustainability of measures to prevent pandemics at source. However, decisions taken to define that balance have clear implications for human rights and gender equality. The Framework for Integrating Rights and Equality helps to identify key questions of relevance for preventing pandemics at source through a One Health approach:

### Preventing pandemics at source with FIRE

#### Governance systems and structures

1. **Legal and policy framework:** How can the national and sub-national legal and policy frameworks be improved to promote a human rights-based approach to One Health?
2. **Budgets, resources and capacity:** How can initiatives to promote a human rights-based approach to One Health be financed? What kinds of capacities are required to achieve One Health? Who has those capacities, and who should have those capacities? How can those capacities be strengthened?
3. **Data and monitoring:** What are the data gaps and how can they be filled? Who will monitor One Health measures to ensure their ongoing alignment with human rights principles?
4. **Accountability and access to justice:** How is responsibility for One Health shared between stakeholders in a multi-level governance perspective? What mechanisms are in place, or should be introduced, to ensure accountability of these actors for their acts and omissions? Are processes, criteria, decisions, and budgets relating to relevant measures accessible to the public? Where information is not publicly available, are restrictions necessary and proportionate? How can people who feel their rights have or will be interfered with seek protection, and what mechanisms are in place to provide that protection?

#### Fundamental rights

1. What are the potential positive as well as negative impacts of One Health measures on the enjoyment of the catalogue of human rights relevant to the particular context? How do these impacts differ between different social groups.

#### Participation, transparency and access to information

1. What mechanisms exist or need to be introduced to ensure that affected people play an active and meaningful role in decision-making processes, both in everyday life and in relation to measures that specifically relate to healthy ecosystems?
2. What mechanisms exist or need to be introduced to ensure that affected people have full and unimpeded access to the information necessary to play an active and meaningful role in decision-making, both at an individual and a community level, both in everyday life and in relation to measures that specifically relate to healthy ecosystems?

### **Non-discrimination**

1. When considering all of the preceding questions, how do the answers differ when actively engaging with diverse perspectives and interests, including those held by minority ethnic or religious groups, landless people, persons with disabilities, migrant workers, indigenous peoples, older people, children? In turn, how do perspectives and interests within these diverse perspectives differ across genders?
2. Building on these perspectives, what measures are required and desired to promote equality across the different dimensions in focus?

### **Agency and empowerment**

1. How are different actors already working to address issues in focus? What kind of support do people want, and how can support be provided in a manner reflecting a commitment to human rights and gender equality?
2. When measures are proposed that have a direct impact on the lives and property of people, and in particular indigenous peoples. What mechanisms exist to ensure that the principle of free, prior and informed consent is scrupulously observed?

### **Social norms and context**

1. How have the contemporary issues in focus emerged and changed over time?
2. Where is power concentrated between and within groups?

The ambition of preventing pandemics at source will take time and success depends on the alignment of multiple factors in situations of uncertainty and change. Biological hazards, including those with pandemic potential, can thus be expected to be a feature of the hazardscape for the foreseeable future.

It is therefore critical to simultaneously address underlying conditions of exposure and vulnerability.

#### 4.1.2 Addressing conditions of exposure and vulnerability

As noted above, a biological hazard will not trigger a disaster unless it encounters exposed and vulnerable social conditions. The impact of the hazard will vary according to the conditions it encounters, meaning the impacts will not be the same even in different parts of the same country. Indeed, although a global pandemic may have been declared, this does not mean that conditions everywhere will match the definition of a disaster. Building resilience to pandemic risk by addressing conditions of exposure and vulnerability is thus a critical component of disaster risk reduction in a world characterized by increasing pandemic risk.

Exposure to climatic or geophysical hazards is easy to map, as physical proximity to rivers, coastlines, and fault lines provides a strong indication of where damage is likely in the context of a hazard event. Critically, disaster risk is also created, through decisions about where to locate structures, how societies relate to the environment, including through building in floodplains and on fault lines, and attempting to redirect watercourses. Exposure can be reduced through land use planning, including the designation of no-build zones and measures like managed realignment and planned relocation.

Likewise, physical vulnerability to climatic or geophysical hazards can be mapped in terms of the structural resilience of critical infrastructure and homes. Social vulnerability can also be mapped, informed by data relating to social, physical, financial, educational and natural capital, coupled with ground level consultations. Understanding patterns of exposure and vulnerability before the onset of a hazard event or process provides an opportunity to reduce disaster risk.

Exposure and vulnerability to pandemic risk share similarities with climatic and geophysical risk, but also have notable distinctions. Physical exposure can be partially identified in advance, although this will depend on the different modes of transmission of the particular biological hazard. Physical exposure will differ depending on whether the mode of transmission is airborne, surface-borne, water borne, transmitted through bodily fluids, or through a combination of these modes. Reducing exposure may entail measures to reduce crowding in public transport and in public as well as private spaces. Hygiene can be promoted through information campaigns as well as measures to improve the availability, accessibility, acceptability and quality of hygiene products. Water and sanitation can be enhanced through development and maintenance of public works. Public health information campaigns can help people to reduce their exposure. Guidelines for people to follow when they are sick can also help to reduce overall exposure to pandemic risk, as people who may be infectious take steps to reduce transmission. Such guidelines need to take into account the fact that many people cannot afford to miss work even if they are unwell, and significant attention needs to be paid to the potential for scaling up social security mechanisms to enable people to stay at home. International cooperation needs to be scaled up dramatically.

There is an important social dimension to pandemic exposure that must be addressed in any initiative to build resilience. The extent to which a person will be exposed to a pathogen depends on the conditions they live and work in. Living in crowded, informal settlements,

with limited sanitation and hygiene facilities can increase exposure to pathogens. People whose livelihoods necessarily involve being in close physical proximity to others are also more exposed, particularly when there are limited or no provisions for adjusting working conditions to minimize exposure. Moreover, some people may be able to reduce physical exposure through the use of personal protective equipment (PPE), whereas others will not enjoy such access.

In some respects, reducing vulnerability to pandemic risk depends significantly on the nature of the hazard, and can be difficult to predict in the case of new biological hazards. Some pathogens have a differential impact depending on the age, ethnicity, and sex of the infected person. However, although genetics and biology play a role in some cases, in other cases differential vulnerability to a virus has a distinctly social character, reflecting patterns of discrimination that shape other dimensions of inequality within a society. Tackling discrimination and inequality is thus an important aspect of reducing vulnerability to pandemic risk.

Reducing vulnerability and exposure to pandemic risk thus depends in part on general measures to attain the targets elaborated under the Sustainable Development Goals, and in part on more targeted measures that address specific conditions of exposure and vulnerability to pandemic risk.

#### *Reducing exposure and vulnerability through sustainable development*

Paragraph 26 of Agenda 2030 reads:

To promote physical and mental health and well-being, and to extend life expectancy for all, we must achieve universal health coverage and access to quality health care. No one must be left behind... We will equally accelerate the pace of progress made in fighting malaria, HIV/AIDS, tuberculosis, hepatitis, Ebola and other communicable diseases and epidemics...

Targets 3.3, 3.8, and 3.b-3.d of Goal 3 on ensuring healthy lives and promoting well-being for all at all ages read:

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS

Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

**Initiatives to build resilience to pandemic risk through reducing exposure and vulnerability should therefore align with these core Targets**, including through measures to pursue developed country fulfilment of commitments under 3.b-3.d.

The Framework for Integrating Rights and Equality adds depth to these Targets by situating Goal 3 within the broader framework reflected in the right to health.

### **The right to the highest attainable standard of health**

The right to the highest attainable standard of health is guaranteed under Article 12 of the 1966 International Covenant on Economic, Social and Cultural Rights (ICESCR). The ICESCR has been ratified by 171 states. Rights to water, food, shelter, health, social security, and other economic, social and cultural rights, are also enshrined in national constitutions around the world.

Article 12 ICESCR reads:

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
  - (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;
  - (b) The improvement of all aspects of environmental and industrial hygiene;



(c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;

(d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.

Goal 3 identifies more contemporary concerns than those included in Article 12 in 1966, and the Targets highlighted above fit readily within the right to health framework.

The Committee on Economic, Social and Cultural Rights (CESCR) has monitored the implementation of the Covenant, primarily through the periodic review procedure. This procedure involves the submission of reports by states to the Committee once every five years. The reports detail how states have worked towards the progressive realization of the rights protected by the Covenant and are followed up with dialogue. Civil society may also submit 'shadow reports'. Based on decades of monitoring, the Committee has developed General Comments, which are designed to assist states in fulfilment of their obligations under the Covenant.

General Comment No. 14 on the Right to the Highest Attainable Standard of Health was adopted by the Committee in August 2000. It describes the right to health as being closely related to and dependent upon other substantive rights. The right to health is not limited to simply an 'absence of disease or infirmity', but rather 'embraces a wide range of socio-economic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health, such as food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment (para 4).' Other civil and political rights, including rights to freedom of expression, freedom of movement, access to information, amongst others, are also highlighted in the General Comment as being closely interconnected with the right to the highest attainable standard of health.

Against this backdrop concerned with addressing the 'underlying determinants of health', four 'interrelated and essential elements' emerge as definitive of the right to health 'in all its forms and at all levels (para 12).' These include:

- **Availability**
- **Accessibility**
- **Acceptability**
- **Quality**

**Availability** relates to social and physical infrastructure including medical facilities as well as goods and services contributing to the underlying determinants of health. Availability means 'safe and potable drinking water and adequate sanitation facilities, hospitals, clinics and other health-related buildings, trained medical and professional personnel receiving domestically competitive salaries, and essential drugs... (para 12(a))'

**Accessibility** has four components, including non-discrimination, physical accessibility, economic accessibility (affordability), and information accessibility.

The **Acceptability** element focuses on cultural and social considerations that require responsible actors to consider the particular situation of different groups of people within society, and to adapt measures to promote the realization of the right to health accordingly.

The **Quality** element requires medical interventions to be scientifically and medically appropriate, but also concerns the quality of the underlying determinants of health, including water and sanitation.

Recognizing the importance of addressing the underlying determinants of health, and reflecting upon the interconnected economic, social, and environmental factors that both contribute to zoonosis and to the spread of infectious disease, broader initiatives under other Goals are necessary for reducing exposure and vulnerability to pandemic risk.

**Goals 1, 5, 6, 11 and 13 should feature prominently when developing measures to build resilience to pandemic risk**, even as many other goals are also highly relevant. The following targets are of particular note:

*Goal 1: End poverty in all its forms everywhere*

1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters

*Goal 5: Achieve gender equality and empower all women and girls*

5.1 End all forms of discrimination against all women and girls everywhere

5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life

*Goal 6: Ensure availability and sustainable management of water and sanitation for all*

6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all

6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations

*Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable*

11.1 By 2030, ensure access for all to adequate, safe and affordable housing and basic services and upgrade slums

11.5 By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations

11.b By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, resilience to disasters, and develop and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015–2030, holistic disaster risk management at all levels

Goal 13. Take urgent action to combat climate change and its impacts

13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries

Building resilience to pandemic risk is thus an essential feature of the sustainable development agenda. Figure 2 summarises the interconnected Goals highlighted above:

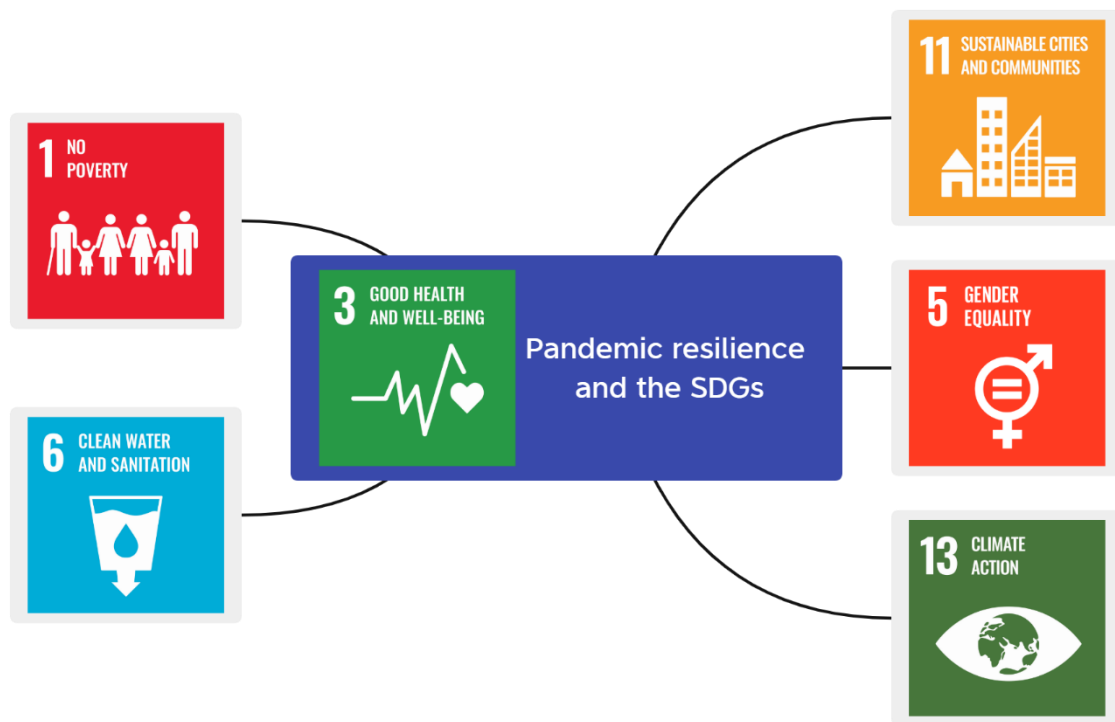


Figure 2: Pandemic resilience and the SDGs

Adopting a human rights-based and gender equality approach to the Sustainable Development Goals provides a coherent pathway for building resilience to pandemic risk. The Targets themselves help to highlight key areas for focusing attention and devoting resources, but do not provide an wholistic framework to guide initiatives intended to achieve them.

### Reducing exposure and vulnerability to pandemic risk with FIRE

#### Governance systems and structures

1. **Legal and policy framework:** Exposure and vulnerability are deeply social conditions. Some aspects of a national and sub-national legal and policy framework may be designed to address exposure and vulnerability, but others serve other, potentially incompatible, purposes. Public transport, housing, workplace health and safety, labour and employment, aged care and immigration control are some of the sectors where law and policy can address conditions of exposure and vulnerability to pandemic risk. Adopting legal and policy measures *before* public health emergencies arise can help to reduce exposure and vulnerability to hazards and reduce the overall impact.
2. **Budgets, resources and capacity:** In the immediacy of a disaster, commitments to address underlying causes are voiced. However, as time passes, other priorities intervene. How can authorities at national and sub-national level ensure that budgets, resources, and capacity strengthening initiatives continue to target underlying conditions of exposure and vulnerability?

3. **Data and monitoring:** For decades, UN treaty bodies have been calling on states to collect disaggregated data to facilitate monitoring of the progressive realization of economic, social and cultural rights. The post-2015 agenda also calls repeatedly for better data. The SDG targets identified above provide a helpful starting point for a data and monitoring initiative to build resilience to pandemic risk.
4. **Accountability and access to justice:** How is responsibility for sustainable development shared between stakeholders in a multi-level governance perspective? What mechanisms are in place, or should be introduced, to ensure accountability of these actors for their acts and omissions? Are processes, criteria, decisions, and budgets relating to relevant measures accessible to the public? Where information is not publicly available, are restrictions necessary and proportionate? How can people who feel their rights have or will be interfered with seek protection, and what mechanisms are in place to provide that protection?

### **Fundamental rights**

1. Addressing exposure and vulnerability to pandemic risk requires states to respect, protect, and fulfil economic, social and cultural rights, whilst guaranteeing the enjoyment of civil and political rights at the same time. What measures can be taken to strengthen the enjoyment of the right to shelter for people in situations of vulnerability? What steps can be taken to improve access to water in informal settlements?

### **Participation, transparency and access to information**

1. Participatory development recognizes that communities need to play an active and meaningful role in the decisions that affect their lives. Measures to reduce exposure through enhancements to public transport, access to water, or improvements to public housing and town planning must be guided by the experience, priorities and capabilities of affected people. Moreover, participatory development recognizes that communities are home to a diversity of people with sometimes competing priorities, where power determines whose priorities are reflected.
2. Knowing how to reduce exposure is critical to building resilience to pandemic risk. How do people currently receive public health information and information about disaster risk and environmental hazards? Do the modes of communication reach all people, or are some excluded based on language and literacy, their remote location, or because they have sensory disabilities? How might public trust in the information shared by authorities be strengthened?

### **Non-discrimination and inclusion**

The post-2015 development agenda commits to leaving no one behind. Tackling discrimination and promoting inclusion is a necessary first step in this direction. Exposure and vulnerability are experienced differently by people on account of their gender, age and abilities, as well as their ethnicity, religion, political opinion, class and caste.

Development initiatives that fail to prioritise differential exposure and vulnerability may generate economic growth, but risk further marginalizing people in situations of vulnerability.

### **Agency and empowerment**

People in situations of vulnerability are not defined entirely by this characteristic. Rather, individuals operate within the social norms and contexts they find themselves, using their agency and capacities to pursue lives with dignity. Identifying, through participatory action, contexts where people's agency can be enhanced in ways they themselves consider meaningful, is an end in itself, but can also contribute to building resilience to pandemic risk.

### **Social norms and context**

Gender norms shape health and economic outcomes for individuals as well as groups within society. Reducing exposure and vulnerability to pandemic risk requires work at all levels to address harmful norms and practices that contribute to worse health and economic outcomes for women, persons with disabilities, people belonging to marginalized caste groups, religious minorities and so on.

However, even when the Sustainable Development Goals are situated within a human rights-based and gender equality conceptual framework, achievement of the specific public health and disaster risk reduction targets highlighted above depends on the implementation of a more structured framework.

There are many pathways that can contribute towards achievement of different constellations of Goals and Targets. The Health in All Policies (HiAP) approach, championed by United Cities and Local Governments (2021), encourages express reflection on Goal 3 (Good Health and Well-Being) into sectoral policy at the local level. This approach has the distinct advantage of being expressly grounded in an integrated approach to achieving multiple SDGs. Figure 3 illustrates HiAP.



Example of a HiAP approach. Source: Department of Health and Human Services (DHHS), Humboldt County (USA)

Figure 3: Example of a HiAP approach (from UCLG 2021)

However, building resilience to pandemic risk, particularly when seen as part of an integrated approach to multi-hazard risk reduction, requires consideration of other factors beyond health. HiAP might better be seen as one important component of a wider initiative to build resilience to disaster risk, that may best be accommodated within the broad agenda set out in the Sendai Framework for Disaster Risk Reduction.

#### *Reducing exposure and vulnerability through Disaster Risk Reduction*

The Sendai Framework aligns broadly with Agenda 2030, emphasizing at paragraph 19(h) that ‘Disaster risk reduction is essential to achieve sustainable development’.

Paragraph 6 of the Sendai Framework recognizes the need to take steps to reduce vulnerability and exposure to disaster risk, including in relation to pandemics and epidemics. It states:

Enhanced work to reduce exposure and vulnerability, thus preventing the creation of new disaster risks, and accountability for disaster risk creation are needed at all levels. More dedicated action needs to be focused on tackling underlying disaster risk drivers, such as the consequences of poverty and inequality, climate change and variability, unplanned and rapid urbanization, poor land management and compounding factors such as demographic change, weak institutional arrangements, non-risk-informed policies, lack of regulation and incentives for private disaster



risk reduction investment, complex supply chains, limited availability of technology, unsustainable uses of natural resources, declining ecosystems, pandemics and epidemics. Moreover, it is necessary to continue strengthening good governance in disaster risk reduction strategies at the national, regional and global levels.

Pandemic and epidemic risk is thus understood within the Sendai Framework as part of a wider ecosystem of risk drivers and compounding factors. Reducing risk requires tackling exposure and vulnerability through measures to address intersecting economic, social and environmental factors. Although no other mention is made of pandemics in the Sendai Framework, and epidemics are only addressed at paragraph 28 in the context of cross-border cooperation, the Sendai Framework nonetheless provides an important structure and set of objectives that are as relevant to biological hazards as they are to geophysical, climatological or other hazards.

Paragraph 18 sets seven global targets:

- (a) Substantially reduce global disaster mortality by 2030, aiming to lower the average per 100,000 global mortality rate in the decade 2020–2030 compared to the period 2005–2015;
- (b) Substantially reduce the number of affected people globally by 2030, aiming to lower the average global figure per 100,000 in the decade 2020–2030 compared to the period 2005–2015;
- (c) Reduce direct disaster economic loss in relation to global gross domestic product (GDP) by 2030;
- (d) Substantially reduce disaster damage to critical infrastructure and disruption of basic services, among them health and educational facilities, including through developing their resilience by 2030;
- (e) Substantially increase the number of countries with national and local disaster risk reduction strategies by 2020;**
- (f) Substantially enhance international cooperation to developing countries through adequate and sustainable support to complement their national actions for implementation of the present Framework by 2030;
- (g) Substantially increase the availability of and access to multi-hazard early warning systems and disaster risk information and assessments to people by 2030.

Target (e) provides the most directly relevant entry point for thinking about the kinds of specific measures national and local authorities should take as part of building resilience to pandemic risk. **Developing or enhancing existing national and local disaster risk reduction strategies to integrate measures focusing on pandemic risk represents a concrete step towards achieving this Target.**

The UN Office for Disaster Risk Reduction has developed guidelines for developing both national as well as local disaster risk reduction strategies. These ‘Words into Action’ Guidelines are expressly aligned with the Sendai Framework for Disaster Risk Reduction,



and contain practical examples. The guidelines address key principles including the promotion of a multi-hazard approach, and building coherence between sustainable development, disaster risk reduction, and climate change adaptation.

The Bangkok Principles, agreed in 2016 at the International Conference on the Implementation of the Health Aspect of the Sendai Framework for Disaster Risk Reduction 2015-2030, identify the promotion of systematic integration of health into national and sub-national disaster risk reduction policies and plans and the inclusion of emergency and disaster risk management programmes in national and sub-national health strategies as the first of its seven goals:

<b>The Bangkok Principles</b>
<ol style="list-style-type: none"><li>1. Promote systematic integration of health into national and sub-national disaster risk reduction policies and plans and the inclusion of emergency and disaster risk management programmes in national and sub-national health strategies.</li><li>2. Enhance cooperation between health authorities and other relevant stakeholders to strengthen country capacity for disaster risk management for health, the implementation of the International Health Regulations (2005) and building of resilient health systems.</li><li>3. Stimulate people-centered public and private investment in emergency and disaster risk reduction, including in health facilities and infrastructure.</li><li>4. Integrate disaster risk reduction into health education and training and strengthen capacity building of health workers in disaster risk reduction.</li><li>5. Incorporate disaster-related mortality, morbidity and disability data into multi-hazards early warning system, health core indicators and national risk assessments.</li><li>6. Advocate for, and support cross-sectoral, transboundary collaboration including information sharing, and science and technology for all hazards, including biological Hazards</li><li>7. Promote coherence and further development of local and national policies and strategies, legal frameworks, regulations, and institutional arrangements.</li></ol>

Unlike Agenda 2030, the Sendai Framework for Disaster Risk Reduction provides structure to help in designing and implementing measures to build resilience to pandemic risk. Four priorities are identified:

- Priority 1:** Understanding disaster risk.
- Priority 2:** Strengthening disaster risk governance to manage disaster risk.

**Priority 3:** Investing in disaster risk reduction for resilience.

**Priority 4:** Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation and reconstruction.

In the context of building resilience to pandemic risk, all four Priorities of the Sendai Framework are engaged, and it will fall to national and sub-national actors to determine locally appropriate measures.

The human rights-based and gender equality approach to pandemic prevention outlined above can be pursued within the first three Priorities under the Sendai Framework. Understanding pandemic risk entails the whole of society, multi-level, multi-stakeholder research and learning agenda that focuses on the interactions between biological hazards and social conditions of exposure and vulnerability. The twenty elements of the Framework for Integrating Rights and Equality open new pathways for understanding pandemic risk, and the questions that are included in this Background Brief can underpin research and learning initiatives in this context. Of course, understanding disaster risk extends beyond the prevention stage, and work relating to pandemic preparedness for response, as well as ‘Building Forward Better’ is essential. These stages are considered in more detail later in the Brief.

Priority 2 on strengthening disaster risk governance to manage disaster risk connects directly with the Governance Systems and Structures dimension of the FIRE Framework. Addressing the multiple elements of this dimension from a human rights-based and gender equality perspective promotes a risk governance framework that is informed by standards and guidelines that reflect decades of cooperation towards the progressive improvement of the conditions of existence of all people, without discrimination. A disaster risk governance system that integrates pandemic risk and is informed by a commitment to the protection of fundamental rights, to active and meaningful participation in decision-making, and to the non-discrimination and inclusion obligation would contain essential ingredients for building resilience.

Priority 3 on investing in disaster risk reduction for resilience aligns with the approach promoted above, taking into account rights-based and gender equal measures to prevent pandemics at source, as well as measures to reduce exposure and vulnerability to pandemic risk through aligning action towards achievement of the Sustainable Development Goals with the Framework for Integrating Rights and Equality.

The remainder of this section focuses on a human rights-based and gender equal approach to pandemic preparedness for response and to Building Forward Better.

## 4.2 Pandemic preparedness for response

The role of public health authorities as lead actors in pandemic preparedness for response is clear, and extensive standards and guidelines have been developed by the WHO and other actors to promote effective systems from local to international levels. This Background Brief does not attempt to consolidate this body of standards and guidelines. Rather, as noted earlier, the focus of this Background Brief is on the role of local authorities

in relation to the competencies typically associated with local government. The full list of competencies identified by UCLG (2021) and cited above are directly engaged in the context of pandemic preparedness for response. They include:

- Education (nursery, schools, pre-elementary and primary education)
- Urban planning and management
- Local utility networks (water, sewerage, waste, hygiene, etc.)
- Local roads and city public transport
- Social affairs (support for families and children, elderly, disabled, poverty, social benefits, etc.)
- Primary and preventive healthcare
- Public order and safety (municipal police, fire brigades)
- Local economic development, tourism, trade fairs
- Environment (green areas)
- Social housing
- Administrative and permit services (UCLG 2021, p. 78)

As noted earlier, this brief does not attempt to consolidate standards and guidelines for each sector, but rather provides an overarching framework within which more sectoral measures may be designed, implemented, evaluated and improved. In order to frame the concept of pandemic preparedness for response beyond the public health sector, however, some examples of the kinds of considerations relevant for some of these sectors are provided below.

**Education** is a fundamental right, and millions of children around the world have suffered serious denials of this right during the COVID-19 pandemic. Lockdowns have prevented students from physically attending schools, and remote forms of learning have become common in municipalities with adequate digital infrastructure. Those without have been denied access to education. Strengthening digital infrastructure is therefore one feature of pandemic preparedness for response. However, measures need to go much further, and take into account all dimensions of the right to education, including the physical and social dimensions. A human rights-based and gender equality approach can help to identify areas where local authorities may focus their often limited resources.

**Local utility networks** play a critical role in pandemic preparedness for response. Access to water is particularly important in this connection, for several reasons. First, with frequent handwashing recognized as one of the most important steps people can take to protect themselves and prevent further transmission, having access to clean water is indispensable. Yet, millions of people around the world, including in particular those living in informal settlements, are denied the right to water. Where access to water is a challenge in everyday life, what measures can be put in place to increase access to facilitate the critical sanitation and hygiene measures required to contain the spread of the disease? Second, when containment measures like lockdowns are implemented, how can people who do not have access to safe water within the lockdown radius obtain the water they need to sustain life?

**Local authorities responsible for roads and city public transport** need to have pandemic preparedness for response measures in place to address the intersecting challenges of protecting people from being exposed to a biological hazards in transit, and ensuring that people are able to move freely within and between cities and rural areas in order to pursue livelihood activities, enjoy access to education, and maintain family and social ties to the extent such activities align with broader pandemic containment measures.

**Social affairs departments** have distinctive responsibilities given their duty to protect people in situations of particular vulnerability, including families and children, elderly people, persons with disabilities, people living in poverty and those dependent on social benefits, amongst others. Having accurate and up to date information about individuals in different, and potentially intersecting, situations of vulnerability in advance of any disaster is a critical aspect of preparedness for response. In some circumstances, for instance where the extent of existing support extends only to cash transfers or similar financial support, service delivery may not be significantly disrupted in the context of a pandemic. However, other contexts where in-person contact is essential will require adaptive responses that should be considered in advance.

**Primary and preventive healthcare services** can be scaled down in pandemics to enable medical personnel to contribute to the emergency response. However, lack of access to these services can have serious adverse impacts on the ability of some people to enjoy the highest attainable standard of health. People with chronic health conditions, such as diabetics, those with chronic kidney disease, and people receiving treatment for HIV, often receive support from primary healthcare providers. Disruptions to routine treatment can be potentially fatal, and authorities need to have standard operating procedures in place to ensure continuity of care for these and other conditions.

**Authorities responsible for public order and safety**, including in particular municipal police, may be tasked with enforcing any public health regulations designed to contain the spread of pandemic disease. How they discharge this duty has far-reaching human rights implications that need to be considered before any emergency arises. Where lockdown orders do not provide details about the scope of exceptions, police or other authorities responsible for public order may have to make decisions. For instance, if a person with a chronic health condition needs to travel outside of the lockdown area in order to obtain medication or treatment, or if that person has sent a friend or relative to obtain the medication, should the authority make an exception to the general lockdown? What criteria should be used for this kind of decision-making?

**Local economic development, tourism, and trade fairs** are often heavily impacted by measures to contain the spread of pandemic disease. When does the risk of infection outweigh the adverse economic impacts of lockdowns or other restrictions on economic activity? Engaging the private sector in pandemic preparedness for response is thus an important dimension of a local authority's overall approach to building resilience to pandemic risk.

**Green areas and other public spaces** within a local authority's environment portfolio play an important role during lockdown, as people need open spaces to be able to move freely

and without risking spreading or contracting disease. How authorities manage access to green areas and other public spaces during a pandemic should therefore be considered as part of a pandemic preparedness for response initiative.

**Social housing** is housing that is provided and maintained by local authorities, typically for people with low incomes or other vulnerabilities. As landlord, local authorities have significant capacity to reduce the economic strain faced by social housing tenants by, for instance, introducing rent freezes or similar measures.

**Administrative and permit services** determine, amongst others, are responsible for a wide range of contexts where permission is sought to enable people to gather. Context can include places of business as well as outdoor gatherings. Permits may stipulate the maximum number of people allowed, as well as a range of other requirements relevant to the prevention of disease.

#### 4.2.1 [Aligning pandemic preparedness for response with the New Urban Agenda](#)

The New Urban Agenda was adopted as the guiding framework for cities and local government to respond to the post-2015 development agenda reflected in Agenda 2030, the Sendai Framework, and the Paris Agreement.

Pandemics are not specifically addressed in the New Urban Agenda, and epidemics are only mentioned in passing, with reference to AIDS, tuberculosis, and malaria as factors contributing to poverty (para 14). Health is referred to multiple times and in multiple contexts ranging from highlighting the health benefits of public spaces (para 100), to addressing the health impacts of air pollution (para 54-55).

A better entry point for considering pandemic resilience within the New Urban Agenda is found in its treatment of disaster risk more generally. From this vantage point, pandemic resilience is an identifiable part of the overall vision of the Agenda, which envisages cities and human settlements that are characterized by eight qualities, including:

- (g) Adopt and implement disaster risk reduction and management, reduce vulnerability, build resilience and responsiveness to natural and human-made hazards and foster mitigation of and adaptation to climate change;

The remaining seven characteristics include a focus on

- (a) The realization of economic and social rights
- (b) Participation and inclusion
- (c) Gender equality and empowerment
- (d) Sustainable economic development
- (e) Urban and territorial development
- (f) Transport
- (h) Environmental protection, biodiversity conservation and sustainable consumption

Building resilience to pandemic risk falls clearly within this broader disaster risk reduction and climate change adaptation initiative, and the overall vision for sustainable cities clearly reflects a commitment to human rights and gender equality. The local disaster risk reduction strategies and plans referred to earlier in this Background Brief are of particular relevance to pandemic preparedness for response.

The Words into Action Guidelines developed by the UN Office for Disaster Risk Reduction advocate the development of local disaster risk reduction strategies and plans. Strategies set out the broad goals and objectives, and plans provide further details relating to specific responsibilities, budget lines, capacities that need to be strengthened, and so forth. Core features of a local disaster risk reduction strategy include:

- A shared vision of the city and understanding of DRR
- A designated focal point with a core team, with capacity to work with different actors, leading and coordinating the strategy-making process and ensuring its implementation
- A budget, some in the form of a dedicated budget for core team activities, with other funds allocated from different offices and departments, but clearly earmarked as contributing to the strategy;
- A timeframe to fulfil the elaboration of the strategy and its implementation through an action plan
- Activities might include: working meetings with various actors, preparation of a baseline document, outline of roles and responsibilities of different actors involved in the process, presentation and follow up of the strategy and elaboration of a DRR action plan
- A local DRR and resilience strategy must be aligned with the Sendai Framework for Disaster Risk Reduction 2015-2030

Going into more detail, the local DRR plan addresses questions such as the following:

- Main lines of action and specific goals
- Responsibilities and roles
- Indicators
- Time
- Budget

Developing a local disaster risk reduction strategy and plan that incorporates pandemic risk as well as geophysical and climatological hazards represents a concrete and significant steps towards building resilience to pandemic risk. Ensuring that the design and implementation of strategies and plans reflects a rights-based and gender equal approach promotes coherence across the post-2015 frameworks, contributes to the sustainability of the initiative, and helps to ensure that no one is left behind:

<p style="text-align: center;"><b>Enhancing local disaster risk reduction strategies and plans with FIRE</b></p> <p><b>Governance systems and structures</b></p>
--

1. **Legal and policy framework:** needs to be aligned with the national disaster risk reduction strategy and plan, as well as the Sendai Framework for Disaster Risk Reduction. Importantly
2. **Budgets, resources and capacity:** In addition to the local government budget, are there other sources of finance to support the development of the strategy and plan, including from national and international levels? Do local authorities have the knowledge and skills to develop the strategy?
3. **Data and monitoring:** The local DRR strategy and plan should be based on robust data concerning hazards, exposure, vulnerability and capacities, and should include indicators to facilitate monitoring
4. **Accountability and access to justice:** Who is responsible for ensuring the implementation of the plan? Certain measures envisaged in the DRR plan might reflect an attempt to balance the rights of individuals against an assessment of the broader interests of the community. This balance can be difficult to strike, and mechanisms to manage complaints, including judicial mechanisms where fundamental rights are at stake, should be included where appropriate

### **Fundamental rights**

1. When addressing considerations relating to health, shelter, food, water and sanitation, as well as measures such as limitations on freedom of movement to prevent disease spread, the strategy and plan should ensure that a human rights and gender equality approach is expressly adopted. Reference should be made to this Background Brief and other standards and guidelines contained in Annex 2.

### **Participation, transparency, and access to information**

1. The development of the strategy and plan should be grounded in the active and meaningful participation of affected people, with full recognition and accommodation of intersectionality, including as far as possible at decision-making levels. As a general rule, all relevant information needed to develop the strategy and plan should be freely available
2. The strategy and plan should expressly embrace principles of participation, transparency and access to information, with detailed provisions on each at appropriate points in the strategy – for instance in relation to activities, and main lines of action and specific goals.
3. The strategy and plan should be widely disseminated, as far as possible in formats that accommodate intersectionality. The strategy and plan should be accessible and freely available

### **Non-discrimination**

1. The strategy and plan should be grounded in a commitment to non-discrimination. It should recognize that discrimination contributes to differential exposure and vulnerability and affirm that the development, implementation, monitoring and evaluation of the strategy and plan contributes to overcoming

discrimination and reducing differential exposure and vulnerability. An express recognition of intersectionality is necessary to ensure attention is paid to people who experience discrimination on multiple grounds, including gender, age, ethnicity, ability, and so forth.

2. Specific activities, action points and goals should reflect this commitment to non-discrimination and be informed by the international standards and guidelines referred to in Annex 2.

### **Agency and empowerment**

1. The approach advocated above in itself builds expressly on the agency of people often described generally as ‘vulnerable groups’. This is an end in itself.
2. Linked to the point about building participation into concrete activities, action points and goals, the strategy and plan should also ensure that opportunities to integrate and develop capacities of affected people in positions of responsibility and in decision-making processes.
3. Where the strategy and plan anticipate measures relating to the rights of indigenous peoples, the principle of free, prior and informed consent must be expressly affirmed.

### **Social norms and context**

1. Developing the strategy and plan necessarily entails a rich understanding of social norms and context, which is a prerequisite for recognizing intersecting forms of discrimination and appreciating how power dynamics between different actors can contribute to differential exposure and vulnerability. The expressly inclusive and participatory approach advocated above helps to ensure that multiple voices and perspectives contribute to the development of the strategy and plan and can support inclusion of measures and mechanisms that empower people in

#### 4.2.2 [Human rights and gender equality in pandemic response: lessons from COVID-19](#)

The COVID-19 outbreak in late 2019 and its subsequent global impacts demonstrated that many countries and cities were not adequately prepared to respond to this pandemic. By the end of 2021, more than five million people had been killed by the virus itself, whilst others will have died as a result of postponed medical interventions and increases in intimate partner violence during lockdowns. Millions were pushed into poverty as a result of the economic impacts of the COVID-19 containment measures, with long-term implications for the enjoyment of human rights and gender equality.

Extensive research has been conducted to examine the multiple dimensions of the COVID-19 response around the world. Most attention has been paid to concerns about the adverse human rights impacts of containment measures. In this regard, concerns that some authorities would use the pandemic as an opportunity to curtail civil and political rights have been highlighted in a number of contexts. On another level, the adverse human rights



impacts of poorly designed containment measures has been documented. Finally, although the subject of less academic and policy attention, promising practices adopted by states and cities to address the pandemic have been documented. Learning lessons from the COVID-19 response can help enhance preparedness for response in anticipation of future pandemics.

At the UN level, the message from the outset was that human rights and gender equality should guide countries and cities in responding to the pandemic. In April 2020, the UN Secretary General published

The UNDS will work to ensure that all responses to COVID-19 and its impacts are implemented with a sense of humanity and the protection of human rights and dignity of all people, without discrimination. The integration of international norms and standards in the design and implementation of socio-economic responses is as critical as ever. It is a matter of effectiveness and sustainability. The application of a gender lens in designing socio-economic responses is especially important, given the role that women are playing as frontline healthcare workers, including healthcare providers and caregivers, as community leaders and in the informal economy. (UN 2020, p. 9)

At national levels, researchers documented widespread adverse impacts of lockdowns and other controls on the freedom of movement and the right to work.

How can the integration of a human rights and gender equality approach help to mitigate the impacts of containment measures?

**Fighting pandemics with FIRE: Promising practices**

Notwithstanding the scale of adversity, and the recognition that social factors underpin the exposure and vulnerability that enabled the COVID-19 pandemic to flourish, the disaster also provided an opportunity for promising practices to emerge. Research conducted on legal and policy responses in 14 countries/states by the Raoul Wallenberg Institute of Human Rights and Humanitarian Law in collaboration with the UN Office of the High Commissioner for Human Rights identified a range of promising practices, which are described in detail in the report *Pandemic preparedness and response: National COVID-19 law and policy in human rights perspective*.<sup>2</sup> Some of the examples of promising practices are referenced below.

**Governance systems and structures**

- 1. Legal and policy framework:** When COVID-19 broke out in late 2019, many cities and countries around the world found themselves needing to introduce legal and policy measures to help regulate the response. Language matters in these contexts, and expressly adopting a human rights and gender equality approach

<sup>2</sup> Available at: <https://rwi.lu.se/wp-content/uploads/2021/03/Pandemic-preparedness-and-response-in-human-rights-perspective-final-report.pdf>

within the language of the new measures helps to frame interventions as being designed to protect people from harm, rather than control them as agents of harm. It is important to specify the scope and limitations of additional powers introduced, as well as the roles to be played by specific authorities. Exceptions to general rules will be necessary, and a non-exhaustive list of such exceptional circumstances, together with guidance on how to exercise discretion, should be disseminated together with the rules themselves, emphasising human rights principles. Where national and sub-national disaster and/or public health emergency law and policy already exists, specific pandemic response measures should be introduced as much as possible in alignment with this pre-existing framework. Such an approach enables existing institutional structures to operate in the new circumstances.

2. **Budgets, resources and capacity:** COVID-19 saw national and local authorities having to make decisions about the reallocation of budgets. A human rights-based approach to budgeting can help to guide decision-makers in this process. In particular, international human rights law emphasizes the responsibility of authorities to ensure at least a minimum core of economic, social and cultural rights, even during disasters. Consequently, ringfencing budgets that directly relate to the enjoyment of the minimum core of the right to food, to shelter, to water, and to the highest attainable standard of health, is indicated. In addition, decisions to reallocate budgets must be informed by the non-discrimination and inclusion obligation, which helps to avoid situations where certain segments of the population are disproportionately affected by budget and resources reallocation.
3. **Data and monitoring:** In the midst of a public health emergency, authorities are likely to be particularly concerned with the numbers of deaths, hospitalizations, and new infections. There is also likely to be considerable attention paid to the economic data, reflecting the adverse impacts of containment measures globally, nationally, and locally. However, a human rights and gender equality approach also requires authorities to pay particular attention to people in situations of particular vulnerability. Which parts of the population are experiencing particular adversity in the emergency, both in terms of morbidity and mortality, as well as in terms of the socio-economic impacts? Have containment measures had a disproportionate impact on women, persons with disabilities, migrant workers? Communication between levels of government is critical here, as is the role of civil society, the private sector, academia, and religious organizations.
4. **Accountability and access to justice:** The rule of law is crucial to maintain during emergencies. Indeed, authorities at all levels risk violating international as well as national legal obligations when disasters call for exceptional measures to be adopted. One important corrective is to commit to accountability and transparency from the outset. A commitment to accountability does not mean that authorities will be sanctioned because people become infected, or because a business was forced to close when it should have been permitted to remain open. Accountability requires that individuals and entities entrusted with state

power use that power in a manner consistent with their obligations, and that oversight mechanisms exist to ensure that these powers are not abused, and that remedies are accessible when harm results from unlawful conduct. A commitment to transparency requires that decisions, and the criteria for making the decisions, are accessible to all. Transparency is closely connected to access to information, which in many countries has been seriously curtailed during the COVID-19 pandemic.

### **Fundamental rights**

As noted above, responding to a pandemic requires authorities to take decisions that can have significant impacts on the enjoyment of fundamental rights. A human rights-based approach can help to guide decision-making towards measures that respect, protect and fulfil rights without discrimination.

In the context of lockdowns, the following fundamental rights are directly engaged:

- Freedom of movement
- Right to work
- Right to food
- Right to shelter
- Right to the highest attainable standard of physical and mental health
- Right to education
- Right to protection from violence
- Right to social security

Apart from the right to freedom of movement and the right to protection from violence, the rights identified above are codified in the 1966 International Covenant on Economic, Social and Cultural Rights. Many of these rights are likely to find expression in national legal frameworks as well. As noted earlier, they are also reflected in many of the Sustainable Development Goals.

Under international human rights law, states have a duty to *respect, protect and fulfil* economic, social and cultural rights (ESC rights).

The duty to respect ESC rights means that states must not engage in conduct that disproportionately adversely impacts on the enjoyment of these rights. Where interference is necessary, the choice of means must have the least possible impact, and be for the shortest possible time. At no point can states permit the enjoyment of ESC rights to fall below the minimum core.

The duty to protect ESC rights means that states must regulate the conduct of non-state actors. The price of goods may rise dramatically in emergencies, and there is a role of the state in protecting people from the adverse impacts of such market forces, both through legal regulations as well as through enforcement initiatives.

The duty to fulfil rights requires states to directly contribute to ensuring the minimum core of ESC rights, for instance by providing food aid, preventing evictions, organizing alternative mechanisms for education during lockdown, and so forth.

Detailed guidelines on the scope of state obligations in relation to each of these rights have been developed by the Committee on Economic, Social and Cultural Rights.

The right to freedom of movement is codified in the International Covenant on Civil and Political Rights. Article 12(1) reads:

Everyone lawfully within the territory of a State shall, within that territory, have the right to liberty of movement and freedom to choose his residence

Like most rights, the right to freedom of movement is not absolute. It can be curtailed for specific purposes, as explained at Article 12(3):

The above-mentioned rights shall not be subject to any restrictions except those which are provided by law, are necessary to protect national security, public order (ordre public), public health or morals or the rights and freedoms of others, and are consistent with the other rights recognized in the present Covenant.

Clearly, restrictions on the right to freedom of movement are permitted under international human rights law when such restrictions are necessary to protect public health. However, the principle of necessity, as developed above, requires that any interferences is proportionate, represents the least possible interference for the shortest possible time.

### **Participation, transparency and access to information**

During a public health emergency, the need for authorities to work with other stakeholders in society is pronounced and takes many forms. Providing opportunities for people affected by lockdowns to share their perspectives and suggestions with authorities is an important component of a human rights and gender equality approach to pandemic response.

Transparency and access to information are critical, as responses often require individuals and groups to follow guidelines. Ensuring that people understand why guidelines or regulations have been introduced and how they contribute to the pandemic response can contribute to higher levels of compliance. In contrast, where people do not understand why the guidelines or regulations have been introduced, or do not accept claims that they represent the best balancing of competing interests, compliance may be lower. Consequently, communication needs to be clear, tailored to different audiences and widely disseminated in different formats. Where measures take into account local realities, including where possible through opportunities for participation/consultation, the prospects of compliance increase.

### **Non-discrimination**

As with all disasters, the COVID-19 pandemic revealed how unequal most societies are. Inequality has many causes, but discrimination is a consistent contributor that needs to be addressed before disasters unfold as well as being a primary consideration during the response. As noted above in the description of the impacts of COVID-19, the pandemic and measures adopted to control its spread had serious and differential impacts on persons with disabilities, minority ethnic groups, migrant workers, refugees, children, women, children and people with intersecting combinations of these characteristics.

Pandemic response can be guided by the principle of non-discrimination.

### **Agency and empowerment**

In pandemics, people at risk are often framed either as passive victims or as potential carriers of the pathogen, with the emergency context leaving little room for consideration of the capacities they may possess that can contribute to the overall response. Although medical expertise must always frame the response, the fact that pandemics impact so many aspects of life means that multiple stakeholders need to be engaged.

### **Social norms and context**

Responding to pandemics needs local expertise. Measures that are effective in one district may be counterproductive in other districts owing to cultural, political, social, economic, environmental and other factors. This fact has been well understood for decades by medical anthropologists, who appreciate how the social construction of health prevents a uniform response. Consequently, pandemic response must necessarily be guided by local expertise that as far as possible reflects the diversity within communities.

## 4.3 Building forward better

Important as preparedness for response is, building resilience to pandemic risk necessarily entails measures to build forward better. The notion of Building Back Better features prominently in the Sendai Framework for Disaster Risk Reduction, and is integral to the notion of resilience. To reflect the imperative of adapting to changing conditions, however, this Background Brief adopts the notion of building forward better. Just as prevention and preparedness for response measures need to take economic, social and environmental dimensions of sustainable development into account, building forward better entails a similarly people-centred, multi-level, multi-stakeholder, multi-sectoral approach.

In the context of geophysical or climatological hazards, building forward better readily translates into replacing or reimagining physical infrastructure that has been damaged or destroyed, and in the process integrating resilience features. Similarly, building forward better might encompass measures to support sustainable livelihoods that are risk sensitive and climate adaptive, taking into account the likelihood of subsequent hazard events and climate pressures. Although infrastructure tends not to be damaged or destroyed in the context of pandemics, the other features of building forward better are comparable. How can societies not only recover from the human and economic impacts of the pandemic, but evolve characteristics that enable them to withstand future pandemics?

This Background Brief does not attempt to prescribe any particular pathway for economic recovery, which is well outside of its scope. Instead, it argues that the approach to building resilience through human rights-based and gender equal prevention, preparedness and response contains essential ingredients for building forward better. The approach calls for collaboration between and across governance levels, and recognition that multi-stakeholder engagement helps to shape more sustainable approaches to societal challenges. It articulates a commitment to reducing inequalities engendered by discrimination and sees governance systems and structures that operate through participatory processes that are inclusive of diversity and adapted to social norms and context. Resilient societies are committed to the progressive realization of all human rights and commit to take steps, to the maximum of available resources, to achieve this goal.

## 5 Annex 1: Further reading

Alimi, Y., et al. (2021) Report of the Scientific Task Force on Preventing Pandemics. Available at:

<https://cdn1.sph.harvard.edu/wp-content/uploads/sites/2343/2021/08/PreventingPandemicsAug2021.pdf>

Scott, M. and Hammarström, E. (2021) Pandemic preparedness and response: National COVID-19 law and policy in human rights perspective (Raoul Wallenberg Institute). Available at: <https://rwi.lu.se/publications/pandemic-preparedness-and-response-national-covid-19-law-and-policy-in-human-rights-perspective/>

UN (2022) The Sustainable Development Agenda, Available at: <https://www.un.org/sustainabledevelopment/development-agenda/>

UNDRR (2017) Terminology <https://www.preventionweb.net/understanding-disaster-risk/component-risk/vulnerability>

UCLG (2021) Towards the localization of the SDGs: Sustainable and Resilient Recovery Driven by Cities and Territories [https://www.uclg.org/sites/default/files/5th\\_report\\_gtf\\_hlpf\\_2021.pdf](https://www.uclg.org/sites/default/files/5th_report_gtf_hlpf_2021.pdf)

WHO (2020) Glossary of Health Emergency and Disaster Risk Management Terminology. Available at: <https://www.who.int/publications/i/item/9789240003699>

## 6 Annex 2: Key international standards and guidelines

A separate publication Key international standards relating to building resilience to pandemic risk consolidates the following:

Committee on the Elimination of All Forms of Racial Discrimination – Statement on the coronavirus (COVID-19) pandemic and its implications under the International Convention on the Elimination of All Forms of Racial Discrimination

Committee on the Rights of the Child – The Committee on the Rights of the Child warns of the grave physical, emotional and psychological effect of the COVID-19 pandemic on children and calls on States to protect the rights of children

Committee on the Protection of the Rights of All Migrant Workers and Members of their Families and UN Special Rapporteur on the human rights of migrants – Joint Guidance Note on the Impacts of the COVID-19 Pandemic on the Human Rights of Migrants

Committee on the Protection of the Rights of All Migrant Workers and Members of their Families and UN Special Rapporteur on the human rights of migrants – Joint Guidance Note on the Impacts of the COVID-19 Pandemic on the Human Rights of Migrants

Independent Expert on the enjoyment of all human rights by older persons – Impact of the coronavirus disease (COVID-19) on the enjoyment of all human rights by older persons (A/75/205)

Special Rapporteur on the rights of indigenous peoples – Impact of the coronavirus disease on the individual and collective rights of indigenous peoples (A/75/185)

Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity – Violence and discrimination based on sexual orientation and gender identity during the coronavirus disease (COVID-19) pandemic (A/75/258)

CESCR General Comment No. 14 on the right to the highest attainable standard of physical and mental health

CRC General Comment No. 15 on the right of the child to the enjoyment of the highest attainable standard of health

CESCR General comment No. 22 on the right to sexual and reproductive health

Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health – Final report to the UN General Assembly on COVID-19 (A/75/163)

CRC General Comment No 13 on the right of the child to freedom from all forms of violence



CEDAW General Recommendation No. 35 on gender-based violence against women, updating General Recommendation No. 19

Special Rapporteur on violence against women, its causes and consequences – Statement to the UN General Assembly on the intersection between the COVID-19 pandemic and the pandemic of gender-based violence against women, with a focus on domestic violence

Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression - Disease pandemics and the freedom of opinion and expression (A/HRC/44/49)

CESCR General Comment No. 19 on the Right to Social Security

Special Rapporteur on the right to education – Right to education: impact of the COVID-19 crisis on the right to education; concerns, challenges and opportunities (A/HRC/44/39)

Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression - Disease pandemics and the freedom of opinion and expression (A/HRC/44/49)

Special Rapporteur on the right to privacy - Preliminary evaluation of the privacy dimensions of the coronavirus disease (COVID-19) pandemic (A/75/147)

ILO – Policy Brief on COVID-19: Pillar 3: Protecting workers in the workplace

Special Rapporteur on extreme poverty and human rights – Looking back to look ahead: A rights-based approach to social protection in the post-COVID-19 economic recovery

Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context – COVID-19 and the right to adequate housing: impacts and the way forward (A/75/148)

UN Subcommittee on the Prevention of Torture – Advice of the Subcommittee on Prevention of Torture to States Parties and National Preventive Mechanisms relating to the Coronavirus Pandemic

Human Rights Committee – Statement on derogations from the Covenant in connection with the COVID-19 pandemic (CCPR/C/128/2)