Determinants of health and the concept of planetary health, which would later be encapsulated by the 2016 Vienna Declaration on Public Health. Given this comprehensive approach, supported by a much greater body of knowledge produced by many disciplines, public health should have been in the driver’s seat when the world was hit with COVID-19. But it was not. Its expertise was often absent from COVID-19 response teams. Policies were often driven by panic in the face of visions of overwhelmed hospitals. Restrictions on mixing were essential until more was known about this new virus but there were failures to appreciate the impact that these measures would have on those already disadvantaged, many in precarious employment in public-facing jobs and overcrowded accommodation. As a consequence, existing health inequalities
deepened. It seemed that much that had been learned over the preceding decades had been forgotten. In this roundtable, we seek to explain why, and what needs to change in order to refocus the centrality of public health on supporting and creating fair societies as a prerequisite for health for all. So, is COVID-19 the downfall or the new rise of public health? In this Round Table, we will discuss the questions as follows.
1. Where was public health during COVID-19?
2. Why were social factors ignored during COVID-19?
3. Why has public health not used/is not using the momentum created by COVID-19?
4. And the main question: How can we create a fair society?

Key messages:
- Public health needs to strengthen its core activities.
- Advocacy is a key role for public health.

Speakers/Panellists:
Martin McKee
LSHTM, London, UK
Natasha Azzopardi Muscat
WHO, Msida, Malta
Dineke Zeegers Paget
EUPHA
Klaus D Pluemer
Independent Public Health & Health Promotion Consultant, Duesseldorf, Germany
Caroline Costongs
EuroHealthNet, Brussels, Belgium