Cities and COVID-19: capturing effective responses

**Cities have been at the forefront of the response to the Covid-19 epidemic, deploying interventions ranging from strict lockdown measures to personal hygiene, face covering and physical distancing. COVID-19 has also highlighted the deeper health, social, environmental and economic inequalities and challenges that cities face, including: social isolation of older people; mental health; violence, including interpersonal violence; strained transport and mobility systems; lack of adequate housing, and informal settlements, air pollution, hygiene/sanitation and other environmental risks.**

Many cities and communities have worked to mitigate the negative consequences of COVID-19 measures on their citizens, while optimizing opportunities for positive change. Temporary lockdowns have also offered views of public places with fewer cars and cleaner air; roads that are safer for walking and cycling; the importance of safe, efficient public transport and waste/sanitation management. Urban green spaces and parks as safe places for physical activity have become more precious. Appreciation of social support/care networks has grown. There is heightened awareness of income, social protection and health disparities. Recognizing this, many cities have also sought to use the opportunity to make more sustained improvements in urban systems – be it access to social welfare and health, improved hygiene, or urban walking and cycling spaces.

**The success of cities in meeting Covid-19 challenges** has been influenced by their preparedness/resilience and response, as well as quality of governance; levels of community engagement; and urban characteristics that determine where and how people work, live and move about.

**As lockdowns ease,** cities face new challenges in preventing new infection spikes. But there is also an opportunity to turn the more unintended consequences of lockdown (e.g. cleaner air, safer roads) into a “better normal” – one that is more equitable, sociable, and provides better social and environmental health and well-being. Successes can guide cities in the future – as urban populations expand and cities face further challenges linked to social and economic inequalities, climate change and pollution, and urban mobility/planning.

# The aims of this project

This project aims to create a repository of case studies describing how cities are successfully responding to COVID-19 and capturing how these responses might – for the long-term – not only be strengthening cities’ resilience to the pandemic, but also improving their long-term health and well-being.

Case studies may fall into a number of different categories (or indeed, may address more than one category). The categories are shown in the template below. However, a cross-cutting focus of interest for these case studies is whether and how they address vulnerable populations and-or issues of equity.

Selected case studies will be used as the basis of stories on “healthy, resilient cities” for the WHO website. Inclusion of technical information (where it exists) would also allow for further assessment of policies adopted and monitoring of their effectiveness.

# Process for gathering stories on cities’ effective COVID-19 response

By inviting partners to use the template below, we will gather examples through existing networks (e.g. Healthy Cities, Partnership for Healthy Cities, Age friendly city network, Breathelife2030, UITP, etc). As a first round, approximately 5–6 case studies for each theme will be chosen for publication covering – where possible – a geographically and economically diverse range of cities facing different constraints/limitations and impacts of the pandemic/measures on a number of health issues, as well as on social determinants of health, equity and vulnerable groups. The case studies be written up by a writer with input from the city stakeholders and the relevant technical teams. Pre-final case studies will be shared with the regional focal points on urban health for input and the city stakeholders. Final text is expected to be no more than two pages and will include an image and, where possible, a quote.

**City responses to COVID-19: Initiative summary**

|  |  |
| --- | --- |
| **Background information** | **Details** |
| **Name of city** |  |
| **Population** |  |
| **Country** |  |
| **COVID-19 outbreak context (e.g. severity of outbreak and or of restrictions in place)** |  |
| **Title of initiative** |  |
| **Government focal point/unit responding to questionnaire** |  |
| **Case study questionnaire** | **Comments /details** |
| 1. **Which of the following themes does your initiative address?** *(please tick more than one if appropriate)* | |
| * **Older populations** * **Violence against children/women** * **Migrant and refugee populations** * **Mobility and transport (including road traffic injuries)** * **Physical activity** * **Mental health** * **Public spaces/land use** * **Housing** * **Economic / financial protection** | * **Schools and education** * **Workplace** * **Food security, food systems and/ nutrition** * **Air pollution and/or climate change** * **Water and sanitation** * **Disabilities** * **Informal workers** * **Urban preparedness** * **Other (please explain)** |
| 1. **If you ticked more than one box in the question above, which of these was the main focus (entry point) of your initiative?** | |
| 1. **Does your initiative address vulnerable populations and/or equity?** | |
| * **Yes (if yes, please describe how and which populations)** * **No** |  |
| 1. **How was the initiative funded?** | |
| * **City funds** * **National or regional funds** * **Donor funding** * **No cost/in kind (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Other\_\_\_\_\_\_\_\_\_\_\_** |  |
| 1. **Has there been any assessment of the initiative’s success so far in terms of public health, cost-benefit, other benefits?** | |
| * **Yes (if yes, briefly give the findings)** * **No** |  |
| **Summary case study** | |
| **Brief summary of this initiative, including key unique aspects and learning (max 250 words)** |  |
| **Spatial scale of the initiative (e.g. city-wide; specific neighbourhoods; metropolitan area etc) (max 100 words)** |  |
| **Definition of the problem being tackled (max 250 words)** |  |
| **Goal of the initiative** |  |
| **Main results – qualitative description** |  |
| **Main results – quantitative indicators (if any)** |  |
| **How might this initiative contribute towards a “better normal” of city life post-pandemic? (max 250 words)** |  |
| **Who led the initiative (sector, civil society, NGOs, private sector, or organisation of key stakeholders)?** |  |
| **Did this initiative involve government beyond city level at all (ie, working with national or regional government)? If so please explain how (max 200 words).** |  |
| **Availability of a quote from people who agree to be named – e.g. mayor, initiative beneficiary/average citizen, etc.**   * **Yes** * **No** |  |
| **Contact person and email address for case study/editorial follow up** |  |
| **Other comments (please feel free to address areas not covered by this template)** |  |