



SPOTLIGHTING

CITIES AND OTHER SUB-NATIONAL COVID-19 RESPONSES FOR SOUTH-SOUTH AND TRIANGULAR COOPERATION





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Foreword

The world is undergoing some profound and most certainly everlasting changes and transformations, which are projected to have tremendous impacts on the world and the economic and social development of many countries. From the onset of the coronavirus disease (COVID-19) pandemic to its global spread, the crisis has had negative impacts on individuals, communities, and societies; it has brought economic and social life to a near halt since early 2020. These negative impacts have included widespread health risks, economic downturns, financial crises, and disrupted commerce. The pandemic has also wiped out social and economic safety nets for tens of millions of people throughout the world. Likewise, many countries, caught woefully unprepared and facing limited capacity as well as budgetary constraints, have been struggling to adequately address the COVID-19 pandemic head on. This has severely exacerbated the impact of the global crisis on their economic and social development.

Indeed, faced with what has become the most serious global recession since the end of the Second World War, many

countries are finding it difficult to provide and maintain basic public goods. This is exerting tremendous pressure on the most vulnerable and neediest communities, particularly in the Global South. As a result, subnational governments in provinces, cities, districts, and communities find themselves on the front line of coping with the pandemic and its lasting impacts. In the process, they are generating compelling stories of human innovation, adaptation, and resilience.

The present report, the product of a consultative and voluntarily participated process, shines a spotlight on experiences of localities around the world in responding to the COVID-19 pandemic. From provinces, cities, districts and communities in Africa, Asia and the Pacific, Europe, and Central Asia, Latin America, and the Caribbean, we see strategies put in place to bring relief to the neediest and help to revive local economies and the education sector while igniting public engagement and increasing resilience and participation. The report shows how they have succeeded in applying those strategies and what lessons were learned in the process.

Executive Summary

The present report is the result of a process that started with a certified online training series focusing on making cities resilient through South-South cooperation, jointly organized by the United Nations Office for Disaster and Risk Reduction (UNDRR) Global Education and Training Institute (GETI), the Pan American Health Organization (PAHO)/World Health Organization (WHO), and the United Nations Office for South-South Cooperation (UNOSSC) under its South-South Cities Project framework. The online trainings brought together representatives from national health authorities and local governments as well as technical experts from PAHO/WHO and UNDRR to share the experiences, good practices and measures adopted in their cities and local contexts in disaster risk reduction and COVID-19 response. The training series took place between 8 September and 6 October 2020 and was attended by over 2,500 participants from 150 countries and territories.

Building on the successful results of the first training in 2020, UNOSSC, UNDRR/GETI and the World Health Organization (WHO)'s Health Emergencies Programme jointly organized the second training series for local authorities and urban development practitioners in June 2021, entitled "Build Back Better: Harnessing South-South Cooperation and Risk Reduction Planning for Resilient and Healthy Cities in the Post-COVID-19 era". Overall, the 2021 training received over 5000 registrations from 165 countries and territories, and 2979 participants joined the sessions live from over 1000 cities in 155 countries and territories with close to equal gender participation. At the end of the course, 1411 participants passed final assessments and obtained certificate of completion.

Owing to the success of the initiative and the partnership, the three United Nations system entities decided to organize a call for voluntary submissions to prepare a knowledge product that would capitalize on good practices of cities as well as lessons learned in their COVID-19 responses.

The present publication is a knowledge product on experiences of cities regarding the coronavirus disease (COVID-19) pandemic for health, emergency-response and development policymakers and practitioners at various levels (regional, national, provincial, municipal, and local). It showcases the evidence-based, collaborative strategies that various localities have adopted to respond to the COVID-19 pandemic and deal with its broader economic and social consequences.

This report includes 10 cases from localities in Africa, Asia and the Pacific, Europe and Central Asia, Latin America, and the Caribbean: Baguio (the Philippines), Bangladesh (64 districts), Banjul (the Gambia), Chaco Province (Argentina), Fujian Province and Cha-ting Community in Nanjing Province (China), Izmir Province (Turkey), Santiago Metropolitan Region (Chile), São Paulo (Brazil), Udine, Milan and Potenza Province (Italy). It touches upon a wide range of topics, including diverse strategies for public health emergency responses, especially those involving digital technologies and direct support in kind or through services to vulnerable population, women, children, elderly populations, and youth. Therefore, the report could help advance the global exchange of replicable and adaptable practices and knowledge-sharing between local authorities and experts to promote an understanding of the different challenges, solutions, approaches, and sectoral strategies being undertaken.

The initiatives, actions and innovative approaches highlighted in the present report are experiences those other cities and localities could learn from and adapt to their contexts in dealing with similar challenges whenever and wherever they may arise. The “Key Takeaways and Lessons Learned” section expands on the following key takeaways and lessons learned:

- It is crucial for cities and other localities to be innovative and quickly to adapt to new challenges.
- It is equally vital to support the most vulnerable and the neediest in times of crises.
- When dealing with crises that require social/physical distancing and isolation such as the COVID-19 pandemic, virtual and socially distanced engagement that help people keep physically and mentally active prove to be essential in cities. Specifically, it plays a crucial role in helping people deal with mental health risks caused by loneliness and social isolation.
- Timely communicating and raising awareness about the crises and providing necessary and accurate information on preventive and mitigating measures that are put in place is another strategy that has proven highly effective in various contexts, which could significantly help reduce the risks of misinformation.
- With the constant mutation of the COVID-19 virus and the rapid spread of new variants, it is also critical to take adaptive vaccination and immunization measures while timely monitoring them to better address potential drawbacks as quickly as they arise.
- Lastly, multi-stakeholder collaboration is crucial while dealing with health crises through integrated efforts that involve public and private sectors, epidemiologists, data scientists, economists, researchers, political actor, decisionmakers, and the larger population. Such integrated strategies can help produce innovative solutions to tackle the crises by equipping policymakers with crucial data-driven information that helped them to make data-driven decisions.

Introduction

For the past two years, the world has been facing daunting challenges with immediate and long-term consequences, that were brought about by the coronavirus disease (COVID-19) pandemic. These include widespread health risks, economic downturns, financial crises, disrupted commerce, wiped-out social and economic safety nets for tens of millions of people, and a growing mistrust in public institutions. The fear of becoming infected, together with official government lockdown policies aimed at containing the spread of the virus, has forced people to avoid physical contact and their usual interactions. At the same time, these policies are also having a direct and an indirect impact on employment and the income of many people. These unprecedented challenges are even more acute in countries with limited resources and government capacities. In those countries where relief packages are scarce or even non-existent, a life-or-death situation may arise because people are likely to be forced to choose between their health and safety and the risk of exposure to the deadly virus as they strive to make ends meet.

Nevertheless, as illustrated by the present report, these challenges have also given rise to numerous response strategies at all levels of government around the world. From cities in Africa, Asia and the Pacific, Europe and Central Asia, Latin America, and the Caribbean, we see those strategies play out in bringing relief to the neediest. Those strategies are also helping to revive local economies and the education sector while igniting public engagement and participation. Thus, during this time of crisis, localities around the world are coming up with adaptable strategies to remain resilient throughout the viral storm.

To support local governments in their response to the COVID-19 pandemic and make cities resilient, the United Nations Office for Disaster and Risk Reduction (UNDRR) Global Education and Training Institute (GETI), the Pan American Health Organization (PAHO)/World Health Organization (WHO) and the United Nations Office for South-South Cooperation (UNOSSC) under

its South-South Cities Project framework, jointly organized a certified online training workshop that took place between 8 September and 6 October 2020. The event brought together over 2,500 participants and representatives of national health authorities and local governments from 150 countries and territories as well as technical experts from PAHO/WHO and UNDRR to share the experiences, good practices and measures adopted in their cities and local contexts.

In June 2021, UNOSSC, UNDRR/GETI and the World Health Organization (WHO)'s Health Emergencies Programme jointly organized the second training series for local authorities and urban development practitioners entitled "Build Back Better: Harnessing South-South Cooperation and Risk Reduction Planning for Resilient and Healthy Cities in the Post-COVID-19 era". Overall, the 2021 training received over 5000 registrations from 165 countries and territories, and 2979 participants joined the sessions live from over 1000 cities in 155 countries and territories.

As a follow-up to the two-training series, the present report was jointly developed by the UN partners, casting a spotlight on the experiences of localities in action to arrive at effective and adequate responses to the COVID-19 pandemic. As cities and local governments have been playing a leading role in advancing collaborative and evidence-based strategies with regards to the COVID-19 pandemic, beyond recognizing these efforts, the report calls for support for such responses and help to disseminate the accumulating knowledge and experiences in those localities. This is in line with the principles of South-South and triangular cooperation on information sharing and mutual leaning, since these experiences and innovations, once effectively disseminated, could foster information sharing and facilitate learning not only among the Southern countries but also between the Global North and the Global South. Therefore, the central aim of the report is to share this accumulated knowledge and the experiences with other provinces, cities, and localities of the Global South to help them to effectively adopt and/or adapt

them in their own responses to the various challenges presented by the ongoing global pandemic.

The report is a knowledge product for mutual learning and sharing among policymakers and city-related practitioners. It consists of the experiences of localities in responding to the COVID-19 pandemic, with the aim of advancing the global exchange of practices and measures adopted in their provinces, cities, and local contexts.

In order to collect the information from cities, the UN partner entities launched a call for voluntary submission. At the close of the submission period, 90 cases had been submitted from provinces, cities, districts and communities in Argentina, Bangladesh, Barbados, Brazil, Chile, China, Colombia, The Gambia, India, Italy, Nepal, Palestine, The Philippines, Syria and Turkey.

The experiences and cases showcased in this final compilation were among the ones which appeared to be most effective in communicating and highlighting below aspects, including specifically,

- **scale of the initiative, impact and results:** whether there was a positive impact on individuals and/or communities highlighted and whether its strategic relevance had been presented as an effective way to respond to the pandemic and achieve a specific objective in relation to one or more Sustainable Development Goals (SDGs) (in particular, SDG 1 (poverty reduction), SDG 3 (good health), SDG 5 (gender equality), SDG 8 (decent work and economic growth) and SDG 17 (partnerships for the Goals));
- **replicability and adaptability:** whether there was the potential for replication and whether the initiative was adaptable to the achievement of similar objectives in varying situations, as evidenced through proven applications or sound feasibility studies as well as whether the initiative was easy to understand and implement;
- **environmental, financial, and social sustainability as per the SDGs:** whether there was a contribution to overcoming the challenges presented by the COVID-19 pandemic in one or multiple spheres while addressing the challenges related to advancing SDGs, thereby making a positive impact over time

without compromising the ability to address future needs;

- **innovation:** whether the case demonstrated progressive solutions to pressing developmental challenges and/or a more effective means of collaboration between developing countries to leverage their comparative advantage(s); and
- **inherently participatory:** whether the case inspired a joint sense of ownership regarding decisions and actions.

This publication is a summary compilation of a group of voluntarily contributed initiatives of localities responding to the COVID-19 pandemic. In total, 10 cases from Africa, Asia and the Pacific, Europe and Central Asia, Latin America, and the Caribbean are presented: a case from Baguio in the Philippines; a case on 64 districts in Bangladesh; a case from Banjul in The Gambia; a case from Chaco Province in Argentina; cases from Fujian Province and Nanjing in China; a case from Izmir Province in Turkey; a case from the Metropolitan Region of Santiago in Chile; a case from São Paulo in Brazil; and a case from Italy based on the experiences of the cities of Udine and Milan as well as Potenza Province.

The report touches upon a wide range of topics, including diverse strategies for public health emergency responses, especially those involving digital technologies and direct support in kind or through services to vulnerable people, women, children, older populations, and youth. The COVID-19 response strategies that can be replicated or adapted to other cities, regions and/or countries.

Chapter 11 of the report is contributed by UNDRR. It presents the Disaster Resilience Scorecard for Cities, a scorecard that provides local authorities and practitioners with a set of tools to assess their disaster resilience, “structuring [it] around the UNDRR’s Ten Essentials for Making Cities Resilient”.¹ Owing to the COVID-19 pandemic, UNDRR developed an addendum to the scorecard² aimed at helping local governments to identify areas that require strengthening in relation to public health issues. The Scorecard and its Addendum have been added to this report to provide useful tools for policymakers and city-level authorities and practitioners in the Global South in planning and implementing disaster risk reduction strategies and related public health initiatives.

1. See Disaster Resilience Scorecard for Cities | Making Cities Resilient (undrr.org).

2. Disaster Resilience Scorecard for Cities: Public Health System Resilience – Addendum.

Available at <https://www.unisdr.org/campaign/resilientcities/toolkit/article/public-health-system-resilience-scorecard>

1. Baguio, The Philippines

Reviving the Local Economy through Digital Tourism and Tourist Corridors

Challenges

Baguio is a prime tourist destination and an internationally recognized “Creative City”. The tourism industry, as the largest economic sector in Baguio, is a major economic driver in the city, with tourism revenues contributing to a significant portion of the local economy. The tourism industry is also one of the largest employers since most of the businesses in the city are in that sector. With the outbreak and global spread of the COVID-19 pandemic, Baguio was totally closed to tourism activities. Only essential tourism-related businesses were initially allowed to operate in a limited capacity, since they had to – and still must – comply with stringent health standards and protocols.

The Baguio tourism industry was hit hard by the drastic measures taken to stop the spread of the virus. For tourist arrivals, there was approximately a 63 per cent decrease during the peak months of January and February 2020. In April 2020, there were no tourist arrivals, which resulted in a loss of more than PhP 375 million (approximately \$7.7 million). The closing of the tourism industry also made it difficult for tourist-related businesses to recover, and the latter continue to face the challenges of a slow recovery despite the progressive lifting of containment measures in the city.

Towards a Solution

To ensure a smooth, accelerated process of revival of safe and sustainable tourism activities and to help businesses to bounce back, the local government, led by the City Tourism Office and the City Tourism Council, crafted programmes, plans and strategies that specified outcomes to restore confidence in tourism activities and the related services, stimulate the local economy, boost travel confidence, and develop e-tourism.

The Government of the City of Baguio designed and developed a tourism portal in preparation for the gradual reopening of

the city’s tourism activities to the public. Travellers from the provinces of La Union, Pangasinan, Ilocos Sur and Ilocos Norte would be able to visit Baguio under the Ridge to Reef Travel Corridor plan and use the Baguio Visitor Information and Travel Assistance (VIS.I.T.A.) portal (<http://visita.baguio.gov.ph/>). The platform acts mainly as a travel guide, a source of travel assistance and a gateway for monitoring visitor mobility. Aside from keeping track of visitors’ activities, the VIS.I.T.A. portal includes a listing of recognized and accredited tourism establishments, services, and sites.



Source: City of Baguio

The Baguio VIS.I.T.A. online registration system was adopted as part of a travel corridor plan, the promotion of tourism, the stimulation of domestic tourism, the gradual and safe reopening of tourist sites to visitors, the promotion of seamless and contactless travel, and the creation of an innovative and adaptive environment. The system uses real-time data analytics for seamless and contactless travel. From 1 October to 31 December 2020, the city was able to accommodate a total of 27,143 tourists. Moreover, a total of 3,329 tourists were expected in Baguio from January to February 2021. That number is based upon the approved travels and potential arrivals found on the city’s registration platform. As reflected in the portal, the highest number of arrivals happened from 21 to 29 December 2020: a total of

7,593 tourists. The VIS.I.T.A. system can also project how many tourists are within the central business district and monitor the hotel and restaurant check-ins of the tourists. The portal is continuously improved to include not only virtual tours but also tourism information through electronic brochures, audio travel guides, photo albums, real-time images and videos, and travel diaries through blogs.

Similarly, the Reef to Ridge Travel Corridor plan promotes tourism in Northern Luzon by creating the Travel Corridor or the Ridge to Reef Bubble, enabling seamless travel for tourists between Baguio and the provinces of La Union, Pangasinan, Ilocos Sur and Ilocos Norte. The Travel Corridor shows "the strong support of the local and provincial leaders to jumpstart tourism, which thousands of micro, small, and medium enterprises (MSMEs) in the region rely on."³ The Travel Corridor plan is a result of collaborative work at local levels. For instance, Baguio and the Region 1 provinces expanded their advocacy. Under the Memorandum of Understanding (MoU) between them, local chief executives agreed to carry out research on, among other things, a possible tourism corridor featuring the natural, cultural, and artistic pride of place of each province and city. In addition, the MoU seeks to foster the creation of green lanes for tourists and examine the possible implementation of a unified policy on border control and health and safety protocols, harmonized access, integrated marketing and coordinated destinations. The collaboration would be worth emulating in other parts of the country and beyond because it involves conducting research and implementing other strategies to facilitate the revival of the tourism industry and the recovery of the broader economy from the COVID-19-induced crises.

The Tourism Corridor plan was put in place to link participating provinces or cities across the Philippines and enable them to work together harmoniously to achieve the common goal of boosting tourism and reviving local economies while ensuring a safe environment for tourists and constituents. This innovative approach is now being rolled out in other cities and municipalities across the country to revive and boost local tourism sectors and other productive economic activities, help

businesses to recover, stimulate the economy and improve customer experience.

The use of the VIS.I.T.A. tourism portal makes the process safe, accessible and convenient. The innovative management of the VIS.I.T.A. system had a big impact on the stakeholders. They were empowered because of the promotion of safe and responsible tourism and their involvement in data-driven and information-based management, decision-making and policy information. Moreover, travel confidence among tourists was restored, which led to a gradual economic recovery. The Ridge and Reef Travel Corridor has also created strong partnerships and strengthened the support among other Philippine regions. This initiative was achieved through the Department of Tourism and the Tourism Promotions Board of the Philippines.



Source: City of Baguio

Local strategies went beyond this, however. For example, aside from the social and financial assistance to displaced workers and the stimulus packages offered to MSMEs and tourist-related businesses, other incentives were also provided. They included zero-interest to low-interest loans, tax relief or discounts, waived occupancy taxes, waived accreditation application and renewal fees, and free attendance at seminars, workshops and trade expositions. It was, therefore, a holistic approach to not just limit the devastating impacts of the COVID-19 pandemic but also accelerate the economic recovery. The success of the initiative led to its expansion and adoption in many other parts of the country.

3. http://www.tourism.gov.ph/news_features/DOTtoScaleupBaguiosRidge.aspx

Project title	Reviving the Local Economy through Digital Tourism and Tourist Corridors
Spatial scale of the initiative	Travellers from La Union, Pangasinan, Ilocos Sur and Ilocos Norte are able to visit Baguio under the Reef to Ridge Travel Corridor plan and use the Baguio Visitor Information and Travel Assistance (VIS.I.T.A.) portal. Baguio is prepared to open its doors to tourists from the entire Luzon area with 38 provinces, 73 cities and 698 municipalities and around 61.5 million people.
Population involved	<ul style="list-style-type: none"> • Employees working in the tourism sector and MSMEs, especially those in tourism-related businesses (tour agents and agencies, tour guides, and employees of food, and entertainment and recreational wellness establishments). • The cultural and creative industries. • Tourists from Region 1 provinces (La Union, Pangasinan, Ilocos Sur and Ilocos Norte). • Citizens of the City of Baguio.
Cities/Provinces/Countries/Territories/Regions involved	<ul style="list-style-type: none"> • Region 1 of the Philippines with 4 provinces, 9 cities and 116 municipalities and a population of 5 million. • City of Baguio, with a population of 374,291.
Sustainable Development Goal target(s)	8.2, 8.3, 8.9, 9.3, 9.b, 9.c, 12.b, 17.7, 17.8, 17.17
Supported/Funded by	The Government of the City of Baguio and the Department of Tourism (through the Tourism Promotions Board)
Implementing entities	The Government of the City of Baguio through the City Tourism Council, Region 1 provincial government and the Department of Tourism
Project status	Ongoing
Project period	1 September 2020 until the full reopening of tourism in the city
URL of the practice	http://visita.baguio.gov.ph/

2. Bangladesh Districts

National COVID-19 Intelligence Platform and the 333 National Telehealth Service

Challenges

In Bangladesh, as elsewhere, COVID-19 has exposed glaring gaps in public health preparedness for infectious disease outbreaks. The lack of a robust infectious disease surveillance and control system was particularly evident. Like many developing countries, Bangladesh also faced challenges such as a severe lack of testing capacity, limited health-care capacity, and the absence of a system for data-driven monitoring and response to the epidemic. The scarcity and inaccessibility of urgently needed data, absence of common data-sharing platforms, and different data-collection standards, formats and conventions for recording data plagued the decision-making process.

In a country of 165 million people, the journey to combat the COVID-19 virus started with only one reverse transcription polymerase chain reaction lab, with no idea where the disease was progressing faster or where to prioritize interventions in terms of additional ventilators, doctors, and intensive care units. That resulted in more than 1.1 million confirmed COVID-19 cases across the country, with over 19,000 deaths. That situation was exacerbated by the fact that the internet penetration rate in Bangladesh is still around 36 per cent⁴; approximately 64 per cent of citizens do not have access to the Internet, limiting people's abilities to enjoy the benefits of available online platforms.

Towards a Solution

Navigating a path out of the COVID-19 crisis through appropriate policy decisions required careful consideration of the information available. Thus, in the face of the crisis, Bangladesh integrated the efforts of many epidemiologists,

data scientists, economists, and researchers to construct the National COVID-19 Intelligence Platform. The whole-of-government approach drove the country to produce some innovative solutions to tackle the unfolding crisis by equipping policymakers with crucial data-driven information that helped them to take data-driven decisions. That was done through the creation of the COVID-19 Intelligence System. The system came into existence because of collaboration between public and private partners. Big data are collected in several streams through citizen self-reports from different telecom services (333, 16263, *3332#), from websites and mobile apps, from community health workers, etc. Analysis and analytics generated from the system made it possible to track disease progression from 7 to 10 days ahead of any kind of lab testing. It introduced many new ways of prioritization and intervention. As a result, the COVID-19 Intelligence System integrated COVID-19 case data, test data, test positivity, death data, hospitalization capacity, equipment availability, etc., into the system.



Source: a2i Programme & Directorate General of Health Services

A number of distinct technological solutions have been developed by the Access to Information (a2i) programme in

4. As per July 2021

collaboration with the Directorate General of Health Services and the Institute of Epidemiology, Disease Control and Research to monitor the nationwide COVID-19 situation and take timely policy responses and decisions to address the crisis through (a) syndromic surveillance; (b) mortality surveillance; (c) contact tracing; (d) epidemiological modelling; and (e) health-response planning and management. All of these solutions have been integrated into a single platform called the National COVID-19 Intelligence Platform, which has increased the accessibility of those data for policymakers and resulted in more timely decision-making. The platform not only visualizes the analytics

but also generates policy recommendations for the field administrators. The risk matrix generated on the platform clearly shows which districts have a high infection rate, enabling policymakers to take quick action. The platform provides real-time disease progression monitoring, policy guidance to the field administration and the field health administration, and real-time policy advocacy on resource allocation. Therefore, the platform has become one of the priorities of national Covid-19 decision-making. It is assisting the Government to make prompt, needs-based and high-impact interventions to help citizens and mitigate the effects of the COVID-19 pandemic.



Source: a2i Programme

To address the still limited internet accessibility in the country, the 333 national helpline service was launched on 12 April 2018. That service has been transformed into a national health line to help to address the pandemic. The national health line helps to draw a digital map to track COVID-19-positive patients and identify areas that are susceptible to contamination by

using information of mobile users. During moments of crisis, the inability to physically consult doctors has emerged as a crucial obstacle for citizens seeking medical assistance. The national helpline has stepped in to address issues ranging from relief assistance to telemedicine services throughout Bangladesh.

Project title	National COVID-19 Intelligence Platform and the 333 National Telehealth Service
Spatial scale of the initiative	Platform: Bangladesh (subdistrict level). Telehealth Service: nationwide.
Population involved	Platform: COVID-19 patients, hospitalized COVID-19 patients, suspected COVID-19 patients and population under community surveillance. Telehealth Service: all Bangladeshis.
Cities/Provinces/Countries/Territories/Regions involved	Platform: 64 districts in Bangladesh. Telehealth Service: nationwide.
Sustainable Development Goal target(s)	Platform: 3.d, 17.16, 17.17, 17.18. Telehealth Service: 3, 17.
Supported/Funded by	Platform: Directorate General of Health Services, Bill and Melinda Gates Foundation, Access to Information (a2i) programme. Telehealth Service: a2i programme.
Implementing entities	Platform: Directorate General of Health Services, a2i programme. Telehealth Service: a2i programme.
Project status	Ongoing
Project period	N/A
URL of the practice	Platform: https://corona.gov.bd/ Telehealth Service: http://333.gov.bd/

3. Banjul, The Gambia

Banjul COVID-19 Sensitization Team Initiative

Challenges

The Gambia registered its first case of COVID-19 on 17 March 2020. The Government of the country immediately put in place restrictions that included the closure of schools, places of worship and borders and limited hours of operation of markets. Despite early efforts, however, the Gambia was severely hit by the COVID-19 pandemic, and the death rate was high during May and June 2020. As the pandemic took a big toll on public health and the economy, business and trade spiraled downward, prompting the closure of all businesses. Moreover, with most of the inhabitants earning less than the minimum wage, there was an urgent need for a quick, effective response to the crisis to help people to make ends meet.

Towards a Solution

In response to those pandemic-related challenges, the Banjul COVID-19 Sensitization Team initiative was created to inform, protect, and guide the inhabitants of Banjul in line with the standard safety measures from the World Health Organization (WHO) and the Ministry of Health. Following WHO guidelines and those of the Ministry of Health, the city of Banjul conducted door-to-door and poster sensitization to effectively boost its outreach in all corners of the city. The Sensitization Team initiative also featured the “Know your COVID-19 status” campaign developed and run by the Lord Mayor of Banjul and geared towards addressing the rapid transmission of COVID-19 that stemmed from limited (or lack of) testing. The Sensitization Team initiative led to a pilot project, the Banjul Relief initiative,

which aimed at providing food items to all households in Banjul during the pandemic. That project complemented the efforts in poverty reduction, which came under particular strain as a result of the collapse of businesses and earning avenues.



Source: Banjul City Council, Banjul Youth Committee & Banjul Red Cross Branch

The Sensitization Team initiative was a great success since people who knew their current COVID-19 status and those who tested positive followed protocols either in isolation centres or at home where they could receive the necessary medical attention. The Edward Francis Small Teaching Hospital was the main referral hospital in Banjul and the lead stakeholder in the Sensitization Team initiative. It helped to provide frontline workers (doctors and nurses) with protective equipment and the inhabitants of Banjul with COVID-19 tests free of charge. Indeed, the testing process proved to be very successful thanks mainly to the important work done by the Banjul COVID-19 Sensitization Team.



Source: Banjul City Council, Banjul Youth Committee & Banjul Red Cross Branch

The practices were innovative for many reasons. For example, the Sensitization Team initiative has enabled the inhabitants to be aware of the precautionary measures from WHO and the

Ministry of Health. It has also helped to make the city be more conscious of the need to make good use of modern technology for communication and access to medical services and labs. Moreover, the Sensitization Team initiative has helped to improve the health system by creating a more robust, responsive strategy. It has further caused the inhabitants to be more informed and better prepared for future pandemic outbreaks. The Banjul inhabitants are also more innovative with regards to economic development strategies through the adoption of new ideas and strategies adaptable to the pandemic. As part of the Sensitization Team initiative, the food relief initiative was executed to cover all compounds and households in Banjul. Its purpose was to facilitate a fair and inclusive distribution of the essential food items that were secured from donors and other relevant stakeholders.

Project title	Banjul COVID-19 Sensitization Team Initiative
Spatial scale of the initiative	City-wide
Population involved	34,000
Cities/Provinces/Countries/Territories/ Regions involved	Banjul, the Gambia
Sustainable Development Goal target(s)	2, 3
Supported/Funded by	Banjul City Council
Implementing entities	Banjul City Council, Banjul Youth Committee and Banjul Red Cross Branch
Project status	Completed
Project period	March–June 2020
URL of the practice	http://banjulcitycouncil.blogspot.com/

4. Chaco Province, Argentina

Intersectoral Approaches to Address Mental Health in Adolescents and Youth in the Context of the COVID-19 Pandemic

Challenges

Suicide has become the second leading cause of death among adolescents and young people between the ages of 10 and 24 in Argentina. Chaco Province, however, is above the national average with respect to the mortality rate, and when those events occur in small communities, they have implications that go beyond the limits of public health. Preventive and mandatory social isolation measures⁵ were implemented in Argentina in March 2020 as a response to the first cases of COVID-19 that were detected in the country. All provinces followed the directives, resulting in the discontinuation of many health services across Argentina. For instance, in the town of Miraflores in the Impenetrable Chaqueño region and Chaco province, with just 8,000 inhabitants, there were two cases of suicide, which occurred among the Criolla and Qom populations in a single week. In that context, the need to sustain essential health services and community support for populations in vulnerable situations became an imminent priority.

Towards a Solution

To effectively address those challenges, the provincial programme of health in adolescents of Chaco Province, the Municipality of Miraflores, the Ministry of Provincial Education and the Secretariat of Social Development decided to implement an intersectoral suicide prevention task force. The purpose was to develop sustainable practices in the context of COVID-19. The task force aimed to convene all relevant stakeholders to design a set of public health policies to address those challenges. At the same time, it leveraged the existing Comprehensive Health Programme for Adolescents sponsored by the Ministry of Health and the Ministry of Education of the Government of Argentina and other organizations working

on those issues to reduce existing gaps and contribute to the achievement of the SDGs.

More specifically, the team in charge of the Comprehensive Health Programme for Adolescents at the provincial level, with the support of the United Nations Children's Fund (UNICEF), designed an intersectoral response focusing on adolescents' mental health to be implemented and, more importantly, sustained in the context of COVID-19. It included an intercultural perspective to address the needs of all indigenous peoples. The approach involved close collaboration between local actors as well as the readjustment of tools that would address the problem of suicide among adolescents and youth in a comprehensive, intersectoral manner. It would also consider the complexity of socio-sanitary and cultural challenges.

Weekly virtual meetings were implemented between March and December 2020 to design, implement and monitor local actions and sponsor teamwork. That was done without losing sight of society and families' understanding of suicide and the approach to it. In addition to representatives of the health sector, the meetings included various actors such as representatives of the local municipality, the local school, and a Qom community translator because the events that had occurred also involved the indigenous population. Complementing those meetings, the Directorate of Multilingual Education joined the process. The purpose was to engage schools in the interior of the province, knowing that 60 per cent of the students who would attend are from the indigenous population.

In those meetings, which had about 200 participants, community strategies were discussed with the school representatives and students. A team consisting of a psychologist, a comprehensive health adviser for adolescents (from ENIA, the National Plan for the Prevention of

5. Government of Argentina (2020), "Legislación y Avisos Oficiales" <https://www.boletinoficial.gob.ar/detalleAviso/primera/227042/20200320>.

Unintentional Pregnancy in Adolescence),⁶ and a Qom translator was also deployed to provide health-care services. The educational sector incorporated comprehensive communication-and-support follow-up strategies involving students. Additionally, three training sessions on suicide prevention were offered by specialist organizations, including the Suicide Attention Centre and the team of the San Juan Suicide Prevention programme. Those sessions enabled the discussion of issues related to prejudices, myths and preconceptions that are created concerning the topic of suicide.

As a result of the intersectoral work, progress was made in the development of a roadmap to address those challenges related to mental health. Also, a tailored protocol was developed for the province. The intersectoral programme was complemented by and articulated through the work of the “Gran Toba”

neighbourhood in the town of Resistencia, Chaco Province, where a weekly radio programme on the radio station with the largest audience began operating as an initiative of young people and the Comprehensive Health Programme for Adolescents. That initiative arose from the continuous demand by local leaders, adolescents, and young people. The radio programme was instrumental in mobilizing other stakeholders and outlets to replicate periodic messages in the Qom language on various issues that had isolated a part of the population. That helped to transcend geographical limits and reach other remote areas that were facing similar challenges that exacerbated pre-existing vulnerabilities because of the COVID-19 pandemic. The programme was broadcast on nine channels and repeated on radio, YouTube, and WhatsApp, all of which amplified the outreach and dissemination of the messages.

Project title	Intersectoral Approaches to Address Mental Health in Adolescents and Youth in the Context of the COVID-19 Pandemic
Spatial scale of the initiative	Urban and rural Miraflores (municipality), Impenetrable Chaqueño (region), Chaco Province
Population involved	Adolescents, youth and indigenous populations
Cities/Provinces/Countries/Territories/Regions involved	Miraflores, Impenetrable Chaqueño region, Chaco Province, Argentina
Sustainable Development Goal target(s)	3.4, 3.5, 4.5; 4.7, 4.a, 4.c, 5.1, 10.2, 10.3, 11.4, 11.b, 16.1, 16.2, 16.7, 16.10, 16.b, 17.6, 17.16, 17.17
Supported/Funded by	Provincial Health Programme for Adolescents (Ministry of Health), National Directorate of Adolescents and Youth of the Ministry of Health of Argentina
Implementing entities	Comprehensive Health Programme for Adolescents of Chaco Province, Municipality of Miraflores, Ministry of Provincial Education, Secretariat of Social Development
Project status	Completed
Project period	March—December 2020

6. Government of Argentina (n.d.), “Inicio/Plan Nacional de Prevención del Embarazo No Intencional en la Adolescencia/Plan Enia”. Available from <https://www.argentina.gob.ar/planenia/el-plan-hoy> (accessed on 21 June 2021).

5. Fujian Province, China

Fujian's Experience in Fighting against COVID-19

Challenges

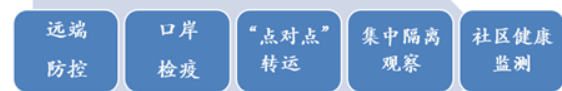
In Fujian Province, the COVID-19 pandemic has gone through three stages. Stage 1 lasted from 22 to 26 January 2020, when there were only imported cases from other provinces. Stage 2 was from 27 January to 26 February, during which time cases transmitted from other provinces and locally transmitted cases coexisted. On 7 March 2020, no new cases were reported. During stage 3, which started on 19 March 2020 and is ongoing⁷, there have been only imported cases from overseas and no new locally transmitted cases.

Towards a Solution

Prevention should come first. In Fujian, it is recommended by public health authorities that people should take the following four steps to protect themselves:

- Get vaccinated. Currently, the Government has made COVID-19 vaccines free and available for all residents nationwide, administering shots with a systematic, tiered approach by prioritizing the key and the most vulnerable groups. In addition to designating vaccination sites and public health institutions at level 2 or above as vaccination units, temporary and mobile vaccination centers have been set up in densely populated areas, while large-scale vaccine sites have been set up in large exhibition halls, sports stadiums and convention centers, etc.
- Wear masks properly in crowded indoor public spaces and when in close contact with others within one-meter physical distance.
- Avoid large-scale and non-essential group gatherings.
- Develop healthier habits, practice social distance, wash hands frequently, wear masks and practice cough etiquette.

目前防控重点:外防输入
入境人员全程闭环管理
Current priority is to prevent inbound cases and ensure a seamless and hermetic process for managing the quarantine and monitoring of travelers.



Pre-departure prevention and control Quarantine stations at ports of entry Point-to-point transfer Centralized quarantine Health monitoring in communities

Source: Fujian Provincial Center for Disease Control and Prevention

Since Fujian is the third largest port of entry for international travelers entering China, there are reports of imported cases every week. Until September 2021, 797 infected cases from international arrivals were reported, putting great pressure on the prevention of inbound cases. That is why steps are being taken to ensure a seamless, hermetic process for managing the quarantine and monitoring travelers, which includes the following five steps:

- (a) Strengthen and diligently implement pre-departure prevention and control protocols. China-bound travelers must provide certificates of negative nucleic acid and an IgM anti-body test within 48 hours before boarding the plane.
- (b) Set up test sites at the port of entry.
- (c) Provide “bubbled” transportation for international travelers from port of entry to designated quarantine hotels and facilities following respective protocols.
- (d) Implement centralized quarantine. All inbound international travelers will need to follow a 14-day quarantine mandate

7. As per September 2021

and receive tests at the first point of entry.

- (e) Conduct health monitoring in communities. After leaving the designated quarantine hotels/facilities, travelers are still required to continue monitoring of their health conditions for another seven consecutive days and take tests.

At the same time, a systematic risk assessment and management mechanism has been established including procedures and protocols on early detection, quick response, targeted prevention and control, and effective treatment.

Project title	Fujian's Experience in Fighting against COVID-19
Spatial scale of the initiative	Provincial level
Population involved	About 38.56 million people
Cities/Provinces/Countries/Territories/Regions involved	Fujian Province, China
Sustainable Development Goal target(s)	3.2, 3.3, 3.4, 11
Supported/Funded by	Fujian provincial government
Implementing entity	Fujian provincial government
Project status	Ongoing
Project period	N/A



Source: Fujian Provincial Center for Disease Control and Prevention

6. Cha-Ting Community, Nanjing, China

Experience and Practice of Public Participation in Epidemic Prevention and Control in Cha-Ting Community of Nanjing

Challenges

The area under the jurisdiction of the Cha-Ting Community of Nanjing is 0.096 square kilometres, with more than 3,200 households and about 9,800 residents. It was particularly vulnerable to the virus given that more than one out of five of its residents were over 60 years old. There are six housing estates in the Community, which were built in the 1980s. Two of those estates have property management, while the remaining four estates do not have such property management and are thus managed by the Community. As a result, the area is comparatively less developed and dilapidated. In such an environment with many vulnerable residents, the outbreak and subsequent global spread of the COVID-19 pandemic threatened to have devastating effects on the Community. Although there were no COVID-19 patients or suspected cases in the early days of the outbreak, it was a major challenge to prevent the spread of the virus⁸.



Source: Nanjing Urban Management Bureau

Towards a Solution

The Member Office of the Nanjing Urban Governance Committee first identified Cha-Ting as a priority community for intervention, with a special emphasis placed on attending to the needs of the most vulnerable groups, namely the elderly, women and children. To achieve the zero-growth goal, the Cha-Ting Community used comprehensive urban governance to provide expertise, guarantee the supply of materials and strengthen management. A particular emphasis was put on comprehensive governance that pays special attention to the elderly (the most vulnerable age group for the virus) in the Community. The Community also introduced special activities carried out by social organizations, which were aimed at raise awareness and enhance residents' understanding of public health measures to prevent and control the spread of the virus. To that effect, 243 volunteers were mobilized.

As a top priority, measures were put in place to improve the living conditions in the community neighbourhood. Volunteers and social service organizations provided support to improve sanitation and hygiene conditions in the Community. Volunteers and retired residents were mobilized to provide support to households including body temperature measurement and reporting and various logistics support. The Mochou Lake Subdistrict Office provided all volunteers with PPEs, masks, tents, and other supplies. The Subdistrict Office set up a special fund to support the operationalization and expand the outreach of the initiative in the Community.

8. As per September 2021



Source: Nanjing Urban Management Bureau

The increased frequencies of the monitoring and screening of potential cases and the guided accesses to the community neighbourhood contributed to the effective prevention of potential local transmission. Moreover, the three mandates, namely the mask mandate, body temperature reporting mandate, and residents travel reporting mandate, were diligently carried out by community authorities, and followed by the residents.

One of the innovations was the use of drones and mobile vehicles in information sharing, awareness raising and public health education. Educational information on public health measures was advertised and broadcasted on public electronic billboards, digital display screens and radios. Home care was provided for the elderly in the community. Similarly, the Subdistrict Office also built waste collection booths in the Community to supervise household waste collection and recycling practices. Professional service companies were engaged to provide property management and services.

With all measures in place, Cha-Ting Community reported zero COVID-19 infections and zero deaths⁹. The living conditions and the quality of life of the residents were improved based on feedback from residents. Furthermore, residents' awareness and knowledge of public health and hygiene measures improved significantly.

Project title	Experience and Practice of Public Participation in Epidemic Prevention and Control in Cha-Ting Community of Nanjing
Spatial scale of the initiative	Specific neighbourhoods
Population involved	More than 9,800
Cities/Provinces/Countries/Territories/Regions involved	Jianye District, Cha-Ting Community, Nanjing, Jiangsu Province, China
Sustainable Development Goal target(s)	3.2, 3.3, 3.4, 11
Supported/Funded by	Government funds and social donations
Implementing entities	Member Office of the Nanjing Urban Governance Committee, resident committees in the Cha-Ting Community, Mochou Lake Subdistrict Office
Project status	Completed
Project period	April–October 2020 (7 months)

9. As per September 2021

7. Izmir Province, Turkey

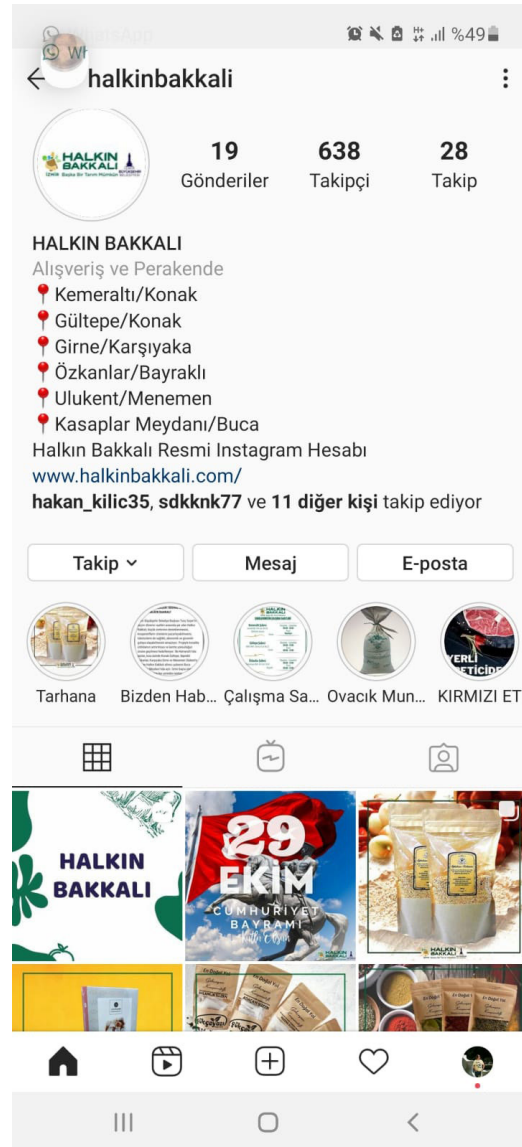
Sustainability of Local Governance for the People of Izmir

Challenges

An economic recession is among the most daunting challenges of the lockdown measures put in place in response to the COVID-19 pandemic. The disruptions in production, logistics and consumption have brought about unprecedented problems in the economic ecosystem of Izmir, as it has in many other cities in Turkey and around the world. This has greatly impacted people's ability to make ends meet, whereby increased poverty rates are associated with a decline in the income of the middle-class population. The disruptions in national and international economic supply-and-demand chains have increasingly underlined the importance of local and regional economies. In Izmir, these challenges have paved the way for the increased responsibility of local governments for economic activities. As elsewhere, the increased demand for face masks and personal protective equipment (PPE) also constituted a major problem at the beginning of the pandemic that called for urgent, effective measures to address the shortages.

Towards a Solution

The Izmir Metropolitan Municipality People's Groceries Project was launched to play a facilitating role between people living in growing poverty and the producers of agricultural products. The project is a model in which local agricultural cooperatives in Izmir can supply safe, affordable food to the local population through the six People's Market shops operated by the Izmir Metropolitan Municipality in different locations in Izmir Province. On 29 October 2020, the Mayor of Izmir announced that an e-shopping platform was being developed to expand those market opportunities.



People's Grocery shop's catalogue on Instagram
Source: Izmir Metropolitan Municipality

Furthermore, to address the shortage of face masks and other PPE, the Izmir Metropolitan Municipality initiated the “Maskematic application”. Under that initiative, regular public-transport vending machines used for the card systems of Izmir public transportation (KentKart) were upgraded to enable the local population to access enough free hygienic face masks (packages of 5 for one week). Thus, major public transportation routes and hubs as well as metro-tram-bus-ferry stops have become access points for the public to access adequate free face masks. Mask manufacturing was mobilized through the infrastructure of Job Factory, the leading vocational training centre with all the necessary equipment for production. A total of 40 volunteers were mobilized for the manufacturing process, including vocational trainers and trainees at Job Factory and members of several worker unions in Izmir.



Source: Izmir Metropolitan Municipality

The need to improve the coordination of those efforts gave rise to the Izmir Sustainable Urban Development Network (SUDN), which was established to ensure the localization and comprehensive governance of those initiatives. SUDN covers 25 district municipalities in Izmir and a variety of public, academic and business organizations as well as several non-governmental organizations (NGOs) and grass-roots organizations. SUDN has been a coordination hub for all efforts related to the mobilization and coordination of funds aimed at the neediest people in the aftershock of the pandemic.

The structure of SUDN was established in a highly inclusive manner, and the Network was committed to the localization of the SDGs by increasing the power of the local people. The main objectives of SUDN are to: (a) find solutions to the common problems of district municipalities; (b) provide information and knowledge transfer; (c) establish constant communication among all the stakeholders; and (d) ensure that the adopted policies are aligned with the SDGs. That makes SUDN an initiative that is relevant beyond the immediate urgency of dealing with the pandemic and its effects; it will be a crucial component in post-pandemic recovery efforts. Indeed, as part of the Turkey Sustainable Development Network, the Izmir SUDN could offer knowledge and transfer experiences to other member cities in Turkey.

As of April 2020, some of the concrete achievements included:

- 46,189 food packages had been delivered to families in need.
- 40,000 families had received 400 Turkish lira in direct financial aid.
- 12,000 families had received soup and bread over ten days.
- 105,189 bottles of milk had been distributed to families with children between one and five years of age.
- More than 300,000 masks had been distributed to the citizens on public transport and in open-air markets.
- The municipality had provided accommodation to 305 health-care professionals in three different locations.
- 634 people had received support from the Metropolitan Psychological Support Line.
- A total of 3,273 kilometers of streets and pavements had been sterilized.
- The Izmir Water and Sewage Administration had halted the disconnection of water services of 2,752 subscribers for non-payment.
- The Izmir Water and Sewage Administration also had granted payment extensions on water bills to 45,443 subscribers.

Project title	Sustainability of Local Governance for the People of Izmir
Spatial scale of the initiative	Izmir Province
Population involved	4.3 million
Cities/Provinces/Countries/Territories/Regions involved	Izmir Province, Turkey
Sustainable Development Goal target(s)	1, 2, 3, 5, 8, 9, 10, 11, 12, 16, 17
Supported/Funded by	Izmir Metropolitan Municipality
Implementing entities	30 district municipalities, all related units of Izmir Metropolitan Municipality, chambers of commerce in Izmir and relevant business umbrella organizations, United Nations Development Programme in Turkey
Project status	Ongoing
Project period	Throughout the crisis of the COVID-19 pandemic
URLs of the practice	https://www.halkinbakkali.com/ https://surdurulebilirkenttselgelisimagi.org/



Source: Izmir Metropolitan Municipality

8. São Paulo, Brazil

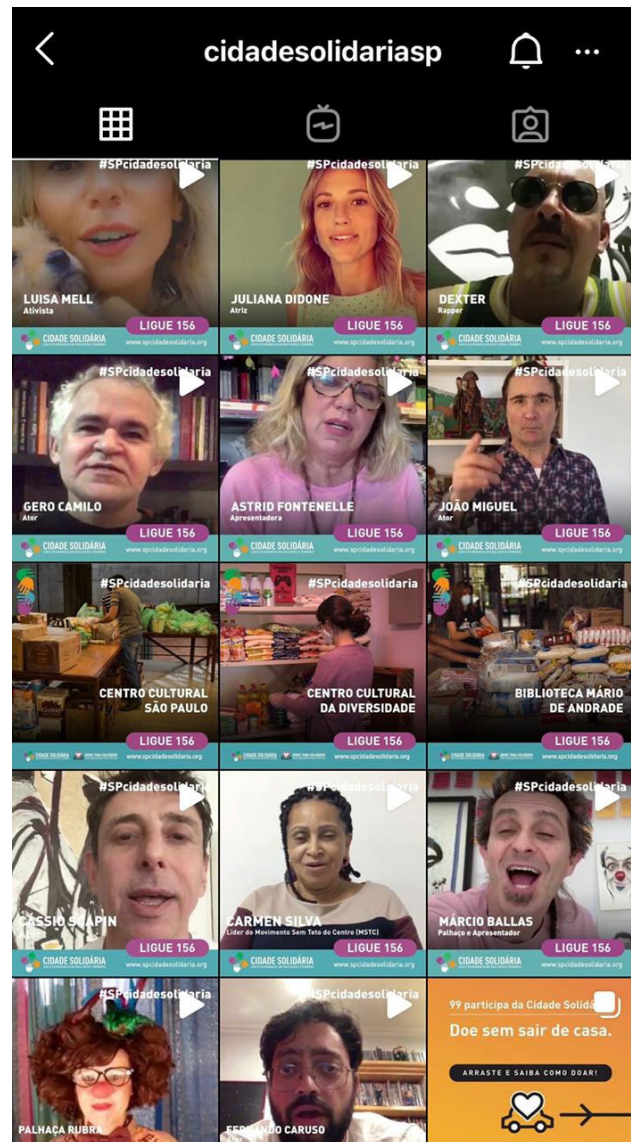
Solidarity City Programme: Volunteer Action by the Municipality of São Paulo against the Coronavirus

Challenges

The outbreak and global spread of the COVID-19 pandemic left no place unaffected. On 20 March 2020, the Mayor of São Paulo, Brazil, declared the state of calamity in the city. Since then, the Municipality has taken transparent, necessary, and effective measures based on science and following the guidelines of the World Health Organization (WHO) to tackle the pandemic. Schools were closed, and students began to study from their homes. Companies had to significantly reduce their operating hours and adopted teleworking with their employees, among other measures. They also had to reduce their operating capacities, leading to major job and income losses; about 52 per cent of the population in the city suffered from a reduction in income due to the pandemic. That increased the vulnerability of many people enormously; in a city with a population exceeding 12 million, it is estimated that 1.5 million were in a situation of social risk that made them vulnerable.

Towards a Solution

Faced with such daunting challenges, the city launched the São Paulo Solidarity City Programme in April 2020, an initiative created and coordinated by the Municipality of São Paulo. The Municipality published a decree to regulate the Programme and to establish collaboration between the municipal administration, civil society, and the private sector. A Steering Committee was tasked with coordinating the initiative. The municipal secretariats of Urban Development, Human Rights and Citizenship and the Executive Secretaries of the Mayor's Office are also part of the Steering Committee. The Committee is responsible for the engagement with civil society and volunteers. The municipal administration, civil society and the private sector receive donations, mobilize volunteers, and create a network to help families in extremely vulnerable situations. The Programme delivers basic food baskets, hygiene products and cleaning kits; donated money is used to purchase those items.



Social media influencers

Source: Municipality of São Paulo

As mentioned, the COVID-19 pandemic has affected the jobs and incomes of many families in São Paulo, especially those who live in conditions of greater social vulnerability. The São Paulo Solidarity City Programme is thus a response to the pandemic that has been of great help to those who need it most in this period of global crisis. It has, therefore, been a

major factor in helping to reduce the danger of food insecurity. Dedicated to the advocacy strategy to attract donations, the Programme has an official website that is updated daily and that has specific data about the initiative. The Programme is also promoted through traditional media. In addition, it has the support of the opinion-forming artists as well as influencers who join the cause through social media.

A system of monitoring and georeferencing was implemented so that the Programme would benefit all people without duplicating services and make the process transparent to society, particularly to donors. The system, which has contributed to the organized distribution of donations to families, includes an online registration form to be completed by all beneficiaries and institutions that execute the delivery. It is important to highlight that when the delivery of the kits takes place, a health team from the Municipal Street Doctor's Office (multidisciplinary teams that provide health-care services to

the people who are homeless) and the Family Health Support Centre accompany the delivery. They share guidance on the prevention and control of the COVID-19 pandemic. That has played a major role in helping to significantly limit community transmissions in the city.

To avoid agglomeration and to respect social-distance guidelines, essential measures to fight against the coronavirus, the Programme created a drive-thru system for donating food and hygiene kits. Volunteers stay at specific collection points, enabling those interested in donating to pass by in a car; the donation is thus made without any contact between the two groups. For the members of the population who do not own a car, the Municipality of São Paulo received a donation from an individual transportation company that offered discount vouchers to encourage people to donate. The company subsidized 50 per cent of the runs to one of the Programme collections points.



Source: Solidarity City Programme

Between April 2020 and September 2021, more than R\$ 888,000 (approximately \$161,111.81) were collected in donations. Also, more than 5 million food baskets and over 1,300 million hygiene and cleaning kits were delivered to 1.5 million people assisted by the Programme. That helped them to alleviate the increased difficulties caused by the pandemic. The results come from a collective effort that involves both the city government and about 22 partners that help to make the execution of the Programme feasible. Moreover, there are about 1,600 qualified institutions in charge of distributing the donations in the georeferenced territories.

A main condition to guarantee the success, replicability and scalability of the Programme was the registry database for families and individuals in the most vulnerable situations. The access and availability of those updated data, along with georeferencing, made it possible for the delivery of donations to be directed efficiently to the targeted population. The success of the São Paulo Solidarity City Programme is due to the combined efforts of public authorities, the private sector and civil society, which have become a necessity to overcome the challenges of the health crisis brought about by the global pandemic. Measures such as these are attainable by city networks if undertaken with a structured, long-term plan.

Project title	Solidarity City Programme: Volunteer Action by the Municipality of São Paulo against the Coronavirus
Spatial scale of the initiative	City-wide
Population involved	Vulnerable populations including the elderly; people with disabilities; migrants; the lesbian, gay, bisexual and transgender population; and waste pickers.
Cities/Provinces/Countries/Territories/Regions involved	São Paulo, Brazil
Sustainable Development Goal target(s)	1, 2
Supported/Funded by	Municipality of São Paulo, civil-society entities and the private sector
Implementing entity	Municipality of São Paulo
Project status	Ongoing
Project period	Through the crisis of the coronavirus pandemic
URLs of the practice	https://www.spcidadesolidaria.org/

9. Metropolitan Region of Santiago, Chile

COVID-19 Vaccination Plan: Mobile Vaccinations

Challenges

Although the vaccine rollouts globally promise to help to contain and eventually eradicate the pandemic, there are still enormous challenges ahead. As of December 1, 2021, Chile had a total of 1,764,274 cases of COVID-19. That included both confirmed and suspected cases, with an incidence rate of 9,066.9 cases per 100,000 inhabitants. The number of deaths reached 38,356 and a recovered cases of 1,708,314.¹⁰ The Metropolitan Region of Santiago had 742,257 cases (confirmed and suspected) of COVID-19 and 19,688 deaths.¹¹

A mass vaccination campaign began on 22 February 2021 in the Metropolitan Region of Santiago, reaching, by December 2021, a coverage of 90.1 per cent of the adult population aged 60 years and over and 87.3 per cent of adults between 18 and 59 years of age. Nevertheless, with the constant mutation of the virus and the rapid spread of the new variants, the region requires more and urgent actions to increase coverage and achieve the objective of full vaccination and immunization. One of the major challenges facing the campaign, however, is the difficulty of obtaining detailed information on the residential location of each vaccinated person and those who are lagging.

Towards a Solution

To address this challenge, the Metropolitan Region of Santiago adopted the COVID-19 Vaccination Plan: Mobile Vaccinations initiative to speed up the vaccination campaign. The initiative, which was framed within the context of the vaccination campaign against COVID-19, seeks to support the communes that have deficient coverage (less than 80 per cent). To achieve this aim, the following strategies were developed:

- identification of areas with low coverage and prioritization of the implementation of mobile vaccinations in the areas of lagging populations; and
- planning of health actions complementary to immunization such as improving communication on risk and facilitating access to information regarding the vaccination process in areas of vulnerable populations.

The implementation of these strategies aims to reduce the risk of contagion of COVID-19 in vulnerable populations, improve the health status of the people, and reduce the risk of hospitalization and death due to the virus.

The methodology used included the following:

- management coordination between the National Immunization Programme and the different health services that request support and application of these strategies.
- technical coordination between the referents of the health services who are responsible for managing the territorial information and compiling the table of the Spatial Health Data Infrastructure of the Santiago Metropolitan Region; and
- access to the residential information of users of the health services to geolocate and define their vaccination status.

It was necessary for the Metropolitan Administration of the region and the Regional Ministerial Office (SEREMI) to work together through their geolocation teams, and the referents of the health services of the entire Metropolitan Region of Santiago. The strategies also required coordination at the community level from the health services and at the regional level from SEREMI to obtain the necessary data and later carry out its dissemination at the regional level in coordination with City Hall.

10. <https://www.minsal.cl/nuevo-coronavirus-2019-ncov/informe-epidemiologico-covid-19/>

11. Ibid



Source: Government of the Metropolitan Region of Santiago

The Mobile Vaccinations initiative was developed by the Municipality of Santiago in the Metropolitan Region, which is responsible for its financing. It seeks to contribute to the public policy on vaccination in the context of the COVID-19 pandemic. The initiative began on 2 June 2021 and has a total of 20 mobile units: 4 buses, 16 vaccination minibuses and 10 vaccine distribution cars. These mobile units are assigned to the neighborhoods and health services that request support regarding the vaccination campaign from Monday to Sunday between 8 a.m. and 6 p.m. The effective implementation of

this initiative has enabled the disaggregation of the information on the vaccination status at the census level, in turn enabling the identification of adverse health situations (vaccination status, housing conditions and socioeconomic situation), determining the health conditions of the people lagging behind in the vaccination program and the epidemiological situation of the neighborhood. It has also focused the work and health actions carried out in the context of the pandemic and the vaccination process while managing the available resources more effectively.

Project title	COVID-19 Vaccination Plan: Mobile Vaccinations
Spatial scale of the initiative	Metropolitan Region of Santiago, Chile
Population involved	Adult population in the Santiago Metropolitan Region
Cities/Provinces/Countries/Territories/Regions involved	Census zones of the Santiago Metropolitan Region, Chile
Sustainable Development Goal target(s)	3.8, 3.b, 9.5
Supported/Funded by	Government of the Metropolitan Region of Santiago
Implementing entities	Family health centres of the municipalities of the Metropolitan Region of Santiago
Project status	Ongoing
Project period	N/A
URLs of the practice	Unavailable



Source: Government of the Metropolitan Region of Santiago

10. Udine, Milan and the Province of Potenza, Italy

Support for Physical, Mental and Social Well-being during the Pandemic in Udine, the Milan Adaptation Strategy 2020, and the Disaster Risk Reduction Governance of the Province of Potenza for an Effective COVID-19 Emergency Response

This chapter presents case studies relating to three different administrative entities in Italy: (a) Milan, a large city; (b) Udine, a medium-size city; and (c) the Province of Potenza, a regional authority that coordinates and assists 100 entities and their related populations: the city of Potenza (65,000 residents) and 99 small and very small municipalities ranging from hundreds to a few thousand residents. The Italian experiences focus on: (a) support for physical, mental, and social well-being during the pandemic in Udine; (b) the Milan Adaptation Strategy 2020; and (c) the disaster risk reduction governance of the Province of Potenza for an effective COVID-19 emergency response.

Challenges

Udine

The elderly account for 26.2 per cent of the Udine population, which is close to 6 per cent higher than the national average. In Udine, there are 49,000 families, among which 34,000 are one-person households; 8,800 people are over the age of 65, mostly women living alone. Loneliness is a risk factor for Alzheimer's disease and other types of dementia, which are currently leading causes of mortality and morbidity globally; yet, despite this association with serious public health risks, loneliness and social isolation are still receiving little attention in healthcare. In Udine, therefore, an urgent need emerged to provide support for an autonomous social component for the community.

Milan

Similar to the rest of Italy, the COVID-19 pandemic hit Milan strongly in early March 2020, leading to quick and decisive actions by authorities at all levels. The Municipality of Milan organized its action plan on three levels: emergency

management, support for the members of the community who were not infected but forced to quarantine, and a task force working on Plan Zero for the time when the crisis would end. The main challenges, however, concerned (a) how to reorganize ordinary and essential services for citizens, (b) how to involve and activate the community by providing psychological support, and (c) how to ensure environmentally friendly transitions in the measures needed to counter the economic crisis caused by COVID-19. Thus, the Municipality of Milan developed the Milan Adaptation Strategy for Phase 2, which captures the radical change in the lifestyles of residents and the reorganization of cities. The strategy has taken into account different population targets such as age, health and sanitary conditions, work status and economic situation. The aim was to return to full normalcy as soon as possible but it was also necessary to better prepare citizens for the most likely scenario, to adapt to a "new normal", through a phase of "post-lockdown containment". The Adaption Plan has facilitated the process of transitioning to a new normalcy. The goals of the proposed plan are similar to some of the SDGs, such as SDG 3 (good health and well-being), SDG 10 (reduced inequalities), SDG 11 (sustainable cities and communities), SDG 8 (decent work and economic growth) and SDG 13 (climate action).

Province of Potenza

As with Udine and Milan, the Province of Potenza was also confronted with challenges to respond effectively to the health emergencies brought about by the outbreak of COVID-19 while maintaining its efforts regarding sustainable development. Thus, a need emerged to integrate the local disaster risk assessment with the issues related to public health, development challenges and the consequences of the cascading effects on disasters.

Towards a Solution

Udine

Udine, like the Cha-Ting Community of Nanjing, is faced with similar challenges of ageing. In the city, the elderly account for 26.2 per cent of the population, about 6 per cent higher than the national average. In addition to ageing, loneliness is another major challenge facing the elderly in Udine. Loneliness is a risk factor for Alzheimer's disease and other dementias, which are currently leading causes of mortality and morbidity globally. Unfortunately, the lockdown measures due to COVID-19 only exacerbated the issue.

Udine had joined the Healthy Cities movement championed by WHO in 1995 because it had recognized that no one needed to be left behind with respect to health and sustainability. Thus, prior to the pandemic, Udine had established an integrated health promotion office that coordinated with all stakeholders, including WHO, NGOs, the private sector, national and regional Healthy Cities networks, and citizens. That participatory approach, which had been adopted before the pandemic, was enhanced and/or redesigned during the pandemic to improve dealing with the new challenge, tackling its effects and improving its responses to the needs of citizens regarding their health and well-being. It is worth noting that such an approach has always been a crucial component of the local comprehensive strategy implemented by the Municipality to address the achievement of the SDGs.



Physical activities for elderly people – a morning at the park (summer 2020)

Source: Healthy Cities Project Office, Municipality of Udine

Mental health risks can be caused by loneliness and social isolation, both of which may be exacerbated by the measures put in place to contain and control the spread of COVID-19. To address those risks, Udine launched online courses as well as exercises to be practised at home for keeping physically and mentally active; promoted self-care strategies and other cultural practices (i.e., yoga-based breathing as a home-care adjuvant treatment); organized socially distanced activities in parks and open spaces; gathered volunteers (caregivers), private companies and associations to activate neighbourhood networks to be closer to people in need; and provided phone assistance against anxiety and panic and to prevent people from falling into a state of depression.



World Alzheimer's Day (September 2020)

Source: Healthy Cities Project Office, Municipality of Udine

Other important initiatives undertaken by Udine during the health crisis include:

- World Games Day for which more than 60 stakeholders organized recreational and educational activities, games, and sports for all target groups.
- The Playful Paradigm Network that is led by Udine and funded by the URBACT programme (which aims to transfer innovative practices among European cities). The purpose is to provide communities with useful and playful ideas and creative activities to counter a feeling of isolation during the COVID-19 lockdown. For instance, an urban game

has been developed with the aim of experiencing city spaces and interacting with one another virtually during lockdown.

- The No alla Solit'Udine project, which is designed to promote age-friendly environments, social innovation, brokerage, and intermediation. Through this project, network NGOs, volunteer associations, retired craftsmen, etc. provided a wide range of support services to older and frail people in their everyday lives, especially for those living alone as well as those with disabilities or economic difficulties. Activities included training courses for older people and caregivers on how to age well, easy-to-read tools to promote independence at home, and information regarding services and opportunities in the city and lists of volunteers ready to support them.
- Grandparents' Day Award, World Alzheimer's Day, Sustainable Energy Week, Readers' Night and World Health Day, which were all public initiatives involving the community. Various activities were aimed towards (a) raising awareness about the importance of preventing cognitive decline, (b) valorizing the role of grandparents, (c) creating awareness about climate change, and (d) reading about and adopting healthy lifestyles.
- The "Move your minds...minds on the move" programme that included a wide range of activities (brain exercises, games, music, mathematics and logic, memory games, language curiosities, card games, handwriting, cultural laboratories, computer literacy, music therapy) aimed to promote cognitive stimulation for people over 50 years of age and prevent loneliness and isolation through socialization opportunities and intergenerational activities. Those activities used to be in-person but owing to the pandemic, they are now organized through remote learning; and
- The "Distant one meter, close one second", interactive remote conferences via different platforms such as YouTube and Zoom through which people listen to lectures from prestigious international speakers who took part in the International Conference of the International Federation of Telephonic Emergency Services held in Udine in 2019. After listening, everyone is encouraged to then exchange their reflections, comments, ideas, and perspectives on the issues raised.

New initiatives have also been developed in Udine to mitigate the impact of the pandemic, especially with respect to the most vulnerable people in the community. They include: (a) providing additional support and funds to voluntary associations that can reinforce neighbourhood social networks; (b) improving telemedicine and remote preventive services; and (c) providing psychological support to older people in nursing homes. The vast majority of these programmes and initiatives have been assessed through both quantitative and qualitative approaches. The special milieu, based on a co-creative intersectoral approach and on close cooperation between institutions and voluntary associations, was the added value.

The bulk of the actions could be easily transferred to other contexts and cities, since they do not require high investments or special infrastructure or spaces. In fact, they can be activated through the engagement of local stakeholders, volunteer associations and active citizens. For example, the experience of Udine has been scaled up to the regional level through the introduction of a regional law on healthy ageing and loneliness, and funds have now been made available for local stakeholders in order to implement concrete actions.

Being part of the WHO Healthy Cities movement has provided Udine with fundamental guidance in developing local policies and actions aimed at investing in the local population of the city through: (a) greater participation and partnerships for health; (b) designing safe, inclusive, sustainable and resilient urban places; (c) encouraging the adoption of the health-in-all-policies and whole-of-government and whole-of-society approaches; and (d) the city health diplomacy and social innovation mechanisms. The role of the Healthy City project has been essential in coordinating the working environment, acting as a catalyst, and building systematic and comprehensive strategies in a more participative and hence empowering and enabling way. The result is several noteworthy initiatives that have been co-created and undertaken for achieving healthier lifestyles, greater solidarity among citizens, and ownership of long-term social programmes and city branding.

Milan

Milan was also strongly hit by the COVID-19 pandemic. That led to quick and decisive responsive actions by authorities at all levels. The city also had to tackle the main challenges of how

to reorganize essential services for citizens, how to involve and activate the community by providing psychological support, and how to ensure environmentally friendly transitions in the measures needed to counter the health-induced economic crisis. The Municipality acknowledged that being a resilient city means not only managing climate related risks but also being prepared for every possible threat that may affect and grow exponentially in very densely populated territories. The city decided to address the emergency by planning activities, initiatives, and temporary projects in support of long-term plans, strategies, and actions of the Municipality. To do that, the city tried to find answers to a key question: "How can the fundamentals of environmental transition guide this path and develop a new Green Deal that generates wealth for all?"

Consequently, the Municipality of Milan developed the Milan 2020 Adaptation Strategy for Phase 2 that captures the radical change in the lifestyles of residents and the reorganization of the city. The Milan 2020 Adaptation Strategy for Phase 2 calls for a radical change in citizens' lifestyles as well as the ways in which the city is organized. To facilitate the smooth transition, "economic implications and changes in lifestyles are being addressed at every institutional level"¹² throughout the city. For that reason, the Municipality of Milan decided "to contribute with operational proposals to complement the broader agenda, with the peculiar context of the city of Milan in mind."¹³ As expected, "some of the matters remain [the] responsibility of the national or regional authorities, such as issues of mapping, tracking and assessing people's immunity."¹⁴

The Adaptation Strategy has required the implementation of several policies through different actions such as smart working and desynchronization of work hours both in the private and public sectors to boost flexibility. Second, access to public transportation has been limited, ensuring safe distances, and mobility measures have been taken to reduce traffic and to promote pedestrian and cycle paths (Open Roads and Open

Squares Programme). Parks and sports centers and venues have been gradually reopened and tactical urban planning projects have been developed to provide spaces for children to exercise and play. This is in part thanks to the introduction of a 30 km/h speed limit throughout the city. Digital tools (Citizen's App, WhatsApp Chat and Call Centre) have been implemented to integrate data and demographic services. Neighborhoods are being organized to strengthen public services from a proximity perspective (15 Minutes City). Regarding social aid, Milan Helps (Milano Aiuta) has been launched to maintain and expand collaborative services and delivery of basic utilities. The Food Aid initiative and the Mutual Aid Fund helped create a collaborative economic system to help more vulnerable groups. Lastly, to create "the city of children", city spaces such as squares, gardens, and schools, would be gradually and safely reopened.¹⁵

The Milan 2020 Adaptation Strategy focuses mainly on the following actions: mapping, sanitization, screening, and immunization. It takes into account different population characteristics such as age, health and sanitary conditions, work status and economic situation. The aim was to return to full normalcy as soon as possible. However, it was also necessary to prepare citizens for the most likely scenario, to adapt to a "new normal", through phases such as "post-lockdown containment".

The main objective of the Adaptation Strategy has been to maintain a perspective that considers investments and the protection of people in the city as well as the country at large. Thus, every available resource must be invested to support the productive system of the city and Milan's network of services and public investments. In this way, the strategy will protect vulnerable groups of people; reduce bureaucracy; maintain smart working and high digitalization levels; reorganize the city timetable, use of streets, and use of public space; and rediscover the neighbourhood dimension.

12. Milan 2020 Adaptation Strategy: Open document to the city's contribution, p. 1. Available from: <https://www.comune.milano.it/documents/20126/7117896/Milano+2020.+Adaptation+strategy.pdf/d11a0983-6ce5-5385-d173-efcc28b45413?t=1589366192908>.

13. Ibid.

14. Ibid.

15. Ibid., p. 18.



The 'Piazze Aperte' (Open Plazas) Project

Source: City Resilience Department, Municipality of Milan

As part of the Milan Adaptation Strategy 2020, the city developed new lines of action that offered a vision of a Milan as more inclusive, flexible, and participatory, with fast and effective interventions to improve the quality of life. The main objectives were to understand and design new ways to live in open spaces and simultaneously create and enhance a new shared vision of a healthier Milan. Open Plazas (Piazze Aperte) was among the existing projects that the Municipality aimed to strengthen. Since 2018, with Bloomberg Associates, the National Association of City Transportation Officials and the Global Designing Cities initiatives, the project has aimed to bring public squares back to the centre of neighborhood life. Thanks to tactical urbanism, the city succeeded in involving citizens in the process of urban regeneration and in rapidly prototyping new urban frameworks by using short-term, affordable, and scalable interventions. During the Covid-19 pandemic, the Open Plaza project has become even more relevant since it represents a landmark for the community and a safe meeting point for the community.

In line with the Piazze Aperte example, Milan decided to experiment with tactical urbanism in a different way in the Open Streets (Strade Aperte) programme. In the context of the COVID-19 pandemic, the use of roads and public spaces had to be redefined to support the use of bicycles, scooters and other forms of micro- and light mobility that respect social distancing. Since then, during the summer of 2020, 35 km of new bike lanes were introduced, extending the existing bike lane system to over 100 km as of April 2021.

In May 2020 under the Open Streets project, the Municipality of Milan defined a series of regulations thanks to which more than 2,400 commercial activities have been able to recover outside the spaces sacrificed inside under the social distancing

measures. The city measures define sidewalk and pedestrian island areas, roadways, and green spaces as occupiable. Moreover, at the end of 2020, guidelines on how to occupy public spaces were added to the regulations to help to ensure security and regular street flows. Such interventions facilitate the arrangement of tables for bars and restaurants, with the aim of recovering part of the lost occupancy of interior spaces while encouraging the use of green solutions.

Province of Potenza

The Province of Potenza, like Udine and Milan, was also confronted with challenges to effectively respond to the health emergencies brought about by the outbreak of COVID-19 while maintaining its efforts with regards to sustainable development. In the context of the "resilience of communities" policy, the province had joined the United Nations Office for Disaster Risk Reduction (UNDRR) "Making Cities Resilient" campaign launched in 2010, and it has become the leader of a wide territorial network of 100 municipalities. It is thus substantially engaged with the municipalities in downscaling its regional strategy with regards to the territory of the municipalities and it supports their risk assessments.



An online meeting among Italian provinces about the activities of coordination and assistances to be carried out by the provinces

Source: Province of Potenza

The Province of Potenza, capitalizing on its best disaster and risk reduction (DRR) governance practices over the last decade, outlined the #weResilient strategy for pursuing territorial development through a structural combination of environmental sustainability, territorial safety, and climate change policies. Under the strategy, the province has been implementing a support-and-cooperation approach in

collaboration with local communities (particularly with the municipalities) to integrate sustainable development policies and the requirements of the communities for resilience with regards to urban planning. Under the #weResilient strategy, the Province of Potenza set up a permanent multisectoral and multi-entity local platform aimed at engaging municipalities,

institutions/authorities, stakeholders, major social groups, communities and citizens in translating the strategy into concrete actions. The Province of Potenza has found this strategy to be successful in the management of the COVID-19 emergency.

Project title	<ul style="list-style-type: none"> • Support for Physical, Mental and Social Well-being during the Pandemic in Udine; • Milan Adaptation Strategy 2020; • Disaster Risk Reduction (DRR) Governance of the Province of Potenza for an Effective COVID-19 Emergency Response
Spatial scale of the initiative	Udine, Milan and the Province of Potenza
Population involved	Udine: 100,000; Milan: 1.35 million; and the Province of Potenza: 378,000
Cities/Provinces/Countries/Territories/Regions involved	Udine, Milan, and the Province of Potenza, Italy
Sustainable Development Goal target(s)	Udine: 3, 11, 17 Milan: 3, 8, 10, 11, 13 Province of Potenza: 3.8, 10.2, 11.5, 11.a, 11.b, 13.1, 13.2, 13.3, 16.6, 16.7
Supported/Funded by	Municipality of Udine, Municipality of Milan and the Province of Potenza in coordination with the Basilicata Region
Implementing entities	Municipality of Udine, Municipality of Milan, and the Province of Potenza in coordination with the Basilicata Region
Project status	Ongoing in all three localities
Project period	N/A
URLs of the practice	<ul style="list-style-type: none"> • http://www.comune.udine.it/cittasane/. • https://urbact.eu/collection-useful-covid-19-resources-playful-paradigm-network-cities. • https://www.comune.milano.it/documents/20126/7117896/Milano+2020.+Adaptation+strategy.pdf/d11a0983-6ce5-5385-d173-efcc28b45413?t=1589366192908. • https://www.facebook.com/provpzresilient.

11. Public Health Scorecard:

A Tool to Reduce and Manage Biological Risks – original content contributed by UNDRR

In 2017, UNDRR created the **Disaster Resilience Scorecard for Cities**, which “provides a set of assessments that allow local governments to assess their disaster resilience, structuring [it] around UNDRR’s Ten Essentials for Making Cities Resilient”.¹⁶ UNDRR also developed the Disaster Resilience Scorecard for Cities: Public Health System Resilience – Addendum,¹⁷ which “strengthens and integrates coverage of the many aspects of public health that are relevant to disaster planning, mitigation and response, helping to ensure the integration of public health issues in[to] disaster risk management.”¹⁸

The Public Health Addendum “aims to help local governments identify areas that require strengthening in relation to public health issues”.¹⁹ It addresses the non-medical issues of a medical emergency, including hospitals, quarantine facilities, nursing homes, health clinics, doctors’ offices, mental health facilities, laboratory and testing facilities, public-sector health departments, water and sanitation, food distribution mechanisms, pharmaceutical and medical supply distribution, community information and alert systems, technical skills, staff, and equipment required, and other aspects of a fully functioning public health system. In this way, the tool covers the hardware and the software (human resources) required to handle and recover from a health emergency. The Public Health Scorecard links hospitals, communities, schools, community centres, non-profit organizations, law enforcement, faith institutions and elected officials.

“The Addendum is structured in sections around the same ‘Ten Essentials for Making Cities Resilient’ as the Scorecard:

- Integration of public health and governance (Essential 1);

- Integration of public health and disaster scenarios (Essential 2);
- Integration of public health and finances (Essential 3);
- Integration of public health and land use/building codes (Essential 4);
- Management of ecosystem services that affect public health (Essential 5);
- Integration of public health and institutional capacity (Essential 6);
- Integration of public health and societal capacity (Essential 7);
- Integration of public health and infrastructure resilience (Essential 8);
- Integration of public health and disaster response (Essential 9);
- Integration of public health and recovery/building back better (Essential 10).

In total, there are 23 questions/indicators, each with a score of 0-5, where 5 is best practice.”²⁰

Methodology

Local authorities need to understand that resilience is a long-term objective. It cannot be achieved in a short time. Depending on the objectives, the resilience functions may play out over a long time. In other words, the strengthening of the health infrastructure and the establishment of the surge capacities of doctors and nurses may take years, while emergency planning and simulations for a pandemic may be conducted on an annual basis.

16. UNDRR, Disaster Resilience Scorecard for Cities. Available at Disaster Resilience Scorecard for Cities | Making Cities Resilient (undrr.org).

17. <https://mcr2030.undrr.org/public-health-system-resilience-scorecard>.

18. <https://www.unisdr.org/campaign/resilientcities/toolkit/article/disaster-resilience-scorecard-for-cities.html>.

19. <https://mcr2030.undrr.org/public-health-system-resilience-scorecard>

20. Public Health System Resilience Scorecard | Making Cities Resilient (undrr.org).

Local authorities also need to understand that the Health Scorecard Addendum is not about the health sector alone. To use the Scorecard effectively, the consultations must include other relevant sectors and stakeholders. Without a multi-stakeholder approach, the resulting action plan will be left lacking ownership and not be implemented. Apart from sectors and stakeholders within the local government, the national government will have a key role to play in providing support.

Another important consideration is that hazards do not act alone, and the impact of a hazard may become amplified due to underlying stresses. In other words, a community already impacted with poverty will most likely be more impacted by a pandemic, as their livelihoods opportunities are reduced, as seen in the case of migrant labor.²¹ Chronic economic, societal, or environmental stresses can worsen the impact of earthquakes, floods and pandemics and the hazards can worsen the chronic stresses.

Workshop

The Scorecard is to be used by local authorities in a workshop-based approach to:

- Build consensus and working relationships between different sectors and departments in the government, as well as with other stakeholders who may be external to the government.
- Develop a draft action plan of activities that the government should undertake to reduce the gaps as identified using the Scorecard.

The workshop methodology includes several steps, including:

1. Determining the objectives: All should be clear about what the objectives of the exercise are in order to develop an action plan and strategy to reinforce and strengthen the public health systems in the government. This can also be an opportunity to provide an orientation, and resources, on terminology, the methodology to be adopted, etc., to ensure that all participants in the exercise and the workshops are on the same page and level of understanding and competency.
2. Identifying the stakeholders: The list of stakeholders is not the usual health department personnel alone, as economic and planning, finance, public transport, utilities, etc., all play a role and are impacted by the biological hazards, including pandemics. External stakeholders such as civil society organizations and their networks, private-sector service providers, business councils and chambers of commerce need to be involved to ensure that the developed plan and strategy are relevant, practical, and effective.
3. Carrying out initial research: To determine and answer questions pertaining to the pre-existing resources that could be used, the data required, and the sources of data. This step would require a study of the Scorecard to determine who should be invited and contacted, what data is required, and what the potential source of the required data will be.
4. Conducting the workshop: The Scorecard exercise includes going through each question, discussing the options for the answer, and arriving at the most suitable score via consensus. Each session can be designed around this methodology. The workshop can be conducted virtually in several short sessions, replacing face-to-face workshops.
 - (a) The first step is the scoring. Once the scores are agreed, the participants can decide on whether they want to develop an action plan for all the questions and gaps or only for the questions which scored below a certain criterion, e.g., a score of 3 or below. Such a prioritization ensures that the weakest areas are strengthened first.
 - (b) The action plan must have actions to address the gap identified through the scoring, the time frame, and the roles and responsibilities—who will lead, who will support, etc. Normally the plan should be valid for a period of three to five years.
5. Implementation: Once the action plan is developed and finalized, it should be endorsed by the appropriate level of government to ensure it legal status. This could be the mayor's office or the city council. Such endorsement

21. S. Bhatia (2021), "The Public Health System Resilience Addendum: A Tool to Help Governments Manage Biological Hazards Better and Prepare for an Uncertain Future", in COVID-19 Pandemic Trajectory in the Developing World: Exploring the Changing Environmental and Economic Milieus in India, M. Mishra and R.B. Singh (New York, Springer, 2021).

guarantees that the strategy and action plan will become part of the documents that are considered when the development plan of the government is budgeted and funded. Endorsement ensures continuity even with a change in political leadership.

Conclusion

The benefits of completing the Public Health Scorecard extend far beyond the development of a plan. The conversations and dialogue that the process enables, and the silos [that] it can break, are more important than the scores. Often, informal relationships are developed between the departments, which can greatly improve coordination during emergencies. The Scorecard encourages intersectoral discussions, which means departments that may not regularly exchange information are empowered to discuss planning and implementation issues with each other. When completed in a collaborative and consultative mechanism, local governments can:

- Understand how resilient their public health systems function.
- Create awareness and identify the remaining challenges.
- Enable dialogue between key city stakeholders.
- Enable discussions to decide the priorities for investment and action.
- Promote the development of a resilience strategy or an action plan that integrates public health issues with other issues of resilience.
- Promote the development of projects that enhance the resilience of the public health systems of the local government and contribute to overall resilience.

This tool can be used by local governments, cities as well as national governments, as the indicators are sufficiently generic for all levels of administration. The use of such a tool can help governments to prepare for biological hazards and health emergencies, including pandemics in the future.



UNDRR Public Health System Resilience Addendum

Source: UNDRR, <https://mcr2030.undrr.org/public-health-system-resilience-scorecard>

12. Key Takeaways and Lessons Learned

The outbreak and the global spread of COVID-19 have brought enormous challenges to people's lives and livelihoods, especially in the Global South, as countries deal with these unprecedented challenges. Not only is the pandemic threatening the health of tens of millions of people, but it is also impacting their social and economic well-being.

This report spotlights on the experiences of localities around the world seeking effective and innovative approaches in response to the challenges posted by the COVID-19 pandemic, including its broader economic and social consequences. These challenges have given rise to numerous innovative response strategies at all levels of government, and there is a need to support such efforts as well as the dissemination of the accumulating knowledge and experiences in those localities. Sharing these experiences with other cities of the Global South could help them adapt their own response strategies to various challenges brought about by both the ongoing and future global pandemics. This information sharing and mutual learning processes are in line with the principles of South-South and triangular cooperation.

One important takeaway following the review of the aforementioned cases is the importance for cities and other localities to be vigilant, innovative, versatile and quick to adapt to challenges. Baguio, The Philippines' response strategies to the health crisis show that this is indeed possible. As elaborated above with regards to the case from the Philippines, for instance, tourism is a vital economic sector in Baguio City. It is, indeed, the largest economic sector in the city. Yet it had shut down due to the outbreak and global spread of the COVID-19 pandemic. This meant that the Baguio tourism industry was hit hard by the drastic measures that were taken to stop the spread of the virus. However, to ensure a smooth and accelerated process of the revival of safe and sustainable tourism activities

and help businesses bounce back, the local government crafted programmes, plans and strategies that specified definite outcomes to restore confidence in tourism activities and the related services, stimulate the local economy, invigorate travel confidence, and develop e-tourism. This included creating a tourism portal, a platform that acts mainly as a travel guide, a source of travel assistance and a monitoring gateway for visitors. The success of the initiative led to its expansion and adoption in many other parts of the country. This could also serve as an example for other countries and regions when dealing with (health) crises.

Another important takeaway is how vital it is to support the most vulnerable and the neediest in times of crises. Faced with the challenges brought about the pandemic, for example, the Municipality of São Paulo in Brazil launched the São Paulo Solidarity City Programme (Programa São Paulo Cidade Solidária, in Portuguese) in April 2020 to provide direct support to the most vulnerable people in the city, including delivering basic food baskets, hygiene products and cleaning kits. We see a somewhat similar innovative process unfold in the Cha-Ting Community from the Chinese City of Nanjing, where public engagement and voluntary participation in the community proved effective in achieving and maintaining the goals of zero infections and zero deaths from COVID-19. In Turkey's Izmir, moreover, similar approaches proved effective as well, with the People's Groceries project, adopted by the Izmir Metropolitan Municipality, enabling local agricultural cooperatives in Izmir to supply safe and affordable food to the local population through the six People's Market shops across different locations.

Furthermore, to address the shortage of face masks and other personal protective equipment (PPE), the Izmir Metropolitan Municipality initiated the "Maskematic application". Under this initiative, regular public-transport vending machines used for

the card systems of Izmir public transportation (KentKart) were upgraded to allow the local population to access enough free hygienic face masks. Thus, major public transportation routes and hubs as well as metro-tram-bus-ferry stops became access points for the public to access adequate free face masks. These efforts gave rise to the Izmir Sustainable Urban Development Network (SUDN), established to ensure the localization and comprehensive governance of these initiatives.

A third important takeaway from the examined cases is the importance of virtual social engagement. Indeed, social distancing to reduce the spread of the coronavirus does not necessarily mean social isolation. This is illustrated by the city of Udine in Italy, which launched, among others, online courses as well as exercises to be practised at home for keeping physically and mentally active and promoted self-care strategies and other cultural practices. This played a crucial role in helping people deal with mental health risks caused by loneliness and social isolation. In addition, the city organized socially distanced activities in parks and open spaces and provided phone assistance against anxiety and panic that helped to prevent people from falling into a state of depression. Indeed, as elaborated above, the need to sustain essential health services and community support for populations in vulnerable situations proved to be crucially important in the Province of El Chaco in Argentina as well. Undoubtedly, such initiatives and innovative approaches are something that other cities and localities could learn from and adapt to their contexts in dealing with similar challenges.

A fourth take away is the importance of transparent and timely information sharing and awareness raising about the crises and providing necessary and accurate information on preventive and mitigating measures that are put in place. This strategy played a crucial role in the Gambia, among other places, where the Banjul COVID-19 Sensitization Team initiative was created to act as a response, awareness-raising, and sensitization entity for the entire city in line with measures and cautions advised by WHO and the Ministry of Health. The Sensitization Initiative was tailored towards informing, protecting, and guiding the inhabitants of Banjul regarding the standard safety measures. Subsequently, it also led to a pilot project, the Banjul Relief

initiative, which was aimed at providing food items to all households in Banjul during the pandemic. It complemented the efforts in poverty reduction, which came under particular strain because of the collapse of businesses and earning avenues. Such multifaceted measures could also play a vital role if adequately adapt to local contexts and realities.

Although the vaccine rollouts globally promise to help to contain and eventually eradicate the pandemic, there are still enormous challenges ahead. The Metropolitan Region of Santiago, Chile, for instance, started its mass vaccination campaign on 22 February 2021, reaching a coverage of 88 per cent of the adult population aged 60 and over and 73 per cent in adults from 18 to 59 years old. Nevertheless, with the constant mutation of the virus and the rapid spread of the new variants, the region requires more and urgent actions to increase coverage and achieve the objective of full vaccination and immunization. One of the major challenges facing the vaccination campaign in Santiago, however, is the difficulty related to obtaining detailed information on the residential location of each vaccinated person and those who are lagging behind. To address this challenge, it adopted the Mobile Vaccinations initiative to speed up the vaccination campaign.

In Bangladesh, as elsewhere, COVID-19 exposed glaring gaps in public health preparedness for infectious disease outbreaks. The country faced, among many other challenges, severe lack of testing capacity, limited health-care capacity, and the absence of a system for data-driven monitoring and response to the epidemic. The scarcity of urgent data, lack of accessibility of data, absence of common data-sharing platforms, and different data collection standards, formats and conventions for recording data plagued the decision-making process. Yet to tackle the crisis head-on, there was a need to be innovative and decisive. Thus, in the face of that COVID-19 crisis, Bangladesh integrated the efforts of various epidemiologists, data scientists, economists, and researchers to construct the National COVID-19 Intelligence Platform. The whole-of-government approach drove the country to produce some innovative solutions to tackle the unfolding crisis by equipping policymakers with crucial data-driven information that helped them to make data-driven decisions. That was done

through the COVID-19 intelligence system, which was a result of collaboration between public and private partners.

As a summarized compilation, this report helps to cast a spotlight on these experiences of cities in action for effective, adequate COVID-19 responses. Indeed, cities and local governments have been major pioneers in the fight against the pandemic and its broader socioeconomic consequences. Moreover, they have been playing a leading role in advancing innovative, collaborative and evidence-based strategies to respond effectively and adequately to the COVID-19 pandemic.

Beyond recognizing and spotlighting these initiatives, the report calls for support for such efforts as well as help to disseminate the accumulating knowledge and experiences in those cities in line with the principles of South-South and triangular cooperation. Therefore, the central aim of the report has been to spotlight and share the accumulated knowledge and experiences with other cities and localities of the Global South, which could help them to effectively adapt their own response strategies to various challenges brought about by the ongoing global pandemic.

13. South-South Cities Clusters

Under the UNOSSC's Cities Project, the South-South Cities Clusters platform aims to bring networks of cities, institutions, and experts together under the South-South Galaxy digital platform, to facilitate horizontal cooperation and exchange. The initiative enables local government representatives and cities partners to connect and engage in South-South and triangular

cooperation capacity development and knowledge-sharing activities for mutual benefit.

Cities representatives and partners are invited to select or propose the thematic areas they are interested in and join the South-South Cities Clusters. At first stage, cities from the Global South have proposed the following seven thematic clusters:



For more information about the South-South Cities Clusters, visit

<https://www.southsouth-galaxy.org/cities-clusters/>

About the Cities Project

<https://www.southsouth-galaxy.org/maritime-continental-silk-road-cities-for-sustainable-development-project-cities-project/>

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