Strengthening Preparedness for COVID-19 in Cities and Urban Settings

Interim Guidance for Local Authorities

World Health Organization

WHO/2019-nCoV/Urban_preparedness/2020.1

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Design and layout: ACW, London, United Kingdom

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Acknowledgements

This interim guidance was developed by Marc Ho, Stella Chungong, Abbas Omaar, Xing Jun, Ludy Suryantoro and Nirmal Kandel of the Health Security Preparedness Department of the WHO Health Emergencies Programme. WHO also wishes to thank the following for their valuable inputs:

- **Local Authorities:** Greater London Authority, United Kingdom; Local Health Authority ASL Roma 1; Italy; Local Authorities of Surabaya and Semarang, Indonesia; and a city in Japan
- **Government of the Republic of Singapore**
- **Norwegian Public Health Institute** *(Hinta Meijerink, Siri Hauge)*
- **Resolve to Save Lives** *(Amanda McClelland)*
- **UN-Habitat:** COVID-19 Core Coordination Team; Urban Practices Branch; Programme Development Branch; Geneva Office *(Graham Alabaster)*
- **WHO Regional Office for Europe** *(Haris Hajrulahovic, Monika Kosinska, Tanja Schmidt)*
- **WHO headquarters:** Social Determinants of Health *(Etienne Krug, Tamitza Toroyan)*, Health Promotion *(Faten Ben Abdelaziz, Ruediger Krech)*; Environment, Climate Change and Health *(Nathalie Roebbel)*, Health Security Preparedness *(Frederik Copper, Jonathan Abrahams, Jostacio Lapitan, Kathleen Warren, Luc Tsachoua Choupe, Qudsia Huda, Romina Stelter, Stephane De La Rocque)*; Global Infectious Hazard Preparedness *(Maria Van Kerkhove, Sylvie Briand)*

Executive summary

Preparedness in cities and other urban settlements is critical for effective national, regional and global responses to COVID-19. These settings face unique dynamics that affect preparedness – they serve as travel hubs, have a higher risk of disease spread due to high population densities, and many have extensive public transport networks. Diverse subpopulations have different sociocultural needs and contain vulnerable groups. Some live in crowded and substandard housing, lack access to safe water, sanitation and hygiene facilities, and those in informal settlements are also more often unemployed or dependent on informal economies. Cities also have centres for advanced medical care and are critical to broader health systems. Local authorities have governance and policy-making responsibilities and play an important role throughout the emergency management cycle – from preparedness and readiness to response to and eventual recovery from COVID-19.

To be effective, any public health measure must be implementable and designed in a way that will promote willingness to comply. Urban authorities should:

- adopt a coordinated multisectoral, whole-of-government and whole-of-society approach;
- promote coordination and coherence in measures across governance levels;
- identify existing hazards and vulnerabilities;
- identify and equitably protect vulnerable subpopulations;
- consider diverse social and cultural interactions with health issues, norms and perceptions;
- consider the extent of reliance on the informal sector or economy;
- consider the most appropriate means of communication of information;
- ensure continued provision of essential services;
- ensure that health facilities are prepared for COVID-19 and identify and mobilize additional resources;
- ensure adequate housing, reduce risk of homelessness and anticipate outward-migration and mobility;
- ensure that due consideration is given to maintaining good mental wellbeing;
- ensure that measures are rooted in a robust evidence-base as far as possible and account for the resulting impact on lives and livelihoods.

In addition to the COVID-19 strategic preparedness and response plan (SPRP)[1] and the COVID-19 strategy update[2], there are four key areas that local authorities of cities and urban settlements should focus on in ensuring preparedness for a robust response to COVID-19:

- coordinated local plans in preparation for effective responses to health risks and impacts;
- risk and crisis communication and community engagement that encourage compliance with measures;
- contextually appropriate approaches to public health measures, especially physical distancing, hand hygiene and respiratory etiquette; and
- access to health care services for COVID-19 and the continuation of essential services.

During recovery or between epidemic peaks, cities and other urban settlements should refer to the interim guidance on adjusting public health and social measures in the context of COVID-19[3], in ensuring that the stepping down of measures is in keeping with the considerations described, is balanced against the risk of disease resurgence, and ensures that any escalation of spread can be rapidly detected. Urgent actions for COVID-19 must set the stage for sustainable capacity development for concurrent or future health emergencies. Documentation, learning and sharing of COVID-19 experiences will help to inform and build better preparedness for reducing the risks and impacts of future health emergencies.

I. Introduction

Cities and other urban settlements are at risk of COVID-19. Many densely populated areas have experienced high case numbers and deaths, which reflects the ease of introduction and spread of the virus in such places. Urban settings face unique dynamics that have a direct impact on the achievement of preparedness for all types of health emergencies, including COVID-19. These dynamics shape the capacity of authorities to mount an effective response, which further underscores the need to learn from the experiences and best practices of others, implement appropriate measures for preparedness before a public health emergency occurs and to adjust them as necessary.

II. Target audience and purpose

This document aims to support local authorities, leaders and policy-makers in cities and other urban settlements in identifying effective approaches – taking into consideration urban vulnerabilities – and in implementing recommended actions that enhance the prevention, preparedness and readiness for COVID-19 and similar events in urban settings, and that ensure a robust response and eventual recovery. It covers key areas unique to urban settings, supplements other COVID-19 documents, including the WHO strategic preparedness and response plan (SPRP)[1] and the strategy update[2], and is neither exhaustive nor prescriptive.

There are many variations in definition for the term "urban setting". For the purposes of this document, it refers to areas with a large and dense population that may be within certain administrative or political boundaries[4].

III. Why urban settings are unique

Cities, including megacities, are highly complex settlements that are regionally and globally dependent on each other and on neighbouring towns, rural areas and places where migrants come from. They often serve as subnational, national and international hubs, with major points of entry (e.g. airports, seaports, ground crossings). These transport routes often serve as foci for transmission. Given the high population density, the risk of spread of infectious diseases is often elevated, especially in congested areas (e.g. crowded sidewalks, supermarkets, mass gatherings including cultural, sporting and religious events), and their people often rely on extensive and crowded public transportation networks to get from one place to another. There are also communities with crowded and substandard housing, have shared toileting facilities, and that lack access to safe water, sanitation and hygiene (WASH) facilities.

Urban areas also have diverse subpopulations and neighbourhoods with different sociocultural needs and vulnerable groups with regards to public health emergencies, including COVID-19 (see examples in Table 1). Rapid rural–urban migration in many parts of the world has resulted in unmanaged and unplanned urbanization, including the development of informal settlements. A substantial proportion of those living in such settlements are often unemployed or dependent on informal economies to survive. There can also be a great variety of sources of information, including word-of-mouth, leading to an increased risk of misinformation that can compound health emergency challenges in urban areas.

Table 1:

Examples of vulnerable groups in urban settings in COVID-19 outbreaks

- Informal settlements
- Urban poor
- Homeless and people living in inadequate housing conditions
- Refugees and migrants including labour markets
- Older persons, especially those at risk of isolation
- Persons with underlying medical conditions
- Socially marginalized groups
- Individuals at risk of interpersonal violence or self-inflicted harm due to physical distancing measures

Cities often have referral centres for tertiary and specialized medical care, although some serve large populations with poor access to care – at times due to financial barriers – or have health systems at risk of being overwhelmed when there is a surge in patient demand. These hospitals and health facilities are often critical to the strength of broader local and national health systems. Cities also act as points of entry for the arrival of medical and humanitarian aid.

Collectively, these dynamics call for unique preparedness measures for cities and other urban settlements. The presence of pressing health vulnerabilities and social disparities requires that they address the needs of the most vulnerable populations and build resilience in an inclusive manner. Local authorities have governance and policy-making responsibilities that often include some public health or health services and play an important role in the whole emergency management cycle – from preparedness and readiness to response and eventual recovery from COVID-19. This includes rapidly establishing new governance arrangements and partnerships to address the crisis.

IV. Considerations in planning for urban preparedness for COVID-19

Optimal preparedness in cities and urban settlements is critical for effective national, regional and global responses to COVID-19. The strategic preparedness and response plan[1]; the strategy update[2] and critical preparedness, readiness and response actions[5] provide key considerations and actions that all countries need to take for COVID-19. To be effective, any public health measure must be implementable and designed in a way that will promote willingness to comply. As such, in planning for health and other sectors across all stages of emergency management, urban authorities need to additionally undertake the following.

1. **Adopt a coordinated multisectoral, whole-of-government and whole-of-society approach** to preparedness to harness local resources in ensuring the effective implementation of measures (see examples in Table 2). This includes accounting for the way that public services are organized and financed locally, and for the roles of civil society and the private sector.

Table 2:

Examples of sectors that should be involved in COVID-19 preparedness in urban settings

- Health
- Social services / protection
- Mental health services
- Transport
- Housing and energy
- Education
- Communication
- Water, sanitation, hygiene
- Civil defence, security
- Commerce and economy
- Veterinary and animal health
- Parliamentarians
- ... and many others

2. **Promote coordination and coherence in measures across different levels of governance,** from national to intermediate (e.g. state) and municipal/ local levels.

3. **Identify existing hazards and vulnerabilities** that could emerge as concurrent health emergencies that may need to be managed alongside COVID-19. This includes the use of local risk assessments, profiles and mapping based on epidemiological risk, and the anticipated risks that may emerge from the implementation of public health measures.

4. **Identify and equitably protect vulnerable subpopulations** at risk of poorer outcomes (see Table 1) and identify partners who may be able to reach out to these people. This includes considering the likely impact of the pandemic and public health measures on mental health and introducing safeguards, as well as the continued provision of essential social services.

5. **Consider the diverse social and cultural interactions with health issues, norms and perceptions** in subpopulations that may influence the local uptake and effectiveness of public health measures. This includes working with community-based organizations or ethnic/religious media channels that may be trusted by certain communities. It is thus important to provide clear public health messages that are tailored to different audiences and communities and that are transmitted by suitable means. Cultural and religious traditions are also important considerations in the management of deaths.

6. **Consider the extent of reliance on the informal sector or economy** as an important source of livelihood, especially for poorer segments of society, and possibly a source of essential goods such as food and fuel. Measures that disrupt the informal sector and livelihoods could affect the ability of populations to comply and may compromise access to essential services and lead to increased levels of crime and insecurity.

7. **Consider the most appropriate means of communication of information,** including online and device access. This includes their use by off-site government teams and other stakeholders in coordinating the response and in interactions with the general public.

8. **Ensure continued provision of essential services** including emergency medical and surgical services, sexual and reproductive health services, drug and alcohol misuse services, vaccination, public transport, energy supplies and repairs, housing, communication, water, sanitation and garbage disposal with safe management of infectious hazards.

9. **Ensure that existing health facilities are prepared for COVID-19, and identify and mobilize additional resources** including those owned by local government, available in the community and other sectors, and that can be repurposed or contribute to preparedness or response activities (e.g. faith-based organizations, manufacturing plants). This includes identifying human resources and facilities to supplement health care facilities in anticipation of a surge of patient demand. Stadiums, convention centres, hotels, dormitories, military health personnel, logistics and engineering sectors, including collaboration with higher authorities at the intermediate/state and national/federal levels;

10. **Ensure adequate housing, reduce the risk of becoming homeless and anticipate outward-migration and mobility** of population subgroups, including liaison with the local authorities at their destinations to contain further spread and ensure social protection and basic needs.

11. **Ensuring that due consideration is given to maintaining good mental wellbeing.** This includes, where appropriate, daily access to outdoor space for exercise and ensuring safe access to public areas such as keeping parks open, with measures to reduce crowding and maintain physical distancing.

12. **Ensure preparedness measures are rooted in a robust evidence-base as far as possible and account for the resulting impact on lives and livelihoods.** This includes proactively searching to determine how similar urban settings have managed COVID-19, learning and appropriately adapting from their experiences, and sharing evidence with one another. Local authorities should build on their experiences of COVID-19 to build sustainable capacities for longer-term health threats.

V. Key areas of focus for urban preparedness for an effective response to COVID-19

There are four key areas that local authorities of cities and other urban settlements should focus on to prevent the spread of COVID-19 and to develop resilience to and preparedness for events of a similarly disruptive nature (see Annex 1 for more details).

1. Coordinated local plans in preparation for effective responses to health risks and impacts

Cities are at the frontline in implementing the measures adopted by national governments such as the issuance of stay-at-home notices and the closure of public areas. These include nationwide measures or tailored measures in line with national frameworks. Cities also complement efforts by addressing challenges on the ground, for example by introducing targeted measures for specific vulnerable groups.

Each city and urban settlement is unique and should develop, adapt and implement its own local multisectoral and inter-jurisdictional plans to ensure that measures for COVID-19 and similarly disruptive events meet the

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