

Urban Responses to Covid-19

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Urban Responses in Cape Town – Warren Smit, African Centre for Cities, University of Cape Town

The response to COVID-19 in Cape Town

Presentation by Warren Smit at the Urban Thinker Campus webinar on “Urban Responses to the Covid-19 and the Localisation of Agenda 2030”, 23 July 2020

COVID-19 is still growing rapidly in South Africa. As of yesterday, South Africa had had about 400,000 cases of COVID-19 and about 6,000 COVID-related deaths. South Africa now has the fifth largest number of cases after the US, Brazil, India and Russia. Yesterday we had 572 COVID-related deaths and 13,000 new infections. Cape Town was initially the worst-affected part of South Africa, but COVID seems to be levelling off in Cape Town, and other parts of South Africa, particularly Johannesburg are now being worse affected. Cape Town has so far had about 65,000 cases of COVID.

In South Africa the national government responded very quickly, introducing a national state of emergency and introducing a very strict lockdown on 26 March 2020. People were not allowed to leave their homes except for essential work, to purchase essential supplies or seek health care. From 1st July the lockdown was relaxed a bit, and some sectors of the economy opened up we are now on lockdown level 3. South Africa’s lockdown includes a ban on tobacco and there was a ban on alcohol that was temporarily lifted but has now been re-introduced. We have had very strict policing. As of 22nd May 2020, 230,000 people had been arrested for contravening lockdown regulations.

The lockdown has had a big economic impact. The National Income Dynamics Coronavirus Rapid Mobile Survey, a representative survey of 7000 South Africans, estimates that approximately three million people lost their jobs over the initial lockdown period in March and April, representing an 18% decline in employment from 17 million people employed in February, to 14 million people employed in April 2020. Of these 3 million job losses about 2 million were women. 47% of respondents reported that their household ran out of money to buy food in April 2020 up from 21% in the equivalent period in 2020.

The main state response thus far has been on the lockdown to reduce risk of infection and the health care response. The National Coronavirus Command council is in charge of setting regulations. Consists of the President, Deputy President, 19 national Cabinet ministers, 19

director generals of national government departments, the head of the defence force and the national commissioner of police.

The enforcement of the regulations is largely a national government issue, as policing is mainly a national government function and there is a national police service (although some municipalities also have police forces with limited powers).

In terms of the health response, health is mainly a provincial government function. South African has nine provinces. The capacities of provincial health departments varies considerably.

The response to human settlements had been driven by the national department of human settlements, but provincial and local government also involved in the implementation. One of the biggest challenge of COVID-19 has been its impact on informal settlement residents. In Cape Town, the highest prevalence of COVID-19 has been in areas with concentrations of informal settlements, such as Khayelitsha and Guguletu. The reasons for the higher prevalence of COVID-19 in areas of informal housing is that residents of informal settlements are particularly at risk of infectious diseases as it is difficult to practice social distancing in overcrowded conditions, and the lack of adequate water supply and sanitation means that practicing good hygiene practices is extremely difficult. These concentration of informal housing have limited access to economic opportunities, limited opportunities for safe physical activity and healthy food options, and high levels of depression and stress. The net result is that the environment of these areas is not conducive to good health or healthy lifestyles. The link between the inadequate living conditions in informal settlements and the health of residents has been long recognised, but actually improving conditions in informal settlements has been challenging, because of issues such as high densities, overcrowding, shortage of affordable well-located vacant land, insecure livelihoods and complex migratory patterns.

In April 2020, the National Minister of Human Settlements, Water and Sanitation announced plans to fast track the provision of temporary water and sanitation services in informal settlements, and also indicated an intention to “de-densify” informal settlements by “relocating and decanting” people from the densest settlements to other sites. A number of informal settlements, including Dunoon in Cape Town, were subsequently announced as being due for relocation. In Cape Town, plans are currently underway for the relocation of 3,500 informal settlement households to temporary accommodation. There are similar projects planned in other South African cities.

In some cases relocations to nearby sites may be necessary to reduce overcrowding, but in many cases, relocated residents may end up worse off, much further away from employment opportunities and facilities, and with their social networks severely disrupted. The COVID-19 pandemic highlights the urgency of upgrading informal settlements so as to reduce the risk of infectious disease in these high-risk areas. Processes to upgrade informal settlements and provide residents with sufficient amounts of sufficient living space and adequate services need to be participatory, with a range of accompanying social and economic development programmes to improve people’s lives and reduce their vulnerability to risks. It is important to reduce overcrowding through these upgrading

processes, but this could be done through the provision of multi-storey housing, there do not necessarily need to be large-scale relocations of residents.

There has been much emphasis on the need to de-densify informal settlements. But it is important to not conflate overcrowding and density. UN-Habitat defines overcrowding as more than three people per habitable room of a dwelling. Overcrowding can result in the rapid transmission of infectious diseases between people, and can also have negative impacts on mental health. Density can be measured in the number of dwelling units per hectare. It has been estimated that at least 25 to 50 dwelling units per hectare across a city is necessary for viable public transport. Denser and more compact cities are usually also safer and more sustainable, and offer easier access of residents to employment opportunities and a range of facilities. Sprawling, low density cities like Cape Town particularly impact on low-income residents, who have to spend an enormous amount of time and money on travel. So higher densities are good for cities, and making low-density cities more dense and compact is important. Overcrowding, however, puts people at high risk of infectious disease, and needs to be eliminated through ensuring that all households have sufficient space (through support for extending existing dwellings where possible or through the provision of well-located affordable housing). It is possible to densify a city while simultaneously reducing overcrowding.

In conclusion, in South Africa, COVID-19 has highlighted the importance of the SDGs and has sparked many initiatives that will contribute to the SDGs, such as the increased roll-out of water and sanitation, and food schemes. On the other hand, the huge economic impact, and the resulting loss of tax revenue and the reallocation of budgets to the healthcare response will make achieving the SDGs even more challenging.

Urban Responses in Kenya – Michael Oloko, Kisumu, KLIP Trust

On the national level, Kenya responded swiftly to the first cases of Covid-19 in the country. All public gatherings were banned and a dusk-to-dawn curfew was introduced after only 12 days, still with only 25 confirmed cases.

The enforcement of government measures has led to severe losses of jobs and livelihoods for many Kenyans, not least due to the closing of restaurants and open markets. Young people have stayed at home and there was no access to offices. However, the government has lifted some of the restrictions, while the number of cases still is high and approaching the peak. Airlines are slowly resuming their flights.

Private schools have had online tuition while the public schools have been closed. Students may lose a full calendar year.

The health sector was not prepared to handle the number of cases, and there is a fear among health sector people to contract the virus.

Within the city, informal traders have been deprived of their livelihood, while formal businesses go on. Within the informal settlements, keeping the distances to other people is difficult and restrictions to movement remain.

Urban Responses in India – Tarun Sharma, Nagrika, Shimla

The responses to the Covid-19 pandemic in India has largely been led through national initiatives. At city levels, various initiatives have been carried out, such as transforming larger open spaces in cities into places for quarantines.

Cities responsibilities include sectors such as housing, public transport and mobility. Local authorities have formed new relationships and new ways of working to reduce the spreading speed of the virus. Cycling has become more popular as means of transportation.

Local actions have become more evident and more relevant, although many actions and issues that have been taken has not really been informed by scientific advice. That has been lacking in the city responses.

Urban Responses in Buenos Aires – Angeles Arano

Buenos Aires is still in a lockdown situation but the rules have been relaxed a bit. As in the other cities, the first measures were primarily national, but more local strategies have replaced some of them as time has passed.

Buenos Aires has registered something like 5,000 cases/day, following the relaxation of the lockdown. The goal of the city has been to be able to open up without having the sanitation and health care breaking down.

Buenos Aires has recently published its second VLR, Voluntary Local Review, regarding the city's progress towards the goals of Agenda 2030. The publication of the VLR was delayed as the city wanted to include some of the experiences, and to discuss how to invest in sustainable development and proper responses to pandemics – with a focus on Goal 6, Access to Sanitation and Water.

Also Goals 5 and 11 were emphasized: 90% of the children have a possibility to continue school studies from home, and regarding Goal 11, the city has focused on containing the virus in the neighbourhoods. This was done e.g. by strengthening the provision of food to the different areas.

All of the efforts can be seen as contributions to Agenda 2030. For the recovery, the City finds it very important to have a strategy, a roadmap, that is based on and will lead to sustainable development and resilience. The City will continue the work to increase gender

equality in the labour market and continue the work in vulnerable neighbourhoods and make it possible to return to safe public places. All in all, the SDGs play important roles for the recovery of the City.

Urban Responses in Greater Manchester – Beth Perry

The national lockdown started 23 March with a successive loosening from June.

The UK situation should be seen in the context of the country historically being one of the most centralised countries. A limited form of regionalisation was introduced in the 2010's, with a city region devolution, with Greater Manchester as one of the first. A combined authority was formed, dealing with issues concerning housing, transport and spatial planning.

This context shapes the responses to the Covid-19 virus – local authorities have not been much involved or even taken seriously. Typical local reactions would be like “Too nationally driven” or “You can't fight this from Whitehall”. Local expertise was side-lined initially.

Local authorities haven't had the authority to order actual local lockdown, but it is changing and Leicester has so far been the first city region to actually have a local lockdown.

The pandemic has emphasised the heightened inequalities; decades of austerity shapes the outcome. Poorer people are twice as likely to die from the virus.

What does this mean for Greater Manchester? Levelling up the inequalities has to be part of the recovery; smaller groups think about how local economies can re-develop. Environment strategy of Greater Manchester has been revised and co-creating a recovery has been discussed with a 12-months plan for “Building Back Better”. Communities are re-organising and learning e.g. from Slum Dwellers International how to build supporting networks.

The pandemic has shown that the Sustainable Development Goals must be implemented with a holistic view.

Concluding points

- The crisis draws attention to the limits of the current devolution settlement in England
- It highlights the side-lining of local expertise – both from within local authorities and communities
- It demonstrates how local authorities lack the capacity and capabilities to respond and recover from the pandemic; but there are some innovative responses
- In the process, the SDGs – which already have limited traction in the UK in the context of a lack of a clear and supportive national framework – have rarely been discussed
- Further research is needed to understand where there has nonetheless been local discretion and innovation, how the Metro Mayors have used their increased powers

and what differentiates those councils that have had a 'good' crisis from those that have not

Urban Responses in Gothenburg, Sweden – Sara Pettersson, City of Gothenburg

Initially, responses to the pandemic were national, such as

- National ban on visiting elderly in care homes
- Ban on public gatherings of 50 people or more
- Temporary ban on travel to Sweden (from countries outside the EU)
- New rules for restaurants, cafés and pubs
- Recommendation for Highschool, College and University to practice digital education.
- Recommendation to work from home if possible.
- Strong recommendations to keep social distance – not to use public transport etc.
- Economic crisis packages to a lot of different sectors (culture, industry etc)

Many workplaces (including universities) recommended/or forced their staff to work from home, adding recommendations and guidelines.

- Stay at home if you have symptoms.
- Wash your hands frequently with soap and water for at least 20 seconds.
- Keep your distance from other people, both indoors and outdoors.
- Be careful when visiting people who are aged 70+ or belong to an at-risk group.
- If you are aged 70 or over it is particularly important to limit physical contacts and avoid places where people gather.
- Avoid large social gatherings.

Local actions in Gothenburg: The municipality's core operations report that the situation right now is “under control”. Normal number of patients in the ICU. On an urban perspective, the pandemic has influenced the local situation in several different ways.

- Has had a large effect on the elderly care
- Quick adaptation to distance education
- Actions taken in public transportation
- Lowered cost for parking and for rent of public space.
- Some actions to increase biking
- Actions to prevent evictions both of private households and business
- Large impact on our tourist sector

Covid-19 and Agenda 2030 in Gothenburg

- National studies and local statistics show that socially disadvantaged areas/immigrants are much more effected – how they live, where they work etc.
- More than 50 % of total deaths are over 80 – widely spread in care homes for elderly.
- A country, and city, dependent on exportation – Volvo

- Change in mobility patterns?
- The future of large events for culture and business?
- Domestic violence?
- Digitization of society