Webinar Report

Arab Cities and COVID-19: Disaster Preparedness and Emergency Response

Webinar – Monday 27 July 2020, 11:00 am Cairo Time
Background

Local governments have always been on the front-line in responding to emergencies varying from natural to man-made hazards to the current COVID-19 pandemic, which is adding more pressure on those systems. The levels of preparedness vary from one place to another according to a set of contextual factors such as population densities, geographical location, and levels of exposure to rapid onset natural hazards as well as the socio-economic characteristics of the residing populations. Cities with a high concentration of urban poor, informal settlements, lack of planned and adequate infrastructure are more likely to be vulnerable to disasters than well resourced, less crowded, inclusive and more sustainable cities.

National and local governments in the Arab region have undertaken timely actions to contain the virus and respond to its threats on their health systems, economy and society. The 2030 Agenda for Sustainable Development, Paris Agreement for Climate Change, Sendai Framework for Disaster Risk Reduction and the New Urban Agenda all recognize the importance of actions by local governments to create inclusive, safe, resilient and sustainable human settlements. This could only be possible through implementing integrated plans towards inclusion, resource efficiency, mitigation and adaptation to climate change and holistic disaster risk management in line with the Sendai Framework.

Globally, the role of cities during the early phase of response to COVID-19 has been characterized by their work on limiting disease transmission through implementing physical distancing and other pertinent containment measures. However, given the wide variety of socio-economic, demographic and geographical characteristics of cities, the implementation of such response measures has varied in degrees of capacity and success. For instance, population densities in some Arab cities have posed a burden on the implementation of physical distancing; the Arab population is constantly growing and has reached more than four times its size since 1970 and is expected to double by 2050. The impact of COVID-19 on vulnerable populations is disproportionate, as Migrants and Refugees; the Poor; Homeless people; Older persons; Informal settlements; Women; Children; Persons with disabilities; and Socially marginalized groups all face heightened level of exposure to diverse hazard risks during this crisis, making it important to identify those vulnerable groups and tailor protective measures to support them during the response and recovery phases.
Building on the lessons learned from the Making Cities Resilient Campaign and the objectives of the Issue-Based Coalition on Urbanization (IBC-U)\(^1\) in the Arab Region, the IBC-U is organizing a best practices webinar to extend its support to cities at the frontline of the fight against the COVID-19.

The main objective of the webinar was to discuss the lessons learned in responding to COVID-19 by Arab cities and facilitate a city-to-city exchange among local governments on effective emergency preparedness and response that is sensitive to biological hazards. The webinar discussed the socio-economic impacts of the pandemic, context-specific and rapid rescue measures taken by cities to protect vulnerable populations and sustain the provision of basic services and how these measures can help build back better and promote cities' long-term resilience.

**Key Questions addressed were:**

1. What key actions have your city taken to respond to COVID-19? (Containment & Mobility, Response planning, Coordination, Economy, Community-based actions, Awareness raising, Data collection and Information dissemination) and how the key actions taken at the local level informed by the national measures?
2. What are the specific challenges faced by your city in the response COVID-19?
3. What are the best practices implemented by your city in response to COVID-19?

**Opening Remarks**

**Mr. Sujit Kumar Mohanty, Chief of the United Nations Office for Disaster Risk Reduction - Regional Office for Arab States,** inaugurated this meeting by welcoming all the participants including the panelist from local governments of the region, along with colleagues from the Issue-Based Coalition on Urbanization in the Arab region and the World Health Organization. He highlighted that the Arab region is one of the most urbanized regions in the world, which is facing unprecedented rates of population growth, concentration of socio-economic activities and growing rates of environmental hazards. Mr. Mohanty remarked that Urbanization provides a variety of potential advantages for improved living conditions and access to better opportunities and services, yet cities are becoming exposed to a wider range of risks triggered by natural and man-made hazards. The population of the Arab region has grown significantly over the past forty

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\(^1\) IBC-U was established in 2020 with the membership of 9 UN agencies (UNEP, UN-Habitat, UNESCWA, UNDRR, WHO, IOM, UNOPS, WFP, UNESCO,) in response to the global UN reform initiatives to strengthen regional collaboration and provide coherent and effective normative guidance and technical support to promote sustainable urbanization in Arab countries.
years, where the total population of the Arab region was 165 million in 1980 compared to 428 million in 2020. By 2050, the numbers are expected to reach 646 million inhabitants as a result more than 68% of the region’s population will be living in cities. Mr. Mohanty continued his intervention by highlighting the role that local governments play in emergency response, given how close they are to citizens, local governments are always on the front-line. The spread of COVID-19 has created a global public health crisis and is generating multifaceted, and likely prolonged economic impacts, which range from disrupted global supply chains to bankrupted businesses, with significant job losses and impacts on livelihoods of people around the world, especially the most vulnerable. The current COVID-19 disaster proves that risk is systemic, and crises are cascading. Mr. Mohanty continued by pointing out that we must not forget that while we are all facing the COVID-19 crisis, some cities are working hard to fight other disasters from earthquakes to cyclones to floods to locust invasions. Now, faced with unprecedented challenges rising by systemic risk, local governments are in search of viable, cost-effective and sustainable solutions. Mr. Mohanty took the opportunity to share with the audience about the work that UNDRR has been developing over the past ten years within the Making Cities Resilient Campaign, which was launched by UNDRR in collaboration with a network of partners as an advocacy campaign. The aim was to advocate and raise awareness among local authorities and cities on disaster risk governance and urban resilience. The campaign was then extended into a new phase with a focus not only on advocacy but also on implementation support, partner engagement, investment-cooperation opportunities and local action planning. The campaign provides cities with tools that allow local governments to assess their disaster resilience, review progress in the implementation of the Sendai Framework and help develop their disaster risk reduction and resilience strategies. One of these tools is the Public Health System Resilience Scorecard which was updated in April 2020. The addendum aims to integrate many aspects of public health issues and consequences of disasters that are not adequately emphasized in the original scorecards and it can be used to assess cities preparedness for biological hazards. Up to the day of the webinar, 4341 cities globally are members of the campaign with more than 300 cities from the Arab Region. With the growing demand for the continuity of support provided to cities, the Making Cities Resilient 2030 programme successor of the Making Cities Resilient campaign is to be launched on 31st of October 2020, which is the World Cities Day. The programme offers a roadmap for cities with defined commitments over time on how to improve resilience; tools and knowledge guidance; a global partnership of key partners with expertise in different areas of DRR, climate change and sustainability among others.

In preparation for this webinar, UNDRR-ROAS launched an exploratory survey\(^2\) where more than 40 cities in the region representing 12 different countries shared their preliminary information

\(^2\) Outcome of the Survey is available below in Annex I.
on their response to COVID-19. Only 28 out of the total of 46 cities have a local disaster risk reduction strategy or action plan, 18 of which take into consideration biological hazards and only 12 of them are available to the general public. As a result, less than half of the responding cities consider biological hazards in their city planning. The survey also showed how the provision of basic services at the local governments has been disrupted; predominantly cities highlighted disruptions in education, transportation, and food supply. Also, the cities indicated which vulnerable groups have been more severely impacted by the pandemic: with older persons; informal workers; urban poor; Migrants, Refugees and IDPs; and informal settlement dwellers. It is also of concern as more than 35% of the responses showed that local governments are facing or expecting the emergence of other non-biological hazards that would need to be managed alongside with COVID-19 pandemic which, in most cases, they are not prepared for at all or only prepared to face the most probable scenario. On this point Mr. Mohanty reemphasized on the fact that the era of hazard-by-hazard risk reduction is over; present and future approaches to managing risk require an understanding of the systemic nature of risk.

Finally, out of all the respondents, only 17 cities indicated that their city developed a post COVID-19 Recovery plan to “build back better”. In the words of Mr. Mohanty “It is important that we use this recovery opportunity to achieve longer-term resilience goals. This can only happen through developing inclusive recovery plans that are climate-sensitive and contribute to building more resilient systems that are well equipped to prevent the occurrence of such crises in the future.”

Ms. Nada Al Hassan, Head of Sub-regional Maghreb Office – UN-Habitat gave an opening remark on behalf of the Issue Based Coalition for Urbanization (IBC-U) in the Arab Region, explaining the structure and the role of the IBC-U. She highlighted that the coalition was formed this year, chaired by the UN-Habitat’s Regional Office for Arab States and the UN Environment’s West Asia Office (UNEP) with the membership of nine UN Offices and regional Entities: United Nations Economic and Social Commission for West Asia (UNESCWA), UNESCO – Regional Office for Arab States; WFP – Regional Bureau for the Middle East, North Africa (MENA), Central Asia & Eastern Europe; WHO – Regional Office for the Eastern Mediterranean; IOM – Regional Office for the Middle East and North Africa Region, UNOPS – Middle East; UNDRR – Regional Office for Arab States, League of Arab States and Cities Alliance.

She further elaborated that the coalition seeks to serve as a regional platform for the integration and generalization of sustainable urbanization as one of the catalysts for achieving sustainable development at the regional and country levels through expanding and enhancing cooperation and partnership with the main regional actors and stakeholders in the Arab world. It will further support building the capacities of Arab countries and cities to accelerate their implementation of the New Urban Agenda and to integrate the United Nations Sustainable Development Goals
(SDGs) related to urbanization into their national and local policies, including Goal 11 of making cities inclusive, safe, resilient and sustainable.

Ms. Al Hassan presented the latest data released by WHO on the number of COVID-19 cases in the Arab countries which exceeded 877,000 and the number of deaths reaching 15,600 people. She stated that despite the relatively low levels of the pandemic outbreak in the region compared to other regions, the prevalence of conflict, poverty, unemployment, inequality, economic weakness, institutional fragility, weak infrastructure and the pre-existing economic, social and environmental challenges before the pandemic all combined, threaten the region with multi-faceted and long-lasting impacts on the Arab region. Projections show that the region's economy will experience a decline of more than 5 per cent, which could push a quarter of the region's population into poverty, according to the policy brief issued by the United Nations Secretary-General last week on the impact of the pandemic on the Arab region.

More than any other group may be affected by these consequences, notably women, migrants who account for 40 percent of the workforce, IDPs and people stuck in armed conflict where 55 million people depend on humanitarian aid for survival as well as children at risk of not returning to school as a result of the closures, persons with disabilities and the elderly who are threatened by the inability to access services in addition to the homeless people and the residents of the informal areas who represent a quarter of the urban population in the Arab world, where these areas are characterized by congestion and lack of safe housing, hand washing facilities, safe water, sanitation services, adequate waste management and other important preparations to stop the spread of the virus and provide a safe and healthy environment for the population.

Reaffirming the gravity of the situation, Ms. Al Hassan stressed on the importance of the role of cities and local authorities in containing the spread of the virus, dealing with its impact, providing protection and assistance for the vulnerable and affected groups and providing services to all in a sustainable and comprehensive manner, as they stand at the forefront of dealing with the challenges of the pandemic on a daily basis and dealing directly with groups at risk. She mentioned that Arab cities have already played an important role in taking emergency measures to prevent the spread of the virus, spreading awareness of its risks, the most important means of protection, identifying health facilities to improve access to testing, treatment, and facilitating home care and self-quarantine, participation in tracking to prevent further spread of the disease, as well as collecting data on the most vulnerable areas.

Ms. Al Hassan concluded her speech by saying “What we do today in our cities, from designing to building them and planning their services, will change the cities of tomorrow, and cities will not become safe, comprehensive, sustainable and resilient in the face of future pandemics and
crises unless innovative planning and expansion models are focused on self-sufficiency and cooperation between local and national authorities, civil society, the private sector and others.”

She finally thanked all the Arab cities participating in the webinar and the efforts of the coalition and UNDRR- ROAS in organizing the webinar.

**Dr. Samar El Feky, Technical Officer – WHO** made a presentation on the checklist tool titled "Practical actions in cities to strengthen preparedness for the COVID-19 pandemic and beyond.

Dr. Samar started her presentation by giving a brief on the current status of COVID-19 around the world and in the region. COVID-19 is a pandemic affecting most countries in the world; as of 6th of July 2020, nearly 11 million of COVID-19 cases confirmed and nearly 520,000 related deaths. The top ten countries with the highest number of cases in the EMR region are Iran, Pakistan, Kingdom of Saudi Arabia, Qatar, Egypt, UAE, Kuwait, Oman and Bahrain. Dr. El Feky continued by highlighting that early detection and testing of cases is a significant challenge in the countries under emergencies. In addition, it was presented a recommended set of actions in cities that can enhance preparedness for COVID-19 pandemic and beyond, which are based on four key areas of focus, namely: coordinated local plans in preparation for effective responses to health risks and impacts; risk and crisis communication and community engagement (RCCE) 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. The presentation continued by indicating the objectives that are to be considered by local authorities in four different areas. First, at the local coordination and planning, they should aim to establish a local multisectorial coordination mechanism; work with other levels of government, map local vulnerabilities, capacities and resources, develop and refine local action plans and test plans and documents lessons. Second, Risk and crisis communication and community engagement, local governments should, develop and refine a local risk communication plan, disseminate accurate information and manage misinformation, work with community leaders and partners and mobilize community resources. Third, contextually appropriate public health measures, at the local government level this includes, select and implement local public health and social measure, address the local impacts of public health and social measures, address the needs of local vulnerable populations and adjust local public health and social measures. Finally, healthcare and essential services, at the local level, they should develop and refine local health plans including managing a surge in demand, ensure continued local provision of essential health services, ensure continued local provision of other essential goods and services; and, develop and refine business continuity plans. Dr. El Feky continued by explaining how local governments can gain access to the check list, which is currently available in English while its French and Arabic version will be soon available, and how the different steps should be taken into consideration, while
indicating how local governments would be able to adapt the content to meet their respective needs. She concluded by emphasizing the need to apply a multisectoral, whole-of-society approach in the development of a coherent preparedness and response plan.

The interventions of Local Governments Representatives from Arab Cities’ are presented in the below table. The interventions were intended to answer the key questions listed above.

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<tr>
<th>City</th>
<th>Measures Responding to COVID-19 and Lessons Learned</th>
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| Aqaba, Jordan         | Mr. Khaled Abu Aisheh, Director of Planning and Urban Studies, started his presentation by giving some basic information about Aqaba. Aqaba is the only coastal city in Jordan, it is characterized with a medium population density and has a comprehensive urban development plan that is risk-informed and DRR (multi –hazards) strategy that is based on the ten essentials of the Making Cities Resilient Campaign. He further added that the strategy will be updated to include biological hazards through using the Public Health Addendum tool. The city has a recovery and business continuity plan with zero recorded COVID-19 cases. **Key Actions:**  
  • Defense law was activated enforcing a total lockdown and domestic quarantine, borders as well as institutions from all sectors (i.e. schools, universities and worship places) were closed, except for vital sectors.  
  • Awareness campaigns and TV messages about COVID-19 were disseminated.  
  • Testing and quarantine measures were enforced on returnees at the sea crossings, sanitation campaigns took place and movement was limited only to those with permits inside and outside the city army, ambulances and emergency teams were deployed across the city.  
  • A response plan has been implemented and city was reopened after the approval of the National Center for Security and Crisis Management, according to which the sectors of industry and ports were reopened to work with a 50% of the workforce along with the implementation of safety measures, social distancing, wearing masks, working from home and distance education according to the procedures guide.  
  • Some grocery stores in residential neighborhoods, bakeries, and pharmacies were allowed to operate from 10 am – 7 pm, with the implementation of safety measures and social distancing and random testing.  
  • Citizens were encouraged to use a new app called “امان”, which helps the community stay safe from COVID-19. |
| A vertical and horizontal coordination and communication plan was implemented with all sectors and institutions in the city and outside under the crisis cell headed by the governor and in coordination with the National Center for Security and Crisis Management to ensure inclusiveness and coherence. |
| “City Work”, a program based on geographic information system (GIS), was mainly used to manage assets, receive complaints in the city, but during COVID-19 crisis it was used as well to coordinate efforts, to ensure city services are not disrupted, (cleaning, waste management, environmental protection) and it was used as well with private sector companies in the city during the period of total and partial lockdown. |
| The economic level being the most important since Aqaba is a Special Economic Zone, the business continuity plan was implemented, reopening the city, and a matrix was used to divide the economic sectors into idle and not authorized to operate, and businesses that authorized to work with specific employment rates and within health conditions and criteria for reopening. Aqaba was the first Jordanian city in which the economic sectors were gradually reopened, and the lockdown was lifted, the implementation of an economic incentive package, postponement of tax and bank loan payments |
| Coordination campaigns with neighborhood representatives to provide health care, transport patients to and from hospitals, and provide patients with chronic diseases with medicines and medical supplies. Launching solidarity campaigns to support poor families and activating the role of voluntary neighborhood teams. |
| Launching educational and awareness campaigns through social media, Aqaba voice station and text messages. |
| Enforcement of the defense law and punishing violators of the curfew through imposing financial fines or imprisonment. |
| Data collection, assessing losses and economic damage and publish information on the websites and platforms of the relevant government agencies such as the Social Security platform and the Ministry of Labor platform, health, education, industry and trade, social development, endowments, public security, and the National Center for Security and Crisis Management, Smartphone applications (Your Health Application, Safety Application, and Bader Application) are used to collect and publish information. |

**Challenges:**

- **Social:** Awareness of citizens and their adherence to public safety rules as well as the negative impacts of the increasing unemployment rates.
- **Economic:** Decreased revenues of the Aqaba Special Economic Zone Authority (ASEZA), the suspension of capital projects, and the disruption...
of the tourism sector, the increase in unemployment rates, a decrease in the monthly income of families working in small projects, and a slowdown in growth rates.

- **Health:** Ensuring that no new cases of COVID-19 are recorded under efforts to prevent the spread of the virus, early detection of contacts to start when schools return next September, increased capacity to rapidly intervene and respond to the pandemic and any biological hazards the city may face, the citizen's commitment to public safety measures and social distancing.

**Best Practices:**
- City’s experience in DRR and especially having a local DRR platform including representatives from various sectors and institutions, that was activated facilitated the coordination between national and local level in the response to this crisis.

**At the governmental and institutional levels**
- Central decision making, early coordination and planning and effective response to disaster risks and crises at the local level in the city led by ASEZA and its partners (institutionalization of disaster risk reduction and the presence of a local DRR platform and legislative framework for disaster risk reduction) resulted in the early measures of lockdown in the city.
- Transparency in decision making, leadership, teamwork, and continuous coordination with the (NCSC).
- The presence of trained expertise and competencies in the field of disaster risk reduction in general and in biological hazards in the health sector.

**At the societal and individual levels**
- Existence of collective understanding and awareness in society in the field of disaster risk reduction in general through programs and projects previously implemented in the field of capacity building and communication such as the initiative of neighborhood walkers’ teams and in COVID-19 in particular.
- Private sector interest and permanent partnership in the field of disaster risk reduction and support to the local community.

**On the level of services and business practice**
- Applying best practices in urban planning that are sensitive to disaster risks and the availability of infrastructure, municipal services, sanitation and roads, which contributed to reducing the spread of the virus in the city’s neighborhoods.
- Paying attention to the environmental aspect in the city and reducing the pollution in the air and water, which positively affected the public health in the city and limiting the vulnerability to infection, especially asthma patients.
Aqaba also presents an exemplary case in community led efforts where **Volunteers Early responders** where trained with their counterparts from the civil defense teams, the army, and the Red Crescent Society in delivering and transporting medicines, medical supplies and food to those in need, especially those with chronic diseases and disabilities. The responders’ teams were gender balanced and had the ability to communicate especially with the most vulnerable groups. Being residents of the neighborhood and having family ties with the residents made them more trusted and successful in delivering the awareness messages and performing their intended goals.

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<th>Dubai, United Arab Emirates</th>
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<td><strong>Colonel Ahmed Bourqeiba, Director of Crisis &amp; Emergency Management</strong>, presented the efforts exerted by the local government of Dubai to respond and contain COVID-19. <strong>Key Actions:</strong></td>
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<tr>
<td>• Response strategies have been implemented to contain the virus and prevent it from spreading;</td>
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<tr>
<td>• Monitoring of COVID-19 cases, preparing quarantine centers and enacting quarantine protocols, tracing all contacts and disinfection and sanitization of public places and institutions;</td>
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<td>• Travel bans and banning public gatherings and closing shopping centers while taking into account not to disrupt the daily life of individuals;</td>
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<td>• Advocating for social distancing and launching awareness campaigns to urge people to stay at home;</td>
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<td>• Taking gradual measures and partial curfew from 8.00 pm till 6.00 pm to avoid negative psychological effect on the people that could results from a total lockdown;</td>
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<td>• Supporting banks and enterprises to mitigate the negative economic effect of the COVID-19 crisis and to stabilize the economy through many initiatives and economic incentives;</td>
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<td>• Strengthening the capacity of the health sector, where COVID-19 test results were available in 15 minutes, PCR Tests were available, and laboratories and research centers were prepared not only for COVID-19 but other diseases as well that could be faced in the future;</td>
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<td>• The national government launched initiatives to offer medical support to China, Iran, Syria and Afghanistan as well as other Arab and Muslim countries;</td>
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<td>• UAE evacuated 215 people from different nationalities stranded in Wuhan and hosted them in the humanitarian city till they were tested for COVID-19 and were able to go back to their countries;</td>
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<tr>
<td>• WHO guidelines were implemented, and the government was keen on adopting values of transparency and community participation in dealing</td>
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with COVID-19 as well as benefiting from the lessons learned by other countries;

- Constant evaluation of the status and crisis to inform response strategies taking into consideration social, economic and educational aspects;
- Increasing strategic food and medicine reserves and enhancing infrastructure resilience and providing meals to families in need;
- UAE has conducted over 5 million tests for COVID-19 accounting for around 50% from population and 1 million PCR tests in Dubai.

**Challenges:**

- Health Challenges in terms of trying to flatten the curve and contain the virus until a vaccine is discovered;
- Negative economic impacts of COVID-19;
- Evaluating and assessing crisis management efforts to enhance resilience.

**Best Practices:**

- Strong infrastructure and cooperation with private sector to provide services so as they are not disrupted as a result of COVID-19;
- Technological advancements facilitating tasks, increasing competitiveness and overall happiness of citizens;
- Initiative to support education in African and Arab Cities.

**Tabarka, Tunisia**

Mr. Hassan Al Aridhi, Secretary General of Tabarka highlighted the main key measures taken by the city as well as challenges and best practices.

**Key Actions:**

- Enforcing border control measures, testing, quarantine/isolation center and prepare for medical intervention in case of suspected cases as Tabarka shares borders with Algeria. As there were no cases in Tabarka fear that returnees, expatriates and migrants coming from the airport and port would spread the virus.
- Awareness Raising Campaigns and visits to hotels, touristic buildings and places as Tabarka is a touristic city. Preparing medical teams for intervention in case of suspected cases and implementing measures recommended by ministry of health to respond to COVID-19.
- On the 16th of March a municipality meeting took place to organize live and livelihoods in city and the main outcomes and decisions were to ban weekly markets, commercial shops and public bathrooms; cafes and restaurants are to work on delivery basis only; ban public gatherings, suspend parties and festivals and limit wedding ceremonies to only 8 individuals; close gyms and sports clubs and stadiums, make it obligatory to wear masks and gloves in commercial malls and worship places;
identifying a hospital as an isolation center; enforce precautionary and social distancing measures at pharmacies and bakeries; regulating and limiting the number of people in banks; and sanitizing public transportation.

- Involving youth and civil society in awareness raising through distributing posters and brochures and regulate and monitor physical distancing through organizing waiting lines at bakeries, pharmacies and banks as well as disseminating messages through social media channels urging people to stay at home and abide by the curfew.
- Total lockdown and limitation on movement between cities only with permits that are mostly issued based on health needs.

### Challenges:

- Unorganized migration through Algerian borders, especially African youth where 800 migrants came from Mali, Guinea and Sierra Leone and with the nature of the city having mountains and forests, migrants were able to enter the city, resulting in a difficulty in testing them and many of them actually were carriers of the virus and now are in quarantine. With the limited financial capacity of municipality, it is hard to provide them with food, clothes and housing to shelter them.

### Best Practices:

- Cooperation with neighboring cities and providing them with equipment, human resources and sanitization kits when needed (i.e Soghra city).
- A committee was formed to identify families in need and collect donations from the people and businessmen in cooperation with IFRC and NGOs and food supply and aid were distributed in a transparent manner.

### Khartoum, Sudan

Dr. Maha Al Tahir, Consultant, highlighted that the city of Khartoum has taken different measures in response to COVID-19.

### Key Actions:

- Closure of all sectors with only 50% of workforce in public services and after cases increased a total lockdown was enforced and people were to abide by the quarantine.
- The bridges connecting the three main towns of Khartoum were suspended and movement was restricted except in special cases with permits. Big Capacity Transportation services were stopped, and only small capacity transportation was kept.
- The Local DRR strategy for Khartoum was implemented and social distancing was the most important key action to contain the virus, curfews that were enforced are still being implemented and the main challenge of the city is the returnees and those coming from neighboring states/Wilayat.

### Challenges:
• The culture and intimate social life pose a great challenge in implementing social distancing measures even though the government has launched multiple awareness campaigns on COVID-19. Interaction between citizens has led to an increase in cases from 10 to 50 to 60 cases till it reached 200 cases a day with an accumulative total of 7585 COVID-19 cases as of 11 July.
• On 25th and 26th of July cases decreased to 56 yesterday and the day before but still there are movement restrictions between Wilayat and since Khartoum hosts ports and airports this poses a great challenge.
• Economic hardship led the government to loosen the lockdown as aid has not reached some of the vulnerable groups such as street vendors.

**Best Practices:**
- Public participation and community efforts, in terms of committees providing aid to those in need and raising COVID-19 awareness.

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<th>Nablus, Palestine</th>
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<td>After giving a brief on the main characteristics of the city and its historical background, Ms. Amal Hudhud, Director of the Strategic Planning and Economic Development Unit, presented the key actions taken by the city of Nablus in response to COVID-19.</td>
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**Key Actions:**
- A high-level emergency committee was formed in the governorate inclusive of all relevant stakeholders (governorate, health, municipality, security services, private sector, civil society ...) as well as a crisis cell in the municipality were activated. Testing and quarantine centers were identified and equipped, and a hospital was identified for the treatment of COVID-19. Follow up on the implementation of all health and social measures took place. Sanitization in all parts of the city (institutions, public places, health centers ...).
- Raising awareness of citizens about safety measures against COVID-19 and communicating awareness messages and social and health measures through various means of communication and in cooperation with the security services.
- Isolating the affected areas, contact tracing, testing and ensuring the infected people reach the special hospital.
- Creating scenarios for the virus spread and how to deal with each scenario and identifying the most vulnerable places to the spread of the virus and identifying other expected risks.
- Develop and implement a plan to ensure social distancing in public institutions, shops, places and transportation.
- Financial and material aid for those affected by closures.
- Continued provision of basic services during the curfew by the municipality and other parties

**Challenges:**
- Occupation practices have increased the impact of the pandemic due to the lack of control over the borders and the inability of the Palestinian Authority to enter the C areas in addition to the obstruction of entering aid through the crossings.
- Violence experienced by women due to the lack of transportation, work from home, childcare and electronic teaching, in addition to the difficulty of obtaining legal advice and reporting on violence due to the closure of the courts.
- Providing tasks and services with limited capacity.
- Inability to implement strategic projects and only minimal operational services.
- The need for new and external funding sources to reopen various sectors.
- Psychological pressure on citizens.
- Financial burdens resulting from quarantine and income disruption for many people and returned checks.
- The businesses and interests that run from home are greatly affected (informal businesses), such as: sewing, food, which are usually managed by women that are responsible for supporting the family.
- Weak government revenues.

**Best practices:**
- Distance education service provided by universities and schools.
- Forming a crisis cell that includes all relevant stakeholders.
- Social Solidarity (Ezz Waqf Fund).
- Paying in installments for licenses and services.
- Holding vocational and cultural training courses using websites and social media pages.
- Health awareness and education.
- Formation of the investment committee.
- Close supervision of markets to prevent monopoly and increase in prices.

**Needs:**
- The need for capacity building and training on how to manage crises remotely.
- Preparing an emergency response plan and analyzing the risks resulting from the COVID-19 crisis.
- The need for digital technology and Digitization services.
- Additional support from the private sector, and prepare an inventory of the capabilities and available resources, and identifying the deficiencies.
- Develop applications to help collect data and build a comprehensive database, and standardize the data source.
- Comprehensive recovery plan.
- Build the capacities of the city to become resilient.
| Moroni, Comoros | Ms. Arimiyat Mattoir, Secretary General of Moroni’s local government, started her intervention by remarking that Moroni’s has just held a municipal election two prior to the webinar and a new mayor was to be sworn in office. **Key Actions:**

- Regarding the city’s response, a municipal committee in charge of the response to COVID-19 was created; this committee groups among others health professionals and the union of associations of Moroni, which represent all of the city neighborhoods. The committee was set up in February ahead of the first confirmed coronavirus case in the country in April.
- The municipal committee is part of the national coordination committee and aims to work as close as possible with the communities that is serving
- Among the measures taken by committee, awareness campaigns have set up with the support of communal leaders
- Frequent disinfection of places of high levels of transit in the city became a priority in the local response. Local markets in the city can attract up to 2,000 people in the day; the local response includes the full closure of markets on Sunday for a full disinfection in collaboration with the Comorian Red Cross, while frequent disinfections in a minor scale are conducted on a daily basis.
- All major mosques in the city are subject of frequent disinfections and a big disinfection prior to Friday prayers; people are also encouraged to use individual praying mats during the prayers
- The municipal committee with the support of the union of associations has supported waste collection in areas that have suffered from inadequate waste management |
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<th>Zgharta District, Lebanon</th>
<th>Ms. Iman Rafei, Sub-Governor of Zgharta District in North Lebanon, stated that her intervention would focus on three main axes; responding, reopening and recovery.</th>
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| **Key Actions:**         | **In terms of response, the Disaster Risk Management Committee in North Lebanon, referred to as DRM, developed a preemptive action plan upon the identification of the first confirmed coronavirus case in Lebanon in February 2020.**  
**The DRM operation room was activated, and a sub-committee was formed to conduct daily follow-up with the committees in Tripoli and the adjacent districts. Follow-up included the procedures and measures implemented, coordination of day-to-day work activities, and the submission of recommendations to the national committee. Additionally, the subcommittee monitors and enforces the decisions taken by the national committee which includes the Minister of Public Health, the Minister of Interior and Municipalities, UNICEF, WHO, and the DRM unit of the Office of the council of ministers.**  
**Training of local authorities since they are the first responders to the crisis and the closest to the people. Teams from municipalities were trained on awareness raising about precautionary measures through various communication channels prior to the country’s lockdown. Awareness sessions were held in schools, religious centers, and were disseminated through social media platforms. Second part of trainings were focused on Supervision of the Execution of the Isolation Guidelines. The Disaster Management Unit set unified guidelines which include training municipal police and Internal Security Forces and monitoring the compliance of health personnel with the self-isolation guidelines issued by the Ministry of Public Health. Municipalities are trained on the isolation procedures for confirmed cases and how to provide the needs of the cases and those in contact with them.**  
**Assessment of the Municipality’s health and medical centers’ capacities and needs. At the first level the governorate hospital was not equipped but the governorate with the ministry worked in proactive way and bought time to upgrade these hospitals. Moreover, the municipalities’** |
|                          | **Best practices:**  
**Including local leaders and community associations in the city response to coronavirus.** |
|                          | **The local government has delivered masks and sanitary kits to more than 6 districts in the city; this process has been done in collaboration with the union of associations.** |
implementation and adherence to issued circulars was closely monitored and a daily report was submitted to the DRM and shared with the national committee.

- Committees were established in most municipalities and unions of municipalities in the North to formulate and enforce fast response plans. They were equipped with hotlines to refer suspected cases.
- Municipal task forces were established and trained, and a municipal COVID-19 response plan was developed, and municipalities are being trained on them with DRM unit and the Lebanese red cross to upgrade their capacities.
- Most municipalities conducted sanitization campaigns as well as awareness raising. Some also arranged the distribution of food and/or hygiene materials to low income families. Moreover, centers to host the PCR testing in line with the random sampling method were identified in each district in coordination with the operations room in DRM.
- Given that the government has been gradually reopening the country through five phases which include specific business hours for different institutions. Relevant authorities are required to implement health and prevention measures throughout the phased reopening. As such, the DRM coordinated with the local authorities, public sector, and other stakeholders in the region.
- Furthermore, municipal delegates and volunteers were trained on monitoring the prevention measures in different institutions. A national campaign was held after demobilization and big posters were distributed to all municipalities with clear message (social distancing, wearing masks and hygiene).
- Moreover, response plan was developed for Palestinian and Syrian refugees in collective shelters and informal settlements in coordination with UNHCR and UNWRA as well as a response plan to deal with prisons in case of an outbreak.
- Work is in progress on the preparation of isolation facilities, given that more cases may be identified among arrivals with the reopening of the airport. Additional centers for isolation are being identified and prepared in coordination with the relevant ministries, international organizations as a contingency plan in case the isolation facilities reach their capacity and people cannot home-isolate. As due to the economic situation in Lebanon it is hard to lockdown the whole country and there must be a balance between dealing with the economic situation and responding to COVID-19.

Challenges:
The country has been witnessing a severe economic crisis along with a rapid devaluation of the national currency against the US dollar. The economy was hit hard following the demonstrations that had erupted across the country in October 2019 to protest the poor living conditions, which further worsened due to restrictive lockdown measures taken in response to the pandemic.

In addition to the currency devaluation and the threat of a total collapse of the economy, the security situation is unstable due to ongoing protests and roadblocks. The government is looking into solutions to contain the crisis at multiple levels including the direct impact the pandemic imposed on livelihood opportunities especially for those who depend on daily work/wages.

The rate of compliance to lockdown and curfew measures exceeded 90%. Nevertheless, the challenge was with major cities, where compliance rates were less, as mentioned before due to the economic hardships and the fact that many of the people depend on daily wage to support themselves and their families, it was hard to convince people to stay at home.

**Best Practices:**

- The municipalities tried to support the most vulnerable people by providing aid and food assistance and forms for the families that need support but all within the small financial capacities of municipalities.
- Municipalities in coordination with the DRR operation room in North Lebanon has proven to be a successful example in implementing the triple T: tracing, testing and treating.
- The pandemic and emergency showed that defined roles and responsibilities are crucial for effective coordination subsequently increasing readiness and preparedness in case of emerging crises.
- Resilience of cities and their response to disasters require partnership and coordination among all relevant stakeholders and sectors from (public institutions, security forces, civil society and others). She concluded by stating that the economic situation in Lebanon is the main hinderance for effective response to COVID-19.

**Qena, Egypt**

Dr. Alaa Shaker, Director of Local Implementation Unit, reaffirmed at the beginning of his intervention that WHO guidelines have been implemented in Qena Governorate and in coordination with the national government.

**Key Actions:**

- Forming crisis management teams in local units, health departments, the governorate, the Directorate of Health Affairs.
- Coordination between the Directorate of Health Affairs and Education, South Valley University, Red Crescent teams, Civil society organizations.
and Egypt’s State Information Service to review the procedures for the tracing of suspected cases and taking the necessary measures.

- All major events, festivals and meetings that lead to gatherings were canceled.
- All schools, institutes and universities were suspended.
- Restaurants, cafes, nightclubs and commercial centers were closed from 5.00 pm until 6.00 am, while permitting food delivery services.
- Bakeries, grocery stores, pharmacies and supermarkets outside the commercial centers were operating 24 hours.
- A curfew was imposed, and public transportation closed from 8.00 pm until 6.00 am.
- Gyms and Sports clubs were closed as a precautionary measure to limit spread of the virus.

A specific budget has been allocated to Qena Governorate from the budget of the local development program in Upper Egypt to implement a number of urgent interventions:

- Providing the necessary medical equipment and supplies for hospitals and medical units.
- Equipment needed for converting hospitals into isolation facilities and quarantine centers.
- Providing disinfection, sanitization and protection equipment for streets and public buildings in villages and cities.
- Awareness activities on the precautionary measures to protect citizens from COVID-19.

- Digitization of services and licenses provision through citizens' service centers in digital form.
- Supporting the digitization of government services.
- Prioritize implementing labor-intensive projects (such as sanitation projects) to accommodate the largest number of workers who have lost their source of livelihood as a result of COVID-19.
- Awareness campaigns have been launched, brochures, posters, banners and guidelines have been printed targeting citizens in public places and homes especially most vulnerable groups. In addition, important messages were disseminated through social media channels.
- A COVID-19 site guideline for construction projects has been developed targeting site managers, contactors and implementing parties.
- A COVID-19 workplace guideline has been developed, targeting local governments, directors of departments and local implementation units.
- A COVID-19 question and answer guideline for citizens was developed, targeting local communities, workers in construction sites and Local forums.

Challenges:
• Challenges related to the commitment and implementation of preventive and precautionary measures in public places and public transportation.
• Difficulty in enforcing curfew hours on cafes and restaurants.
• Economic and social impacts of the COVID-19.
• Ensuring that health and social considerations are taken into account in construction projects.

Crisis Management:
In coordination with all relevant government agencies, NGOs, civil society organizations, university, National Council for Women and the Red Crescent, a plan for crisis management has been developed by forming working teams at the governorate level, local and village units under the “One from each Home” initiative:

1. Food interventions Team to monitor the process of distributing food assistance collected through donations, NGOs and businessmen to be delivered to popular areas of limited income and to distribute food items to hospitals and isolation/quarantine centers.
2. Team for registering expatriates/returnees from outside the governorate responsible through the presence in major transportation stops in the governorate and registering expatriate data and phone numbers and notifying the relevant authorities so testing could take place before returning to their homes.
3. Team to prepare and equip university hostels and private spaces donated by citizens to become quarantine and isolation centers in case the COVID-19 crisis is exacerbated.
4. Team to follow up on the sanitization and disinfection of streets, squares, public buildings, villages and work sites.
5. Team responsible for publishing posters and guidelines and distributing them in the streets, squares, public places and sites to raise awareness on COVID-19 and its prevention as well as respond to the hotline.
6. Team for coordinating the disbursement of pensions, salaries, subsidized products for citizens and providing them with seats at safe distances, masks and sanitizers to them as part of the precautionary measures.
7. Medical Home Team, a group of young doctors responsible for following up on the cases that preferred home quarantine to hospital/ isolation centers until they recover.
8. Providing online clinics that were implemented at Naqada Center.
9. Religious follow-up Team implemented by a group of young imams of mosques and churchmen to comfort families with COVID-19 infections and deaths after taking the necessary preventive precautions.

Best Practices:
• Increase in the use of technology in communication between executive leaders in the governorate.
• Provision of 42 local development services electronically.
• Using maps with geographic information systems to locate COVID-19 cases and identify nearest hospitals.
• Partnerships and Cooperation with NGOs, businessmen and the private sector in responding to COVID-19.
• Flexible allocation of available budgets to address impacts caused by the COVID-19.
• Support Community involvement, participation and responsibility.

Nouakchott, Mauritania

Dr. Saleck Ahmed Cherif, Director of studies, projects and cooperation highlighted both the local and national institutional arrangements that have been put in place to respond to COVID-19.

**Key actions at the national level:**
• National border closures;
• All schools, institutes and universities were suspended.
• Closure of most commercial establishments except for bakeries, grocery stores, pharmacies and supermarkets
• The national government decreed tax exemptions on basic products.
• A curfew was imposed, and travel between cities restricted
• Establishment of special social solidarity fund to support the response to COVID-19
• Poverty alleviation measures; the government payed utility bills from low income households. Also, the government took over the payment of municipal taxes by Small enterprises.

**Key actions at the local level:**
• Internal awareness campaign targeting local government staff on measures to limit the spread of COVID-19.
• Local awareness campaign, including an awareness video featuring Ms Fatimetou Abdel Malick, President of the Region of Nouakchott, was produced and translated into various local languages
• In the local government headquarters various devices were installed to facilitate people’s access to disinfectants. Also, measures to raise awareness among visitors to local government facilities have been implemented, in addition to measures to limit the amount of personnel at the premises, at all times.
• The local government is distributing flyers with pertinent information on COVID-19 across the whole city
• Reusable masks and sanitary kits have been distributed in low income areas in the outskirts of the city
• Distribution of food in low income areas of the city, as food security is one of the challenges that Mauritania is facing
• Places that are constantly visited by a high number of people such as mosques, bakeries and ATM’s are being frequently disinfected
• Nouakchott local government has also called for other institutions such as the International Association of French-speaking mayors to come and support their activities in response to COVID-19.

**Best Practices:**
• Support Community involvement, participation and responsibility.

**Closing remarks:**

Mr. Mohanty’s closing remarks pointed out that it is really evident that countries with pre-existing national emergency plans or disaster risk reduction strategies are able to cope better with the COVID-19 crisis. He further elaborated that although it is not possible to say that any response was 100% perfect, countries who traditionally invested a lot on preparedness and response for any hazard are able to deal with the situation in a better way since they already have the institutional arrangements, response capacities and preparedness. He added that there is still room for improvement and that one of the issues highlighted globally through the series of webinars conducted by UNDRR is the issue of risk governance in terms of coordination between different sectors, different ministries ..etc. The pandemic has also raised the most important issue of interconnectedness of systems, governance, the society, interdependency between countries in local, national and global contexts. Now being more connected and interdependent than ever, making it more important to re-evaluate the whole risk governance process. Mr. Mohanty clarified that having a national disaster risk reduction strategy or plan is not enough, a downscale operational plan on the local level that allows effective response is needed, which is something that needs to be acknowledged and strengthened. “Not all cities are the same, some are more resourceful with more capacities and others are at different levels of preparedness with challenges mentioned earlier throughout the webinar. These identified gaps need concentrated efforts not only from national and local levels but regional and global ones as well,” he added. Mr. Mohanty emphasized that we should look at the systemic nature of risk and we cannot look at disasters and risks in isolation through a hazard by hazard approach or through a specific department in the government but rather a whole of government, all-of-society and integrated approach of looking at risk is the way forward. He also stressed on the importance of investing more locally so cities and local governments have the needed capacities to deal with similar crises. Mr. Mohanty concluded that there are many unknown hazards and risks that we should keep on mind, focusing all the attention on the pandemic or health issues should not be the case. We need to be prepared for any kind of hazards and strengthening the local level is an absolute must.