

COVID-19: Safeguarding Lives and Livelihoods -

A Checklist Guide for Local Governments



The COVID-19 pandemic is disrupting communities and cities around the world. This guide provides a framework for adaptation by local governments as they plan and make decisions to reduce the negative impacts of the outbreak in the immediate and near-term future. Informed by existing guidance from WHO, CDC, OECD, and USAID, this guide is intended for stakeholders in municipal planning and decision-making processes in developing countries, along with other organizations that support local governments in developing countries.

Local governments are at the frontline of combating the COVID-19 pandemic, due to their proximity to affected communities, emergency management responsibilities at the local level, and local prerogatives in managing public spaces¹. Cities are not equal in their capacity to respond to the COVID-19 crisis, across and within countries. This uneven capacity depends on various factors including the allocation of public service delivery (e.g. health care tends to be more centralized), population size, governance structure, regulatory frameworks, fiscal capacity or existing infrastructure. In any case, local governments have important responsibilities in carrying out: (i) citywide emergency actions to prevent transmission and care for the affected; (ii) targeted emergency support to the most vulnerable people from a health and livelihood perspective; (iii) recovery efforts through implementation of economic recovery programs and investments targeted at firms, communities, and livelihoods.

Regardless of the levels of decentralization, there is always a need for local government to work with national governments to ensure an effective implementation of nation-wide measures or to develop place-based responses in line with national frameworks and initiatives. In the COVID-19 response, local governments will have to coordinate with national disaster risk management (DRM) and public health authorities to implement actions in

line with national-level COVID-19 policy guidance and resources, connect multi-sectoral stakeholders in emergency management, public health, water and sanitation, transport, etc., and tailor their responses to best fit their communities.

In the absence of a vaccine or other proven treatments, the two principles for mitigating COVID-19 transmission revolve around reducing physical contact (i.e. social distancing) and improving hygiene. However, cities in developing countries have about one billion people living in informal settlements (up to 70% in certain cities2) and a similarly high prevalence of informal employment (about half of urban employment3). The informal settlements and economy, with their lack of space, infrastructure, basic services, and livelihood security, pose particular challenges to implementing COVID-19 interventions to reduce transmission risks. In addition, COVID-19 control measures, such as lockdowns, travel bans, and closures of public facilities, are expected to have amplified negative impacts on the poor and vulnerable in terms of reduced income, reduced mobility or incentives to "travel under the radar," and reduced access to basic needs, such as food, water, sanitation, and education4.

In light of these challenges, this guide presents six key objectives that are critical for local governments in mitigating the negative impacts of COVID-19 in their communities. Each objective is presented with priority actions and a checklist of criteria that local governments can adapt to incorporate and monitor within their COVID-19 preparedness and response processes. Recognizing that local governments around the world vary greatly in jurisdictional and operational resources and responsibilities, rather than as prescriptive instructions per se, this guide is intended as a checklist of objectives and principles to tailor to different local contexts city as necessary and appropriate.

¹ Social Science in Humanitarian Action Platform. Key Considerations: COVID-19 in Informal Urban Settlements. March 2020.

² UN Habitat. World Cities Report. 2016.

³ ILO. Women and men in the informal economy: A statistical picture. Third edition. 2018.

⁴ Social Science in Humanitarian Action Platform. Key Considerations: COVID-19 in Informal Urban Settlements. March 2020.



Objective 1: Assure a coordinated response and incident management structure

As managing the COVID-19 response is a multi-level, multi-sector endeavor, local governments will need to coordinate communication, planning, decision-making, and operations across a wide range of stakeholders. Activating an Emergency Operations Center (EOC) within a city is a best practice used in previous large-scale outbreaks, as it allows local governments to draw on existing local emergency response capacities and streamline the coordination process with various sectors and different levels of government. This EOC will need to collect the data necessary to assess the real-time spread of COVID-19 in the community. Lastly, will need to communicate accurate COVID-19 risk information regularly and effectively.

Priority Actions

- Activate an emergency operations center (EOC) in order to manage local COVID-19 response efforts in coordination with national disaster risk management (DRM) and public health agencies.
- 2. Understand the real-time COVID-19 transmission trends within the community.
- 3. Communicate accurate COVID-19 risk information to community members regularly and engage with community leaders to be credible sources of information for their stakeholders.

Develop a COVID-19 emergency response plan and operationalize the city's Emergency Operations Center (EOC):

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	Develop a COVID-19 specific emergency response plan, based on existing emergency response plans if available and applicable.
	Establish a whole-of-community incident management structure considering the city's basic functions: 1. Emergency Management, 2. Operations (according with the Emergency Support Functions), 3. Planning, 4. Logistics, 5. Finance).
	Establish Emergency Support Functions (ESF) (i.e. Health, WASH, Food Security, Social Protection, Humanitarian Assistance, Public Safety, Cross-Sector Business, Transport – Communications Infrastructure, Temporary Housing, etc.) by identifying and grouping local government capabilities into an organizational structure around major COVID-19 operational priorities equivalent.
	Designate liaisons with all relevant government, community, and private-sector stakeholders, including:
	 Other local, state/provincial, and national officials involved in the COVID-19 response Healthcare organizations, including hospitals, public health agencies, and emergency medical services (EMS)
	 Civil society groups, religious institutions, and other community leaders All local government departments and agencies

Designate a response coordinator with the authority to bring issues to decision-makers for rapid resolution and link with health experts to provide guidance on the COVID-19 response process.



Assess the real-time spread of COVID-19 in the community:

	Develop/upgrade	COVID-19 da	ta platform f	for data	collection and	l dissemination, i	if applicable
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- ☐ Collect geotagged data on:
 - · New daily cases
 - Proportion of new cases from beyond known contacts of existing cases (proxy for local transmission)
 - Total active cases
 - Number of people under isolation or quarantine
 - Deaths from suspected or confirmed COVID-19 cases
- ☐ Analyze existing baseline data to identify potential hotspots:
 - · Demographic data, disaggregated by age and gender, along with density data
 - Location of informal settlements that have high density and low access to services
 - Epidemiological vulnerabilities, including age, cardiovascular and/or respiratory issues, etc.
 - Access to healthcare and other basic needs (water and sanitation, shelter, food).

Box 1: Harnessing the Big Data for COVID-19 monitoring and response – the case of Hangzho, China

Zhejiang Province – and its capital city of Hangzho – was one of the first regions in China to raise the COVID-19 alert to the highest level and took proactive health monitoring and contact-tracing that has become the standard practice in the rest of the country. Hangzho city has implemented a three-phase approach to the containment of COVID-19 virus: Phase 1 (January 21-February 2): Isolation of confirmed/suspected cases, tracing and quarantining of close contacts and disinfection of relevant places; Phase 2 (February 3-18): Containment of local transmissions via lock-downs; and Phase 3 (February 19 onwards): Reopening, preventive disinfection and rigorous monitoring health status.

Hangzho city, is home to the world's largest e-commerce enterprise Alibaba group. Working with Alibaba's affiliate, Ant Financial, Hangzhou in mid-February introduced a QR-code based health tracking system. The color-based QR-code system allows the local government – working closely with businesses and facilities - to manage the in-and out-flow of at-risk residents. Those with a red code are asked to remain quarantined for two weeks, those with a yellow code are asked to stay home for seven days, while those with a green code are allowed to travel freely across the city. The code system is administered via popular platforms such as WeChat or Alipay and can be used in various check-points, such as apartment complexes and shopping mall entrances. The application enabled the city to ease lock-downs while increasing its early detection and surveillance capacities and is now widely adopted by cities across the country.

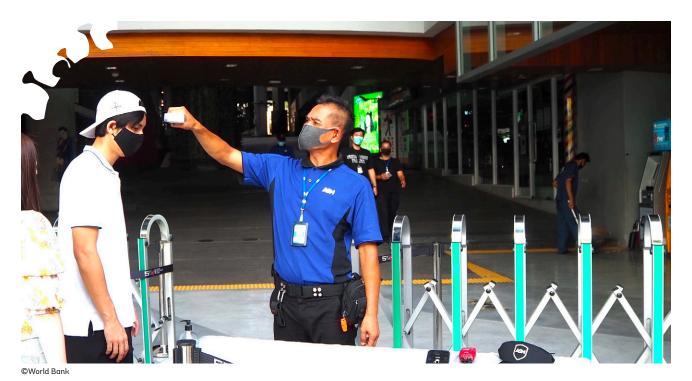
Sources: Kong, Q., Jin, H., Sun, Z., Kao, Q., & Chen, J. (2020). Non-pharmaceutical intervention strategies for outbreak of COVID-19 in Hangzhou, China. Public Health, 182, 185.

Horwitz J. (2020) China to track coronavirus with QR codes, seeks help from Alibaba and Tencent. Livemint.com



Communicate risk information and expand community engagement:

- $\hfill \square$ Regularly and effectively communicate with the people who live and work in the community.
 - Identify the most effective communication methods.
 - Ensure critical communications reach everyone.
 - Dispel misinformation.
 - Engage community leaders to promote active cooperation with COVID-19 mitigation interventions.





Objective 2: Anticipate and manage health crisis to contain the epidemic

Local governments will need to slow and limit COVID-19 transmission within their communities to reduce the immediate and near-term human costs of the outbreak. While social distancing measures are disruptive and may be less feasible in denser settings, local governments should systematically identify and prioritize the implementation of distancing and WASH interventions in public spaces, systems, and facilities that are essential to daily life, such as water and sanitation facilities and markets. Local governments should also consider closing or repurposing public facilities for expanded critical treatment, isolation and/or quarantine capacities. Lastly, local governments should develop local strategies to focus protection on high-risk groups, such as the elderly and those with preexisting health conditions.

Priority Actions

- 1. Clearly outline COVID-19 mitigation measures (social distancing, hygiene) to the community.
- 2. Establish thresholds for when to impose and lift social distancing measures, especially in public systems, spaces, and facilities.

Recommend at least 2 meters of distance between people, discourage gatherings of over 10 people,

3. Identify high-risk populations and focus protection on these groups.

Issue clear guidance on COVID-19 mitigation measures.

and cancel large public events like festivals.
Encourage good hygiene practices. Washing hands with soap and water, or alcohol-based hand sanitizer when not available, is particularly important.
tablish thresholds for when to impose and lift social distancing measures, especially in blic spaces, systems, and facilities.
Determine which public spaces, systems, and facilities are essential to daily life, especially for low-income and vulnerable populations.
Implement social distancing measures in essential public spaces and facilities, such as markets and water and sanitation facilities.
For non-essential public spaces and facilities, determine if social benefits outweigh the COVID-19 transmission risks, and if they do, implement social distancing measures in eligible public spaces.
For all other non-essential public spaces and facilities, consider closing or repurposing spaces and facilities for expanded critical treatment, isolation, and/or quarantine capacities, especially for vulnerable groups.



Working	with	relevant	health	authorities,	reinforce	and	expand	health	system	surge
capacity	to sus	stain heal	thcare o	perations an	id avoid hi	gh m	ortality:			

Ensure local hospitals have emergency operations plans and have shared them with the EOC.
Track hospital occupancy rates in real time.
Track PPE availability at critical care facilities and facilitate emergency procurement of PPE.
Ensure heath care outreach to low-income and vulnerable populations.

Box 2: Rapid expansion of COVID-19 testing capacities via screening stations – the case of Seoul, Korea

In the wake of COVID-19 outbreak, Korea - and its capital city of Seoul - had a higher number of reported cases than many of its neighbors. This was largely thought of as a result of the rapid expansion of testing capacity, which eventually brought the outbreak under control. Based on the lessons learned of the Middle East Respiratory Syndrome (MERS) outbreak in 2015, the Seoul metropolitan government acted swiftly and scaled up COVID-19 countermeasures based on the twin principles of 'promptness' and 'transparency.'

Seoul for example has set-up a network of clinics and testing centers throughout the city, including four drive-through screening stations. In these stations, people can go through the whole testing process – from answering medical questionnaires to swabbing – in just 10 minutes without having to leave their vehicles. The diagnosis is then sent to people within 2 or 3 days via phone calls or text messages. The city has also set up walk-in screening booths, which require less space and are easier to disinfect. By investing in these efforts, the city's daily testing capacity has increased from mere 3,000 cases per day in late February to approximately 15,000 as of March 2020. The city has hence been able to manage the outbreak without an extensive lockdown.

In addition, the Seoul metropolitan government has made public its own COVID-19 dashboard, reporting an number of cases and their travel logs. The city also shares the latest updates via a daily COVID19 press briefings, which are streamed live on YouTube.

Source: Seoul Metropolitan Government (2020) Cities Against COVID.

Identify and locate sites with high-risk populations, including:

Ш	Elder homes and communities, long-term care facilities
	Prisons, detention centers
	Refugee/IDP camps, POC sites
	High-density housing areas, especially with high-risk populations
	Informal settlements, undocumented populations



Prevent COVID-19 transmission in high-risk areas:

Ш	Assess and verify infection prevention and hygiene practices in high-risk facilities.
	Ensure compliance with COVID-19 mitigation measures and sufficient access to PPE.
	Restrict access to facilities with high-risk groups.
	Prioritize PPE and testing for operational personnel of high-risk facilities.
	Develop local strategies for home isolation or group isolation of high-risk populations.

Ensure adequate cadaver and burial management:

- ☐ Establish a preparedness plan for the management of dead bodies of suspected or confirmed COVID-19 cases, including access to:
 - Adequately trained staff (with PPE and hygiene measures)
 - Transportation
 - Equipment and the physical structures needed for storage of bodies and performance of burials
- Monitor capacity to manage dead bodies in storage facilities and burial grounds and develop contingency plans for temporary storage and burial areas if current capacity is exceeded.
- ☐ Ensure the dignity of the dead and their cultural and religious traditions are respected and protected throughout the burial processes.



Objective 3: Assure coverage of people's basic needs and maintain access to essential services

While taking all necessary means to contain the transmission of COVID-19 in their communities, local governments are advised to contextualize their control and response measures to minimize the impact on people's livelihoods. When restrictions are in place, it is important for local governments to maintain coverage of people's basic needs and to ensure people have access to food supplies, WASH facilities, and other essential services. Local governments are moreover encouraged to facilitate and support innovative, community-led initiatives as a means for developing contextualized responses that assure the coverage of local needs while meeting the mandated health, sanitation, and social distancing requirements.

Priority Actions

- 1. Continue essential services to assure coverage of basic needs.
- 2. Contextualize COVID control and response measures to safeguard local needs and livelihoods.
- 3. Empower innovative, community-led responses aimed at minimizing livelihood impacts.

Food Supply

Ensure safe access to food suppliers:

	Develop plans to keep markets or local food distributors open (while restricting and monitoring access where possible).
	Disinfect and facilitate social distancing in markets (e.g. increasing distance between vendors' stalls).
	Disinfect markets, mandate PPE and sanitation and hygiene practices in markets and other public food access points.
Мо	aintain local and regional food supply:
	Develop plans on how to allow food system workers (including farm laborers, food processors and distributors) to work under given restrictions.
	Maximize existing food storage capacities and set up temporary storage facilities.
	Explore possibilities for urban agriculture and strengthen local food supply chains.
W	ASH Facilities & Solid Waste Management
Se	cure water and sanitation service provision:
	Install public hand-washing stations.
	Provide emergency supplies of soap, sanitizers, and personal protective equipment (e.g. masks, gloves).

Ensure safe human waste disposal (public toilets, dry toilets, pee-poo bags).



	Support water supply and sanitation (WSS) service providers to ensure continuity of service delivery:					
	Provide water treatment chemicals and spare parts.					
	Make fuel available for pumps and treatment.					
	Provide personal protective equipment for utility staff					
	Provide salary supplements to compensate for the additional workload.					
Мо	Maintain capacities for garbage and solid waste collection:					
	Designate solid waste collection as an essential service.					
	Provide personal protective equipment for waste collectors.					

Box 3: Community efforts are key to contain COVID-19 – the case of Hong Kong Special Administrative Region (Hong Kong SAR)

Hong Kong SAR despite its proximity to the epicenter of initial COVID-19 outbreak was able to swiftly contain the risk of transmission – an achievement that was largely attributable to the combined efforts of government and community participation. In early March 2020, when the second wave of outbreak was detected, the Hong Kong government implemented containment measures including stricter border controls, real-time quarantine monitoring via mobile phones and wristbands, and partial closings of restaurants and cafes.

Hong Kong, however, was able to manage COVID-19 risk without a large-scale mandatory lock-down, largely due to high rates of voluntary compliance with recommended personal hygiene measures. The two rounds of surveys conducted in January and February of 2020, revealed that as high as 75% (1st round, n=1,008) and 98% (2nd round, n=1,000) of Hong Kong residents wore surgical masks when going outside and 61%(1st round) and 90%(2nd round) actively avoided crowded spaces. In addition, 71% (1st round) and 93% (2nd round) of respondents reported washing their hands or using sanitizers more frequently. These high rates of precautionary behaviors are partially attributable to the Hong Kong residents' prior experiences of severe acute respiratory syndrome (SARS) outbreak in 2003 and are thought to have contributed to the success of COVID-19 containment thus far.

In addition, the Hong Kong government also provided additional support, including detailed health guidelines drafted for residents, travelers, businesses and other establishments and health care providers that outlined specific actions they can take in preventing the spread of COVID-19 virus.

Sources: Cowling B.J. et al. (2020) Impact assessment of non-pharmaceutical interventions against COVID-19 and influenza in Hong Kong: an observational study. The Lancet Public Health 5(5): E279-E288.

The Government of Hong Kong Special Administrative Region (2020) COVID Resource Center.



Education & Learning

Fα	cilitate alternative ways for learning and education:
	Where possible, use digital technologies for learning and education (online or on basic mobile phones).
	Develop local radio and television programs to support low-tech learning.
	Empower local communities to deploy their own alternative education and learning solutions.
	Provide mi-fi access points to low-income families to ensure continuity in children's education.
Mo	aintain basic provision of childcare:
	Facilitate free childcare for essential workers (esp. involved with access to healthcare, food, water and sanitation, etc.).
	Support local communities in organizing daycare to allow parents to work and limit childcare by elderly.
Pι	ıblic Transportation
Fα	cilitate or mandate social distancing in public transportation:
	Limit the flow of people in and out of areas (gateway/access control).
	Limit large gatherings of people (at points of access).
	Mandate public transport to operate below capacity to increase distance between passengers.
	Provide public transit free of charge (or at reduced charge).
	Subsidize private operators to help reduce crowding in public transport.
	Facilitate cashless transit fare payments.
	Limit transit services during the epidemic to essential personnel.
	Enforce the use of masks when using public transportation.
De	ploy sanitization and monitoring measures for public/mass transportation:
	Mandate transport service providers to clean and disinfect vehicles and public transit facilities.
	Provide hand-washing facilities or hand sanitizers for passengers before onboarding.
	Set up and manage gateway/access control and infection inspection (testing, temperature screenings) at control points (like airports, bus stops).
	Provide sanitary facilities along key rural-urban corridors.
	Establish mobile testing capabilities along major transportation routes (urban-rural and cross-border).

Objective 4: Support vulnerable population groups

Vulnerable population groups, including the elderly, poor, homeless, displaced persons or those living in informal settlements, are among the most severely affected by the COVID-19 crisis. Local governments should prioritize support to these vulnerable groups to ease the impacts of the COVID-related restrictions and safeguard their livelihoods. Local governments are advised to partner with community organizations to identify and locate vulnerable population groups and to understand their multi-layered vulnerabilities. With a collaborative approach, local governments can leverage targeted responses to assure coverage of vulnerable people's basic needs and to compensate for shortfalls in household income.

Priority Actions

- 1. Consider how COVID-19-related restrictions can affect the most vulnerable population groups (elderly, poor, IDPs/refugees/migrants, homeless).
- 2. Prioritize urban services for vulnerable population groups in coordination with local support networks.

Identify vulnerable population groups and understand their vulnerabilities and support structures:

•••	
	Locate vulnerable population groups (i.e. elderly, poor, sick, homeless) in coordination with community-level organizations, with a focus on people not identified within existing social safety net systems.
	Identify support structures (social networks and institutions) and develop options to strengthen their roles.
	Empower trusted community organizations and local leaders to reach the most vulnerable.
Pro	ovide access to water, sanitation and hygiene for vulnerable communities:
	Provide sanitary facilities and free water.
	Support communities in establishing portable sinks, hand-washing stations, community toilets, and clean-water kiosks at all access points.
	Support communities in producing alcohol-based hand sanitizers and PPE.
Pre	event food insecurity and provide food and water assistance for people in need:
	Provide free drinking water through water tanks for households not connected to the system.
	Provide food, ingredient or meal delivery to people in urgent need.
	Open community kitchens to provide meals to people in isolation.
	Provide targeted food assistance to children in low-income households (in lieu of school meals).

Provide in-kind food assistance of priority products (high-energy, high-nutrient foods).



Ц	Provide cash-based transfers, especially for areas where food insecurity is caused by restricted access rather than lack of availability.
	Permit some informal food markets that low-income residents rely on or move them to new locations with more space in between vendors' stalls.
	Set up mobile markets that travel to vulnerable areas to provide essential goods.
	Set up decentralized water and food distribution points with regulated access points.
	Organize food voucher programs with local shopkeepers or blockchain-backed systems of community currencies (credit vouchers, mobile money solutions, etc.) that allow at-risk households to obtain food in exchange for a voucher.
	Consider alternative supply chains to provide essential commodities (e.g. redirect excess food supplies from markets to people in need)

Box 4: Promoting health of the elders amid COVID-19 - the case of Osaka, Japan

With over 28 % of the total population aged 65 or older, Japan's fight against COVID-19 focused on the protection of the vulnerable elderly groups residing in homes, hospitals and care facilities. The government of Japan, for example, published several guidance notes to reduce COVID-19 risk in the country's care homes, recommending measures such as visitor restriction, daily temperature measurement, and in-facility zoning and quarantining in case of COVID-19 infection is confirmed.

In addition to protecting these facilities, safeguarding the health of the elderly population requires additional attention as those measures aimed at reducing the risk of COVID-19 spread may increase the risk of other diseases: the lack of daily exercise, for example, reduce muscle mass of the elders rendering them prone to physical injuries, while the limited social interaction is known to increase the risk of dementia and depression. Preventing an increase in the so-called 'frail' population – i.e., those with a declining capacity for independent living at home and higher chance of institutionalization – has thus been an important focus of Japan's fight against COVID-19.

In order to maintain and promote the general health of seniors while reducing COVID-19 risk, the city of Osaka has implemented several measures, including an information campaign regarding the health risks associated with reduced physical activities and social distancing. The city has made health promoting tips readily accessible to the public, including those measures to promote social interaction and exercise, such as having at least one interpersonal conversation (face-to-face or over the phone), taking an average of 8000 steps a day, and engaging, at least three times a week, in weight training.

Source: Osaka city (2020) Facts to keep in mind regarding COVID-19 for the elder population.



ins	install social protection measures for poor nouseholds suffering income loss, including:		
	Targeted cash transfers or grants		
	Digital finance and micro-insurance platforms		
	Cash for work schemes (e.g. for response efforts)		
	Suspension of water utility charges and other public services		
En	sure housing and shelter for people in need:		
	Provide temporary shelters for vulnerable population groups (e.g. at schools or community centers).		
	Protect residents in informal settlements by preventing forced evictions and "de-densification" programs.		
	Suspend mortgage payments.		
Prevent domestic violence towards women and children through:			
	Information campaigns and awareness raising		
	Violence-related first response		
	Temporary shelters and housing for victims of GBV		
	Neighborhood support		
	Virtual and informal support networks (including text-based networks in areas with low Internet coverage)		
Once a vaccine for Covid-19 is available, deploy measures to ensure prioritized vaccination of vulnerable population groups through:			
	Outreach and awareness campaign at the community level		
	Controlled vaccination (stationary and mobile)		



Objective 5: Adapt institutional and financial management to support COVID-19

While taking all necessary means to contain the transmission of COVID-19 in their communities, local governments are advised to contextualize their control and response measures to minimize the impact on people's livelihoods. When restrictions are in place, it is important for local governments to maintain coverage of people's basic needs and to ensure people have access to food supplies, WASH facilities, and other essential services. Local governments are moreover encouraged to facilitate and support innovative, community-led initiatives as a means for developing contextualized responses that assure the coverage of local needs while meeting the mandated health, sanitation, and social distancing requirements.

Priority Actions

- 1. Assess COVID-19 impacts on municipal revenues and expenditures to prioritize financial resources for COVID-19 response and recovery processes.
- 2. Adapt municipal operations to manage COVID-19 response, improve service delivery, and support recovery efforts.

Forecast COVID-19 impacts on municipal revenues and expenditures.

Assess COVID-19 impacts on municipal revenues and expenditures:

☐ Conduct scenario analysis with different COVID-19 transmission scenarios.

Explore funding sources i.e. intergovernmental transfers, philanthropic finance, etc. to compensate for projected losses of own-source revenues.

Prioritize allocation of financial and other resources for COVID-19 needs:

Avoid excessive additional expenditures, long-term procurement, or commitment to long-term service
provider contracts.

Redirect financial and human resources to COVID-19 responses and prioritize essential public services (while discontinuing/scaling back non-essential services).

☐ Determine necessary changes to service delivery activities and modalities in the COVID-19 response and recovery phases.

Adapt municipal operations to manage COVID-19 response and support recovery efforts:

☐ Implement digital provision of public and government services, including local tax and fee payment systems to ensure and enhance safety and access.



- Develop local strategies for municipal workers during COVID-19 and future disasters and emergencies, including:
 - Identifying essential vs non-essential workers
 - Ensuring essential worker safety through provision of PPE and social distancing guidelines
 - Increasing telework capacities
- ☐ Support open data and digital platforms to support community-based data collection and assessments, keep citizens informed, and enable public participation.
- ☐ Set up agile systems to respond to bottlenecks in the transport network, food/commodity markets, medical equipment, logistics, and other supply chains.



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Objective 6: Safeguard the economy and development gains to promote swift restoration of normal life

In consultation with health experts and national authorities, local governments should establish thresholds for and continuously assess for when social distancing and isolation measures can be gradually relaxed. This may take a phased approach prioritizing public spaces, systems, and facilities in terms of social benefits, especially to poor and vulnerable populations. Local governments should focus on identifying and deploying recovery activities that provide temporary public employment to the most vulnerable and impacted groups, while linking these activities to broader efforts to reassess vulnerabilities and strengthen local emergency management and disaster preparedness programs to enhance resilience to future shocks.

Priority Actions

- 1. Reopen public spaces, systems, and facilities.
- 2. Link short-term relief efforts to strategies to build institutions, resources, and skills for future disasters.

Reopen public spaces, systems, and facilities:

	In consultation with health experts and national authorities, assess when social distancing and isolation measures are no longer necessary.		
	When it is safe to reopen public spaces, systems, and facilities, encourage schools and markets to reopen.		
	Limit group sizes, mandate and provide masks, and/or implement temperature screenings as appropriate for large-scale public facilities, such as stadiums, arenas, convention centers, and performing arts centers.		
Link short-term relief efforts to strategies to build resources and skills for future disasters:			
	Identify coping strategies that people used to respond to COVID-19.		
	Ensure short-term income and basic necessities are available.		
	Provide cash-for-training (so people learn vocational and other life skills to enhance food and livelihood security).		
Identify recovery activities that could be relevant and effective in the community, including:			
	Labor-intensive public works		
	Slum upgrading		
	Low-cost housing programs		
	Small loans or microcredit for business activities		

Box 5: Planning for phased economic reopening – the case of Singapore

Singapore took a phased approach to COVID-19 containment and put in place the so-called 'circuit breaker' measures in early April 2020, when domestic transmission showed a sign of rapid increase. Temporary closure and remote operation of non-essential services, home-schooling, and additional social distancing measures were introduced as a result.

As the rate of infection began to fall, Singapore is implementing gradual reopening of its economy. Singapore's Multi-Ministry Taskforce (MMT), working with industry associations and chambers of commerce, is setting up reopening guidelines for various industries, asking businesses to adopt stricter contact tracing, social distancing and other safety measures. All entries and exits to stores, for example, will be traced via the SafeEntry app and congregation of staff will not be allowed in offices.

Sources: Council on Foreign Relations (2020) Singapore and COVID-19: Strengths, Shifts, and Limits of National Response. Government of Singapore (2020) Ministerial Statement By Mr. Lawrence Wong, Co-Chair Of The Multi-Ministry Taskforce On Covid-19, On 'Second Update On Whole-Of-Government Response To Covid-19', 4 May 2020.

Build resilience for future shocks:

Establish and/or strengthen local emergency management systems, including:
 Local emergency management plan Incident management system Continuity of government and continuity of operations plans
Install multi-hazard early warning systems and ensure impending healthcare emergencies are covered.
Incorporate and/or strengthen public health considerations in existing local disaster resilience programs and documents.
Maintain strong information bases to manage future crises.
Enact regulations for food markets and abattoirs.
Ensure that social infrastructure meets stringent public health and building design standards for infection control.
Adapt public building designs and use to be flexible to allow easy adaptive repurposing for emergency operations.

The original note was prepared by Ella Kim, Lukas Loeschner, Judy Baker and Ana Gampos Garcia, adopted by Jolanta Kryspin-Watson, Junko Mochizuki, Keiko Saito, and Khin Aye Yee, to include cases and lessons from the East Asia and Pacific region.

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