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## **Transnational Experiences of COVID-19: Transferable Lessons for Urban Planning between the Global South and the Global North**

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## **Abstract**

This chapter progresses an international conversation held in June 2020 that sought to explore the future of urban planning in the wake of COVID-19. The discussion identified transferrable lessons that are beginning to emerge transnationally that planners may consider in an effort to address the inequalities and inadequacies highlighted by the pandemic. Here, we unpack the mutual and unique experiences of the pandemic and the subsequent unlockdown in four distinct territories – Australia, Canada, Denmark and Sri Lanka – in an effort to draw out transferrable lessons for planning practice. By reflecting on examples from the cities of Aalborg, Colombo, Melbourne and Toronto, we highlight how extreme events such as pandemics require resilient, multi-scalar urban solutions. Here, we see how national, regional and local authorities attempted to alleviate unevenly distributed challenges, with varying degrees of success.

In this chapter, we develop collective, transferrable lessons drawn from each city-region on resilient planning practice to further mutual learning on pandemic and post-pandemic urban planning internationally. In response to urban inequalities highlighted by the pandemic, we suggest that planning must reengage with localism to address global events. Furthermore, we stress the need to acknowledge the political nature of planning in order to grasp opportunities for change as part of a long-term programme of incrementalism rather than a return to ‘business as usual’ approaches. In doing so, planners should work with communities in an effort to educate and advocate for the continued revitalisation of public spaces and services and the broader promotion of sustainable modes of mobility. Through evidenced-based decision-making and the use of emerging/repurposed technologies, post-pandemic planning, as a key public service, has the opportunity to engender community trust in institutional leadership, and the betterment of the lives of citizens.

## **Introduction**

COVID-19 reveals that planning, defined as the equitable distribution of wealth (infrastructure, services, and amenities), remains relevant and integral to urban resilience. While neoliberal approaches to economic and social life over the past forty years have challenged this idea, the pandemic has helped planners to reassert the need for greater income equality and re-establish the effectiveness of coordinated and collectivized responses to disruptions.

This chapter explores these issues by focusing on transferable lessons from the experiences of Aalborg, Colombo, Melbourne, and Toronto, and on how urban planners can help address a range of inequalities and inadequacies aggravated by the pandemic.

In this chapter, we review the experience of lockdown and phased unlockdown in each city-region. We then consider the role of governance mechanisms and capacity in response to managing the devastating impacts of a public health crisis and associated economic, social, and spatial outcomes. By drawing upon examples from each city-region on resilient planning practice, we conclude by illuminating opportunities for mutual international learning in connection to pandemic and post-pandemic urban planning.

## **Pandemic and Unlockdown in Four Cities**

The four cities (and respective countries) experienced the pandemic and subsequent unlockdown in both shared and unique ways. Despite differences in overall population, density, and profile, all four territories recorded relatively low case fatalities and deaths as a percentage of population (Table 1).

Lockdowns of differing degrees occurred in all four territories, and each location has pursued gradual, phased reopening (Table 1). The four city-regions all closed borders, restricted international air travel, and imposed emergency measures to suppress, contain, and mitigate the disease. However, despite these “shared” responses, differences in timing, effectiveness, and circumstances highlight important distinctions in the intraurban geographies of disease. They also reveal how responses across the four territories addressed underlying and emergent inequalities.

Table 1 shows the diverse ways in which emergency measures were – and continue to be – implemented in each context. Corroborating Bailey et al. (2020), the outbreak was spatially uneven

within cities, regions, and countries, as well as between countries. Toronto, Melbourne, and Colombo had higher infection rates and subsequent deaths than other cities and regions within their national context (City of Toronto, 2020; Australian Government Department of Health, 2020; Sri Lanka Health Promotion Bureau, 2020). In contrast, Aalborg has not experienced any excess deaths since the start of the pandemic compared to other Danish cities and regions, which have experienced up to 25% more (Statens Serum Institut, 2020a).

### **Insert Table 1 here**

Differences in socio-economic status, income polarization, and national economic performance exist among the four city-regions (Table 1). However, the recorded outbreak of the pandemic and death rate in each context suggest that development indicators have less impact on the management and suppression of COVID-19. This is particularly apparent between the Global North and Global South territories considered here.

Sri Lanka, it can be argued, has contained and suppressed the disease most successfully. The government achieved these outcomes by imposing a countrywide lockdown with a strict curfew enforced by police. By comparison, the approaches taken by Australia, Canada, and Denmark—testing systems and gradual reopenings—have led to a resurgence in cases and localized clusters. All three city-regions postponed the latter stages of phased reopening, with Melbourne returning first to tightened restrictions.

The unprecedented impact of the global pandemic on each city-region has required multi-scalar leadership and urban solutions. Yet not every location has used these essential approaches, and their absence has revealed sophisticated, often entrenched urban inequalities. The next section explores the capabilities of government to respond to these realities considering variations in governing capacities and resilience.

## **Governing Pandemics: Capacity and Resilience**

Relatively early on, observers noted that COVID-19 necessitated a turn towards government at the local, regional, and national levels. Across the four cities, substantial variations characterize government responsibility, affecting both the quantity of resources deployed and the place-based specificity of responses.

In Toronto, the response included significant local government engagement, albeit with financial supports from the provincial and federal governments. In Melbourne, on the other hand, ongoing conflict between federal and state governments in Australia limited the city's response, contributing to a second wave. Conversely, in Colombo and Aalborg, local authorities did not play a significant role. Instead, national governments held sole authority for strategy, policy implementation, and enforcement.

Around the world, governments have rapidly implemented a plethora of temporary actions to create capacity for emergency measures and bolster resilience (Deas et al., 2021). However, we examine below three urban issues that the pandemic has exacerbated and that governments have struggled to address: mobility, homelessness, and inequality.

Mobility trends highlight grave inequities. In the empty city streets—one of the earliest images of lockdown—the reduction in vehicular traffic visibly signalled economic and social distress. As public transit use declined, so too did transit service. In Colombo, transit shut down completely, whereas in Aalborg, Melbourne, and Toronto, ridership declined from 80-90% at the onset of lockdown, leading to service reductions. Responding quickly, governments repurposed city streets temporarily, creating cycling lanes and pedestrian zones as alternatives to transit. However, service reductions disadvantaged those who rely on public transit, including many low-wage frontline and essential workers. Furthermore, as people choose private transport, there is concern that this shift will reverse longstanding efforts to reduce personal automobile use. The shift may also affect the viability and affordability of transit systems.

The pandemic has especially elevated risks to homeless populations. While Colombo arranged temporary quarantine centres for street beggars, Melbourne and Toronto temporarily provided hotels

as shelters and quarantine spaces. In Aalborg, rather than making additional housing resources available, the government tested vulnerable citizens regularly. According to housing policy critics, the pandemic demonstrates that governments have always had the ability, but not always the political will, to provide shelter for homeless individuals. While experts have identified some longer-term solutions to homelessness, governments have not committed to addressing the issue adequately.

Evidence points to the fact that the COVID-19 pandemic amplifies urban inequality (Bailey et al., 2020). Disadvantaged and racially segregated places bear the main burden of COVID-19 (Berkowitz et al., 2020). In Toronto, detailed analysis of the spread of coronavirus clearly shows that low income and racialized households experience the disease and its economic consequences disproportionately (City of Toronto, 2020). The shutdown in Colombo led to loss of income for those who subsist on precarious work in the informal economy. Across Denmark, coronavirus spread has also disproportionately affected non-Western immigrants (Statens Serum Institut, 2020b). In Melbourne, the government compounded inequalities by locking down nine public housing towers accommodating about three thousand residents; although the city provided social service supports, it enforced the lockdown with police. In each location, preliminary evidence indicates that citizens do not experience COVID-19 equally.

The repercussions of increasing inequality are immediate and will be prolonged, because the combination of mobility, housing tenure, and loss of income makes it harder for people and cities to recover. Next, we consider continued actions and transferable lessons to address and alleviate unequal outcomes intensified by the pandemic.

### **Transferable Lessons for Planning**

We suggest that planning must re-engage with localism to address global events. As these four cities show, by how they managed the pandemic and how they reopened, no strategy is universal or perfect. Each city's response varied depending on the location's socio-economic and political differences, resulting in a mix of positive and negative outcomes. For instance, a strict lockdown with an imposed curfew was extremely effective for Colombo. However, in Aalborg, Melbourne, and Toronto, the cities considered such measures too radical at first, but they worked effectively for Melbourne the

second time around. This example pinpoints the potential limitations of phased, democratic intervention by governments.

In Aalborg and Toronto, where public health now tracks racial data, the release of this information has helped the cities to develop specific policies. For instance, in Toronto, a mobile testing centre visited neighbourhoods where the coronavirus had an elevated spread and where residents did not have access to hospital-based testing. However, as shown in the Danish case, this approach can also lead to increases in targeted discrimination and hate crimes—a significant limitation (Steffensen and Laursen 2020). One important future consideration is how to work with structurally vulnerable neighbourhood environments and racial/ethnic inequities (see also Berkowitz et al., 2020). Clearly, such inequalities expand further if authorities fail to successfully target interventions.

Three key lessons arise from this discussion. First, we need evidence-based solutions for responding to emergencies and the ongoing challenges of COVID-19. Second, we must design cities so that residents can satisfy their needs within walkable or cyclable distances. Finally, within political discourse we must increase advocacy and education about good planning solutions.

Evidence suggests that the pandemic has not drastically reformed planning institutions and practices. As Houghton et al. (2020: 140) note, “crises [...] do not automatically lead to a period of reflection and change, regardless of how flaws in current processes and practice are revealed. The almost automatic response [is] to get back to ‘normal’ [...] or restore previous practices, rather than create new ones.” Thus, although we may trust that effective emergency responses will lead to longer-term changes, government behaviour after past crises refutes this assumption (Deas et al., 2021). Previous critical pandemic situations such as SARS did not alter planning ideologies or procedures although authorities learned how to respond more quickly.

To build more resilient and socially inclusive cities, planners must consider localism principles. Citizens need an equitable distribution of wealth, in terms of income, safe employment, access to essential infrastructure, and proximity to services. For example, to improve residents’ mental health and encourage exercise, governments should prioritize access to green infrastructure. Further, governments should advocate for and fund decent housing, given the role shelter plays in health and social justice. With some management guidelines on how to use and design public space and transport



during a pandemic, governments can create more sustainable, productive, and resilient communities. Planners should work with communities to revitalize public spaces, maintain local shops, and ensure that residents can walk or cycle to essential services.

Finally, we stress the need to acknowledge the political nature of planning. This recognition can help us to protect previous gains to grasp opportunities for further change, and to support a long-term program of incrementalism rather than a return to “business as usual.” As the world’s cities are increasingly pressed to address sustainable development and climate adaptation, lessons learned from the pandemic in the contexts considered here are both relevant and transferable.

## **Conclusion**

These examples demonstrate the value of national leadership, regional governance, and place-based solutions for responding effectively to pandemics. Consistently, impacts transcend socio-economic divisions. Thus, resilient cities need to support solidarity and improved accessibility to social and physical infrastructure for the most vulnerable. Significantly, it took a global pandemic to precipitate these new touchpoints of digital and interpersonal connection as the spread of COVID-19 amplified the rapid disruption of the urban condition. Post-pandemic planning founded on evidence-based decision-making and the considered use of emerging/repurposed technologies will be a key public service to address these grave challenges. Ideally, this public service will build community trust in institutions and better citizens’ lives.

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**Table 1: Pandemic and Unlockdown in Four Cities (and respective Countries)**

Variables	Cities (Countries)			
	Aalborg (Denmark)	Colombo (Sri Lanka)	Melbourne (Australia)	Toronto (Canada)
Population <sup>1</sup>	Denmark: 5.8 million  City of Aalborg: 136,645 (as of 2018)	Sri Lanka: 21 million  City of Colombo: 612,535 (as of 2020)	Australia: 25.5 million  City of Melbourne: 178,955 (as of 2019)	Canada: 37.4 million  City of Toronto: 2.95 million (as of 2018)
Human Development Index Ranking <sup>2</sup>	11 <sup>th</sup> of 185 countries (Denmark)	72 <sup>nd</sup> of 185 countries (Sri Lanka)	6 <sup>th</sup> of 185 countries (Australia)	12 <sup>th</sup> of 185 countries (Canada)
Outbreak <sup>3</sup>	Confirmed Cases/Deaths  National: 18,356/628  Regional (North Jutland): 185,534/30  Local (City): N/A	Confirmed Cases/Deaths  National: 3,140/12  Regional: N/A  Local (City): N/A	Confirmed Cases/Deaths  National: 24,465/781  Regional (Victoria): 19,688/694  Local (City): N/A	Confirmed Cases/Deaths  National: 133,748/9,153  Regional (Ontario): 43,536/2813  Local (City): 16,361/1,176
Pandemic Response Management <sup>4</sup>	National	National	Regional/Local	National/Regional/Local
Lockdown <sup>5</sup>	Advised	Strictly enforced	Advised/Strictly enforced	Advised

Reopening (first six months after initial outbreak)	<p>Gradual and controlled reopening in four phases from 20 April to 01 August 2020.</p> <p>Phases 1 and 2 went ahead as scheduled. Phases 3 and 4 (August) postponed due to increased cases and clusters in multiple locations nationally.</p>	<p>Strict curfew and restrictions on households from 20 March to 11 May 2020, enforced by police with military support<sup>6</sup>.</p> <p>Partially open by 11 May with restrictions lifted completely 28 June 2020.</p>	<p>Gradual and controlled reopening from 01 June until 01 July 2020.</p> <p>From 07 July, local lockdown of Victoria and state of disaster declared within existing state of emergency (strict curfew, restrictions on movement and enforcement by state policy with military support).</p>	<p>Gradual and controlled reopening in three phases from 19 May to 31 July 2020.</p> <p>Toronto entered Phase 1 at the same time as the rest of Ontario. It entered Phases 2 and 3 at a later date than much of the province because growth in new cases continued to remain disproportionately high.</p>
Borders/International Arrivals	<p>Border/travel restrictions from 14 March 2020. Effective easing of border restrictions in the EU and Schengen area, as well as the UK from 27 June 2020.</p> <p>Borders to countries outside of those listed remain temporarily closed.</p>	<p>Border/travel restrictions from 23 March 2020 to present.</p>	<p>Phased border/travel restrictions from 1 February to 20 March 2020. Trans-Tasman bubble with New Zealand proposed but subsequently revoked.</p>	<p>International border restrictions in place for recreational travel starting 22 March 2020. As of August 2020, border restrictions/closures remain in place.</p>

Notes:

1 The population statistics are collected from the official local government webpage for each city. The same geography is used across each context. ‘City of’ refers to the population in the administrative area of each city (not the metropolitan/greater area population).

2 The Human Development Index (HDI), developed by the United Nations Development Programme, is a summary measure of average achievement in three key dimensions of human development: 1. life expectancy at birth, 2. mean of years of schooling for adults aged 25 years and more and expected years of schooling for children of school-entering age, and 3. gross national income per capita. Dimension indices are then aggregated into a composite index using geometric mean.

3 Data collected from government/public health body webpages for each context. Recording of the COVID-19 outbreak differs between each territory, N/A is used where regional and local (city) statistics are not currently available. The data is collected from government/public health body webpages at the national, regional and local (city) levels. The figures shown are as of 09/09/20.

4RPandemic Response Management refers to the tier of authority responsible for the issuing of COVID-19 directives.

5 Lockdown refers to the closure of borders, workplaces, schools and associated measures to stop the movement of large numbers of people. Among the four city-regions, lockdown differs in rigidity and strictness between “Advised” (i.e., government restrictions issued as recommendations) and “Strictly enforced” (i.e., legally binding restrictions enforced by police and military).

6 Citizens whose last digit on their identity card is 1 or 2 were allowed to leave their residence for essential goods and exercise on Mondays, 3 or 4 on Tuesdays, 5 or 6 on Wednesdays, 7 or 8 on Thursdays, and 9 or 0 on Fridays.