Better cities after COVID-19

Transformative urban recovery in the global South

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This issue paper proposes a novel framework to support a transformative urban recovery in cities of the global South. COVID-19 has created a critical juncture in the development of these cities. Local governments and grassroots organisations have led urban responses that have been pivotal in shaping the pandemic's outcomes for low-income residents. Yet policymakers have had only a limited focus on the pandemic's urban dimensions. Now, holistic interventions will be vital to address the complex exclusions and risks facing low-income urban residents. Synthesising evidence on the pandemic's impacts in urban areas, this issue paper outlines a set of policy priorities and develops a framework with guiding principles for co-creating inclusive, forward-looking pathways out of the crisis. The framework will help key stakeholders – including health officials, local and national governments and international agencies – create an equitable and transformative urban recovery.

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Summary

The impact of COVID-19 on the urban poor

The toll of the COVID-19 pandemic has been immense across the world. But its impacts have been particularly severe in cities of the global South – and often inequitable. Globally, over 1 billion people live in informal settlements ('slums'). Residents are often at heightened risk of COVID-19 transmission due to overcrowded housing, inadequate infrastructure and minimal services.[1] At the same time, there are 2 billion workers in the informal economy – and the pandemic has often devastated informal livelihoods in urban areas.[2] Yet despite the risks involved, many informal labourers have had to work even during lockdowns due to limited savings, rising food insecurity and meagre access to social protection.

Supporting local recovery plans for cities

Local governments and grassroots organisations have already played a pivotal role in shaping the pandemic's outcomes. From distributing emergency relief to enhancing service delivery, community-based organisations have frequently cushioned the pandemic's impacts and helped develop inclusive strategies. Sometimes these bottom-up initiatives have complemented official interventions. But too often, community-based organisations have had to fill the gaps in formal support in order to reach households that were otherwise sidelined. Additional strategies to support local governments and people-centred recovery plans are urgently required, so that COVID-19 does not further imperil health and livelihoods in urban areas.

The pandemic has already led to deepening inequalities based on gender, age, disability, migration status, race/ethnicity and other exclusions. It is vital that progressive, holistic interventions are developed that can address the complex risks facing urban low-income residents – and build on inclusive local initiatives responding to the pandemic. But how can this be achieved?

A framework for transformative urban recovery

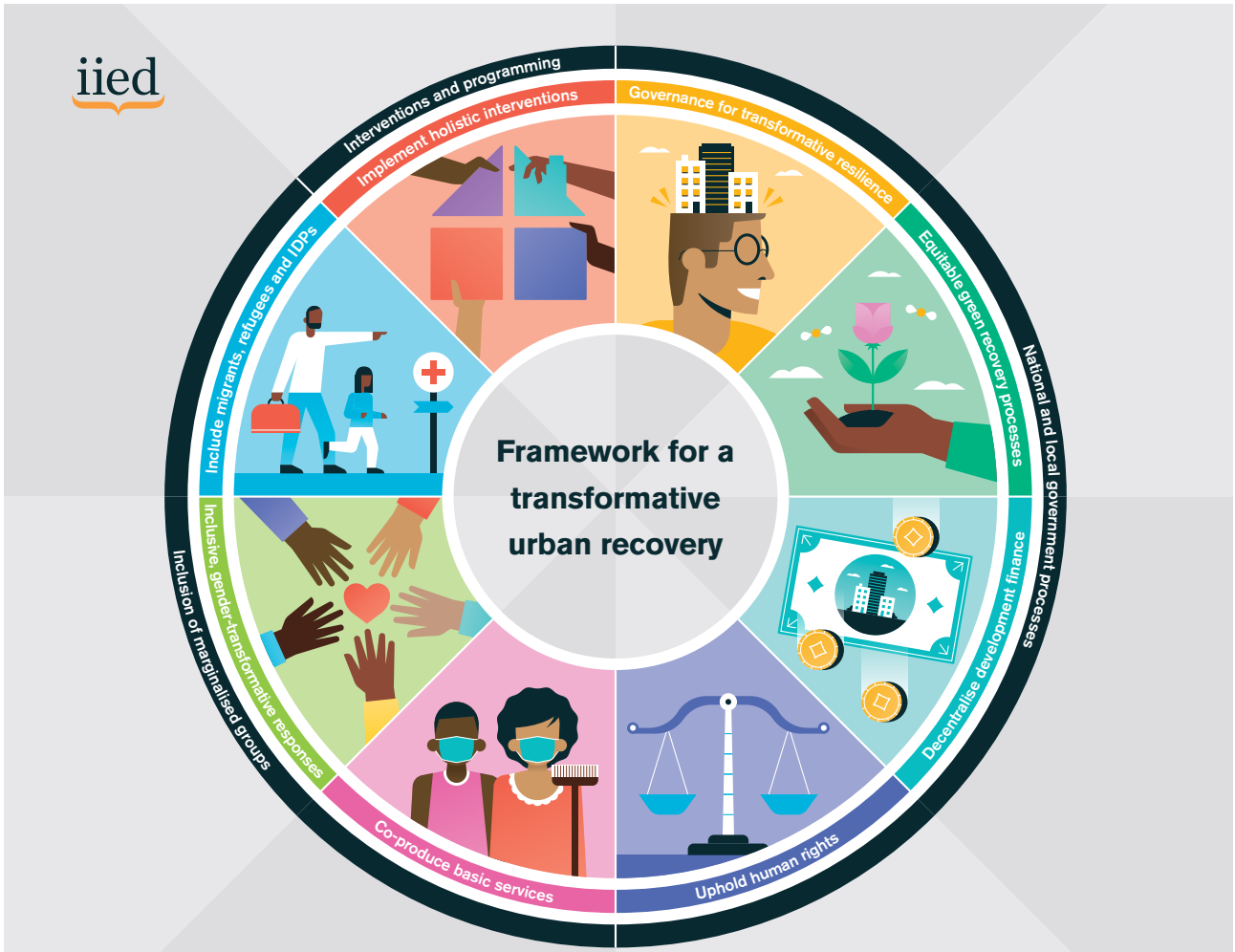
In this issue paper, we propose a novel overarching framework that promotes a progressive vision for policy and practice to support a transformative urban recovery (TUR). The TUR framework aims to help key stakeholders – including policymakers, health officials, local governments and international agencies – to identify opportunities for achieving multiple benefits in climate resilience, urban health equity and inclusive livelihoods.

- In Part 1, we discuss the impacts of the pandemic on informal workers and residents of informal settlements. Summarising key trends in COVID's health burdens across the global South, we analyse rising urban poverty and multiple forms of exclusion. We also highlight the contributions of grassroots organisations and the importance of generating co-created solutions to COVID-19 in urban areas.
- In Part 2, we identify key priorities and gaps in the literature and underscore the urgent need to develop policies and programmes that support a transformative urban recovery. It will be essential to provide more effective support for vulnerable groups and to enhance accountable local governance.
- In Parts 3 and 4, we explain how the TUR framework works. It consists of eight interrelated principles for generating inclusive, forward-looking pathways out of the crisis (see Box 1 and Figure 1).
- Finally, in Part 5, we recommend that state officials must look 'beyond formalisation and negotiate more advantageous terms of inclusion' that will be essential for co-creating a transformative urban recovery.[3]

Looking forward: a vision for policy and practice

The pandemic represents a major turning point in urban development. Now is the time to seize this window of opportunity. The framework can help policymakers, international agencies, local governments and other key stakeholders to build on recent efforts to engage constructively with informal workers and residents of informal settlements. It will help develop solutions with vulnerable groups that are both co-created and contextually specific. With appropriate support and political will, the TUR framework can respond to the pandemic's interrelated challenges in urban areas – and catalyse opportunities for transformative change.

Figure 1. Framework for a transformative urban recovery



National and local government processes

1

Support governance processes that promote transformative resilience to multiple risks.

The quality of local governance and use of local knowledge strongly influences access to shelter, infrastructure and emergency response, including during pandemics.

2

Implement transformative green recovery processes that recognise and manage trade-offs.

Responses that promote equitable *green* recovery process (for example, nature-based solutions, support for circular economy) must also respond to local political realties and benefit low-income communities.

3

Create and expand mechanisms to decentralise sustained urban development finance.

Sustained decentralised funding streams can significantly tackle existing inequalities and offer more than temporary, short-term relief measures in cities and other urban areas.

4

Promote evidence-based responses that are non-discriminatory and uphold human rights in urban areas.

Key human rights must be respected, protected and fulfilled throughout all evidence-based recovery actions including rights to housing, food, education, water and the right to work in cities.

Inclusion of marginalised groups

5

Support informal workers' livelihoods and institutionalise mechanisms for co-producing basic services.

The informal economy has a key role in providing housing, basic services and livelihoods, especially for low-income groups in informal settlements and other urban areas.

6

Support inclusive, gender-transformative responses co-produced with marginalised groups.

Including women and girls, people with disabilities, youth, LGBTQI residents, racial minorities and others at heightened risk of severe disease or discrimination in cities and urban areas.

7

Include migrants, refugees and internally displaced people (IDPs) in pandemic assistance.

The legal status of urban migrants, refugees and IDPs presents specific challenges in accessing basic services, with many being excluded from official support during COVID-19.

Interventions and programming

8

Implement holistic interventions to improve the wellbeing of residents of informal settlements.

By strengthening livelihoods, upgrading informal settlements, developing adaptive social protection measures and enhancing key services such as healthcare and education.

COVID-19 in cities of the global South

1

There is a burgeoning policy literature on how to 'build back better' after COVID-19. But few studies explicitly consider the pandemic's urban features – or seek to develop the multifaceted strategies necessary to tackle COVID-19's inequitable impacts in cities.[4] Although detailed data remain scarce, reports suggest that over 90% of COVID-19 cases are located in urban areas.[5] And the pandemic's health and economic crises are especially profound in cities across the global South.

Informal workers, residents of informal settlements and other marginalised groups have been disproportionately affected.[6] Meanwhile, the ongoing economic recession has dramatically reduced municipal revenues and budgets. Urban areas typically receive lower levels of international development and climate finance than rural areas.[7] These limited resources have been squeezed, particularly given rising demands for social or emergency services.[8] Cities have also experienced especially significant job losses: based on a survey of over 17,000 adults in 46 nations, almost nine out of 10 (88%) urban respondents have lost income during the pandemic.[9] And compared with those in rural areas, urban respondents were almost twice as likely to have lost their jobs (61% versus 33%).

At the same time, urban grassroots organisations have effectively mobilised and responded collectively to COVID. Learning from these responses can create the foundation for equitable recovery strategies. For instance, community-based organisations in informal settlements have played a significant role in distributing emergency relief, improving access to handwashing facilities and advocating for improved service delivery.[10] Informal workers' organisations have mobilised for enhanced access to personal protective equipment (PPE) and social protection, as well as to secure policy recognition as 'essential workers'.[11] By building upon these bottom-up efforts to address COVID-19, decisionmakers can generate inclusive and farsighted strategies with lasting benefits for health, climate resilience and well-being in urban areas.

Drawing on inputs from grassroots organisations, international agencies and other key urban stakeholders, IIED's Human Settlements Group has co-created a transformative urban recovery framework that provides an overarching, inclusive urban vision to inform and resource transformative recovery processes. This framing of 'transformation' aims to promote urgent, systemic recovery processes that are both green and inclusive.[12] Diverse socioeconomic and political contexts will also influence pandemic recovery pathways in the global South. This makes it essential for policymakers, civil society organisations and urban residents to co-produce COVID-19 strategies that are appropriate and locally rooted.[13]

1.1 Health impacts and socioeconomic harm

Some low and middle-income countries (LMIC) such as Vietnam[14] and Senegal[15] have successfully kept their caseloads low. But more often than not, the pandemic's health, social and economic burdens have been staggering in the global South. According to the World Bank, the total number of 'new poor' globally due to COVID-19 (using a poverty line of US$1.90 per day) ranged from 119 million to 124 million people in 2020.[16] In 2021, the numbers of extreme poor are estimated to rise again, between 143 and 163 million people.[17] And the pandemic's health toll continues to increase sharply in many regions of the global South. COVID-19 cases and mortality levels are particularly high in India and many Latin American countries, while lower levels have been reported in sub-Saharan Africa (Table 1). As the table indicates, total COVID-19 deaths in the global South are currently highest in Brazil, India and Mexico. But given the limited testing capacities in the global South (especially in hard-hit areas) official statistics are likely to be significant underestimates, as underscored by a recent study in Zambia.[18]

The rise of more transmissible variants – combined with overburdened health systems, limited access to vaccines and persistent governance challenges in containing the outbreak – have deepened COVID-19's health impacts across much of the global South. A variant initially identified in South Africa (in December 2020) led to surging cases not only in South Africa but in neighbouring Zimbabwe as well. New variants (including those identified in Brazil, India and the UK) are significantly altering the pandemic's trajectory in the global South. In both India and Brazil, daily COVID-19 death tolls have recently exceeded 4,000 per day. As India's case numbers have escalated (including among younger people), many urban hospitals are overwhelmed and have experienced dire shortfalls in oxygen, medical staff and intensive care unit (ICU) beds.[19] During the initial wave, the pandemic's health impacts in sub-Saharan Africa were usually lower than in other regions. But subsequent waves are imposing a heavier toll, particularly due to new variants.[13] With extremely limited access to vaccines in the global South – especially for informal workers and other vulnerable groups[20] – the health and socioeconomic toll may only rise in the months ahead.

Table 1. COVID-19 cases, mortality and percentage of population fully vaccinated in select LMIC nations

COUNTRY	TOTAL COVID-19 DEATHS	TOTAL COVID-19 CASES	% POPULATION FULLY VACCINATED
Brazil	474,414	16,984,218	10.85
India	351,309	28,996,473	3.29
Mexico	228,838	2,434,562	11.11
Peru	186,511	1,983,570	4.12
Colombia	92,496	3,593,016	6.82
Argentina	81,946	3,977,634	6.78
South Africa	57,063	1,699,849	0.82
Indonesia	51,803	1,863,031	4.14
Bangladesh	12,869	812,960	2.58
Kenya	3,308	172,639	0.02
Nigeria	2,117	166,816	0.13
Zimbabwe	1,611	39,238	2.56
Senegal	1,148	41,713	0.43
Vietnam	53	9,027	0.04

Source: Johns Hopkins, updated 8 June 2021 https://coronavirus.jhu.edu/map.html

1.2 Rising urban poverty and inequalities

Informal livelihoods were devastated by COVID-related lockdowns and economic downturns. And there are 2 billion informal labourers worldwide – including 75% of all workers in Africa and India. Globally, losses in working hours in 2020 were approximately four times greater than the 2009 financial crisis, with higher losses for women, youth, self-employed and low-skilled workers.[2]

Informal labourers' limited savings and meagre access to social protection have meant that many had to continue working despite COVID-19 lockdowns.[21] The first wave was characterised by a lack of contextually appropriate social protection and emergency relief. And this was alongside strict lockdowns, disrupted supply chains and human rights violations such as rising police brutality and forced evictions.[22] In turn, many urban areas experienced escalating poverty and food insecurity, especially among informal labourers. Surveys in Durban with 185 informal workers found that over 80% of adult labourers reported hunger during lockdowns and 90% of households with children reported hunger amongst their children.[23]

COVID-19's impacts were particularly severe in informal settlements ('slums'), which are home to over 1 billion people globally. The pandemic has starkly revealed the dire lack of adequate housing and services in these areas.[6] Households in informal settlements typically have precarious informal livelihoods and few assets or savings. This makes it extremely difficult to stop working without any financial support. Meanwhile, high population densities make social distancing norms nearly impossible to implement in informal settlements.[24]

Combined with insufficient COVID-19 testing and weak health systems, the pandemic has had major secondary health impacts in informal settlements. Residents already face overcrowded housing, minimal water, sanitation and hygiene (WASH) and other services, and elevated levels of tuberculosis, HIV/AIDS and other underlying health conditions.[1] Many low-income residents could not access routine vaccination programmes and have missed health appointments, including for chronic health conditions.[25] Research on healthcare access in several informal settlements found that key barriers linked to COVID-19 include reduced incomes, fear of infection and stigmatisation, and challenges of physically reaching healthcare facilities.[26]

COVID-19 has only deepened longstanding urban inequalities. Vulnerable groups such as migrants and refugees, racial minorities and disabled people all have had to bear an especially heavy toll. The pandemic has exacerbated often-overlapping disadvantages[27] based on gender, age, class, sexuality, ethnicity or race.[28] Displaced populations in cities can face increasingly xenophobic attitudes and intensified forms of exclusion[29] – as well as heightened barriers to accessing vital services during COVID-19. People living with disabilities in cities are also at risk of increased marginalisation, particularly if their access to home health services or other assistance has been curtailed.[30] Governments have frequently used COVID-related restrictions as an excuse to target lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) individuals: harassment, violence or other discrimination of these groups markedly rose in countries such as Uganda and the Philippines.[31] Youths' livelihoods and schooling have frequently been halted or disrupted, although young people have also played a leading role in community responses to COVID-19.[32]

Many of the pandemic's impacts are gender-inequitable and have contributed to a crisis in caregiving as well as escalating levels of domestic violence.[33] Typically, men have higher rates of mortality and COVID-19 hospitalisations than women, although there is only limited disaggregated data capturing a range of differences (including gender, socioeconomic status and race/ethnicity). The pandemic has led to a highly gender-inequitable combination of declining paid work – women are overrepresented in informal jobs and hard-hit sectors like tourism – and increased caring duties and limited or non-existent childcare. Women have disproportionately shouldered the rising care burdens. And they may face greater risks of lost assets, food insecurity and domestic violence.[34]

Women's care duties are especially challenging to fulfil when facing severe shortfalls in water, sanitation and clean energy – all of which are common in informal settlements. Low-income residents often rely on polluting energy sources for cooking and lighting that contribute to respiratory illness, in addition to heightening women's difficulties when caring for the sick. Similarly, women and girls are especially burdened by inadequate WASH, which can stymie efforts to maintain hygiene during the pandemic. It is also difficult to socially distance when queuing for water in dense settlements. Women and girls may even risk gender-based violence as they walk to access WASH in informal settlements.[35]

Punitive responses to COVID-19 have increasingly led to human rights violations such as forced evictions, elevated levels of police brutality and erosion of the right to privacy. Official track-and-trace programmes may result in surveillance measures that could prove difficult to repeal. Digital initiatives during COVID-19 have frequently posed major risks to privacy and human rights: governments are collecting extensive personal data, which may be inadequately managed, and tools may be inappropriate for low-income residents lacking reliable access to mobile phones or internet.[36] Additionally, forced evictions and the destruction of informal markets have been widespread in many cities. This has left already marginalised communities homeless and lacking access to food and essential goods. There are significant concerns about rising police abuse globally, including the use of excessive force against peaceful protesters and when enforcing lockdowns or curfews.[37] It will be crucial to implement police reforms and enhance trust between low-income communities and the police using contextually appropriate measures.[38] Recovery measures should also promote economic and social rights. These include the rights to housing, healthcare and labour protections, while building on emerging community-led solutions to the pandemic.

1.3 Co-produced solutions: the role of grassroots organisations

More positively, grassroots organisations across the global South have generated inclusive, collective responses to COVID-19, which may benefit from further support and partnerships. Bottom-up organisations demonstrated a tremendous capacity to respond to the immediate needs of low-income urban groups and develop more strategic responses. Many community-based groups helped to fill gaps, for example, by improving handwashing facilities, delivering food parcels and establishing community kitchens.[10] Creative strategies including murals, community radio/TV and social media helped combat misinformation on COVID-19. Grassroots organisations significantly amplified health messages, such as the Homeless People's Federation of Malawi, which worked with Lilongwe's District Health Office to use a public address system to raise awareness with 30,000 residents.[39] In Karachi, Mumbai and the Philippines, grassroots groups helped to identify needy households and enhance aid targeting.[39] The Kenyan federation of slum dwellers, Muungano wa Wanavijiji, has mapped community isolation areas and contributed to government guidelines on isolation.[40] Some movements have achieved longer-term gains: in Argentina, grassroots pressure and progressive social movements in the national government helped to pass a major COVID-19 reconstruction programme that included support for improving informal settlements.[41]

Meanwhile, other grassroots organisations have helped to support refugees and people with disabilities during the pandemic. Refugee-led organisations in Kenya and Uganda translated information about the pandemic into native languages and lobbied COVID-19 taskforces to include refugees in food distribution.[42] To meet the needs of people with disabilities, community organisations in Indonesia and Sierra Leone's informal settlements built accessible sanitation facilities, distributed COVID-19 information in several formats, and delivered supplies to disabled residents. Significantly, these groups only recently prioritised the needs of people with disabilities. COVID-19 provided an opportunity to create such novel alliances.

Women's organisations have played a pivotal role in shaping inclusive COVID-19 responses, including providing mutual aid and livelihoods support. In Nepal, women's cooperatives partnered with local governments to distribute emergency relief. Funds managed by these cooperatives also helped to provide livelihood loans. Drawing on their well-established social networks, women's organisations in Mumbai's informal settlements shared information widely and developed strategies to enable social distancing at local markets. In Kerala (India), a women's network called Kudumbashree worked with local governments to create over 1,000 community kitchens across Kerala, as well as special kitchens serving migrant workers. Kerala's effective pandemic response is rooted in several interrelated factors (see Section 2.2), including a lengthy record of decentralised public health infrastructures with joined-up service delivery between community-based health groups, health workers and volunteer networks.[43]

In some cases, COVID-19 has led to equitable, constructive engagements between the state and informal workers. Soon after India's lockdown was declared in April 2020, the city of Ahmedabad partnered with informal vegetable vendors in the Self Employed Women's Organisation (SEWA) to deliver fresh produce using e-rickshaws, which successfully reached low-income customers.[44] In Ghana, food traders known as 'market queens' helped clean markets so that sales could continue during partial lockdowns. Local officials have built trust and successfully facilitated dialogues with these workers. Food vendors in nations such as Kenya, Zimbabwe and South Africa were declared 'essential' service providers during COVID-19, sometimes following mobilisations by informal traders' organisations.[11]

Digital communications strategies are also creating links between activist movements and supporting alternative modes of organisation. In Mexico, a 'feminist trading platform' has used social media to facilitate the exchange of goods and services while also fostering women's solidarity.[45] For instance, therapists can provide consultations and in exchange receive clothes, food or other items. Meanwhile in Brazil, a Human Rights Observatory was launched in April 2020 with participation from feminist organisations, LGBTQI, black and other social movements to collect information and combat COVID-related rights violations.[46] Such network-building activities may strengthen longer-term struggles for gender equality and social justice.

Towards transformative urban recovery: key issues to consider

2

Despite the recent arrival of vaccines, there is no single exit from the pandemic – particularly for low-income residents in the global South. As inoculation programmes are being rolled out, it is unclear how the vaccine will reach vulnerable groups including refugees, residents of informal settlements and informal workers. It will be imperative to work with marginalised communities who have voiced concerns about how the vaccine will be funded, to support accessibility and affordability for low-income groups, and to address local concerns linked to anti-vaccination sentiments.[47]

Going forward, what evidence do we need to drive a transformative recovery that can respond to uncertainty and competing priorities? The following sections outline some key issues for policymakers to consider in developing their strategies for COVID-19 recovery in urban areas.

2.1 Improving urban data

As exemplified by findings in Bangladesh[48] policymakers need regularly updated data in urban areas to catalyse inclusive interventions and understand the pandemic's impacts (including upon newly poor households). Some cities have successfully combined COVID-19 data from formal and informal sources, as well utilised technology to coordinate, disseminate and fact-check findings across state- and citizen-led activities during the pandemic.[43] More generally, research is needed to explore both well-established urban development issues and emerging concerns linked to COVID-19. This can help 'to address longstanding challenges, provide evidence of the costs of ignoring multiple risks or the benefits of tackling them, and build evidence of the (in) effectiveness of the response to the present crisis'.[49]

2.2 Developing flexible and inclusive strategies

There are opportunities to learn from local COVID-19 responses to create recovery strategies that can work with uncertainty and foster inclusive partnerships. These strategies should provide an alternative to prescriptive, top-down approaches. For instance, government officials in Liberia learnt valuable lessons from the Western African Ebola virus epidemic in 2014–2016 – such as engaging closely with residents, building the capacities of community health workers and establishing robust contact-tracing systems – that have helped to minimise COVID-19's death toll.[50] Effective pandemic interventions in Vietnam and Kerala (India) have utilised a 'whole of government' approach combined with grassroots consultations, transparent communication, enhanced access to services and efforts to reduce stigmatisation.[51]

A man sells seasoned meats in a working-class district of Abidjan, Ivory Coast.
Credit: Jennifer A. Patterson/ILO via Flickr, CC BY-NC-ND 2.0

At the same time, there is a need to understand potentially exclusionary grassroots leadership and develop strategies to address community divisions based on ethnicity, gender or other factors.[52] Building on recent studies of bottom-up COVID-19 responses,[53,54] new evidence and analysis will be needed of emerging co-produced solutions and residents' changing interactions with local governments, service providers and other key stakeholders. Relatedly, future research can explore how to integrate community-centred approaches into COVID-19 response and how to foster cross-sectoral, interdisciplinary partnerships over the short and longer term.[55]

2.3 Understanding cities' density and structural conditions

The role of urban density in influencing COVID-19 outcomes continues to be a point of contention. Population density and rapid urbanisation patterns are seen to be associated with increased levels of COVID-19, though 'it is not density alone that makes cities vulnerable to COVID-19, but the structural economic and social conditions [making cities] more or less able to implement effective policy responses'.[56] Similarly, other authors note that 'density itself is not the problem; it is the overcrowding that is a result of poverty and the lack of infrastructure and services from state neglect' that strongly affect COVID-19's urban trajectory.[57] In addition, research and policies are needed to foster compact, connected and equitable cities with a focus on enhancing active transport and reviving public transport as part of COVID-19 recovery strategies.[58]

2.4 Enhancing social protection and income support

There has been significant interest in the potential role of formal social protection systems and income support for urban residents during the pandemic.[59] Policy approaches to social protection have usually provided cash directly to the lowest-income, most-marginalised people to address chronic poverty. Current debates on social protection are focused on how to extend these schemes 'vertically' (by increasing the benefit value or duration of assistance) or 'horizontally' (by adding new beneficiaries).[60] During COVID-19, it remains crucial to understand how best to incorporate marginalised residents into social protection schemes, including those in the informal economy.[61] There is a need for more effective processes to identify and select beneficiaries, to raise awareness and better reach excluded groups, and to develop financing mechanisms that can ensure sustainable, adequate relief measures during multiple waves of COVID-19.

2.5 Creating strategies for a green recovery

The importance of 'green recovery' and supporting climate-resilient cities is often featured in literature on COVID-19, including as part of the Locally Led Adaptation Principles.[62] But such strategies to achieve a green recovery may overlook local political contexts. Tailored strategies are needed that will benefit the hardest-hit residents and also value local knowledge and institutions.[63] As explained in the next section, there are substantial opportunities to support climate resilience (including via improved shelter, infrastructure and nature-based solutions) while addressing the root causes of the COVID-19 crisis and creating more inclusive development pathways.

Transformative urban recovery framework: a vision for policy and practice

3

We now have a vital opportunity to ensure that inclusive, forward-looking recovery plans are in place. A flexible approach is required that can support multiple recovery pathways and respond to prevailing uncertainties linked not only to COVID-19, but also to climate change and the ongoing economic recession. We can do this by understanding the pivotal role that local responses have played in managing COVID-19's health and economic crises. Policymakers can build on a wealth of prior experience of community-led partnerships, while also re-envisioning urban development strategies to address new and well-established challenges. Interventions will need to tackle the complex exclusions facing low-income urban residents. They will also need to overcome sectoral silos – including the gap between urban policymakers and humanitarian actors in cities.[64] At the same time, there are significant possibilities to address multiple risks linked to displacement, exclusionary urban development and 'everyday' and small-scale disasters, which have already left low-income residents highly vulnerable to shocks.[65]

In the climate-resilience literature, there is a rising awareness of the need for transformative approaches that can simultaneously address climate change while eliminating structural inequalities and fostering social justice in urban areas.[66,67] Future initiatives will need to engage with both the structural political-economic drivers of inequality and vulnerability, alongside the 'unruly' processes reflecting the complexity of different urban contexts.[68]

To advance this broader agenda while also tackling the COVID crisis, the following framework proposes a vision for policy and practice that can support a transformative urban recovery. The TUR framework identifies key priorities that can foster recovery in urban areas. IIED has co-developed this framework via workshops and ongoing engagements with civil society and grassroots organisations, urban policymakers, researchers, international agencies and other urban stakeholders active in the global South. Together, we will work collectively to put the framework into practice.[69]

A woman poses for a portrait at her face mask and garment manufacturing factory in Bulawayo, Zimbabwe.
Credit: KB Mpofu/ILO via Flickr, CC BY-NC-ND 2.0

Implementing the framework: guiding principles

4

The TUR framework aims to tackle multiple forms of exclusion with a focus on co-producing solutions with residents of informal settlements, informal labourers and other marginalised groups in urban areas. As we noted earlier, exclusions are often overlapping and may be based on class, gender, age, migration status, disability, race/ethnicity, sexual orientation or other differences in urban areas.

Based on eight guiding principles, the TUR framework can foster a range of benefits for health, climate resilience and inclusive economic development with particular benefits for groups who have been disproportionately affected by COVID-19. Public health responses are much more likely to achieve compliance when developed closely with community participation, including by the most marginalised groups. With appropriate support and political will, the TUR framework can respond to the pandemic's interrelated challenges in urban areas and catalyse opportunities for transformative change. This will require – but can simultaneously contribute to – reshaping citizen-state relations to encompass 'emergent, enabling practices, such as those around mutual solidarity and care'.[68]

The TUR framework's eight guiding principles are summarised in Figure 1 and presented in detail in the sections below. Some of the aims are cross-cutting – such as the importance of a green recovery (Principle 2) and using gender-transformative approaches (Principle 5) – but are also associated with the concrete recommendations outlined in sections 4.1 to 4.3.

- Principles 1 to 4 highlight the national and local government processes that underpin a TUR.
- Principles 5 to 7 focus on incorporating marginalised groups into these processes.
- Principle 8 summarises the delivery of interconnected services and infrastructure as a result of the preceding principles.

4.1 Principles for national and local government processes

Principle 1. Foster inclusive urban governance

Develop inclusive urban governance processes that promote transformative resilience to multiple risks by using local knowledge in the face of uncertainty

The quality of local governance and use of local knowledge strongly influence access to shelter, services, infrastructure and emergency response. These have all been pivotal during the pandemic.[70] Municipal policymakers can draw on grassroots, civil society and private-sector efforts and build local alliances to deliver more effective strategies, including to address the pandemic. Harnessing local knowledge is key to understanding how complex risks are experienced across cities and can help to generate forward-looking, multipronged strategies that can foster resilience to multiple risks.

Principle 2. Promote an equitable green recovery

Implement transformative green recovery processes that can recognise and manage trade-offs, while promoting a range of co-benefits

A transformative green recovery should foster a fair, accelerated transition that leaves no one behind, while also creating innovative social protection and reskilling strategies. These strategies cannot meaningfully address underlying urban risks if they result in rising greenhouse gas emissions, or in heightened exposure to disaster risks. More positively, there is scope to promote green recovery processes that can advance local priorities and benefit low-income communities. Key interventions may include nature-based solutions with benefits for health and resilience[71] and climate-resilient upgrading initiatives, such as enhanced access to clean energy and low-carbon housing in informal settlements.[72] There is also a need to plan for clean mobility and active transport (such as public transport, cycling and pedestrian walkways), to invest in renewable energy generation and electrification, and to enhance support for the circular economy (especially for informal waste-pickers and other marginalised groups).

Principle 3. Decentralise development finance

Create and expand mechanisms to decentralise sustained urban development finance, including long-term resources for local governments

Although no single financing mechanism can address major shocks like COVID-19, the use of appropriate, sustained local funding mechanisms can support urban development processes that build collective, social and political capital to enhance long-term resilience. In particular, policymakers can create decentralised funding streams and empowered municipal decision-making processes to tackle existing inequalities rather than merely temporary relief measures.[73] Implementing these funding strategies may require better collaboration between local and national government, new institutional frameworks (including decentralised decision-making) and new fiscal mechanisms such as blended funds from multiple sources. Additionally, efforts are needed to enhance cities' creditworthiness and to strengthen the role of green finance instruments at the urban level.

Figure 1. Framework for a transformative urban recovery

National and local government processes

1

Support governance processes that promote transformative resilience to multiple risks.

The quality of local governance and use of local knowledge strongly influences access to shelter, infrastructure and emergency response, including during pandemics.

2

Implement transformative green recovery processes that recognise and manage trade-offs.

Responses that promote equitable *green* recovery process (for example, nature-based solutions, support for circular economy) must also respond to local political realties and benefit low-income communities.

3

Create and expand mechanisms to decentralise sustained urban development finance.

Sustained decentralised funding streams can significantly tackle existing inequalities and offer more than temporary, short-term relief measures in cities and other urban areas.

4

Promote evidence-based responses that are non-discriminatory and uphold human rights in urban areas.

Key human rights must be respected, protected and fulfilled throughout all evidence-based recovery actions including rights to housing, food, education, water and the right to work in cities.

Inclusion of marginalised groups

5

Support informal workers' livelihoods and institutionalise mechanisms for co-producing basic services.

The informal economy has a key role in providing housing, basic services and livelihoods, especially for low-income groups in informal settlements and other urban areas.

6

Support inclusive, gender-transformative responses co-produced with marginalised groups.

Including women and girls, people with disabilities, youth, LGBTQI residents, racial minorities and others at heightened risk of severe disease or discrimination in cities and urban areas.

Interventions and programming

7

Include migrants, refugees and internally displaced people (IDPs) in pandemic assistance.

The legal status of urban migrants, refugees and IDPs presents specific challenges in accessing basic services, with many being excluded from official support during COVID-19.

8

Implement holistic interventions to improve the wellbeing of residents of informal settlements.

By strengthening livelihoods, upgrading informal settlements, developing adaptive social protection measures and enhancing key services such as healthcare and education.

Principle 4. Uphold human rights

Promote evidence-based responses to COVID-19 that are non-discriminatory and uphold human rights in urban areas, including housing, food, education, health, and right to work

Throughout all COVID-recovery actions, key human rights must be respected, protected and fulfilled, such as the rights to food, education and work and the highest attainable standard of physical and mental health. In the short term, governments should implement eviction moratoriums and halt any disconnections of vital services. Longer-term strategies will need to prioritise sufficient public investments to provide adequate healthcare, water, sanitation and housing for all. There is also a need to develop appropriate technologies in the global South that can foster privacy and rights-preserving health infrastructures, including the use of both formal and informal data sources. Such strategies will need to consider carefully how to balance the need for surveillance and control with concerns for privacy and citizen autonomy in highly unequal urban contexts.

4.2 Principles for the inclusion of marginalised groups

Principles 5–7 explain how to incorporate marginalised groups in co-produced solutions that can address multiple inequalities and engage constructively with urban informality.

Principle 5. Co-produce basic services and strengthen informal livelihoods

Institutionalise mechanisms to co-produce basic services with informal service providers and residents of informal settlements, while also strengthening livelihoods via multipronged interventions and partnerships with informal labourers' organisations

The informal economy has important interdependencies with the formal sector. It is integral to the provision of housing, basic services and livelihoods, especially for low-income urban residents. Policy responses to COVID-19 should recognise the centrality of informal service providers by institutionalising co-produced solutions and participatory decision-making processes (see also Principles 6 and 8). There is also an urgent need to strengthen informal livelihoods by partnering with informal labourers' organisations and expanding access to social protection. Additionally, decisionmakers should assist vulnerable workers and enterprises via employment services, active labour market programmes and skilling initiatives. Complementary efforts to strengthen informal livelihoods may include:

- Enhanced access to publicly funded childcare
- Eliminating official harassment, confiscations, and fines imposed on informal workers
- Supportive regulations and policy frameworks (developed in close collaboration with informal labourers), and
- Improved access to PPE, low-interest loans and small business support.

Principle 6. Support inclusive, gender-transformative responses

Support inclusive, gender-transformative responses that are co-produced with marginalised residents, including attention to intersecting inequalities

These 'leave no one behind' strategies will require working closely with the following groups:

- Women and girls, who are at elevated risk of domestic violence and also face rising care burdens and other gender-inequitable impacts of COVID-19
- Residents at heightened risk of contracting COVID-19 and suffering severe disease (eg linked to occupational hazards, people living with HIV/AIDS or chronic conditions)
- People with disabilities, who may have pre-existing health conditions and may have lost access to home health or personal assistants during the pandemic
- Youth, who have often led COVID-19 responses but have experienced increasingly precarious employment and disrupted schooling or training
- LGBTQI residents, who face heightened risk of violence, harassment and scapegoating, and
- Racial and ethnic minority groups, who are often disproportionately burdened by the pandemic's health, economic and social costs, as well as bearing the brunt of structural racism and environmental degradation.

Principle 7. Include migrants, refugees and internally displaced persons

Include urban migrants, refugees and internally displaced persons (IDPs) in government-led pandemic assistance, long-term recovery plans and co-created solutions

The legal status of urban migrants, refugees and IDPs presents specific challenges in terms of how they access basic services – including health services – in the context of the COVID-19 pandemic. Displaced groups living in informal settlements often rely on precarious informal services, while language and cultural barriers can further hinder access. These groups have been systematically excluded from local and national COVID-19 response plans. But refugee-led organisations have offered vital contributions during the pandemic such as support for contact tracing, facilitating access to information and assistance, and shaping social norms. Moving forward, it will be crucial to co-create solutions with displaced groups when developing inclusive urban recovery plans.

4.3 Principle for implementation and programming

Principle 8. Implement holistic interventions

Prioritise delivery of interrelated strategies to support resilient services, infrastructure and poverty reduction

Implement holistic interventions to improve the health and well-being of informal workers and residents of informal settlements by strengthening livelihoods and upgrading informal settlements, including access to secure tenure, affordable shelter and infrastructure. Develop adaptive social protection measures and income support – particularly during lockdowns – and enhance key services such as health systems, waste collection and education. All initiatives should be carefully crafted to support green recovery and tackle multiple inequalities in urban areas.

The window of opportunity is now

5

The pandemic represents a major turning point in urban development. It is essential to seize on this window of opportunity for a forward-looking recovery. However, much will depend upon how power relations are configured.[74] COVID-19 will likely generate significant changes in policy and practice, and these changes must be inclusive and progressive, not regressive.

The TUR framework encourages more equitable pathways and identifies how to create multifaceted solutions in urban areas. But state officials must look 'beyond formalisation and negotiate more advantageous terms of inclusion' to seize these emerging opportunities.[3] In the months ahead, governments and external agencies should work collaboratively with grassroots organisations to co-produce COVID-19 responses. This includes vaccination campaigns and upgrading initiatives. Comprehensive, citywide strategies are also needed to provide affordable land, housing, services and infrastructure as well as area-based upgrading measures.[75] Such approaches should aim to promote co-benefits for health, climate resilience and inclusive development, particularly for informal workers and residents of informal settlements. There is also scope for urban social protection programmes to collaborate with organised communities such as savings groups, informal workers' unions and microlending organisations. These approaches will need to build on collective action and existing solidarity to promote lasting change.

This is a pivotal moment. Now is the time to bolster recent efforts to engage constructively with informal workers and residents of informal settlements as part of a transformative COVID recovery. Moving forward, policymakers should continue to re-envision and co-create equitable strategies with an array of marginalised groups to support health, well-being and resilient development in urban areas.

After losing her job, a woman in Antananarivo (Madagascar) washes clothes to feed her family during COVID-19. Credit: E. Raboanaly/ILO via Flickr, CC BY-NC-ND 2.0

Acronyms and abbreviations

IDPs	Internally displaced persons
LGBTQI	Lesbian, gay, bisexual, transgender, queer and intersex
LMIC	Low- and middle-income countries
PPE	Personal protective equipment
TUR	Transformative urban recovery
WASH	Water, sanitation and hygiene

Related reading

www.iied.org/coronavirus

www.iied.org/beyond-covid-19-grassroots-visions-change

www.citiesalliance.org/themes/covid-19

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This issue paper proposes a novel framework to support a transformative urban recovery in cities of the global South. COVID-19 has created a critical juncture in the development of these cities. Local governments and grassroots organisations have led urban responses that have been pivotal in shaping the pandemic's outcomes for low-income residents. Yet policymakers have had only a limited focus on the pandemic's urban dimensions. Now, holistic interventions will be vital to address the complex exclusions and risks facing low-income urban residents. Synthesising evidence on the pandemic's impacts in urban areas, this issue paper outlines a set of policy priorities and develops a framework with guiding principles for co-creating inclusive, forward-looking pathways out of the crisis. The framework will help key stakeholders – including health officials, local and national governments and international agencies – create an equitable and transformative urban recovery.

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