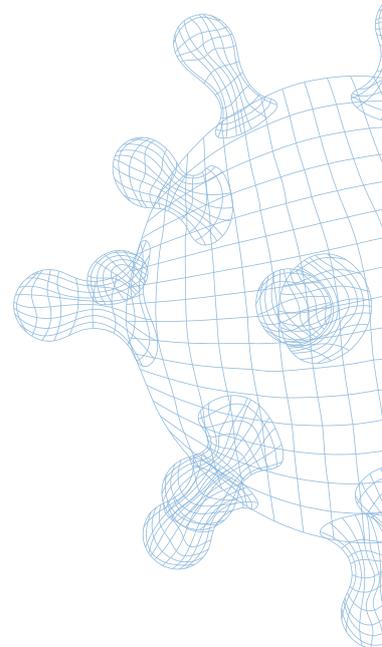


CityNet



SUMMER 2020 CITYNET TOGETHER WE CAN DO MORE



Special Publication

Local Responses and Measures to **COVID-19**



CityNet
Special
Publication
COVID-19

Editorial

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**Vijay Jagannathan,
Secretary General, CityNet**

The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has altered all aspects of our well-being. What we thought as basic as washing hands, staying at home, and physical distancing are now saving many lives.

Months after the first case was reported in China, lockdown after lockdown, countries and their citizens start recovering at different pace amid the global economic recession and the looming threat of succeeding waves of contagion. The global scientific community is on a race to discover the vaccine.

Cities have been once again brought at the epicenter of the pandemic. They have emerged to become the frontliners, early responders, and problem solvers. The scope and magnitude that our cities and their leaders need to undertake have been unprecedented.

CityNet is able to request its members, despite their busy time, to document the local responses in their fight against COVID-19, all detailed in this special publication.

Ten cities – Seoul, Colombo, Denpasar, Guro-gu, Ho Chi Minh, Iloilo, Jakarta, Kuala Lumpur, Muntinlupa, and Suwon – shared their implementation successes which are a bundle of good reference to our readers.

Aside from cities, this magazine highlights the leadership exercised by our mayors who provided insights on the ground.

Notably in her essay, Mayor Abby Binay of Makati City, CityNet First Vice President, revealed it is almost 'mission impossible' to fight COVID-19. But with relatively strong digital infrastructure, Makati City has been overcoming challenges and utilizing its digital advantage to implement

contract tracing, to distribute cash, and to conduct cashless transactions that have significantly reduced physical interactions.

Mayor Rai Mantra of Denpasar suggests that the city owes its success against COVID-19 to its community structure system – the Kelurahan and the Adat Disiplina Village. It helps promote community bonds and self-reliance for their social distancing measures.

As cities begin to open up, CityNet raises the question as to how cities can move forward. CityNet Yokohama Project Office Director Kendra Hirata offers Business Continuity Plan and Area Business Continuity Management as the planning framework tools that can be used to mitigate risks.

Think City, one of our associate members, suggests an adaptive reflexive process in the policy decision making to brave the challenges of the post-COVID era.

This special publication is a testament on the cities' indispensable role in the fight against COVID-19.

Most importantly, what happens in post-COVID-19 is equally a daunting road to recovery for our cities. Cities are once again put in the spotlight to help ensure their citizens are healthy and generate local economic recovery in the postpandemic era. It is in this context that CityNet commits to further strengthening international city to city cooperation to help our cities transform the lives of their citizens. This special publication is a step forward to this transformation.

Asia-Pacific COVID-19 Situation at a Glance



COVID-19 Confirmed Cases Data

*Data for July 13, 2020

Australia	9,798	Mongolia	230
Bangladesh	183,795	Nepal	16,801
Bhutan	82	Pakistan	248,872
Cambodia	156	P.R.China	85,109
Fiji	26	Philippines	54,222
India	849,553	R.O.Korea	13,417
Indonesia	75,699	Sri Lanka	2,617
Iran	257,303	Thailand	3,217
Japan	21,839	Vietnam	372
Malaysia	8,718		



Learning From Seoul to Control COVID-19: Transparency, Accountability, Solidarity

Vijay Jagannathan,
Secretary General, CityNet

In many cities, lockdowns have forced large numbers of people into an impossible dilemma: follow social distancing guidelines or be deprived of their livelihoods and basic services. Unlike most places, South Korea and its capital, Seoul, took a markedly different approach to containing the coronavirus. Many public institutions were closed, but businesses were not required to shut down. Yet as of June 05, the Seoul metropolitan area had just 929 confirmed cases and 4 deaths – despite being home to about a quarter of the country’s 52 million residents. The entire country of South Korea has 11,668 confirmed cases of COVID-19, with only 273 deaths.*

Why was the city so successful at reducing deaths? Seoul focused on an approach emphasizing transparency, accountability, and solidarity, instead of strict movement restrictions. In practice, this meant widespread testing, rigorous contact tracing, and mandatory isolation of severe cases – a strategy that allowed Seoul to tackle the pandemic without losing sight of its vulnerable populations or disrupting its economy as severely as elsewhere.

* “As of May 18, 2020, when this article was first published”

Transparency



“Transparency is a miracle drug for contagious diseases,” Mayor Park Won-soon recently wrote about Seoul’s response to COVID-19.

During past epidemics, epidemiological tracing of patients was time consuming and involved many “boots on the ground” and an accompanying paper trail for each patient that could take time to process. Technological advances now enable tracing patients’ location history much faster, using their mobile phones, credit card usage and surveillance cameras in public places.

As a result of lessons learned from the earlier MERS outbreak, South Korea had already made the tracing of patients during an emergency situation legal through mobile phone data, credit card transactions and CCTV footage. In Seoul, these data are not only scrupulously collected for known COVID-19 patients, but they are shared publicly through a web portal and text message system. Follow-up actions are taken by the Seoul Metropolitan Government, including disinfecting all public places a confirmed patient visited.

A Self-Quarantine Safety Protection App provides data to both patients and the community on patient health status and movements. Those who violate self-quarantine regulations, as determined by tracking their movements through cellular GPS data, credit card transactions and CCTV recordings, are asked to wear a safety band with a real-time location tracking device, or to relocate to a temporary living facility. In addition, an automated call monitoring system regularly checks on patients to determine whether their symptoms are changing. The accumulated data is analyzed using artificial intelligence to help authorities better understand the disease’s spread.

Provided patient privacy is adequately safeguarded – a criticism leveled at South Korea’s response by some, who noted that individuals could sometimes be identified through this data – this level of transparency has enabled the city to avoid instituting strict movement restrictions. Generally speaking, only public institutions, such as government facilities, schools and museums, were closed completely. Private businesses remained open and social distancing was not mandated by law but strongly encouraged.

Accountability



In the case of a pandemic, accountability is as much about sharing information as it is figuring out appropriate solutions. Seoul’s city government relied on several measures to increase accountability.

South Korea was able to roll out extensive COVID-19 tests across the country, including at contact-less drive-through testing sites where the whole process can be completed in under 10 minutes. Walk-in screening clinics, about the size of a telephone booth, are also available for those who might not own cars. Overall, 990,960 people have been tested thus far, amounting to roughly 1.9% of the nation’s population.

The detailed travel log of confirmed patients has been electronically maintained and provided to the public, leading to some innovative uses, like an app that alerts users when within 100 meters of a location recently visited by an infected person. Self-quarantine rules were not only imposed on confirmed patients but those persons coming from abroad.

In Seoul, severe cases have been separated from mild or asymptomatic patients to reduce the risk of medical staff getting overworked or infected. Mild or asymptomatic patients are treated at the Taereung Training Center, an area used by national athletes in the past, rather than regular hospitals.

Solidarity



Solidarity through city-wide stakeholder engagement in these efforts was aided by building trust between the city and national government and the community. Many of the actions taken to halt the spread of the pandemic were intrusive, and it was necessary to secure the full confidence of residents that the government was a credible trustee of their individual and collective welfare during these trying times.

Constant and relevant communications are a key part of this strategy. The Seoul Metropolitan Government communicated publicly through promotional posters on social distancing and specifically targeted religious organizations and schools. Internet devices and laptops were loaned to students from low-income communities so that they could remain connected with schooling.

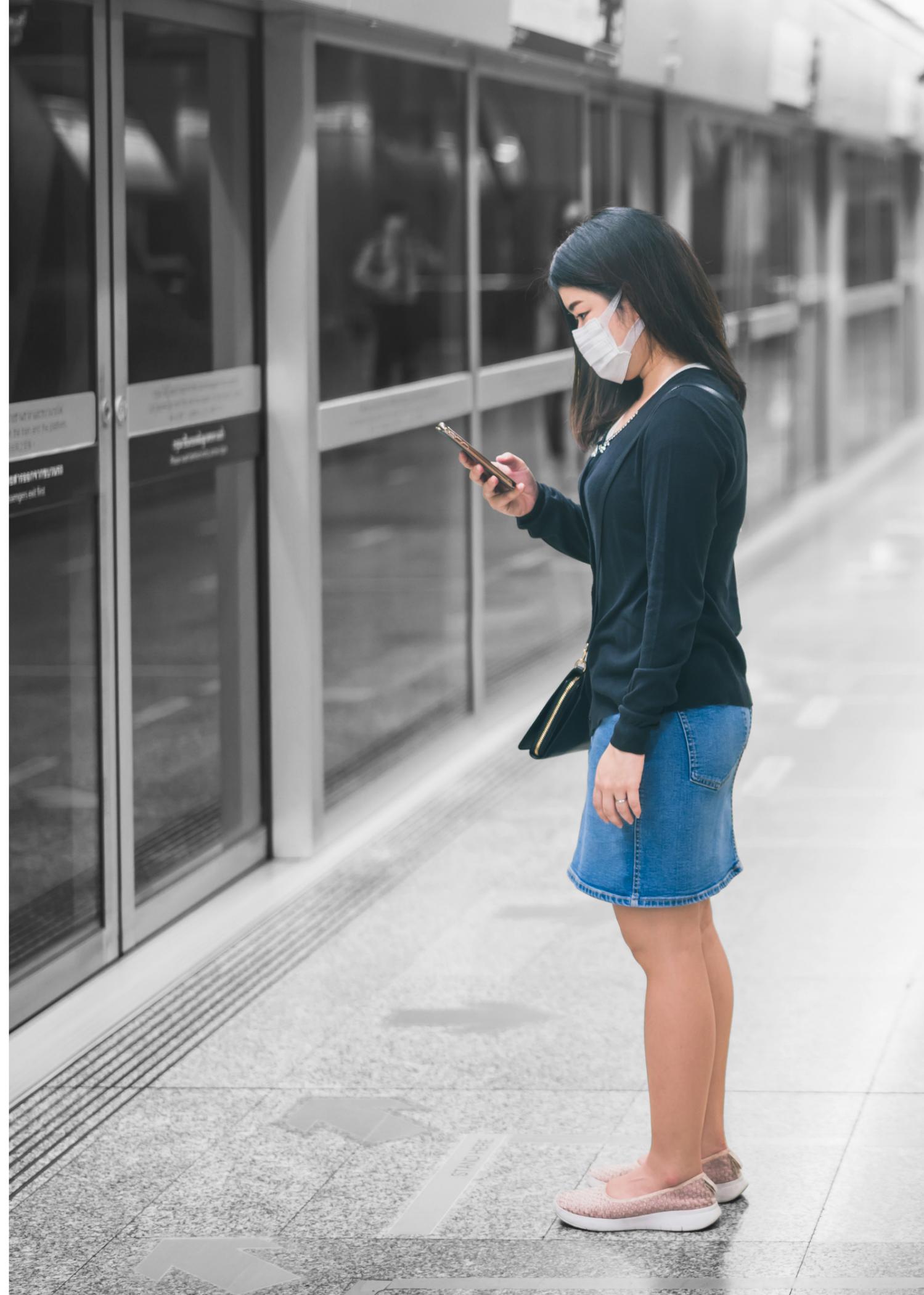
Community trust was strengthened by targeted financial assistance to vulnerable communities whose income streams were most disrupted through lockdowns and social distancing. The city government provided between \$300 and \$500 in emergency living expenses for low-income workers in the form of gift certificates or pre-paid cards that can be used until the end of August. Small businesses were also given cash support to pay for rent and labor costs. This policy is expected to benefit 410,000 people, or more than 70% of small business owners in Seoul. In addition, up to \$500 equivalent per month is paid to those on unpaid leave.

Seoul's innovative response to the pandemic was possible because the city had invested in institutional structures professionally managed to respond to any public health emergency before the crisis occurred. The country's experience with MERS meant it had laws in place to allow for rapid deployment of testing kits and aggressive contact tracing. Seoul's Civil Health Bureau is headed by a senior city official specifically charged with tracking public health outcomes.

Equally significant is the investments in digital data infrastructure and city leaders' confidence in relying on the advice of public health professionals, supported by credible data analytics to guide decision-making. Each city's circumstances are different, but the fundamental strengths that enabled Seoul to be so nimble and effective in its response are a lesson to cities everywhere.

This blog is based in part on a recent webinar interview conducted by the CityNet Secretariat with Cho In Dong, Seoul Deputy Mayor for Planning and Coordination, and Na Baeg-ju, Director-General of the Civil Health Bureau. The interview is available at https://www.youtube.com/watch?v=ovGpt_bK0ac.

Vijay Jagannathan is Secretary General of CityNet and a Senior Fellow at WRI Ross Center for Sustainable Cities.



A Lesson From Korea's COVID-19 Response Drawn From the Role of Local Government

GeunHyeong Yim,
Chief Executive Officer, CityNet



As the Republic of Korea is globally acknowledged for its COVID-19 response, various analyses are being made on the country's response, also known as "K-quarantine." The most distinctive feature of K-quarantine is the management of infectious diseases without the enforcement of a lockdown in the infected area, enabling its inhabitants to carry on with their lives with minimum disruptions. Will this approach be ultimately successful? The Koreans firmly believe that the K-quarantine is the proper method; they have continued to live with this method since the beginning of the outbreak and even now when they are believed to be exposed sooner or later to the second wave of Coronavirus. It is premature to predict how the situation will unfold, but I believe that Korea has achieved a partial success mostly thanks to the active role played by local governments in Korea. Undeniably, quarantine is a measure where central governments should play a major role and with K-quarantine, the central government's role was especially prominent through the Korea Centers for Disease Control and Prevention (KCDC). However, throughout K-quarantine, the local governments performed as significant a role as the central government in the development and implementation of this response. Their role was particularly notable during the early stage of the government response. In spite of this, the role of local government has been repeatedly minimized and less publicized in media outlets.

In the 30-year history of local autonomy system in Korea, I believe the role of local governments never stood out more than it does now through its response to the present pandemic.

While Korea is proud of its several thousand year's long history, the experience of the local autonomy system is relatively short. Traditionally, Korea has been a country with a highly centralized government. This is why when the local autonomy system was introduced about thirty years ago, many people voiced their opposition and have continued to do so in the face of not a few

problems that have been pointed out since. However, local governments' response to COVID-19 has been impressive enough to dispel this negative point of view.

Above all things, I would like to point out that the Korean local governments have been playing, not only unusually big but also in some cases, leading roles in responding to the current COVID-19 situation. At the initial stage of the outbreak, the central government had taken prudent steps in consideration of the negative impacts quarantine would have on its national economy and its relations with China, while the opposition parties and media demanded a prompt and vigorous response. It was at this time of hesitation that the Seoul Metropolitan Government dared to come to the forefront of the argument, immediately implementing strong quarantine measures. In retrospect, I believe it was this prompt intervention that led the Korean government to take the strong quarantine measures from that time onwards. Since the beginning of its outbreak on January 20th, the Seoul Metropolitan Government leadership has taken the position of a thorough and transparent response.

The difficulties and mistakes that the city went through during the MERS outbreak pushed the Seoul's leadership to swift and bold actions to tackle COVID-19. The Seoul Metropolitan Government dared to mobilize all necessary resources and took it upon themselves to provide a clear transparent response to the outbreak. This was best illustrated when the city's Mayor started a daily TV broadcasting highlighting the city's measures to contain the virus and telling citizens what they should or should not be doing to contribute to this effort. This formed the basis for citizens to trust and feel confident about the government response. The central government quickly followed suit with their own version of the daily briefing, and the approach was soon replicated in countries around the world.

The second example of local response that I will introduce is about Daegu-city, where local governments managed to become

decisive players in the delicate balancing act between protecting the basic rights of individuals and maintaining public order and safety during the course of quarantine. Thanks to strict quarantine measures taken by the government, the number of confirmed cases nationally was limited to around 30 for a whole month. But in mid-February, when the government felt confident of its successful quarantine, a severe mass infection broke out at a religious group in Daegu-city, located in the Southeast part of the Korean Peninsula. This situation proved that quarantine cannot be limited to health care alone. The collective contagion that took place in a church in Daegu was multiplied by the refusal of the church's leadership to provide a list of their members and of people who attended the church. This kind of information is needed in quarantine and requires local government to strike a delicate balance between information and privacy.

Despite the scarcity of professional workforce and medical supplies, the city successfully contained the spread of the disease after 70 days of desperate struggle with the help of its citizen's cooperation. The success story of Daegu-city has set an excellent example to other local governments. It gave other cities conviction that active guidance by the local government combined with voluntary participation of citizens can curb infections efficiently.

As the current central government of Korea claims to be a more vehement advocate of democratic values than any other governments in the past, it was not in a position to implement quarantine measures that disregard such values, even in times of crisis. It is at this time that the local governments such as Seoul Metropolitan City, Gyeonggi-province, and Daegu-city were, in the face of imminent danger, relatively free to subordinate those values in the name of efficiency and necessity of carrying the quarantine process and able to take such a preemptive approach. The prompt and bold decision made by local governments was eventually well received by the public.

With regard to rejuvenating the national economy, the local governments have also played a determining role. In the early stage of the response, given that the National Assembly was facing a general election, the government was incapable of moving forward additional budget plans to revive the economy. To overcome this stalemate, an alternative was needed and it was at this time that several local governments began to raise the possibility of providing emergency relief funds.

As financial difficulties barred the central government from taking proactive actions, local governments made a bold decision to allocate their own revenue to provide relief funds to their local citizens. This was received positively by the public and induced the national government to distribute the disaster relief funds to the entire population.

There are numerous other cases where the central government embraced the preemptive actions taken by local governments. For instance, the social distancing policy called "A Brief Pause," which was first taken by Seoul in early March, was subsequently

turned into a nation-wide policy called "Social Distancing" by the central government. The social distancing policy, which was proactively executed by Korea, spread to other countries afterwards. With no vaccination being available at the moment, social distancing is regarded as one of the two most efficient preventive measures, along with wearing face masks.

Behind the significant role local governments in Korea have played during this pandemic, and despite the decentralized governing system being only about 30 years old, is the realization that local autonomy has taken roots in the country's political system so successfully that people know they can rely on it. The most important element in coping with an epidemiological disaster is the citizen. Without cooperation and support of the citizen, no governmental policy can be performed successfully. Had it not been for the solidarity of Korean people, the country would not have been able to contain the spread so effectively. I am proudly convinced that Korea's local governmental system, solidly based on democratic values, has formed such mature solidarity among people.

Hardly 6 months have passed since the outbreak of COVID-19, and the resulting new environment and challenging tasks demands us to take an innovative and different approach, in a stark difference to the past. In other words, the new normal requires us to take more global actions than any other times in the past. However, the present international cooperation paradigm alone, characterized by weakening multilateralism and confrontation between the G2 nations (People's Republic of China and the United States of America) is not sufficient to meet with the current challenge. I am of the view that cooperation among local governments, important actors next to states, is necessary to compensate for the drawbacks of state cooperation.

If we refer to the Korean experience in the recent COVID 19 cases, local governments showed a leadership role, sometimes even replacing the central government in matters that could not possibly be handled by the latter alone. This can be replicated on the international cooperation scene to cope with COVID-19. In close cooperation with the central government, local governments may play a role in producing synergies or going as far as to pioneer their own ground where the central government may not reach.

Such a cooperative framework has been, to a certain degree, established when it comes to issues regarding non-political international affairs such as climate change, global disasters, and air pollution. However, it is yet insufficient and should be further developed to take root in the convention of international relations. I hope this worldwide disaster turns into an opportunity to develop and strengthen cooperative frameworks between central, local governments and various municipal actors.



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Seoul Metropolitan Government



City
Seoul



Acting Mayor
Jeong Hyup Seo



Land area
605.25

km²

Population
10,013,781



Number of COVID-19 cases
1,442 confirmed cases
as of July 15, 2020



Emergency response

- Seoul's principles for contagious disease control and prevention rest on two major pillars: promptness and transparency.
- Seoul has adhered to the principles 'Transparency is a miracle drug for contagious diseases', and 'Excessive response is better than sluggish response'.
- In order to respond swiftly to the spread of COVID-19, Seoul has launched a joint task force board called the 'Immediate Response Task Force (IRTF)', which is composed of officials from both the city government and autonomous district(ward) offices; as a rule, it is led by the president of the Seoul Health Foundation or an expert on infectious disease.
- The IRTF conducts tests for confirmed and suspected cases, identifies the source of infection and/or contacts via epidemiological contact-tracing, and monitors people in self-quarantine and/or those requiring active monitoring; the members of IRTF are immediately dispatched to the site of a COVID-19 outbreak, including hospitals and/or medical institutions, religious facilities, workplace, various places where are visited by many people, etc.
- For epidemiological survey GPS, drug utilization reviews, credit card data, CCTV footages are examined and checked, and the survey is conducted in a highly thorough manner to cover all possibilities, including checking access records of base stations to find unspecified contacts and sending group text messages to warn of the possibility of infection.
- After a situation is resolved, the IRTF writes a case report on related issues and any supplemental measures taken during its response, and the team regularly updates its response manual so that it can be applied effectively to future outbreaks.

Risk communication and public engagement strategy

- Seoul created CAC(Cities Against COVID-19) website(<http://english.seoul.go.kr/covid/>) where all the information related in COVID-19 has been open to the public and shared transparently.
- Seoul has provided the latest updates and transparent information on COVID-19 on the website, including the number of confirmed patients and deaths, the itineraries of confirmed patients, disinfection policy, support services, social campaigns, relevant news, etc., to prevent the spread of citizens' fear and worries.
- Along with the website, Seoul has informed information related to COVID-19 via a pre-existing emergency text alert system.
- Besides, Seoul discovered and organized ways to involve volunteers with Seoul Volunteer Center, central government, NGOs; volunteer activities included distributing masks and hand sanitizers, disinfection of public facilities, care support for the elderly living alone, and other vulnerable groups.

Public health measures (i.e. social distancing, community lockdown)

- Seoul operates Drive-Through Screening Stations for COVID-19 to maximize citizens' convenience. Without having to leave the vehicle, the whole process from filling out a medical questionnaire to swabbing takes only about 10 minutes. Results will be sent within two to three days through phone or text message.
- For the elderly and patients without cars, a Walk-Through Screening Station is set-up. Testing can be done in a phone booth-sized room with complete separation between the patient and the medical staff.
- In order to resolve citizens' anxiety and recover withering economy on facilities, such as stores, theaters, restaurants, subway stations, etc., visited by confirmed patients on COVID-19, Seoul provided 'Clean Zone' certification sticker to facilities that had been fully disinfected to show that they are safe.
- Seoul has implemented social distancing campaigns to prevent the infection of COVID-19 by advising citizens to postpone or cancel meetings, to stay indoors, to adopt flexible working hour system or work at home, to class online, to encourage online religious activities, etc.
- Wearing face masks is necessary when citizens visit crowded or enclosed places and use transportations such as buses, subways.
- Checking body temperature on visitors to find the suspected person of COVID-19 in advance and Hand sanitizers are provided various places visited by many people, such as bus stations, subway stations, elevators, bars, hospitals, etc., to keep personal hygiene.
- To relieve excessive fear and anxiety of COVID-19 and fortify citizens' psychological immunity, Seoul launched the 'Seoul COVID-19 Psychological Support Team' which was primarily active online, where it proposed seven 'mental vaccines'; the vaccines included 1) Encouragement vaccine: Encourage yourself, 2) Positivity vaccine: Do good, 3) Put-into-practice vaccine: Set an example for others by following the rules, 4) Knowledge vaccine: Find the reliable information, 5) Hope vaccine, Understand that there is an end, 6) Awareness vaccine: Learn in advance how to get help, 7) Balance vaccine: Maintain a balanced state of mind.



Case management and health services

- 3T policy, Testing, Tracing, Treating, is very important for responding to COVID-19.
- Seoul and Korea implement testing on those who show symptoms of COVID-19, such as coughing and fever; Drive-Through Screening Stations and Work-Through Screening Stations is very useful to rapid and broad testing; and if a person taken testing would be confirmed infected, the cost of testing would be free.
- Various information including utilizing credit card transactions, CCTV recordings, and GPS data on mobile phones are used to check confirmed patients' travel log and track those who had been in contact with confirmed patients.
- The travel log is disclosed on Seoul's COVID-19 website to the public and the close contacts identified through investigations are put under self-quarantine and monitored by staff of the government.
- Because it is critical to separate patients by their severity, Seoul has provided patients with severe symptoms intensive treatment through hospitalization and has opened living and treatment support center to treat patients with mild symptoms or no symptoms. In the center, public officers and medical staff of Seoul have supported 24/7 the patients who need to be isolated during the designated quarantine period and be treated.

Societal response (i.e. business continuity plans, specific support to specific vulnerable groups)

- For resolving difficulties of households in living, Seoul provided an emergency livelihood allowance, which was a minimum of 300,000 KRW to a maximum 500,000 KRW based on household size, to households below-median income 100% by community gift certificates or prepaid cards.
- Seoul developed a rapid process for offering loans to small business owners and self-employed owners whose lower revenue because of COVID-19 outbreak by hiring 300 temporary workers in charge of offering loans; normally they should visit many times and wait two months for getting loans, but thanks to the process they can get the loan within 10 days after once or twice visit.
- The 'Seoul-type Local Business 119 Emergency Fund' offered low-interest loans which are a maximum of 20 million KRW to small business owners with less than 200 million KRW in sales for urgent fixed payments such as rent and personnel expenses.
- The 'Seoul-type Interest Reduction and Repayment' targeted small business owners who had already taken out loans with interest rates of 15% or higher for more than three months; it included a package with repayment of the maximum limit of the 30 million KRW per the owners and reduction of loan interest from over 15% to 2.3%.
- Seoul supported small business owners and self-employed owners(except for entertainment businesses and gambling establishments), whose 2019 revenue is less than 200 million KRW, by providing a fund of 1.4 million KRW during two months to them; the fund was provided as cash and could be used for rental fee, labor cost, etc.
- Financial aid up to 500,000 KRW per month during two months will be provided to employees who have been put on unpaid leave for at least five days by small business owners with less than fifty employees in Seoul; no matter what nationality and address of employees, they could receive the financial aid.
- The travel industry is one of the industries to suffer from the impact of COVID-19, so to resolve travel agencies' difficulties, Seoul provided 5 million KRW for each travel agency of 1,000 whose average monthly sales in February and March this year decreased by more than 75% compared with the same period of the previous year.

- Seoul operated counseling centers as a means of providing individually tailored support for foreign residents of Seoul, who were at risk of being excluded from relevant information, in eight languages; and provided masks to international students and foreign workers who don't have insurance or can't buy masks due to the language barrier, other living conditions.
- TBS(Traffic Broadcasting System), is a subordinate broadcaster of Seoul, started broadcasting 'COVID-19 live Updates' program, from March 4, 2020, from 9 to 10 AM every day, which informs news related to the COVID-19 outbreak, the countermeasures of the government and guidelines for foreigners who live in or visit Seoul.
- Wearing masks is very important to prevent the spread of COVID-19, so Seoul has distributed masks to about 40,000 pregnant women, 385,846 registered people with disabilities, 1,522,550 elderly people over 65 ages in Seoul.
- Due to of sharp increase of demands on non-contact thermometer it was difficult for citizens to purchase non-contact thermometer in markets, so Seoul bought and distributed a non-contact thermometer to 65,100 multiple-use facilities such as daycare centers, educational institutes, nursing homes, religious facilities, indoor athletic facilities, etc.

Recurring governance challenges in your local COVID-19 responses

- Disclosing travel log of patients could cause privacy infringement, so Seoul follows the related laws thoroughly and published the log on the website only from before one day of manifesting symptoms to end day of isolation, and doesn't reveal personal information such as name, address, age, sex to minimize negative impact and malicious comments online.
- Because it is important to eliminate citizens' anxiety and fear caused by fake news on COVID-19, the 'Seoul COVID-19 Psychological Support Team' checks fake news and informs fact-checked information on its website.
- In Korea, the distributors of fake news are punished according to related law like criminal law, and if workers, who are working or had worked in infectious disease, or public officers reveal secrets obtained from work, they could be punished by related law.
- To foster civil cooperation and spread empathize on social distancing, Seoul used online and offline promoting methods including printed posters, banners, electronic message signs, radio, podcasts, etc.
- Public officers of Seoul had visited small manufacturing factories, internet cafés, karaoke rooms, indoor athletic facilities, and monitored whether they followed guidelines which include wearing masks, keeping distancing, providing hand sanitizer, etc.

Contact person and email for more information

- Global Urban Partnership Division
City of Seoul
hyjeong15@seoul.go.kr





Colombo



City

Colombo



Mayor

Hon. Rosy Senanayaka



Land area

37

km²

Population

Around 1 million
(Residents: 555,000 and migrants
(floating) estimated at 500,000)



Number of COVID-19 cases

150 confirmed cases
as of July 7, 2020



Dr. Ruwan Wijayamuni
Chief Medical Officer
City of Colombo
rlwijayamuni@gmail.com
Mobile: 941777715323

Emergency response

- As soon as the first imported case was detected on February 3, 2020, the city quickly prioritized its prevention and mitigation measures. Mayor Senanayake and the Municipal Commissioner met with the department heads and key municipal councilors, developed, discussed and approved the "COVID-19 Contingency Plan for the City of Colombo"
- The plan focused on
 - Primary prevention activities focusing on health awareness and health promotion. It includes promotion for hand washing with running water and soap, use of hand sanitizers, and face masks
 - A public address system delivering key messages in three languages was also used. Polymerase Chain Reaction (PCR) tests were done free of charge
 - Secondary prevention activities focusing on early detection of cases and rigorous tracing of first and second contacts, and their immediate hospitalization to tertiary care. Regular medical examination and PCR testing was done to monitor the progress of their disease status
- This early and compulsory hospitalization of positive cases irrespective if asymptomatic or symptomatic has resulted to low COVID-19 mortality in Sri Lanka which reported only nine deaths. Of nine deaths, only two deaths were registered in Colombo out of its almost one million population
- Self and home quarantine of all the first contacts at designated central quarantine centers to prevent further spread

Emergency preparedness and stockpiling activities of the city were done in an efficient manner. The city's public health department, with new additional budget, purchased face shields, foot covers among others while waiting for the procurement process of large stocks to finish

The department also made its own sanitizers to disinfect the patient's households. Ten nursing officers were also given specific training to perform bio sample collection for PCR testing. Inspectors were trained on proper using of personal protective equipment (PPEs)

The city strengthened the cooperation links between the city council, national epidemiological unit, and the virology labs of the medical universities. This created a pathway for proper PCR testing. Certain supplies were obtained at no cost

Since May 1, all maternity, family planning, and child welfare and immunization clinics, and municipal free dispensaries have reopened

Risk communication and public engagement strategy

- A social media page was created to bring about awareness and to engage the public in controlling the spread of COVID-19. Many awareness programmes and interactive discussions were conducted through mass media and public lectures

Efforts are made to eradicate unnecessary stigma leading to panic buying, social exclusion, and forceful rejection and social isolation of infected individuals, families and ethnicities etc

A WhatsApp group was created for the Colombo Municipal Council COVID-19 Surveillance. The mayor is part of the group along with chief medical officer, deputy chief medical officer of Health, chief epidemiologist among others. All the information that need prompt decisions is relayed to this group

Public health measures

- Active case surveillance, proactive contact tracing and PCR testing prevented further rise of incidence of COVID-19 cases. Out of 992 cases in Sri Lanka, the city has reported 127 cases, only 12.8% of the entire country cases
- The establishment of a rapid response team and a 24/7 COVID-19 Operation Center on March 12 resulted to quick information sharing and identification of not only the patient and first contacts but also the second contacts and their immediate isolation and quarantine

General steps in the conduct of the public health measures

- Hospitalization of the positive case
- Hospitalization of the first line, symptomatic contacts to be subjected to PCR test
- First line contacts who do not show symptoms are quarantined at their respective homes. Surveillance of their health status and reporting on a daily basis for 14 days
- Lockdown of entire community for 28 days where more than one case has emerged
- Random PCR testing in lockdown community to ascertain if there is a community transmission
- Provision of dry rations to families located in the lockdown area to maintain their nutrition status
- Creating awareness and health promotion among vulnerable communities
- Continuing public health vigilance and random PCR testing among most vulnerable population
- Enacting a mobile rapid response team (future plan)





Denpasar City



City
Denpasar City

Mayor
Rai Dharmawijaya Mantra

Land area
127,78 km²

Population
647,954

Number of COVID-19 cases
715 confirmed cases as of July 7, 2020

Cooperation Division,
Denpasar Mayor Office
kerjasamakotadenpasar@gmail.com

Emergency response

- The use of emergency number 112 or (0361) 223333 enables citizens to inquire and access information on the different city's responses

Risk communication and public engagement strategy

- Denpasar City has developed a website, safecity.denpasarkota.go/covid19, as the central information hub of COVID-19 responses and efforts of the city

Public health measures

- Promotion for the use of face masks in public places
- Promotion for the washing of hands with soap in running water
- Promotion for physical and social distancing
- Screening community mobilization at the border
- Tracing of cases
- Conduct of bulk test
- Guarding areas in the village (Kelurahan) by involving the different community mechanisms and structures (Desa Adat), TNI, Polri, and health officers

Case management and health services

- The operating system procedure for handling COVID-19 is integrated in the DAMAKESMAS system (also known as Denpasar Great Community Health)

Societal response

- Implementation of social safety net and economic stimulus program

Recurring governance challenges in your local COVID-19 responses

- How to further improve communication and coordination of stakeholders
- How to increase public communication as a form of education



Keep socialization to all cultural village head how to prevent and handle COVID-19



Keep use mask and social distancing in every meeting with the vice mayor of denpasar



Spraying disinfectant at traditional market by the mayor of Denpasar to prevent COVID-19 because at traditional market there are many people to touch one another (seller to buyers)



Wearing mask campaign by the mayor of denpasar (rai mantra) and the lady (selly mantra)



Fogging at a public house



Guro-gu



City
Guro-gu



Mayor
Seong Lee



Land area
20.11

km²

Population
405,271



Number of COVID-19 cases
88 confirmed cases
as of July 13, 2020



Public health measures

- Guro-gu asked different religious organizations to minimize their religious and social gatherings. The district also tried to constrain religious gatherings among Shincheonji religious group by shutting down its facilities in the district
- Guro-gu made a memorandum of agreement with five hotels to provide discount accommodation rates for family members of patient who is in self-quarantine. Most Koreans who arrived from overseas prefer to self-isolate at home. This is mutually beneficial for both the families and the hotel business owners

Case management and health services

- Guro-gu conducted COVID-19 tests in all its nursing hospitals and homes. Elder patients who are staying in both facilities are most vulnerable to infectious disease. Through this broad screening, Guro-gu has kept its elders from massive cluster infection

Societal response

- Emergency welfare support in living expenses and medical fee are provided to citizens who have struggled from decreased income
- It includes employees who are laid off with no pay, self-employed business owner, and freelancers
- A maximum of 1,000,000 Korean Won (more or less 1,000 USD) fund support will be provided to private multi use facility owners like internet cafes, karaoke, and sports facility. They have been voluntarily closed for more than five days in a row

- A maximum of 1,000,000 Korean Won support fund will be provided for private educational institutes that have been voluntarily closed for more than eight days in a row. Private educational institute must first get a certification from the Seoul Nambu District office of Education before availing the fund
- An emergency loan with 0.9% annual interest payable in four years will be made available to owners of small to medium-sized businesses. However, only those businesses that declared decreased profit of more than 10% are eligible. The loanable amount can range from 30,000,000 – 50,000,000 KRW
- Guro-gu citizens can also avail of its COVID-19 Psychological Counseling Program. A financial aid will be provided for those who want a psychological counseling in a different institute other than from Guro Mental Health Welfare Center
- Guro-gu purchased plants worth 14,700,000 KRW from its 49 flower shops to support the horticultural farms and to purify the air indoors as well



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Vietnam

Ho Chi Minh City



City
Ho Chi Minh City



Mayor
Nguyen Thành Phong



Land area
2,061

km²

Population
8.99 million
as of 2019



Number of COVID-19 cases
62 confirmed cases
(60 recovered, 2 in treatment)
as of July 6, 2020



Department of Health of Ho Chi Minh City
Tel: +84 28 39309912
syt@tphcm.gov.vn

Emergency response

- Since the first two cases were confirmed on January 23, Vietnam suspended all flights from mainland China on February 1 and international flights on March 25
- Founded the City's Steering Committee for COVID-19 Prevention and Control led by Chairman Phong
- The City tracked, traced, and quarantined F1 (confirmed case patient), and F2 (people who closely contacted F1) patients for 14 days
- The City requested self-quarantine for F3 (people who closely contacted F2) and F4 patients (people who closely contacted F3) for 14 days
- The City promptly established eight city-level quarantine areas and 14 district-level quarantine areas
- The City traced and quarantined all the people who arrived from overseas since the beginning of 2020
- Ho Chi Minh City is the first city in Vietnam to close entertainment places like cinemas, restaurants, bars, clubs, and spas
- Ho Chi Minh City is the first city to propose extension of vacation of students until the situation is under controlled

Risk communication and public engagement strategy

- Daily meeting of the Steering Committee to make prompt guidance and command
- Short message service (SMS) texts are sent frequently to citizens on updates of the situation and guidelines to protect their health
- There is a daily media coverage (newspaper, television news) for updates on COVID-19 situation, recommendations, and new regulations of the city government
- Vietnam started nationwide isolation from April 1-15, 2020. It was regarded as the "golden 14 days" to contain the pandemic. Ho Chi Minh City government and its people had strictly followed this order

Public health measures

- The City has issued set of indicators for COVID-19 infection evaluation for schools, clinics, hospitals, and enterprises
- The City had requested the schools and universities to complete the set of indicators before the back-to-school date on May 04, 2020
- Wearing face masks is mandatory in schools, markets, and in all forms of public transportation

Case management and health services

- People arriving from COVID-19 hit regions must be tested. They will be quarantined for at least 14 days whether they show symptoms or not
- If a person is confirmed to be infected, all people having direct or indirect contact with the patient have to be isolated
- The City has established 62 testing stations
- The City has prepared 24,000 isolation beds and 1,000 treatment beds and nearly 40,000 health workers have been ready for the task
- The City has strengthened its testing system to 5,000 samples/day
- The City has implemented remote medical check-up so residents do not need to go to the hospital

Societal response

- The city has submitted a proposal to the Prime Minister, seeking for the approval to exempt or halve the value-added tax, corporate income tax, and import tax for enterprises that have faced difficulties during the pandemic. This includes service firms, tourism, agricultural sectors, and small and medium-sized enterprises [SMEs]
- Employees working in the tourism sector will receive personal income tax cuts based on the level of impact they suffer
- The City proposed extending the deadline of tax payment to third or fourth quarter of 2020
- The City is the first city in Vietnam to develop policy to support 600,000 people who were affected by COVID-19. More than 324 billion Vietnamese Dong (VND) (US\$13.8 million) worth of financial support were given to the people affected

Recurring governance challenges in your local COVID-19 responses

- High level of travel and trade activities between cities, provinces and countries lead to risk of infection from the epidemic areas
- The City has high population density, a large number of students, and immigrants. This may result in difficulties in COVID-19 response and management





Philippines

Iloilo City

**City**

Iloilo City

**Mayor**

Mayor Jerry P. Treñas

**Land area**

78.34

km²**Population**

471,789

**Number of COVID-19 cases**65 confirmed cases
as of July 04, 2020Mayor Jerry P. Treñas
iloiloco2019@gmail.com**Emergency response**

- Activation of 24/7 emergency operations center catering to concerns of people
- Training on COVID-19 management for emergency responders and personnel
- Training on barangay (village) health emergency response teams (BHERT) in 180 villages for community-based prevention management
- Wearing of personal protective equipment (PPEs) by frontliners
- Mass testing to frontliners including health workers and security personnel
- Provision for in-house facilities for some 260 frontliners and 90 health workers
- Operations of kitchen patrol preparing 3,000 meals for frontliners by May 2020
- Operations of 204 community kitchens preparing daily meals since March 23. The kitchens served some 30,000 families affected by displacement of employment and livelihood
- Distribution of relief goods with the help of donors
- Mass production and distribution of do-it-yourself personal protective equipment (PPEs) with the help of donors
- Mass production and distribution of face masks with the help of donors
- Construction of testing laboratory
- Hiring of consultant as infectious disease expert
- Approval of quick response fund for PPEs, medicines, vitamins, and test kits
- Approval of allocation of additional budget from extra internal revenue allotment grant (IRA) from national government to boost local government financing capacities

Public health measures

- Mayor's daily press conferences on Facebook
- Regular updates to quad-media (social media/online, radio and television broadcast, and print)
- Regular postings of information, education, and communication materials like infographics, videos, and animations on Facebook
- Regular broadcast through mobile public address system roaming all over the city

Public health measures

- Implementation of enhanced community quarantine (ECQ)
- Expanded enhanced community quarantine or weekend block off in some areas with several confirmed cases
- Extreme enhanced community quarantine or lockdown on village with several confirmed cases

Case management and health services

- Contact tracing
- Isolation facilities for confirmed cases
- Isolation facilities for asymptomatic cases
- Isolation facilities for repatriated overseas Filipino workers and local workers
- Isolation facilities for returning residents

Societal response

- Distribution of financial assistance to indigents from the national government
- Provision of cash-for-work for displaced drivers
- Provision of cash aid for LGBTQ+ (lesbians, gays among others) groups
- Crafting of the exit plan with the help of academe and private sector

Recurring governance challenges in your local COVID-19 responses

- Ensure the safety of frontliners and the general public
- Limit the local transmission of COVID-19
- Strict implementation of quarantine procedures/protocols for the probable, suspect, and confirmed cases
- Ensure the proper monitoring and control of all points of entry
- Ensure the efficient response to all emergencies
- Ensure zero major incidents





Jakarta City



City
Jakarta

Mayor
H. Anies Rasyid Baswedan, S.E., M.P.P., Ph.D

Land area
664 km²

Population
10.5 million

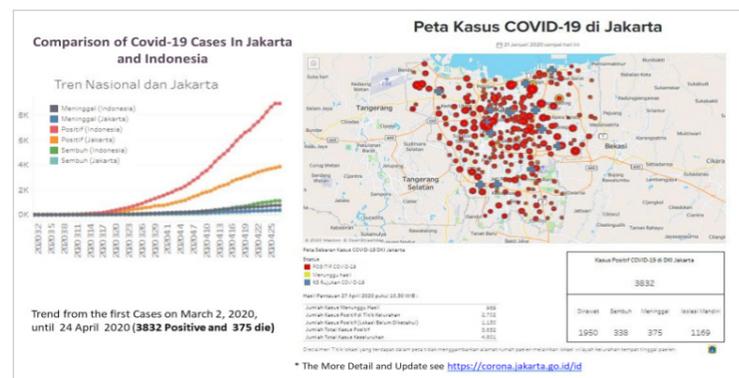
Number of COVID-19 cases
12,526 confirmed cases as of July 6, 2020

Emergency response

- Case detection and case tracking is being conducted
- Isolation case and home quarantine is imposed on patients
- Mitigation of social restrictions according to risk analysis
- Cancellation of mass activities
- School closure (Learn from home)
- Enactment of work from home (WFH)
- Implementation of a business continuity plan (BCP)
- Implementation of a medical response strategy based on capacity.

Emergency response

- Developed strategy for collaboration, technical research support, and information dissemination
- Developed information, education materials reflecting the government's policy Developed public education and public awareness campaign
- Restricted public transportation. Individual restrictions in public spaces and
- Trade and essential services only are allowed



Public health measures

- Restrictions on public transportation
- Online motorcycle taxi riders may only take orders for delivery of goods, food, and drinks
- Restricted activities in public places
- Gathering activities are limited up to a maximum of five people allowed
- Termination of school and office activities except essential work like health, food, energy, banking, among others
- Funeral ceremony with up to maximum of 20 people only of non COVID-19 deceased

Case management and health services

- Improving the tracking of cases, preventing infection control, and increasing the capacity of medical personnel
- Epidemic countermeasures have been intensified through review of epidemiological studies, medical measures Spread prevention, handling of corpses, and environmental health
- Utilization of public buildings and facilities like sports buildings and hotels as self-isolation or quarantine centers
- Intensified dissemination of health protocol
- Further recruitment of medical persons and volunteers.



Societal response

- Subsidy of basic food and money to the poor and vulnerable people
- Subsidy of money and training to the unemployed for six months
- Provision for free online training class to small scale and home industries
- Subsidy for the informal sector
- Collaboration with all stakeholders for social safety net support especially with community volunteer and the donor

Recurring governance challenges in your local COVID-19 responses

- How to manage mobility of public commuters given that Jakarta has a high density population and high mobility between the city and its surrounding areas
- Addressing the needs of Jakarta's informal sector and poor population which accounts to thirty percent (30%) of Jakarta's total population
- Inadequate capacity of referral hospitals and insufficient number of medical personnel
- Limited conduct of rapid and swab test tools for process identification
- Worsening economic condition due to social distancing and other restriction policies



Kuala Lumpur



City
Kuala Lumpur



Mayor
Dato' Nor Hisham
A. Dahlan



Land area
243

km²

Population
1.8 million



Number of COVID-19 cases
2,422 confirmed cases
as of July 7, 2020



Ministry of Health Malaysia
kkmi@moh.gov.my
anhisham@moh.gov.my
yamuna@moh.gov.my

Kuala Lumpur City Hall
dbkl@dbkl.gov.my
datukbandar@dbkl.gov.my
jprk@dbkl.gov.my

Emergency response

- Task forces were established and led by the Ministry of Health Malaysia and Malaysian National Security Council
- During the meeting, the Ministry of Health presents the number and location of the COVID-19 positive cases. The Committee then decides whether the zone needs to be locked down
- In locked down zones, all occupants are screened for COVID-19, the zone is sanitized to decontaminate the area. Its occupants are provided with free food

Risk communication and public engagement strategy

- Public are well-informed on progress of COVID-19 via live updates and official announcement on television and radio every day
- An official website, <http://COVID-19.moh.gov.my/> is set-up by Ministry of Health Malaysia
- Infographic data update is sent via telegram app: Crisis Preparedness and Response Centre (CPRC) Ministry of Health Malaysia (KKM) Facebook and Instagram: Kementerian Kesihatan Malaysia. Daily text message from the Malaysian National Security Council is also sent
- Using technology to prevent further spread of COVID-19, the Malaysian government introduced four smart phone applications:
 - MySejahtera – This app allows users to carry out their own health check, provides location of nearby clinics, and the immediate actions if someone is suspected of having the infection
 - MyTrace – This app allows contact tracing if a person comes in contact with an infected person
 - GerakMalaysia – This app assists the Royal Malaysia Police and Health Ministry to trace movement of Malaysians who travel within the country
 - SElangkah- A site modified for the people of Selangor (a state in Malaysia). It works with a QR code which is required to be displayed at all premises, including private and government buildings

Public health measures (i.e. social distancing, community lockdown)

- Movement Control Order (MCO) is implemented in Malaysia from March 18, 2020. During MCO
- The government, private agencies, and primary to tertiary schools are closed. Only essential services remain operational
- Interstate travel, mass assembly, religious, sports and social gathering activities are prohibited and suspended
- Wearing of facial masks and use of sanitizer are encouraged
- Only the head of family is allowed to buy groceries

- Restaurants can only accommodate take-away and deliveries
- Conditional Movement Control Order (CMCO) was implemented from May 4 to June 9, 2020
- During CMCO
 - All economic sectors will be allowed to open with conditions
 - Business and activities that involve large gatherings and physical contact and where social distancing is difficult to control are still closed such as cinemas, karaoke centers, reflexology centers, entertainment hubs, night clubs, bazaars, and self-service laundrettes, cruise ships, among others
 - Interstate travel is still prohibited however rules will be loosened
 - Visiting family, relatives and neighbors within the same state with maximum of 20 people in attendance at one time during celebration is permitted
 - Sports without crowd like jogging, cycling, and golf is allowed. Running in groups of less than 10 members is allowed. Sports that may involve high risk of infection such as football, rugby, swimming, indoor and outdoor stadium activities are prohibited
 - Any social, community, cultural and religious activities that involve large number of people are not permitted
 - Employees must be screened every day while employers should allow employees to work from home
 - Education institutions remained closed
 - Public transport resumes normal operating hours
 - Restaurants will be permitted to reopen for dine-in but with social distancing measures
 - Temperature check before entering premises is conducted. Name and contact number must be recorded for contact tracing measures
 - People are encouraged to avoid 3Cs (crowded place, confined space, and close conversation), to practice 3Ws (wash, wear, and warn), to stay at home and to maintain social distancing

Case management and health services

- For every positive COVID-19 case, contact tracing was done to those exposed to the patient within the 14 days. For those with fever or symptoms or patient under investigation (PUI), swab is taken. For those who show no symptoms or patients under surveillance (PUS), they are advised to do home quarantine for 14 days. PUS also needs to monitor symptoms using a Home Assessment Tool (HAT) and they are also given a Health Alert Card (HAC) to show to the clinic if symptoms appear
- For the patient warded in hospitals, treatment is rendered and swabs are taken daily or on every other day. The hospital discharges the patient whose two swabs that are taken 13 days apart are found to be negative. Afterwards, the patient is advised to do home quarantine for 14 days
- On sanitation, the health department with the Alam Flora and the fire department sanitize and disinfect the yellow and red zones and the public places like markets, bus stations, and homeless transit centers
- The lorry drivers / assistants entering the wholesale wet markets are scanned for temperature check. Those with temperature exceeding 37.5 are not allowed to enter
- The health department provides simple, outpatient treatment to the homeless in the transit center. Severe cases are referred to the government hospitals for further treatment
- Under the CMCO, the health inspectors monitor the restaurants to ensure restaurant operators comply with the Standard Operating Procedure set by the Ministry of Health. This includes registering the name and the phone number of customers, temperature scanning, wearing of face masks, and washing of hands, and maintaining social distancing
- Various hotlines and operation rooms were setup to cater to the relevant needs of different groups including mental health support

Societal response

- From the federal government, comprehensive aid is disbursed to low-income, vulnerable groups, and small and medium business enterprises through the Prihatin Rakyat Economic Stimulus Package (PRIHATIN). For further details, please visit, <https://www.treasury.gov.my/pdf/Booklet-PRIHATIN-EN.pdf>
- From Kuala Lumpur City Hall's (DBKL), a Crisis Management Centre Operational Committee with the police, armed force and firefighters helps curb the spread of disease in the city in locations where total lockdown is implemented
- DBKL sanitizes and disinfects various locations of public places in the city especially in red zone areas and markets
- DBKL gives financial aid to hawkers and petty traders
- DBKL manages the control approval of license and hawkers' issues during COVID-19
- DBKL gathers and transfers the homeless from the streets to transit homeless shelters, provides food and beverage, conducts health screening, and assists the homeless to get counseling and jobs
- DBKL conducts food sampling in quarantine centers
- DBKL reschedules and extends all payment for development control activities in Kuala Lumpur to June 30, 2020
- Donation is set up by various organizations to assist those in need of financial aid and masks and personal protective equipment
- Businesses and meetings are conducted via online platforms. People are encouraged to use e-payment/ e-wallet

Recurring governance challenges in your local COVID-19 responses

- Ensuring the public to maintain social distancing, to adhere to a high standard of cleanliness, and to stay at home during the quarantine period
- Ensuring the immigrants to follow the law, rules, and regulation



Philippines

Muntinlupa City



City
Muntinlupa

Mayor
Jaime R. Fresnedi

Land area
46.7 km²

Population
570,933

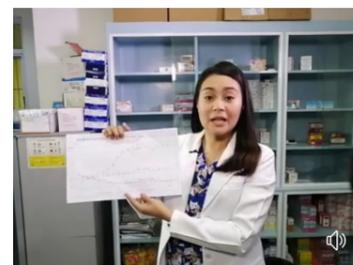
Number of COVID-19 cases
505 confirmed cases as of July 6, 2020

Emergency response

- The city has passed different ordinances to address the needs of the citizens, to ensure public safety, and to mitigate the spread of infection. Example of these ordinances include imposing curfew hours, liquor ban, anti-panic buying, closure of malls, mandatory wearing of facemasks, anti-discriminatory, and hazard pay for health workers
- All barangays (villages) have a Barangay Emergency Response Team that assists in the contact tracing and in the ambulance conduction of COVID-19 patients who need immediate medical referrals and transport to a swabbing and rapid test facility
- The city also has its own transportation and referral service for the needs of the city residents
- The city activated its incident command system to address the escalation of COVID-19 infection
- Checkpoints are placed on the main roads and city boundaries to maintain curfew restrictions and to check that only those with necessary errands are allowed to travel

Risk communication and public engagement strategy

- Through the Disaster Risk Reduction and Management Office, the local government utilizes its public address system that goes around the city to inform and remind the public of the city ordinances that are implemented. The residents are informed of the Enhanced Community Quarantine guidelines, curfew hours, restriction of operation of specific commercial establishments, use of quarantine pass, use of face masks, schedule of market operations, along with other policies
- The city residents are informed of important contact numbers of different public offices, updates, guidelines, and advisories through the use of social media platforms
- COVID-19 health advisories including different status of COVID-19 cases are uploaded to the city's official video page, the "Lingkod Bayan"
- The City Planning Office utilizes its global information system (GIS) in the updating and mapping of the COVID-19 cases



Public health measures

- Social distancing is implemented in both public and private establishments to avoid exposure to the virus and to slow its spread locally
- People are not allowed to gather in groups
- In public markets, markers are placed on the floors and roads to mark the safe distance between people. Marshals are assigned to ensure compliance to social distancing
- Use of sanitation area with foot or shoe boxes, use of alcohol and disinfectants in public and private establishments. Hand washing is also recommended
- Disinfection of establishments, streets, public areas and alleys is conducted to minimize the virus spread
- The city started a "No Quarantine Pass, No Entry" policy into public markets. The city gave one quarantine pass per household to control the number of people leaving their homes. The operating time of the markets are also reduced
- Face mask is required in public places
- Senior citizens (elderly population age 60 and above) and children, being more vulnerable to disease transmission, are not allowed to go outside their homes

Case management and health services

- Within the compound of the 'Ospital ng Muntinlupa' (Muntinlupa City Hospital) is a community quarantine facility with 107-bed capacity isolation rooms. These are for the city residents who are COVID-19 suspect, probable and positive cases with mild or no symptoms for which home quarantine is not possible. Mechanisms for monitoring are in place to determine if there is a need to hospitalize and admit the patients for further management
- The City Health Office also manages a 69-bed quarantine facility that caters to mild and asymptomatic COVID-19 probable and suspect cases. Measures are in place to provide the patients with their basic needs, monitoring, and immediate referrals to hospitals when their symptoms progress or when their COVID-19 tests turn out positive
- Online consultation and prescriptions through Facebook messenger are conducted by the different city's health centers to accommodate the inquiries of patients on their health concerns

Societal response

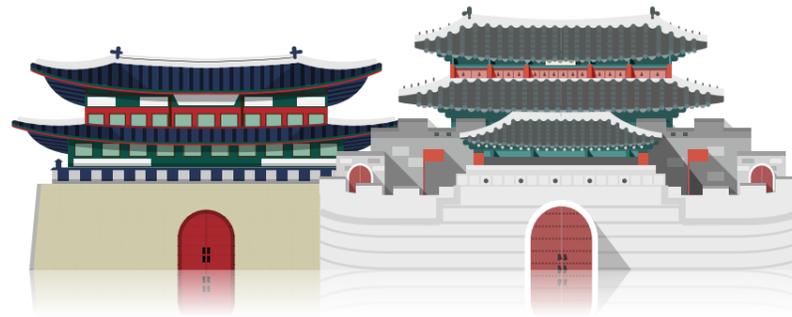
- The Business Permit and Licensing Office (BPLO) conducts consultative meetings with business owners to inform them of restrictions in the conduct of their ventures
- The city has extended the deadline for the payment of business taxes
- An anti-hoarding ordinance was passed to ensure that commodities are priced as recommended by regulatory agencies and that they are not withheld during the quarantine period
- The city council also approved the advance release of scholarship allowance to students for the second quarter of 2020
- The mayor has requested that the rental payments of commercial establishments and residential places be waived during the enhanced community quarantine
- The city has budgeted, purchased and distributed relief goods to families most affected by the enhanced community quarantine. The food packages are distributed through house-to-house method
- The city provides transportation service to medical workers, employees, and other frontliners working in the public and private sectors as public transport vehicles are suspended
- The city has employed to the women in the community to create personal protective equipment (PPE) to the frontliners producing at least 1,700 hazmat suits
- To assist the women who lost their jobs during the pandemic, the city launched an employment program called, "Tulong Panghanapbuhay". Working from home, 164 women sewers have been making facemasks
- The city helped distribute funds in the conduct of the Social Amelioration Program (SAP), a national cash emergency subsidy program for low income families

Recurring governance challenges in your local COVID-19 responses

- The non-compliance of some residents on social distancing and curfew regulations
- The need to realign the local government unit funds to prioritize the funding needs for COVID-19 mitigation



Suwon City



City
City of Suwon



Mayor
Yeom, Tae-young



Land area
121.09

km²

Population
1,232,617



Number of COVID-19 cases
55 as of May 25, 2020



Emergency response

- As head of the Suwon Central Disaster and Safety Countermeasures Headquarter, Mayor Yeom organized 11 teams comprised of 99 officials who would cooperate to stop COVID-19 spread, to generate public support, and to build plans for post COVID-19
- Building co-responses with Suwon's neighboring cities
- On March 3, 2020, a convention between Suwon and cities of Osan and Hwaseong was conducted. On March 11, 2020, a convention between City of Young-in and Suwon was also conducted. Mutual intercity agreements were discussed including:
 - Arranging of hotline and co-operating system for infectious disease
 - Agreeing to share the route information of confirmed cases and to follow co-response framework between neighboring cities
 - Conferring for cooperative disinfection via mutual support for material/human resources
 - Strengthening response capability and sharing of important cases between local governments
 - Solving the issues and problems exposed in the process of responses to COVID-19

Risk communication and public engagement strategy

- Since January 20, the Mayor Yeom has been uploading special report on COVID-19 to Suwon citizens. There are 368 special reports uploaded on his official SNS accounts as of May 25, 2020
- Updates and quick responses are also sent via official SNS accounts with a total of seven channels. The city also releases online public relations on KakaoTalk (the mobile messenger with the largest number of users in the Republic of Korea)
- Donation campaign of 'My First Disaster Basic Income' to help propel local economy and local business owners in need. People can choose where to donate their 'first disaster basic income' to either small business owners who were affected by COVID-19, the young unemployed, or to low-income citizens
- The city through the Suwon Volunteer Center mobilized volunteers for 32 days to help increase the production of fabric masks:
 - 733 volunteers cut and sewed 19,218 fabric masks on various sites
 - 138 persons volunteered at home and produced 30,378 fabric masks
 - The cost of materials was charged to Suwon City
 - Delivered 17,894 fabric masks via city hall, four district offices and 44 administrative-welfare centers
 - Delivered 1,550 fabric mask pieces to civil service officials in police stations, 2,500 fabric masks to public transportation drivers and 300 fabric masks to post office workers
 - Delivered 2,000 fabric masks to the Center for Handicapped and 6,000 pieces to disinfection volunteers and partner- organizations
- The city launched the campaign "Good-hearted 1:1 mask exchange (donate one disposable mask and receive one fabric mask)" and secured 3,700 disposable masks for distribution

Public health measures

- The city prevented further mass infection at a religious organization and secondary and third infection after a confirmed case found at a religious organization in the city
- The city quickly conducted total survey on all members and contacts of each member for extensive care

- The city advised to restrict the use on public and religious facilities. The city assigned nine departments to inspect a total of 6,592 places - 640 religious facilities, 607 indoor fitness facilities, 638 internet cafes, 774 karaoke, 3,552 private educational institutes and 24 nursing hospitals for 'social distancing'
- Conducted a 1:1 ratio monitoring on 640 churches. An official is assigned to advice restriction of church service gathering and check whether personal sanitation guide is observed
- The city with the police inspected 346 adult entertainment bars and put 'executive order' sheets at their entrance after advice on restriction of gathering
- In case of violation, public health clinics can accuse the violator and impose the penalty under 3,000,000 Korean Won
- The city disinfected school facilities using drones. A social company and a drone club that consisted of students at Suwon High School for Agricultural Science cooperated to disinfect 49 school facilities and their nearby area

Case management and health services

- The city provided temporary living facility, temporary test facility, and relief-accommodation to those who arrived from overseas. Suwon City is first Korean local government to conduct this program:
 - The temporary living facility (Suwon Youth Hostel) serves to prevent further the infection between an asymptomatic citizen from overseas and family members
 - The temporary test facility (Korean Civic Educational Institute for Democracy) lodges citizens who entered from overseas while waiting for their COVID-19 diagnostic test
 - From the international airport to temporary test facility, the city provided transport for asymptomatic citizen to a diagnostic test center. Afterwards, the person with 'negative' result will be transported to home with a limit of one person per one van and stay for 14 days. This has become an effective prevention of local community contagion
 - The Relief-Accommodation (five hotels in Suwon) serves to prevent the contagion from the citizen who recently entered from overseas. Five hotels agreed to provide rooms to family members for discounted price up to 70%. The first policy practice among local governments (March 27, 2020), even earlier than the pronouncement of the Korean central government saying "Everyone entered recently from overseas should be quarantined for two weeks (April 1, 2020)"
 - From March 27 to April 30, about 410 family members were accommodated through 'Relief-Accommodation Service'
 - The city built a complete management system for asymptomatic persons from overseas, who left and are currently staying in each facility
- The city also initiated a drive-thru screening clinic (Suwon Relief Car Screening Clinic). Visitors were able to go through a diagnostic test in own vehicle without physically contacting medical staff

Societal response

- 'Inclusive masks' for the vulnerable-to-infectious disease. The city provided disposable masks to day care centers, kindergartens, elementary, middle, and high school students, the pregnant, elderly aged 75 and above, handicapped, local child care centers, after-school courses, public transportation drivers, and registered foreigners
- 'Expedition for Mask'. Fifteen (15) department directors in the city hall visited 78 mask manufacturing factories in the province and secured 785,550 sheets of disposable mask by on-site purchase. The city donated 20,000 sheets of disposable mask for Daegu Metropolitan City
- The city provided a disaster basic income of 100,000 KRW for each Suwon citizen. Online and offline applications were accepted. The city visited some citizens who experienced difficulty in applying for the disaster basic income. The city provided the disaster basic income on April 9, 2020, the first city to provide as such in the Gyeonggi-do Province
- Aimed at revitalizing small and local businesses, there was an incentive promotion on purchase of Suwon local currency. The city raised the incentive rate from 6% to 10% until July 2020 only payable at local traditional markets and small businesses in the city
- With the private sector, the city launched a "Good-Hearted Rent (Discounted/Freeze Rent)" Campaign, providing discount of rent payment on Suwon's public property. It has supported small business owners who are having difficult time due to withered consumers' sentiment and 'social distancing'.
 - For example, in Suwon Venture Business Support Center, a 30% off for rent payment is given for six months to resident companies
 - For companies located in Social Company Support Young-dong Center and Underground Shopping Center in front of Suwon Station, a discount on their utility bills is provided
- A win-win situation was made with small business owners for lowering rent
 - For lessors: Discount on rents to get over the difficulty caused by COVID-19, the agreement is not to raise over 5% of previous rent and to contract for longer period for those residing in the Urban Regeneration New Deal Policy Zone
 - City of Suwon will develop an Urban Regeneration Policy to strengthen commercial competence
 - At the Korea Association of Realtors Suwon Gwonseon-gu Branch, a talent donation without commission for the contract of lowering rent
- The city provided free relief supplies to citizens who are in quarantine. Packages included instant rice, mineral water, ramen, canned foods among others
- The city supplied 880 pieces of electronic gadgets to assist the children and their families to participate in remote (distance) education
- The city helped disinfect traditional markets and small businesses. Moreover, the city supplied masks, hand sanitizers, disinfection spray and clothes to small business owners association
- The city convinced employee associations of architects, realtors, and housing management companies to retain their employees despite the crisis caused by the pandemic
- The city provided 70% of the teaching pay to 1,770 instructors who were affected due to the closure of its community residents program during the critical phase

Recurring governance challenges in your local COVID-19 responses

- The city helped push for the passage of the national law that mandates the local governments to employ and empower epidemiological investigator
- The city revised an ordinance on infectious disease prevention and management. In the proposed ordinance, the mayor is proposed to be responsible for the disinfection to prevent contagion. Treatment and hospitalization of citizens due to infectious disease will be further supported. Education campaign is needed for the prevention of contagion of infectious disease. And in cases of shortage of labor for epidemiological investigation, the mayor can appoint epidemiological investigator for a period



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Makati City's Gameplan: United Against COVID-19



Mar-Len Abigail S. Binay
Mayor, Makati City, Philippines

When the first cases of COVID-19 were confirmed in the Philippines, my mind immediately raced. I knew that it was only a matter of time before positive cases would be confirmed in my city.

We have been preparing for disasters and emergencies for the past years — but nothing of this magnitude. As a densely populated commercial center with thousands of foreign nationals walking in and out of our doors every day, we knew it could be catastrophic if we failed to act with dispatch.

The Numbers

As of May 15, 2020, Makati City has 537 confirmed cases recorded by the Department of Health (DOH), 482 of which were turned over to the Makati Health Department. There are two probable cases, 384 suspected cases, and 238 patients under monitoring.

Since the pandemic started, we have lost 53 individuals, but have nursed 178 patients back to health.

Hunkering Down

Our first instinct was to lock everything down and keep people indoors to keep the transmission of the virus to a minimum. This hurt Makati tremendously because business and commerce are the lifeblood of our city.

I met with city officials and department heads to craft a two-pronged plan. The first was to expand and level up our existing social services programs to cover food rations, financial assistance, delivery of maintenance medicine, and continue providing healthcare services outside the hospital setting.

Subsistence

We mobilized different departments for the preparation and distribution of food and essential supplies. We prioritized vulnerable groups such as senior citizens, students, solo parents, differently-abled persons, and informal workers in providing relief goods and financial aid.

We immediately organized cash relief amounting to Php 16.7 million (Philippine Peso) for some 8,376 tricycle, jeepney and pedicab drivers, giving them Php 2,000 each to tide them over during the first few weeks of the enhanced community quarantine (ECQ). To date, they have received another Php 2,000 from the city through electronic money transfer (GCash).

Financial assistance was also given to some 13,000 differently-abled persons and 2,000 single parents, and around 78,000 senior citizens. Recently, we granted cash incentives for around 12,000 public school graduates using contactless distribution via GCash.

Aside from providing food packs in two waves to all households in the city's 33 barangays (villages), we also gave grocery vouchers to residents living in apartments and condominiums. We also deployed mobile markets around the city on scheduled days so residents can buy meat, fish, and vegetables within their own village.

To help our residents prepare for the transition to modified ECQ, we recently launched an expanded economic relief program worth Php 2.7 billion to provide Php 5,000-cash aid to more than 500,000 qualified individuals aged 18 and older, including residents in city-run resettlement areas in nearby provinces. Again, through automated and digital distribution, we have managed to send help without risking exposure for both our constituents and our frontliners.



Survival

The second goal was to address the treatment of COVID-19 patients. The Makati Health Department and Ospital ng Makati (OsMak) had to quickly adapt, draft and implement protocols. Initially, our focus was on isolating and treating patients who have tested positive. Their families and co-workers were also monitored for possible infection. They were placed on home quarantine and closely monitored by our healthcare personnel.

Phase II was preparing for the huge wave of patients. Makati Friendship Suites was converted into an isolation facility that could accommodate 100 patients. Barangay health center isolation areas were also created to monitor residents who exhibited symptoms. Residents were given a hotline to call and healthcare workers fetched them from their homes and moved them to the monitoring facilities.

In addition to Ospital ng Makati, partner private institutions donated setting up four more emergency quarantine facilities. These facilities can treat additional 60 patients.

We also built two negative pressure tents with intensive care unit beds, power supply, pressure sensors and alarms, lighting, filtration systems, LCD monitors, UV/HEPA air purification, toilet, shower, decontamination rooms, changing rooms, storage, and an air-conditioning system. These can accommodate 12 additional patients and can prevent the transmission of the virus to other patients in the hospital.

The city's free mass testing is also ongoing to detect, isolate, and treat front liners and residents who might have contracted the virus. We are also continuously improving our monitoring and treatment plans.

The country's Health Secretary, Francisco Duque III, recently visited OsMak and was very pleased with the systems and treatment protocols that the Makati Health Department has in place.

The Digital Advantage

Makati is the first city in the Philippines to use automated and digital distribution of cash aid through the Makatizen App and the Makatizen Card, an all-purpose ID that can be used for cashless transactions.

This is a big step for any local governments because it eliminates the need for residents to leave their homes and queue for assistance. With our cashless distribution, we were able to prevent mass gatherings or clustering of people in one area.

Makati City has been working on the Makatizen Card project for over two years now, and it has proven useful in this scenario. Our residents no longer have to go to City Hall to fill out forms for assistance, they only need to log in to our Makatizen App or our website and access the help they need. The app also allows them to report incidents, ask for help, or send inquiries.

Despite limited mobility, the city government has continued to function through digital communication and constant updates. We maximized the use of technology to ensure unhampered interaction between the city and its constituents, enabling timely government response to urgent concerns. Through a digital platform we developed, contact tracing has become more efficient as it allows rapid profiling of COVID-19 patients and suspected cases.

In times of crisis, it is important to be visible and lead from the front. I continued to be visible through video conferences, Facebook live and regular Twitter and Facebook updates. We have constantly encouraged residents to regularly check our FaceBook, My Makati, and monitor our website for news and updates.

The City Council regularly meets via Zoom so it can continue to pass resolutions and ordinances to support our efforts to provide Makati residents with the best service they deserve.

Responsive, Proactive Policies

Due to the implementation of the ECQ, several companies and establishments in the city have temporarily closed and the 'No Work, No Pay' policy has caused unemployment across many sectors.

We have extended the deadlines for the payment of business and real property taxes, and stall rentals in public markets so that taxpayers will not worry about payments and renewals during the ECQ.

Makati City has also instituted policies to prevent inequalities and discriminatory practices in the communities, such as imposing stiff penalties on the harassment of frontliners and COVID-19 patients.



A United Front

Running a city during a pandemic is MISSION IMPOSSIBLE — but only if you are doing it alone.

I am blessed to have the full trust, support, and cooperation of the City Council, department heads, administrators, the business community, private organizations, and the bulk of the city work force.

From day one, we have been united in our resolve to see the people and the City of Makati through this pandemic. We knew there would be sacrifices, but we did not hesitate to make hard decisions that redound to the greater good.

I am forever grateful and indebted to the companies and businesses in Makati for their full trust and unwavering support. Even with the shutdown of business operations, they generously donated to the city's efforts to provide food and other basic necessities to our constituents, as well as proper personal protective equipment (PPE) and food supplies for our frontliners.

A Fighting Chance

On May 16, Makati and neighboring cities in Metro Manila will be placed under Modified Enhanced Community Quarantine (MECQ). Select business establishments will be opened, after two whole months of lockdown.

We are confident but vigilant. We know that we are not out of the woods yet. We will continue to implement social distancing, impose curfews, and closely monitor the wearing of face masks. All crucial parts of the city will be disinfected daily, and we will continue the house and community disinfection campaign we have started at the beginning of ECQ.

This is not the time to be complacent. The worst is far from over, and we are determined to utilize all available resources including digital technology to strengthen the city's resilience as we face the challenges ahead.

By reopening our city, we are giving our constituents, our businesses, and the city itself a fighting chance to recover financially. However, let us not forget that human life is far more valuable.

It is up to us leaders to protect and ensure the survival of both.

The Role of Social Structure for Handling COVID-19 in Denpasar City ('JAGA BAYA')



Ida Bagus Rai Dharmawijaya Mantra
Mayor, Denpasar City, Indonesia

Denpasar city is the capital of the island province of Bali in Indonesia. It has been a center for trade, tourism, and education. The total land area is 127.78 km² with a population of 647,954.

Talking about the development of COVID-19 cases in Denpasar City, as of May 14 2020, there were 63 confirmed cases. Twelve (19.04%) patients are undergoing treatment, 49 (77.78%) have already recovered, and two patients died (3.17%).

Denpasar City continues to strive to prevent the spread of COVID-19.

We consider two categories for the prevention aspect. One is related to the imported case, in particular those from outside of Denpasar. Travellers and migrant workers coming to the city need to quarantine in a city shelter for 14 days.

During the quarantine period, a person who is tested positive for COVID-19 will be referred to the hospital. A person who is found negative will carry out another self-quarantine for 14 days at home.

The second aspect is the strengthening of the security of our decentralized social infrastructure we refer to as the Desa Adat (culture village). The Desa Adat has traced and tested people who are either asymptomatic or showing with symptoms. Those who are found positive will be referred to the hospital. Those who are found negative will do self-quarantine for 14 days in their respective homes.

Related to emergency management, the public is informed of a call center hotline number 112 or (0361) 223333. In the event of emergency, the call center relays the message to the nearest Puskesmas (public clinic) and to the DAMAKESMAS System (Denpasar Great Community Health). The DAMAKESMAS officer (now equipped with personal protect equipment) will

proceed to the residence of the prospective patient and notes on the medical history and perform the test. If found positive, the patient will be referred to the hospital for further action.

In Denpasar City, COVID-19 has affected most sectors, notably the economic sector. As we know, Denpasar is a global tourism destination whose economy is largely supported by tourism industry. The trade sector has greatly been affected as well with Bali being the center of business and commerce.

Denpasar City has designed and implemented social and economic protection programs for those who were greatly affected by the pandemic.

For the social sector, the city has prepared a social safety net (JPS) policy targeting the beneficiary families (KPH), disabled, elderly, formal and informal sector workers. It also provided protection of children from long absences from school by developing a continuous learning program.

Moreover, the city offered economic stimulus for its micro, small, and medium enterprise until large companies can continue to carry out their business activities while still paying attention to health protocols like using masks, washing hands, keeping physical distance, and periodically spraying disinfectants.

As a support to many of city's hotels, Denpasar City adopted a policy on preparing hotels as transient places for migrant workers who had just arrived and needed to spend quarantine time. This is being done under the supervision of City COVID-19 task force and strict implementation of health protocols.

In handling COVID-19, Denpasar City has relied much on its strong community system structure, the Kelurahan, and the Adat Discipline Village to implement various prevention measures. At the villages, people and their leaders follow these actions



- Do safe physical distancing between 1.5 - 2 meters
- Limit social mobilization by staying at home except for essentials
- Avoid crowded areas
- Prioritize solidarity and mutual cooperation in breaking the distribution chain
- Implement social safety net through the Social Protection and Poverty Program
- Stimulate the Village / Kelurahan economy by providing inter-shopping services (shopping from home) at the village market and village-owned enterprises (BUMDES)
- Conduct clean and healthy behavior (PHBS) and increase the immune system
- Carry out periodic larvae monitoring (PJB) and eradicate mosquito nests (PSN) by doing 3M Plus at least every week
- Control to socialize at any time and disseminate information on handling COVID-19 and
- Maintain and improve environmental health.

there is vaccine. For this reason, we can make new efforts without getting anxious but we remain vigilant by understanding how the virus spreads out. What we can do is to "make peace with COVID-19" in the sense that we can still carry out activities with health protocols.

It means we will implement a New Normal Lifestyle as an adaptation of the new life in the face of COVID-19. For example, business activities will observe health protocols for their customers.

Until now, Denpasar City is focused on sliding down the curve. This is a safety effort for our citizens in anticipation on the next wave of cases. In the meantime, we encourage our people to be

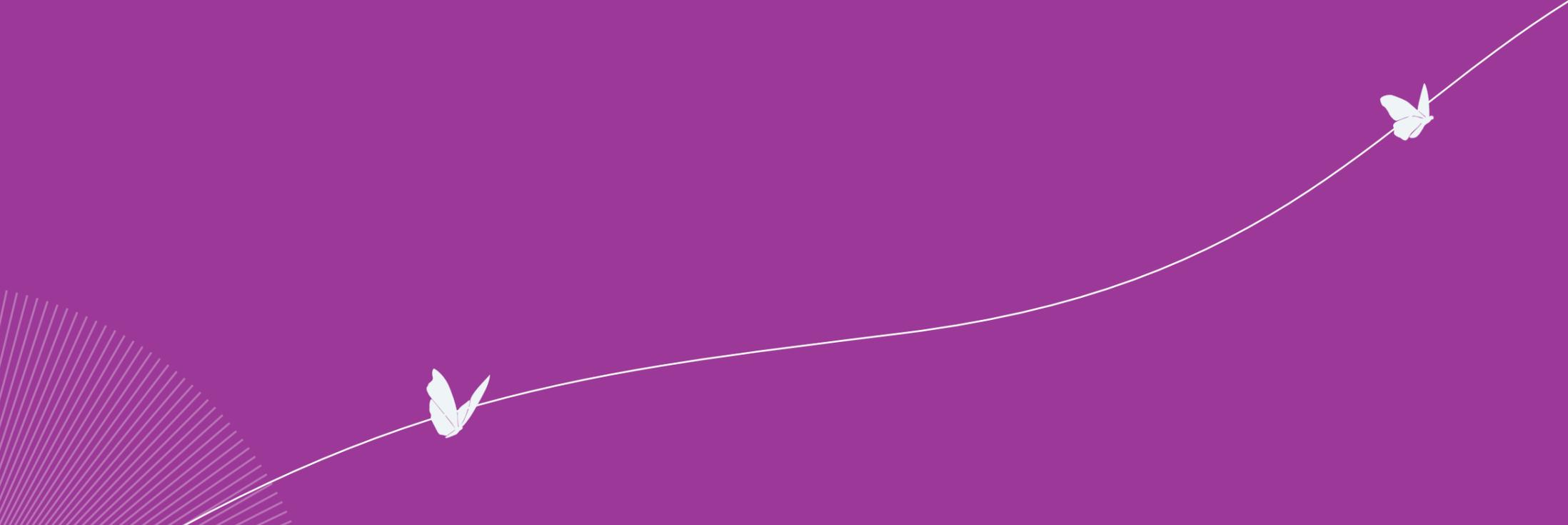
- Discipline. We encourage all people to conduct healthy protocols in every activities
- Truthful. Always be truthful in giving information on health conditions and
- Solidarity. Be aware in every situation and protect each other while doing activities

Denpasar City believes the measures abovementioned have helped reduce COVID-19 to just an average of 10 cases per day.

Moreover, the City has online public services that will encourage people to do their activities at home. Synergy of actions is being done between the government, the culture village (Desa Adat), and the private sector.

The COVID-19 is a common enemy. It has no visible form. We cannot necessarily wipe the enemy out unless

We hope the changes of our life are fit for purpose to improve our quality of life, our health and well-being, our social behavior and our productivity. We keep our strength to move forward with our new normal life style.



Member's Insight

Think City

Reflexivity In The Age Of Pandemia:

Adaptive Policy Making and the COVID-19 Crisis

Dr. Matt Benson, Programme Director, Think City Sdn Bhd
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1.0 Introduction

The year 2020 will be remembered as the beginning of the Age of Pandemia. A new period in human history when people and nation-states come to the realisation that the risk of pandemic has become structural to our hyperconnected globalised society. Just as the global movement of finance, labour, goods and technology has transformed the planet dramatically over the last century, so have the global disruptions to ecological systems and human consumption patterns heightened the risk of pandemics in our everyday life. The COVID-19 crisis has shocked us to the vulnerability of our global system and the systemic risk posed by highly infectious diseases.

This is an important point. The risk of a pandemic is not an external threat but a by-product or 'externality' of modern industrial society. A risk that is embedded within the very structure of our contemporary community - not any different from the risk of a nuclear reactor meltdown or the crashing of global financial markets. In this 'Risk Society', a term coined in 1992 by German sociologist Ulrich Beck, such pandemics will continue to crop-up as new and novel human pathogens emerge from the mutative cycles of modernity.

How should policy makers respond to such a risk? We argue that the current tendency of using the war metaphor is not the way to respond. Such a metaphor is useful to mobilise and rally people around a short-term external threat. But it is also the root cause for the chaos we are experiencing now - the lack of government preparedness despite having experienced similar events such as the 'Spanish' Flu, SARS or the Zika virus epidemic throughout the last century. The war metaphor masks the fact that the threat of pandemic is a long game requiring a more complex response at the local, national and global levels of society. We require far-reaching changes to the way we design and organise our cities and supply chains, and a rethinking of the way we interact and transact as a global society. Arundhati Roy wrote recently that, "Historically, pandemics have forced humans to break with the past and imagine their world anew." In this paper, we argue that such a response would require reshaping policy making around the concept of reflexivity and made operational through an adaptive policy making approach.

2.0 Living with Uncertainty

As we enter the fourth month of 2020 over 1.6 million people in 203 countries have been infected by SARS-CoV-2, the virus that causes COVID-19. As a respiratory illness it manifests in many forms, mainly as a dry cough and fever. For most, the symptoms are mild or not noticeable. COVID-19 is particularly damaging because of its highly infectious characteristic. A feature that allows it to spread if undetected for weeks in a patient until his or her defense system is overwhelmed and requires hospitalisation support to recover. An estimated 16% of people require hospitalisation for up to 12 days; 3.8% end up in critical ICU care for over a week. The data that does exist suggests that people with two or more specific comorbidities (diabetes, being 60 years of age, recent incidence of cancer, hypertension and underlying respiratory disease) are particularly vulnerable.

The rapid spread of the disease has imposed an unusual strain on public health systems, with even the richest countries in the OECD finding themselves stretched to breaking-point. Nation-states are scrambling to secure medical equipment and testing material to identify, treat and pacify the raging pandemic. Governments have overcome their initial inertia and imposed population movement restrictions to contain the spread of the virus. All the time painfully aware that their actions collectively have precipitated a cardiogenic shock on the global economy - as businesses face the triple blow of a demand, supply and liquidity crunch.

Governments now are struggling to devise policy tools and settings that enable society to gradually return to a new normal. The whole of society cannot be practicing extreme social distancing for months on end. There will need to be staggered and gradual relaxing of regulations, some applied at the national scale others at the city or district level. The key questions, though, are: when do we relax lockdown regulations and what thresholds do we apply in the event that cases increase? The answer is nobody really knows. We will have to 'feel' our way out of this and assess risk based on new information and events as they unfold.

Against such uncertainty and unknowns, how should policy makers navigate the unfolding COVID-19 crisis? How do they prepare for the aftermath of the crisis when the personal, social and economic costs of the crisis become increasingly apparent. In this article we describe an approach based on the principle of reflexivity - the idea of utilising adaptive policy instruments that can efficiently adjust to the changing patterns and intensity of risk that we will endure in the short-term and then need to embed into the uncharted landscape of a post-Covid world.

3.0 Reflexivity for Policy Making

In a time of war, lockdown buys time. It is a defensive action, a retreat. What some have called the 'hammer'. But the war metaphor may be misleading in the Age of Pandemia. For what really matters is the ability of policy makers to stay ahead of the epidemiological curve. Our actions and reactions must be shaped by the multiple oscillations of the epidemic. This is a key concept that many in the scientific community are converging around - the adaptive suppression method. The approach centres on an idea

that after the first wave has been flattened, society and economies are gradually reopened, with different levels of alertness and physical distancing depending on local circumstance and custom.

At the core of the risk management policy is the need to balance the health risk of the population with the economic and social risks of containment. The physical geography of constraint against the human geography of place and livelihood. In this first quarter of 2020 most countries are in the midst of battling to flatten the curve. Yet the success of this endeavour does not guarantee that we are out of the woods. For a recurrent epidemic cluster could easily re-emerge from a single infected individual.

Hence the epidemiological perspective anticipates such a scenario and focuses policy instruments on keeping the recurrent waves of infection at lower levels of incidence - creating less stress on the health response system and the economy. People must be allowed to go back to work, albeit cautiously, and guided by the different threat levels as determined by risk management protocols. The figure below illustrates in simplified form the concept of the adaptive suppression method - the oscillating rhythms representing the multiple waves of infection incidence with different color bands representing policy reflexivity.

Geography becomes a key parameter of this strategy as the spatial relations between people, places and industry become reactivated. While the economy is cautiously re-gearing back into action, clusters of infection need to be identified quickly and outbreaks contained through quarantine and self-isolation. Intensive serological testing needs to be conducted to monitor the collective immunity of the population. When certain thresholds are breached, different levels of movement restriction need to be reintroduced based on the geography of risk and the calculus of economy. Yet we need to be mindful that different people have different vulnerabilities to the disease and the effects of containment occur within different cultural contexts. In many cities people in public housing or in slums, living in cramped and squalid conditions, face aggravated economic stress by the loss of daily wages or income. The same applies to undocumented migrants or refugees who occupy the shadow economy and whose existence fall through the cracks of bureaucratic accounting systems.

A balanced, reflective approach to risk management would serve to gradually subdue the embers of the epidemic while minimising the scar tissue of economic hemorrhage. People and communities would, thus, be able to pick themselves up and rebuild their shuttered livelihoods, while governments begin the difficult task of nursing the shattered economy back to vitality.

4.0 Doing Adaptive Policy Making

In many countries such a reflexive policy process as described above does not exist. The traditional approach would be top-down and based on a command and control method of administering response. That cannot work in this COVID-19 crisis without paying a high price. For what is required is a system with the requisite nimbleness and mobility to be able to identify threats fast enough and deploy a crisis response with the swift efficiency needed for effective containment of the disease.

In traditional bureaucracies the efficiency of the information feedback loop is often compromised by the hierarchical structure of information flow and a culture of caution. The administrative structures are also not made for the swift decision making

response time required of a crisis such as COVID-19. Tragically, we have seen in real-time the high price paid by countries that ignore the critical importance of a swift information feedback and response loop.

Surveillance and remedial actions further are most effective when it comes from a top-down and bottom-up system of information sharing. This would require a system that is reflexive - that is able to target the disease while being mindful of the social anthropology of vulnerability. A system that recognises the multiplicity of social groups affected by different hazards arising from the calamity of the crisis. And therefore such a system must be capable of, what Amartya Sen calls, 'listening as governance'. Sen describes this as policy making that is aided by participatory democracy - when the press is free, public discussion is unrestrained and, therefore, "governmental commands are informed by listening and consultation.

In many countries with strong digital infrastructure we are already witnessing the proliferation of citizen-to-citizen surveillance - the sharing of local observation, data analytics and aggregation of information for the purpose of public understanding and response. Frontline health workers, frustrated at the lethargic response of the government bureaucracy, have resorted to crowdsourcing to procure essential equipment and lobby for government action. Technical tips are being exchanged to health workers and the public alike, while potential local disasters are being thwarted by coordinated public outcry. In the absence of government transparency, popular platforms such as Google analytics provide access to proxy indicators, while WhatsApp, Facebook and YouTube, among others, become the means for amplifying knowledge and information across the globe.

Policy makers would do well to invest in systems that are able to tap into the rich and important resource of local feedback and local mobilisation. Countries such as South Korea and Singapore are already deploying surveillance and feedback systems based on information provided by mobile phone users. Countries like Germany are able to undertake rapid action for testing and contact tracing by allowing local authorities to mobilise local resources from public, private and civic organisations. Examples abound around the world of local enterprises working with local health and engineering experts to re-purpose their manufacturing capabilities to produce much needed materials and equipment to combat the crisis.

In the aftermath of the crisis, a similar bottom-up approach is needed to address the economic wounds at the local level. How do we revive the marketplace, the street vendors, the small businesses? How does social distancing reshape the economic and cultural practices that underlie the trust component of business relationships? In every society there will be innovation and reconfigurations required at the local level - geographical and cultural practices that the adaptive policy approach can harness to great effect.

In the immediate short term the bottom-up adaptive approach acts as a palliative to comfort the anxieties of affected businesses and individuals. It allows government to listen to the sound of local anguish and identify temporary solutions to soften the impact of the crisis. It also buys time for government to work on the more challenging issues of revitalising the national economy in the context of a global recession and broken global supply chains.

5.0 Organising Adaptive Policy Making

How should policy makers organise themselves to provide response reflexively? The first step is to recognise the limits of existing hierarchical delivery structures. These are the agencies and ministries organised and designed to deliver top-down state control according to an outdated model of industrial society – the command and control mode of governance. We live today in a network society where, as sociologist Manuel Castells states, power resides in the network of relationships that constitute the morphology of our modern society. In this landscape social networks and new communicative technologies are embedded in the process of producing goods and services, culture and power. A network where, as we have seen in this crisis, a group of local health administrators, engineers and volunteers could deliver rapid services that typically was the domain of an expert government agency.

Policy makers would do well to tap the power of the network society to be able to respond swiftly and efficiently in the post-Covid world. This will require a new type of government organisation that is able to carry out highly sophisticated coordination of the nodes and hubs of network resources re-shaping the dynamics of society. It will be able to support the initiatives of local actors in addressing local or particular issues, while sharing experiences across the network to promote innovative solutions and new developmental initiatives. The system would be reflexive in its ability to adapt quickly to particular risks while offering counter-measures that maintain the homeostatic functioning of society.

The reflexivity of policy making will be shaped by the particular historical, administrative and social structure in different countries. Their characteristics however may be guided by the following key concepts:

Reflective leadership. Leadership is crucial in any crisis. During the pandemic a particular form of leadership is required that is able to make complex decisions, quick. Key to success will be the ability to communicate openly and transparently with society and demonstrate the willingness to be reflective in making and even changing decisions as new information comes to light. The composition of the leadership team should constitute central and especially sub-national leaders that embody the priorities of society and the aspirations for reflexivity. Reflective leadership is one which is comfortable with managing a top-down and bottom-up system of management.

Adaptive Policy Instruments. Given the high degree of uncertainty of the COVID-19 crisis, policy making has to be shaped with a risk management mindset. It will recognise that policies may have differential impacts and embody adaptive measures that enable better targeting of policy action while maintaining overall governance structure and fiduciary responsibility. Adaptability is also a function of devolving power to lower levels of authority when necessary to improve the performance of particular programmes. The system is also adaptive from an institutional learning perspective as information is shared and best practices are replicated rapidly across society to strengthen overall capacity in quelling the epidemic.

Communicate and control. Which is the opposite of command and control. It requires the social mobilisation of society in all its heterogeneity through effective communicative strategies. It deploys sophisticated but practical modalities for working with key stakeholders to control the movement and behavior of particular target social groups. Anis Chowdhury and Jomo Kwame Sundaram cite the Kerala state as an example where government has worked with religious leaders, local associations and civil society to mobilise society towards behavioural change – in this case eschewing the term 'social distancing' for its caste connotation and replacing it with 'physical distancing and social solidarity'.

Short circuits. As the world and events are hyperconnected, there will be moments when situations look like they may spiral out of control in a direction that could trigger other crises. That could be from a community health perspective, social issues or economic freefall. The concept of short circuits may need to be applied. This could manifest itself by a sudden lockdown, or a complete reversal of policy direction. Strategic communication is critical in addressing the intended behavioral change and psychological impact of such a decision.

Critical supply chain perspective. The resumption of certain key services during lockdown measures must be based on a critical supply chain framework. Some governments during the crisis have issued permits for certain factories to operate but cannot get the product to citizens because key partners of the supply chain remain under lockdown. The critical supply

chain framework will ensure that production facilities are able to connect with key suppliers, packers and logistics partners to deliver essential goods and services in a timely manner.

Makeshifting. Policies, programmes, management units, projects and even procedures are going to have to be assembled, disassembled and reassembled in very short time frames with limited resources. Reflexivity necessitates the ability to shift course quickly to avoid a threat or consolidate a strategic footing. Makeshift solutions will be needed that pull bits of existing policies, regulations, people and materials from what is immediately at hand, in some cases literally due to isolation or physical distancing. This mental framework needs to become ingrained in our social structures post-Covid.

Orbital Synchronicity. We need to remind ourselves (regularly) that COVID-19 is not an abstract policy exercise. It is real-life in real-time with real-time human flaws and issues, with deadly consequences. Hence synchronising our individual worlds (orbits) with those of our teams, stakeholders and the community at large becomes important. It is about creating a new rhythm, new relationships and new perspectives for the Age of Pandemia. In practical terms this will mean working in collaborative environments as the norm, creating large networks fast, and pulling together separate (possibly opposing) systems into single unified (or synchronised) arrangements to produce outcomes.

Re-gearing. As the COVID-19 pandemic becomes a force that is changing realities and psychologies as much as it is the economy and government, re-gearing will be required across most institutions, many businesses and possibly culturally. New purposes will need to be found for whole organisations, buildings, assets, recreational facilities, airlines and cruise ships. The re-gearing process will likely start experimentally and be recalibrated as new realities emerge. But it represents a tool that can be used to rebuild livelihoods.

6.0 A New Frontier

The COVID-19 crisis has exposed the fragile underbelly of globalisation and called into question some fundamental assumptions about our economic models. It has erased the distinction between North and South as we witness the world's most advanced cities being ravaged by poor policy responses. More importantly it has exhibited the ability of ordinary people to rise above adversity and craft innovative and practical solutions to their immediate problems. People who are willing to cross social, political and class boundaries to extend support and nurse back our humanity.

Policy makers now face an opportunity to carve a new frontier for society. Reconnecting our frayed relationships and broken supply chains guided by the principles of reflexivity. An agenda of reconstruction that is shaped by a vision of a cosmopolitan world bound together by our mutual interdependency. A post-COVID-19 world that takes seriously the necessity to balance people, culture and ecology. A transformation that forces us to look within and reflect on our own humanity.

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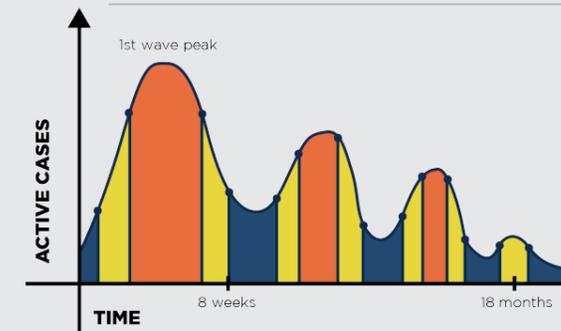
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Riding the wave - Adaptive Suppression Strategy



Allowable Activities

- Essential services & industries (zero social gathering)
- Most businesses open with restrictions (social gathering >40)
- Most of society open but practising levels of social distancing

Endnotes

- Beck, Ulrich, (1992) Risk Society: Towards a New Modernity. London: Sage
- Arundhati Roy: 'The pandemic is a portal' 4 April 2020, <https://www.ft.com/content/10d8f5e8-74eb-11ea-95fe-fcd274e920ca>
- Center For Disease Control, Severe Outcomes Among Patients with Coronavirus Disease 2019 (COVID-19) — United States, February 12–March 16, 2020, https://www.cdc.gov/mmwr/volumes/69/wr/m6912e2.htm?s_cid=mm6912e2_w#T1_down
- Xiaoboc Yang et al, Clinical course and outcomes of critically ill patients with SARS-CoV-2 pneumonia in Wuhan, China: a single-centered, retrospective, observational study, The Lancet Online 24 February 2020, [https://doi.org/10.1016/S2213-2600\(20\)30079-5](https://doi.org/10.1016/S2213-2600(20)30079-5)
- Patrick GT Walker, Charles Whittaker, Oliver Watson et al. The Global Impact of COVID-19 and Strategies for Mitigation and Suppression. Imperial College London (2020), doi: <https://doi.org/10.25561/77735>
- Castells, Manuel (1996). The Rise of the Network Society, The Information Age: Economy, Society and Culture Vol. 1. Cambridge, Massachusetts; Oxford, UK: Blackwell
- Rao, Vijayendra. Process-Policy & Outcome-Policy: Rethinking How to Address Poverty & Inequality. MIT Press Journals, Vol. 148, Issue 3 [July 2019], https://www.mitpressjournals.org/doi/ful/10.1162/daed_a_01756
- Anis Chowdhury and Jomo Kwame Sundaram, Kerala COVID-19 response model for emulation, <https://focusmalaysia.my/opinion/kerala-covid-19-response-model-for-emulation/>, posted 10 April 2020

About Think City's Urban Policy Series

Malaysia has experienced one of the highest rates of urbanisation in Asia. By the first three decades since independence in 1957, Malaysia had already transformed from a mainly rural population to an urban-majority society. Today more than seventy-five percent of Malaysians live in the country's towns and cities. This change has brought enormous benefits to the nation and driven the rise of an aspirational middle-class. However, with the rapid pace of urban transformation, new challenges affecting the development and well-being of citizens continue to surface. Public policy tends to lag behind, even as the forces of globalisation and climate change impact upon the economy and reshape the political ecology of the city. There is a need therefore to bridge the gap between the emerging challenges faced by citizens and public policy making. This Urban Policy Series is a special initiative by Think City to bring together key thought leaders to address the multiple dimensions of urban transformation. These policy notes aim to raise public awareness about specific issues and frame these issues in a manner that stimulates public debate and policy dialog.

thinkCITY
REJUVENATING THE CITY TOGETHER

Think City is a social purpose organisation dedicated to making cities people-friendly and resilient by being a catalyst for change in the way cities are planned, curated, developed and celebrated. As a regional citymaking agency, Think City provides urban policy thinking, management and implementation of urban solutions in Southeast Asia and beyond.

Established in 2009 to spearhead urban regeneration in George Town, their impact and successes have led to expansion into Butterworth, Kuala Lumpur, and Johor Bahru. Adopting a community-first, evidence-based approach, Think City focuses on four main communities of practice: Placemaking, Resilience, Analytics and Conservation. Owing to their position as a neutral party, Think City has enabled synergies between the public and private sectors, the community and international partners. Together, they work to implement projects that enhance the heritage, arts and culture, environment, economy, and resilience of cities in the Asean region. Think City is celebrating their 10th Anniversary with a year-long programme of events and projects. For more, see thinkcity.com.my.

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**CityNet Yokohama
Project Office**

Business Continuity Plan

Kendra Hirata, Director of Programs, CityNet Yokohama Project Office



Overview

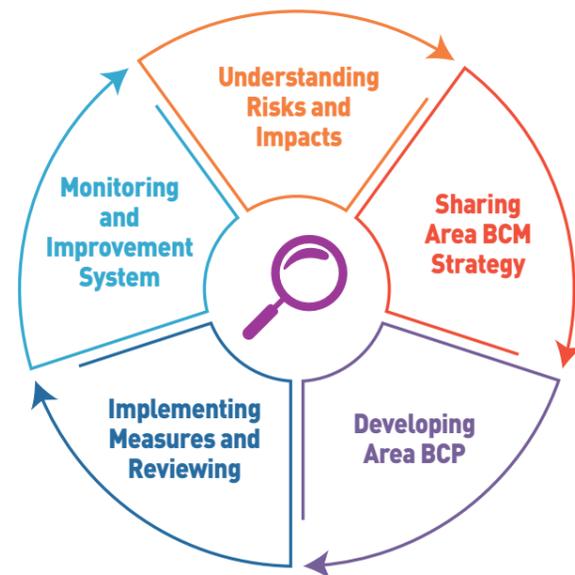
The year 2020 is becoming a wakeup call for all countries globally to think ahead and be prepared for what may come next. Until now, Business Continuity Planning (BCP) had been more associated with contingency plans for disaster risk reduction and the countermeasures. While BCPs need to be based on actual data, scientific analysis and resources available, more often the plans are based on theoretical framework. It lacks the fundamental crisis management measures particularly due to the lack of trained and experienced personnel, limited budget, low placed priority and low awareness among critical stakeholders.

COVID-19 pandemic was not a usual seasonal flu and it caught every country off guard. A handful of countries who had experienced SARS and MERS had, to some extent, a manual and preparations on dealing with epidemics but not to the scale of COVID-19 pandemic. The concerns for the pandemic starting in early 2020 was not just limited to contagious and deadly viral infections but as months passed by, countries started realizing it was beginning to severely impact their general healthcare, economy, education, food supply, livelihoods and even freedom.

Business Continuity Planning for such unprecedented circumstances would have been very difficult for even the most advanced countries especially in the globalized economy and society that we live in now. But quickly realizing our shortcomings, there are certain points that we can strengthen in order to be prepared for potential future crisis. With specific reference to COVID-19, we need to start planning for the usual natural hazards as that may multiply the risks making it a very complex emergency to respond to.

BCP vs Area BCM

In 2013 upon lessons learnt from the Great East Japan Earthquake, Japan International Cooperation Agency (JICA) introduced a cycle called Area Business Continuity Management (Area BCM). While conventional BCP focused more on individual companies or sectors to make contingency plans primarily for disasters caused by natural hazards, Area BCM emphasizes the cross-sector coordination and planning on a wider scale with the cycle illustrated below



Source: Area Business Continuity Management, JICA

Area BCM was designed with the assumption that goods and services could be mobilized with human interaction still intact. COVID-19 however, brought a totally new element into the equation where complete restrictions on human mobility, social distancing and uncertainty for the treatment and cure for the virus is causing unscalable socio-economic losses which is altering how we live and do business for good. We can however take Area BCM as a base model for further modifications when factoring in COVID-19.

When we look at the above cycle from the perspective of COVID-19, it becomes evident that the first step of Understanding Risks and Impacts is critically important to contain the disease before the outbreak. For this purpose, accurate collection of data, scientific analysis and the identification of roles and responsibilities of all potential stakeholders need to be transparent and thoroughly understood. With the given records from the current COVID-19 crisis globally, it has given us a fairly obvious picture of the impacts of this pandemic from which each sector in each country can take valuable lessons from.

The second step in the cycle is sharing the Area BCM Strategy among all stakeholders from governments to industries, across supply chains, health sectors, education sectors and even to individual start-ups so that roles and responsibilities of each is predetermined and understood. COVID-19 has taught us that particularly in the globalized economy, dependency on few selected sources for essential items such as food and even masks would be disastrous if the supply chain is disrupted due to lockdowns and restrictions on trade. Therefore, alternatives and options of the usual business need to be discussed in advance among the concerned stakeholders. Governments need to be ready with financial support to counter severe economic losses as well as unemployment, drawing lessons from the past economic crisis.

The third and fourth element in the cycle is the Area BCP which is the actual planning at micro levels by each stakeholder and implementing those plans which needs to be reviewed and practiced to ensure the plans have a valid and effective outcome. This may include cooperation with other stakeholders, additional investments, and risk transfers in combination with capacity building, preparing alternative plans and ensuring it with further back-up strategies. These need to be reflected into prevention/ mitigation, preparedness/ crisis management and rehabilitation/ reconstruction which forms the components of basic Disaster Risk Management Cycle.

The final step of the cycle consists of Monitoring and Improvement System where every little detail is reviewed to measure its impact on the entire process. This step is crucial in developing various scenarios which may not have existed before but may occur in the future. When we look back just four months ago, there are numerous areas and points in time where governments and the general public could have acted differently to manage the COVID-19 pandemic better. This realization helps to forecast potential crisis which in turn helps to plan an effective countermeasure to mitigate the crisis.

Looking ahead

Whether it is conventional BCP or Area BCM, each sector now has the obligation to develop their sustainable contingency plans if not already and coordinate the cross-sectoral working protocols to be prepared for future crisis based on accurate information and scientific analysis. The globalized economy that we took for granted now has to incorporate localized economic cycle which may serve as a strong back-up to maintain availability of essential items and employment. Basic services such as availability of clean running water and sanitary public toilets are long overdue in many countries which will be critically essential during outbreaks and disaster situations. Norms are also changing to evacuate in your own homes rather than going to a public evacuation shelter during disasters. Designating capable public health centers to deal with the usual illnesses and to prepare disaster base hospitals in close proximity to human settlements are necessary. Well planned logistical hubs and transportation mechanism interlinked through real-time navigation whether its transporting a COVID-19 patient or shipping food supplies will dictate survival for many. Improvisations in teaching techniques and medium will become the new normal instead of the usual classroom lessons. The list of what needs to change is endless and through policy reforms, technological breakthroughs, creativity and diligent effort to be responsible from each individual, contingency plan for the future crisis can be significantly strengthened to minimize the negative impacts.

The most urgent task however for many cities may now be the planning of how to reopen the society after the lockdown ends. Careful planning based on scientific analysis and consisting of different stages to reopen the city may need to be considered. The plans will have to be accurately disseminated so that confusions may be minimized. The risk of second wave of COVID-19 still exists. It would be far more disastrous if the lockdown has to be implemented again. This short-term BCP to reopen the city could serve as a trial and may be referenced in developing a more comprehensive Area BCM once situation becomes more conducive.

Through COVID-19 pandemic, humans have realized the importance of simple measures such as social distancing and wearing masks can reduce potential exposure to the virus as well as minimize strain on hospitals and health workers. The pandemic however, is not all about negative impacts. Positive gains on the environment, creative innovations on doing business, alternate working styles, and highly increased awareness on cleanliness are some developments that we need to embrace to take advantage of the crisis to create a more responsible and capable society.

CityNet Special Publication



This CityNet Special Publication highlights CityNet members' local responses and measures to tackle the COVID-19 pandemic. This publication provides a snapshot of Asia's COVID-19 situation and highlights Seoul's response to COVID-19. Ten different cities are also featured to provide insights on COVID-19 from local authorities in Asia Pacific. Think City and CityNet Yokohama Project Office share their vision about the new directions on way forward forin these new normal for city governments. This CityNet Special Publication is also available online in PDF format on the CityNet website. For inquiries please contact the CityNet Secretariat at Programs1@citynet-ap.org

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CityNet is the largest association of urban stakeholders committed to sustainable development in the Asia Pacific region. Established in 1987 with the support of UNESCAP, UNDP and UN-Habitat, the Network of cities has grown to include more than 170 municipalities, NGOs, private companies and research centers. CityNet connects actors, exchanges knowledge and builds commitment to more sustainable and resilient cities.

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