Cities and COVID-19: mental health and well-being at the heart of healthy cities

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Countries, areas or territories with COVID-19 cases reported in the last 7 days
(From 21 April 2020, 10:00AM to 28 April 2020, 10:00AM (CEST))

Due to changes in criteria for reporting COVID-19 cases, there is a retrospective decrease of 12,130 cases in Spain.


Number of cases of Serbia and Kosovo (UNSCR 1244, 1999) have been aggregated for visualization purposes.

Cases reported in the last 7 days

<table>
<thead>
<tr>
<th>Cases reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 100</td>
</tr>
<tr>
<td>101 - 1,000</td>
</tr>
<tr>
<td>1,001 - 10,000</td>
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<tr>
<td>10,001 - 50,000</td>
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<tr>
<td>&gt; 50,000</td>
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<tr>
<td>No cases reported in the last 7 days</td>
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<tr>
<td>No reported cases</td>
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</tbody>
</table>

Data Source: World Health Organization
Map Production: WHO Health Emergencies Programme
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The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.
Introduction

Complexity, uncertainty and dynamic changes

- This is a critical moment where **countries and cities are facing difficult choices**.
- The evolving nature of the COVID-19 pandemic in the European Region is creating **four parallel sets of demands** that are interconnected and reinforce one another:
  1. The **outbreak of the virus**, with no proven vaccines or therapeutics available to prevent and treat the disease
  2. The **burden and demands on health services**, including those on staff to meet the demands of COVID-19 response and maintain essential care and services
  3. The **burden of physical distancing on individuals, families and communities** including local government services
  4. The **emerging economic crisis** and the challenges for employers, businesses and economies
- Despite the uncertainty and complexity, cities play a key role in the response and recovery efforts
Cities and COVID-19

Cities are protagonists in COVID-19

• **Cities are national epicentres in the COVID-19 pandemic:** not only in terms of community transmission, points for healthcare surge, international and national travel and trade hubs, as well as entry points into further country-wide transmission

• **Cities are the closest level of government to the people:** Municipal governments work most closely with people, including vulnerable groups. They are an additional entry point to reaching people, with risk communication messaging, with trusted public health messaging and advice

• **Cities are operational partners of national government:** They are key actors in national preparedness and response plans; key providers of services; and central elements of a sustainable future

• **Networks of cities are key:** Platforms to sharing experiences and learnings, promote solidarity, and coordinate support
Cities and COVID-19

What are cities doing?

Cities role in relation to COVID-19 is two-fold:

1. Response

2. Building resilience and sustainability

Key areas of action from cities across the WHO European Region include:

- support to public health measures for COVID-19 response;
- support to increasing surge capacity for the health system;
- support to groups at risk of vulnerability;
- risk communication and community engagement;
- community, social and economic resilience measures to mitigate social and economic disruption;
- building community resilience; societal cohesion; community actions
- provision of culture, art and education
COVID-19 and Mental Health

Mental health and psychosocial considerations in the COVID-19 pandemic

- The COVID-19 pandemic is having a **significant impact on public mental health** across the WHO European Region and globally.

- The main psychological impact to date is **elevated rates of stress or anxiety**.

- Non pharmaceutical interventions, such as quarantine and its effects on many people’s usual activities, routines or livelihoods, also increases **levels of loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behavior**.

- **Frontline workers** (including nurses, doctors, ambulance drivers, case identifiers, and others) may **experience additional stressors**, such as reduced capacity to social support, reduced capacity to implement basic self-care, stigmatization, and fear of transmitting to patients, friends, and family.

- **Especially at risk are vulnerable groups**, including children, people with disabilities, older adults, women who are pregnant and lactating, people exposed to gender based violence, people who are immunocompromise and ethnic/cultural groups being targeted with stigma or discrimination.

Cities and municipal governments are crucial in offering the services and wider community support to help address these issues.

Cities are central to recovering from COVID-19

Strengthening and adjusting public health measures through COVID-19 transition phases

<table>
<thead>
<tr>
<th>Four key components to managing transitions and modulating restrictive measures:</th>
<th>Four cross-cutting mechanisms are essential enablers throughout the transition process:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Public health and epidemiological considerations must drive the decision-making process</td>
<td>1. Governance of health systems</td>
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<tr>
<td>2. Available capacity for dual-track health system management to reinstate regular health services, while at the same time continuing to address COVID-19</td>
<td>2. Data analytics to inform decisions</td>
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<tr>
<td>3. Leveraging social and behavioural perspectives as tools for responsive engagement with populations</td>
<td>3. Digital technologies to support public health measures</td>
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<tr>
<td>4. Social and economic support to mitigate the devastating effects of COVID-19 on individuals, families and communities</td>
<td>4. Responsive communication with populations</td>
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- Cities are central to all 4 cross cutting mechanisms needed to support transition processes
- Cities will be hubs for delivering services, reconnecting society, and building a sustainable and resilient future

Cities, COVID-19, and well-being

WHO Resources – Cities and COVID-19

WHO COVID-19 Cities and Local Governments resource page

COVID-19 Simulation exercise for Urban Environments


WHO Partnership for Healthy Cities COVID-19 Global Leadership Series | Ethical and Legal Considerations for a City COVID-19 Response Webinar, April 30th 1400 CPH time

WHO Strengthening preparedness for COVID-19 in cities and urban settings: interim guidance for local authorities
Cities, COVID-19, and well-being

Resources – Mental Health and COVID-19

WHO briefing note – Mental health and psychosocial considerations during COVID-19 outbreak

Inter-Agency Standing Committee briefing note – Addressing mental health and psychosocial aspects of COVID-19 outbreak


WHO infographic – Coping with stress during the 2019-nCoV outbreak

WHO infographic – Helping children cope with stress during the 2019-nCoV outbreak

COVID-19 - Infographics and videos for download