



A medic in mobile testing facility collects the nasal sample of a devotee for COVID-19 testing during 'Magh Mela', in Prayagraj, Uttar Pradesh, India.

– the editors

Image Source: Courtesy of PTI Photo. <https://www.outlookindia.com/photos/topic/covid-19-test/107419/1?photo-253983> Note: We apologize for the low image quality.



Nicolas J.A. BUCHOUD (ed.)
Global Solutions Initiative
Paris, France



Gunnar HARTMANN (ed.)
New Dialogues
Berlin, Germany



Holger KUHLE (ed.)
Deutsche Gesellschaft
für Internationale
Zusammenarbeit (GIZ),
Berlin, Germany

The invisible city

Let's be clear from the very beginning. There is no simple causal link between the rapid spread of the COVID-19 virus and cities urban design per se. Patterns of jobs location

and metropolitan mobility systems have played a role in the spread of the pandemic, but many other factors did, from indoor health management to the organization and funding of health and social infrastructure. Similarly, there is no simple causal link between rapid urban growth and the extent of urban problems. Urban problems did not come up 'naturally' from urbanisation, that would be intrinsically negative. Policy and growth choices, along with social organization can significantly influence the disease's spread and local and global responses.

Throughout the 19th and 20th centuries, cities have been the cradle of tremendous socio-political and infrastructural transformations. Combined economic, political and health and sanitation issues gave birth to contemporary urbanism. Social perspectives have been embedded in urban design and urban planning, developing housing and sanitation services and infrastructure as common public goods. The 21st century was meant to become the 'urban' and the 'metropolitan century' but the COVID-19 pandemic has brutally disrupted two decades of celebration or urbanization. The health crisis reveals a deeper crisis of public urban health models. Somehow, we have taken public health for granted, leaving our societies largely unprepared to respond to global infectious diseases, despite the availability of new technology in cities. The COVID-19 crisis has illustrated differences between regions of the world in managing the pandemic. It has mostly highlighted common challenges. Since the early 1990's, networked infrastructure systems

have built interconnected (mega)regions and formed the backbone of growth, but since the 2008 global financial crisis, revenue distribution has become growingly unequal. Over the time, the combined urban and infrastructure systems have growingly fragmented major natural habitats, with impacts on all ecosystems worldwide. In this context, the COVID-19 pandemic resonates as a major wake-up call, following the disclosure of climate and global warming risks by the International Panel on Climate Change (IPCC) and of biodiversity losses by the International Panel on Biodiversity and Ecosystem Services (IPBES).¹ We have obviously not only reached limits of growth, we have locked them in cities and their infrastructure.

In the past months, cities have responded to health risks by breaking out their routines and opening up for large-scale experimentation, such as (re)organizing public space, services and regulations but lessons from past pandemics show the 'space of disease' goes way beyond neighborhoods' limits and temporary solutions. We believe that real opportunities lie within the fog of the pandemic to revisit inefficiencies, gaps and flaws of contemporary urban policymaking, including infrastructure investment and maintenance choices. Living with the pandemic has taught us that the problem requires a new approach from established expert bodies and better science-society interface. For instance, while it was initially assumed that virologists or epidemiologists should decide on school closures, it quickly became obvious their expertise was not self-sufficient. There is a need for health expertise and public health solu-

tions that build on a wider range of disciplines, calling for a conscious planetary health strategy, as our urban age faces many other risks than infectious diseases.

Investing in a comprehensive global overview of the pandemic is key. Leveraging urban and digital infrastructure to combat the COVID-19 has worked better (so far) in some regions of the world, such as South-East Asia, than others. More innovative digital services have been created in Kenya or India to mitigate the social impacts of the crisis. Whereas it is too early to see any new urban typology emerging from the pandemic, valuable lessons can be derived from changes in hospital and vaccination facilities design. Addressing the indoor air-quality issue could be another a game changer in construction engineering with far reaching consequences on future urban landscapes. Urban players and decision makers have much to learn, not just from each other's, but from others out of their spheres and networks, INTERSECTING disease, health and society. There are many lessons to draw from the social and digital interactions during the crisis and how the public realm has been fragmented. The G20 work on health risks and health coverage in 2017 and 2019 could help reshape our interconnected urban world and mobilize human and financial resources towards global resilience to future pandemics. Such an effort cannot bypass cities and citizens.

1. 'Pandemics such as COVID-19 underscore both the interconnectedness of the world community and the rising threat posed by global inequality to the health, wellbeing and security of all people.' IPBES Workshop on biodiversity and pandemics, Oct. 2020.