

Issue Brief: COVID-19 through the Lens of Urban Rural Linkages-Guiding Principles and Framework for Action (URL-GP)

130 stakeholders

40 international organizations

Over the two years preceding the global outbreak of CoronaVirus Disease 2019 (COVID-19), UN-Habitat and more than **130 stakeholders** from over **40 international organizations** contributed to an initiative called *Urban-Rural Linkages: Guiding principles and framework for action (URL-GP)*. There was broad consensus that resilient and inclusive urban-rural linkages are key to implementation of the 2030 Agenda for Sustainable Development including the SDGs under the call to “**Leave No One Behind**” and the New Urban Agenda (NUA) call to “**Leave No Place Behind.**”

Stakeholders agreed to 10 principles and 11 fields of action coming from different sectors and thematic areas of focus. Urbanization trends - currently and in the near future - increasingly associated with poverty, vulnerability and inequality are closely related to processes of rural transformation and related rural to urban migration. Before COVID-19, rapid urbanization and rural transformation had already generated an acute public health concern. The goal of the URL-GP is to balance strategies and policies to reduce poverty and inequality across the urban rural continuum, including access to public health services. The current crisis and its aftermath will drive home the need to work in new integrated ways.

It has become evident that urban-rural flows of people, goods, services, resources and capital must be considered more carefully in the short, intermediate and long-term response to COVID-19. In recent months, the virus spread from China and Eastern Asia to most countries in the world and was officially declared a pandemic by WHO on 11/3/20. Responses differ from country to country, with local and national government responses being promoting social distancing, hygienic measures and limiting population movements in and between countries. In many countries, the movement of people from rural to urban areas has actually reversed to flee urban congestion and contagion and the collapse of livelihoods.

As the virus spreads to more countries in Africa, Asia and Latin America, some countries are replicating the practices of countries in the northern hemisphere, adopting social distancing approaches and limiting movement between cities and surrounding peri-urban and rural areas and territories. Since COVID-19 knows no borders and given the mobility of people that will be very difficult in some places to halt, there must be an integrated urban and rural approach to the COVID-19 response. In the southern hemisphere this was much more critical as large populations of the urban and rural poor continue to congregate and be mobile in order to provide households with their livelihood and food. Smallholder farmers, women traveling to markets and day laborers account for hundreds of millions of people for whom the social distancing and confinement to often crowded informal settlements is just not possible.

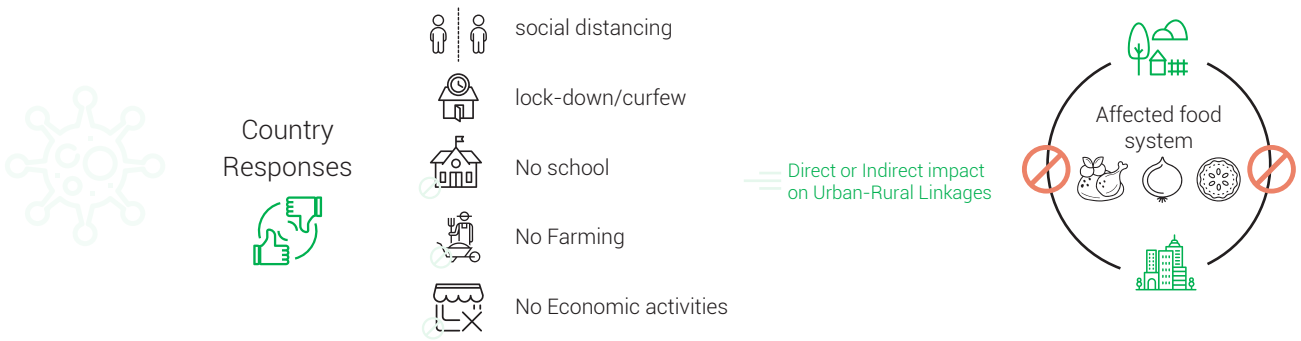
” The URL-GP can provide a **framework** to clearly address flows of people, goods, information and services when planning interventions to slow infection rates while addressing social protection and health services.

This integrated approach is what the guiding principles and framework for action of the URL-GP were designed for, to assist governments and their private sector and civil society partners with assessment, planning and policy development tools. In the context of the COVID-19 crises, URL-GP therefore can be a useful tool for governments and other stakeholders.

[1]



Interventions that have direct or indirect impact on Urban - Rural Linkages:



While the response varies from country to country, it essentially affects cities and sooner or later includes prevention through social distancing. Schools, bars, and restaurants, then markets were closed down as countries moved towards weeks-long lock-down but governments committed to maintaining essential economic activities and food supply. "Health refugees" escaped from cities to reunite with their families or find more healthy environments to be confined in, with obvious implications for spreading the virus and adding pressure on local food systems. The closure of food and service businesses and markets affected both urban and rural communities. Urban to rural mobility took the virus to other towns, cities and rural communities.

As schools, closed, so did school canteens, with consequences both on social protection programmes and on suppliers, including small-scale producers. Farmers markets were closed or their access limited with impacts on both farmers and consumers at a time when people may increasingly depend on local and culturally familiar foods.

In most cities, urban food supply depends on road transportation which is increasingly threatened by administrative restriction of mobility, fear of contamination or logistical constraints, with petrol stations and related catering and hygiene services shutting down.

Farming activities were faces major constraints. In some countries, short food chains, including urban and peri-urban agriculture were not considered essential economic activities. Seasonal labourers were and are still not available in some contexts, and distribution systems collapsed at a time of year where European and North American countries shifted from winter to the spring and summer season which largely depends on migrant farm workers. Beside the constraints on short supply chains and territorial markets, export agriculture was restricted by some countries and net Importing countries were challenged by restricted commodity flows. Demand for medical supplies (PPE) and personnel in cities may exacerbate availability of PPE and doctors in rural areas and small towns and cities, already lacking in health services in comparison with cities.

Left: An elderly woman received a food parcel from volunteers at a relief distribution, Lagos, Nigeria April 9, 2020. REUTERS/Temilade Adelaja_



Right: Doctor takes temperature of people who wash their hands in a public handwashing station, Nairobi, Kenya. Donwilson Odhiambo



Selected guiding principles from the URL- GP relevant to the COVID-19 pandemic:

While most principles are appropriate for the rehabilitation phase to come, four of the ten guiding principles seem especially relevant for the early emergency response phase.

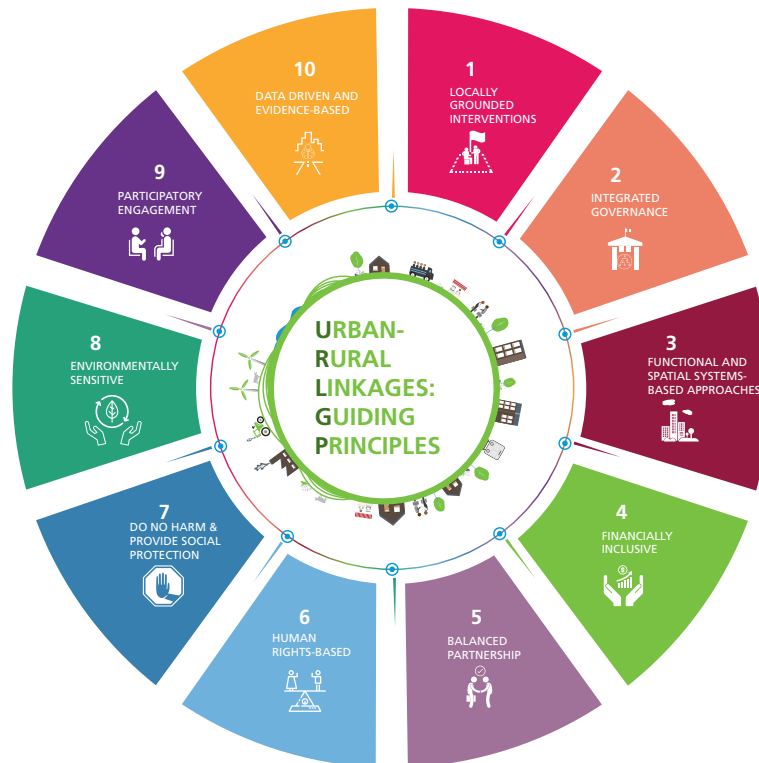


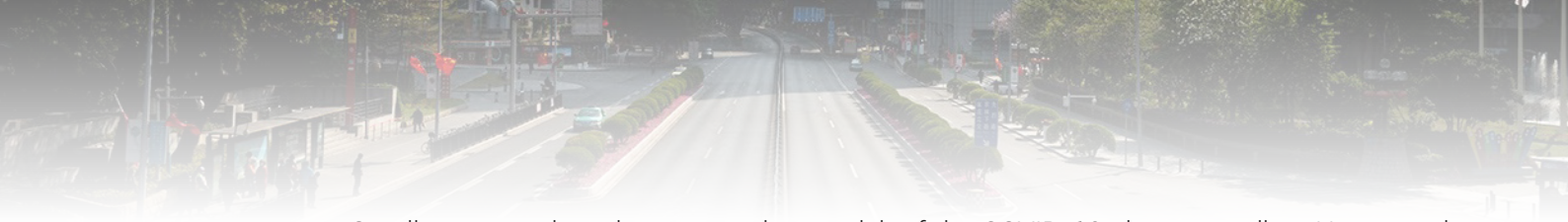
Fig1: Guiding Principles for Urban-Rural Linkages

Locally grounded interventions (GP1): This is the first principle and emphasizes the importance of the local context in understanding the character and key factors that define urban-rural linkages, which is key in addressing the COVID-19. Several interventions have been proposed which include social distancing, working from home, using alcohol-based sanitizers and washing hands frequently, among others. In these recommendations and responses, it would be necessary to consider the local contexts with rural dwellers, the urban and rural poor, the homeless, people in nursing homes among other vulnerable groups. National governments should support rapid assessment at a local level to ensure that the proposed measures are relevant to the local context. It is important not to simply copy other country examples without grounding interventions in the local context.

It is also important to consider the character of particular flows between urban and rural areas (in both directions) to ensure that information, essential products such as food, services and information reaches both rural areas and small towns, and in particular in the health and food sectors.

Some rural areas and small towns are likely to have limited access to testing centres and inadequate health facilities, poor information technology facilities and constraints to food availability and access, but also poor reporting services and hence visibility. People who, as a result of the negative impacts of the lockdowns are losing their jobs and move back to family homes in rural areas and small towns may need specific support interventions but so should host communities who see their existing context overwhelmed by new arrivals.





Small towns and rural areas are thus at risk of the COVID-19 virus spreading. However, the practice of requiring a 14-day quarantine for urban to rural migrants may not be feasible without special, locally and culturally appropriate measures.



Integrated governance (GP2): proposes incorporating urban-rural linkages in multisector and multi stakeholder engagement. In addressing COVID-19 considering the health sector alone is too limited. This is because the pandemic has affected every other societal issue apart from just health. Food supplies, the hotel and tourism industry, transportation systems, businesses, education, religious life, among other vital areas have all been fundamentally disrupted. Therefore, it calls for responses that involve all relevant sectors, all relevant agencies and stakeholders both in urban and rural areas. Organising inter-disciplinary teams with private sector and civil society partners will help tailor interventions to local contexts, learning lessons from other places and jurisdictions even before significant numbers of COVID-19 cases occur.



Do no harm and provide social protection (GP7): highlights the need to promote wellbeing, providing for health, food security and nutrition, mobility and other essential needs in both urban and rural areas including considering gender and different socio-economic groups. This principle should frame practical solutions/responses to COVID-19 both for urban and rural areas especially where there are strong socio-economic inequalities, including a baseline history of conflict and a weak or non-existent social protection system. Extraordinary efforts to establish safe zones for COVID-19 vulnerable people and creative ad hoc social protection linked to donor and humanitarian agencies may establish a new baseline for the post-COVID future.




Data driven and evidence based (GP10): recommends inclusion of grassroots knowledge with institutional data collection in either dispersed rural or dense slums where knowledge close to the ground is essential. Institutional and participatory approaches are essential. Health, economic and social information related to COVID-19 must reach the grassroots and local information must reach the relevant local and national authorities. New emergency approaches to integrated and participatory information flows and data gathering and monitoring may set new frameworks that address important pre-COVID data gaps.

Conclusion

In conclusion, even though the COVID-19 pandemic limits contact with some countries on lock down, it is important to ask:



- Are the **services adequate** for people during such times across the **urban-rural continuum**?
- Are governments prepared/able to **distribute cash and food** with help from donors, the private sector and NGOs to many of the families who rely on daily income?
- Are **creative opportunities** including newly available financial resources from donors being considered in an **urban-rural context**?



There is a broad consensus that the present pandemic and its impacts reflect to a significant degree dysfunctional policies and an excessive bias towards globalization and privatization in the last decades. Dealing with this crisis therefore offers an opportunity to reorient and rebalance policies and support local action which can bring together the health and food sector, promote sustainable food production, ensure social justice, and overall accelerate the transition to more resilient and sustainable territories.

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