

# CITIES on the FRONTLINE

**Coronavirus Speaker Series:**  
Sharing Knowledge to Respond with Resilience



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Finance Department

## Unlocking Bogotá: Covid mitigation and exit strategy from lockdown

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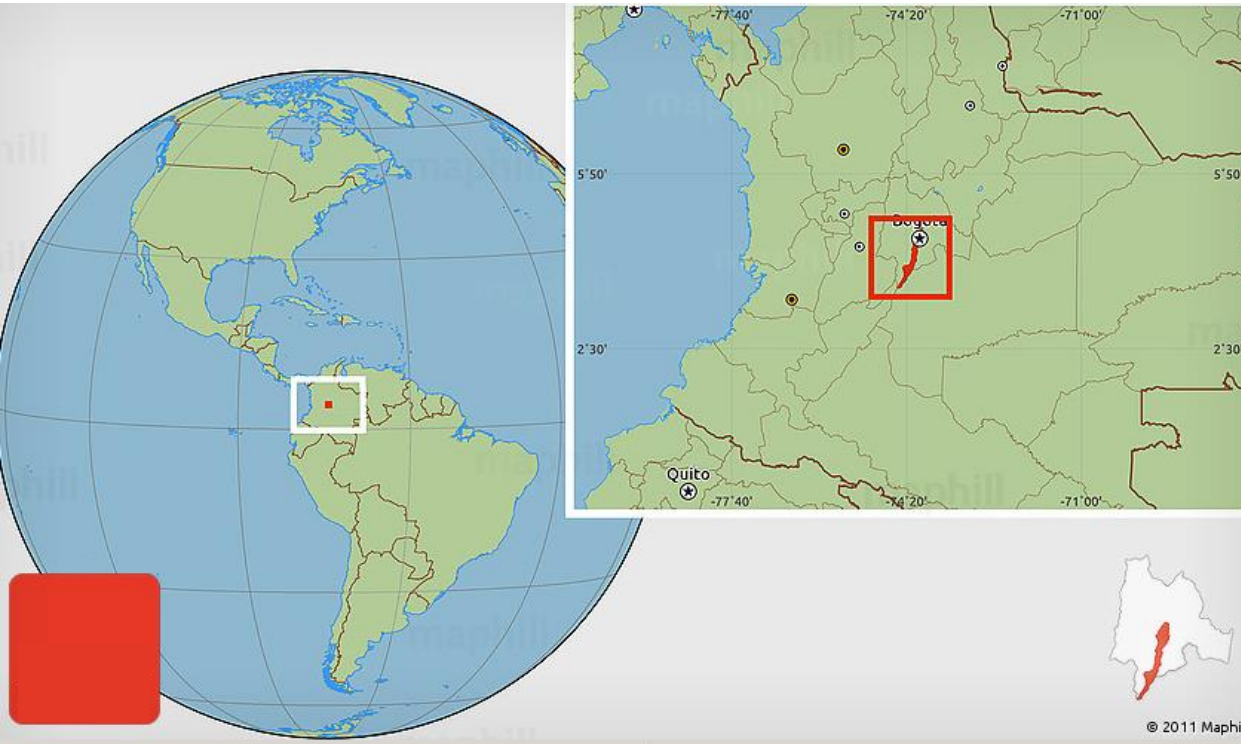
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ALCALDÍA MAYOR  
DE BOGOTÁ D.C.



# Bogotá: City context



## Bogotá:

Urban agglomeration of ~9 million inhabitants

Population: 7,743,955 <sup>1</sup>

Population density: 4,362 hab./km<sup>2</sup>

GDP per capita: US 10,896<sup>2</sup>

~25% of Colombia's GDP(\*)

~12% of population in poverty(\*\*)

~35% of population are vulnerable

Employment Informality Rate: 42%<sup>3</sup>

<sup>1</sup> - 2018 Population and Housing Census

<sup>2</sup> - Invest in Bogotá

<sup>3</sup> - National Statistics Office

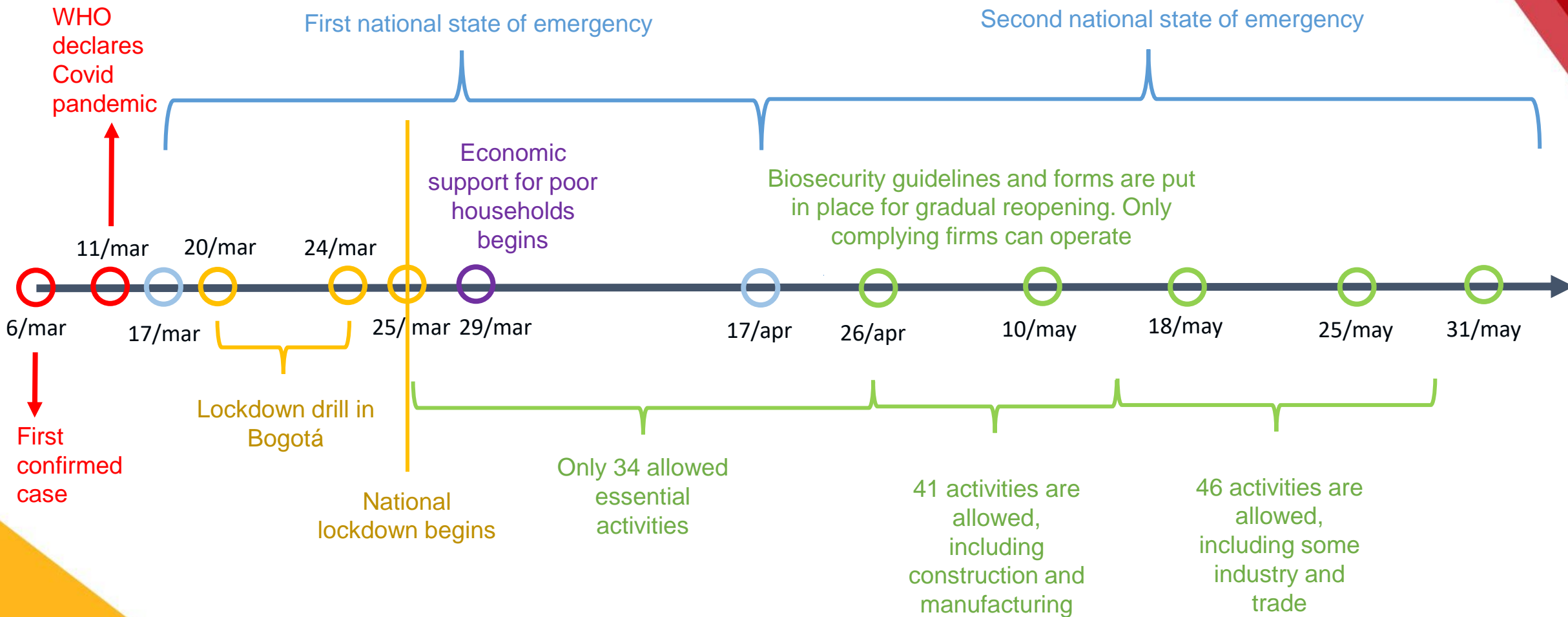
(\*) Note: Colombia's GDP 2019 ~ \$300 billion USD.

(\*\*) Note: Monetary poverty: ~ \$3 USD a day.

Source: Built from National Department of Statistics.

# Timeline of COVID emergency in Bogotá

## From lockdown to progressive ease off



# Average movement of citizens

Information from cellphones show citizens move more everyday

— Average movement



Before lockdown citizens moved on average between 6 and 8 Km a day

During lockdown average movement was reduced to 1 Km a day

During april, average movement increased to 2,3 Km

Some activities resume production and average movement increases again



# How do we ease off?

## Health criteria

1. Deal with all cases following normal standards
2. Test every person with symptoms and monitor each infected person.
3. Trace spread chains
4. Ease off workers by risk cohort.
5. Increase in ICU capacity, and allow up to 70% occupancy rate

## Mobility criteria

1. Avoid passenger crowding
2. Daily monitoring transport demand and compliance to guidelines
3. Different work schedules for different activities to flatten public transport demand
4. Allow occupancy rate public transport system up to up to 35%

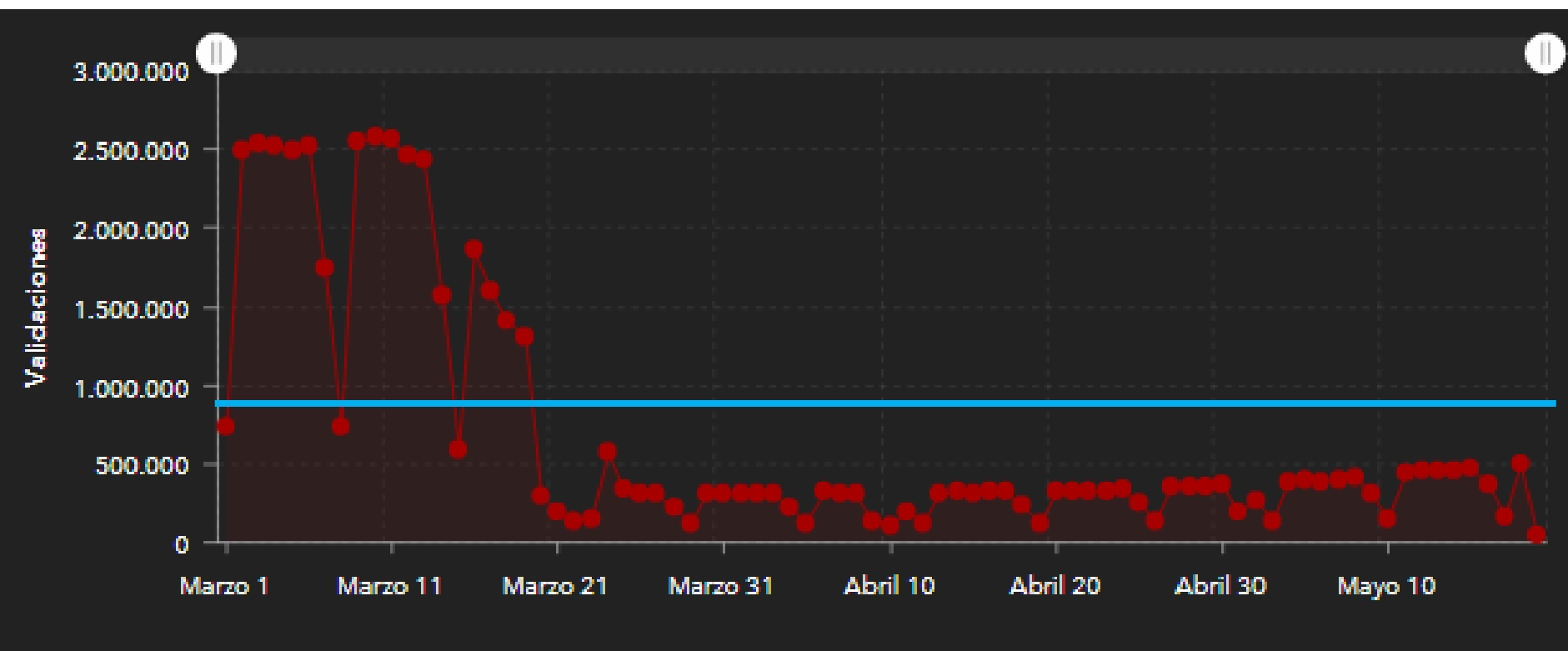
## Economic criteria

1. Economic relief for poor households
- Along with compliance to health guidelines, businesses should open taking in account:
2. Infection risk and economic importance
  3. Compliance of protocols within formal industries
  4. 'Geographic approach' (trace traveling in areas with a high number of infections).

# Transport demand

We are still below the 35% occupancy ratio of transport system

## Transport demand

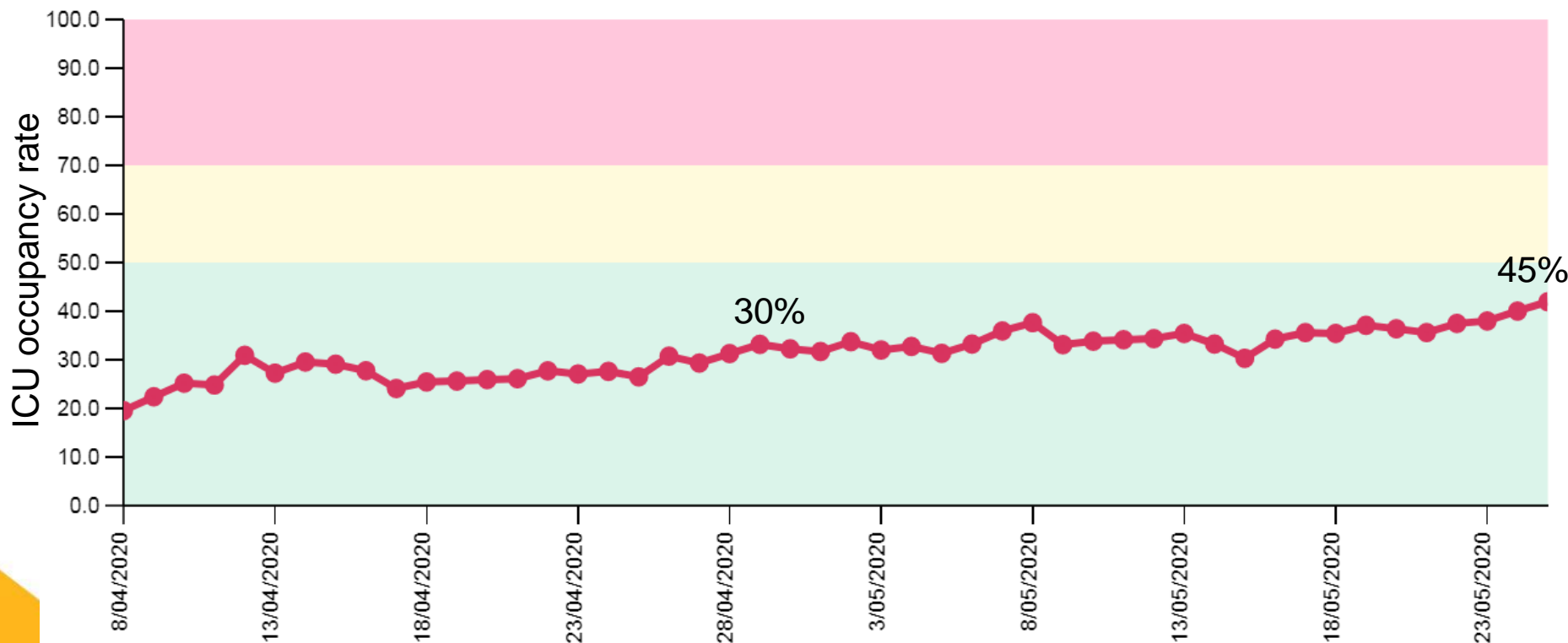


- Since mid April transport demand has been increasing steadily
- Peak hours are very close to threshold on some points of the city
- A 24-hour city is being put in place

# Two constraints: Health and mobility

A threshold of 70% has been fixed for ICU occupancy rate

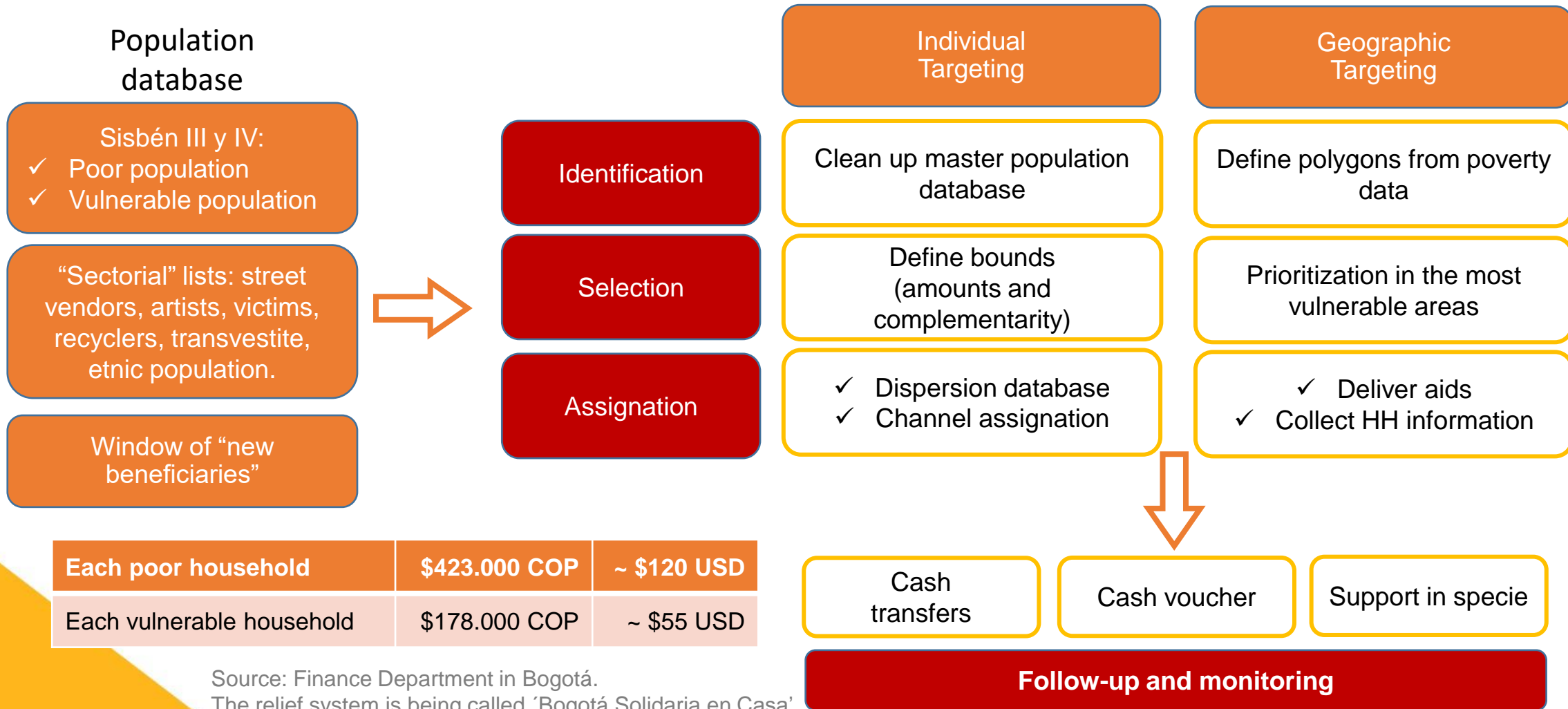
## Covid dedicated ICU occupancy rate



- Bogotá has ~950 ICU beds
- Occupancy rate for ICU is high in normal times, we had to make an effort to empty beds where possible
- During april we had ~500 ICU beds available for Covid
- Today we have 634 and increasing

# Economic support for poor & vulnerable households

We target 350 th. poor and 400 th. vulnerable households (~2,5 million people)



Each poor household	\$423.000 COP	~ \$120 USD
Each vulnerable household	\$178.000 COP	~ \$55 USD

Source: Finance Department in Bogotá.  
The relief system is being called ‘Bogotá Solidaria en Casa’

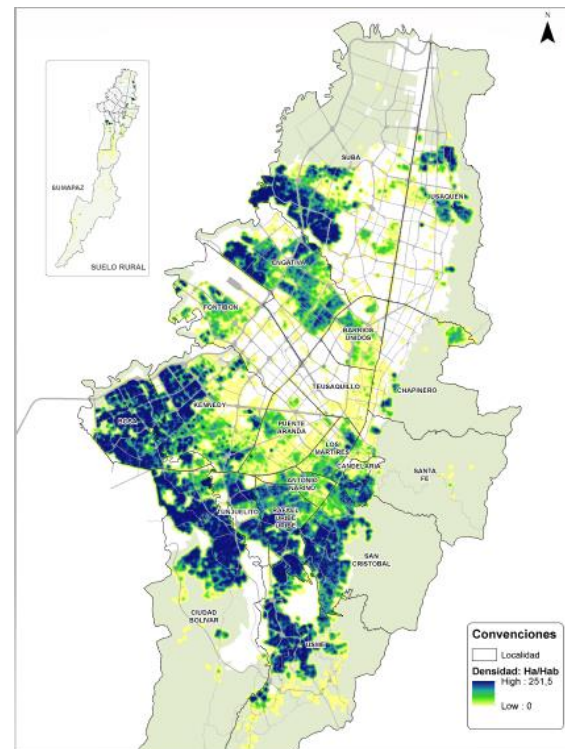


# Cash transfers and poverty by locality

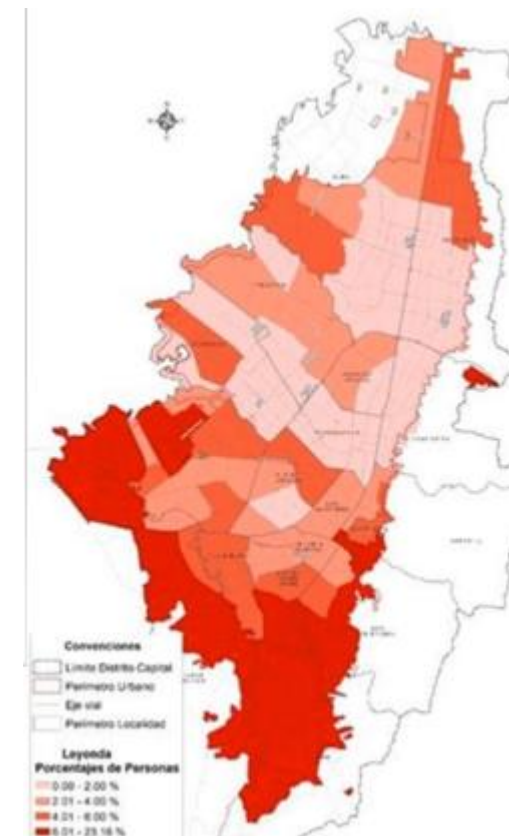
## Solidary Bogotá at Home System

We have reached already 474000 households(\*)  
 Great fundraising day raised 52.000 million COP  
 in money for aids in specie only on april 19th

Spatial density of transfers



Map of multidimensional poverty

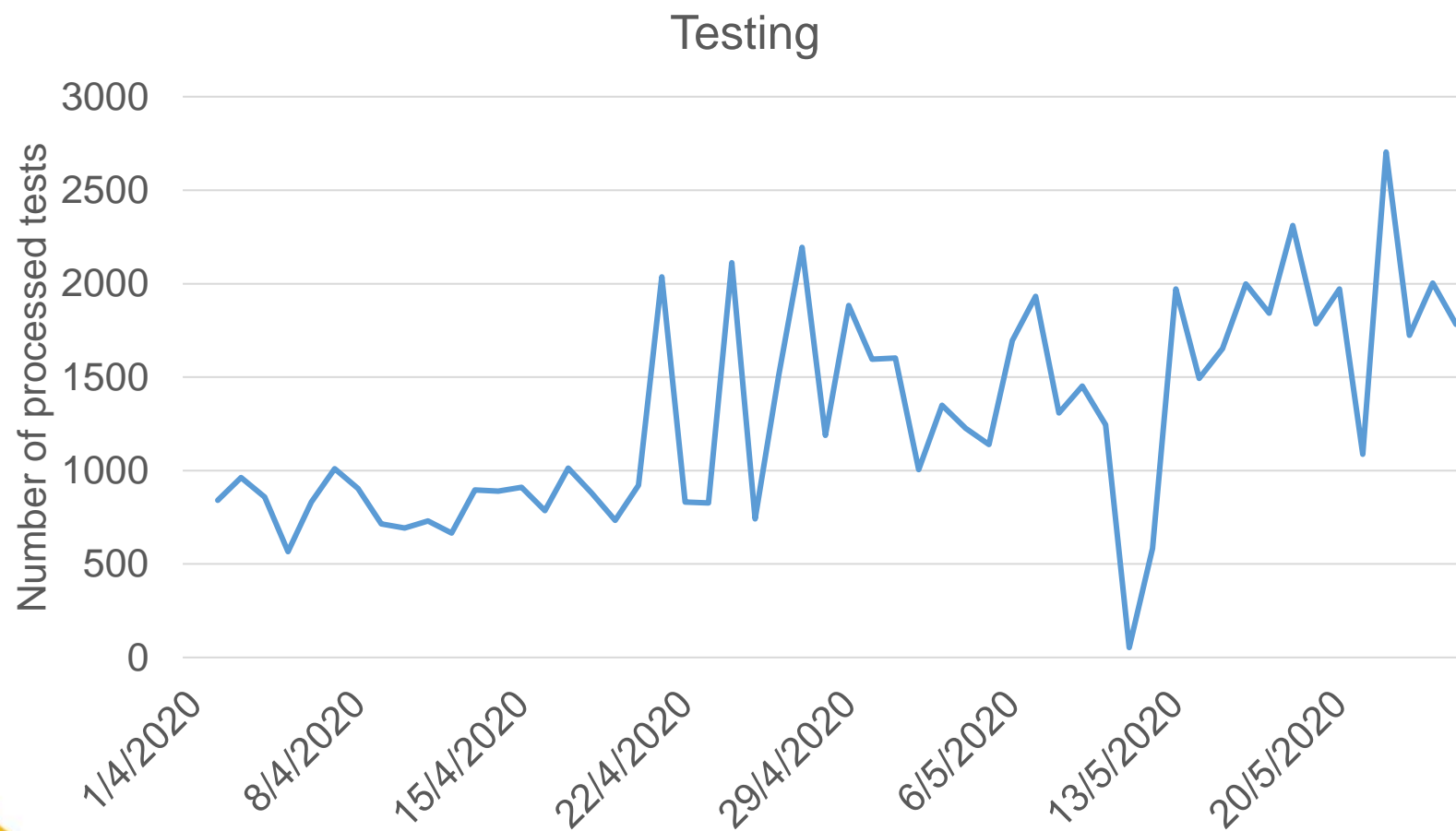


Localidad	Total Transfers	Participation	Poor neighborhoods
Ciudad Bolívar	53,242	15.9%	15.6%
Bosa	51,144	15.3%	15.7%
Kennedy	40,150	12.0%	11.6%
Suba	35,451	10.6%	10.8%
Usme	29,612	8.8%	10.0%
Engativá	27,368	8.2%	8.9%
San Cristobal	27,004	8.1%	8.8%
Rafael Uribe	25,544	7.6%	7.7%
Tunjuelito	10,890	3.2%	3.3%
Usaquén	9,629	2.9%	2.8%
Santa Fe	5,750	1.7%	1.2%
Fontibón	5,345	1.6%	1.0%
Los Martires	3,240	1.0%	0.7%
Puente Aranda	3,017	0.9%	0.3%
Antonio Nariño	2,424	0.7%	0.7%
Barrios Unidos	2,034	0.6%	0.2%
Chapinero	1,855	0.6%	0.5%
La Candelaria	834	0.2%	0.1%
Teusaquillo	390	0.1%	0.0%
Sumapaz	208	0.1%	0.0%
	335,131	100.0%	100.0%

Note: \$52000 mill COP ~ \$15 million USD. (\*) Together with resources from National government

# Two constraints: Health and mobility

Despite efforts we are processing on average ~1800 tests a day



- Tests are being prioritized to those who show symptoms related to COVID
- We are now testing 100% of citizens reaching hospitals and who show symptoms

# Special Care Zones (SCZ)

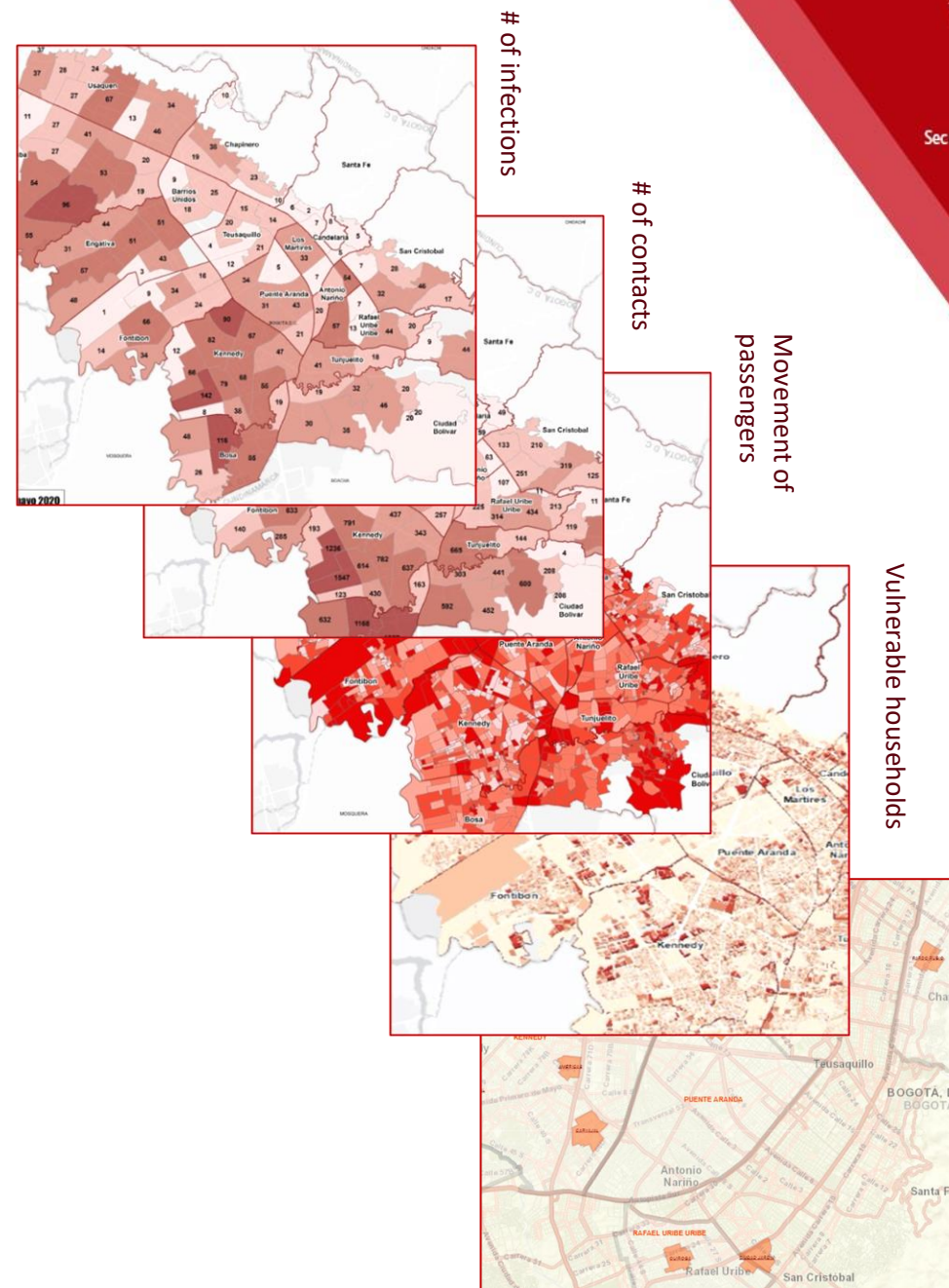
**Geographical areas with high levels of contagion and high epidemiological risk where intensive actions must be taken to reduce the risk of spread.**

Criteria to determine SCZ:

- Number of infections
- Number of contacts of infected people
- Greater movement of passengers
- Number of vulnerable households (comorbidities, older households)

Health Secretariat's Saludata provides a digital monitoring and GIS to trace these criteria in city polygons

As of 26/05, **14** Special Care Zones have been established in the city



Secretaria de Hacienda

# Final remarks

What have we done? And where are we going?

- Social mitigation
  - Strategy to guarantee a minimum income for poor and vulnerable households.
  - We must reach 100% of poor households and vulnerable populations, even when they are not accounted for in databases.
- Exit Strategy from Lockdown
  - We are in Scenario 2: Easy off gradually
  - ... following strict biosecurity controls, sectoral reopening with staggered shifts. Bogotá should become a 24 hours / 7 day city
  - Question is: are we going to Scenario 3 (adaptive triggering) OR to Scenario 6 (contact tracing & testing)?
- Importance of tools for monitoring evolution of key indicators and citizens perceptions
- Fiscal strategy and coordination with National Government is essential.

