

From emergency to resilience: Building healthy and resilient cities through learning

ICLC5 Background Document

Contents

1. Objectives of the background document	2
2. Introduction - From emergency to resilience: Building healthy and resilient cities through learning	2
3. Conceptual framework	3
3.1 Learning for health: Health literacy and citizenship for health	3
3.2 Resilient cities: Strengthening community resilience and the resilience of local learning systems	4
4. Shining a spotlight on inequality	6
5. Learning for health	7
5.1. Policies and practices	7
5.2 Challenges	9
5.3 Recommendations	9
6. Resilient cities	10
6.1. Policies and practices in cities	10
6.2. Challenges	12
6.3 Recommendations	13
7. Parallel thematic forums at the conference	14
7.1. Parallel thematic forums 1	14
7.2 Parallel thematic forums 2	16
7.3 Parallel thematic forums 3	17
8. Building on background research at the conference	19
References	20

1. Objectives of the background document

This background document, shared with participants in advance of the conference, serves as a basis for discussion and debate. It provides the following:

- A concise exploration of key concepts related to the theme of the conference, particularly learning for health and resilient cities;
- A rationale for why building healthy and resilient cities through learning has become of tremendous importance since the start of the COVID-19 pandemic;
- An insight into how the pandemic has exacerbated existing inequalities both between and within countries, as well as creating new ones;
- An overview of the key roles cities play through policy and practice, integrating key Sustainable Development Goals (SDGs) in order to strengthen learning (SDG 4) for health (SDG 3) and resilience in our cities (SDG 11);
- A preview of the sub-themes for parallel thematic forums at the conference; and
- A summary of key challenges and recommendations.

2. Introduction - From emergency to resilience: Building healthy and resilient cities through learning

The COVID-19 pandemic is a multi-dimensional and still evolving crisis. One thing **the pandemic has highlighted is the importance of education and learning.** This is in part due to the dramatic impact on the implementation and continuation of education, but also because populations and governments have needed to quickly learn new skills and acquire knowledge in response to the spread of the virus. Since the start of the pandemic, the most pressing task for governments worldwide has been to equip citizens fast with critical knowledge to protect themselves and slow down the spread of the virus. To reach all citizens, governments had to find complementary channels and modalities to inform people in a timely and effective manner. In many contexts, this has meant harnessing the power of information and communication technology (ICT) and distance learning.

Furthermore, we have learned that **the synergy between the sectors of health and education** can contribute positively to the lives of individuals, communities and societies. It can reduce inequalities and support human development, not only improving good health and well-being, but also enhancing learning and personal growth, as well as fostering healthy and resilient communities (WHO, 2015). UNESCO recognizes this synergy in its *Strategy on Education for Better Health and Well-Being: Contributing to the Sustainable Development Goals* (UNESCO, 2016a), which indicates a commitment to transversal work on health, specifically for SDG 3 (health), SDG 4 (education and lifelong learning) and SDG 5 (gender equality).

While all forms of society and collective entities have been affected by the pandemic, **cities have been at the epicentre** in terms of combating infection and dealing with the immediate implications of this public health emergency. Cities are the closest level of government to the people. By their very nature, they are home to large populations and are therefore conducive environments for the spread of a virus such as COVID-19. However, by the same token, they are uniquely positioned to respond to the crisis created by the pandemic. Representing cities as entities, municipal governments can work closely and directly with local people, including vulnerable groups. They are an additional entry point to reaching people and engaging them as part of the solution, through risk communication and public health messaging and advice, as well as by sharing guidance from national authorities and local partners.

Learning cities – committed to the promotion of lifelong learning at the city level – have responded in multifaceted ways to the COVID-19 pandemic. In pursuit of effective education responses, many cities have mobilized cross-sectoral resources and are promoting, supporting and developing a variety

of initiatives to ensure continuity of education and equip and empower citizens with tools to face the crisis. For instance, in addition to schools, many non-formal learning institutions, such as community learning centres, libraries and museums, have played a vital role in supporting citizens in coping with the pandemic. Various community learning initiatives, such as learning neighbourhoods, study circles and family learning, have been mobilized to support the diverse learning needs of all citizens.

As the world continues to respond to and recover from the COVID-19 pandemic, it is expected that the work of learning cities and communities will continue to contribute to the **development of lifelong learning policies and strategies in connection with learning for global health and future resilience**. Furthermore, cities have an important role to play in designing and reinforcing policies and initiatives for related thematic areas, including Education for Sustainable Development, citizenship education, and the acquisition of literacy and basic skills. To proceed on this path, new strategies are needed, with a focus on relevant programme content and implementation across multisectoral contexts. The UNESCO Global Network of Learning Cities (GNLC) provides a platform for making these changes happen – driving transformation towards sustainable development and the implementation of the 2030 Agenda.

3. Conceptual framework

The title and overarching theme of the fifth ICLC is **From emergency to resilience: Building healthy and resilient cities through learning**. Within this overarching theme, **there are two key themes** that will be explored in detail throughout the conference, particularly during plenary sessions.

3.1 Learning for health: Health literacy and citizenship for health

The first key theme of the conference is ‘learning for health’. This is a new paradigm for all health-related learning activities with a lifelong learning perspective, and includes both mental health and well-being.

Learning for health refers to two embedded dimensions: one at the individual level; the other at the community level. Firstly, learning for health and well-being aims to enable people to protect and promote their individual health – and that of their families. The needed knowledge, motivation and competences are often called ‘health literacy’. Secondly, **learning for health is a key component of citizenship education**. Health is not just a matter of individual behaviour. People need to be able to understand their rights and responsibilities, to be aware of the effects of their thoughts and actions on other people and the world at large, and to be committed to social decisions related to health ([Paakkari and Paakkari, 2012](#)). **Hence, it is both a personal resource for health and a societal health resource** (IUHPE, 2018).

Limited health knowledge significantly affects health. Evidence shows that there is a strong link between health status and the ability of a population to find, understand, evaluate and use information to manage their health. People with inadequate health literacy had poorer understanding of COVID-19 symptoms, were less able to identify behaviours to prevent infection, and experienced more difficulty finding information and understanding government messaging about COVID-19 than people with adequate health literacy ([McCaffery et al., 2020](#)). Moreover, **health literacy is unevenly distributed across the population**. We are not all equal when it comes to fake news: limited health literacy follows a social gradient and can further reinforce existing inequalities. People with limited health literacy most often have lower levels of education, are older adults, are migrants, and depend on various forms of public transfer payments (Kickbusch et al., 2013).

3.1.2 The 'health learning pathway': An integrated approach to learning opportunities for health

Cities are well placed for facilitating learning for health in both its aspects because of their proximity with the population and their expertise in social interventions. The legitimacy of cities as a catalyst for learning for health is strongly influenced by two paradigm shifts, now widely accepted, which go far beyond the health crisis:

- Firstly, there has been a shift from a vision centred on healthcare to an approach encompassing all the **social, educational and environmental determinants of health.**
- Secondly, it is the transition from a vision of education that is strongly centred on formal schooling to an approach that **articulates a lifelong learning perspective.**

Cities have the capacity to lead, collaborate in or host 'learning for health' policies. Local policies and intervention are not magic wands, but they have a role to play in learning for health within the framework of the Sustainable Development Goals.

This contribution could be shaped into a 'health learning pathway' that integrates health literacy and citizenship for health, and which reinforces the 'lifelong learning perspective' of learning for health. Lifelong learning in the field of health is shared between schools and colleges, health settings, leisure settings, social networks, mass media, peers and families. The challenge of bringing coherence to all these different contributions to learning for health is a major one, and involves thinking in terms of a 'pathway' that links the different educational inputs (Jourdan, 2017). The challenge of coherence is directly linked to those of inclusiveness and equity, because marginalized communities and vulnerable people do not have the same access to health learning opportunities as the rest of the population. From the point of view of municipal policies, a learning pathway can be defined as **an organized and coherent lifelong succession of educational experiences of a varied nature.** The pathway mobilizes all the actors in a person's life territory beyond school and healthcare services, integrating formal, non-formal and informal contributions. The pathway also has a communication purpose, making what is done in the city explicit to families, partners and professionals. It is anchored in Education for Sustainable Development.

3.2 Resilient cities: Strengthening community resilience and the resilience of local learning systems

The second key theme of the conference is 'resilient cities'. The COVID-19 pandemic has illustrated that we now face a new reality with more frequent shocks and longer-lasting stresses (GRP, 2018). For the COVID-19 pandemic in particular, the levels of preparedness for the challenges created by the health, social and economic crises have varied significantly and, along with new challenges, **the pandemic has been compounding existing risks** by exacerbating deep-rooted issues of inequality, injustice and unsustainability in the epicentres of the outbreaks: cities.

The unequal impacts of the pandemic on populations were not inevitable however, as vulnerabilities and harms have been fuelled by the divide in access to and quality of urban services (Du, King and Chanchani, 2020) and the political choices made prior and during the pandemic. These factors have been among those that have determined the level and quality of cities' preparedness and **resilience:** namely, how well cities addressed emergency needs while 'simultaneously addressing the root causes of vulnerabilities, shocks and stressors' that hinder sustainable development (FAO, 2019). Like 'learning for health', resilient cities encapsulate two main components: **community resilience and the resilience of local learning systems.**

On the one hand, there have been challenges to community resilience, with changes in individuals' social environments, and factors such as social isolation, economic losses, loss of coping mechanisms and reduced access to mental health services to the fore (Marshall, Bibby and Abbs, 2020). School closures, interrupted learning, insecurities, fears and other pressures have affected children, youth and adults emotionally, cognitively and behaviourally. As a result, in some countries, mental health and well-being have emerged as a critical consideration in COVID-19 responses; in many others, they have received little to no attention.

On the other hand, there have been challenges to the resilience of local learning systems – those complex networks of formal and non-formal education that have varying levels of organization from place to place. The closing of formal and non-formal educational learning spaces, including cultural institutions, has generated major impediments in terms of access to learning, which has been experienced differentially depending on individuals' home and neighbourhood environment, their personal characteristics, available access to and quality of technology (including adaptive technology) and broadband connectivity, and access to electricity. As a result of prolonged closures of educational institutions, **there is an expectancy of substantial learning loss**, putting many educational outcomes at risk and threatening to erase decades of progress that extends beyond our generation (UN, 2020).

A central focus of the transformation may be the building of more resilient cities that are prepared for similar and other types of shocks and stresses in the future (OECD, 2020). This includes not only coping with pandemics, but other global challenges, notably the climate crisis, and other natural and human-created hazards and emergencies. **Formal and non-formal education and learning in its widest sense should be at the forefront of such transformation**; it should be perceived as a bedrock to mitigate adversities, protect vulnerable people, and strengthen resilience of individuals, communities and institutions (World Bank, 2016). **The resilience of communities and learning systems are thus central to the overall resilience of the cities in which they are embedded.**

3.2.1 Resilient cities as spaces for healthy lifelong learning

Integrating the two key concepts of learning for health and resilient cities is a challenge, although one which cities have already begun to approach in innovative ways. One of the most prominent examples is the **place-based perspective: the COVID-19 pandemic has highlighted how important the city as place is.**

A healthy, sustainable city supports lifelong learning and establishes safe, human-centred settings in which a culture of learning for all can be cultivated, with the city providing the basic infrastructure as a first step towards enabling access to learning (UIL, 2017). **The pandemic highlighted the role of the home as an equally vital space for learning.** With schools closed, children globally were forced to study from home, often digitally, thereby altering the role of the home into a place of learning and work for many millions of people.

Municipal buildings are important spaces within cities too. City governments and mayoralities often have direct control over a number of key buildings within a city, for example libraries, museums, art galleries and cultural buildings. On a city-scale perspective, civic buildings, controlled by the city, offer fertile ground for healthy lifelong learning. During the pandemic, museums and other cultural institutions stepped in to confront the public health crisis.

Public spaces such as commons and green spaces also contribute to health and well-being. From a lifelong learning perspective, a 'commons' (referring to digital, knowledge, physical and urban commons) is desirable as it constitutes a space where knowledge can be shared and made accessible

to all. Informal learning for health can also emerge through engagement in common spaces such as parks, squares and streets.

The expansion of digital learning has surged during COVID-19 and has shown the important role **digital infrastructure** plays in lifelong learning, as well as the importance of digital inclusion and access to digital technologies associated with human rights as noted in the United Nations' 2019 report, The Age of Digital Interdependence (UNGA, 2019).

Building upon this digital infrastructure, **workplaces** also needed to adapt, acting swiftly to safeguard employees and migrate to new ways of working, supporting and reimagining office and work life both during the pandemic and now as restrictions begin to lift. The impact of the health pandemic has been extensive for workers in both the private and public sectors. It is not simply a case of having to work from home and an acceleration of digital ways of working, but, as a McKinsey and Company (2020) report argues, about reskilling in order to adapt to new ways of working and to build 'operating-model resilience'.



Place-based approaches in a healthy, lifelong learning city. *Source:* Rice and Sara (unpublished manuscript, October 2021)

Crises are often seen as an opportunity, an impetus for positive change (Harrow, 2009) because, to cope and recover, communities and institutions utilize 'new ways to learn, act, relate and think' (Smythe, Wilbur and Hunter, 2021, p. 11). As a result of COVID-19, **cities have shown how spaces can be used and adapted to integrate learning for health and resilience**, rethinking and reinventing the way we live. As the pandemic has forced us towards innovation, creative thinking and practices, it has also shown a pathway of transformation towards the cities of tomorrow – cities that are more just, equitable and resilient for all.

4. Shining a spotlight on inequality

The COVID-19 pandemic has shone a spotlight on inequalities, exacerbating existing ones and, at the same time, creating new ones.

Many individuals experience multiple forms of disadvantage. Older adults, for example, have much greater health vulnerabilities (Rogers, 1997) and, at the same time, are less likely to have access to learning opportunities (McBride, 2006) or be digitally and health literate (Manafu and Wong, 2012; Tsai, Shillair and Cotton, 2015). Disabled learners experience multiple forms of disadvantage and exclusion (Hernández-Saca, Gutmann Kahn and Cannon, 2018, p. 287), and those living in low- and lower-to-middle-income (LMIC) countries have had a decreased chance of being educationally supported during the pandemic, with some 40% of these economies providing no support at all (UNESCO, 2020a). In formal education, exclusion inter alia may be experienced by virtue of socio-

economic status; gender; race and ethnicity; indigenous status; age; migrant, asylum seeker and refugee status; disability; remoteness of geographical location; LGBTQI+ identity; and being incarcerated – highlighting the intersectional nature of disadvantage (Tefera, Powers and Fischman, 2018), which existed pre-pandemic and has been exacerbated by it.

New digital divisions have opened up. Unequal digital access for all age groups and lack of digital and media literacy among disadvantaged residents in cities has not only led to differential access to learning opportunities, but also to an avalanche of misinformation. Recent research shows that adult individuals with lower levels of learning and education ‘are less responsive to health education, less likely to use disease prevention services, and less likely to successfully manage chronic disease than literate citizens’ (Lopes and McKay, 2020, p. 1).

The pandemic put cities in the spotlight. The disproportionately higher impact of COVID-19 in cities is not a surprise: their environment – density of population, crowded living conditions for most residents, jobs whose workers experience more exposure to others, and transport and social connectivity – is conducive to the rapid spread of a disease. The repercussions of the pandemic have had particularly adverse impacts on the most disadvantaged populations, i.e. those who live in densely populated neighbourhoods and/or informal settlements, and who have precarious employment, little if any financial security and already face barriers to education, healthcare and other services (UNESCO, 2020b). For disadvantaged groups, the already poor delivery of services deteriorated even further as national, regional and/or urban systems struggled to provide healthcare, education and a range of other social services. These inequalities manifested in the form of unequal morbidity, mortality and other socio-economic consequences (Bambra, Lynch and Smith, 2021) and intensified an already booming learning crisis (Lambert et al., 2020).

If we learn anything from this crisis, therefore, it should be the need for system-level collective actions and progress to support everyone and leave no one behind (Hassan et al., 2021), the values that underpin the 2030 Agenda for Sustainable Development.

5. Learning for health

The COVID-19 pandemic highlighted the need for cities to put public health issues at the top of their agendas (WHO, 2020). In addition to essential local services protecting the population, there is also a need for population capacity-building, imparting health-related knowledge and skills. Education and learning are at the very core of what makes ‘health for all’ possible. **The role of cities in learning for health is central and varied:** as leaders initiating action, as partners actively participating in community projects, as collaborators supporting implementation, and as hosts facilitating programmes at the local level.

5.1. Policies and practices

The city of **Cork** in Ireland has developed a range of cross-sectoral initiatives that bring public agencies that deliver learning and health services together with community and voluntary organizations to tackle issues that are identified as social determinants of health. For example, the Cork Learning City Steering Group, which was set up as a multisectoral, interagency partnership with four lead partners, two strategic partners and a stakeholder group, includes the Health Service Executive Cork Kerry. All members in the steering group have signed a memorandum of understanding, committing their organizations to working together, taking an integrated approach to learning city development, and jointly hosting conferences and webinars, including the third International Conference on Learning Cities in 2017 and the GNLC webinar ‘Learning for health and well-being’.

The city of **Clermont-Ferrand** in France implemented a 'local health contract' that was developed with local partners and the regional health authority. It brings together all health actors in order to implement the WHO's Ottawa Charter for Health Promotion and its prerequisites regarding education, food, a stable ecosystem, sustainable resources, etc. Based on this, the city is building health centres in deprived neighbourhoods, initiating new economic models developed by independent and healthcare professionals, and promoting the creation of individual 'health pathways'.

Dakar in Senegal has created a community structure (the *Case des tout-petits*) for the care of children aged 0 to 6 years. Since 2002, it has promoted a new model of early childhood care in Senegal, modelled after the Integrated Development of Early Childhood (DIPE) approach. It aims to widen access to early childhood structures and thus tackle inequalities in order to guarantee the protection of the family unit, i.e. the first place of education. In **Manila**, the capital of the Philippines, the Pantawid Pamilyang Pilipino Program is a conditional cash transfer programme available to the poorest communities in the city. The programme aims to break the cycle of poverty by keeping children and youth aged 0 to 18 healthy and in school. It combines the key human capitals strategy of the Philippines: education, health and social protection.

The city of **Beijing**, People's Republic of China, developed in collaboration with the Shunyi District Education Commission and the Shunyi District Center for Disease Control and Prevention a large cross-sectoral programme in 2018 to address puberty, obesity and cardiovascular risk (PROC) in children aged 6 to 8 years. Other partners include local hospitals, which conduct health check-ups and ensure medical follow-ups of children.

The local government of **Mexico City**, Mexico, is committed to expanding learning opportunities for its citizens. In partnership with NGOs and companies, it is developing various innovative non-formal and informal education initiatives to address the complex challenges facing this megacity, including obesity, illiteracy, social inequality and natural disasters. A wide range of partnerships with governmental and non-governmental organizations and corporations have been formed to implement various learning programmes, such as SaludArte, which aims to improve the health, nutrition, personal hygiene, well-being and civic awareness of public primary school children in some of the most disadvantaged areas of the city.

Beirut in Lebanon has established working groups to support the population in terms of their social and health needs. Through a series of partnerships with Saint Joseph University of Beirut, the city aims to develop capacities, train active citizens and create agents of change in the development of Lebanon. Meanwhile, the Alexandria Regional Centre for Women's Health in the city of **Alexandria**, Egypt, conducted non-formal reproductive health education programmes in a number of secondary schools for girls in the city, highlighting gaps between female adolescents' needs for appropriate information and what they actually have access to, as expressed by the girls.

5.2 Challenges

There are several key challenges to implementing policies and initiatives for learning for health, however.

The first difficulty is related to the perception of not having legitimacy in health matters. This is rooted in a vision of health as being mainly linked to the healthcare system. There is no consensus on the role of city councils in the implementation of policies and interventions targeting non-medical determinants of health. Moreover, in many cases, learning for health is seen as limited to formal health education.

The second is the level of decentralization and its impact on cities' agency. Local authorities' ability to act depends on political circumstances, the status of decentralization coupled with the extent to which the national government supports the activities of local governments (Clark et al., 2020). When cities have a wide field of responsibilities (environment, education, health, social interventions), they can lead initiatives related to learning for health and, often, at many levels, e.g. kindergartens, schools, institutions of secondary vocational education, higher education institutions, healthcare institutions (for the adult population), social protection institutions. In centralized countries where the power is in the hands of the state, however, cities are mainly in charge of executing the decisions coming from the ministry of health. It is therefore more difficult for cities to take initiatives in learning for health 'on the ground'.

Cities' resources are also a major issue. Municipalities have their own priorities and challenges, leaving little time for new initiatives, policies or working with other resource institutions within their territories. Common to many cities in the Global South even where there is a political framework enabling 'learning for health' policies at the city level, poor local government capacity means cities often find themselves in a 'host' situation, i.e. not having the structure or resources to be creative or design their own plans, thereby having to turn to international and local non-government organizations to assist with the provision of services (Clark et al., 2020). Initiatives are therefore often led by the state or national or international NGOs.

Reaching the whole population, particularly those most in need, is also a challenge. When cities set up 'learning for health' initiatives, there is considerable risk that these will only be aimed at the more easy-to-reach part of the population. The most vulnerable and least socially integrated people are more difficult to reach. Ethnicity, migration, gender, cultural differences, religion, language, age and disability are sources of exclusion. Difficult social situations, cultural differences and linguistic barriers all make the implementing of learning for health strategies more difficult to achieve.

Finally, there is question of **what happens when we move from a 'crisis regime' to an 'ordinary regime'**. The COVID crisis has led everyone to perceive that public health is based on two distinct modes of action: the crisis regime (organizing a response to a specific threat) and an ordinary regime (based on interventions on the multiple environmental, social and individual factors that condition health).

Cities are key actors in times of crisis as well as in ordinary times. They should think in terms of 'educational time' (a long-term perspective), which is measured in years and thus differs greatly from 'political time'. This calls for a strategic vision, putting measures in place that will sustain learning in the long term.

5.3 Recommendations

A 'learning for health' policy at the city level must be part of a **comprehensive, intersectoral approach whose aim is to address the determinants of health** (WHO, 1986). Some key recommendations are required in order to achieve this.

The first relates to the importance of policy and integrating learning for health into all municipal policies, including international and national programmes, action plans and digital strategies. With this comes a **whole-setting approach**, with developed strategies in various settings such as primary care, hospitals, schools, communities, workplaces, media, social networks and other digital infrastructure. Relatedly is **collaboration**: cross-sector collaboration to improve learning for health using municipal policies as platforms to develop stronger links between institutions, associations and private-sector organizations and with a wide range of stakeholders.

This all requires **capacity-building**: supporting professionals, vocational and higher education institutions, networks and all parties interested in learning for health; developing easy-access online resources and databases; and building and supporting contacts and working groups, including practitioners involved in **intervention research**, in order to produce knowledge and support change toward health literacy and citizenship for health (modified from IUHPE, 2016).

Education is critical to implementation, using learning for health as a framework for improving formal health education in schools, policies aiming to support non-formal initiatives and informal programmes of adult education throughout the lifespan. This also requires **communication, health information and language**: that is, adopting policies based on plain language communication tools but also other means of communication such as images, photographs, graphic illustrations, apps, audio and videos, providing signage and communication documents in minority languages, and creating transparent, consumer friendly environments, and easy to understand social media strategies.

Ultimately, the aims a comprehensive intersectoral approach to health is **participation**: creating the conditions of genuine participation of the population to the definition and implementation of learning for health policies as a key condition of their success. Participation leads to **empowerment and Inclusion**: positioning learning for health as an empowerment tool for a health agenda which can be promoted through a multi-strategic approach at individual, community and society level. A sustainable approach leaves no one behind. Inclusion of all on individual and population level regardless of their culture.

Ultimately, such comprehensive approach would lead to a **Health Equity Agenda and Social Justice**: one which exploring associations at the intersections of health equity, health inequalities, and learning for health to improve health equity and health for all. Using proportionate universalism as the practice approach to address hard to reach groups.

6. Resilient cities

Divisions in access to and quality of urban services (Du et al., 2020) and the political choices made prior and during the pandemic have been among those factors which have determined the level and quality of cities' preparedness and **resilience**; that is, how well cities addressed emergency needs while 'simultaneously addressing the root causes of vulnerabilities, shocks and stressors' that hinder sustainable development (FAO, 2019, p. 7). While some cities have not fared as well, set against this trend are many examples of innovation that have derived from the resilience developed during the crisis, and many forms of new partnerships in learning.

6.1. Policies and practices in cities

Cities and local governments have played a central role in responding to the crises caused by the pandemic. As the closest level of government to the people and as essential providers of services, they are better positioned to reach, engage and cooperate with communities as part of the solution (UNESCO, 2020b; WHO Europe, n.d.). The city of **Bogotá**, Colombia, for example, offers a range of support linking education, health and well-being, and which focuses on formal educational provision, the training of health professionals, and the informal learning of citizens in the community. In addition, as the pandemic dramatically changed people's daily routines, the local government stepped in to promote local residents' sense of belonging (UNESCO, 2020c). Similarly, **Lucca**, in Italy, has developed online approaches to provide advice to families to maintain emotional bonds with and care for their children during their absence from schools.

During the COVID-19 pandemic, the design and production of personal protective equipment (PPE) largely focused on healthcare personnel; however, emerging social dynamics requires the development of safe solutions to allow equally vulnerable populations to make the transition from quarantine to controlled social distancing. The learning city of **Medellín**, Colombia, has focused on the design and production of PPEs tailored to the needs of children in such a way that they can return to school safely and at the same protect their teachers from infection. A project initiated by the city and with the cooperation of different multi-disciplinary working groups from the public sector, business and non-profit organizations has led to the design and manufacture of these PPEs. The research and product development processes have been carried out in higher education institutions (Universidad Nacional de Colombia, Universidad de Antioquia and Institución Universitaria Pascual Bravo), in collaboration with the public sector (Ministerio de Ciencia y Tecnología de Colombia and the Secretaría de Educación de Medellín).

The role of the non-formal sector has come to the fore as well. During the pandemic, NGOs, community society organizations (CSOs), and non-formal learning centres stepped in to support disadvantaged and vulnerable groups, especially in contexts where national and local government services were curtailed (Smythe et al., 2021) or could not reach some communities (Bandyopadhyaya and Shikha, 2020). In the city of **Melton**, Australia, the council's Community Activation and Learning Team focused on developing three Community Connector Hubs with a range of functions to support citizens during the pandemic, including food relief, care packages, financial and mental health counselling, targeted social connections, job readiness and digital connections. The city engaged local tutors, businesses and service providers in order to film and deliver pre-recorded and live online community learning sessions for the community to access through YouTube during the lengthy lockdowns of 2020. The videos featured many local tutors who would normally make an income delivering face-to-face programmes. Recording these videos not only gave residents at home an opportunity to keep learning while in lockdown, but it also provided the tutors with income that would have otherwise been lost due to the closure of community facilities.

In the city of **Wolverhampton** in the United Kingdom of Great Britain and Northern Ireland, the COVID-19 crisis highlighted the importance of digital connectivity, essential to access remote learning and employment support, and to reduce isolation. Local surveys during the first lockdown (2020) revealed that 50% of adult education learners, nine out of 10 people on a basic skills courses, 60% of residents on the city's Wolves at Work employment programme, and 25% of young people on the city's Impact training programmes were unable to **access remote learning or employment support due to lack of devices and/or connectivity**. As part of Wolverhampton's city-wide '100% digitally enabled' initiative, a range of projects and initiatives were introduced to help residents go online, improve their digital skills and progress to further learning, including the launch

of Wolves Online, a device- and connectivity-lending scheme through a network of trusted partners who had existing relationships with residents and could provide support to get them online.

The importance of **collaborative networked provision crossing sectors, services and communities has been also highlighted**. Strong political leadership and a coordinated structure that involves multiple stakeholders at organizational through to grassroots level are among the key characteristics of a learning city (UIL, 2015). If we consider the elements that constitute a system, the examples of cities such as **Shanghai**, People's Republic of China, demonstrate the effectiveness of a whole-system approach. A report from the UNESCO Institute for Information Technologies in Education (IITE-UNESCO, 2020), produced in partnership with Shanghai Open University (SOU) and East China Normal University (ECNU), provides a comprehensive overview of the measures taken by one mega-city in response to COVID-19. Covering preschool and basic education, vocational education, higher education and lifelong learning, it demonstrates a co-ordinated effort by the Shanghai Municipal Education Commission under the guidance of National Ministry of Education in China. It should be noted, however, that, in most countries, city administrations are not in control of the whole of the education sector – most elements of post-compulsory education are often outside their jurisdiction.

Finally, **digitalization has played a pivotal role in emergency responses**, raising awareness about COVID-19 and related matters, and enabling the continuity of learning, economic activity, social connection, and mutual support and aid. Access to digital technology is particularly important for young people's education and development, whereas lack of access to digital hardware and technology significantly limits the development of digital literacy. Digital exclusion contributes to widening the attainment gap and limits development opportunities among young people. In 2020, the city of **Glasgow** in the United Kingdom of Great Britain and Northern Ireland, received GBP 3.1 million (around USD 4.2 million) funding and purchased a range of equipment, which has been delivered to the most disadvantaged pupils across the city. Additional funding was allocated in February 2021 for the provision of additional digital devices and connectivity solutions for disadvantaged children and young people. Since 2018, education services in Glasgow have been planning and developing their approach to digital learning: the pandemic accelerated this process.

6.2. Challenges

The **political will** needed to build partnerships for a whole-of-society approach may be lacking in some cities. While civil society is instrumental for building and sustaining resilient cities, especially during crises such as the pandemic, some have argued that **mistrust and a lack of coordination between civil society and government** has undermined the work that civil society can do to support cities' development and cohesion (Bandyopadhyay and Shikha, 2020). Moreover, although many cities that have committed to a learning city structure demonstrate a **coordinated approach encompassing multiple stakeholders** and recognize the need for **joined-up service provision**, few cities can claim to have capitalized on all available capacity, especially that which is available outside the formal sector. In some cities, a **lack of critical capacities** have hindered citizens' contributions to their communities in times of crisis. For example, many NGO and CSO staff in India possess limited skills in using technology and project management and advocacy tools, which would facilitate engagement with governments, the community and networking in general (ibid.).

The omnipresence of digitalization has also highlighted divisions and exclusions, which have intensified since the start of the pandemic. As in every other sphere, the poorest are hit the hardest, as this population can lack the mental bandwidth to learn new digital skills when money, food and shelter are more pressing concerns (Burgess, 2021). Moreover, with the spread of a new and unknown

virus, there has been a lot of misinformation shared on social media and in traditional media outlets. Ensuring the **integrity of information** was understandably the highest priority of governments and other actors – a great challenge due to the nature of social media and the overwhelming yet unchecked volume of information shared. For the education system as a whole, and more widely in non-formal learning approaches, **the challenge is to enhance information literacy, especially in the context of social media platforms.**

6.3 Recommendations

A resilient city is one which ‘assesses, plans and acts to prepare for and respond to all hazards – sudden and slow-onset, expected and unexpected’ (UN-Habitat, 2021). If anything has been learned during the COVID-19 pandemic, it is that we are all interconnected, and our responses need to be both global and local. There are some key recommendations to consider:

There is a need to **simultaneously address both crises and the root causes of disparities, including systemic causes.** In order to ensure that future crises are prevented or mitigated, any short-term humanitarian intervention should be accompanied by a resilience-building activity – a long-term vision and action plan that aims to understand and address deep-rooted issues that create disparities in society. As regards learning systems, this should include rethinking the way we teach and learn, and whether it contributes to sustainable development and redressing existing injustices and inequities.

A global perspective is helpful here. It is clear that there is much that can be learned by sharing practice while recognizing the limitations of uncritical and inappropriate transfer from one place to another. Nonetheless, networks that exchange practice, such as the UNESCO Global Network of Learning Cities, are vital.

A global perspective can also go hand in hand with **a need for context-relevant development and resilience-building.** As crises such as the COVID-19 pandemic have asymmetrical impacts across contexts depending on socio-economic, cultural and environmental characteristics of a place, responses should be place-based and people-centred to be effective (OECD, 2020). This includes (1) collaboratively developing a contextually relevant and easily operationalized definition of resilience and a shared vision and objective for all actors to follow, (2) collaboratively designing a plan of resilience-building action, (3) drawing on local capacities and resources to enact it, and (4) recognizing the importance of sharing practices on a global scale and the limitations of thereof.

There is therefore a clear need for joined-up planning and service provision. It is evident that the educational challenges of the pandemic require a response from cities that is not only from that part of education for which they have responsibility, but from all stakeholders within the local learning ecosystem. Developing a structure that brings together all providers and citizen groups is vital, as is facilitating both an adequate supply of learning provision and the capacity to respond to citizen demands in that structure (see Osborne and Hernandez, 2021).

Cross-sectoral working requires **capacity strengthening of actors and stakeholders.** For diverse actors and stakeholders to contribute to building resilient cities in different ways, they need to both acquire and strengthen their capacities. In this regard, the role of adult and youth learning services and related organizations should be augmented and intensified to enable residents of all ages, backgrounds and walks of life to participate in society more responsibly. There should also be linkages through **intergenerational learning:** partnerships should be built among different relevant actors to create a conducive learning environment and an opportunity for mutual learning across generations at home, in the community and at school.

Strengthening adult education in the community and in the workplace has also been highlighted. Adult education provides everyone with ‘a fair chance to develop their abilities and to put them to valuable use’ (Boeren, Roumell and Roessger, 2020, p. 203). As the Organisation for Economic Co-operation and Development (OECD, 2021) shows, there is ample evidence that adult learning not only helps to maintain and upgrade skills and competences and have a positive impact on wages and productivity, but it also strengthens workers’ resilience to shocks.

Another area of challenge has been the **building of strong relationships with and supporting the private sector**. The private sector has financial and other resources, relevant capacities and expertise, and potentially alternative ways of approaching challenges and finding solutions. Fostering partnerships between the public and private sectors will help to mitigate challenges and harms and leverage opportunities to meet long-term visions of sustainable development.

Platforms for public engagement and cooperation have become increasingly necessary. Cities need to have a supportive, transparent and enabling environment and systems for their institutions, organizations and residents to share information, provide feedback on the delivery of services and plan public spaces, hold authorities accountable, and work together and support each other to manage risks and build resilience. This also includes **digital spaces and skills**: we need to ensure and strengthen access to digital spaces and digital capabilities training to decrease and eliminate the divide across geographies and groups and enable everyone to operate in the digital world.

7. Parallel thematic forums at the conference

To complement and demonstrate the practical implementation of the two key themes, ‘learning for health’ and ‘resilient cities’, a number of **sub-themes** will be addressed. These will include Education for Sustainable Development (ESD), citizenship education, the role of ICT and distance learning, and more. All are based on thematic clusters of ongoing activities that have taken place internationally over the past two years. Moreover, as a result of the COVID-19 pandemic, the work of these clusters has become more significant, acquired new dimensions and resulted in unforeseen exigencies.

7.1. Parallel thematic forums 1

1. Transforming cities into spaces for health and well-being

The COVID-19 pandemic has posed new challenges for public health in densely populated urban areas. A concerted effort is therefore needed to promote healthy urban living for all of society. It should be noted, however, that ‘health ... is not just the responsibility of the health sector’ (WHO, 1986) – all professions and disciplines, including lifelong learning experts and practitioners, should be working together to help address health challenges collaboratively.

Integrating the wealth of knowledge of ‘lifelong learning’ cities together with ‘healthy’ city strategies provides a framework for delivering ‘healthy lifelong learning cities’. A healthy city is continually improving its social, natural and built environments and community resources to enable people to reach their full potential and perform all the functions of a healthy life. Equally, lifelong learning is increasingly important and relevant in today’s context of rapid change and growth, where citizens are more resilient if they are empowered to acquire new knowledge to adapt to these developing environmental, economic, social and political contexts.

Given that lifelong learning cities and healthy cities share much in common, there are many opportunities for enhancing and facilitating synergism between the two concepts; however, the

categories of places, people and participation – categories drawn from the World Health Organization’s (WHO, 2021) Healthy Cities model – are the areas where that synergism is the greatest. The first parallel thematic forum will therefore provide an opportunity to explore the role of local governments in creating environments and opportunities for the improvement of local people’s health and well-being, including through shared spaces in cities.

The importance of ‘place’ is vital to implementing healthy lifelong learning cities. All aspects of the city need to be integrated into participatory decision-making, learning practices and policies. Cities provide a rich resource of buildings, places and spaces to accommodate lifelong learning programmes to improve the health of their citizens. Integrating place-based thinking across and into these contexts embeds a wealth of opportunities for the integration of lifelong learning cities together with healthy city strategies, bringing together many of the key UN Sustainable Development Goals to achieve healthy, sustainable societies and cities.

2. Promoting intersectoral approaches to ‘learning for health’

In exacerbating existing inequalities, the recent pandemic has foregrounded the multiple, cross-cutting nature of disadvantage. Intersectoral inequalities require intersectoral approaches. The learning city concept is underpinned not only by the notion of cooperation that crosses formal and non-formal education, but also by the fact that it permeates all aspects of service provision and stakeholders (Longworth and Osborne, 2010). Equally, the healthy cities framework emphasizes the social determinants of health: the conditions under which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.¹ These cover a variety of policy domains normally dealt with in isolation.

There is a need, therefore, to recognize the interconnectedness of learning with environmental, economic, community, cultural and health and well-being factors. **This requires a range of stakeholders perhaps not normally associated with health or learning, or ones not normally brought together.** This forum will provide space for a discussion on the role of stakeholders in the promotion of learning for health and an opportunity to examine the challenges in developing strategies aimed at implementing intersectoral approaches to learning for health in cities.

3. Strengthening health literacy in the context of learning cities

Combining health and learning within resilient cities conceptually and strategically is one thing; implementation is another. This forum looks to provide an operational understanding of health literacy in learning cities and an opportunity to discuss the type of data that are needed and available, as well as how to use data to guide educational interventions. The evidence base should include information on the determinants of health and how they link together if it is to influence the health of the population (Webster and Sanderson, 2013). Equally, it should cover what data are available, what data could be collected, what kinds are required (qualitative and quantitative), and how could they be used to guide educational interventions.

As well as the development of an evidence base, there is the need to strengthen the capacities of health-literate persons in relation to it, thereby enabling them to access and assess health information, understand and carry out instructions for self-care, and plan and make necessary lifestyle adjustments to improve their health.

¹ <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

A larger understanding of urban infrastructure systems is necessary **to move from data to information to knowledge and, ultimately, to action** for urban sustainability and human well-being (Ramaswami et al., 2016, p. 940; emphasis added).

This forum will therefore explore the complexities involved in operationalizing health literacy in the context of learning cities.

7.2 Parallel thematic forums 2

1. Lifelong learning for climate action

The second thematic forum will highlight the need for local populations to become active learners in response to major crises, with a focus on the role of learning in responding to the profound challenge of climate change. The significant gap between where we are today and where we want to be by 2030 is nowhere more evident than on the issue of climate change. As the 2016 Global Education Monitoring (GEM) Report, *Education for People and Planet: Creating Sustainable Futures for All* (UNESCO, 2016b), observed, the 2030 Agenda for Sustainable Development's call for 'urgent action on climate change' to 'support the needs of the present and future generations', is some way from being heeded, with environmental sustainability a still-distant prospect and the gears of policy still seemingly stuck in neutral when it comes to the climate crisis.

Education and lifelong learning, the GEM Report contended, have a central role to play 'in the creation of a green and inclusive economy with sustainable models of production and consumption, and new and retooled sectors, industries and jobs' (UNESCO, 2016b, p. 62). They also have an important part to play in changing hearts and minds and galvanizing political will. Education is therefore crucial to promote climate action: it helps people understand and address the impacts of the climate crisis, empowering them with the knowledge, skills, values and attitudes needed to act as agents of change.² This forum will explore how local populations can become agents of change and the role of lifelong learning in helping to achieve this.

2. Fostering healthy lifestyles and work in urban settings

This forum explores cities' roles in making healthier the everyday lives of their citizens. It considers the role of learning in exercise, diet, environmental protection, the use of green spaces and the promotion of healthy work environments. For example, urban settings play a major role in facilitating and enabling healthy lifestyle choices; in particular, they can provide opportunities for maintaining or reintroducing walking and cycling as part of daily life, contributing to more physically active lifestyles, and reducing obesity and risks for profound diseases such as coronary heart disease, hypertension, and diabetes (Racciopi, Dora and Rutter, 2005). Urban greenery can improve health and well-being through human interaction with nature (Kellert and Wilson, 1995; van den Bosch and Sang, 2017; Lovell et al., 2014). Moreover, making use of cities' existing and emerging green infrastructure is key to engaging citizens in learning about and through healthy lifestyles (UIL, 2015).

Social sustainability and social well-being are also enhanced through green infrastructure; for example, some green spaces are used for food production by local communities and to encourage community interaction and learning through these activities, particularly for children (Bonow and Normark, 2018; Mårtensson and Nordström, 2017). And from an environmental perspective, green infrastructure is

² <https://en.unesco.org/themes/education-sustainable-development/cce>

harnessed for a variety of functions, such as greenery used to reduce flooding risk, provide shading and regulate the microclimate.

Employees spend a large proportion of their day-to-day life in the workplace, so employers have a responsibility to influence a number of aspects of employee health and lifestyle, from their eating habits, to the amount of physical activity they are or are not subjected to, and the environment and the amount of time spent within the working environment.³ Innovative interventions have been built on the principle that individuals have the ability to adopt healthy lifestyles and prevent noncommunicable diseases when supported by a conducive workplace environment (WHO SEARO, 2017). The forum will explore these aspects of urban and city living in the promotion of healthier lifestyles.

3. Promoting health and sexuality education

This forum will consider the importance of equipping young people with the knowledge and skills they need to make responsible choices, and the ways in which learning cities can provide comprehensive sexuality education (CSE) to support people's empowerment by improving their analytical, communication and other life skills for health and well-being.

Only 34% of young people around the world can demonstrate accurate knowledge of HIV prevention and transmission, and two out of three girls in some countries have no idea of what is happening to them when they begin menstruating. These are some of the reasons why there is an urgent need for quality CSE.⁴ Comprehensive sexuality education is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives.

Too many young people receive confusing and conflicting information about relationships and sex as they make the transition from childhood to adulthood. This has led to an increasing demand from young people for reliable information that prepares them for a safe, productive and fulfilling life. When delivered well, CSE responds to this demand, empowering young people to make informed decisions about relationships and sexuality and navigate a world where gender-based violence, gender inequality, early and unintended pregnancies, and HIV and other sexually transmitted infections (STIs) still pose serious risks to their health and well-being. Equally, a lack of high-quality age- and developmentally-appropriate sexuality and relationship education may leave children and young people vulnerable to harmful sexual behaviours and sexual exploitation.

This forum will look at the ways in which learning cities can provide and promote CSE as an important part of health literacy.

7.3 Parallel thematic forums 3

1. The contribution of global citizenship education to health

³ <https://www.cicwellbeing.com/blog/how-to-promote-a-healthy-lifestyle-in-the-workplace/>

⁴ <https://en.unesco.org/news/why-comprehensive-sexuality-education-important>

This forum builds on previous GNLC discussions around community resilience to reveal the significance of global citizenship for learning for health. Local people with a keen sense of citizenship can mobilize quickly and instigate bottom-up learning approaches to support individuals and communities. Lessons from the COVID-19 experience can guide further action in the years to come.

A global citizen is one who is aware of global issues, is socially responsible and civically engaged. From this perspective, personal health is not solely an individual, self-serving act; rather, the consequences of an individual's lifestyle behaviours have deep and wide consequences extending to the community, and national and global contexts. (Stoner et al., 2019), helping to build community resilience. Community resilience is the sustained ability of a community to use available resources to respond to, withstand, and recover from adverse situations. This allows for the adaptation and growth of a community after disaster strikes, and is based on a culture of preparedness in which individuals, communities and organizations lay the groundwork for, respond to and recover from emergencies.⁵ However, what a community of people collectively values is open to interpretation and subject to disagreement; it is for this reason that people – and the ways in which they come to a general consensus – must be at the centre of community resilience building. Community resilience therefore reveals the significance of global citizenship for learning for health.

Although city-level and system-level top-down actions are vital, equally important are bottom-up NGO, neighbourhood-level and citizen-led initiatives. Local people with a keen sense of citizenship can mobilize quickly and instigate learning approaches to support individuals and communities, paving the way for intersectoral and innovative approaches to recover from health crises such as COVID-19 and the social and economic shocks that accompany them (OECD, 2020).

This forum will explore how global citizenship for health and the lessons from the COVID 19 experience can guide further action in the years to come.

2. Approaches for inclusive education in learning for health

This forum reaffirms the centrality of inclusive education to equitable lifelong learning, specifically in relation to learning for health. It looks at how vulnerable populations can be involved in the design and employment of health-oriented learning initiatives. Firstly it is important to distinguish between inclusion in education and **inclusive education** (Gale, 2020).

Inclusion in education refers to making existing provision more accessible to those who have been excluded, whereas a system of inclusive education is responsive and adaptive to the excluded. As a component of lifelong learning, inclusive education encourages an 'active role and the participation of the learners themselves, their families and their communities' (IBE-UNESCO, 2009, p. 19). By adopting a holistic approach, inclusive education aims to 'strengthen the links between schools and society to enable families and the communities to participate in and contribute to the educational process' (ibid.). Alternative conceptions of inclusive education focus on citizens learning and working outside of formal institutions. This may manifest through non-formal learning or self-directed learning, in which citizen groups actively (co-)construct their own learning provision, with or without institutional collaboration.

This forum will explore these conceptions in relation to health-oriented learning initiatives and how marginalized and vulnerable groups can be empowered through co-creation and active participation.

⁵ <https://www.resilience.org/six-foundations-for-community-resilience/>

3. Technology-enhanced learning for healthy populations

This forum capitalizes on the wealth of evidence that has emerged during the pandemic on the advantages of technology for learning. This relates to the resilience of learning systems in the sense that digital spaces enable continuity of learning during a crisis. Digital literacy has increasingly emerged as a core competency needed to acquire other capacities and knowledge, including health literacy in terms of information and guidance for better health.

During COVID-19, education changed dramatically, with the distinctive rise of e-learning, while teaching is undertaken remotely and on digital platforms. With this sudden shift away from the classroom in many parts of the globe, some are wondering whether the adoption of online learning will continue to persist post-pandemic. Moreover, we are now facing a new reality, with more frequent shocks and longer-lasting stresses (GRP, 2018); therefore, building resilient cities also means building the resilience of its local learning systems, because digital spaces enable continuity of learning during a crisis.

Another aspect of the pandemic was the amount of misinformation online and on social media. Digital literacy is therefore increasingly emerging as a core competency needed to acquire other capacities and knowledge, including health literacy in terms of information and guidance for better health. If formal and non-formal education and learning in its widest sense is seen as an important bedrock to mitigate adversities, protect vulnerable people, and strengthen resilience of individuals, communities, and institutions (World Bank, 2016), then technology-enhanced learning and digital literacy have become important aspects of the recent crisis.

This forum will explore these new relationships and their importance for a sustainable future.

8. Building on background research at the conference

The background document for the fifth International Conference on Learning Cities has been developed based on the contents of three background papers by senior researchers. We would like to thank Didier Jourdan (UNESCO Chair Global Health and Education, University Clermont-Auvergne) and Nicola Gray (University of Huddersfield) for their paper on education for health and well-being in the context of lifelong learning. We would also like to thank Michael Osborne, Yulia Nesterova and Ramjee Bhandari (University of Glasgow) for their paper on community resilience and the strengthening of learning systems, as well as Louis Rice (World Health Organisation Collaborating Centre for Healthy Urban Environments, University of the West of England) and Rachel Sara (Birmingham City University) for their paper on cities as spaces for health and well-being. These contributions provide a strong foundation for exchange at the conference.

The fifth International Conference on Learning Cities will build on this rich background research, with plenty of opportunities for cities to exchange across the two main plenary sessions and nine parallel thematic forums. As well as sharing their responses to the COVID-19 pandemic, cities will be able to address the key conference theme of 'learning for health' by showcasing their initiatives in this domain. For the second key theme of 'resilient cities', the conference aims to enhance awareness of how lifelong learning during a time of crisis plays a key role in building resilience. By drawing on and adding to pre-conference research on these key themes, as well as the series of sub-themes explored in parallel forums, the conference aims to create momentum for building healthy and resilient cities through learning.

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