

# Post-COVID Metropolitan Planning and Governance Trajectories in Greater Paris and Casablanca

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In a globalized world, the coronavirus pandemic initially spread across major metropolitan areas before extending into the urban-rural continuum ([UN-Habitat 2021](#)). Nearly 90% of reported cases occurred in urban zones, which thus became the epicenter of the crisis ([Nations Unies 2020](#)). The large size of their populations and their high degree of global and local interconnectedness rendered metropolises particularly vulnerable to the spread of the virus. As complex socio-territorial entities, metropolitan regions are structured around networks and infrastructures that are simultaneously resilient and fragile, amplifying their exposure to health shocks ([Reghezza-Zitt 2022](#)). Connectivity, both internal and external, played a decisive role in the pandemic's diffusion ([Teller 2021](#)).

Metropolises experienced severe disruptions of vital functions, resulting in human losses, aggravated socio-spatial inequalities, and the urgent need to relaunch economic activity to support global recovery ([Callenberg et al. 2024](#)). The coronavirus became a protean crisis with multidimensional and simultaneous impacts - sanitary, socio-economic, and political - affecting equity, finance, security, employment, public services, infrastructure, and mobility. These impacts disproportionately burdened the most vulnerable populations, deepening pre-existing inequalities and challenging urban resilience ([Nations Unies 2020](#)).

Faced with the pandemic, metropolitan areas were compelled to strengthen resilience by developing systems able to preserve essential functions while adapting to ongoing socio-environmental transformations ([Chelleri 2012](#)). Resilience

refers not only to resistance but also to continuous adaptation and evolution over time (Ahern 2011). In this sense, COVID-19 became a turning point for rethinking both metropolitan governance (McGuirk et al. 2020, Hunter 2021) and planning practices (Zhu & Xu 2023, Callenberg et al. 2024).

The crisis exposed structural vulnerabilities within metropolitan governance systems (Faytre & Le Goff 2022). In response, many cities sought to reconfigure institutional frameworks to address weaknesses in multilevel governance and intersectoral coordination (Hunter 2021). At the same time, the pandemic triggered diverse innovations, ranging from pilot projects to participatory initiatives. These strategies questioned conventional decision-making modes and initiated institutional reforms whose effects extend beyond the immediate crisis (McGuirk et al. 2020).

COVID-19 also disrupted planning processes at multiple temporal scales. Short-term emergency responses included the suspension of numerous planning documents that relied on pre-pandemic data and assumptions (Zhu & Xu 2023). At the same time, planners were called upon to introduce structural modifications, such as zoning adjustments, measures to improve quality of life, and revised approaches to mobility and accessibility (Wahba 2022). Globally, the planning horizon shifted from long-term strategic visions toward short- and medium-term interventions aimed at immediate recovery. Since then, planning systems have sought to reintegrate concerns for public health, resilience, sustainability, and proximity, thus reorienting the search for more inclusive and adaptive territories (UN-Habitat 2021, Zhu & Xu 2023, Callenberg et al. 2024, OECD 2024).

This paper focuses on the metropolises of Greater Paris and Casablanca, both characterized by demographic and functional primacy within their respective national systems (Mieg 2010). Greater Paris concentrates over 10% of the French population and 16% of national employment (APUR 2020), while Casablanca hosts 15% of Morocco's population and contributes 29% of GDP (OECD 2018). Both metropolises were heavily affected by COVID-19, with significant repercussions across productive, residential, and tourism sectors. These impacts reverberated nationally (APUR 2020, Sciences Urbaines & Développement 2021). Therefore, the guiding research question is: To what extent did COVID-19 generate concrete changes in metropolitan planning practices in Greater Paris and Casablanca?

This research combines three sources of evidence. First, a review of scientific literature in urban planning, governance, resilience, and health establishes the conceptual framework. Second, a systematic documentary and press analysis traces the evolution of planning debates during and after the pandemic. Third, a series of semi-structured interviews with institutional actors, planners, elected

officials, governance stakeholders, and representatives of civil society in both metropolises provides empirical insights.

The analytical approach focuses specifically on the regulatory and institutional responses of metropolitan systems. Although the paper examines two cases, the intent is not to produce a comparison but rather an indicative cross-analysis. The goal is to highlight commonalities and divergences in order to capture how metropolitan planning systems integrated, or failed to integrate, the lessons of the pandemic. The framework guiding this analysis considers planning practices across three dimensions: the evolution of regulatory instruments, the institutional reconfigurations of metropolitan governance, and the emergence of innovative practices such as temporary interventions and participatory experiments.

In Casablanca, the pandemic was used to justify revisions to several land development plans. Alternative regulations were introduced around environmental performance and urban quality, and the environmental orientations of the Urban Development Master Plan gained renewed legitimacy, particularly in relation to green and open spaces. Two initiatives illustrate this shift. The first was the creation of a regional logistics platform designed to secure supply chains for essential goods. The second was the relocation of polluting activities outside the city center in order to improve quality of life. The pandemic also fostered greater collaboration between planners and local authorities, particularly regarding flexible zoning and regulatory adjustments. Yet the integration of crisis-related issues into planning documents has remained partial and spatially fragmented, producing changes that are significant locally but insufficient at the metropolitan scale.

In Greater Paris, the crisis contributed to the integration of health and resilience concerns into several major planning instruments, including the SDRIFE, the SDREII, and the SCoT of the Métropole du Grand Paris. The temporary bike lanes created during the pandemic - the coronapistes - were made permanent through the metropolis' Cycling Plan. The crisis also provided a moment of institutional affirmation for the Métropole du Grand Paris, particularly with the elaboration of a health-resilience plan. Nevertheless, the pandemic produced only limited institutional change. Responsibilities and dominant planning modes persisted largely unchanged, and overall the crisis reinforced pre-existing planning initiatives rather than generating new approaches (Pisano 2020).

The findings suggest that COVID-19 functioned more as a catalyst than as a rupture. Rather than creating new directions, the pandemic gave additional legitimacy to orientations already underway (Dumont & Paponnaud 2021). Public health emerged as a powerful discursive framework, allowing planning institutions to reframe and reinforce existing priorities such as sustainable mobility, en-

vironmental quality, and resilience. Yet the institutional structures of metropolitan planning remained stable, illustrating the difficulty of reconfiguring governance even in the face of a major global crisis (Faytre & Le Goff 2022).

The limited transformative effect of the pandemic can be explained by three interrelated dynamics. The first concerns path dependency: long-standing policy trajectories and institutional routines constrained the options available to planners, making it more likely that crisis responses would reinforce existing approaches rather than generate new ones (Nieweler 2024, Scalas 2024). The second relates to sectoral fragmentation. Health considerations were generally addressed implicitly rather than as transversal priorities, and although they appeared in planning documents, they rarely functioned as explicit, cross-cutting objectives (L'Institut Paris Region 2021). The third dynamic lies in the rapid reorientation of political agendas toward mega-events. In both metropolises, attention quickly shifted back to major international events - the 2024 Olympic Games in Paris and the 2030 World Cup in Casablanca - diminishing the momentum for integrating health-related reforms into long-term planning strategies.

Nevertheless, the crisis brought to light critical blind spots that remain unresolved. The transversal integration of health into planning practices is still limited, socio-spatial inequalities persist, and metropolitan systems remain fragile in the face of overlapping crises (Faytre & Le Goff 2022). Therefore, a key question for future research is how planning systems can evolve to incorporate health, resilience, and inclusion as genuine cross-cutting principles rather than sectoral add-ons.

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