

The weekly newsletter supporting SDG
April 15 2020



CORONA PERSPECTIVES

CHALLENGES – CHANCES – LEARNINGS

What do we (not) see ?

How to judge ?

What can we do this week ?

Edited by Roland Schatz and Gareth Presch
in support of

Martin Chungong IPU - Ramu Damudoran, UN Academic Impact

Felix Tsichekedi, President DRC and Vice President AU - Father Dr. Augusto Zampini-Davies

What do we (not) see?

Worldwide

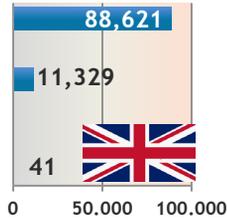
Deceased in health sector (per Apr. 15)



www.medscape.com/viewarticle/927976

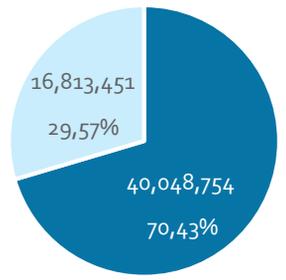
UK Example

Corona sufferers of which: Medical/hospital sector of which: Deceased



Nurses, doctors, porters and all those who are working to ensure that people receive the best possible support when they go to a hospital are no longer safe doing so. The graphs on the left show only the official growing number of deaths in the health sector as of April 15 2020; the real number is by far higher. These individuals help ensure that the graph on the right continues to be a reality. On www.worldometers.info we can see in real time how the world is developing, and not only in regard to births and deaths.

Jan 1 to April 15, 2020



www.worldometers.info

COVID-19 Challenges and Changes

We have a global population of 7.7 billion people. Since the beginning of 2020 we have had over 40 million births and 16 million deaths. A total of over 5 million deaths have been recorded from cancer and communicable diseases in less than 4 months. Old challenges remain, such as the high number of deaths (2.6m) from patient safety and poor quality problems. New deaths occur as people are now scared to go to hospitals (UK: Total of 1.53 million visits recorded in March 2020, represents a 29% drop from the 2.17 million visits in same month 2019). Coronavirus (COVID-19) is a new virus with no cure to date. It has challenged and changed our world as we know it. Over 1.9 million people have so far been infected, resulting in over 119,000 deaths and rising. Our communities around the world are experiencing dramatic changes. Despite the challenges, we are seeing some positive effects with clean air to breathe and mortality rates falling from air pollution.

Emergency admissions are down in the first 4 months of 2020

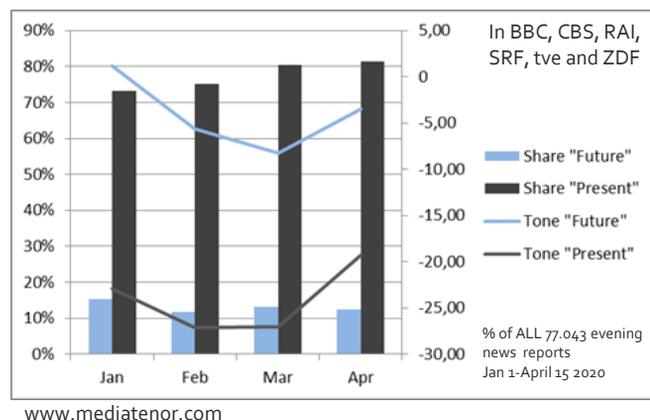
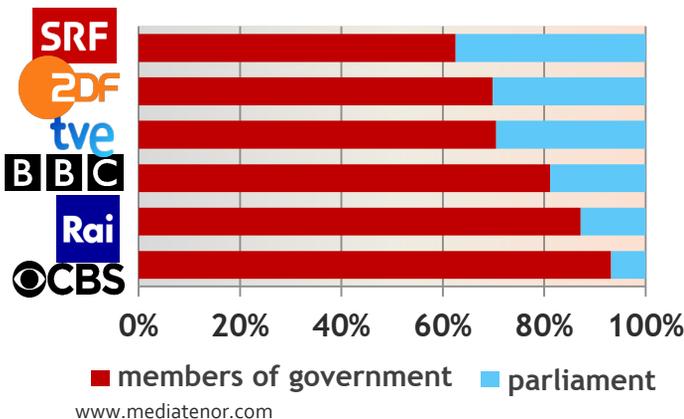


↓ 29%

Forming a qualified, independent judgement deserves diverse perspectives

Not all countries have the advantage of public service media. These are TV, radio, and other platforms with secure income backed by law. In each country where it exists, public service media empowers journalists to inform audiences without economic pressure. In return, these media – such as BBC, RAI, SRF, TVE, and ZDF – should provide facts, trends, and diverse opinions in order to help people form their own opinions about what to do. This is not only true in this time of lockdowns. But how can people form their own opinions, if all they see are the positions of their governments while parliament remains almost unseen? And how can they make decisions when the future role in coverage and alternative models of how to deal with COVID-19 (such as Estonia, Finland, Singapore, Slovakia, South Korea, Sweden, Taiwan, Vietnam) are almost invisible?

Little future presented by TV news



How to judge

Previous challenges – such as bird flu, swine flu, and Ebola on one hand and 9/11, the 2008 Lehman collapse, and the financial crisis in the EU on the other – showed that most of the numbers presented didn't entirely reflect reality. Nine out of ten prognoses offered by "experts" over-exaggerated the negative. Therefore, for the current COVID-19 challenge as well as any other future crisis, it might make sense to invest more time and money to that ensure apples are compared to apples at both the subject level as well as when comparing the current situation to events from history. The overall frame for this already exists and is accepted by 193 heads of state in the form of the 17 Sustainable Development Goals with their 169 clear targets.

Deaths by viruses

SARS <small>(2002)</small>	774
H1N1 <small>(Schwine Flu)</small>	284,500
MERS <small>(2012)</small>	858
H7N9 <small>(2013)</small> <small>(Bird Flu)</small>	616
COVID-19	119,186

www.statista.com

Judging from the past

Uncertainty brings fear. Open and honest discussion brings clarity. We must ask how can we improve our communication with civil society and build trust. There have been good examples during this pandemic, and we must ask ourselves how do we learn from those doing well. New Zealand has effectively squashed COVID-19. How have they been successful? They've learned and followed well-established measures of case isolation, contact quarantine, and good infection control in hospitals as others like Portugal, Sweden, Finland, and Slovakia have also done.

Inequality is a risk. Poverty and the impact of pandemics are closely linked. With a lack of sanitation, poor nutrition, crowded living conditions, lack of healthcare services, poor infection control, lack of public health infrastructure, and poor governance we must look at how and why COVID-19 happened. Is the relationship between our fast growing cities like Wuhan and our environment out of balance?

"Garbage in – garbage out." In times of crisis the old saying from social science becomes even more evident. When people see only one topic in their news, there is little value in asking, "What are you most concerned about?" These days, the response is COVID-19 and not terrorism or migrants. This is less a mirror of what people actually think, than a reflection of what they see. Ask Winston Churchill – he thought he would stay in office after World War II, when he owned most of the air time in the media. But he lost the first election once peace became a reality.

Judging for the future

Benjamin Franklin once said, "An ounce of prevention is worth a pound of cure."

In 2019 evidence was presented at the SDG Lab Davos on how we could prepare and support existing health services, improving population health, creating new and purposeful jobs while implementing the SDGs.

2020 is the Year of the Nurse, and with a current worldwide nursing shortfall of 6m, we plan to look at how we can help now and in the future with a global strategy for recruitment and retention of staff starting in our SDG Cities. Let us not forget that health is a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.

The legal basis beyond WHO, the 2005 International Health Regulations, and the Global Health Agenda agreed on during the Obama Administration needs to be adjusted. Most importantly, governments need to have strategic plans and these plans need to be recognized as governments address immediate problems. Anika Klafki, Jena University, sets the framework for the legal discussion in her article, "International Health Regulations and Transmissible Diseases." She notes, "The mushrooming of various health initiatives, however, increases the complexity and reduces the consistency of the current global health landscape. The leadership role of the WHO needs to be restored to provide a coherent response for the next global-scale public health emergency. To this end, a fundamental reform of the presently widely neglected international regulatory framework in the field of public law, the IHR, is of vital importance."

What can we do this week? 3 Suggestions

SolaVieve is providing health and wellness solutions through a number of activities that include a set of advanced technologies that will provide personalized, affordable health and wellness offerings that focus on prevention through lifestyle while empowering behavioral change.

They are integrating all key health determinants of health to support the immune system: [Video](#). <https://www.solavieve.com>

Help us learn from COVID-19 so we can plan future services for SDG3 by taking our [Survey](#) so we improve people's health and wellbeing.

holisticly[™]
Life lived well



Lemonade Project

Nuland Lemonade strengthens the community by allowing people to help each other through **volunteering** and **good deeds**. **Lemonade makes sure that no one is left behind while slowing the spread of contagion**. LEMONADE supports people and authorities to save lives by assisting fragile people to better overcome the ongoing crisis. We are actively working with the health care authorities of San Marino to make the country our pilot. The small republic, with just 33,000 inhabitants is the perfect test environment. Thanks to the close collaboration with the authorities, we are able to immediately reach the citizens and consequently be able to improve their situation in the fastest way.

NO ONE LEFT BEHIND

The web and mobile app are built with **accessibility** and **ease of use** functionality in mind. App functions are integrated with a call center (staffed by certified volunteers) that allow non-tech savvy people during time of social isolation to ask for **food/medicine/assistance** or to **crowdfund**.

Authorities, volunteers and other participants - such as neighbors - have the opportunity to carry out concrete actions and fundraise donations in relation to their role. This can, for example, fight loneliness with a simple phone call

CONTAGION TRACKING

This feature uses **metadata** and **encrypted geolocation tracking** to map the infection, prompting potentially infected people to contact authorities for testing, thus supporting the fight to stop the contagion. We are improving the Open Source MIT Safe Path app by adding a semaphore system, a QR code verification process, and monitoring of quarantined people's health status through a chat bot. In the future this will be integrated with IOT systems (e.g., oximeters).

Survey function

Surveys allow users to create and submit surveys for the community. For example, is the street where you live clean? Is urban garbage management working properly? Is it improving? Is your kid's school better this year than last?

Therefore, surveys can be used to monitor the implementation of SDGs in each community, providing much needed bottom-up data-driven analysis. Our surveys help the administration to enable a data-driven decision-making process in real time.

With **Actions** people may request assistance or report a problem to the community and/or to the authorities. This provides users with incentives to be more engaged with their community and their surroundings, as well as the opportunity to donate for any good cause.

Contributors



Prof. Marina Baaden , Berlin, (DE)
Part of the UNGSII-Expert
Leadership Team on Innovation and
Health.



Dr Paul Barach, MD, MPH, (US),
Clinical Professor, Wayne State
University and Jefferson College of
Public Health, practicing physician-
scientist in critical care, patient
safety, and global health



Prof. Dr. JD Bindenagel, Bonn, (DE)
Former US Ambassador, Henry
Kissinger Professor, University
Bonn



Dr. Manuela Boyle (IT)
Functional Medicine Practitioner
(IFM,US) external expert with the
European Centre for Disease
Prevention & Control in Stockholm



Joseph Kayembe, Entrepreneur and
Advisor to Governments with the
African Union



Pete Brooke, (UK), Partnerships,
World Health Innovation Summit,
Over 20 years experience working
in Wealth Management.



Kerstin Klemm, Bonn, (DE)
Head Media Analysis, Media Tenor
International AG



Dr. Miriam Burger, (CH), MD,
pain therapy, clinical psychiatry,
public health in Switzerland,
trained in global health delivery at
Harvard University.



Prof. Francesco de Leo, Rome, (IT)
Secretary General WSA, Advisor
IGEA Banca/Banca del Fucino,
Founder and CEO Kaufmann &
Partners



Soni Cox, (UK), Chief Programmes
Officer, World Health Innovation
Summit.



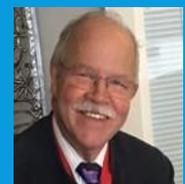
Prof. Dieudone Musibono,
Khinshasa, (DRC)
Special Advisor to the President
DRC in charge of Environment and
Sustainable Development



David Dickinson, (UK), background
in engineering, educational
management, curriculum research
and development, IT development,
and patient advocacy.



Prof. Dr. Dennis Snower, Berlin, (DE)
Founder and President of Global
Solutions Network, Senior Research
Fellow at the Blavatnik School of
Government, Oxford University.



Professor emeritus Leif Edvinsson
(SE), Chair of World Health
Innovation Summit Advisory Board.
The key pioneering contributor to
both the theory and practice of
intellectual capital.



Prof. Dr. Christoph Stückelberger,
Geneva, (CH)
Secretary General, Geneva Agape
Foundation and Globeethics.net
President



Dr Raja Gangopadhyay , (UK)
Founder of International Forum for
Wellbeing In Pregnancy (IFWIP)
interest in Perinatal Mental Health
(PMH).



Matthias Vollbracht, Bonn, (DE)
Head Economics Research, Media
Tenor international AG and
member of the board of the
German Society of Business and
Ethics.



Dr Amir Hannan, (PK),
Complete finisher and delivers on
clinical initiatives that have a direct
impact on the outcomes of patient
care.



Prof. Dr. Cui Wantian, Peking, (PRC)
Professor for Business Ethics,
Entrepreneur and Founder Geneva
Agape Foundation



Ken Herd, (UK) Finance
Director World Health Innovation
Summit, over 30 years experience
working in Business Management
and Financing.