

The weekly newsletter supporting SDG
April 29, 2020



CORONA PERSPECTIVES

CHALLENGES – CHANCES – LEARNINGS

What do we (not) see ?

How to judge ?

What can we do this week ?

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What do we (not) see?



A recent study by an association of German health insurers found that doctors were lacking more than 100m single-use masks, almost 50m filter masks, more than 60m single-use aprons, and a similar number of disposable gloves. One can imagine the similar global shortage of PPE necessary to keep nurses, doctors and all the others working in national health systems safe when German practitioners have to protest.

Source: [The Guardian.com](https://www.theguardian.com)

Safety of non-Covid-19 patients

People experiencing warning signs of life-threatening conditions are delaying seeking emergency care as they fear going to coronavirus-strained emergency rooms. Patients are not going to the hospital due to lack of transportation, and citizens are concerned about overwhelming the medical system. People who may experience symptoms of a heart attack, stroke, or other conditions are waiting to seek care after hospitals suspend or delay nonessential visits. This, coupled with the exhaustion (physical and psychological) of the healthcare workforce has led to variable quality decision-making under pressure and contributes to medical errors. Non-COVID-19 medical emergencies have taken a back seat, putting patients at risk. As hospitals get swamped with coronavirus cases, other chronically ill patients are forced to wait for treatment. Finally, there is fear from staff about speaking up when things go wrong, because "everyone is doing their best."

Managing expectations: Time passed with no vaccine for

Sickness	Years
HIV	.30
Sars	9

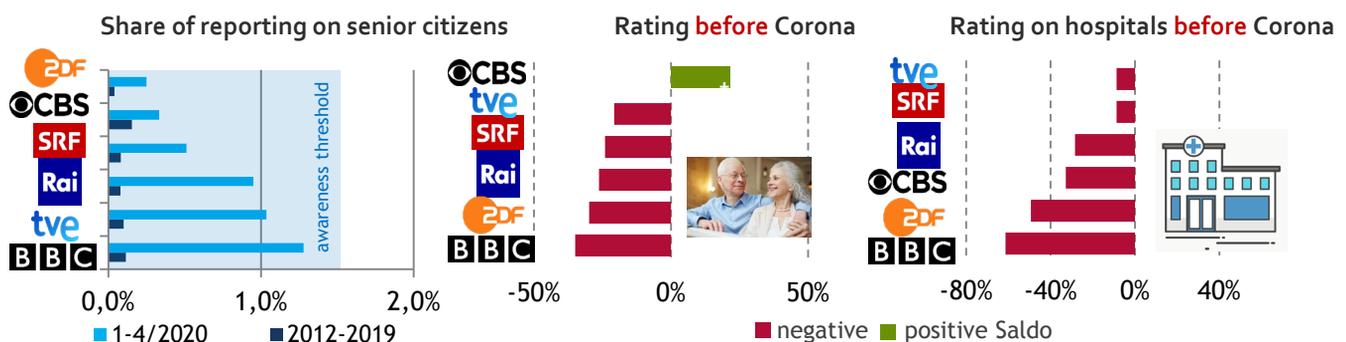
So on what basis can we hope a vaccine for Covid19 will be found within 1 Year?

Source of photo: Pixabay.com

No surprise senior citizens lack support

Senior citizens seem not to exist. While challenges around assisted living, pension systems, and securing a life with dignity have been burning issues for decades, they have rarely made it into the primetime news. In order to ensure that society can have a qualified discussion, a topic needs visibility in opinion-leading media at 1.5% or above of all reported topics. If stories stay underneath this so-called "awareness threshold" no public debate happens, politicians will rarely take action, and shortages remain unsolved. Long before Covid-19, public service TV news kept the realities of senior citizens under the radar. Reporting did not even reach 0.5% of all stories aired on TV from BBC to ZDF. Thus, it is no surprise that urgencies seemed to be unknown. Although, in large parts of the globe, senior citizens represent the majority. Where senior citizens made it into primetime news, they were presented as at risk or in a negative context – see graphs. It is little surprise that in the time of COVID-19 they are not treated as a priority by governments.

Next week: How media show pharma



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 reflect reality. Nine out of ten prognoses offered by "experts" over-exaggerated the negative. It might make sense to invest time and money are invested in creating more reliable data and skills communicating them: the graph highlights one trend almost unknown: The amount of allowed herbs went down from 80.000 in 1950 to 1000 this year. At the same time we are expected to boost our immunity.. The overall frame for this already exists and is accepted by 193 heads of state with the 17 Sustainable Development Goals including their 169 clear targets.

Allowed Herbs and Natural Remedies- GER

Year	1950	1980	2020
Remedies	80.000	20.000	1.000



Source: German Remedy Book - Deutsche Arzneimittelbuch

Judging from the past

After weeks of silencing the position of parliamentarians, Wolfgang Schäuble (president of the German Parliament) made it clear in an interview with TAGESSPIEGEL that the on-going breach of constitutions has to stop.

Obvious shortcomings by most governments are addressed by constitutional experts, and the first court rulings in the Czech Republic and in other countries illustrate the bottom line.

Constitutions are not built around a concept called "system-relevant." The EU Convention on Human Rights provides for no possible derogation, for no reason whatsoever, by the memberstates.

Anyone who has argued in the black and white category of either health or economy has caused a reduction in the debate and action which, again, is not backed by the constitution. In most countries economic choices have, instead of helping hospitals, prevented hospitals from having enough emergency beds and breathing machines and have led to dramatic shortcomings.

Who was (and is) interested in reducing the conversation about deaths solely to those who died due to Covid-19 while closing an eye to all the others who have died (and for what reasons) during the same period?

Why, even after 3 months of extensive Covid-19 reporting, are the numbers of executed tests not communicated and who is responsible for this? Without knowing the total of tests by country, the reporting on the infected, the recovered, and the dead is misleading to say the least.

While most countries accepted SDG5 and SDG10 – Gender Equality and NOBODY left behind – almost all have created a "Covid-19 reality" at the price of women, children, and senior citizens. While offering deals to large corporations they remain ignorant on childcare, homeschooling, and similar issues.

Judging for the future

"The threats that are hanging over the African continent with regards to the spread of COVID-19 demand our individual and collective attention. Yet this is not about mitigating another 'African' humanitarian crisis but to diffuse the potentially damaging effects of a virus that has shaken the global order and put under question the bases of our living-together. ...

Like a tectonic storm, the COVID-19 pandemic threatens to shatter the foundations of states and institutions whose profound failings have been ignored for too long. It is impossible to list these, suffice it to mention chronic under-investment in public health and fundamental research, limited achievements in food self-sufficiency, the mismanagement of public finances, the prioritization of road and airport infrastructures at the expense of human well-being. All of this has in fact been the object of an abundant specialized research, except that it seems to have escaped attention in spheres of governance on the continent. Our belief is that 'emergency' cannot, and should not constitute a mode of governance. We must instead be seized by the real urgency, which is to reform public policy, to make them work in favor of African populations and according to African priorities. In short, it is imperative to put forth the value of every human being regardless of status, over and beyond any logic of profit-making, domination or power capture."

[Excerpt from the Open Letter of African Leaders](#)

What can we do this week? 3 Suggestions

How and where to not use a face mask

It is recommended to wear masks as rarely and as briefly as possible. As a sign of politeness and respect towards others when someone has a cold and wants to protect others from infection, it is common practice in many Asian countries. It is important to be aware of studies highlighting the risk that face masks can promote the accumulation of water in the lungs and thus the spread of germs. They force us to breathe back exhaled CO₂. As a result, less oxygen reaches our cells. This can lead to heart rate disorders, shortness of breath, lack of concentration, and disturbances in fine motor skills as well as fainting spells due to lack of oxygen in the brain and thus permanent damage. Studies have proven that a healthy young person can breathe for a maximum of 30 minutes with such a mask. Check the material of your mask as well, what chemicals it was soaked in and produced with, which adhesives were used, how hygienic was the production, packaging, and transport, what permeability the material has, who has tested and certified it. Many masks do not meet necessary hygiene standards and should not even be allowed near the mouth and nose, let alone be worn directly on the skin.

Hospitals are using technology (tablets) to ensure that family members get to be with their loved ones while they are hospitalized, including in intensive care units at the end of life.

Nurses can use the devices to check on and communicate with patients without donning masks, gloves, and other precious protective gear, and avoid the risk exposing themselves to the virus. This will result in a reduction of the use of PPE.



Source: HealthcareITnews

Improving the living conditions in Senior Citizen homes this week

People in the nursing homes suffer a lot from the ban on contact. Social media possibilities help only a few. Many seniors do not understand how to deal with it, and understand only human visits from relatives, especially dementia patients. In many nursing and old people's homes, ways have been sought for families to communicate with each other again and to allow visits. With imagination and goodwill, there is always a way to interpret restrictions and recommendations in a humane way. It has been confirmed that the coronavirus does not significantly affect the vast majority of children and children are allowed to hug seniors again. This is important for the joy of life in both.

Visual and auditory contact through a window pane is one possibility, conversation from street to a balcony or window, another. The handing over of seniors at the threshold of the home for a walk with the family in the park is possible and important. Looking into each other's eyes, touching each other, laughing together, this is what keeps us healthy.

Last but not least, senior citizens suffer from the feeling of being locked up as well as from a lack of sunlight. It is a well-known fact that sunlight strengthens the immune system and bones and cures many illnesses. In addition, fresh air and exercise promote the health of senior citizens and all people. People become lonely, and they wither away and, in the worst cases, die from loneliness. Keeping the beloved caregiver, the daughter, the son, away is terrible and cruel for the people in the homes, but also for relatives. Not even to be allowed to go to the deathbed is inhuman and exceeds the scope of precaution. Nurses, cooks, pastors, chiropodists, doctors, all those who come into contact with many others outside are allowed into the assisted living home. With the right preventive and protective measures, it should also be possible to grant visiting rights to relatives.

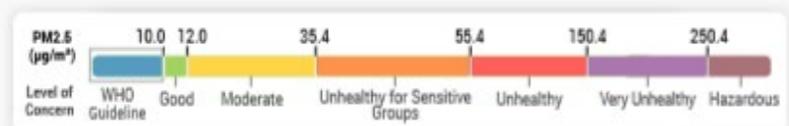
Learning from Cities

COVID-19 lockdowns have impact on global particulate pollution levels

As lockdowns were implemented in response to the deadly coronavirus pandemic, the dramatic changes brought about by these restrictions have been described as the 'largest scale experiment ever' into air quality. In many places, the halt of movement and industry has shown a glimpse of a cleaner world, with many reports of exceptional blue skies. However, visual perception alone can be deceiving when observing air pollution. This report compares measurements of the world's deadliest air pollutant, fine particulate matter (PM_{2.5}), prior to and during the pandemic in 10 major global cities under lockdown: Delhi, London, Los Angeles, Milan, Mumbai, New York City, Rome, São Paulo, Seoul, and Wuhan. The findings reveal a drastic drop in PM_{2.5} pollution for most global locations under lockdown conditions.

City	Average PM _{2.5} during lockdown 2020 (µg/m ³)	Reduction compared to 2019	Reduction compared with prior 4 year average	3-week lockdown dates, 2020
Delhi, India	32.8	-60%	-55%	Mar 23 - Apr 13
London, UK	16.2	-9%	+6%	Mar 23 - Apr 13
Los Angeles, US	5.5	-31%	-51%	Mar 23 - Apr 13
Madrid, Spain	6.4	-11%	+2%	Mar 23 - Apr 13
Mumbai, India	28.8	-34%	-43%	Mar 23 - Apr 13
New York City, US	4.4	-25%	-29%	Mar 23 - Apr 13
Rome, Italy	16.7	+30%	No data available	Mar 9 - Mar 30
São Paulo, Brazil	10.1	-32%	-26%**	Mar 23 - Apr 13
Seoul, South Korea	24.1	-54%	-32%	Feb 26 - Mar 18
Wuhan, China	35.1	-44%	-50%	3 Feb - Feb 24

** Data for São Paulo is based on a 3-year average, rather than a 4-year average



- ✓ 9 of 10 key global cities experienced PM_{2.5} reductions from the same period in 2019
- ✓ Cities with historically higher levels of PM_{2.5} pollution witnessed the most substantial drops, including Delhi (-60%), Seoul (-54%) and Wuhan (-44%)
- ✓ During Wuhan's 10-week lockdown, the city experienced its cleanest February and March air quality on record
- ✓ Delhi's "unhealthy" and worse rated hours plummeted from 68% in 2019 to 17% during the lockdown period¹
- ✓ Los Angeles experienced its longest stretch of clean air on record, meeting the WHO air quality guidelines

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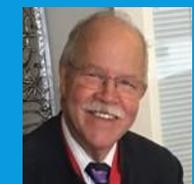
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