The weekly newsletter supporting SDG
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CORONA PERSPECTIVES

CHALLENGES – CHANCES – LEARNINGS

What do we (not) see?
How to judge?
What can we do this week?

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in support of
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What do we (not) see?

Each death matters
Corona Perspectives started due to déjà vu. With COVID-19, decisions were made less by asking for a holistic view on all aspects of the issue but by governments, hand-in-hand with media, repeating previous mistakes by giving credit to few and ignoring/bashing others who offered a different perspective. As early as February and March experts, backed by official statistics of all deaths per country, stressed the facts, that a reasonable response should be recommended. The EuroMomo graph to the right illustrates the point now with five months of experience. These statistics reflect all deaths, not only those related to Covid-19, as all deaths matter. The “sharing” of data was again far away from professional.

Activism or Journalism
While COVID-19 triggered challenges that still require full attention in Brazil, Chile, and the US, other regions like Asia and Europe can start reflecting on who did what and why. Looking at the stock price development since 1995 (graph to the right) it seems fair to question most of the language used in the media. Too many presented judgements like “the worst crisis since WWII” too quickly. We all know that it becomes difficult to act moderately in times when superlatives seem to be the new normal. And yes, financial markets are far from reflecting reality, but they are first indicators. A second indicator are indices such as the ifo index which polls 7,000 corporate leaders (most of them not publicly traded, but the SMEs more representative of the economic realities in almost all countries). The June ifo index is showing a bounce back to the results of four months ago. Looking at the left graph the question of how less monothematic news selection can help cover more realities can be raised.
How to judge?

One of the key takeaways from Corona seems to be that comparisons matter. Without different approaches to CoVID-19 it would be tough to draw relevant conclusions for the future. The graph on the right provided by Prof. Ian Bremmer, founder and president of the EUAsia group illustrates: politicians make a difference. Both regions have comparable number of citizens, both claim to be democracies and still, the virus has a better chance to cause damage in a society with unclear messaging and actions. In Europe actions differed from Italy to Slovakia to Sweden while the messaging was clear everywhere - this is serious and everybody is responsible.

Judging from the past

Sarah Kliff, a New York Times reporter, received a bill from a medical lab in Dallas in mid-June 2020. They charged as much as $2,315 apiece for coronavirus tests, even though a test typically costs $100. Sarah called the lab to ask about the price — and the lab quickly dropped it to $300. This was just one of many cases where some of those within health system try to take advantage of others. Nothing new, but still irritating considering how governments, which seem to have almost endless airtime in the media, make little use of it to alert their citizens.

In April 2020 Guidehouse published a report that 20 percent of US rural hospitals were at high risk of closing. The 354 at risk hospitals span 40 states and represent more than 222,350 annual discharges, 51,300 employees and $ 8.3 billion in total patient revenue. Three months later and looking at the development illustrated in the graph at the top one has to expect that these numbers have increased. The drama increased across the world for different reasons, but now that the footage of dying citizens on breathing machines seems to no longer provide news value the follow-up reporting on how to deal with the consequences seem of no interest. Almost like the 40,000 to 60,000 people dying every year in Germany due to poor hygiene in hospitals (keep in mind, 8,900 have died so in Germany due to COVID-19).

Deaths COVID-19 by age group

Judging for the future

While the G7 summit was postponed, the G20 frame has all the potential for ensuring certain learning to be implemented.

G20 trade ministers should seed the following plurilateral initiatives in the WTO: Reduce and/or eliminate import duties for critical health equipment, pharmaceuticals, and related inputs necessary for these cross-border value chains to function smoothly. This would enable construction of stockpiles for future crises and production capacity, whether on a national or regional level. Initiate a plurilateral negotiation amongst partners to contain and manage subsidization of domestic firms, while ensuring sufficient policy space to prepare domestic and regional response capacities for future health crises. Subsidies reform was a critical issue on the WTO reform agenda prior to COVID-19, and is now much more urgent owing to the rapid accumulation of subsidization measures across the major economies, as governments roll out vast monetary and fiscal support to domestic firms to prevent economic collapse. Importantly, this negotiation should encompass both goods and services.

G20 trade ministers should initiate a multilateral discussion in the WTO to bring greater clarity to governance of GATT exception clauses, specifically: those GATT provisions relating to export restrictions, such as the security exception, which was under much scrutiny prior to COVID-19 owing to some member states, notably the US, making increased use of them.
What can we do this week? 3 Suggestions

Prevention is key

When a harmful external condition arises, such as a fearful pandemic, our sympathetic nervous system helps us mobilize our energy to protect us from imminent threat. This imposes a stressful condition on our body that could create disease in the long-run. Whereas our parasympathetic nervous system, which deals with microbes and viruses performs metabolic functions that allow for growth and repair of the body and helps us slow down and relax. Our immune system's performance is closely linked to our nervous system, and under prolonged stress, loses its capacity to defend the body's vital functionality. While we can't control external threats and potential danger, we have the means to boost our immune systems by using evidence-based complementary medicine, such as Echinacea Purpurea, Sambucus niger, and micronutrients like Vitamin D and zinc.

Lessons Learned from Covid-19

We've seen that we weren't prepared for a pandemic and our early warning systems didn't give us enough time to react appropriately. Despite warnings at Event 201 and at previous meetings on how to address pandemics, we have many lessons to learn. We can start by building TRUST. We must engage in open and transparent dialogue to review and analyze how countries and communities responded to the crisis to gather information on how we can respond in a more collective way in the future. We can share best practices to save lives and minimize disruption while also ensuring we build new ways of working that support the implementation of the SDGs. Investing in solution-focused, purpose-driven companies will help us build more resilient communities that work together and use the tools available to help and support each other during public health emergencies.

Alternatives developed for assisted living

COVID-19 illustrated that too often care and attention in assisted living homes seem to be a unworthy “storage” in small, barren rooms. 1-2 nursing staff take care of up to 40 residents at a time. Barely 15-30 minutes remain for each resident plus common meals for those who are still mobile to the dining room. The many small residential groups that have been created through private initiatives or a variety of business models show that there is another way. Residents can live in a room furnished with his or her own furniture, sometimes with their own bathrooms, and joint living and dining rooms, kitchens and balconies. Different models from 3 to 12 residents per apartment create new forms of dignified and caring living together. The costs of the apartment and the ambulatory care service around the clock are shared by the residents. In the private shared flats, support from relatives is very welcome. While there was a strict ban on visits to old people's homes, relatives in the shared flats were able to continue looking after their seniors while maintaining the necessary hygiene. Where professional nursing services run a shared flat and visits were not allowed, residents still felt well looked after and cared for, as the nursing staff could devote more time per resident. The senior citizens and their relatives have a large say, and those who want to live similarly come together. Decisions on how to treat the elderly, whether to cook freshly or put ready meals on the table, new purchases and joint events, etc. are all decided jointly by the residents. It is now time to allow all senior citizens to receive and hug their relatives again. Smaller units have not only had the advantage of being managed better in this crisis, but of allowing the generation bridge to be more realistic – as assisted living flats can be integrated in larger community settings to provide chances for exchange with families where parents find it difficult to read books to their children, for example. Marina Baaden
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