

Second Webinar UNESCO – Learning Cities – COVID-19

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Opening notes – Henrique Lopes

(data on 23 March 2020)

1. COVID is a threat that societies face once in their lifetime.
 - a. In the last one hundred years, the world has faced only twice as many threats to Public Health of a similar scale: the 1918-1921 pandemic and the Second World War.

2. From a planetary perspective, we are still in an early stage of the pandemic, which means the worst part is yet to come, and we need to be prepared to face the natural consequences.
 - a. Although there are very good results in China and South Korea, in the remaining 195 countries and territories (21 more than the 174 of the previous webinar at 19th March) affected by the disease, the pandemic is still in an exponential or pre-exponential phase depending of the countries.

- b. There are 379.000 confirmed cases (151.000 more than 19th March), 16.500 deaths (7.200 more than 19th March) and more than 12.500 in intensive care (5.500 more people than 19th March).
 - c. The overall reading is that the number of new cases will most likely continue to rise over the next two months.
3. In other complex epidemic situations of respiratory infection, a second wave of contagions was verified in the past, being usually stronger than the first. In rare situations, there was even a third wave.
 - a. One of the focal points now in discussion among the Public Health Schools is to know the extent and probability of this kind of wave phenomena.
 - b. The result of all epidemic curves and the probability of wave pandemic shows that the planet will probably not have surpassed COVID-19 in a period between 12 to 18 months. Everything must be thought in advance by at least one year.
4. It is now very clear that healthcare systems have a limited capacity to deal with the huge number of cases that have occurred so far, especially for those that are expected to appear in the next two months.
 - a. This will oblige the focus of healthcare resources solely in the most serious cases.

- b. Even rich countries where the pathology is more advanced in the epidemic curve have experienced enormous limitations in clinical assistance.
 - c. The situation is also aggravated by the fact that many patients need intensive care for long periods, combined with very large resources consumption of all kinds.
 - d. The situation is particularly serious in Europe, where the population is ageing and risk groups (diabetic, oncological, cardiocirculatory patients, among others) are very present.
 - e. As a result of the aforementioned points, the spread of the pandemic must proceed as slowly as possible, so that health systems can assist patients during longer periods.
5. The only way to cope with the elements indicated in the previous point is to try to treat as many patients as possible at home, reserving hospitals only for the most serious cases. To have the smallest possible number of patients in the community at any given moment, (if necessary, one can share a home with someone who is sick), it is necessary to change behaviours. The aim is for people to have the knowledge and comply with the following:
- a. How to behave under social confinement and social compartmentalization. For mental health reasons, it is essential that people understand the reason and meaning of the confinement, as well

as being helped to maintain activities. The absence of this care adds anxiety, phobia and other mental health problems to the pandemic issue.

To address this path, LLL can provide fundamental support by providing the necessary knowledge and taking the time to make people and society more literate.

- b. Educating and training people about safety behaviours to interrupt contagion chains. Teach respiratory etiquette to cough and sneeze, know how to identify risk sources, among others.

6. As a consequence of the pandemic, the world, national and regional economies will undergo enormous difficulties and a wave of massive unemployment may happen after the pandemic due to:

- a. The need to contain millions of people at home, thus interrupting production chains.
- b. The consumption absence in numerous sectors such as tourism, restaurants, etc., will lead to a drastic decrease in the produced economic volume and a loss of economic momentum.
- c. Millions of people will lose their job. This time of halting and domestic confinement should be used to requalify workers, for example, to start focusing on soft skills and future professions. Much of this training can be provided online. There is enormous potential in this specific point for preventing negative psychic phenomena.

7. On the positive side, this is a unique moment for ALE and LLL.
 - a. Never has it been so urgent and obvious that educational resources should be mobilized for health and healthcare.
 - b. Only Education has the structure and the capacity to develop the aforementioned training for millions of people on multiple platforms.
 - c. ALE can provide:
 - i. Preventive survival training.
 - ii. Preventive training for mental health.
 - iii. Training for the most at-risk professions.
 - iv. Generically improve the knowledge level of a population.
 - v. Take advantage of the moment to reinforce citizenship and the bonds of coexistence between the inhabitants of each region or municipality.

8. It should be clear from this point on that LLL and specially ALE are an essential part of the national health system and national defence. The contribution to the future economic recovery is assumed here to be acquired.
 - a. Often in the past, despite being unanimously approved, the concept of LLL has been seen for resource allocation, as a minor partner of the educational process. It is now proven that, on the contrary, a country, a region, a city lacks shared learning systems, capable of reaching all citizens regardless of their level of education, age, social status, etc.

b. The difficulties that are being verified in transmitting health and behaviour messages:

- i. to the most socially excluded groups in society show that there is much to be done, namely in info inclusion (e.g. many people have difficulty working from home and receiving alerts by digital platforms),
- ii. in the fight against stigmatization (e.g. the virus is still associated to China, in different countries and populations),
- iii. in the fight to improve functional literacy (many older citizens, individuals with low attained levels of education and other groups at higher risks of low literacy do not understand instructions from health authorities), among other factors.

9. A great lesson for countries, regions and cities is to remember that investing in LLL is an investment for a safer future. Therefore, this investment must be increased exponentially.

- a. Epidemics and other major public health risks are recurrent despite being widely spaced in time. Climate change exacerbates the likelihood of events that set Health and Human Life at risk.
- b. The COVID-19 pandemic has shown that countries not only need to have proper resources to deal with the disease but also need that their citizens are trained to act most adequately.

- c. Investing in LLL is as important to national security as investing in security forces or military resources. It is an additional approach to ensure that, if the situation requires it, there will be protection capable of responding to threats.
10. If the moment is seized, the LLL may be reborn. Everything, or almost everything, will be different after the pandemic: the way of working, learning and teaching.
- a. In a forced and hard way, Society is learning how to work massively by digital means, which in the future will deliver considerable savings to companies that will not want to discard this resource when they know how to properly manage it. This alone will have huge effects on fuel consumption and the climate.
 - b. In the same way, it is forcing School (in a broad sense) to overcome mental barriers and other resistances, to find long-delayed solutions to proceed with classes and exams. It is a whole structure that is learning how to achieve this process and to recreate itself. How to evaluate? How to produce content? How to maintain a humanized relationship in a physically remote context? By the end of the day, School will be different from all that we know until today.
 - c. The Health and Education worlds that have been ostensibly distant will now be forced to join forces and establish the long-sought bridge Health-Education.

Conclusion:

The world that emerges from the COVID-19 pandemic will be different as it always was when faced with the great challenges that humanity faced.

It is up to us to ensure that this new world is better than the current one.

This notes was extracted from the preprint article “ALE AS A TOOL TO CONTAIN EPIDEMICS THE COVID-19 EXPERIENCE” Henrique Lopes & Veronica McKay. DOI: 10.13140/RG.2.2.10344.83201/1.

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