

COVID -19 Pandemic and The Management Strategy for Business and Economy

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Abstract

Related actual COVID -19 pandemic it is possible to verify that not all countries in the world choose the same strategy to reduce health and economic severe consequences. Following the more effective strategy make possible a rapid and useful come back to the situation pre-pandemia. Some management instrument makes possible to avoid worse situations. In this work some instruments are analyzed to produce a global conclusion related the topics related.

Keywords: Pandemic; Coronavirus; COVID -19; Viruses; Management; Business; Economy; Financial; Strategy; What If Analysis; Risk Management

Introduction

In article: 09 April 2020 "If the world fails to protect the economy, COVID-19 will damage health not just now but also in the future" by Martin McKee & David Stuckler.

"The COVID-19 pandemic is, first and foremost, a health crisis. However, it is rapidly becoming an economic one too. This is not, of course, the first global economic crisis. However, this time it is different."

And according OXFORD ECONOMICS website "We now expect global industrial production to fall sharply in H1 2020 and to contract by 2% for the year" April 2020. During the last period (in COVID -19 Pandemic) many research and article was published related the various aspect of this severe infectious disease.

The public institution of the various countries in the world adopted different strategies: Form social distancing to lockdown, quarantine, isolation, to Heard immunity, diagnostics like nasopharyngeal swab, body temperature, serology DPI like mask and gloves, disinfectants use, sanitification procedure, and many other. Epidemiological data helped in this approach, but what is interesting is the various mortality rate

Showed by different world region: from about 18% to 8% and also less related the diffusion of the viruses. Many factors seem to be implied but not clearly identified until today.

In example it is interesting to verify TAIWAN situation: whit 6 death (at this date) vs the total HIGH mortality seen in china or in other world region: in TAIWAN government provided mask to population since first time and this seem to contribute in this result. (see interview of Prof. M. Brunori 17 april 2020)

Relevant in this the diagnostic availability, ICU beds, right number of pulmonary ventilator, availability of DRUGS (also experimental trial) and DPI, disinfectants, oxygen and other.

The way of transmission of the virus make possible to verify and control the diffusion person to person but other fact must be taken in consideration: air pollution. Some literature show that the region with high mortality rate seem related to the high air pollution in and indirect way. Many respiratory diseases are worsened by exposition (year) in real polluted air [1,2].

Other theory seems to show that the virus diffusion follows the great highway of track transport: North Italy, very industrialize, Belgium and other.

According to <https://www.scienzainrete.it/articolo/coronavirus-ha-viaggiato-autostrada/giovanni-sebastiani/2020-04-09> an hypothesis of work is related some characteristic of Italian relevant way of travel communication. "La diffusione è maggiore vicino ai grandi nodi autostradali» The same Wu-han is a real industrialized area with high air pollution. According other scientist (Isaac ben Israel) lockdown is not so useful because the time of duration of this pandemic was the same in the various countries about 70 days and then reduce itself.

Material and Methods

Whit and observations method some relevant literature is analyzed to produce a global conclusion related to the topics of this work. All literature, and reference presented gives a global image of the hypothesis of work.

Results

From literature: only few examples: According Peterson K Ozili, Thankom Arun [3] Spillover of COVID-19: Impact on the Global Economy 2020.

"How did a health crisis translate to an economic crisis? Why did the spread of the coronavirus bring the global economy to its knees? The answer lies in two methods by which coronavirus stifled economic activities. First, the spread of the virus encouraged social distancing which led to the shutdown of financial markets, corporate offices, businesses and events. Second, the exponential rate at which the virus was spreading, and the heightened uncertainty about how bad the situation could get, led to flight to safety in consumption and investment among consumers, investors and international trade partners [3]."

And by Jaime S King: "the Covid-19 pandemic has brought into sharp focus the need for health care reforms that promote universal access to affordable care [4]."

Discussion

Starting from the observation that the mortality rate and the number of patient with disease active vary a lot from a region of the world to other (In similar condition of latitude) it mean that the various strategy adopted make possible to get the best or the worst strategy.

Translate in business- economic field this imply to exit first or not from this global crisis and so this are

A really useful instrument: A Management Instrument.

Applied in this crisis in various world nation was created specific Task Forces, was applied Time Management, and Risk Analysis methods added to the concept of epidemiology, statistics, and Infectious disease, environmental toxicologist and other scientific discipline.

Politics ask to scientist and other experts to help in choosing the real efficacy strategy. Many managements tool help in this situation: from scenario analysis to what if analysis to Risk management, strategic plan ,strategic management , problem solving ,DATA analysis ,Time management, to MBO, to HR management , ICT management but, logistic management , supply chain and many other . In this situation rapid availability of data, decision making system, ICT make the differences.

Conclusion

Related the various Mortality Rate and diffusion velocity of the COVID -19 disease Is possible to Conclude that not all the strategy adopted by different countries present the same results. So, it is needed by the international and national institution to observe the really best practice. This pandemic is a health and social crisis but with high involvement in business and economic field.

Recession and economic crisis are a real scenario if public administrator does not choose the really best solution to the pandemic situation. And a more rapid control makes possible to come back to business – economic cycle pre virus diffusion. Some measure like lockdown, that help in the acute phases of diffusion of the virus, can cause stop in many economic field whits great social implication. So, the right choose by politics and public institution in re- start after lockdown is really crucial and science Help. (research work, article, publication, theory et other).

A real balance between health and economy must be followed but according science principle and not under fear emotion. Organization, scientific evidence, best practice and the management science surely help in this process.

A clear evidence of the pathogenetic process that can explain the various phases of the disease since from first phases to pulmonary phases to cytokine explosion and related phenomena can help in choosing the really best therapy in the right time as well as using the best imaging strategies to stratify the patient risk in objective way [5]. The right therapy in the right phases of the disease (first phases) seem by literature to avoid the most severe consequences. "Huang et al. reported the clinical features and cytokine profile of critically ill patients with COVID-19 in Wuhan, China, and suggested that a cytokine storm (i.e. higher concentrations of granulocyte-colony stimulating factor, interferon gamma-induced protein 10, monocyte chemoattractant protein 1, macrophage inflammatory protein 1 α and tumour necrosis factor α) could be associated with the severity of disease "[6].

Also the strategy followed by an Italian famous oncologist Prof. CAVANNA in this epidemic situation is a real innovation with result: the physician and his equips goes directly at home of the most fragile patient to verify clinical condition before recovery in ICU of ospital: this produce 2 results : patient health monitoring in early

stage, avoiding ICU bed use, reduce in diffusion of virus in hospital settings. (inversion of paradigm).

As reported in article "The Italian Doctor Flattening the Curve by Treating COVID-19 Patients in Their Homes" TIME 9 april 2020. According an article of 8/5/2020 «Lavoro in oncologia edematologia, reparti abituati a confrontarsi con la sofferenza e la morte - racconta Cavanna - Ma in quei giorni ho avuto l'impressione ci trovassimo di fronte a qualcosa mai visto prima. Faceva paura, talmente tant'erano i malati in quei letti di fortuna. Le ambulanze arrivavano in fila a portare i pazienti, io mi guardavo intorno, incrociavo gli occhi dei colleghi. Avevamo la percezione di non farcela». È in quello stato di impotenza che sboccia l'idea di cambiare approccio. «Nella riunione cercavamo sempre di aumentare i posti nelle emergenze e nelle rianimazioni, ma poi abbiamo capito che questa è una infezione virale che lascia del tempo per intervenire. Non è un ictus, un infarto o un arresto cardiaco che colpiscono in pochi minuti o in pochi secondi: lascia una settimana o anche 10-15 giorni». C'è quindi spazio per agire prima - che il quadro clinico si aggravi. Il ragionamento è logico: se il paziente in ospedale viene sottoposto a un trattamento basato su un antivirale e sull'idrossi-cloroquina (un antimalarico), tutti i farmaci che si assumono per via orale, cosa ci impedisce di iniziare la cura all'insorgere dei primi sintomi? «Ci siamo detti: cerchiamo di andare nelle case, non solo per la semplice visita a i malati, ma con tutto l'occorrenza per curare la malattia tempestivamente».

La cura «precoce» e «a domicilio» si rivela da subito molto efficace. «Le persone non peggiorano, guariscono prima e soprattutto non muoiono». Presto i risultati degli studi sul «metodo Piacenza» saranno pubblicati su una rivista per dare informazioni alla comunità scientifica. Ma le analisi che a fine aprile Cavanna anticipa al Giornale.it sono straordinarie: «Su 250 pazienti curati a domicilio, le posso dire che nessuno di loro è morto. Né a casa né in ospedale. Di questi, è storicamente almeno del 5% e tutti sono tornati a casa, di cui la metà entro pochi giorni». Si tratta di dati «veri», «rilevanti» e «rincuoranti», su cui occorrerà fare delle riflessioni. «Per tanto tempo si è discusso di aumentare i posti in terapia intensiva, una strategia criticabile - dice Cavanna - Ma quando un malato va in rianimazione lo dobbiamo vedere come il fallimento della cura. Dovrebbe essere l'ultima spiaggia: la malattia virale va aggredita precocemente». Solo così si può configurare il Sars-Cov-2, «ridurre gli accessi al pronto soccorso» e «bloccare la storia naturale» del morbo. Evitando un fiume di vittime [7].

All this under a prospective approach and not only related historic analysis [8] and under a great global rethinking of actual health care system as well as a global reorganization of social life from work to school University, industry and other to reduce possibility of contacts.

Health organization, preventive measure, diagnostics, clinical diagnosis, lockdown, quarantine, isolations of patients,

therapy, vaccines, ICT technologies to trace positive patient, right institutional information, smart working and other will be the instrument but correctly managed by public and international institution.

In this kind of new catastrophic event, with rapid evolution also Preliminary research can be useful

Instrument to give some direction to the physician: see the Tocilizumab, Remdesivir, heparin and other procedure under clinical trial by health authority in some countries [9-11]. All this must be verified in large studies but in absence of data it can be a light in obscurity.

Conflict of Interests

No

Clarification

It is clear that this article does not have any health intention, only to produce a new management, economic, business theory. This work has not any diagnostics or therapeutic intent, only to submit to other researcher new hypothesis of work in management - economic field.

Under a strictly management point of view :One of the key factor in all this emergency situation as showed by some example to better classify the patient under their severity, in objective way possibly in order not to full the ICU : the less severe patient Out of hospital , covid hospital dedicated or domiciliary therapy.

The full availability of drugs also not so expensive and monitoring of patient make the difference added to the measure like lockdown when necessary, social distancing, quarantine, diagnostics, clinical diagnosis and other.

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