

2020 Vision for Global Health E-Cascade and Governance: Seeing the Future

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No national models have been implemented in contemporaneous affairs that point to effective knowledge-driven, data-centered health and medical policies, either for controlling costs or eliminating chronic diseases. Systems are passive, allowing major problems to fester and lulling people into unhealthy habits and lifestyles. Resulting problems vex health systems from all philosophical perspectives, socialist as well as capitalist. The source of the problem is straightforward: Health and medical systems do not strictly reflect scientific realities, focusing as they do on symptomatic factors rather than root causes. As a result, people are not available to their national systems until their chances for low-cost remediation are low.

2020 is a measure. It conveys great meaning. We need many more of these. We need to maintain means of calculating them and we need to use them along with information representing preferences and other conditions. Such measures and other information sources need to be enlivened by processes, which can serve at the ready, to predict likely outcomes while encouraging the good and forestalling the bad.

Global health initiatives have been said to suffer from wishful thinking. Plausible ideas may surface, but implementation is problematic. Technologies, though computationally powerful, are difficult to adapt to the specific, complex requirements of each person's health. A strained relationship develops between health systems and health requirements. How is confidence to be achieved? According to Anthony Wallace, it is to revive society, not to make up hoped-for conditions that are not tested. Revitalization of prior desirable conditions is the most desirable outcome, followed by efforts to transplant a workable frame of references that has succeeded elsewhere, under replicable or compatible conditions.

As is the case with complex systems of all kinds, adaptation calls for parallel efforts to support needed functionality, from ‘paper notes’ attached to computer screens to parallel desktop computer applications designed to bridge the perceived gaps between needed activities and computer capabilities. As a result, science

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does not typically work its way into the practice. Often, it ends up on dusty stacks of books in libraries or in large electronic computer stores. Similarly, desired policies are poorly supported, given the difficulty of matching conditions with the health and medical needs of people.

These are the principal benefits of the *2020 Vision Program*. The *2020 Vision Program* itself is planned for global roll-out from a base in Central and Southeastern Europe, where there are unique characteristics and strengths relative to the plan. This has been reinforced by sponsorship of the 2020 Program for Global Health in the 2022 G20/T20 Bali program, resulting in the publication of the Policy Brief “Capacity Development in Enhanced Multilevel Governance Based on a Tripartite ‘Head (Cognitive), Hand (Digital), Heart (Music Performance)’ Model”. This provides a constructive view of the scope and of the benefits of a large-scale effort to bring knowledge and relevant data to health and medical decisionmaking worldwide.¹

2020 Vision for Global Health is an initiative that brings several kinds of innovation together, making use of novel, but proven information processing technologies. The *2020 Program for Global Health* on which *2020 Vision for Global Health* is based began in earnest in 2010. This has involved weekly online meetings among professionals in key areas, meetings and correspondence with global leaders in governance, health, and development, and ongoing research and policy efforts.

This program can tap into deeper levels of detail than has traditionally been possible, allowing health systems to supply universal health coverage to their constituents in much more targeted, knowledge-driven ways. Such detailed approaches can form an integrated whole with markets and industries that can provide lifestyle-related solutions. Such a plan leverages benefits from integrative medical solutions and innovative consumer markets.

Need for conclusive means of resolving problems of health and society

Among the many philosophers and economists of the 20th century, three stood out. Their work was not adequately valued, nor did they form the basis for policy affecting society and prosperity. One was Mical Kalecki, the Polish economist who documented benefits from demand stimulus during the Great Depression in advance of similar publication by John Maynard Keynes. The second was Nikolai Bukharin, who was an ardent supporter of bottoms-up programs in Russia to meet the specific needs of the people and establish national sovereignty from the inside-out. The third was Joseph Schumpeter, the Viennese economist who felt that social, as opposed to purely economic factors needed to be preeminent in policy choices. It is Schumpeter who declared that capitalism – the aggressive requirement for escalating financial returns from enterprise – destroys the social environments that allow it to function.

It is important to understand their stories. Kalecki was raised in the bustling city of Łódź, Poland in a time of great commercial success that represented core manufacturing capacity in greater Russia of the time. He saw the effects of commercial innovation and specialization where social questions were held to be of prime importance. Bukharin was a leader in policymaking in Russia after the Bolshevik Revolution of 1919, a key participant in the fourteen-year interregnum that it took for Russian policy to be formulated. That which was ultimately carried out can be adequately considered as the direct opposite of what Bukharin proposed; he was executed about a decade later as part of a Soviet purge. Schumpeter was center stage in Vienna before the 1914 war and ended up as a prominent writer and Harvard professor who reminded economists and others of the bigger picture, that the economy was meant to serve society, not the other way around.

Kalecki, Bukharin, and Schumpeter represented economic thinking that was *pro-commerce*, but did not lose

¹ Tingey, K. B., and Manicki, M. 2022. *Capacity development in enhanced multilevel governance based on a tripartite “head (cognitive), and (digital), heart (music performance)” model*. Bali, Indonesia: T20 Indonesia 2022; Task Force 2: Meaningful Digital Connectivity, Cyber Security, Empowerment. <https://www.t20indonesia.org/publications/capacity-development-in-enhanced-multilevel-governance-based-on-a-tripartite-head-cognitive-hand-digital-heart-music-performance-model/>.

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sight of the preeminent nature of social goals. They saw capitalism as a subset of this, a distortion of the model in fact, with the purpose of maximizing and enlarging on monetary calculations of profit above all. This is not to say that capitalism is not useful, but it should be controlled, most particularly to conditions in which innovation and growth of new markets is desired – certainly not under conditions that would compromise peoples’ fundamental needs. They documented their work widely and presented cases for national social and economic programs that presented a broad array of opportunities with conclusive supports and assists to the people, particularly considering their fundamental needs for food, clothing, and shelter, and health care.

Kalecki’s point was that demand stimulus as promoted by John Maynard Keynes needed to support desirable social goals, whereas Keynes felt that giving money to banks to increase supply would serve an equivalent purpose. Keynes believed in the famous ‘invisible hand’ that would automatically result in beneficial outcomes, while Kalecki did not. Bukharin supported expansion of traditional agricultural traditions in Russia as a means of healing Russian society after years of war and turmoil. As a result, while the first round of rural assimilation under Bolshevism embraced the Russian communal rural tradition, the *mir*, the second round after Bukharin was sidelined obliterated it. Russia has yet to recover from this. Schumpeter felt that policy needed to be process-oriented, like Kalecki’s refutation of money-centered policymaking. He along with fellow Viennese Frederic Hayek was highly critical of the unbounded approach of Keynes and others who viewed economics as a disinterested platform for ‘disinterested’ profit-taking.

Why there are few answers as to governance

It goes without saying that extreme capitalism as prevails in health and elsewhere is no solution. From some sense of community contribution as felt by early doctors in the modern era, the practice – along with associated systems and markets – have turned the prevailing medical and health arena into a bazaar of bizarre proportions that serves the needs of no one. Not even the health providers can get good health care; perhaps slightly better, but not complete, as systems are constantly being skewed in favor of financial returns and away from knowledge-laden solutions and resources that would require wide-scale support. Good governance necessary to support such kinds of conditions is on life support. This is the case at all levels – in commerce, in social order, in finance, and in government at all levels.

David Bohm, a young physics student at Berkeley almost a hundred years ago, had his doctoral dissertation taken from him because it was both distinguished and useful, but not in ways the *directly* benefited society; his work was classified as top secret as a key aspect in the creation of the first atomic bombs within the famous Manhattan Project. Ultimately, Bohm’s message toward the end of his career was clear: Mankind could no longer be sloppy in terms of governance and behavior. If perhaps prior generations could afford to waste and to pollute at local and regional levels, they had limited capacity to do so in terms of scale and effect compared to nations and peoples in our times.² Mankind probably cannot destroy the earth itself, only itself and other species living on it.

What should we be doing to ensure our future, that of the race, and what could we be doing? These are longstanding questions, even among moderns. After the ‘genie’ emerged from the nuclear ‘bottle,’ the questions have become more urgent, even while presumed questions of society and economy and governance remain unanswered. Between East and West, North and South, there is no concrete answer on the horizon.

The last century resulted in several loose ends in this regard. We could do well to follow those threads. 2020 Vision recommendations stem from the thinking of Talcott Parsons, of economists Joseph Schumpeter, Mickel Kalecki, and Nicolai Bukharin, of promoters of process-based systems Alfred Korzybski, Alfred North Whitehead, James Miller, and Walter Shewhart. The development of the five concepts, leading to user-based

²Peat, F. D., 1997. *Infinite potential: The life and times of David Bohm*. New York: Basic Books.

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and expert-based design of computerized systems, was informed by intensive study of classification models by large-scale manufacturing researchers and firms in the 1970s and 1980s.

Despite their great promise, none of those achieved fulfillment in the 20th century, nor to date. Similarly, science itself has been put on the back burner and its funding and governance norms have been dramatically skewed due to limiting assumptions placed on them. Any call to recent history is skewed by the unusual conditions of the age. Before we can come to understand our possibilities, we need to come to agreement on baselines that might apply. From such baselines, we can look forward and back to reaching conclusions as to what needs to be done. The *2020 Vision* effort has provided an interactive timeline to assist in such studies.*

Of key importance, we need to evaluate time effects from our current framework, divorcing ourselves from disproved assumptions from past efforts. We select one key event, documented of late by Professor Kees van der Pijl of Suffolk University, who identified actions on the part of English aristocrats in the 17th century after the Glorious Revolution. That series of altercations was inconclusive. According to Dr. van der Pijl, the English then set out on a campaign of world domination that is only now coming to a close. He calls the effort the “Lockean Heartland,” based on two underlying presumptions: (1) That all actions needed to support the ongoing profitability of existing enterprises and (2) that all things English were and are to be considered as superior and preferential to all others.

Under Lockean Heartland (LH) assumptions, the wealth of nations was considered as derived from production rather than consumption. Out of this grew convoluted ideas of profit and religion, metaphysics and faith in beneficial effects from cumulative greed. This was and continues to be a Utopian ideal; it never has shown to be sustainable. Fortunately, in the hundreds of years since the English aristocrats began their efforts at conquest and control, each time the failures of the program deepened, there have been social, charitable, and countervailing activities to restore some semblance of order and justice. Nonetheless, the sloppiness of LH brings results that are neither orderly nor just. This is not to say that out of the chaos good things have not happened, because many of them have.

Process and the future

Whether in science or society it is process that matters. There is a troika of traditions that underscore this – in science, it is the work of Alfred North Whitehead; in knowledge representation it is that of Albert Korzybski, and in commerce it is that of Walter Shewhart and his more famous disciple, W. Edwards Deming. Understanding of process, where it applies, nuances and details, brings prophetic tools. This is knowledge; this is wisdom. The problems of nature and society present themselves in detail and context in a chain of effects that reflect possibilities and constraints at each stage, as complexity reigns in all things and conditions are in constant flux. The key to the future in all cases is to learn these. They need to be understood at each stage and such findings need to be characterized using technology in ways that can easily reflect the date that presents itself. Observatories need to be constructed and established to collect and channel such data, making use of inexpensive computation, vast data storage, and myriads of tools and sensors available for such tasks.

Prescience, then, comes from the understanding of processes, both regarding nature and society. Whitehead called on a beloved Christian hymn to make the case for becoming engaged with process, then depending on it when dealing with the unknown: “Abide with me, fast falls the eventide.” This is to say that institutions and individuals need to arrangement their affairs to accommodate chance, to ground themselves in process arrangements to guide them to channels of viable options.

In the 1930s, there was of necessity a debate as to how the industrial countries could emerge from the Great Depression of the 1930s. The most famous of these was documented by John Maynard Keynes, who was less

*<https://library.profundities.info/timelines/2020pgh/timeline.html>.

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famously preempted by Marriner Eccles in the United States from a practical standpoint and from Michal Kalecki from a perspective of economics and mathematics. Both were more oriented toward the practical application of policy than was Keynes, who saw economics as more of a math problem than a social endeavor. He saw the solution to economic well-being over time as a mathematically driven exercise in money itself. His publication was somewhat late in the game, but his prior reputation as a conceptual whistle-blower in the aftermath of the Versailles Treaty at the end of the war that levied draconian penalties on Germany magnified the impact of his message.

Fluidity, E-Cascade™, and Optimum Performance Living

There is an irrefutable confidence to be gained by not guessing. The point is to apply process, to come to select and to learn and to document known processes and apply them as a means of reforming activities, of improving them. Questions of reform involve the encouragement of social development while avoiding revolution, which implies violence, if not unseemly social discord. This involves understanding and implementation of underlying processes – fluidity – carrying this out repeatedly – the knowledge cascade, or E-Cascade™ – and moving toward Optimum Performance Living, but which people have the information and resources available to eliminate egregious disease and carry out active lives in means of their own choosing.

It is important to keep in mind, as Anthony Wallace outlined,³ cited by Chalmers Johnson, revitalization and borrowing of social reforms are both highly practicable, based as they both are on the realities of social interaction.⁴ On the other hand, bright ideas based on desires or perceptions or intuitions are very likely to fail – they are the ill-fated Utopias. The implementation of these is revolutionary, and not in an appealing way – requiring almost certainly violence and social upheaval. The results of such are not even predictable, since once violence is the leading factor, social and environmental forces are put into play that are randomized and skewed to the negative. The more disturbed the culture, the greater the chances of corrupt governance, with the possibility in such cases of a distinct drop-off of civilization and humanity.

The good news is in the revitalization and the borrowing of norms, traditions and means of achieving social and economic goals. As can be seen in *Table: Options for Health Reforms – Precluding Revolutionary Violence*,

Table: Options for Health Reforms – Precluding Revolutionary Violence		
Aspect of health and medical programs (Alternatives)	Nature of reform: (1) Revitalization, (2) Borrowing, or (3) Utopia	Comments on implementation, mazeways, and quality
Centrality of independent practitioners	Revitalization/borrowing [in the short-term], Utopia [in the long-term]	Necessary in colonial and settlement environments; tolerable when matched with good health habits; Not a good long-term solution where there are options in communication and decision support
Systematic integration based on social priorities	Revitalization, borrowing	Very effect through history and in modern times; Polish health system a most prominent example

³Wallace, A. F. C., R. S. Grumet (Ed.). 2003. *Revitalizations & mazeways*. Essays on culture change, Vol. 1. Lincoln, NE: Nebraska University Press.

⁴Johnson, C. 1966/1982. *Revolutionary change*, 2nd ed. Stanford, CA: Stanford University Press.

Table: Options for Health Reforms – Precluding Revolutionary Violence

Aspect of health and medical programs (Alternatives)	Nature of reform: (1) Revitalization, (2) Borrowing, or (3) Utopia	Comments on implementation, mazeways, and quality
Systematic integration based on commercial priorities	Revitalization and borrowing where diagnosis is straightforward – such as emergency/healthy birthing/Utopia where answers are not legitimately obvious	Readily corrupted; British and American systems examples of higher corruption/externalities; Canadian/Australian systems more valid; some incremental process improvement is possible
Systematic integration based on capitalistic/net profit maximization priorities	Utopia	Highly corrupt at the core and increasingly with each degree of distance from the core; some controls can be implemented to support standards and quality, a constant battle
Passive system with respect to health and disease avoidance	Utopia	OK for healthy youth, but increasingly debilitating and costly with age, accidents, and chronic/lifestyle diseases; people with passive mazeways are more susceptible to infectious disease conditions
Active, data-intensive health monitoring and surveillance	Revitalization	Much embedded in religion and tradition; environment for useful and effective mazeways
Technology-driven data-intensive warning system based on machine inference (artificial intelligence)	Utopian	This is a means of catching diseases with no concern for lifestyle or environment; mazeways are overlooked, or at least suffer from a lack of legitimacy and credibility

Given the effects of time, the ravages of war, increased understanding of social and natural phenomena, and new developments and capabilities of technology, revitalization alone is not likely to be an option in policy and governance regarding the well-being and health of the people. Hopefully, though, some combination of revitalization and borrowing can occur; given the vast history of mankind and varied outcomes that can be understood.

Where guessing has gotten England

The UK is in a quandary. The first effort at exit from the European Union failed recently. Policymakers need to make another attempt. What are they to do?

They will *guess*.

Guessing is an integral part of the policy environment instituted by the British, with Dutch support, after the Glorious Revolutions of the 17th century. At that time, they faced a quandary: Their two civil wars, predicated on the rejection of the monarchy and some form of reform, proved ineffectual. Nobody budged. As a result, looking at perceived prosperity of the Dutch aristocracy, they decided to table reform and dive into conquest.

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Based on a conception that conquest would bring rewards with some degree of benefit to all levels of society as in the ‘rising tides raise all ships,’ they used ships to conquer the world in a quest for treasure.⁵ This surely resonated with their longstanding observation of the success of Norse raiders with whom they were habitually subordinated, but ultimately related.

For three hundred years, flush with spoil from around the world, the British kept a stiff upper lip. Just as the pattern of conquest did not work for targets of the violence in question, they proved devastating to England itself, as it didn’t ‘take care of business’ domestically, leaving the country subject to chimeric markets and geophysical risks. This has long been criticized.⁶ By depending principally on export of manufactured products – and by thoughtlessly dismissing the needs of agriculture:

...the 19th century saw a growing dichotomy between the expanding industrial towns, which often provided an appallingly drab and impoverished environment for their poorer inhabitants, and the still largely isolated and often stagnant countryside.⁷

There has been no plan to make optimal use of the land in England, to support the primary needs of the people from within, other than in efforts during the two 20th century wars to feed itself. Arthur Tansley recounts rise and fall of agricultural priorities in England in the Middle Ages and Tudor times, with growing independence in the early 19th century to 1846, when the Corn Laws were rescinded and “wholesale importation of cheap mean from America” resulted in the rise of grasslands at the expense of cultivatable crop, followed by wholesale want ensued throughout the kingdom.⁸ Grasslands themselves fell into poor condition, and only after the second war “home agriculture has been a major item of government policy.”⁹ Now, with Brexit, the conditions are potentially dire as before, during the 20th century wars. Similar to Britain, Venezuela’s condition can be traced with some confidence to the tornado of denial unleashed by the English after the Glorious Revolution. Leaving provision of fundamental needs to presume extreme market conditions is bad policy – highly Utopian, and not in good ways.

Where in that part of the world can be seen an island nation that is both whole and independent in terms of food and health services? A wiser, more astute England would look to the south and the west for solutions to their dilemma – to Cuba, for example. Cuba recently defeated the constrictions of an island economy that had adapted to international markets for sugar, losing food sovereignty of their own. The condition is similar to complaints by officials in Turkey, who were able to stave off the problem do a large extent. They were prevailed upon by international developmental agencies to turn over local agricultural capacity to global markets and they would not.¹⁰ Cuba was the sugar provider for the Soviet system, but when that ceased to be in the early 1990s, they had to immediately feed themselves, also suffering from a lack of “imported fertilizers, pesticides, tractors, parts, and petroleum.”¹¹ At the same time, Cuba was able to maintain its effective health system, which is patterned after the effective Polish model. This serves as an international treasure, particularly a seedbed for physicians and other health workers for the Southern Hemisphere, as well as education and training for tens of

⁵van der Pijl, K. 1998. *Transnational classes and international relations* (RIPE Series in Global Political Economy). London: Routledge.

⁶Carey, H. C. 1852. *The harmony of interests, agricultural, manufacturing and commercial*. New York: H. Finch; Malthus, T. R. 1814. *Observations on the effects of the Corn Laws, and of a rise or fall in the price of corn on the agriculture and general wealth of the country*. London: J. Johnson and Co.

⁷Tansley, A. G. 1949/1968. *Britain’s green mantle: Past, present, and future*, 2nd ed. London: George Allen and Unwin Ltd, 286-287.

⁸Davis, M. 2002. *Late Victorian holocausts: El Niño famines and the making of the Third World*. London: Verso.

⁹Tansley, 1949/1968, 42-44.

¹⁰Aydin, Z. 2005. *The political economy of Turkey*. London: Pluto Press.

¹¹Altieri, M. A., and Funes-Monzote, F. R. 2012. The paradox of Cuban agriculture. *Monthly Review*, 63(8), 23.

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thousands of students from many countries. This is a model that is similarly service driven, outside of the capitalist arena, where financial gains are preeminent.¹²

What is the model, then, for food and for the general well-being of the people? Clearly participation in and leadership in world markets is of great importance and benefit, but not at the expense of the well-being of the people – most principally food, clothing, shelter and health care. Was it ever necessary to embrace the extreme Utopia of capitalism’s gospel of maximum profit?

Conditions in England are more acute in some ways. Cuba’s 101 people per square kilometer is much less dense than England, with 395 people per square kilometer. Still, increased food sovereignty – with very little need for imports, including petroleum, would go a long way to stabilizing conditions in England. Similar factors underscore England’s problems with health. A recent study of shortcomings of health service systems was conducted in the UK under the oversight of Parliament. The *Francis Inquiry* provides important insights into needed reforms in all national and regional systems. The 2020 Program is organized to consider such factors.

The *Francis Inquiry* was conducted in two parts. An initial study was conducted that culminated from 2005 to 2009 at which time it became clear that the people in the region in question were not satisfied with a cursory review of perceived problems. The result was a £14 million, four-year study of all aspects of health and medical services in the Stafford, UK region. The project, overseen by Queen's Counsel Robert Francis, provided just under three hundred specific recommendations. The recommendations were of two kinds.

1. The service culture in the system needs to be substantially reformed. Providers have grown used to ignoring the plight of individual patients. There is a tendency for people to justify their actions based on power relationships rather than on the science in question.
2. There needs to be a more effective means of providing direction to service providers at all levels as to what should be done. In the absence of this, people make up work, would perform poorly, and would be largely dis-animated, contributing to the cultural problem.

We are left with this observation. What went around has come around. There was more to the question of cooperation, collaboration, and joint decision-making than the 17th century English aristocrats and their Dutch collaborators knew of. We should not pretend that we do not know now. We should not continue their grievous errors in policy and governance.

The two *Francis Inquiry* problems are related to one another. Confusion does plant seeds of despair and sub-par performance. *2020 Vision* deals with these problems based on an integrated model, termed “Methods-Based Management”, which leverages information processing models and quality/lean findings.¹³ This approach leverages learnings from the music performance model, which routinely supports complex requirements.

The fundamental cultural problem is this: The people in question have developed the habit of “ceasing to think” at such time as “their brains are full”. “Methods-Based Management” is a step-by-step approach to organizing, clarifying, and computerizing knowledge that serves to empower the experts and authorities whose input is needed the most. In the *2020 Program*, this includes scientists, practitioner leaders, and policy authorities, including payment authorities. Technology is organized such that complex issues are presented in simple, easily followed ways. The methods-based management approach in its parsimony and clarity is considered analogous to musical notation in its ability to bring large groups and organizations to perform together.

¹²Brouwer, S. 2009. The Cuban revolutionary doctor: The ultimate weapon of solidarity. *Monthly Review*, 60(8).

¹³Tingey, K. B. 2009. *Methods-based management: Breakthrough performance on leaner budgets*. San Diego, CA: University Publishers.

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Outline of the 2020 Vision global plan

The *2020 Program* is designed to establish improved health and medical systems, which will provide social and fiscal benefits to the countries in question and to the region. Once established, such conditions will provide for general economic and export opportunities as well. The objectives of the program are as follows.

Tranche I - 2026-2027

This first step to be achieved is the establishment of the first health observatory and supporting decision algorithms. The plan is to carry this out with G20 level partners. The plan is likely to concentrate on a city among the countries in question with a target population of approximately 250,000 people. This first center may or may not involve the construction of a data collection facility but will involve the acquisition and implementation of high volume, automated equipment and related technologies to support semi-annual data collection for each targeted individual. Initial product and system development activities, as well as a supportive research relationship, will be started in this stage.

Tranche II - 2027-2029

The first health observation data collection center is to serve as the baseline for establishment of a collection of similar hub-and-spoke centers. A primary objective is to set up such a center to service the people of the Mediterranean region, Southeastern Europe, North Africa, and the Middle East. Subsequent centers will be larger and related facilities will be designed to accommodate large numbers of participants. The second tranche will involve the establishment of six to ten systems. These facilities will be sized to match the NUTS1 statistical regions of the European Union, covering populations of three to seven million people. Efforts will be extended to countries of Latin America, which suffer from similar problems. Cuba looms as a potential beneficial partner for such activities, given their previously documented successes. Parallel activities with organizations in related fields, such as agriculture, grocery, nutrition, furniture, fitness, etc., industries benefiting from the deep context achieved and used in the program.

Tranche III - 2030-2032

The third tranche will expand to include regions of NUTS1 size and scope in other cities, including eventually the European Union and countries in emerging regions throughout the world. This includes the Middle East, Asia, Oceania, and Central and South America. High- and low-income regimes will then be addressed. These projects will mirror export development activities of G20 level companies and supporting industries. They will also leverage the design of clinical requirements in the tree-based systems while incorporating policy and finance requirements of each venue in which it does business.

Tranche IV - 2033-2035

This last stage of the *2020 Vision* effort will extend the network to the one hundred largest urban areas of the world. This will constitute a seminal opportunity for associated companies and for the health of a major portion of the people of the world. By establishing large-scale operations in these many locales, *2020 Vision* participants will establish costing and service-level advantages that will be difficult for other parties to compete with. The net result will be substantially reduced medical costs, with improved markets oriented toward health and fitness, and significantly improved fiscal performance for countries around the world.

The principal competitive advantage of *2020 Vision* is the establishment of deep context regarding health and medical conditions of individuals and supporting their preferences and applicable policies and laws to improve their prospects. Such deep context is weightier than the kind of information available to other Internet-based distribution systems such as Google, Amazon, and other search-oriented systems.

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Conclusion

Privacy issues and an ability to leverage such information based on the methods-based management model will provide ongoing advantages to the *2020 Vision Program* partners and others as this advantage is further leveraged. Success in the program as outlined will position all collaborating partners for further gains after the end of the decade. Principals in *2020 Vision* are interested in collaborative relationships in related industries and with governmental and private financial institutions.

For additional information, contact Dr. Kenneth Tingey, kenneth.tingey@profundities.info.