

The United Nations system is designed to **inspire peace, stability, and security** for the overall purpose of preserving humanity, engendering socioeconomic prosperity, and sustaining healthy ecosystems. Human health interacts with all actors and agents as part of an intricate and interrelated web of products, purposes, and proclivities. **Human factors** such as compassion, equanimity, and creativity can be self-organized or externally induced to either advanced the core ethics and intentions or inadvertently deter or destroy functional assets.

Cooperative gaming and effective teamwork can influence the emergent properties and narratives in ways that may enable healing or propagate constructive solutions as local, national, and global levels. Establishing and extending attributes which encourage partnerships in care and build team capabilities for rapid counter-response to injurious events or noxious hazards is increasingly required in our volatile, uncertain, complex, and ambiguous situations.

Humanitarian standards that cultivate respect, dignity, protect (and security), and assistance with social responsibility. The full spectrum of human health is being redefined to acknowledge epidemiologic transitions and aging demographics of many nations. Hence, the **capacity to adapt and cope** with change over one's lifetime may range from well-being and flexibility to more rigid and fixed states of being that are vulnerable to increased impairment or degenerative loss e.g. eyesight, muscle tone, cardiorespiratory fitness, etc. A coherent, resilient and cooperative **public health infrastructure** alongside **transformational and transdisciplinary education** systems invested in science-based decision making, local champions for socially and culturally proficient change coordination, and timely implementation which is **affordable and sustainable** will be vital to eco-system success.

We believe that **education** with coordinated, longitudinal workforce training/development for all (most) will enable individuals, communities, and nations to achieve a special synergy and cross-sector capability in shifting current state of global affairs towards the ends described above. The knowledge and talent management **portfolio** may be contextualized to priorities at the local level via simulation technologies and well prepared faculty/coaches in **blended learning** and constructive feedback. We have several key collaborators in our project proposal who have demonstrated expertise and experience in achieving high performance teams for complex problem-solving and innovative methodologies towards responding to the **cross-walk of capabilities** and **matrix** of elements/solutions presented by the grand challenge of UNSDR. (Add matrix diagram, crosswalk of capabilities, and CDC-top 10 needs). The WHO inter-professional collaborative model and the UN SDGs #3, #4, and #17 will also help teams remain coherently organized as we help schools and institutions advance the solutions required to improve the '**global commons**' within an all hazards mitigation and global health security framework. Mayo Clinic, as a well-developed and internationally recognized training institute, is one of many partners in the **Consortium of Universities for Global Health** that is committed to advanced research, education and development. The promise of translating the rapidly evolving science of healthcare delivery into a globally distributed advisory and training platform may serve to catalyze e-health, m (mobile)-health, and precision medicine incorporating big data, supercomputing skills, and compassionate, humane health providers. Our (Mayo Clinic) teams and simulation-based resources will be best guided by ethics and standards per UNSDR.

Extra sources:

<http://staging.unep.org/delc/GlobalCommons/tabid/54404/Default.aspx>

http://www.who.int/hrh/resources/framework_action/en/

<http://www.globalhealthtreaty.org/>

<http://www.stockholmresilience.org/research/research-news/2015-02-19-what-is-resilience.html>

<https://www.cdc.gov/globalhealth/security/index.htm>

<https://www.fema.gov/pdf/prepared/crosswalk.pdf>

<https://www.cugh.org/>

<Roles for the Simulation.docx> = <<http://tiny.cc/8bywoy>>

Simulation Proposal = <<http://tiny.cc/zhywoy>> These two show the role of simulation in healthcare and the Healthcare SDG interactions.