



# **Week of the Working Groups 2021**

**- Documentation –**

**22 – 25 March 2021**

## Table of contents

Introduction: "Looking back and moving forward" .....	3
<b>1. Webinar Sessions</b>	
How does the COVID-19 pandemic affect the health and well-being of children? – Narratives from low-resource settings .....	5
Integrated and cross-sectoral interventions: Example Neglected Tropical Diseases and Malaria.....	7
Learning for the future: Outbreak, warning, and risk mapping .....	9
Pandemic Burnout – Die COVID-19 Pandemie und ihre Folgen .....	10
<b>2. Working Group Meetings</b>	
Global Mental Health: Putting the Bio-Psycho-Social Systems Approach into practice .....	12
Health and the City – Global Health and the urban context .....	13
Partnerships for Global Health -A key instrument to achieve Agenda 2030.....	14
Snakebite envenoming: Implementing the strategy for prevention and control .....	15
Was uns Impfen wert ist: Welches Wissen fehlt für ethisches Handeln? .....	16



## Introduction: “Looking back and moving forward”

Working Groups of the Global Health Hub Germany are **communities of practice on specific global health topics**. They aim to pool the expertise of different global health actors and disciplines to achieve a common vision and make a **visible contribution to the global health debate in Germany and beyond**. The Working Groups’ main activities involve discussion, connecting with other actors in the field, information sharing, advocacy for the topic area and producing joint papers. The Hub currently has 16 Working Groups, which are run independently by the members themselves with organizational and administrative support from the GHHG Office.

The overall objectives of the **Week of the Working Groups 2021** were to give the Working Groups of the Global Health Hub Germany a space to advance their internal Working Group agendas, present results from the past year and engage Hub members more broadly in their activities. The sessions focused on **getting to know each other**, encouraging **cross-actor and cross-sector exchange**, and **raising pertinent issues and recommendations** regarding their global health focus areas.

In addition to various **Working Group Meetings**, further public **Webinar Sessions** were organized on Working Group topics, covering current debates in global health, including the Covid-19 pandemic.

Moving forward, this paper includes the various activities and milestones the Working Groups aim to achieve over the next six months.

The Global Health Hub Germany would like to **thank the Working Group Coordinators** for their tremendous efforts in making this event a successful one.

**Not yet a member of the Hub’s Working Groups?** Click [here](#) to learn more.



# Webinar Sessions



## How does the COVID-19 pandemic affect the health and well-being of children? – Narratives from low-resource settings

**Working Group:** Global Child Health

This interprofessional Working Group deals with the quality of preventive and curative pediatric care in countries with limited resources.

### **Co-Coordinator of Working Group:**

Ruth Kopelke, Lydia Oluwayemi Ikeoluwapo & Katharina Altmann

### **Session description:**

This session has built on narratives which the Working Group "Global Child Health" has collected during the first Covid-19 wave in 2020. Together with speakers from different low- and middle-income countries, the Working Group assessed local interventions regarding positive or negative outcomes on child well-being. The goal was to identify successful health and policy interventions, as well as the needs of children in low-resource settings.

### **Major takeaways:**

#### **1. Avoid blind spots!**

When supporting children and families, it is important to include the various perspectives of the different stakeholders involved.

#### **2. Be aware of differences!**

There are great differences in needs and pre-conditions among countries, urban & rural areas and public and private settings.

#### **3. Have an open ear!**

There are already projects that have emerged from the local settings and need support. It is important to listen carefully what kind of support is really needed.

### **Where did you see agreement and disagreement in your topic area?**

Agreement on impact of the pandemic on children's needs:

- Disrupted education - access to nutritious food - access to health service coverage - household situation - access of vulnerable families to financial means - social and physical activity and behavior
- Kids can be heavily emotionally and mentally affected
- Increase in adolescents' pregnancies & negative impact on reproductive health education
- Disparities between rural and urban settings in all areas (education, health, community support)

Agreement on outcomes of interventions:

- Governmental support is not constantly trickling down to those in need.
- Mis- or no information about COVID-19 in communities (language barriers, distrust in governmental actions)

- Civil society is key in finding and reaching the most vulnerable in society. 'Everyone is being heard' approach can build trust and can overcome perceived barriers (e.g. awareness-raising for Covid-19).
- Action Medley between civil society (NGO's) and public services was perceived powerful.
- Multi stakeholder panel with synergy between professions and direct community influence was perceived successful and provided feedback on governmental actions for vulnerable.
- Strong governmental actions accompanied by measures to mitigate harm on children (TV education etc.) were perceived to indeed mitigate harm on the vulnerable - yet reaching few.
- Digital infrastructure provides chances to enable networks, as well as to reach the vulnerable.

### **Conclusions & Recommendations for (German) policymakers?**

- Listen to the vulnerable (don't impose)
- Local solutions and individual needs count
- What can we learn? (not a one-way)
- Differentiated view (no one-size-fits-all solutions)
- Leverage civil society (root grass, care, connect)
- Build trust (appreciate, hand over responsibility)
- View vertical and horizontal (empower multi-stakeholder and cross-professional)
- Involve community (enhances compliance of many)
- Networks enable resilience of communities
- The pandemic is a big challenge but also an opportunity
- The webinar provides snapshots not the whole picture

## Integrated and cross-sectoral interventions: Example Neglected Tropical Diseases and Malaria

**Working Group:** Vernachlässigte und armutsassoziierte Tropenkrankheiten

The objective of the Working Group on Neglected Tropical Diseases (NTD) is to connect actors of the field as well as to foster dialogue and cooperation among its members.

**Co-Coordinator of Working Group:** Achim Hörauf & Annette Hornung-Pickert

### Session description:

Every year, African heads of state review progress in the fight against NTDs at the African Union (AU) Forum of the African Leaders' Malaria Alliance. In doing so, they rely on the statistics of the World Health Organisation (WHO). The endemic countries provide data from which the WHO calculates how well individual states are fighting the five most common NTDs. Integrated systems approaches are becoming increasingly important to strengthen health systems. International experts agree that poor populations could often benefit from joint control structures and activities, as in malaria and NTD control. During this session, the German Network against Neglected Tropical Diseases used the example of neglected tropical diseases and malaria to show what an integrated approach to combating both diseases can look like, where the advantages lie, but also where problems and obstacles remain.

### Major takeaways:

**1) Background** - NTDs and Malaria are both diseases of poverty. Both pose a high burden of disease for the countries in which NTDs and Malaria are endemic. Some of the NTDs and Malaria even have the same vectors. Thus, there are strong links to each other, and it makes sense to fight them jointly. The new WHO-NTD-Roadmap 2030 calls for intersectoral cooperation. There are already good practice examples in place. For example, Leishmaniasis, an NTD, and Malaria can be fought using the same tools: bed nets, insecticide spraying and waste management. In Rwanda, NTDs and Malaria, the most common diseases are already handled in one department within the Ministry of Health. Rwanda, therefore, presents inspiring best practices for other countries.

**2) Funding** - There are endemic countries that would like to include NTD projects into programs. These programs however are strictly earmarked for spending funding on other diseases. So even if it would be advantageous for project success to shift the money to other areas or to combine programs, the recipients are not allowed to do so. That hinders flexibility and synergies and thus, efficiency. Hence, it is critical to re-phrase the global health architecture and de-silo funding, as well as allow flexibility in spending by the endemic countries as part of their increased responsibility for the programs.

**3) Frontline worker and innovation** - Crucial for fighting NTDs and Malaria are community health workers and digital tools incl. data surveillance and innovative diagnostic tools. Covid-19 has proven that if there is a political will almost everything can be made possible. Therefore, more rapid diagnostic tool kits for NTDs should be developed (several tests already exist for Malaria, and also for NTDs, e.g. lymphatic filariasis antigen tests). Beyond that, a demand from the audience was: incorporate the local knowledge, involve them and de-colonize innovation.

### Where did you see agreement and disagreement in your topic area?

1. Both diseases – NTDs and Malaria – should be fought jointly.
2. More has to be done. There must be innovative tools, i.e. digital surveillance for real-time data collection on program performance. The community health worker who goes to the households can collect data for several diseases, e.g. by mobile phone applications. One example which Dr Malecela mentioned is a WHO skin disease app that allows to differentiate skin NTDs.
3. Intersectorality is necessary to tackle diseases. NTDs and Malaria control measures can be effectively implemented together, although on the elimination level, program success parameters have to be focused on the specific disease.
4. There must be better planning within endemic countries. Rwanda is a best practice example. A crucial element is the development of computerized program planning tools that exploit cross-sectional approaches which can save personnel and equipment costs.

### Conclusions & Recommendations for (German) policymakers?

- Germany is recognized to be one of the leaders in Global Health. The One-Health approach is regarded to be strongly driven by the German government. This also has to be reflected in the global health architecture, such as the Government's financing structure. One-health funding however must not be limited to pandemic emergencies; neither malaria nor NTDs must be forgotten. It is critical to de-silo funding and urge the recipient countries to have national plans how to handle funding in an efficient and transparent way with sufficient flexibility to best serve the local needs.
- One-health is one of the gateways for better health. This means also that on government level there must be more mutual understanding and collaboration and responsibilities should be more flexible and permeable.
- We need more innovation to be more successful in eliminating and controlling of NTDs and Malaria. Digital data, diagnostic capacity and surveillance are crucial.

## Learning for the future: Outbreak, warning, and risk mapping

**Working Group:** Neglected Tropical Diseases: Outbreak, warning, and response

This Working Group provides a forum for scientists and national program managers from endemic countries as well as current and potential donors of outbreak related research.

**Co-Coordinator of Working Group:** Axel Kroeger & Tatiana Rivera

### Description of session:

With the current Covid-19 pandemic, academics, politicians, and the general public are sensitized for what can be done better. In this session, epidemics of climate-sensitive diseases like dengue, malaria, or cholera were used as an example to show success stories of predicting outbreaks and implementing early response. Under the leadership of WHO-TDR (the Special Programme for Research and Training in Tropical Diseases), the GHHG working group on Neglected Tropical Diseases: Outbreak, Warning and Response has developed an early outbreak warning tool that is user-friendly, applicable in tropical countries and districts, and includes the mapping of high-risk areas. As this is a largely neglected area of research and action in Europe, colleagues from WHO in India and the Ministry of Health in Mexico have also shared their experiences.

### Major takeaways:

- Early “outbreak detection” based on increasing case numbers is not good enough as the response activities come too late. It is important to predict outbreaks using alarm signals (increased rainfall or temperature, increased vector densities etc).
- Electronic surveillance system of notifiable diseases is essential for outbreak prediction and response.
- The EWARS, developed with TDR-WHO, is user-friendly, provides outbreak prediction with high sensitivity and predictive value.
- Representatives from Mexico and India confirmed the usefulness of EWARS in their regions.

### Where did you see agreement and disagreement in your topic area?

There was a central agreement that the tool is helpful in predicting and managing outbreaks. It was confirmed that training of public health staff is important until the tool is properly managed and until it can be integrated into the national electronic surveillance platform.

### Conclusions & Recommendations for (German) policymakers?

- Disease vulnerability is expanding in the context of climate change. Therefore, it is important being prepared for early detection and response to avoid a high burden of climate-sensitive diseases which are approaching Europe (Chikungunya, leishmaniasis, dengue and others).
- German policymakers can learn from other countries regarding the need for a comprehensive electronic surveillance system, which enables predicting and managing epidemics (countries like Mexico, Malaysia, Colombia and others have such a system).
- German policymakers should use German academic experts for supporting the area of outbreak prediction and management.

## Pandemic Burnout – Die COVID-19 Pandemie und ihre Folgen

**Working Group:** Global Mental Health

The Working Group on Global Mental Health aims at strengthening the equal ranking as well as supplementary relationship between biomedical and psychosocial concepts in practice.

**Co-Coordinator of Working Group:** Michael Wirsching, Gayatri Salunkhe & Elliot Brown

### Session description:

The permanent risk of illness and the long-term protective measures (e.g. contact restrictions, quarantine) have pushed people to the limits of their resilience. Only now, when the introduction of vaccines has given hope to people, some psychological consequences become more visible. This is especially true for young adults, old people, families, and helpers. In this session, a panel of experts from science, civil society and practice has discussed the question: What is already being done against the psychological impact of the COVID-19 pandemic and what are possible preventative measures?

### Major takeaways:

1. Until now, most of the patients, their families and the medical staff appear to have compensated the pandemic quite well. But burnout and exhaustion are spreading. Insecurity, contradictions, and disappointment are burdening. Every wave, affecting new populations, e.g. children and adolescents, increases the burden and risk.
2. Even after the majority is vaccinated and even if effective treatments were available, Covid-19 remains a socially and mentally burdensome disease, esp. for marginalized, poor, migrating or otherwise challenged populations or regions.
3. Preventive and resilient measures are available. They must be offered or applied as early as possible. Digital interventions, such as Health Apps, are recommended.

### Where did you see agreement and disagreement in your topic area?

There was agreement on the topics above and that the situation should not be dramatized, even at the risk of offering a too positively stained perspective.

### Conclusions & Recommendations for (German) policymakers?

1. Psychosocial help and guidance for patients, families and staff must be available early, low threshold (barrier free), and integrated into the medical treatment. Digital interventions are of high importance, e.g. video consultations, mental health apps, information, etc.
2. Psychosocial Liaison Teams (Psychomed., Psychol., Soc. Workers) are an essential part of any Covid-19 treatment unit. This has been accomplished for decades already in oncology and palliative care and should be transferred also to Covid-19. The existing psycho-oncology or palliative care units should be used for this purpose.
3. A subsystem which is so far not used adequately in the ambulant sector are the widely spread and well qualified guidance clinics (Ehe- Familien- Lebensberatungsstellen). They offer: Early awareness and understanding of severe mental or social problems (diagnosis); basic help, also in crisis situations, by information and support (basic care); referral to advanced psychiatric or psychotherapeutic services.



## Working Group Meetings



## Global Mental Health: Putting the Bio-Psycho-Social Systems Approach into practice

**Working Group:** Global Mental Health

The Working Group on Global Mental Health aims at strengthening the equal ranking as well as supplementary relationship between biomedical and psychosocial concepts in practice.

**Co-Coordinator of Working Group:** Michael Wirsching, Gayatri Salunkhe & Elliot Brown

### Session description:

The Working Group started out with the goal of making mental health an equal priority as general physical health. Since then, the group has held five online events in cooperation with the GHHG including a multitude of eminent speakers covering topics from youth mental health during the COVID-19 pandemic to racism in mental health. This Working Group meeting, as part of the GHHG Week of the Working Groups 2021, aimed to present the vision of the Working Group, what has been achieved so far, and to discuss what to do next.

### Major takeaways:

#### 1. Continuation on the selected pathway:

Working group meetings will be held in English every 6 months. Week of Working Groups are suggested to be held every year in the same format as this year: Maybe even as an online event. This event should have a selection of working groups with a lot of interaction, and few selected and short lectures.

#### 2. Continue webinars („No Health Without Mental Health“) in English together with Wellcome Trust. Possible next topics: flight and migration, urban mental health (jointly with Global Urban Health WG), grassroots interventions and capacity-building, epigenetics in mental health, digital mental health interventions (e.g. Apps).

#### 3. Engage in piloting activities:

- Policy brief on Covid-19 and mental health
- Short video about mental health to inform and destigmatize. Ideally culture sensitive or usable in different cultures.

### What is (or could be) the Working Group's contribution to the implementation of the Federal Government's Global Health Strategy?

Promotion of global mental health, internally and externally, esp. for underserved populations (low socioeconomic status, migrants, refugees etc.)

### What will the Working Group have achieved in six months?

1. A policy brief is published on Covid-19 and Mental Health
2. A videoclip is produced on the promotion and destigmatization of mental health.
3. 2-3 more webinars have taken place, some in networking collaboration with other working groups (e.g. Global Urban Health)

## Health and the City – Global Health and the urban context

**Working Group:** Global Urban Health

The Working Group on Global Urban Health focuses on the complex interplay of urban conditions of living and the multiple respective risk factors through interdisciplinary dialogue as well as cross-sectoral activities.

**Co-Coordinator of Working Group:** Carsten Butsch & Ulrich Kuch

### Session description:

Cities influence human health in three major dimensions: (1) the physical environments, (2) social environments, and (3) urban health systems. After the coordinators of the working group have framed the overarching topic, the goal of this session was to identify joint interests and next steps in order to develop a work plan for the next months. The session, thereby, aimed to restart the Global Urban Health Working Group within the Global Health Hub Germany.

### Major takeaways:

- 1) There is interest in different communities, especially researchers and practitioners, to form a working group.
- 2) Urban health as a research topic and field for action needs promotion and advocacy in the German context.
- 3) The organization of the working group – to be developed in the next months – should consist of (1) a core group, that takes more responsibility and (2) members that will engage in specific events or take up specific tasks. To be considered: smaller teams within the working group.

### What is (or could be) the Working Group's contribution to the implementation of the Federal Government's Global Health Strategy?

So far, the urban context is not mentioned in the strategy, although urban areas are the living environment for the majority of human beings. The working group aims at establishing a dialogue between different stakeholder groups to further explore the specifics of how the urban context shapes and determines human health beyond the currently established and emerging scientific knowledge. Based on this, strategies and actions to make cities a healthier living environment should be developed and communicated. The Working Group's main contribution will be to communicate the importance of urban health to achieve global health and therefore advocate for placing urban health on the agenda.

### What will the Working Group have achieved in six months?

The Working Group will focus on three issues:

- 1) Establish regular exchange and networking among its members, through a series of brownbag lectures.
- 2) Draft a policy paper, pointing out the specifics of urban health and its relevance for global health.
- 3) Establish collaborations with other working groups of the GHHG to identify joint fields of interest.

## Partnerships for Global Health -A key instrument to achieve Agenda 2030

**Working Group:** Partnerships for Global Health

The purpose of the Working Group is to enable the members of the GHHG and beyond to enter partnerships with the aim to contribute to the achievement of SDG 3 and thereby to support the global health agenda.

**Co-Coordiators of Working Group:** Natalia Korchakova-Heeb

### **Session description:**

The Working Group meeting aims to explain different types of partnerships and how partnerships can help achieve Universal Health Coverage by mobilizing funds, augmenting health service delivery and delivering extraordinary results towards the SDGs.

### **Major takeaways:**

SDGs give us a deadline by 2030 for making sure that every person on this planet has access to affordable healthcare. In order to achieve universal healthcare, which comes with a huge price tag and commitment, we need appropriate resources, knowledge and partners. SDG 17 mainstreams partnerships, such as public private partnerships (PPP) and partnerships with civil society as an instrument to achieve SDGs. More PPPs are required where governments are not passive recipients of technical assistance but active partners setting their agenda and entering into partnerships to deliver public services. There are two types of PPPs in the health sector - for profit and non for profit. There is a huge advantage of engaging with NGOs in the health sector for health PPPs. NGOs are risk takers, while private companies are more risk averse. NGOs commonly work in developing countries which private companies rarely see as an investment opportunity. NGOs and faith organisation are the first to enter and the last to leave any industry or country.

### **What is (or could be) the Working Group's contribution to the implementation of the Federal Government's Global Health Strategy?**

There is no data available in the world and in Germany to report on Target 17.17 "Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships".

First of all, methodology should be established what is measured, when by and whom.

Secondly, all partnerships with contribution/ participation of German partners should be tracked.

### **What will the Working Group have achieved in six months?**

1. To clarify reporting for 17.17.1 indicator
2. Develop statistical base for reporting on behalf of Germany
3. Mapping global health partnerships, multi-stakeholder health partnerships and public-private partnerships where German entities are partners
4. Self-reporting of GHHG members regarding involvement in above-mentioned partnerships
5. Interested parties to sign Brocher Declaration
6. Brokerage of new partnerships within (a) GHHG members, and (b) GHHG members and external organizations
7. The Working Group needs resources and support for establishment of global health partnerships database.

## Snakebite envenoming: Implementing the strategy for prevention and control

**Working Group:** Schlangenbissvergiftungen

This interdisciplinary and cross-sectoral Working Group pools German expertise on snake bite envenoming and invites anyone interested to join.

**Co-Coordiators of Working Group:** Jörg Blessmann & Ulrich Kuch

### Session description:

Snake antivenom, invented more than a century ago, is the essential drug for the treatment of snakebite envenoming. Due to supply, safety, and efficacy issues particularly in Africa and Asia, coupled with a lack of training of healthcare workers, professional treatment of snakebite is unavailable to most patients. The strategy of the World Health Organization for the prevention and control of snakebite envenoming, launched in 2019, is a clear and unequivocal call to address this problem and to improve the outcomes of snakebite victims. Among others, the session has focused on the question what has to be done and how the Working Group can effectively contribute.

### Major takeaways:

- The Working Group focuses on the implementation of the WHO strategy on prevention and control of snakebite envenoming.
- The focus is on active implementation of intervention on site and improvement of the situation for snakebite victims predominantly in low-income countries in Asia and Africa.
- Networking within the German and international toxicology community will help to achieve the goal.

### What is (or could be) the Working Group's contribution to the implementation of the Federal Government's Global Health Strategy?

- Providing expertise in order to fight neglected and poverty-related tropical diseases
- Support for strengthening of health systems
- Provision of medical assistance in humanitarian context
- Strengthening alliances and forums at national and international level

### What will the Working Group have achieved in six months?

- Extend networking within the German and international toxicology and Neglected Tropical Disease (NTD) community to achieve the WHO strategy goal.
- Discussion with representatives from the German government and GHHG about possible actions how to improve the situation for snakebite victims in low-income countries.

## Was uns Impfen wert ist: Welches Wissen fehlt für ethisches Handeln?

**Working Group:** Wertedimensionen der Globalen Gesundheit

The Working Group provides a forum to discuss the multiple ethical and value dimensions of Global Health in a transdisciplinary setting. Topics are proposed and discussed by its members.

**Co-Coordiators of Working Group:** Ole Döring & Barbara Buchberger

### Session description:

The Federal Government's Global Health Strategy and the issue of justice: is Germany a "global player", "global leader" or "global failure"? Based on the experience concerning Covid-19 vaccinations (research, production, marketing, logistics, administration), the claim and reality of the Global Health Strategy was discussed as part of the Working Group meeting. Taking the interlinkages of global health and ethics into account, this session aimed to consider how to proceed ethically and whether the right thing is being done for the right reasons.

### Major takeaways:

We chose a semi-structured approach with an open and ambivalent guiding question in order to stimulate interaction and discussion. The low key and integrative engagement inspired an open, diverse and constructive debate, where critical positions were articulated, and new insights shared. Core issues are global/local justice in prioritization of access, justification of rationales in triage situations, special consideration of vulnerable groups, awareness for economic and infrastructural (e.g. logistics) dimension of distributive justice and sustainable value chain for global health transactions. This setting allows for ethical deliberation as an end in itself, leading to unexpected results according to the spirit of the moment. We are set on continued critical ethical reflection. Outcomes cannot be predicted but healthy energy channeled into trust and mutual respect. Health measures should be assessed holistically, including adverse effects and scientific uncertainties. Independence, sincere engagement and procedural design of the group are assets we wish to cultivate in the future.

### What is (or could be) the Working Group's contribution to the implementation of the Federal Government's Global Health Strategy?

Participants are currently writing a commentary on ethics of Covid vaccination as a direct result from the webinar. The Global Health Strategy needs to be informed about plausibility and feasibility issues of its proposed measures that will benefit from the methodical ethical inquiry, how to do the right things for the right reasons, considering SDG's universal implementation. The WG generates a substantial resource of supportive and disruptive insights. We combine evidence from social and professional perspectives, rigorous inter-disciplinary and trans-sectoral reflection and targeted advice. Thereby, the Global Health Strategy could become more realistic and effective.

### What will the Working Group have achieved in six months?

- We will continue to organize the group and stimulate activities. We hope for better digital infrastructures that facilitate interaction (website etc.);
- More visibility within the Hub and enhanced commitment to become a platform;
- We aim to hold our next meeting in June 2021.



**Contact us:**

[info@globalhealthhub.de](mailto:info@globalhealthhub.de)

[www.globalhealthhub.com](http://www.globalhealthhub.com)