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INCREASE Corona Workshop Series: Knowledge Exchange in Virtual Workshops on the SARS-CoV-2 Pandemic

INCREASE Corona Workshop No.1

Introductory conversation on the COVID-19 situation in Iran and Germany: National health and emergency systems

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Cover image: Tochal, Tehran, Iran in 2019 by Mehrdad Rajabi (edited by Vicente Sandoval)

Preface

In its conception, the INCREASE-project proposed a series of virtual workshops devoted to discussing about ongoing developments of the COVID-19 pandemic with a special focus on relevant aspects for the context of Integrated Disaster Risk Management (IDRM) in Iran and Germany. These two-hour workshops bring together experts from both countries and aim to develop a corresponding network of specialists.

The topic and scope of each workshop depend largely on the ongoing development of the COVID-19 pandemic in each country and of the interests among participants. For updated information about the workshops, please visit https://www.increase-project.com/corona-workshop-series/

The workshop took place on **30 August 2021** online and this summary provides key insights on the conversational course, presentations and discussion offered by speakers and participants.

Introductory conversation on the COVID-19 situation in Iran and Germany: National health and emergency systems

The first workshop addressed introductory questions regarding the COVID-19 pandemic in Iran and Germany, as an initial step to approach in the subsequent workshops more specific questions regarding to the social aspects of vaccination, role of volunteerism, multi-hazard risks and preparedness.

In the first workshop, Mr. Cwodzinsiki (Manager of the COVID-19 vaccination centers in Berlin, Germany) and Mr. Schreiber (General Secretary of the German Association of Disaster Health Care) offered insightful reflections on existing national and federal health and crisis systems and emergent challenges and issues in the context of the SARS-CoV-2 pandemic. Prof. Dr. Hamid Reza Khankeh (Chancellor of University of Social Welfare and Rehabilitation Sciences, Iran), gave an outstanding presentation based on his recent studies on challenges and lessons learned from COVID-19 management in Iran. Following are the key insights obtained from the course of conversation and discussion in the first workshop.

A Conversational exchange on COVID-19 pandemic in Germany's federal system

Shedding light on the federal structure of Germany is essential to understand how the country has handled the SARS-CoV-2 pandemic as a national crisis

There are three major administrative levels in Germany: 1) Federal government (national) level (*Bundesebene*) 2) federal states level (*Bundesländerebene*) 3) districts (*Landkreise*). One crucial issue is that these three administrative levels have different legal competencies to produce laws. It is also essential to know that both the federal government and federal states (16 states in total) have specific legal competencies. According to the Basic Law of the Federal Republic of Germany (*Grundgesetz der Bundesrepublik Deutschland*), federal states are supposed to make own laws and regulations regarding disaster and crisis management. The same applies to the health sector, meaning that there are different laws in different federal states. Likewise, the infection protection law is passed by the federal government, which means, the federal government sets the guidelines, the framework, on how to combat the pandemic. But the implementation is at the federal state level. Problems arose there because the federal states proceeded differently in implementation, and central regulations were not uniform. In the end, efforts were made to coordinate in advance which regulations were actually enacted within the framework of the infection control law. Example: Different limit values were set because they were not uniformly and centrally specified.

Existing pandemic preparedness planning at national and federal states levels has not worked well in the context of the COVID-19 pandemic

One example is antiviral therapy which was an essential part of pandemic plans for years; however, these did not get into implementation in the COVID-19 outbreak. Another example is wearing masks in public spaces, which the pandemic plans did not foresee the wearing of the mouth-nose protection in public in this form. Another challenging issue that was not part of the already existing pandemic preparedness plans was communication networks. It was very difficult to communicatee data between the national and federal states levels. Centralising the epidemiological data gathered in federal states at the national level has been challenging and difficult.

Contact tracing and quarantining has been primary pandemic containment measures in Germany, while the potential consequences of these measures were not carefully considered in the already existing pandemic planning

Contact restriction in public spaces, quarantine regulations, and closing stores and public spaces have been the main restrictive measures for the population in Germany. However, existing pandemic planning did not involve any considerations of the effects of these measures. For instance, the scope of financial aids allocated to support businesses and vulnerable populations was not carefully considered within pandemic planning. Another example is that massive resources were spent on maintaining workplace safety in large-scale businesses during the pandemic, while the importance of such measures was not clarified in the existing pandemic plans.

The provision of testing procedures and vaccines were ultimately realised faster than expected, even if the vaccine was available very late at the beginning

Two measures that were realised more quickly than we had expected: Provision of testing procedures and vaccine (initially very delayed, but not expected to be available so quickly). This certainly had a positive impact on the course of the pandemic.

Communication has been a vital and challenging issue in the context of COVID-19

Communicating information has been an essential part of pandemic management. A lot of information was communicated, and the question is whether this simple presentation of all available information has rather led to confusion among some groups of the population who might have needed more tailored information addressing their specific needs. In Germany, the Robert Koch Institute (RKI) is responsible for producing such data and information. However, the RKI has not been equally effective in determining which piece of information should be used for more effective pandemic measures and responses. In terms of communication with the population, social groups that are not easy to reach have been among the most vulnerable groups. They might be left behind from measures such as testing and vaccination if they were not addressed more specifically. Hence, a more effective approach is needed on risk communication. The question should be discussed whether the information should be communicated more users driven while nevertheless also offering all available information in a most transparent manner to everybody who is interested to follow all latest state of research and debate.

Resource management has become a vital issue during the pandemic

Despite attention to resource management in already existing pandemic plans, managing resources and capacities has emerged as a critical issue during the pandemic. There were limited capacities and resources in terms of health workforce and material resources (e.g., distribution of face masks, personal protective equipment, hospital emergency beds), which have caused serious challenges for health care facilities and hospitals. Based on lessons learned from the COVID-19 pandemic, effective resource management and also scaling up of capacities should be considered as a central pillar of managing pandemics in the future.

Germany´s health sector and relevant authorities were not prepared well to deal with events such as the SARS-CoV-2 pandemic and existing resource plans were only partially helpful

For example, occasionally, there were too many patients in the hospitals and no consideration was given to the fact that staff are also affected by the pandemic. COVID-19 pandemic showed that more skilled staff is required in terms of crisis management in Germany. It is imperative to educate and train staff involved in different pillars of crisis management, including risk communication and projection management. Interaction and communication among authorities should also be improved. Another lesson learned is that a more generic approach is required for pandemic actions plans. Regular drills are also essential to assess and evaluate plans. Another vital aspect is to have status reports on all levels to understand and assess the situations in different sectors at the national, federal states, and district levels. Without cohesive and scientifically based status reports, politicians will not be able to make comprehensible decisions for the public.

Digitalization is a crucial issue in Germany and is also connected to crisis and pandemic management

Despite improvement and recent developments in last years, the COVID-19 pandemic is demonstrating that improvement of digitalization in crisis management is still required.

COVID-19 in Iran: Challenges and lessons learned

Iran has experienced five waves of infections so far

Iran is among the countries that have been suffering hardest from the COVID-19 pandemic. Likewise, sanctions have exacerbated challenges in managing the pandemic in Iran. Currently, the country has been dealing with a high number of death cases and hospitalizations. It is, however, expected to be decreased due to a swifter vaccination rollout than in previous months.

Several national and provincial headquarters have been established

National intervention includes establishing the COVID-19 National Headquarter led by Iran´s president (following supreme leader decree) and the National Health Headquarter of COVID-19 led by the minister of Health and Medical Education (MoHME). At the provincial level, COVID-19 committees led by the governor of provinces and chancellors of related medical universities are involved as the secretariat of the provincial COVID-19 committees to take necessary measures at provincial levels. Several committees and working groups, including scientific, financial, and budget groups, have been established by authorities. COVID-19 scientific committee has developed several national guidelines for COVID-19 treatment and prevention. Besides national mechanisms such as establishing the National Health Headquarter, relevant actors, including the Iranian Red Crescent Society (IRCS), the Ministry of Interior, and military forces, are involved in the pandemic management in Iran.

Risk assessment, hospital preparedness, and the development of a central and integrated information system have been among the major strategies to manage the pandemic in Iran

Risk assessment (based on the number of hospitalizations) has provided a basis to take measures such as lockdown and mobilization of resources. Alongside ongoing risk assessments, there has been central management of hospital capacity in case of surging in confirmed cases. In addition, data has been managed centrally to form an integrated information system. National and international measures and interventions are constantly evaluated to review the country's plans and intervention measures.

Controversies in scientific evidence, existing social inequality, inadequate social support of vulnerable groups, and improper resource management are among the critical challenges observed in COVID-19 management in Iran

Limited scientific evidence and the lack of updated guidelines on contact tracing and patient flow, have caused problems in taking

effective measures during the pandemic in Iran. At the same time, existing social inequality, shortcomings in the societal support of vulnerable groups, and limited attention to social, cultural, economic, and political aspects have resulted in inadequate national social support plans for vulnerable groups and those suffering from long-lasting mental health problems. Limited human resource capacity accompanied by the high number of infections among the health staff has caused burnout and heavy workloads among the country´s health workforce. Despite serious challenges such as the lack of preparedness, unknown nature of the disease, and existing sanctions against Iran, the health care sector and medical health care workforce did their best, and no one was left behind from receiving medical care during the pandemic. On the other hand, unclear national and provincial vaccination programmes, and a lack of international support for vaccine procurement have caused problems concerning the country´s vaccination rollout. Furthermore, implementing prevention measures has been more difficult in Iranian densely populated urban areas than in rural areas with lower density.

The need for a unified scientific command, the development of updated protocols for prevention and treatment, clear risk communication, and interval risk assessment are significant lessons learned from COVID-19 in Iran

Unity of command is required within the governmental structure. A clear risk communication strategy is necessary for real-time information between experts and the population. This would enable people to make informed decisions to protect themselves. Socio-cultural differences among different provinces and regions should also be considered in risk communication strategies. Besides the issues mentioned above, there are several lessons and aspects requiring actions and improvements:

- Timely evaluation and reporting (problem root analysis and road mapping)
- A need to establish of hospital coordination centre
- A need for strengthening horizontal and vertical coordination
- Support of vulnerable groups such as elderly people and the poor
- Development of national and local vaccination programs and national strategic supply chain
- Development and assessment of national treatment guidelines and protocols and facilitate community engagement.
- A robust monitoring framework to closely check the epidemiological situation

- An extended testing strategy
- A framework for contact tracing, based on extensive testing, active case finding, early detection of cases
- Prompt identification and investigation of clusters/outbreaks associated with specific settings
- A robust risk communication strategy should remind citizens that the pandemic is not over
- Public participation in the whole process of disaster management
- Longitudinal studies on long-term effects of COVID-19 infection
- Special attention to social inequality in the wake of crises such as the COVID-19 pandemic
- Provision of vaccines (which is currently facing challenges due to sanctions) and prioritization of specific social groups who should be vaccinated first. About 86% of the Iranian population seem willing to get vaccinated, so the adequate provision of vaccines would enable an increasing share of vaccinated people in Iran.
- Attention to other influential aspects of the pandemic beyond the health sector
- A need for quarantine measures for safely reopening

Discussion: Understanding different approaches, architecture, and systems in Iran and Germany in the context of the COVID-19 pandemic management

Given the more centralised structure and approach to handling disasters and crises in Iran, how are pandemic-related measures being implemented at the regional level?

There is a vertical system in Iran and the ministry of Interior is responsible for disaster management. The deputy minister of the Interior is the head of the National Disaster Management Organization (NDMO). However, each Iran´s province has similar offices led by the respective governor. All the provinces are supposed to implement national guidelines and measures. In the pandemic, however, COVID-19 national headquarter has specific attention to cultural differences and contextual factors in provinces. In general, disaster management architecture follows a vertical and hierarchical structure, from national to regional levels.

In Germany, the pandemic/disaster protection is mainly based on the federal states level, so how are measures implemented at the national level?

Every federal state has a central, we could call it "focal point" for disaster control. When we have a joint reporting centre for the federal government and the federal states, then these centres of the federal states are connected to the centre of the federal government/the Federal Office for Civil Protection and Disaster Assistance. Unfortunately, such a structure has not been used in the context of pandemic management in Germany. It will probably have to be further developed in the future so that it can be used in the future. We will urgently need such a structure so that we are then in a position to collect this information, evaluate it from one source, and then communicate crisis management measures accordingly. This can only work through such an information and communication network in Germany. This has to be duplicated in the federal states so that the necessary information and procedures are available in the smallest community.

What is the role of pandemic planning in the future, and how will collaboration between institutions come about in the future?

More skilled managers and human resources are required. Training and qualifying human resources are fundamental in disasters. It is also essential to have a checklist for population groups to know how to communicate and treat different groups of people. A perfectly written plan does not necessarily work in the wake of a crisis. So, more pragmatic approaches are required to decide on final measures that should be taken. It is essential to discuss what is necessary to do when and where, and adapt these ideas to the different stages of events such as a pandemic.

Political aspects of accessibility and differentiation of measures in the wake pandemic management in Germany

How are politicians and authorities treating people, especially vulnerable groups, in different ways?

In general, regional authorities should be involved in taking measures since they know better what should be done on a regional level. Politicians rather apply indirect pressures such as charges of unvaccinated people for corona tests, to motivate people to get vaccinated. Federal election is also impacting the measures taken by politicians.

The competencies of federal states in disaster and pandemic management in Germany

How can the competencies of federal states be changed in a specific disaster or crisis?

The extent of a national crisis is not known to us in terms of civil protection. Furthermore, changes are necessary to amend particular legal justification. The federal structure in Germany has worked well in many cases like federal traffic regulation and national wide traffic signs, which works quite well. Other important thing is that there is a difference between disaster risk management (*Katastrophenschutz*) and civil protection (*Zivilschutz*) in Germany: Disaster risk management includes the protection of people from emergencies and disasters, whereas civil protection refers to all non-military measure in the event of (military) defense or tension. However, there is not a rigid distinction between civil protection and disaster protection.

Final remarks

- An honest reflection is required to understand what has happened in the wake of the COVID-19 pandemic in Germany.
- An all-hazard approach, as a more comprehensive governance approach, is required, so it can always be specialized and adapted when a disaster or crisis happens.
- The first workshop was intended to provide a foundation for future discussions. It is essential to understand how different structures in Germany and Iran work to learn more about the advantages and disadvantages of these structures and learn from different system architectures.

Upcoming workshops

In the coming months, there are further workshops of the series that aim to deepen on different aspects of the COVID-19 pandemic in Iran and Germany. Dates and details about these workshops will be announced soon.

No.	Title	Description	Dates
1	Introductory conversation on the COVID-19 situation in Iran and Germany: National health and emergency systems	National health and emergency systems, and national strategies on COVID-19 in Germany and Iran. **Read about the event here:** https://www.increase-project.com/1st-corona-workshop/	30 August 2021
2	Social aspects of vaccination against COVID-19	Vaccination hesitancy (differences between Iran and Germany). Ethics issues, and knowledge and reactions from different social groups. **Read about the event here**: https://www.increase-project.com/2nd-corona-workshop/	21 February 2022
3	Risk communication	How to mobilise people under different cultural framing. Practical approaches/ solutions.	TBC
4	Logistics of civil protection in the pandemic in Iran and Germany	Civil protection, logistics, and volunteerism during the pandemic: Preparedness, response, and relief.	TBC
5	Lesson learnt from social aspects of the COVID-19 pandemic	Reflections from social aspects of the COVID-19: management, vaccination strategies, and decision-making during the pandemic in Iran and Germany.	TBC

Speakers

Detlef Cwojdzinski

Currently Mr. Cwojdzinski manages COVID-19 vaccination centers in Berlin. Until 2019, he worked about 40 years in the health department of the Berlin Senate for several aspects of crisis management and heading civil health protection. He also was consultant for hospitals on the subject hospital alarm planning in Germany, Switzerland and Austria, Brazil, and Jordan. Since 2009 expert in federal and state committees on the subject of health protection, 2013/2014 consultant for the Brazilian healthcare system in preparation for the World Cup in Brazil, 2014/15 head of the project group for the construction of residential container villages for refugees in Berlin, since 2014 consultant for the Jordanian healthcare system.

Jürgen Schreiber

Mr. Schreiber is an experienced consultant in emergency and crisis management and currently the general secretary of DGKM (German Association of Disaster Health Care) with particular responsibilities for CBRN-damage situation. In the pandemic he worked, among others, on medical and ethical aspects of resource distribution. He is experienced in crisis management on national and international level, e.g., German expert at the European Civil Protection and Humanitarian Aid Operations (ECHO). Also, he is an instructor for civil protection and crisis management for executive leadership on the national level in Germany.

Prof. Dr. Hamid Reza Khankeh

Prof. Khankeh is an Iranian scientist in the field of Emergency and Disaster Health and current Chancellor of University of Social Welfare and Rehabilitation Sciences. He became well known for his development of national guideline to prepare hospitals against disasters, National Respond Framework in disasters and integrating emergencies numbers in Iran. He has been a member of the Academy of Medical Science Iran since 2016. Prof. Khankeh has been Head of department and research center of Health in Emergency and Disaster in the University of Social Welfare and Rehabilitation Science Tehran since 2012. From 2017 he has held vice chancellor for National Emergency Medical Organization of Iran, national advisor for deputy of nursing in Ministry of Health in emergency and disaster and advisor of National Disaster Management Organization and Tehran Disaster Mitigation and Management Organization.


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