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<b>Submission comment (mandatory, 1-3 sentences):</b>	This report summarizes the major findings of the Vulnerability Assessment conducted in Germany. It also provides policy recommendations based on these findings.

<sup>1</sup> Report / Open Research Data Pilot / Websites, patents, filling, etc. / Demonstrator / Ethics / Other

<sup>2</sup> Public / Confidential, only members of the consortium (including the Commission Services)



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## INTRODUCTION AND OBJECTIVES

The young, healthy, educated and wealthy people were the first to meet COVID-19 in Germany, but the disease changed classes in a short time and those who were hit hardest by both the infection and the restrictions have been the poor, homeless, people in need of care, substance abusers, sex workers, victims of domestic violence, the elderly living alone, the unemployed, low-income retirees, those who have to live on social assistance, contracted workers, seasonal workers, immigrants without permanent residence permit, children of immigrant families with language problems, asylum seekers, people with chronic diseases.

The main question of the Vulnerability Assessment conducted in Munich as part of the Sonar Global Project Work Package 7 study is "What factors contribute to vulnerability and resilience in the context of the COVID-19 pandemic?". The answer to this question was sought within the framework of seven sub-questions.

1. Why was life in Munich much harder for some than others?
2. How has the pandemic changed the lives of vulnerable people?
3. Which vulnerability mechanisms were intensified by the pandemic?
4. What are the new vulnerability mechanisms that have emerged with the pandemic?
5. Which resilience mechanisms have become more important in the pandemic?
6. Are there any emerging resilience mechanisms in the pandemic?
7. Which resilience mechanisms weakened or no longer work in the pandemic?
8. What are the consequences of these changes on people?

The aim of the project is to obtain a deep understanding of the answers to these questions.

## DESCRIPTION OF WORK

### Study population, recruitment procedures

After assessing the various characteristics of the population living in the metropolitan area of Munich and its surrounding rural areas, groups exposed to mechanisms leading to vulnerability were listed. Based on this list, groups such as people with disabilities and/or chronic (psychiatric) illnesses, elderly people, refugees, migrants, people who have lost their job or income due to the COVID-19 crisis, people whose working life has been extremely difficult due to pandemic conditions, members of the LGBTQ+ community, the homeless, those who have an increased risk of COVID-19 infection due to their work were aimed to reach. A team of 10 fieldworkers who were students in social sciences, public health, and epidemiology was formed. Fieldworkers and the research-team created a pool of all potential vulnerable groups at the study site and shared their existing contacts. Researchers monitored recruitment through postscripts of the interviews and guided the team at weekly meetings.

## Data collection and analysis

The data was collected using the questionnaire and semi-structured interview form, which was developed by the WP Leader and translated into German by the researchers. Before the data collection, a training was carried out which started with the discussion on the concept of vulnerability. This continued with the fieldworkers doing an interview roleplay and ended with the discussion on possible challenges. The pilot interviews were conducted in tandem by an experienced interviewer and a less experienced interviewer. Solutions to the challenges faced by the team were sought after in weekly team meetings with the researchers. Participants with mental disabilities and psychological problems were interviewed by two field workers with suitable professional competence. Each of the 10 fieldworkers performed and transcribed 7-10 interviews between April and June 2021. After the first round of coding, a fieldworker performed seven additional interviews for subjects where the data saturation could not be provided and for groups that had not yet been interviewed with enough people.

People with mental disabilities and psychological problems were visited at their homes and interviews were conducted in German. The rest of the interviews were held in the language and environment preferred by the interviewee. Forty-five interviews were conducted face-to-face, eight of which were in refugee shelters, and 38 interviews were conducted online. Of the 83 interviews, 64 were done in German, 10 in English, 8 in Persian and one in Turkish. The Persian ones were translated into English by the interviewer, the Turkish interview was coded by the native Turkish researcher. Since the interviews lasted between 1.30 and 3 hours, breaks were given at the request of the participant. Except for two interviews that took place in the refugee shelter, the virtual and face to face interviews were held in rooms where only the interviewer and the interviewee were present. Immediately after the interviews, the fieldworkers wrote postscripts consisting of notes on their impressions of the person, the issues that attracted attention during the interview, and how the interview took place in general. Postscripts were read by the researchers on the day they were written, and field workers were given feedback. In addition to the weekly meetings, a meeting was devoted to coping with the emotional burden of the interview contents.

The research team created a consensus on selective codes by comparing two open code lists, prepared by the researchers, and the code manual suggested by the WP leader as a draft. After the first round of coding, a researcher read the references under each code and identified child-codes. Discussions surrounding the code list will continue as the remaining interviews are coded and all references are placed in the offspring codes.

For the expert / key person interviews that are performed to complement the vulnerability results, codes and themes will be created within the framework of the question "What should be done in order to prevent individuals from being vulnerable, to ensure their resistance against extraordinary situations, and to protect their psychosocial health?". Up to now 13 interviews were conducted.

## Preliminary results and policy recommendations

### *Overview of the participant population*

Of the 83 participants, 29 were from rural districts surrounding the city and 54 were living inside Munich's urban districts. The participants had a wide range of different migration backgrounds from a total of 22 different countries. Five participants were born and raised in Germany but mentioned a different country of origin, whereas 35 participants had arrived in Germany relatively recently. Two participants stated their sex as divers, 36 were male and 45 were female. The ages of the participants range from 19 to 86.

### *Vulnerability assessment*

Several mechanisms that make people vulnerable or resilient used to exist simultaneously before the pandemic. These mechanisms operate on economic and political structures. The structural elements of resilience include democracy, law, and local government. On this basis, there are mechanisms such as Munich being a healthy city, presence of a strong health service infrastructure, health and care insurance, social service network, trusted scientific institutions, and support for the integration of various groups into society. However, there are structures (capitalism, colonialism, racism, and patriarchy) that make people vulnerable. The mechanisms operating on these structures were stigmatization, discrimination, violence, unhealth working life, market orientation in health care system, and insecurities regarding employment, income, housing, legal status. The consequences of these mechanisms are distrust, loneliness, isolation, stress, intense anxieties, and unhealthy lifestyle. With the pandemic, the vulnerability mechanisms became much more intense. Immigrants and LGBTQ+ people perceive discrimination, stigmatization, racism more than ever. Insecurity threatens people more intensely. Occupational risks have increased for those who can continue to work. Insecure and unaffordable accommodation has become much more visible. COVID-19 measures, also make resilience mechanisms weak. The fact that information on protection from COVID-19 infection is not tailored to individuals' different learning styles and living conditions increases the risk of infection for groups such as refugees. The epidemic of misinformation (infodemic) causes non-compliance with preventive measures. The burden of the COVID-19 on health system has restricted access to services. Social support provided to immigrants, the disabled, the elderly, the poor and families have been severely interrupted. As a result of all these, stress, and anxiety levels have increased significantly. All the participants especially young people talked extensively about mental health problems. Loss of ability to make own decisions interacts with growing distrust to the society, government, politicians, and healthcare professionals. The addition of the infodemic leads to vaccine hesitancy and non-compliance with precautions.

### *Policy recommendations*

Our main policy recommendation is to have a better struggle with the existing structural elements and the resulting mechanisms which should be further improved and tailored to the needs of specific groups and populations. Project findings to date also indicate many mid- and short-term policy recommendations that are summarized below. Secure, healthy, and affordable housing can be a starting point to break the vicious cycle composed of poverty, housing, and immigration.

- Refugees living in containers with large numbers of people in remote places should be provided with housing conditions compatible with human rights and dignity to facilitate social participation.
- Enabling and reinforcing factors should be considered in the planning of preventive programs and tailored strategies should be followed.
- Struggling with infodemic requires diverse expertise in areas that include social science.
- While determining the rules of the pandemic, social support for many vulnerable groups should be made sure not to be interrupted.
- The pandemic has greatly increased the need for mental health services. The deficit that already existed before the pandemic should be eliminated.
- Digitalization in all areas should be implemented as soon as possible. It should also be ensured that digitalized systems are accessible to everyone.
- Strategies should be found to regenerate the culture of solidarity and the sense of belonging to the neighborhood through social relations.

## SUMMARY AND CONCLUDING REMARKS

According to preliminary results of the project, several mechanisms that used to make people vulnerable intensified with the pandemic. COVID-19 measures, especially quarantine, mobility limitations and lockdown are new vulnerability mechanisms and weaken existing resilience mechanisms. Social services and support provided to groups with special needs have been severely interrupted. Subsequently, mental health problems increased significantly especially among young people. The most basic way to combat the factors that render people disadvantaged and vulnerable is to have a better fight with the existing structural elements and mechanisms. Some mid-and short-term strategies can be followed to repair the damage caused by the pandemic measures and to reduce the ongoing threat. Since the housing problem in Munich causes poverty to turn into an inextricable cycle, securing the right to healthy and affordable housing for everyone is the first of our mid-term recommendations. Permanent solutions should be provided to refugees in terms of accommodation, integration, and legal security. Increasing the accessibility of mental health services, developing digitalization in all areas, are our other short-term recommendations.

Although generalizability and comprehensiveness of information about each aspect of vulnerability mechanisms gained in the first stage of the project may be limited, the participants are representative cases for people living under similar situations and the data collection method which did not focus on a single mechanism helped us understand simultaneous mechanisms from a broad perspective. Moreover, expert / key person interviews will be held in the second phase of the project will make a significant contribution to eliminating the limitations of the study.