

MARTINA MERTEN

health specialist

Name: Martina Merten

Date of Birth: 27 December 1976

Nationality: German

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Expertise

- Broad experience in the health sector for 15 years.
- Completion of various assignments related to health communication, health system financing, health insurance and the burden of disease in developing countries.
- On the ground research in round about 20 different countries, among others Pakistan, India, Vietnam, Thailand, Philippines and China.
- Publication of numerous articles and background papers about foreign health care systems and their respective challenges
- Recipient of numerous awards and fellowships – the latest by the Bill and Melinda Gates Foundation.

Education

- Masters in Political Science. Rheinische Friedrich-Wilhelms-University, Bonn. Cum laude, 2002.

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- Professional on the job traineeship on health journalism, Journal of the German Medical Association, Cologne, 2002-2004.

In Country Experience

Bulgaria, China, Czech Republic, Estonia, Hungary, India, Latvia, Lithuania, Pakistan, Poland, Romania, Slovakia, Slovenia, Philippines, Thailand, Vietnam, United States of America.

Selected Consultancy Projects

1. **Name of assignment or project:** Health Sector Assessment of the Asian Development Bank (ADB) of Khyber Pakhtunkhwa/**PAKISTAN**
Year: from October 2017 to April 2018
Client: Asian Development Bank (ADB), Manila/Philippines
Position held: Behavior Change Communication Expert
- **Background of the project:** Behavior Change Communication (BCC) should be an integral part of every approach to improve a health system, especially in developing countries and emerging nations. Communication is considered to be a key element in changing behaviors. One of Pakistan's main challenges is the poor outcomes for Mother and Child Health (MNCH), which are even poorer in KP. The Maternal Mortality Ratio in the province is 206/100000 (178/100.000 in Pakistan), only 48 percent of deliveries take place in the presence of a skilled birth attendant (52 percent in Pakistan) and 60 percent receive ANC from a skilled birth provider (73 percent in Pakistan). Therefore implementing efficient BCC strategies for MNCH to

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improve the behavior of mothers, their family and of health care providers is an important step into the right direction.

- **Main project features:** The assessment focused on secondary care facilities since most BCC activities have been focusing on primary care interventions. It aims to analyze if any BCC efforts have been made on secondary level so far and if not, which steps could be undertaken to implement a successful BCC strategy for secondary care facilities.
 - **Activities performed:** Analyzed the situation of MNCH in KP with a focus on health seeking behavior of mothers and their families. Identified BCC challenges on demand side, supply side and cross cutting level. Drafted of a BCC strategy for secondary care interventions for KP. Methods used: literature review on MNCH and BCC in Pakistan and in KP. Conducted interviews with important stakeholders (DOH, JICA, UNICEF, WHO, Health Service Academy, PIDE, NIPS, LHWP, et al) in Islamabad and Peshawar. Conducted a workshop with the government of KP in Peshawar around BCC.
2. **Name of assignment or project:** Analysis of the effect of aging populations on the healthcare system of India/**INDIA**
- Year:** from June 2017 to February 2018
- Client:** Bill and Melinda Gates Foundation/US in cooperation with the European Center for Journalism/Netherlands
- Position held:** Global Health Expert
- **Background of the project:** According to the United Nations Population Division India's population age 60 and older is projected to increase from 8 percent in 2010 to 19 percent (323 million people) in 2050, according. Age related, foremost chronic diseases are on the rise. Already about four million people are diagnosed with forms of dementia. Facilities which take care of the elderly are lacking all over the country. Those, which exist, are very costly and only available to a few.

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- Main project features: The study aims to look at the Indian healthcare sector for the elderly (with focus on dementia care) and evaluate the supply gaps in this sector.
 - Activities performed: Analyzed the healthcare supply for the elderly in India – with focus on both the private and the public supply; reviewed literature on elderly care in India; conducted interviews with important stakeholders in the sector (DOH, NGOs like HelpAgeIndia, academia, health professionals); published articles on the topic (German Medical Journal, DW Online, British Medical Journal)
3. **Name of assignment or project**: Analysis of the reproductive health sector/Philippines;
 4. **Client**: Karl-Kuebel Foundation/Germany; Ateneo de Manila University, Philippines, Goethe Institute, **PHILIPPINES**
Year: from March 2017 to present
Position held: Communication Expert
- Background of the project: One in four pregnancies in the Philippines has been unwanted. Two out of three Filipinas are not using any form of birth control. To improve the situation the so called reproductive health law was passed in 2012, which guarantees access to contraceptives for all citizens, mandates reproductive health education in government schools and recognizes women’s rights to post-abortion care. Full implementation of the law hasn’t been achieved yet.
 - Main project features: Identification of reasons why reproductive health in the Philippines according to WHO “has been lacking behind in Southeast Asia”. The study aims to identify reasons for this situation and tries to come up with behavior changes with focus on women in the Philippines.
 - Activities performed: Conducted literature review on reproductive health in the Philippines, conducted interviews with governmental representatives (DOH, DSWD) on reproductive health and social welfare, conducted interviews with representatives

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of the non-governmental sector, academia and women in difficult life situations, Worked as communication expert to create awareness of the reproductive health situation in the Philippines with the help of publications and exhibitions in the Philippines and Germany.

5. **Name of assignment or project:** Analysis of control mechanisms of infectious diseases (polio) in Pakistan/**PAKISTAN**;

Year: September to November 2016

Client: Rotary International/Switzerland in cooperation with Rotary International, WHO and UNICEF/Pakistan

Position held: consultant; communication expert

- **Background of the project:** Poliomyelitis – one of the world’s formerly most dangerous virus – has been eradicated in most countries of the world. The world is on the brink of one of its greatest public health achievements. Pakistan, however, is still affected. One reason is the low immunization coverage in some provinces. With the help of the Global Polio Eradication Initiative (GPEI, a partnership between WHO, CDC, UNICEF, Rotary International and the affected countries) the government tries to eradicate the last percent.
- **Main project features:** Identification of how the initiative manages to get the country polio-free, study on what challenges the GPEI in Pakistan is facing, identification of the problems of routine immunization (RI) in Pakistan.
- **Activities performed:** Worked as communication expert and healthcare journalist to monitor the local situation, conducted interviews with representatives of WHO, UNICEF and Rotary International, conducted interviews with government representatives (Ministry of National Health Services, Regulations and Coordinations), accompanied local female vaccinators in Sindh, developed a final paper on the countries situation of polio eradication.

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6. **Name of assignment or project:** Analysis of the polio eradication initiative in India/**INDIA**;
Year: from September to November 2015
Client: Rotary International/Switzerland in cooperation with Rotary International, WHO and UNICEF/India
Position held: consultant/communication expert
 - **Background of the project:** India was able to eradicate Poliomyelitis – one of the world’s formerly most dangerous viruses. The second largest country of the world was declared polio-free in 2014. However, it took the country nearly 30 years to overcome the challenge, even though the Global Polio Eradication Initiative (GPEI, a partnership between WHO, CDC, UNICEF, Rotary International and the affected countries) worked hard. Up to now national and sub-national immunization days are conducted to face the ongoing risk that the virus can come back.
 - **Main project features:** Identification of how the GPEI in India manages to keep the country polio-free, study on what challenges India faced in overcoming different behavior patterns.
 - **Activities performed:** Worked as communication expert and healthcare journalist to monitor the local situation, conducted interviews with representatives of WHO, UNICEF and Rotary International, accompanied vaccination teams doing house to house immunization in Uttar Pradesh, developed a final paper on the countries situation of polio eradication.

7. **Name of assignment or project:** Analysis of the rise of non-communicable diseases in developing countries and emerging nations/**INDIA**;
Year: from September to December 2013:
Client: Pulitzer Center on Crisis Reporting
Position held: communication expert

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- Background of the project: Chronic Diseases (non-communicable diseases, NCDs) cause more than 63 percent of deaths in the world. 90 percent of those people dying prematurely from NCDs come from developing countries in Asia and Africa. In India NCDs are responsible for two thirds of the total burden of disease.
 - Main project features: The study was done as a result of the global awareness about the shift in disease patterns around the globe. Renowned speakers on The World Health Summit 2011, one of the world's most strategic forums for global health held once a year in Berlin under the patronage of Germany's chancellor Angela Merkel and the president of the European Commission Jean Claude Juncker, created awareness during the conference about this shift. However, only a few years ago there was hardly any information available about the "double burden" India is facing.
 - Activities performed: Collected data on the rise of NCDs in India, conducted interviews with staff from the Department of Health, leading medical doctors practicing in India (Dr. Trehan, Medanta), local NGOs (Aga Khan Foundation), patients and scientists, published various articles and papers on the challenge of rising NCDs for developing countries with focus on India.
- 8. Name of assignment or project**: Analysis and Evaluation of the health insurance system for the poor (RSBY)/**INDIA**;
- Year**: from January 2011 to April 2011
- Client**: German Corporation for International Cooperation/Germany
- Position held**: consultant; communication expert
- Background of the project: More than 400 million people in India, or around 90 per cent of the country's labor force, work as daily wage laborers without contracts, as landless agricultural laborers or as small traders. The majority of these informal workers and their families do not have access to adequate social security. Many families are becoming impoverished as a result of unforeseen expenses, loss of

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income due to illness, accident or the death of the main earner, and dwindling employment prospects in old age. Although India's central and state governments offer various social security programs, they are often poorly administered and difficult to access for workers in the informal sector.

In a major milestone for the provision of social protection for informal workers and their families, the Indian Government passed the un-organised Workers' Social Security Act (UWSSA) in 2008. The Act provides for the establishment of national health insurance, life and accident insurance, and old-age protection, and promises support during pregnancy and childbirth.

- **Main project features:** Identification of how the Indo-German Social Security Program (IGSSP) provides policy advice, strengthens the capacities of ministries and other stakeholders, develops training materials, carries out evaluations, offers IT advice, and develops monitoring instruments and information campaigns for informal workers.
 - **Activities performed:** Worked as communication expert and healthcare journalist to evaluate the situation of RSBY implementation; analyzed all existing evaluation papers on RSBY, published a final paper on RSBY for creating international awareness of the program.
9. **Name of assignment or project:** Analysis of the strengthening of provincial health systems/**VIETNAM;**
- Year:** April to Mai 2010
- Client:** German Corporation for International Cooperation/Germany
- Position held:** communication expert
- **Background of the project:** In the course of the economic boom in Viet Nam, the health sector has made impressive progress. However, there are still considerable differences between the regions of the country. The good national averages obscure

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deficits in the rural regions, where it remains difficult to gain access to needs-driven, evidence-based health services of reliable quality, especially for disadvantaged sections of the population such as ethnic minorities, women and children. In addition, demographic developments and changing lifestyles are placing an extra burden on the health system. Accidents, chronic illnesses and cardio-vascular diseases are some of the most frequent causes of death today. Medical facilities in rural areas cannot adequately screen for diseases such as cancer and vaccinate for Hepatitis B and there is an increasing need for modern diagnostic tools and treatments in general. This in turn poses enormous challenges for hospitals at provincial and district level in particular.

- **Main project features:** The study was done to identify the main challenges for selected hospitals on provincial level and to analyze how GIZ in cooperation with KfW Development Bank has tried to improve hospital management.
- **Activities performed:** Conducted interviews with representatives of those hospitals which are part of the GIZ's program. Interviewed representatives of the Ministry of Health, Vietnam. Published a final report on the stage of hospital management in the South of Vietnam.

10. **Name of assignment or project:** Economic transition and health transformation.

From formerly socialist systems to capitalist system: examples of Middle- and Eastern European Countries/**HUNGARY, CZECH REPUBLIC, SLOVENIA, BULGARIA, RUMANIA, LITHUANIA, SLOVAKIA, LATVIA, ESTONIA, POLAND**

Year: 2005-2009

Client: Journal of the German Medical Association (Deutsches Ärzteblatt)

Position held: healthcare journalist, researcher

- **Background of the project:** In 2004, Estonia, Latvia, Lithuania, Poland, Slovakia, Slovenia, Hungary and the Czech Republic became member states of the European

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Union (EU). In 2007, Rumania and Bulgaria were able to follow. The collapse of the iron curtain not only had tremendous effects on the political systems of those countries but also affected their healthcare systems. Until 2005 no German health specialist had done research on how the member countries' transition affected the respective healthcare systems. The editor in chief of the German Medical Journal ordered a study composed of ten publications on that topic.

- **Main project features:** Study on how the collapse of the iron curtain affected the healthcare systems of Hungary, the Czech Republic, Slovenia, Bulgaria, Rumania, Lithuania, Slovakia, Latvia, Estonia and Poland.
- **Activities performed:** Collected data on the political transformation of the new Middle- and Eastern European member states and their healthcare systems, conducted interviews with governmental representatives, doctors, patients, scientists. Published ten articles on "healthcare systems in transition".

Other health related Projects

1. June 2014: The fear of socialized Medicine in the United States of America. Research Grant. **U.S.A.** American Council on Germany, U.S.A. position held: healthcare journalist, researcher.
2. October 2011: The effects of Obamacare on the Medicare Program. Research Grant. **U.S.A.** International Journalist's Program, Germany; position held: healthcare journalist, researcher.

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3. From October to December 2009: The Medical Tourism Industry in Southeast Asia with focus on the Philippines. Research grant. **PHILIPPINES**. Heinz-Kuehn-Foundation, Germany; position held: healthcare journalist, researcher.
4. From October to December 2008: the transition of the Vietnamese Healthcare system. Research grant. **VIETNAM**. International Journalist's Program (IJP), Germany; position held: healthcare journalist, researcher.
5. November 2005: Climate Change and Health. Research Grant. **CHINA**. Journalist's network, Germany; position held: healthcare journalist.

Health related Academia

1. Since 2015: University instruction
Client: CIEE Global Institute, Berlin
Position held: lead instructor on global health and healthcare systems in comparison
Target group: US bachelor students of all subjects
2. Since 2013: University instruction
Client: Charité University Hospital
Position held: instructor on global health
Target group: German medical students
3. 2015: University Instruction
Client: University of Applied Sciences (Neu Ulm), Fresenius
Position held: instructor on healthcare management in developing countries
Target group: German bachelor students of health sciences
4. From 2013-2015: University instruction
Client: University of Applied Sciences (Idstein)
Position held: instructor on healthcare management and global health studies

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Target group: African and Asian pharmacists, Master's program

5. 2009: University instruction

Client: Asian Center for Journalism at the Ateneo de Manila University (Manila)

Position held: instructor on health journalism

Target group: journalists from all over Asia, Master's program

Employment Record

- *2005-2009: Social and Health Editor/Journal of the German Medical Association-German Medical Journal (Deutsches Ärzteblatt), Berlin*

Responsible for conducting research on the German and international healthcare systems; attending press conferences and meeting with health experts from Germany and abroad, creating and participating in networks of German and international health experts, going on research trips to meet with international health experts and to analyze the situation of various countries abroad, editing of guest contributions

- *2002-2004: Training on the job/Journal of the German Medical Association-German Medical Journal (Deutsches Ärzteblatt), Cologne*

Membership in professional associations

- Member of Journalist's Network (specialist Philippines/India)
- Member of the Association of Healthcare Journalists, US

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