

If you are interested in implementing this tabletop simulation exercise, please contact the Global Health Hub Germany via Katrin Würfel [Katrin.Wuerfel@globalhealthhub.de](mailto:Katrin.Wuerfel@globalhealthhub.de) or [info@globalhealthhub.de](mailto:info@globalhealthhub.de)



# CRITICAL CHOICES

GLOBAL HEALTH IN  
CRISIS EDITION



# Game Mechanics

- You act as members of the **Regional Health Committee** in a fictional crisis-affected region.
- You will collectively advise the **Regional Health Coordinator**, making key decisions by voting.
- Scenarios are **simplified for educational purposes** and do not reflect the full complexity of real-world crises.



# Virtual Engagement



Followers of this WhatsApp channel  
can **not** see the name, phone number,  
or profile picture of other followers



[voxr.com/ght2025](https://voxr.com/ght2025)





# Welcome to Zavara

- **Population** : About 800,000 people, ~ 50% are internally displaced, living in Internally Displaced Camps (IDP).
- **History**: Turbulent past shaped by recurring conflict, political instability, tribal clashes, and unmet social needs.
- **Health system**: Strained and under-resourced. Rising infections, psychological distress, and poor access due to weak transport infrastructure and low service awareness.









*Hello  
everyone...!*



# **Welcome to the Regional Ministry of Health, Zavara!**

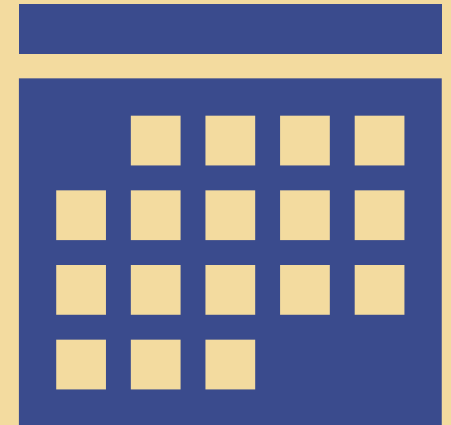





*Welcome back to Zavara, Dr. Amina!  
**Your mission is clear:** set priorities,  
manage scarce resources, and lead our  
health system through this crisis.*



**Three weeks later...**



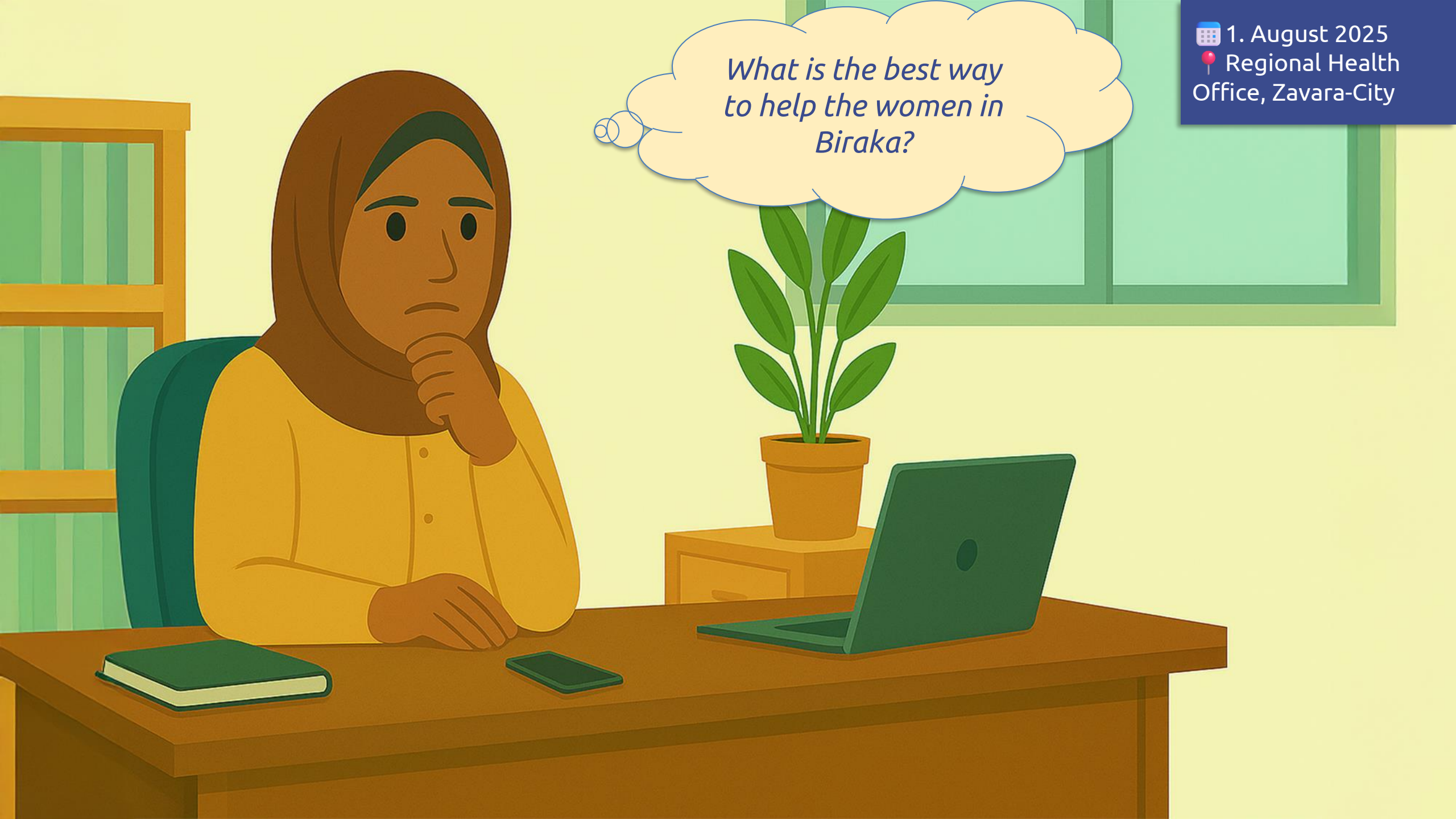


The illustration shows two women in a health facility. On the left, a woman wearing a brown hijab and a yellow shirt sits at a desk, talking on a black mobile phone. On the right, a woman wearing a light blue headscarf and a teal V-neck shirt stands, also talking on a black mobile phone. In the background, a woman in a pink shirt is visible near a green cross symbol on a wall. A window with green shutters is on the right, and a wooden chair is in the corner. A speech bubble from the woman on the right contains text about the facility's challenges.

*This is Sara from **Biraka**  
...rising number of pregnant women  
with **serious complications**...  
No capacity to respond: no surgical  
services, barely trained staff and  
basic emergency...*



*What is the best way  
to help the women in  
Biraka?*





# 1. Decision Time

**Vote now!**

1. **Train and deploy local Community Health Workers** in Biraka and nearby areas.
2. **Fix the ambulance** and refer high-risk cases to urban hospitals.
3. **Deploy mobile maternal care teams** to visit Biraka twice a week.



# Train and deploy local Community Health Workers (CHWs) in Biraka and nearby areas

**Most Preferred Choice!**

*Sustainable move!  
CHWs build local capacity and  
could reduce unskilled birth  
deliveries. Training delay is a  
concern though.*





# Fix the ambulance and refer high-risk cases to urban hospitals

**Good Choice!**

*Quick impact and strengthens  
referral capacity...  
but what happens when we have  
three emergencies at the same  
time?*



# Deploy mobile maternal care teams to visit Biraka twice a week

**Good Choice!**

*Immediate relief but high cost.  
How many teams can we afford to  
deploy? Will the teams also be  
there at night?*

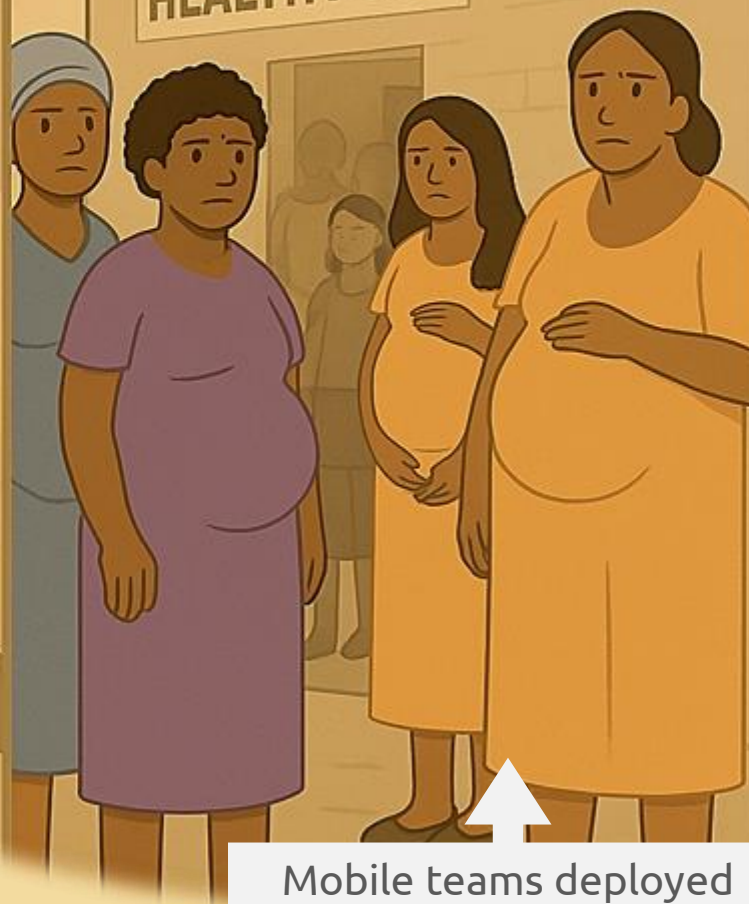




Ambulance repaired  
but cannot handle  
multiple emergencies &  
bad roads limit impact

When comes the  
next mobile unit

HEALTH POST



Mobile teams deployed  
but gaps remain between  
visits, & demand outpaces  
resources

Local capacity built &  
long-term  
community-level care  
strengthened by  
trained CHWs





**Five weeks later...**



*Latest report from Biraka  
shows **rise in child mortality**  
... our **budget is limited**,  
what do we do?*





*We could deploy **mobile units**...  
but do we have **budget** for it and  
for the supplies?*





*Our budget is tight, but I might  
have some **ideas** to raise it...*





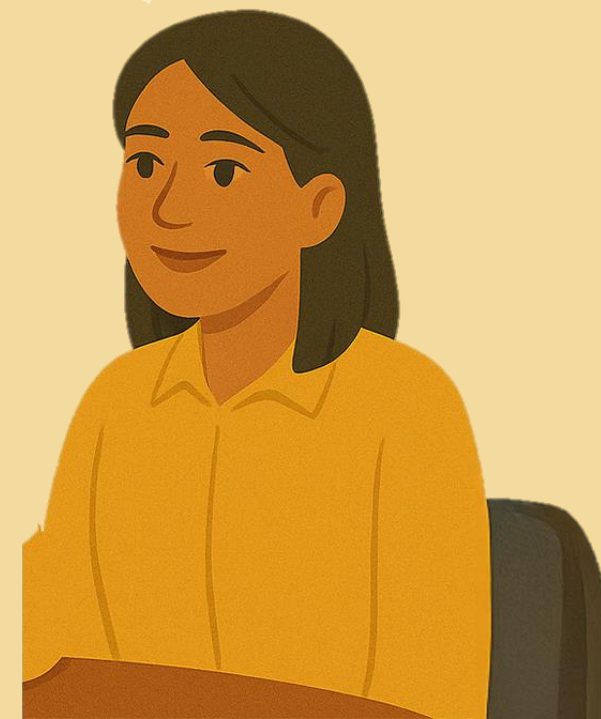
## 2. Decision Time

VOXR

### Select now three options

1. **Partner with local private sector and NGOs** to provide essential supplies for mobile and emergency care.
2. **Reallocate travel and training budget** of the Regional MoH.
3. **Set up** a child health and vaccination **crowdfunding campaign** targeting diaspora communities.
4. **Coordinate pooled procurement** of emergency supplies with nearby regions to reduce costs.
5. **Sell unused equipment** from other programs.

*Due to limited staff capacity, we can only implement **three** of the following options.*



## Decision 2 - Option 1

**Partner with local private sector and NGOs to provide essential supplies for mobile and emergency care.**

Staff Effort	Budget Gain
high	high

It could enable in-kind donations or co-financing of emergency care. We should move fast. I hope the high effort is worth it.





## Decision 2 - Option 2

**Reallocate travel and training budget of the Regional Ministry of Health**

Staff Effort	Budget Gain
low	low

This measure would free up flexible funds quickly with minimal impact on core operations. But let's hope no emergency demands more field visits.



## Decision 2 - Option 3

**Set up a child health and vaccination crowdfunding campaign targeting diaspora communities.**

Staff Effort	Budget Gain
medium	high

That could actually work and unlock new funding. A lot of people from this region are living abroad and are still deeply connected to their communities.



## Decision 2 - Option 4

**Coordinate pooled procurement of emergency supplies with nearby regions to reduce costs.**

Staff Effort	Budget Gain
medium	medium

If we align needs with neighbouring regions, we can negotiate better prices and avoid duplication. Let's reach out to other regional coordinators!



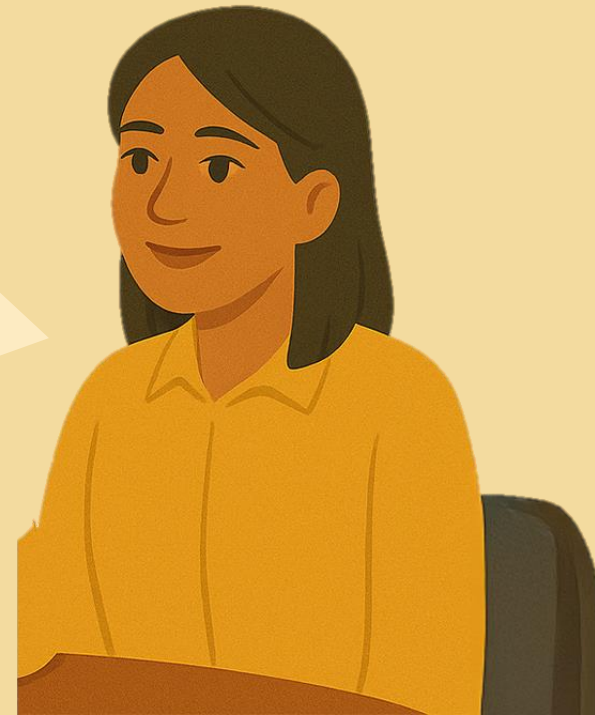


## Decision 2 - Option 5

**Sell unused equipment from other programs.**

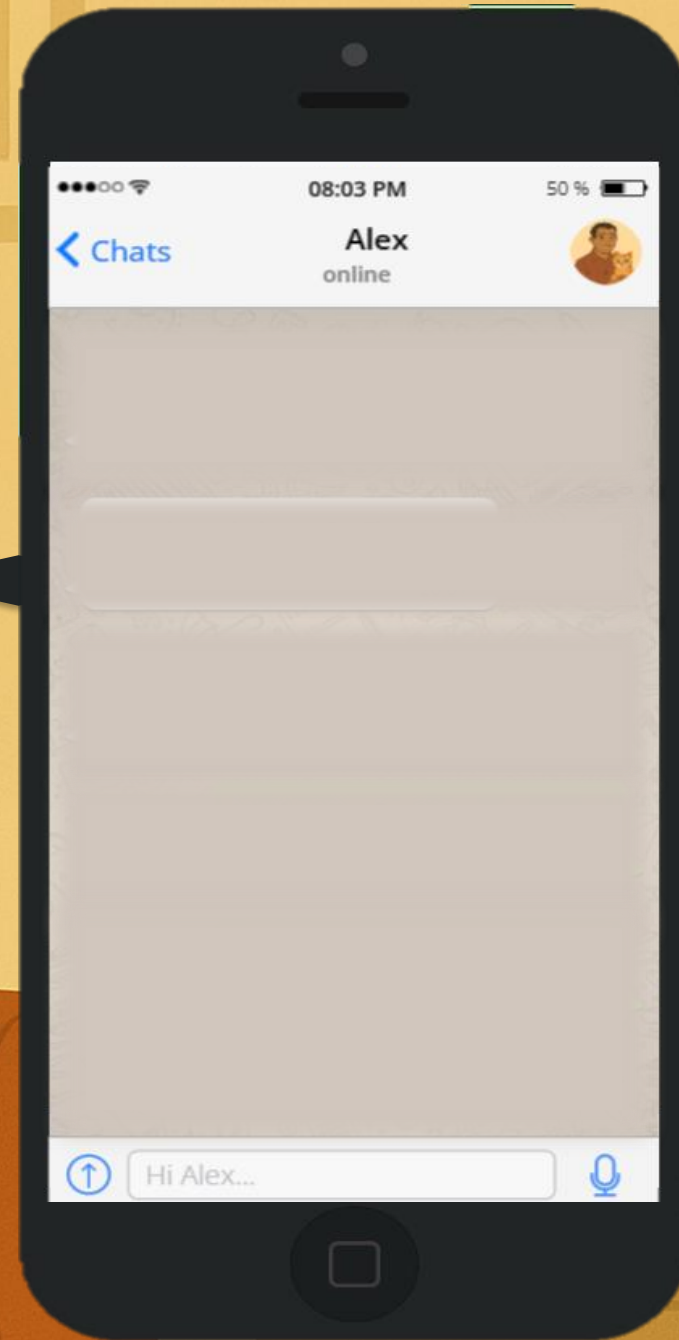
Staff Effort	Budget Gain
medium	low

That's a slippery slope, what seems unused now might be essential tomorrow. Even if we do it very carefully, our budget gain might be quite low.



**Two days later...**



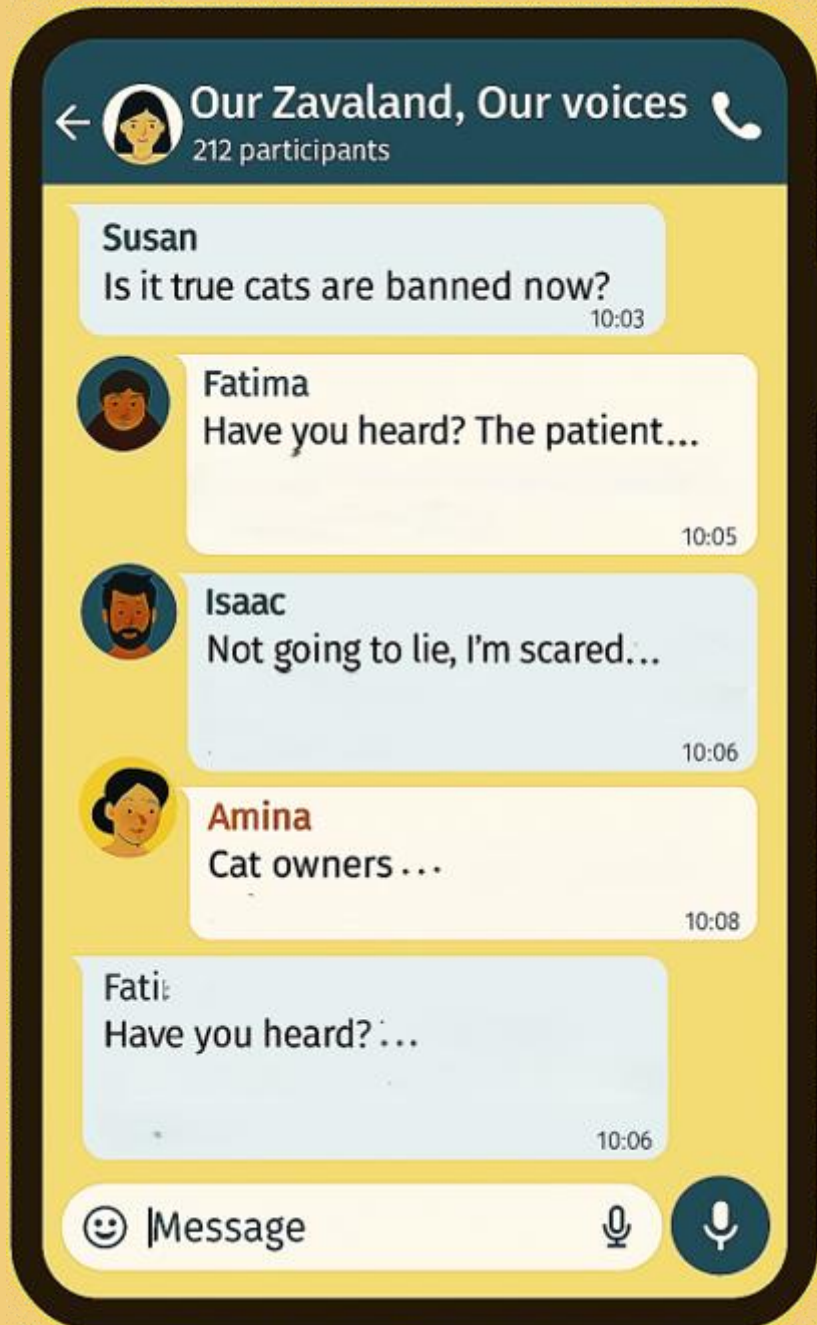






*Another crisis... Let's go  
see what the situation is  
like in Katao, near  
Seydou City...*





Join the **WhatsApp** Channel to get an understanding of the community pulse



Followers of this WhatsApp channel can **not** see the name, phone number, or profile picture of other followers







## Community Pulse – WhatsApp Buzz



- Based on the WhatsApp messages, what **key themes** should be included in the Ministry of Health's message to respond to the rumors and concerns?
- **Type your response using your phone via the VOXR tool.**
- We will display a selection of your responses on the screen



**Our Zavaland, Our voices**   
 212 participants

**Regional Ministry of Health, Zavara**  
Coping during this Catflu outbreak is not easy, but small steps can help. Stay informed through trusted sources, limit exposure to distressing media, keep a routine, connect with loved ones.  
If you notice early symptoms with you or your cat, please see a doctor.  
These and more information are available at [www.zavaland.gov/catflu/info](http://www.zavaland.gov/catflu/info)

| Message

11. September 2025  
 Regional Health Ministry, Zavara

**Three days later...**





*Looks like isolation  
measures are  
already needed...*



*...a rise in severe respiratory cases, possibly 'CatFlu', no lab confirmation yet... Few reported deaths already... Isolation and supportive care underway.*





*I need to report this to my  
colleagues in the infectious  
disease department ... but  
first a tour of the refugee  
camp*





**One week later...**



*What do you know already  
about this 'CatFlu' disease?  
...any evidence-based  
recommendations for us?"*



*CatFlu's spreading... multiple  
centres now affected... linked  
to stray cats, transmission  
unclear ...*



HEAD OF  
INFECTIOUS  
DISEASE DEPT.





### 3. Decision Time

VOXR

**Vote now !**

1. Use **awareness campaign** materials from COVID-19.
2. Request **antibiotics medication procurement support** from **international partners**.
3. Set up a **cross-border alert system** with Seydou to coordinate response efforts.

*With limited data and growing concern, we could consider three paths?*



# Use awareness campaign materials from COVID-19.

## Good Choice!

*During a rapid response, building on existing resources is essential. However, awareness campaign managers must adapt messages to the specific content of communities and the nature of the disease being spread.*



# Request antibiotics medication procurement support from international partners

**Not a Good Choice!**

*Testing helps confirm cases and shape the response, but without sharing data regionally, we miss the bigger picture.*





# Set up a cross-border alert system with Seydou to coordinate response efforts

**Most preferred Choice!**

*Cross-Border Alert System  
Coordinating with Seydou means  
real-time data, better resource  
allocation, and faster  
containment. This is how we stay  
ahead of the curve*



# Set up a cross-border alert system with Seydou to coordinate response efforts

**Most preferred Choice!**

*Cross-Border Alert System coordinating with Seydou means real-time data, better resource allocation, and faster containment. This is how we stay ahead of the curve*



# One month later...



*Leila, is our emergency  
response funding situation  
critical?*

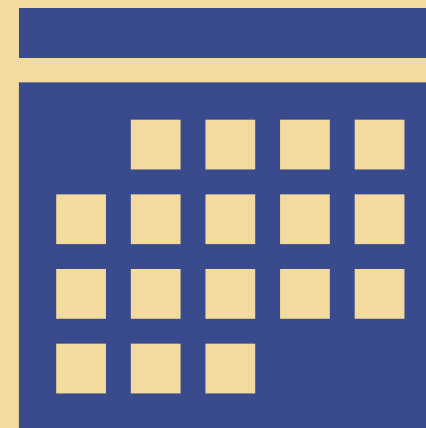




*It is critical but let us  
investigate possible  
funding streams.*



# One week later...



*Can we transform our  
alert system into a digital  
surveillance system?*

**DIGITAL  
HEALTH OFFICER**





*Reliable data save lives,  
but data security is key!*



**Six weeks later...**

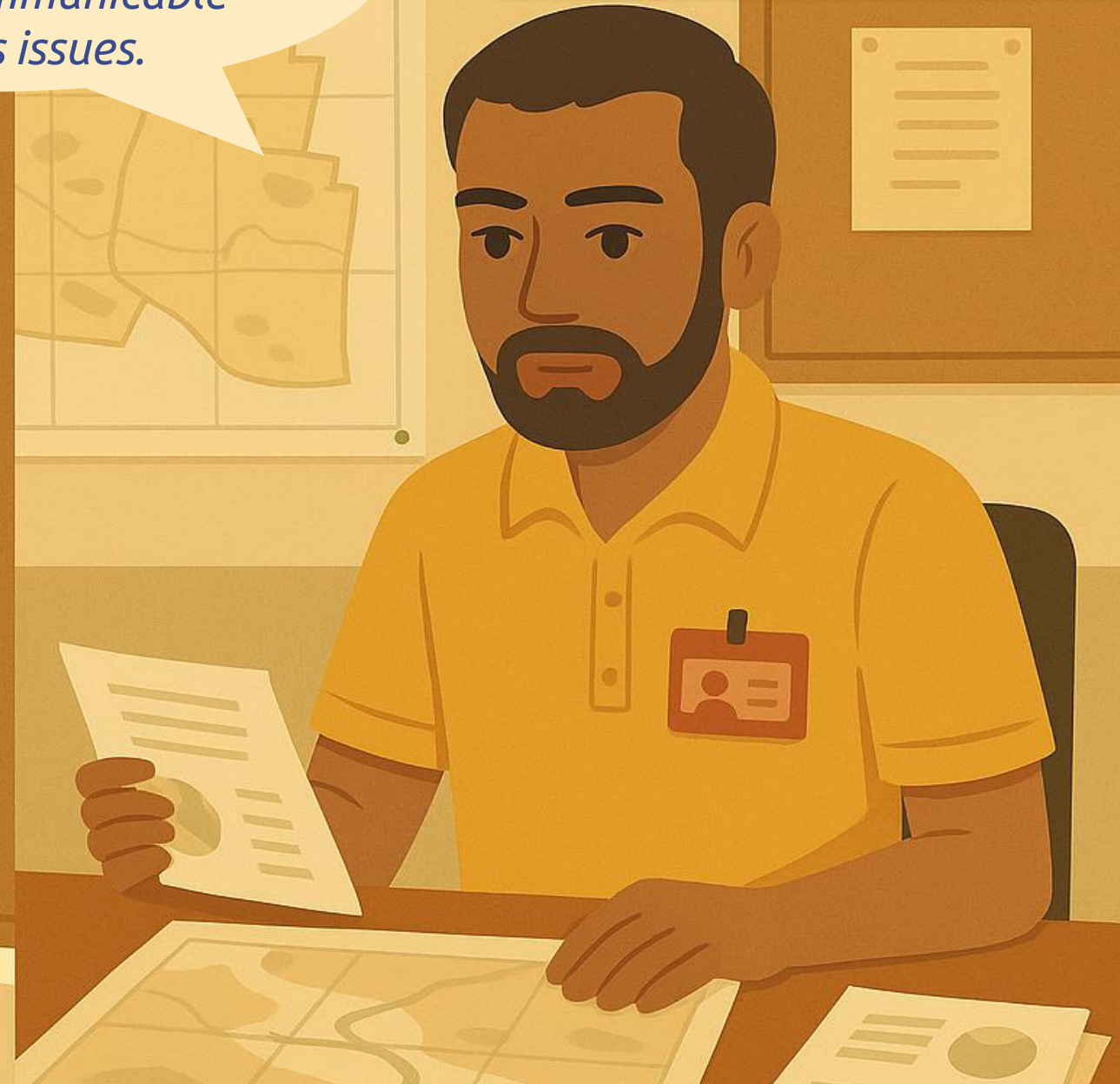








*We are seeing many  
people with mental health  
and non-communicable  
diseases issues.*







## 4. Decision Time - What's Your Plan?



**Vote now !**

1. Activate **family healing circles** through psychological debriefing
2. Integrate mental health and NCD care into **routine general health services**.
3. Establish dedicated **referral hubs** for mental health in each nearby town and village that has a specialist available.

*I have three ideas from the National Mental Health Conference.*





# Activate family healing circles through psychological debriefing

## Not a Good Choice!

*This is low-cost and accessible even in remote settings. However, Psychological Debriefing is no longer recommended as best practice for traumatic events.*



# Integrate mental health and NCD care into routine general health services

**Most preferred Choice!**

*Smart move –  
leveraging existing  
systems strengthens  
resilience and supports  
sustainability.*



**Establish dedicated referral hubs for mental health  
in each nearby town and village that has a  
specialist available.**

**Good Choice!**

*Referral hubs ensures focused care.  
But we have to keep in mind, that  
people in the refugee camp might  
not travel easily.*





*Iya, I remember your voice,  
you haven't been forgotten...*



# Novaji Felova!





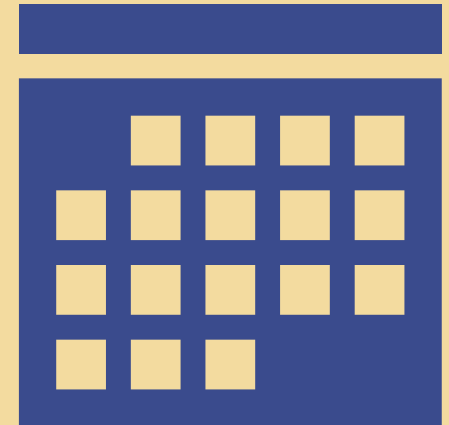
HAPPY NEW YEAR

*New year, good  
news!*





# Time jump – May 2026







**BREAKING  
NEWS**



**URGENT  
ACTION  
ALERT**



*Let's review our past  
decisions... we need to  
build back stronger.*





## 5. Decision Time - Reflection



**Vote now !**

Have past decisions truly strengthened our readiness in the health care delivery for the next emergency?

1. Yes
2. No







**No Easy  
Answers  
But Critical  
Choices**





# World Health Organization

The tabletop exercise „**Critical Choices – Global Health in Crises Edition**“ was developed by the Global Health Hub Germany in close consultation with the World Health Organization, Department of Mental Health and NCDs, Geneva.



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Federal Ministry  
of Health