

Germany: Revitalising the public health service to address the COVID-19 crisis?

ESPN Flash Report 2021/28

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JUNE 2021

The COVID-19 crisis has illustrated the great importance of the public health service as well as the inadequacy of its personnel, financial and technical resources in Germany. A joint programme of the federal government and the Länder is to revitalise the public health service in the wake of the pandemic.



Description

The public health service (PHS), and with it the lower-tier health authorities (municipal health offices), are traditionally the core institutions of public prevention policy in Germany. However, the PHS has generally not been in good shape in recent decades (e.g. Schmacke 2013; Kuhn and Heyn 2015). It has been drained financially and experienced staff cuts, mainly because of the efforts of the Länder and municipalities to reduce their expenditure for the purpose of budget consolidation. At the same time, public healthcare planning has been side-lined in favour of individualised prevention plans implemented by physicians in private practice.

After decades of neglect, the COVID-19 pandemic has refocused public and political attention on the importance of public health departments. In the efforts to contain the pandemic, it quickly became apparent that the reductions in both financial resources and personnel of previous decades had limited the PHS's ability to act effectively in the current crisis and that it was reaching breaking point. Above all, tracing the contacts of infected persons was no longer possible in many health offices, nor could adequate counselling and support be provided for the population and important institutions. The main complaints were a severe lack of staff and inadequate technical infrastructure, especially insufficient digitalisation.

Against this background, the federal government, in agreement with the Länder, decided on a "Pact for the Public Health Service"; the federal state will

provide an additional €4 billion over a period of six years, from 2021 to 2026, in order to better equip the PHS. This amount is intended, above all, to create a total of 5,000 new positions (full-time equivalent) by the end of 2022. (Bundesministerium für Gesundheit 2020). As the total number of people employed in the PHS is currently estimated at around 17,000, this represents a significant increase. Further provisions of the pact are:

- 90% of the 5,000 additional posts are to be created in the municipal health offices (authorities), the rest at the level of the higher Länder authorities. The Länder are obliged to submit a report to the federal government by the end of 2021 on their human resource planning and objectives.

- Furthermore, the technical infrastructure of the PHS is to be comprehensively improved. The Pact is to promote digitalisation of the PHS, especially the creation of the German Electronic Reporting and Information System for Infection Protection (DEMIS), in accordance with the Infection Protection Act. For this purpose, the federal government and the Länder are to agree on key standards to ensure overarching communication as well as interoperability. The Länder will undertake to comply with certain minimum digitalisation standards.

- Moreover, employment in the PHS is to be made more attractive. The Länder can use up to 10% of the Pact's financial resources to increase the pay of doctors working in the PHS.

- Finally, cooperation between health research and the PHS is to be

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improved, public health is to be given greater prominence in medical school curricula and the structures of the PHS are to be modernised. This should enable it to react appropriately and flexibly to new challenges, in particular the coordination of health promotion and prevention measures in local and regional settings.

Outlook and commentary

The pact aims to revitalise the PHS in the long term and not simply to clear bottlenecks created by the efforts to contain the current pandemic. The COVID-19 pandemic has not only exposed weaknesses in the German health system but also provides an opportunity to improve structures that have been identified as inadequate. The PHS Pact has met with broad support in politics and among the public.

However, attempts to improve the effectiveness of the PHS face a number of challenges. Among others, the following are to be highlighted: the difficulty of shifting the focus of the PHS towards the priority health needs of the population, and especially the goal of health equity; the interdisciplinary nature of public health; and the need to strengthen the scientific foundation of PHS action and to make the PHS more

proactive in its planning and coordination (Future Forum Public Health 2020). Public indebtedness has increased immensely in the course of the COVID-19 pandemic. It was not self-evident that such a programme would be adopted under these adverse conditions. The funding commitments are valid until 2026, but it will also be necessary to secure funding for a strong PHS beyond this date.

Further reading

Bundesministerium für Gesundheit (2020) *Pakt für den öffentlichen Gesundheitsdienst (Pact for the Public Health Service)*:

https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Download/s/O/OEGD/Pakt_fuer_den_OEGD.pdf

Kuhn, J. and H., Martin, H. (2015) *Gesundheitsförderung durch den öffentlichen Gesundheitsdienst (Health promotion by the Public Health Service)*, Bern Verlag Hans Huber

Schmacke, N. (2013) *Gesundheitsförderung in der Kommune als Aufgabe des ÖGD. Zwischen versäumten Chancen und hartnäckigen Hoffnungen (Health promotion in the Community as a Public Health Service task. Between missed opportunities and persistent hopes)*, Prävention 36, pp. 124–126

Zukunftsforum Public Health (2020) *Der Pakt für den Öffentlichen Gesundheitsdienst. Empfehlungen für Umsetzung und Ausgestaltung (Pact for the Public Health Service. Recommendations for implementation and design)*:

https://zukunftsforum-public-health.de/download/zfph_stellungnahme_oegd_pakt/?wpdmdl=3598&refresh=607d6c4b677e41618832459https://zukunftsforum-public-health.de/download/zfph_stellungnahme_oegd_pakt/?wpdmdl=3598&refresh=607d6c4b677e41618832459

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Quoting this report: Gerlinger, T. (2021). Germany: Revitalising the public health service to address the COVID-19 crisis?, ESPN Flash Report 2021/28, European Social Policy Network (ESPN), Brussels: European Commission.