

THE PREVENTIVE HEALTH CARE ACT OF 2015 (PRÄVENTIONSGESETZ, GERMANY)

Type of initiative: Legislation

Time frame: 2015-present

1 Description of the initiative

1.1 Introduction

In 2015, Germany passed an act to strengthen health promotion and preventive healthcare, the Act to strengthen health promotion and prevention (Das Gesetz zur Stärkung der Gesundheitsförderung und der Prävention, Präventionsgesetz - PrävG). This Act provides a strong legal basis for cooperation between actors involved in prevention and health promotion. It stipulates that a National Prevention Strategy (*Nationale Präventionsstrategie*) be developed by the country's different health insurance funds, to be implemented through a National Prevention Conference (*Nationale Präventionskonferenz*, NPK). The core of the law focuses on strengthening prevention and health promotion in the settings in which people live, work and learn, including daycare centres, schools and workplaces. This should be achieved through improving the coordination between the institutions responsible for these settings and involved in prevention and health promotion at the Federal Government, federal state (*Länder*) and municipal levels.

Expenditure on prevention and health promotion by the health insurance funds is to be almost doubled. The additional expenditure is expected to be offset in the medium and long term by cost savings in curative healthcare. As mentioned explicitly in the law, the goals developed under the National Prevention Strategy must take into account the goals of the Joint German Occupational Safety and Health Strategy (*Gemeinsame Deutsche Arbeitsschutzstrategie*, GDA). As of 2019, there will be common goals regarding healthy living and working under the two strategies. As a result of the concrete coordination and planning activities required by this law and the budget tied to it, this Act has laid important groundwork for MSD prevention in the workplace.

1.2 Aim of the initiative

The Preventive Health Care Act aims to strengthen prevention and health promotion for all age groups in various settings, in particular where people live, learn and work, focusing strongly on common risk factors and health inequalities. The Act improves the basis for cooperation between social security institutions, federal states and local authorities in the field of prevention and health promotion, by providing a framework for the development of recommendations and common goals in this area. Through such a framework, it also provides a basis for the integration of workplace health promotion with occupational safety and health. It thereby promotes the 'healthy worker' ideal, whereby the focus is on promoting the health of workers as a whole, rather than simply the prevention of illness. This holistic approach is widely advocated in respect of MSDs in recognition of their multifactorial origins and of suggestions that focusing solely on the workplace is unduly simplistic.

Through the NPK and with the participation of the Federal Government, federal states (*Länder*), local authorities, the Federal Employment Agency and social partners, social security institutions identify joint goals and agree on a joint approach for prevention and health promotion in three main areas: growing up healthy, healthy living and working, and healthy ageing. To operationalise the goals in the area of healthy living and working, for the target group salaried workers, the NPK defined the following specific goals for the period 2019-2024, in line with the goals of the GDA:

- protecting and strengthening musculoskeletal health in the workplace
- protecting and strengthening mental health in the workplace.

The NPK highlights that MSDs and mental health problems are the main causes of work disability and early retirement and that they are of multifactorial origin, including work-related factors. Preventive and health-promoting interventions in the workplace should contribute to the reduction of work-related risk factors and thus should reduce the occurrence and/or long-term persistence of these health problems. The goals set by the statutory health insurance body for the period 2013-2019 corresponded with the goals of the GDA and, as of 2019, will be developed under the National Prevention Strategy.

1.3 Organisations involved

The Preventive Health Care Act is implemented institutionally through the NPK. The NPK comprises the umbrella organisations of the social insurance institutions, which includes those responsible for statutory health insurance (*Gesetzliche Krankenversicherung — Spitzenverband Bund der Krankenkassen*), statutory pension insurance (*Deutsche Rentenversicherung — Bund*), statutory accident insurance (*Deutsche Gesetzliche Unfallversicherung — Spitzenverband*), statutory long-term care insurance (*Soziale Pflegeversicherung — Spitzenverband Bund der Pflegekassen*) and private health insurance (*Verband der Privaten Krankenversicherung*). Other members of the NPK include representatives from the Federal Government, the federal states (Länder), local authorities and social partners.

1.4 What was done and how

Members of the NPK (listed above), together with national ministries, the Länder, the Public Employment Service and other stakeholders, developed a National Prevention Strategy. This strategy includes agreement on interinstitutional framework recommendations and goals relating to health promotion and prevention for different target groups, which are monitored and reported on every 4 years (the first such report will be published in 2019). The members of the NPK each define how these goals are to be implemented, according to their specific area of competence. One of the goals is healthy living and working, with one of the specified target groups being salaried workers.

The approach to implementation combines the different services of each type of workplace insurance, namely (i) the prevention of accidents, occupational diseases and work-related health risks (consultation, inspection and certification of enterprises), (ii) workplace health promotion (the support of enterprises through statutory health insurance) and (iii) occupational integration management and medical support for prevention.

The legislation also provides a budget of over EUR 500 million annually for health and long-term care insurance, which is ring-fenced for health promotion and the prevention of ill health. From this budget, at least EUR 300 million is to be dedicated to health promotion in institutional environments, such as schools, communes and enterprises. Given their importance as a cause of work-related sickness absence, MSDs and their prevention clearly feature significantly in initiatives (see below).

1.5 What was achieved

With the first prevention report due to be published in 2019, the achievement of the targets cannot yet be assessed. However, the statutory health insurance body (*Gesetzliche Krankenversicherung*) issues an annual prevention report, which provides some relevant information.

According to the 2017 prevention report (*Präventionsbericht 2017*), the level of investment and outreach in health promotion in 2016 was the highest it had been since 2002. This strong growth can be traced back to the Preventive Health Care Act, since the expenditures were provided for in this Act. In the first year after the implementation of the Act (2016), the expenditure of health insurance funds on health promotion at the workplace almost doubled (to EUR 150 million) compared with 2015 (EUR 76 million). This growth is by far the largest in recent years, with annual growth in the period between 2009-2015 being only +24 % at its largest. Despite the large increase, the expenditure goals set out in the Act in this area could not be reached by the

statutory health insurance body in 2016. The report also notes a 20 % annual increase in the number of companies reached directly through health promotion measures, with this outreach expanding among small and medium-sized enterprises (SMEs).

As noted above, one of the goals of such investment is to reduce work-related loads on the musculoskeletal system. The report highlights a 40 % increase in the number of enterprises which took action to prevent excessive work-related loads on the musculoskeletal system through measures targeting both, work environment and individual, reaching a total of 4,207 enterprises (compared with 3,010 in 2015).

Furthermore, in May 2017, the regional coordination centres for workplace health promotion — BGF (*Betriebliche Gesundheitsförderung*) Koordinierungsstelle¹ — were launched through a joint initiative among the statutory health insurance funds. The necessary legal basis for the creation of the coordination centres has been provided by the Preventive Health Care Act. The aim of these coordination centres is to support enterprises, especially SMEs, in planning and implementing workplace health promotion activities. These coordination centres provide individual consultations for enterprises on workplace health promotion goals and processes, as well as on health, accident and pension insurance and the conditions to access these services. The coordination centres work in close cooperation with business organisations (e.g. chambers of industry and commerce).

1.6 Success factors and challenges

The Preventive Health Care Act is innovative, as it includes stakeholders from both within and outside the health sector. Together, they must agree on a joint National Prevention Strategy: the Federal Framework Recommendations (*Bundesrahmenempfehlungen*). The Recommendations state that all initiatives implemented under the new law should contribute to reducing health inequalities and that settings-based health promotion at municipal and local levels is the best way to implement action, including settings such as child daycare facilities, schools, workplaces and long-term care facilities.

Another innovative aspect is the coordination between the National Prevention Strategy and the goals of the GDA, set out in its work programme on MSDs of 2013-2017, aiming to strengthen the links between occupational safety and health and workplace health promotion. The broad range of stakeholders involved and the coordination between different policy areas can be both a success factor and a challenge.

1.7 Transferability

The key characteristic of this legal initiative is that it provides a structure for increased cooperation and coordination between the different stakeholders involved in health promotion and prevention, both at the workplace and in other areas of life. It also fosters a total health approach, recognising the importance of good general health at the workplace, rather than focusing solely on work-related health issues or injuries. Clearly, achieving this requires a coordination of efforts among those focusing on public health in general and those who seek primarily to address work- and workplace-related safety and health issues. Although responsibilities for public and workplace health (including workplace health promotion) may be organised differently in other countries, with other actors being responsible, the initiative shows the positive effect of anchoring the cooperation between such actors (including certain processes) in law. By doing so, cooperation and coordination is fostered between those responsible for different policy areas.

2 National background

Eurostat data from Labour Force Survey ad hoc modules show that, in the 5 years from 2007 to 2013, the percentage of workers in Germany reporting some form of musculoskeletal disorder (MSD) decreased markedly, falling from 74.9 % to 64.5 %. By contrast, across the EU overall, there was an increase from 54.2 % to 60.1 % in the same period.

¹ <https://www.bgf-koordinierungsstelle.de/>
<https://www.vdek.com/presse/pressemitteilungen/2017/BGF-Koordinierungsstellen.html>

National legislation implementing the provisions of the Manual Handling Directive includes specific details on the nature of the information and training to be provided to comply with the legislation. There are no substantial additional requirements under German law in respect of either the Manual Handling Directive or the Display Screen Equipment Directive. However, in 1991, the Occupational Health Surveillance Ordinance (*Verordnung zur arbeitsmedizinischen Vorsorge*) was introduced, entitling employees to specific medical advice and assessments to prevent work-related MSDs. It also requires that preventive medical care be offered for activities with increased physical workload (this requirement is also specified in German Occupational Medical Rule 13.1 (*Arbeitsmedizinische Regel*)). In 2010, MSD-related occupational diseases were added to the German List of Occupation Diseases.

Psychosocial risks are increasingly recognised as a contributing factor to work-related MSDs. In 2013, following an intense political debate, the Occupational Safety and Health Act was amended. This Act now explicitly states that employers have to conduct risk assessments that include psychosocial risks (§5) and that the measures implemented, based on those risk assessments, have to consider both physical and mental health (§4). The initiative summarised here represents one element of Germany's ongoing action to address the problem of MSDs.

References and resources

- (1) Federal Ministry for Health (*Bundesministerium für Gesundheit*) web page on the Preventive Health Care Act (*Präventionsgesetz*). Available in German at: <https://www.bundesgesundheitsministerium.de/service/begriffe-von-a-z/p/praeventionsgesetz.html>
- (2) National Prevention Conference (*Die Nationale Präventionskonferenz*), Federal Framework Recommendations, 2016 (*Bundesrahmenempfehlungen*) at https://www.gkv-spitzenverband.de/media/dokumente/presse/pressemitteilungen/2016/Praevention_NPK_BRE_verabschiedet_am_19022016.pdf.
- (3) German Statutory Health Insurance Umbrella Organisation (*GKV Spitzenverband*), 2018. Prevention report 2018 (*Präventionsbericht 2018*) at https://www.gkv-spitzenverband.de/media/dokumente/krankenversicherung_1/praevention_selbsthilfe_beratung/praevention/praeventionsbericht/2018_GKV_MDS_Praeventionsbericht.pdf.
- (4) German Statutory Accident Insurance Umbrella Organisation (*Deutsche Gesetzliche Unfallversicherung Spitzenverband*) web page on the Preventive Health Care Act (*Präventionsgesetz*). Available in German at: <https://www.dguv.de/en/prevention/topics-a-z/praevg/index.jsp>
- (5) Federal Ministry for Health (*Bundesministerium für Gesundheit*), 2018. The German Health Prevention Act and increase in funding dedicated to health promotion and addressing health inequalities, EurohealthNet Seminar 'Innovative financing and investments for health promotion' in Brussels, 5 June 2018, Dr Birgit Cobbers. Available at: https://eurohealthnet.eu/sites/eurohealthnet.eu/files/publications/3-2%20Birgit%20Cobbers_German%20Prevention%20Act%20and%20increase%20in%20funding%20dedicated%20to%20health%20promotion%20and%20addressing%20HI.pdf

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