# Good Public Governance in a Global Pandemic

Edited by
Paul Joyce, Fabienne Maron,
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# Between Unity and Variety: Germany's Responses to the COVID-19 Pandemic

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## *Abstract*

This chapter analyses the governance of the COVID-19 pandemic in Germany, focusing on major phases, institutional responses to the forecasted health emergency and economic downturn as well as on notable tensions in the multilevel system. The analysis reveals a repeated re-balancing between variety and unity within the German federal system due to the highly decentralized character of crisis management on the one hand and the (perceived) demand for centralized and uniform decision-making on the other. Despite the formal responsibility of the sub-national levels for taking containment measures, there has been a high degree of coordinated decision-making with a conspicuous centralizing and unifying impetus, especially regarding the most severe decisions on lockdowns, shutdowns, and the suspension of fundamental rights. However, with the pandemic ebbing away, there was a return to the federal "normality" characterized by subnational discretion and decentralized decision-making. It remains to be seen to what extent the crisis will be used in the future as a window of opportunity for more far reaching changes in the overall institutional setting – for the better or the worse.

The analysis shows that the decentralized responsibilities in pandemic management and the high reactivity of the local public health services in combination with a well-equipped hospital sector were supporting factors for pandemic governance in Germany. Shifting sufficient resources to the health sector and strengthening the pinpointed decentralized management of health emergencies in combination with a (more) pluralistic scientific debate and permanent multiple-effect risk assessments can be expected to contribute to a better preparedness and resilience of governments to cope with future crises in an efficient, effective and proportionate way.

## *Keywords*

Multilevel governance, decentralization, local public health service, federalism, Germany

# Introduction

With 83 million inhabitants and a population density of 227 inhabitants per square kilometre, Germany is the most populous member state of the EU. It has the largest economy in Europe and the fourth-largest economy by nominal GDP in the world, characterized by extensive global export and import activities. The standard of living is considered as one of the highest in the world not at least thanks to Germany's universal health care and social security system. The overall life expectancy in Germany is about 80 years (78 years for males and 83 years for females). Germany is a "unitary federation" (*unitarischer Bundesstaat*) with a strong position of its 16 states (*Länder*), but the constitutionally protected unity of law, economy and living conditions. The federal and the Länder levels have their distinct legislatives, their own executives, and judicative bodies. Policy making in Germany follows the principle of an "executive federalism", which stipulates that the federal level is mainly responsible for policy formulation, whereas the *Länder* level is mostly engaged in policy implementation (see Kuhlmann & Wollmann, 2019; Fuhr et al., 2018). The federal level has no hierarchical control, no legal supervision, and also no financial appropriation over the *Länder* level. Instead, the *Länder* enjoy strong autonomy yet they have limited legislative authority of their own (e.g. police, schools, and culture). As a consequence, the federal executive has only very little direct involvement in implementation and service delivery, and thus does not operate with regional or local offices (exceptions include defence, customs, inland waterways, and the federal police). However, according to the constitution, there is an overall requirement to collaborate across levels and jurisdictions in order to guarantee for unity across the federation (see Kuhlmann et al., 2020). Manifold interactions and collaborations have been institutionalized, some of which involving the *Länder* only (horizontal collaboration), whereas others involve the federal and the *Länder* level (vertical collaboration).

When on 28th of January 2020 the first COVID-19 case was detected in Bavaria, the federal authority for disease and surveillance prevention (Robert-Koch Institute – RKI) assessed the risk emanating from the virus as "low to medium". This assessment was confirmed until the 17th of March and thus (besides cancelling mass events) no country-wide measures of containment we considered to be necessary during this period. However, from the second half of March onwards, Germany pursued a strict strategy of containment aimed at slowing down the spread of the virus and avoiding a collapse of the health system. After the first COVID-19 hotspot was detected on the 26th of February in the county of Heinsberg in North Rhine-Westphalia and reports from Italian hospitals were broadcasted, the public risk perception changed and local governments started to enact containment regulations in

connection with the COVID-19 pandemic[1]. On the federal level, a Corona-task force was established under the leadership of the Ministries of Interior and Health. A (small and large) Corona Cabinet which met twice a week was also established. Given the fact that the Federal Government was – from a legal point of view – not in the position to enforce containment measures, on the 8th of March the Federal Minister of Health recommended the *Länder* to cancel all public events with more than 1,000 participants. This recommendation was followed by several *Länder* governments, among others Bavaria and North Rhine-Westphalia on the 9th and 10th of March. When the Chancellor took the floor for the first time since the beginning of the pandemic, on the 11th of March, the issue became a top priority of the Federal Government's agenda. Generally, the first phase of the pandemic management was marked by a rather un-coordinated and decentralized enactment of ad hoc containment measures dispersedly implemented by some *Länder* and local governments. The Federal Government could only "plead" the *Länder* to follow its recommendations. In the second phase, by contrast, more vertically and horizontally coordinated actions were taken in compliance with the recommendations of the federal authority (RKI). The narrative of uniform action across levels with "one voice" (instead of a federal patchwork) became predominant, specifically after the RKI rated the risk level as "high" on the 17th of March. At the same time the containment measures were tightened, restrictions extended (by suspending almost all basic civil rights and liberties at least partially) and far-reaching economic rescue legislation enacted. On the 16th of March, the federal and the *Länder* governments adopted "joint guidelines to slow down the spread of the coronavirus" in order to ensure a harmonized proceeding in the different parts of the country. Nationwide shutdowns were enacted by all *Länder* and, step by step, schools and kindergartens were closed, accompanied by specific regulations on emergency childcare. A subsequent meeting of the Prime Ministers of the *Länder* and the Chancellor on the 22nd of March was dedicated to agree upon nationwide contact-bans (limited lockdowns). The measure was taken originally for two weeks and then extended for another two weeks (until the 3rd of May). Only one day after the agreement on a nationwide contact-ban, the Federal Parliament took the decision to significantly run up public debt (by 156,3 billion Euro) and thereby to suspend the constitutionally enshrined "debt brake" in order to compensate for expected revenue losses and to provide immediate financial emergency relief to large firms, small enterprises and solo-entrepreneurs. The third phase was mainly focused on how to ease the measures and exit the lockdown in a coordinated manner. In their meeting on the 15th of April, the *Länder* and the Federal Government

[1] On the 26th of February, the county of Heinsberg mandated the first closure of schools and kindergartens in Germany.

agreed upon some cautious steps of easing, such as re-opening smaller shops and schools for higher classes, whereas other containment measures (such as the contact-ban and shutdown) were extended until the 3rd of May. Further actions to lift the lockdown and shutdown were jointly decided by the Prime Ministers of the *Länder* and the Chancellor on the 6th of May (e.g. re-opening larger shops, restaurants and schools), whereas the contact-ban and the physical distancing regulations were extended until the 5th of June. Strikingly, the narrative of uniformity and speaking with one voice, which was predominant for agreeing on the lockdown and shutdown in the second phase, became more and more blurred. Instead, the federal "normality" of many voices and ways gained ground again in the debates and the decisions taken to exit the lockdown became more diverse and less coordinated (thus linking up to the first phase).

## Federal Governance Between Unity and Variety

Based on the highly decentralized and fragmented structure of the German politico-administrative system, a salient feature of the Corona crisis management is the limited power of the federal level to enact measures and impose restrictions to the whole country and the predominance of sub-national (horizontally coordinated) crisis management. In times of peace, only the *Länder* and local governments (local health authorities in counties and cities) have the legal right to impose containment measures (shutdowns, lockdowns) and execute them in their own discretion. "Every public health officer of a county has more powers than the Federal Minister of Health" stated a leading German newspaper (Tagesspiegel, 2020; see Franzke, 2020), illustrating the outstanding importance of the local public health service in Germany, undiminished in the current pandemic crisis. Within the administrative federalism, the federal law on infection protection (IfSG) is executed by the *Länder* and local governments. Based on paragraph 28 of the IfSG, the *Länder* authorities have the right to impose restrictions to their populations in case of specific risk situations, such as the one caused by the SARS-CoV-2 virus. The Federal Government can give recommendations to the *Länder* and push for coordinated measures, but it is not in a position to impose these. To achieve nationwide solutions and uniform standards, the horizontal self-coordination of the 16 *Länder* plus the vertical involvement of the federal level are necessary. Against this background, initially, the Länder differed widely in their approach, in particular regarding lockdowns, shutdowns, and school closures. This patchwork was harmonized after several meetings of the Prime Ministers of the *Länder* and the Chancellor (see above) dedicated to agree upon nationwide joint regulations. However, some discretion was left to the *Länder* to impose

stricter or softer regulations. Although the federal diversity of solutions, specifically regarding the details of suspending basic liberties, was criticized by some observers as an untransparent patchwork and a federal mess, in practice the regulatory landscape looked quite homogeneous in the different regions, with some stricter handling in Bavaria and a more laissez-faire approach in North Rhine-Westphalia. In addition, a general convergence of containment regulations could be observed over time as a result of coordination mechanisms, but also court decisions, mirroring a typical feature of the German unitary and cooperative federalism.

In their meeting on the 15th of April 2020, the *Länder* and the Federal Government agreed upon an extension of most of the containment measures (limited lockdown, shutdown) until the 3rd of May. Nevertheless a consensus was reached regarding some very hesitant easing measures, for instance re-opening smaller shops (up to 800 $m^2$) and schools for higher classes provided that general precaution rules are complied with (1,5 m distance between pupils). The concrete timing was left to the discretion of the *Länder*. These steps represented the smallest common denominator. The agreement was mainly possible because of the discretion and leeway granted to the *Länder* in deciding about possible deviations from the general rule and to stipulate more relaxed or stricter rules for their respective territories. Thus, variation occurred in the concrete details of the exit regulations in the different *Länder* and cities, with some of them enacting stricter and some looser rules. In North Rhine-Westphalia, for instance, big furniture stores were allowed to re-open due to the importance of the furniture industry in this part of Germany, which was not the case in the other *Länder*. In Thuringia, zoos, museums, botanic gardens, galleries and exhibitions were re-opened, while these public and cultural institutions remained closed in other *Länder.* In Saxony, church services with up to 15 attenders were allowed. However, voices in the public debate increasingly questioned why the suspension of basic constitutional rights was handled so differently from region to region. Furthermore, to counterbalance the moderate lifting of containment measures (as the price for freedom, so to speak) the wearing of facemasks in public was jointly recommended (not stipulated) by the *Länder* and the Federal Government. In the aftermath, Saxony, Mecklenburg-Vorpommern and Bavaria were the first three *Länder* to stipulate a general obligation to wear masks in public transport and shops, followed by all other *Länder*, after the City of Jena had already introduced such an obligation on the 3rd of April. In general, it became increasingly difficult to reach a common uniform solution in order to organize a coordinated and harmonized exit strategy as some *Länder* governments were in favour of proceeding faster (e.g. North Rhine-Westphalia) while others were more cautious and hesitant (Bavaria). Against this background, increasing variance and diversity of exit strategies was practiced and became legitimate, except for the solo advance of the Prime Minister of Thuringia who, on 6th of

June, was the first head of a *Länder* government to move from the "crisis mode to the regular mode", thus leaving the general containment approach, an attempt that was highly criticized by other *Länder* governments, the Chancellor and political competitors (e.g. the Prime Minister of Bavaria). Hence, to some extent, a return to usual federal governance practice took place.

## Government by Virologists?

At the federal level, internal policy advice during the corona crisis was largely concentrated in the federal authority for disease surveillance and prevention, the Robert-Koch Institute (RKI), which is directly subordinated to the Federal Ministry of Health as a higher federal authority (*Bundesoberbehörde*). Its major tasks were (1) a pre-crisis risk prognosis, including the elaboration of a national pandemic plan; (2) the monitoring and publication of infection cases, number of hospitalized cases, recoveries, and deaths; (3) the epidemic risk assessment based on which measures of containment, protection, mitigation, and recovery were recommended to politicians and communicated to the public. Whereas in the past, the RKI did not enjoy an outstanding position in policy advice and some policy makers had even ignored its recommendations, this situation changed dramatically with the corona crisis. A prime example for the previous disregard of the RKI's work is its risk analysis of 2012, approved by the German *Bundestag* in 2013, in which a scenario of a pandemic caused by the virus SARS was modelled in detail and concrete preparatory measures were recommended to the government. This analysis was never an issue on the political agenda and decision-makers did not refer to this document for taking preventive measures, such as upgrading medical staff or purchasing protective material (masks, overalls etc.).

Besides internal policy advice, medical specialists from various research institutes and university clinics played a major role, such as the direct advisor of the Federal Government, the chief virologist of the Berlin Charité, Christian Drosten, who used to be a prominent figure already during the (forecasted) Swine flu epidemic of 2009/10. The virologists' expertise was not only shaping the perception of the severity and danger of the disease but also largely determining the progressive escalation of restrictions. Strikingly, in the first phases of the pandemic the discourse was rather monodisciplinary (virologists-centred). The policy advice was predominantly based on the expertise of "leading" virologists, although these repeatedly emphasized their uncertainty in providing predictions, forecasts, and explanations. Nevertheless, drawing on evidence from science was the most common and preferred justification for any political action, which is also mirrored by typical headlines of daily newspapers, such as "the virologists govern" (Spiegel, 2020) or "the power of virologists" (Handelsblatt, 2020). Accordingly, scientific discourse in this

phase was monodisciplinary, based on single/few actors and the utilization of knowledge by decision-makers was rather technocratic and instrumental. Only at a later stage of the pandemic and with shrinking public support of the containment measures, the discourse became more pluralistic, open and controversial. Government decision-making and practice, however, continued to refer to very few experts and advisors (RKI, Charité).

## Mitigation and Containment

On the 8th of March, all 16 *Länder* governments prohibited public events with more than 1.000 attendants following the recommendations of the Federal Health Minister. Containment measures were increasingly tightened by end of March. These were enacted (and later taken back) by the *Länder* and local governments in executing the federal infection protection law (IfSG; see further above) in a more or less coordinated manner. However, the measures were not as strict as for example in neighbouring France. Instead of a strict lockdown, it was opted for a more permissive contact-ban. From a legal perspective, the containment measures represent comprehensive incisions into fundamental constitutional rights and basic civil liberties, such as the freedom of movement, the freedom of assembly, professional freedom etc., unprecedented in the post-WWII history of (West) Germany. Typically, school closures, shutdowns as well as (limited) lockdowns and even mask obligations were first enacted at the city level (e.g. Freiburg, Munich, Jena), followed later on by other local governments and then by the *Länder* governments overall. Bavaria and Baden-Württemberg promoted more restrictive measures because of higher infections numbers and the proximity to the (highly affected) French Alsace region, whereas North Rhine-Westphalia, Brandenburg, Berlin and others favoured more liberal rules. The conference between the Prime Ministers of the *Länder* and the Chancellor, on the 22nd of March 2020, stipulated a so-called contact-ban (limited lockdown) aimed at enforcing social distancing nationwide. People were generally allowed to leave their homes but had to keep a distance of 1.5 meters minimum and were forbidden to appear in groups of more than 2 persons (except for families or domestic partnerships). However, in some *Länder*, such as Bavaria, Saxony, and Mecklenburg-Vorpommern more restrictive solutions were chosen. In Bavaria for instance, going out was only allowed with members of one's own household. In Saxony, departing from one's home was only allowed within a distance of 15 km and citizens opposing to the quarantine rule could be sent to a psychiatric clinic[2]. In Mecklenburg-Vorpommern, non-residents (including those with a secondary holiday residence) were not allowed to cross the border of the *Land* anymore. School

[2] The 15m-rule was stipulated by the administrative court in Saxony based on an urgent application sued against the directive.

Euro), support for the public health system to fight the Coronavirus (3.1 billion Euro) and social protection measures for job seekers (3 billion Euro). In this context, the government has also reshaped the bank-rescue fund created during the bank crises of 2008/09 into a new economy stabilization and rescue fund which permits granting additional money to firms. All things considered, the federal budget is expected to increase from 362 billion Euro to 484 billion Euro and the indebtedness to 350 billion Euro (10% of the GDP) - an unprecedented amount in the history of this country. Lacking reliable data, the supplementary budget passed on the 24th of March 2020 basically draws on the experiences made during the bank crisis of 2008/09, where the economy shrunk by 5.6%. Furthermore, the Ministry of Economic Affairs and Energy enacted a rescue package for small and medium sized enterprises and freelancers directed at granting immediate financial help to small enterprises (up to 50 billion Euro), also including subsidies which are not to be paid back. Furthermore, liquidity assistance, the possibility of tax deferrals and a more flexible handling of short-time allowance are provided as well as state guarantees for up to 600 billion Euro as part of the new economy stabilization and rescue fund. 100 billion Euro are made available for the state to nationalize (at least partially) strategically important big enterprises, such as Lufthansa, which were seriously affected by the crisis, in order to avoid the selling of these companies to foreign investors during the crisis (their re-privatization is intended however after the crisis). In addition, a whole package of social protection measures was put forward directed at absorbing situations of social hardship and existence threatening circumstances caused by the crisis (BMAS, 2020, p. 2). For one, the access to basic security benefits for job seekers (so called Hartz IV) was simplified, in order to offer quick and effective support to the 1.2 million new unemployed people expected during and in the aftermath of the crises, many of whom coming from small businesses, freelancers or so called "solo-entrepreneurs". Moreover, a moratorium for rents was enacted in aid of those tenants who were not able to pay their rents as a result of income losses caused by crisis-related shutdowns and lockdowns. The moratorium was to be valid from the 1st of April until the 30th of September 2020 and deferred the amount of rent to be paid back by the tenants later on. Finally, for parents of small children who face income losses because of the shutdowns of school and kindergartens an entitlement for compensation was introduced.

A second economic stimulus and crisis absorption package worth billions of Euro was decided by the government on 4th of June including additional components to kick-off the economy, strengthen local governments and to invest into digitalization, health capacities and sustainable technologies.

## Health Capacities

Public health experts assess the capacity and resilience of the German hospital and care system as extraordinarily high compared to other countries, specifically in Southern and Eastern Europe, but also the UK and the US. Germany stands out for its high numbers of hospital beds available, particularly in intensive care units, measured per capita of the population and, in general, a dense network of health facilities throughout the country which guarantees for proximity and short distances. The local public health service of the countries and county-free cities which is among other tasks responsible for the registration of cases, the tracing of infection chains and the surveillances of quarantine rules, can be regarded as a strong backbone of the German health system in general – albeit some significant cutback measures of recent years. The health expenditures in Germany (4,300 per capita) and the number of hospitals beds per 1.000 inhabitants (8) are the highest in Europe (see European Commission, 2019). The management and financing of hospitals is assumed by the *Länder* and local governments with the latter being responsible for county and city hospitals, where roughly 30% of all German clinic doctors are employed (VKA 2020).

With the aim of avoiding a crash-down of the health system (as experienced in some Corona hotspots of Italy, Spain, and France), at all levels of government, efforts were taken to increase the – already comparatively fairly comfortable – hospital capacities. On the one hand, the Federal Government passed a legislative proposal aimed at financially supporting hospitals and medical practitioners and reducing red-tape for special-care homes. The new federal law on "COVID-19 hospital relief" stipulated inter alia financial support for hospitals facing problems due to the postponement of regular operations (2.8 billion Euro) and the purchase of protective equipment (financial supplement of 50 Euro per patient), furthermore measures to increase the liquidity of hospitals, compensations for medical practitioners with income losses resulting from decreasing numbers of patients, and the waiving of strict quality assessments and site visits for special-care homes. Furthermore, in an agreement of the federal and the *Länder* governments a strengthening of staff capacities in the local public health authorities was decided aimed at guaranteeing a minimum of 5 team members per 20,000 inhabitants to take care of testing, tracing chains of infection, and coaching patients. On the other hand, the *Länder* took various measures to enhance their hospital capacities in preparation of increasing numbers of cases. Their strategies were based on an agreement between the Prime Ministers of the *Länder* and the Federal Chancellery passed on the 17th of March stipulating an emergency plan for the German hospitals. One major element of the plan was the doubling of the 28,000 places in intensive care units (25,000 of which with respiratory equipment)

and the conversion of rehabilitation facilities, hotels and bigger halls into care centres for mild corona cases. The *Länder* were responsible to elaborate local plans with their clinics regarding the creation of provisional care capacities for expected corona patients, if necessary with the support of the German Red Cross (DRK) or the Technical Aid Organization (THW). Furthermore, local governments developed concepts together with their health authorities and corona task forces directed at converting local real estates into hospital-like structures or re-activating vacant or old clinic estates.

These comfortable starting conditions and the general good preparedness of the German health system notwithstanding, a severe problem lies with the staff situation in hospitals and nursing services, which has been seriously criticized by many experts and interest associations in the Germany. According to the German hospital association, about 17,000 positions are vacant in the nursing sector and about 3,500 for medical doctors and huge numbers of additional professionals are urgently needed in the health and care sectors. The situation has grown more and more acute over the years, because working conditions in the care sector have seriously worsened, employees have become overburdened and are badly paid (specifically regarding nursing services) and many have preferred part-time contracts, temporary work or have even resigned. From a comparative perspective, Germany is one of the countries with the lowest number of care personnel per capita in Europe. This so called "state of emergency in the care sector" (*Pflegenotstand*) has been increasingly acknowledged in the political debates, however, without effective solutions so far. In this context, the privatization and commercialization of hospitals in Germany since the 1990s (see Klenk & Reiter 2012, p. 410), which are still ongoing, merit attention (in 2017, 37% of German hospitals were in private ownership, 29% publicly owned and 34% managed by non-profit providers; Statista 2020). One consequence of this New Public Management-driven trend has been that efficiency and profitability concerns have become increasingly important in hospital management – partly at the expense of employees and patients, although, in total, the investment volume has increased as a result of more private investments. However, the personnel situation in the care sector is assessed as being dramatic and has been neglected too long. Another major shortcoming has to do with the government's disregard of its own risk analyses. As a consequence, German health institutions were rather ill prepared regarding necessary protection material and masks, which turned out to be a major problem in the course of the pandemic.

Although many German experts had forecasted a crash-down of the hospital system by end of March, a dramatic inrush of Corona patients (as experienced in some European hotspots) actually did not happen due to lower numbers of hospitalizations than prognosticated in combination with good resilience

of the health system. There were no capacity shortcomings regarding beds in hospitals, specifically in intensive care units (with ventilation) – quite on the contrary, an underutilization of bed capacities became the rule in many regions. In addition, there were some unintended side effect of this situation. On the one hand, up to 50% of planned and necessary surgeries, e.g. for cancer or diabetes patients, were postponed in order to keep hospital beds clear for the expected Corona patients which was more and more criticized by medical associations. On the other hand, in some clinic departments medical staff became under-loaded and even short-time work was introduced, whereas other departments suffered from intense activity to prepare for the (expected but not arriving) wave of Corona patients.

## Concluding Remarks and Early Lessons

The German approach of pandemic management stands out for its bottom up logic and the decentralized-coordinated governance (see Bouckaert et al., 2020). Most of the containment measures were initiated at the city and *Länder* levels, and afterwards coordinated, horizontally between the *Länder,* as well as vertically between the federal and the *Länder* levels which mirrors the typical feature of "unitary federalism". Although the enactment and implementation of the strict containment approach (limited lockdown, shutdown) which was pursued from mid-March to end of May falls to the executive competency of the *Länder* and local governments in their own discretion, in practice fairly uniform regulations were taken by the *Länder* governments in agreement with the federal level ensuring a quite harmonized handling of the containment policy across the country. The uniformity of regulations across *Länder* was highest in the middle of the crisis whereas at the beginning and towards the end of the pandemic more federal variety occurred, including some solo advances of individual heads of government (e.g. Bavaria, Thuringia). Legally and practically, the suspension of fundamental rights and civil liberties linked to the German containment policy could be enacted without any parliamentary approval because it was covered by the administrative competency of the *Länder* to execute the federal infection protection law.

Overall, decentralization, sub-national discretion and federal variance did not turn out to be hurdles or limitations of pandemic management, as sometimes assumed in crisis management literature. On the contrary, the decentralized responsibilities in pandemic management and the high agility, flexibility and reactivity of the local public health services in combination with a well-equipped hospital sector were supporting factors for pandemic governance in Germany. Another early lesson learned from the pandemic is that warnings and existing risk analysis should be taken into account by

policymakers more seriously to avoid shortcomings in staff, equipment and protection material. Furthermore, multiple unintended (second-round) consequences of the crisis management measures themselves, specifically those resulting from high-stakes emergency decisions, such as shutting down the economy, closing schools and sheltering people in place, must be considered in close connection to (first round) effects and permanently re-assessed in the course of the crisis. This facilitates early feedback mechanisms and in-time re-adjustments of (potentially disproportionate) mitigation strategies (see also Collins et al., 2020). For these assessments of "risk-risk trade-offs" (ibid.), besides virologists and epidemiologists, additional expertise is needed to guarantee for proportionate and sustainable pandemic management strategies. Shifting sufficient resources to the health sector and strengthening the pinpointed decentralized management of health emergencies in combination with a (more) pluralistic scientific debate and permanent multiple-effect risk assessments can be expected to contribute to a better preparedness and resilience of governments to cope with future crises in an efficient, effective and proportionate way.

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