

Modernizing for Resilience? The Case of Germany's Public Health Service

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Abstract: Recent crises have renewed interest in resilience as a guiding concept for public administration, yet reform agendas often remain vague about what resilience entails, which organizational capacities it requires, and how it relates to organizational stability versus change. This paper examines how reforms introduced in response to the COVID-19 pandemic, most notably the Pact for the Public Health Service, seek to strengthen Germany's Public Health Service (Öffentlicher Gesundheitsdienst, ÖGD). Differentiating between analytical and leadership capacities, operational capacities, and political capacities for strategic organizational development, as well as between absorptive, adaptive, and transformative forms of resilience, we aim to understand *how* these reforms influence resilience and *for what* resilience is being strengthened. The study draws on a comprehensive empirical dataset combining expert interviews with key policymakers and practitioners with a nationwide survey of all 376 local public health offices.

Keywords: crisis management; organizational capacity; adaptive and transformative change; public health governance; ÖGD reform

Resilienz im Spannungsfeld von Anpassung und Wandel: Der Öffentliche Gesundheitsdienst in Deutschland

Zusammenfassung: Jüngste Krisen haben das Interesse an Resilienz als leitendes Konzept für die öffentliche Verwaltung erneut verstärkt. Reformagenden bleiben jedoch häufig vage hinsichtlich dessen, was unter Resilienz konkret zu verstehen ist, welche organisationalen Kapazitäten hierfür erforderlich sind und wie sich Resilienz zum Verhältnis von Stabilität und Wandel verhält. Der vorliegende Beitrag untersucht, wie Reformen, die im Zuge der COVID-19-Pandemie initiiert wurden – insbesondere der Pakt für den Öffentlichen Gesundheitsdienst –, darauf abzielen, den Öffentlichen Gesundheitsdienst (ÖGD) in Deutschland zu stärken. Durch die Unterscheidung zwischen analytischen und Führungskapazitäten, operativen Kapazitäten sowie politischen Kapazitäten für die strategische Organisationsentwicklung und durch die Differenzierung zwischen absorbierenden, adaptiven und transformativen Formen von Resilienz wird analysiert, wie diese Reformen Resilienz beeinflussen und wofür Resilienz gestärkt wird. Die Studie basiert auf einem umfassenden empirischen Datensatz, der qualitative Expert:inneninterviews mit zentralen politischen Entscheidungsträger:innen und Praktiker:innen mit einer quantitativen bundesweiten Befragung aller 376 lokalen Gesundheitsämter kombiniert.

Schlagwörter: Krisenmanagement; organisationale Kapazitäten; adaptiver und transformativer Wandel; Public Health Governance; ÖGD-Reform

1 Introduction

In recent years, resilience has become a central theme in public administration, often framed as a normative goal in the face of crisis and uncertainty (Boin et al., 2010; Clement et al., 2023; Frigotto et al., 2022). While resilience is commonly understood as the capacity of a system to absorb, adapt, and transform when exposed to shocks, the concept is frequently used in an abstract or rhetorical manner. In particular, the question of resilience *of what to what*, and with respect to which organizational functions, capacities, or institutional arrangements, often remains vague (Carpenter et al., 2001, p. 767).

This conceptual gap is especially evident in the context of reform initiatives responding to crises. In such contexts, resilience often functions as a means of building political consensus and aligning different agendas (Blanchet et al., 2017, p. 431). However, while there is typically broad agreement on the need to “strengthen resilience” and to learn from crises, there may be very different understandings of how specific reform measures contribute to distinct dimensions of resilience and whether they primarily support shock absorption, enable adaptive adjustments, or foster more transformative change.

Against this background, this paper examines reforms framed as resilience-enhancing in the public health sector, focusing on Germany as a case. Within resilience-oriented public health debates, which gained considerable public and political attention in the wake of the COVID-19 pandemic, the German public health service (Öffentlicher Gesundheitsdienst, ÖGD) constitutes a particularly instructive case for analysis. Traditionally, the public health service has played a comparatively marginal role within Germany’s healthcare system and has often been only loosely embedded in the cooperative structures linking social administrations and service providers (Kuhn & Wildner, 2020). Accordingly, even prior to the COVID-19 crisis, debates had emerged regarding the preparedness of public health authorities for crises and complex, cross-sectoral challenges.

The COVID-19 pandemic brought these latent concerns into sharp relief. At the very moment when public health authorities were expected to organize and coordinate societal resilience, their own organizational vulnerabilities and capacity constraints became visible. Thus, the ÖGD emerged not only as a key actor in crisis management, but also as an organization whose own resilience was fundamentally challenged.

In response to the pandemic, the German federal and state governments launched a major reform initiative, the so-called *ÖGD-Pakt*, aimed at strengthening public health infrastructure and capacities. This paper examines these reforms with a particular focus on whether and how they move beyond short-term shock absorption to enable more transformative change for organizational resilience within the public health service.

To study these questions, the paper draws on a full survey of all 376 local public health offices in Germany, complemented by expert interviews with public health professionals and policy stakeholders. The argument unfolds in five sections. Section 2 reviews the literature on resilience in public administration and outlines the conceptual framework of absorptive, adaptive, and transformative resilience. Section 3 introduces the case of the ÖGD, describing its institutional context and the reform dynamics initiated in the wake of the pandemic, while section 4 explains how we studied this case empirically. Section 5 presents the empirical findings, while the final section 6 reflects on the broader implications for resilience-oriented governance reforms and the future of the public health service in Germany.