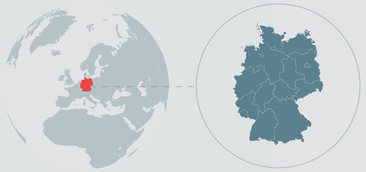
EVOLUTION OF UHC IN GERMANY

Countries learning from each other to achieve and maintain Universal Health Coverage (UHC)



GENERAL INFORMATION

Germany is the first country to have introduced a national social security system and the principles of the German statutory health insurance system that have been established in 1884 remain intact to this day: employers and employees share the burden of contribution payments, contribution payments are not risk-based, but depend on income-levels, health insurance funds are self-governed with democratic representation of employees or employees and employers alike, insurance is mandatory up to a certain income-level, benefits cover health care and sick pay.

The German social security system did not have to be built up from scratch, but is rooted in a system of profession-based cooperative welfare organizations that date back to the Middle Ages and was taken up by the working class in the 19th century. Workers, companies and municipalities established welfare funds with voluntary membership and Prussia had already introduced mandatory health insurance for mineworkers.

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NATIONAL UHC DYNAMICS CARD
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towards SDG 3.8.2

1884 - 1913

IN THE TIME OF THE GERMAN EMPIRE

1884

Introduction of statutory health insurance.

Coverage of sick pay, health care, pharmaceuticals and death benefits. Beneficiaries are workers on a low income. Employees and employers share the burden of paying contributions.

1885

Introduction of statutory accident insurance.

Coverage of accident related medical treatment and accident pension.

1889

Introduction of statutory pension insurance.

Coverage of pension payments.

1913

Introduction of joint self-governance of statutory health insurance funds and physicians.

Statutory health insurance funds contracted self-employed physicians individually for their services and set up their own health facilities, which led to large physician strikes in 1913.

1914 - 1918

World War 1

1927 - 1933

WEIMAR REPUBLIC

1927

Introduction of statutory unemployment insurance.

Unemployed receive statutory health insurance.

1930

Automatic insurance for family members of contribution paying insurance members.

Non-earning wives and daughters were already covered since 1919, but by 1930 all primary dependants of contribution paying insurance members received coverage.

1931

Foundation of associations of physicians contracted by statutory health insurance funds.

Self-employed physicians obtain the monopoly to provide outpatient services. Statutory health insurance funds introduce the medical service of health insurance funds for quality control of service providers.

1933-1945

NAZI GERMANY

During the Nazi regime the fundamentals of the health system remained intact with the major exception of abolishment of the self-governing character of the system and the forcible-coordination of all public institutions.

1939-1945

World War 2

1949 - 1989

DIVIDE IN EAST AND WEST GERMANY

1952

Representation of employees and employers in statutory health insurance fund boards and physicians in the associations of physicians were reinstated.

1961

Building of the Berlin Wall

1970

Advancement of the right to health insurance act

Extension of mandatory social health insurance to upper-middle income employees. Ease of voluntary enrollment into statutory health insurance funds. Responsibility to cover sick pay for the first 6 weeks shifted to employers.

1972

Hospital financing act

Introduction of dual financing of hospitals: bearing of capital costs of accredited hospitals by the government, recurrent costs by insurance reimbursements.

1977

Statutory health insurance cost containment act

Reimbursements of outpatient health services is henceforth linked to income of the statutory health insurance funds. Exclusion of some symptomatic medications from the benefit package.

1984

Rearrangement of hospitals act

Introduction of prospective yearly budgets for statutory health insurance payments to hospitals.

1989

Fall of the Berlin Wall

1990 - 2016

REUNITED GERMANY

1995

Introduction of statutory long-term care insurance

Coverage of long-term care services. Statutory health insurance funds or private health insurance companies can both provide insurance coverage.

2004

Health insurance modernisation act

Creation of the Federal Joint Committee (streamlined the self-governance structure). Creation of Institute for Quality and Efficiency in Health Care (introduced Heatlh Technology Assessment). Increase of co-payment rates. Exclusion of minor services from benefit package.

2007

Statutory health insurance competition strenghtening act

Introduction of cost-benefit analysis for pharmaceutcals. Negotiation of discount contracts between statutory health insurances and pharmaceutical companies. Health insurance becomes mandatory for all residents of Germany with the introduction of Central Reallocation Pool

2011

Pharmaceutical market reform act

Regulation of prices for newly licensed pharmaceuticals via value-based pricing.

2016

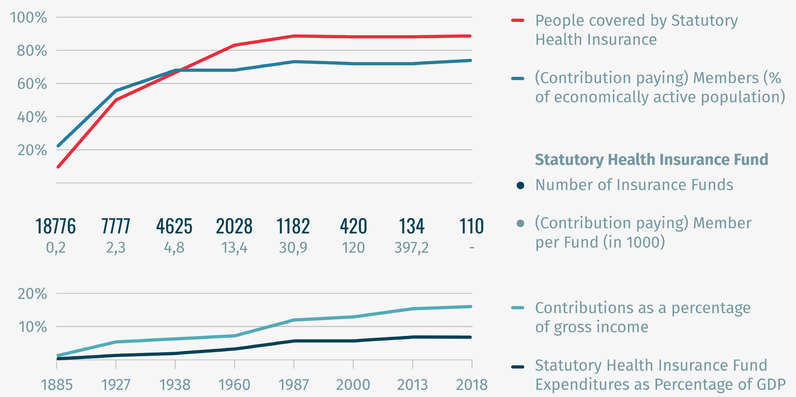
Hospital structure reform act

Piloting of pay for performance in hospitals and improvement of quality based hospital planning. Subsidies for hospitals to employ more nurses.

"Self-governance proved to be an effective and durable approach on the way towards UHC. Yet, self-governance is also the reason for a strong focus on treatment instead of prevention and sometimes unambituous policy objectives."

Julius Murke
Dr.PH Candidate, Institute of Technology and Management of the Technical University Berlin

DEVELOPMENT STATUTORY HEALTH INSURANCE (SHI)



For reference, please visit: https://p4h.world/en/germany | Maps are an approximation of actual country borders.