Health inequalities and France's national health strategy

Around the world, rising health-care costs are claiming an increasing share of national budgets. In September, 2013, the French Government launched a comprehensive national health strategy to address financial issues under national health insurance, health-care reform, public health issues, and social aspects of health inequalities. This strategy will inform preparations for a new health law to be presented to parliament before the summer. This will be the first time that a French law will address both issues related to public health and to health insurance and reimbursement. To prepare the content of the law, I initiated public forums throughout the country, and from November, 2013, to March, 2014, there have been 150 public forums involving 23 000 participants.

A key goal of the new strategy is to tackle health inequalities that are rooted in social determinants. The French health-care system is often seen as one of the best: it ranked first of 191 states in WHO's *World Health Report* in 2000.[1] Indeed, compared with the regional average in Europe, France has higher life expectancy (82 years *vs* 79 years), lower maternal mortality ratio (8 per 100 000 livebirths *vs* 20), and spent about twice as much of per capita total expenditure on health.[2] However, as in other countries, there is evidence of substantial and increasing health inequalities in France,[3] and so far there has been no comprehensive policy to reduce them. There are more inequalities in death rates in France than in many other European countries, particularly for men, and these inequalities have increased in recent years.[4] Inequalities in quality of life as a result of diverse disabilities are another cause for concern. The inequalities in death rates and quality of life concern virtually all diseases, risk factors, and states of health.

In its report on health inequalities, the French High Council for Public Health[5] highlighted how this issue has been addressed from the sole perspective of personal care in the context of patient–doctor relations. Hitherto, the French debate on health inequalities has largely focused on access to health care under the health insurance and social protection schemes. The French health-care system combines universal coverage with a public–private mix of hospital and outpatient care. Although indicators of health status and consumer satisfaction are high, reform is needed to tackle the chronic financial deficits incurred by French national health insurance.

Several recent policy developments have improved financial accessibility to health care for the poor. Under the national health strategy, universal coverage is to be strengthened with a particular focus on universal access to supplementary insurance. Nevertheless, achieving universal coverage has not prevented geographical disparities in the distribution of health resources and unacceptable variation in health outcomes according to socioeconomic status.[4,5] There is a broad consensus that these issues extend beyond financial and organisational aspects of the health-care system and require stronger public health interventions and a multisectoral approach.

One of my core commitments under the national health strategy is to promote a new social contract across the whole of government to foster the development, sustainability, and equity of the health-care system with the aim of not only improving performance indices but also reducing health inequalities. Under this social contract, every government department will be accountable for the impact of their policies on public health and health inequalities. The social contract will ensure a strong focus on the social determinants of health inequalities.

Redesigning the organisation and delivery of health services is the second main goal of the national health

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Marisol Touraine at the launch of the French Government's national health strategy on Sept 23, 2013

strategy. Rationing services to contain health-care costs is unfair and counterproductive. My strategy for the French universal health-care system will take a different direction from that of my predecessors. I want to make health services more efficient by reforming the system of payments to providers, fostering interdisciplinary team practice, reforming the delivery system, strengthening health information to help consumer choice, and facilitating access to health-care data.

Another key part of the strategy is to strengthen primary care services and the coordination of care, especially for patients with chronic diseases and older people. Local initiatives should be strengthened. For instance, the experimental programme "Asalée" was launched in 2004 and facilitates cooperation between nurses and general practitioners in outpatient management and follow-up of patients with type 2 diabetes. Given the success of this local initiative in terms of improved quality of care for these patients, I decided to accelerate wider implementation of this programme.[6] There have also been calls to replace the current fee-for-service payment system with one in which providers share risk for the cost and quality of services.[7] These alternative models include capitation and create incentives to providers so that they avoid unnecessary care and deliver higher value services. The French health-care system is well positioned to accelerate transformation to high-value models of advanced primary care. The Regional Health Agencies are responsible for ensuring that health-care provision meets population needs by improving coordination between the services provided by outpatient and hospital sectors and the health and social care sector, while meeting national spending targets for health. The national health strategy will reinforce the activities of the Regional Health Agencies by allowing more flexibility in resource allocation and adjustment of national policy to the local context and environment, especially with regard to primary care.

France benefits from the strong commitment of its health professionals. The new generation of doctors expect improvements in working practices, for example, promoting a team-based approach in community care to streamline the delivery of care and expanding the role of health-care workers, such as physician assistants or nurse practitioners, who can undertake tasks that do not require physician-specific skills. Wider use of technology, such as developing electronic health records, particularly for patients with chronic diseases, is also a priority of the national health strategy.

There is a broad consensus that innovations will drive the 21st-century economy. The e-health innovation sector, the biotechnology industry, and the life sciences sector are powerful parts of the French economy. The French Government has identified the biotechnology industry as a strategic sector for the future and invested €2·95 billion in health and life sciences research programmes in 2012.[8] Innovation will be crucial to the future of health care in France. One of the main goals of the national health strategy is to foster clinical research programmes so that France will regain its international leadership position. The reform of health care through the national health strategy will be innovative, efficient, and fair. Although many French people believe that their health-care system is superior to that of most other countries,[9] my ambition is to enhance quality and equity in health and to preserve our exceptional national assets.

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