



# National Health Strategy 2018-2022

Summary



Liberté • Égalité • Fraternité  
RÉPUBLIQUE FRANÇAISE

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MINISTÈRE  
DES SOLIDARITÉS  
ET DE LA SANTÉ

# Introduction

The National Health Strategy provides the framework for French healthcare policy. It is based on an analysis by the Haut Conseil de la santé publique (French High Council for Public Health) of the health status of the population, and on the principle upheld by the World Health Organisation which states that health should be one of the objectives of all government policies.

The National Health Strategy needs to be able to address the enormous challenges our health system faces: the health risks associated with exposure to pollution and toxins; the risks of infection; chronic illnesses; new demographic, epidemiological and social issues; and the health risks linked to the health system itself.

Social and territorial inequality of health is still pronounced in France. Each of the National Health Strategy's objective contributes to tackling this inequality.

This is a response to a strategic vision: to develop an inter-ministerial approach to healthcare; to provide personal, appropriate and accessible health pathways; to tailor measures to suit different territories; to simplify the regulatory framework so as to give greater flexibility to those working in the field; to involve health democracy bodies as early as possible in the decision-making process; to ensure compliance with ethical principles and those relating to solidarity, transparency and independence; and to base decisions on proven knowledge, independent assessment and expertise, health impact studies and research.

The National Health Strategy focuses on four main priorities which are divided into eleven priority areas and 43 objectives for improving health and social welfare. Healthcare policy for children, teenagers and young adults constitutes a specific section with seven main objectives. Finally, there are two sections which cover two objectives for Corsica and fourteen for the overseas territories.

# **PRIORITY NO. 1: IMPLEMENTING A POLICY OF LIFE-LONG HEALTH PROMOTION, INCLUDING PREVENTION, IN EVERY LIVING ENVIRONMENT**

The earliest possible adoption of a healthy lifestyle may reduce the risk factors which result in significant costs to society. Currently, we need to invest in health education and develop people's abilities to adopt healthier attitudes. One of the National Health Strategy's priorities is to promote health and to discourage unhealthy lifestyles.

## **PROMOTING A HEALTHY LIFESTYLE**

### **- Promoting healthy eating and regular physical exercise**

A sedentary lifestyle can lead to excessive weight gain and obesity and is known to contribute to mortality. The prevention and treatment of eating disorders is also a priority. Nutritional guidelines (Nutriscore) which help children and young people in particular to adopt healthy lifestyles may facilitate the change to a healthy diet.

### **- Discouraging addictive behaviour**

Addictive screen use, betting and gambling are known to be habit-forming and constitute problems that need to be addressed. The implementation of an 'addiction' case management should make it possible to provide appropriate measures for prevention, risk reduction and health and social care.

### **- Reducing the risks associated with dangerous driving**

Although a high proportion of road traffic accidents involve those in the 15 – 24 age group, dangerous driving has an impact on everyone. Road safety education aims to encourage considerate and civil attitudes in road users and needs to be a life-long process.

### **- Sexual health**

Despite the increased use of contraception, the number of unplanned pregnancies remains too high and the number of sexually transmitted diseases (STDs) has increased. There needs to be a global commitment to improving sexual and reproductive health in order to eliminate STD epidemics and ensure that everyone has the right to self-ruling, risk-free and satisfying sexual life.

### **- Loss of autonomy of the elderly**

The aim is to allow everyone to grow older without being restricted in their activities and to allow everyone to remain independent for as long as possible. In order to improve the well-being of the elderly and allow them to remain in their own homes, we need to incorporate the treatment of complex disorders – such as, for example, diabetes and kidney failure – into the course of life of those affected by making adjustments to their living environments (housing, urban design and proximity to shops, access to transport, etc.) and by providing them with technical assistance (rooms in housing fitted with equipment appropriate to functional impairment such as wall-mounted handrails and support bars in sanitary facilities, etc.). At the same time, additional measures – particularly to assist carers – are needed to address the other consequences of dependence.

### - Environmental hazards

We need to reduce people's exposure to atmospheric pollution and harmful substances. In addition to these hazards, French people are exposed to soil and water pollution, to allergens, to contaminated food and to the hazards associated with the use of toxic products. Various disorders are believed to be attributable to exposure to endocrine disruptors.

### - Investing in immunisation

The World Health Organisation would like to see 95% of the world population vaccinated with all the recommended and obligatory vaccines in order to combat the diseases responsible for amenable deaths. In France, confronted with inadequate levels of immunisation in young children, the number of obligatory vaccinations for children from 0 – 2 years has increased from 3 (diphtheria, tetanus and poliomyelitis) to 11 (adding whooping cough, Haemophilus influenza type B, hepatitis B, pneumococcus, meningococcus C, measles, mumps and rubella) since January 2018. Making these obligatory ensures that all children have access to the protection these vaccines provide.

### - Safeguarding the effectiveness of antibiotics

The development of resistance to antibiotics is linked to the uncontrolled use of antibiotics which has resulted in the selection of resistant bacterial strains and their secondary dissemination throughout the environment. On top of this, the emergence of resistant strains of bacteria may result – particularly in immunosuppressed individuals or those in intensive care – in situations of therapeutic failure; this problem has been identified by the World Health Organisation as one of the most significant global threats of the next few decades.

### - Detecting, identifying and treating chronic disorders

In France, twenty million individuals suffer from chronic illness but they are not always diagnosed and/or treated at a sufficiently early stage. In addition to developing self-examination techniques, individuals need to be encouraged to consult their doctor so as to identify certain suspicious lesions at an early stage.



## **PRIORITY NO. 2: TACKLING SOCIAL AND TERRITORIAL INEQUALITY IN TERMS OF ACCESS TO HEALTH**

There are significant social and territorial disparities in terms of access to healthcare in France; in fact, a significant number of individuals are still going untreated for socioeconomic reasons. Specific measures should make it possible to reduce this inequality and respond to the needs of individuals – particularly the most vulnerable – who do not have access to healthcare.

### **REMOVING SOCIAL AND ECONOMIC BARRIERS**

#### **-Improving access to social insurance benefits**

Although France is renowned for its high level of investment in healthcare provision, we need to improve access to health insurance. In 2016, the Couverture maladie universelle complémentaire or CMU-C (Complementary Universal Health Insurance) allowed 5.5 million people on low incomes to benefit from free health insurance. However, there are still instances of individuals going untreated; this is at least partly due to the complex nature of the administrative procedures and arrangements.

#### **- Limiting the costs for which individuals are liable**

At the present time, the 'payable part', i.e. the proportion of healthcare costs for which individuals are liable, amounts to 8%. However, for certain types of healthcare it is much higher and may sometimes result in individuals going untreated; this applies to dental care, medical-optical equipment and hearing aids.

#### **- Helping vulnerable individuals access health services**

Going untreated is more common amongst unskilled young people, the unemployed, inactive non-students and those on low incomes. Providing these individuals with treatment therefore requires a combination of various schemes (healthcare, housing, financial resources and training/employment) so that all their needs can be met and their health pathways are not disrupted.

#### **- Preventing occupational and social exclusion**

Individuals injured in road accidents or accidents in the workplace, the chronically ill and victims of traumatic events often experience occupational and social exclusion. Their reintegration requires both the coordination of all those involved in this sphere and closer dialogue with the world of labour.

### **GUARANTEEING ACCESS TO HEALTHCARE ACROSS THE NATION**

#### **- Meeting territorial needs by providing improved access to medical care**

The pressures on access to healthcare are likely to increase due to a decrease in the number of general practitioners and to certain territories' lack of appeal. In addition to sending in more health professionals, efforts should be made to enhance the impact of the latter in these regions, as well as to encourage better use of their time.

### **- Generalizing the use of digital technology**

Generalizing the use of digital technology will improve access to high-quality and innovative medical care nation-wide: for example, the use of telemedicine means that distance is no longer relevant to health professionals' capacity to act.

### **- Trusting healthcare professionals working in the field**

Solutions to the problems of access to healthcare need to come in the form of flexible, adaptable and innovative tools. Those involved at a local level need to be free to develop initiatives which are tailored to the specific needs of their territories ; they also need to have access to support for these initiatives.



## **PRIORITY NO. 3: GUARANTEEING QUALITY, SAFETY AND APPROPRIATENESS AT EVERY STAGE IN A PATIENT'S HEALTH CASE MANAGEMENT**

The quality of the healthcare offered in France and the skills and expertise of our health professionals are renowned worldwide. However, changes in the organisation of our healthcare system will be necessary to enable us to respond to the population's changing healthcare requirements. These changes in the organisation will ensure that quality, safety and appropriateness are paramount at every stage in a patient's health case management ; they will ensure that the patient's interests always come first and will contribute to improving the efficiency of the system.

### **TRANSFORMING TERRITORIAL HEALTHCARE PROVISION**

#### **- Structuring primary healthcare to ensure quality and continuity of the individual pathways**

Health professionals working in ambulatory conditions are on the front line of routine healthcare; consequently they can be regarded as the cornerstone of all health policies. Against the background of an ageing population, an increase in chronic conditions and a keen interest in the provision of home support services, the modernisation and realignment of primary healthcare are of crucial importance.

#### **- Structuring institutional provision**

The restructuring of hospitals aims to ensure the most efficient use of technical and human resources, and to improve the quality of care across the nation. These gains in efficiency will also help address the demographic pressures on medical care provision and maximise the opportunities offered by medical and technological progress. The objective is to provide everyone with access to local services and with the benefits of access to a range of healthcare services including emergency services, intensive care and medical reanimation.

#### **- Improving access to healthcare for the disabled and the elderly**

The provision of healthcare and medical and social services needs to adapt to the challenges of the ambulatory care transition, i.e. the shift from a system based on hospital treatment to one that initially relies on primary care being provided by health professionals working under liberal activity conditions. Universal access to healthcare and health promotion must also be guaranteed, and the elderly and the disabled must be provided with the home support services they require.

#### **- Improving transversal possibilities in mental health care**

Mental health is a major challenge, particularly given that the likelihood of suffering from severe depression is greater for individuals living in vulnerable circumstances. The quality of our environment therefore plays an important role, which means that those on the lowest incomes are at the greatest disadvantage. We need to develop a transversal approach by involving all those liable to be concerned with mental health determinants and the treatment and support of individuals.

#### **- Ensuring continuity of care**

To be effective, changes in the sectors providing healthcare and medical and social services need to complement each other. The transition between ambulatory care providers and hospitals needs to be managed more carefully, home visits need better coordination, and deteriorations in individual circumstances need to be anticipated and prevented to a greater extent. These are essential preconditions for improving quality of care, the experience of all those involved and the performance of the healthcare system.

## **DÉVELOPING A CULTURE OF QUALITY AND APPROPRIATENESS**

### **-Improving quality and safety in healthcare through the involvement of its users**

The measurement of quality should be given more emphasis in the regulation of the healthcare system. One challenge is to improve access to information so that its users may make well-informed decisions.

### **- Improving the appropriateness of prescriptions, examinations and hospitalisation**

Any inappropriate medical procedure, prescription or operation is potentially dangerous. The circulation of guidelines needs to be facilitated, and healthcare professionals need to be supported in their initiatives and encouraged to adopt best practice with regard to appropriate medical care.

### **- Adapting the health system to accommodate emerging risks**

Our health services need to be able to adapt efficiently to crisis situations and health emergencies. At times of crisis, they need to be ready to provide appropriate responses and limit the impact on the population.

### **- Promoting the correct use of medicines and developing generic versions**

Drug-induced iatrogenic disease, particularly in the elderly, is caused by the interaction of different medicines and by self-medication; it provides a strong case for stressing the importance of good practice when prescribing drugs and considering individually dispensing medicines.

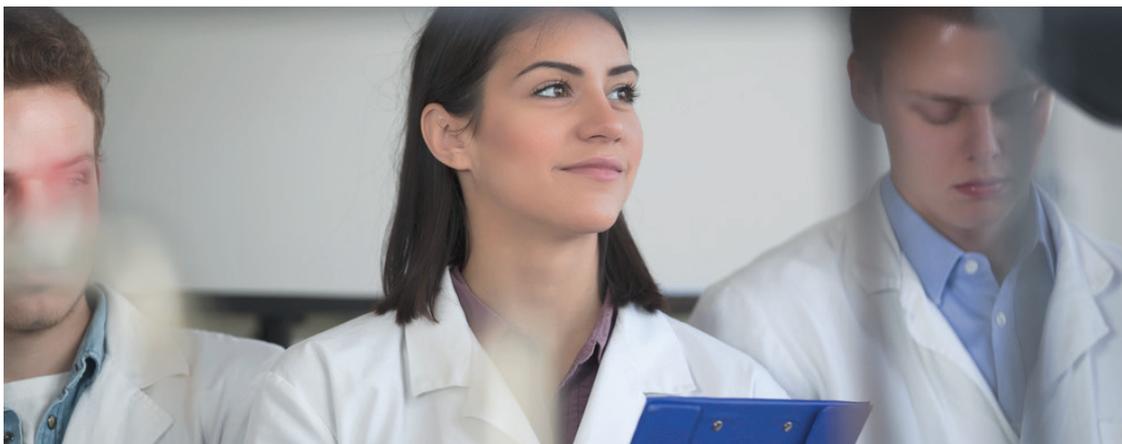
## **TAKING CARE OF THOSE WHO CARE FOR US**

### **- Making initial training appropriate and developing specific skills**

Initial and ongoing training for professionals needs to be able to adapt as knowledge and techniques evolve; it should reflect the National Health Strategy's priorities such as prevention, the transversal possibilities in healthcare, and improving the quality, safety and appropriateness of medical care.

### **- Improving health professionals' quality of life whilst at work**

In fact, the health and well-being of health professionals has a direct impact on the quality of the service they provide, and therefore on the health status of the population.



## **PRIORITY NO. 4: BREAKING NEW GROUND IN TRANSFORMING OUR HEALTH SYSTEM BY REAFFIRMING THE ROLE OF ITS USERS**

**Our health system needs to be constantly adapting to change as knowledge and technology evolve, and also to the new expectations of healthcare professionals and users. Despite its great potential, there is still a lack of flexibility in its research and development policy and in its model of governance; an innovative approach is needed to achieve greater public involvement. At the same time, France should be able to gain from the experience of other countries through closer European and international cooperation over innovation in healthcare.**

### **SUPPORTING RESEARCH AND INNOVATION**

#### **- Increasing, disseminating and applying knowledge**

Knowledge needs to be acquired on various levels in order to promote innovative practices and treatments and give direction to efforts to promote health, prevention and treatment. Fundamental research, the production of specific applications from knowledge gained (translational research), and the use of research methods to acquire knowledge relating to procedures (intervention research) are complementary activities and are all instrumental in the achievement of concrete results. In order to be able to transform the theoretical quality that results from research into actual quality, it is vital to increase the dissemination of knowledge.

#### **- Supporting medical and technological innovation**

The financial and regulatory framework for innovation is no longer relevant to the requirements of the 21st century. The greatest incentives for initial risk-taking and the creation of start-ups need to be redirected towards investing in healthcare at the so-called downstream phase; this will make it possible to publicise the projects with the greatest potential. Changes need to be made to the regulatory framework for innovation in order to improve access to the markets whilst guaranteeing patient safety.

#### **- Facilitating the emergence and distribution of innovative organisations**

It is vital to support trials introduced by health professionals, organisations concerned with prevention and treatment, associations and local representatives; these experts on the front line are best equipped to suggest new approaches to delivering healthcare. A commitment from regional and national management is essential to the creation of a framework which is conducive to the development and success of pilot schemes, and which will ensure that the conditions for their wider use are met.

#### **- Boosting digital innovation**

Switching to a digital health system is a chance to improve the quality of the service patients receive. The use of digital tools leaves more time for treating patients, improves appropriateness and quality of care and may contribute to long-term control over healthcare expenditure. Access to digital technology must be guaranteed, and its application established within an ethical framework, so that these changes benefit everyone and do not exacerbate social inequalities in healthcare.

## - Guaranteeing access to innovative treatment

The whole population should have guaranteed access to innovative treatment as soon as possible. There is so much scope for medical and technological breakthrough in terms of finding cures and preserving and improving the health and quality of life of the French people. In view of the ever-increasing cost of individual treatments, this also represents a real financial challenge within the context of the continuing restrictions on public expenditure.

## REAFFIRMING THE ROLE OF THE HEALTHCARE SYSTEM'S USERS

### - Reaffirming the active role patients play in their treatment

In this fast-changing environment (social, technological and economic), a crucial element in the success of our health policy is our obligation to allow everyone to play an active role in their own treatment and participate in the decision-making process. The National Health Strategy's goal is to provide everyone with the means to find, assess and make use of available expertise in order to make informed decisions concerning their own health or that of a close friend or relative. At the same time, we need to rely on innovative procedures and the new technology to be able to involve users more closely in the governance of the health system and in the establishment of health policies.

## PLAYING AN ACTIVE ROLE AT A EUROPEAN LEVEL AND ON THE INTERNATIONAL SCENE

### - Promoting European and international initiatives

The European Union's role has been to set up a single market for healthcare products and services for which it is developing common standards. It is also involved in facilitating coordination between member states, particularly in order to combat epidemics, and to assist these states in identifying good practice and financing the challenges of public health. France is actively contributing to a global framework that is being developed by international organisations and is endeavouring to pass on the values which underpin its initiatives: universality, human rights, solidarity and access. In return, France benefits from the work of these authorities and from their recommendations, as well as from sharing its experiences and good practices with other states.



## SPECIFIC SECTIONS

The objectives mentioned earlier apply to the entire population and across the whole country. In conjunction with these, specific objectives have been included in order to accommodate the particular needs of children, teenagers and young adults on the one hand and of certain territories on the other.

### 1. PRIORITIES RELATING SPECIFICALLY TO CHILDREN, TEENAGERS AND YOUNG ADULTS

Child healthcare policy merits particular attention in view of its long-term effect on a child's development and education. It needs to cover all the issues that arise at the various stages of development whilst focusing on providing support for parents from the prenatal period onwards, improving the treatment of diseases and disorders in children, preventing violence and abuse, supporting and ensuring the social inclusion of disabled children, improving student health, or tailoring healthcare to a child's specific circumstances. In short, it needs to promote health education from an early age, the early and appropriate treatment of diseases and the prevention of health problems that are specific to children and teenagers.

### 2. SPECIFIC MEASURES FOR CORSICA

The National Health Strategy recognises Corsica's constraints, particularly in terms of its accessibility. Healthcare services need to be scaled and adapted to these constraints and require the efficient coordination of the island's existing resources; they also require access to technical expertise and transport facilities or medical evacuation to the mainland. In addition, although Corsica has 320,000 inhabitants, it hosts 450,000 tourists at different times of the year. This doubling of the population puts the health and emergency services under great strain; provision needs to be made so that this challenge can be met.

### 3. SPECIFIC MEASURES FOR THE OVERSEAS TERRITORIES

Specific objectives are included for the 9 overseas territories, such as: improving health in mothers and children for whom the mortality rate is higher than in Metropolitan France, reducing chronic disease and improving access to, and supplies of healthcare products. In addition, the governance of the health system needs to evolve and the territories need to appear more attractive to health professionals and management teams. Mayotte and French Guiana are facing a shortage of healthcare provision; their growing needs are the result of migration and a high birth rate. Finally, the recent abnormal climatic events in Saint-Martin and Saint-Barthélemy require an effort to restore services as soon as possible.