

## Country Meeting (Hybrid)

**Prevention and control of HPV and HPV related  
cancers in France: the current landscape and  
way forward**

2-3 December, 2021  
VEYRIER-DU-LAC, ANNECY, FRANCE

## Organization of prevention and control programs within the French health care system

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# The French health care system: the Best in the World

A very controversial study released by the World Health Organization in 2000 declared France had the BEST healthcare system in the world!

But the French citizens are dissatisfied!



Samedi dernier, les manifestations anti-pass sanitaire ont rassemblé plus de 14 000 personnes rien qu'à Paris. LP/Delphine Goldsztejn

# Plan

**The French health care system**

**Impact on organization of prevention and control programs :**

**Screening**

**Vaccines**

# General context

## \* Population (The world bank,2020)

- Total population: 67 202 000
- Female population: 34 680 000
- Male population: 32 523 000

## \* Health Expenditure (WHO,2018)

- Total per capita (US\$): 4690.0
  - 12.3% of French GDP
- Out-of-pocket (% of total expenditure on health): 9.2

## \* Human Development Index

(UNDP,2020)

- HDI: 0.901, Very high

## \* Life Expectancy at Birth (WHO,2019)

- Total population(years): 82.5
- Female population(years): 85.1
- Male population(years): 79.8

## • HPV burden (GLOBOCAN, 2020)

Cervix: 35000 conizations, 3000 cancers, 1000 deaths

## \* Mean age of uterine cervix cancer (IARC, 2020): 52

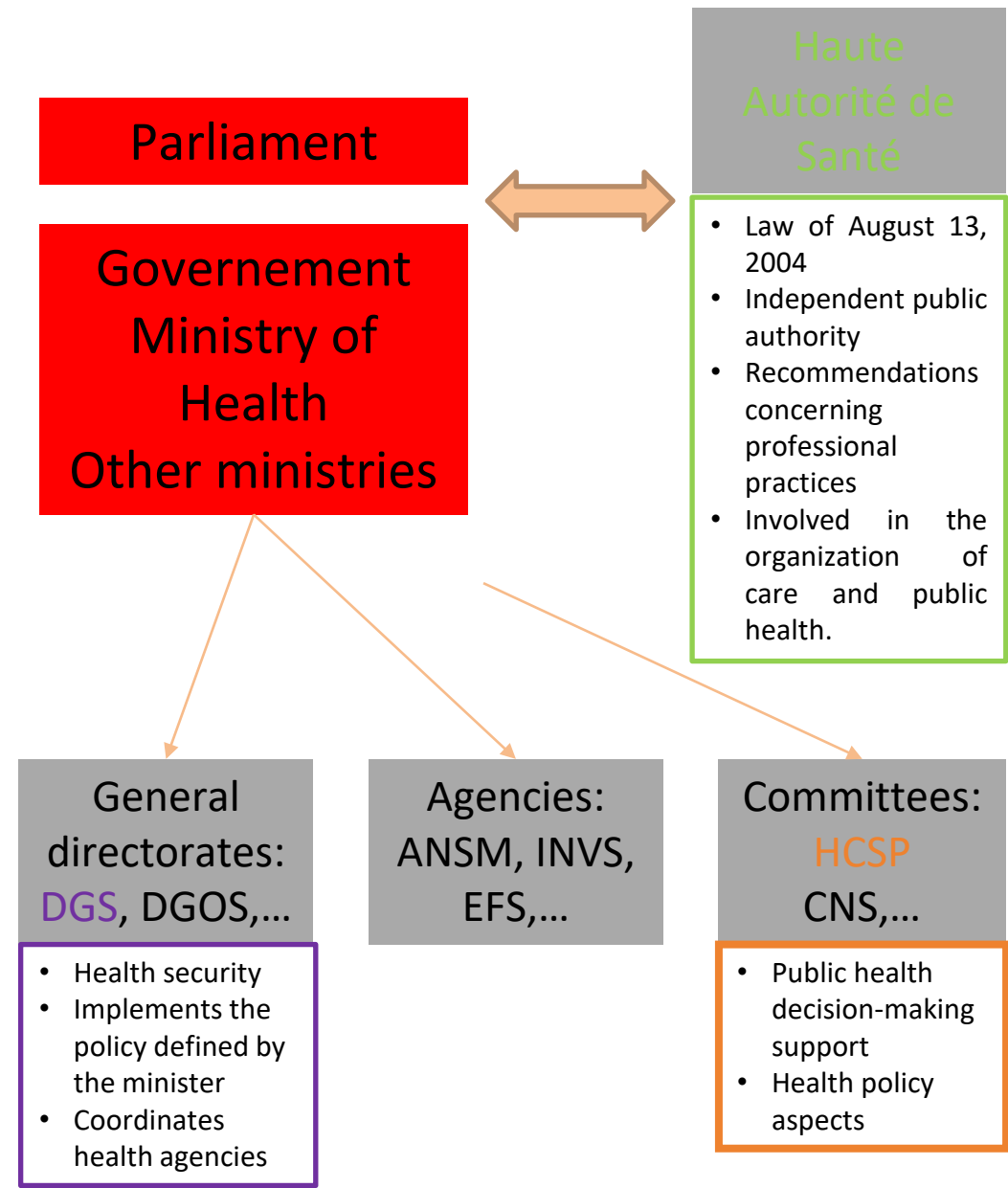
# General context

- **Economy:**
  - People active in labour market : 26 millions
  - Unemployment rate : 9 %
  - People under poverty level (<602 €/month/ isolated person): 3,5 millions
- **Health status:**
  - Main causes of death: cardiovascular diseases (31,1%),cancer (27,7%), accidents (8,3%),respiratory system (8,1%) ... infectious diseases (1,4%)
  - Inequalities between regions: mortality rate, premature mortality are higher in some regions,

# Organization

**Ministry of Health** runs large organizations that cover the funding and provision of health services: direction générale de la santé, direction générale de l'offre de soins, direction générale de la cohésion sociale, direction de la sécurité sociale, prévention des risques.

**General Health Management**  
**Hospital and Healthcare Management**



# Public Health Agencies in France

**National Institute of Health (1998)**

**French Agency of Health Safety of Health Products (1998) (like FDA) reviews drugs, cosmetics, foods**

**Agency of Environmental Health Safety (2000)**

**French Institute of Blood (1992) safe blood**

**French Institute of Transplants (1994)**

...

# The National Cancer Institute (INCa)

- **State agency for health and scientific expertise in oncology responsible for coordinating actions in the fight against cancer.**
- **Created by the public health law of August 9, 2004**
- **Placed under the joint supervision of the Ministry of Solidarity and Health and the Ministry of Higher Education, Research and Innovation.**
- **Missions:**
  - Coordinating actions in the fight against cancer
  - Initiating and supporting scientific, medical, technological and organizational innovation
  - Contributing to the structuring of organizations : the Institute is involved in the organization of screening, care and research through the definition of guidelines, recognition or labeling procedures, activity monitoring and evaluation.
  - Providing expertise
  - Producing, analyzing and evaluating data
  - Promoting the appropriation of knowledge and good practices



# Political structures and administration

- **Centralised political administration at national level** : legislative power , executive power
- **3 levels of administration:** regions(22), departments(96), municipalities(36 679)
- **Deconcentrated administrations at departmental and regional level:**
  - control of regulations,
  - implementation of national policies (in the health sector: planification of health institutions, controls, development and implementation of public health programs)
- **Decentralized administration:**
  - regional, departmental and municipal elected councils
  - few in the field of health (powers essentially in the fields of economical development, social sectors, local activities)

# Financing the French Healthcare System

**60%: from workers salaries go into the health insurance branch of social security**

**The rest is from indirect taxes on alcohol and tobacco and by direct contribution paid by all revenue in proportion to income including retirement pensions and capital revenues.**

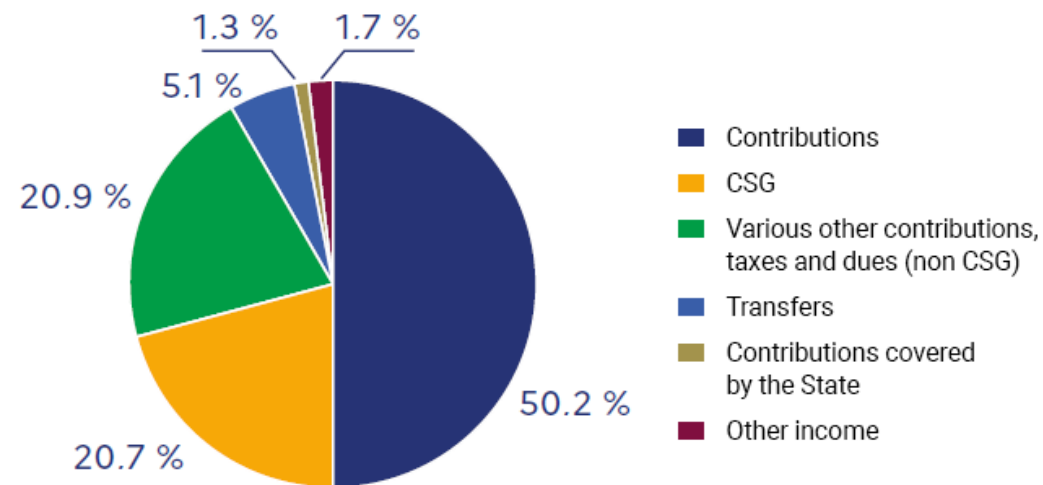
**More than 90% of French people carry a supplemental form of private insurance often linked to employment**

Social Insurances 74%  
contributions of employers(51%)  
employees (3,5%), taxes -CSG (39%)  
State compensation and others (6,5%)

Householders  
14 %

Mutual and private  
Insurances  
11%

State 1 %



Source : Social Security Accounts Committee ("[Commission des Comptes de la Sécurité Sociale](#)"), June 2020

# Planning

**The government presents a law to parliament every year in order to finance social security which includes the national expenditure on health insurance.**

**The government also delineates specific goals for the healthcare system.**

**Ministry of Health delegates to the regions**

**Regional Health Organizations (Agences régionale de santé) plan**

In 2015, there were around 3,089 facilities, including 1,389 that were state-owned, 691 run by private non-profits, and 1,009 with private owners.

# **The preventive system: organisation, evolution and funding**

# The preventive system: organisation, evolution and funding

Screening

## National Public Health Plan 2018-2022

**National Public Health Plan 2018-2022: implement a health promotion policy, including prevention, in all settings and throughout life**

**Santé Publique France => Direction de la prévention et de la promotion de la santé**

**DGS => INCa**

## Ten-year strategy for the fight against cancers 2021-2030

**Axis 1: Improve prevention**

**Axis 2: Limit the sequelae and improve the quality of life**

**Axis 3: Fight against cancers with a poor prognosis**

**Axis 4: Ensure that progress benefits everyone.**

## PRIORITÉ PRÉVENTION

RESTER EN BONNE SANTÉ TOUT AU LONG DE SA VIE



## Comité interministériel pour la Santé

Dossier de Presse - 26 mars 2018

### Contact presse :

Service de presse de Matignon  
57, rue de Varenne - 75007 Paris  
Tél. : 01 42 75 50 78 79



## 16. Introduce a third organized screening: screening for cervical cancer

Introduce a third organized national screening program, that of cervical cancer in France.

Concretely, all women who have not performed a smear in the past 3 years will be invited to do so, with 100% coverage.

In addition, the recommendations of an interval for performing smears every 3 years will be remind in order to reduce the frequency of screening in women who do too much regularly.

## Decision-making process of screening

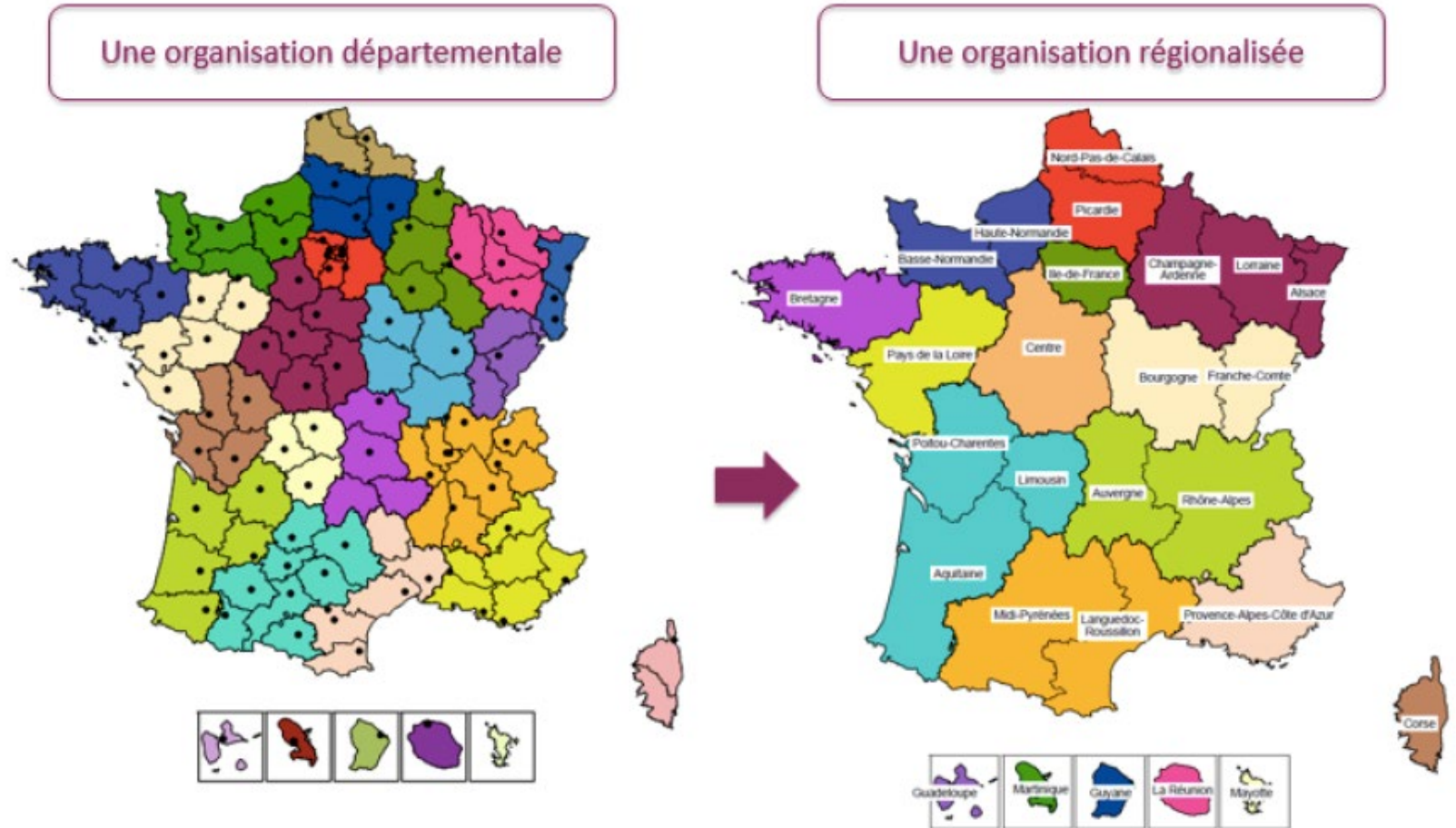
The DGS referred to INCa in 2015 in order to obtain elements to assist in the decision-making process regarding the evolution of the organized cancer screening system and its information system.

The challenge is to define a more efficient organization, which must also preserve the quality of the system, facilitate access to screening and enable the deployment of the actions planned in the 2014-2019 Cancer Plan (generalization of cervical cancer screening, integration of populations at increased risk of cancer, changes in screening methods and techniques).



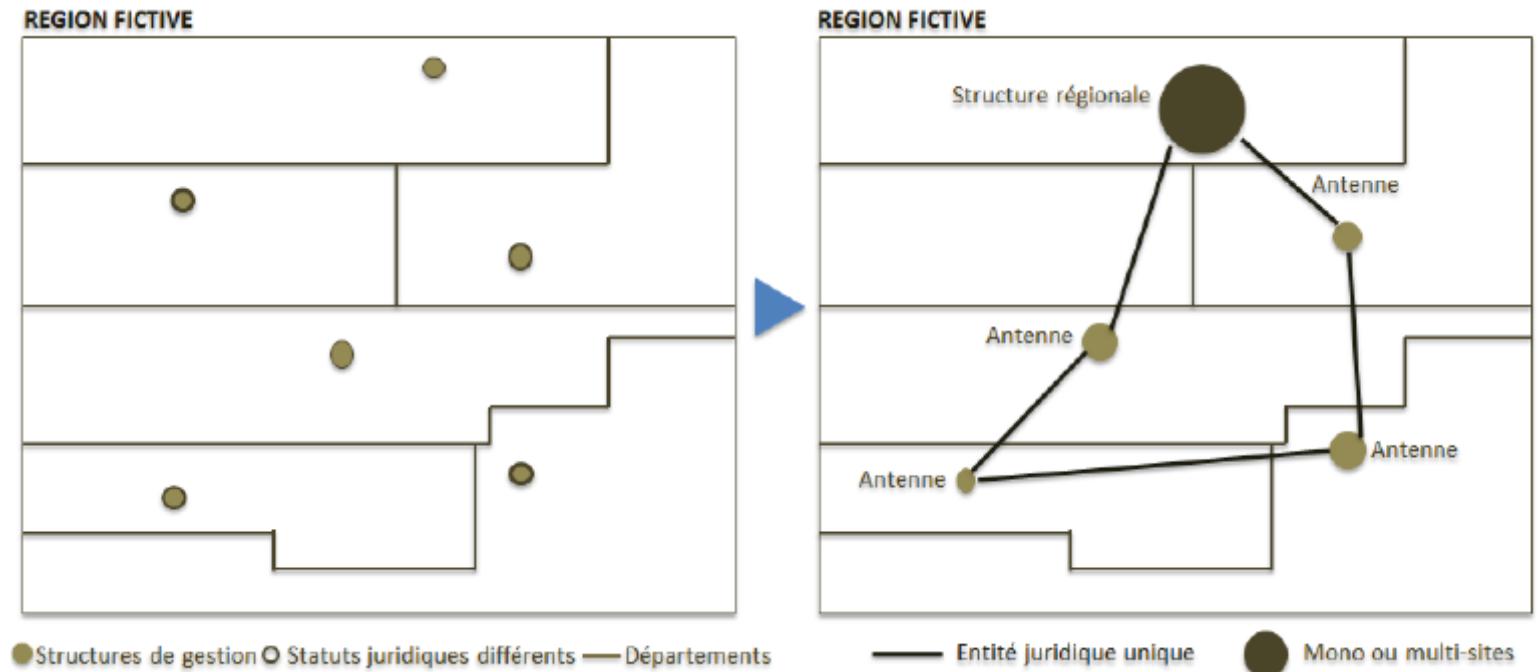
# Change of organization scale

**Territorial reform and the organizational changes of 2014-2019 Cancer Plan have led to a significant change in the scale of organization, moving from an organization that until now has been mainly departmental to the scale of the new regions**



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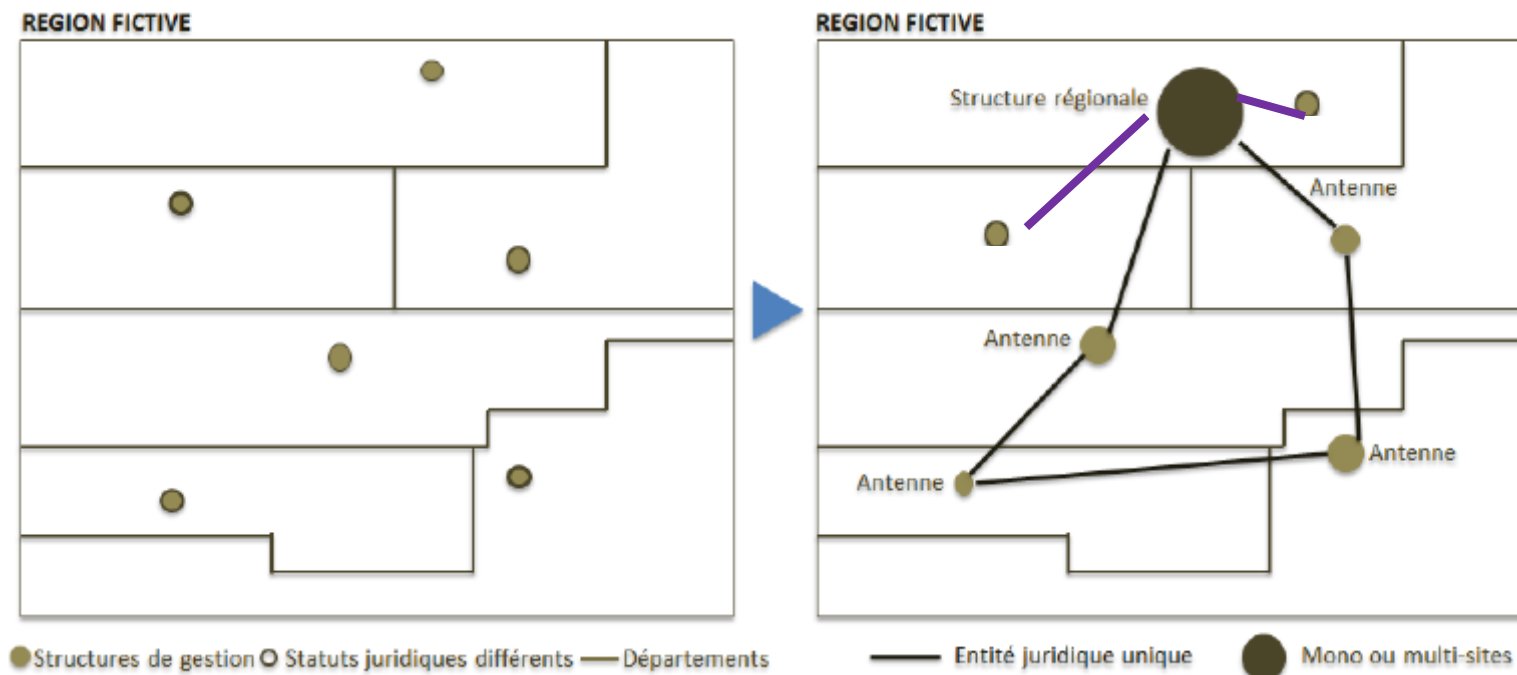


Schéma 4. Interfaces possibles sur les différentes missions à l'échelon régional

Echelon	Missions	Acteurs
Echelon national	Mise en œuvre du dispositif national	DGS – INCa – ANSP ARS
	Relations avec la population	CRES Représentants professionnels de santé
	Relations avec les personnes dépistées	Assurance maladie Représentants professionnels de santé Réseaux régionaux de cancérologie (RRC) Dispositif d'oncogénétique
Echelon régional	Relations avec les professionnels	Représentants professionnels de santé (URPS) Réseaux régionaux de cancérologie (RRC)
	Evaluation	Registre des cancers Réseaux régionaux de cancérologie (RRC) Observatoires régionaux de santé (ORS)
Echelon intermédiaire	Assurance qualité	Réseaux régionaux de cancérologie (RRC) DAM et médecins conseil Assurance maladie
	Recherche et expérimentation	Observatoires régionaux de santé (ORS) Equipes de recherche Réseaux régionaux de cancérologie (RRC) Registres des cancers Représentants professionnels de santé

Different missions

A lot of actors

Efficiency ?

# **The preventive system: organisation, evolution and financement**

Vaccine

# Proceedings to complete a vaccine recommendation

**Loi de santé publique 2004, « la politique de vaccination est élaborée par le ministre chargé de la Santé qui fixe les conditions d'immunisation, énonce les recommandations nécessaires et rend public le calendrier vaccinal après avis du Haut Conseil de la santé publique ».**

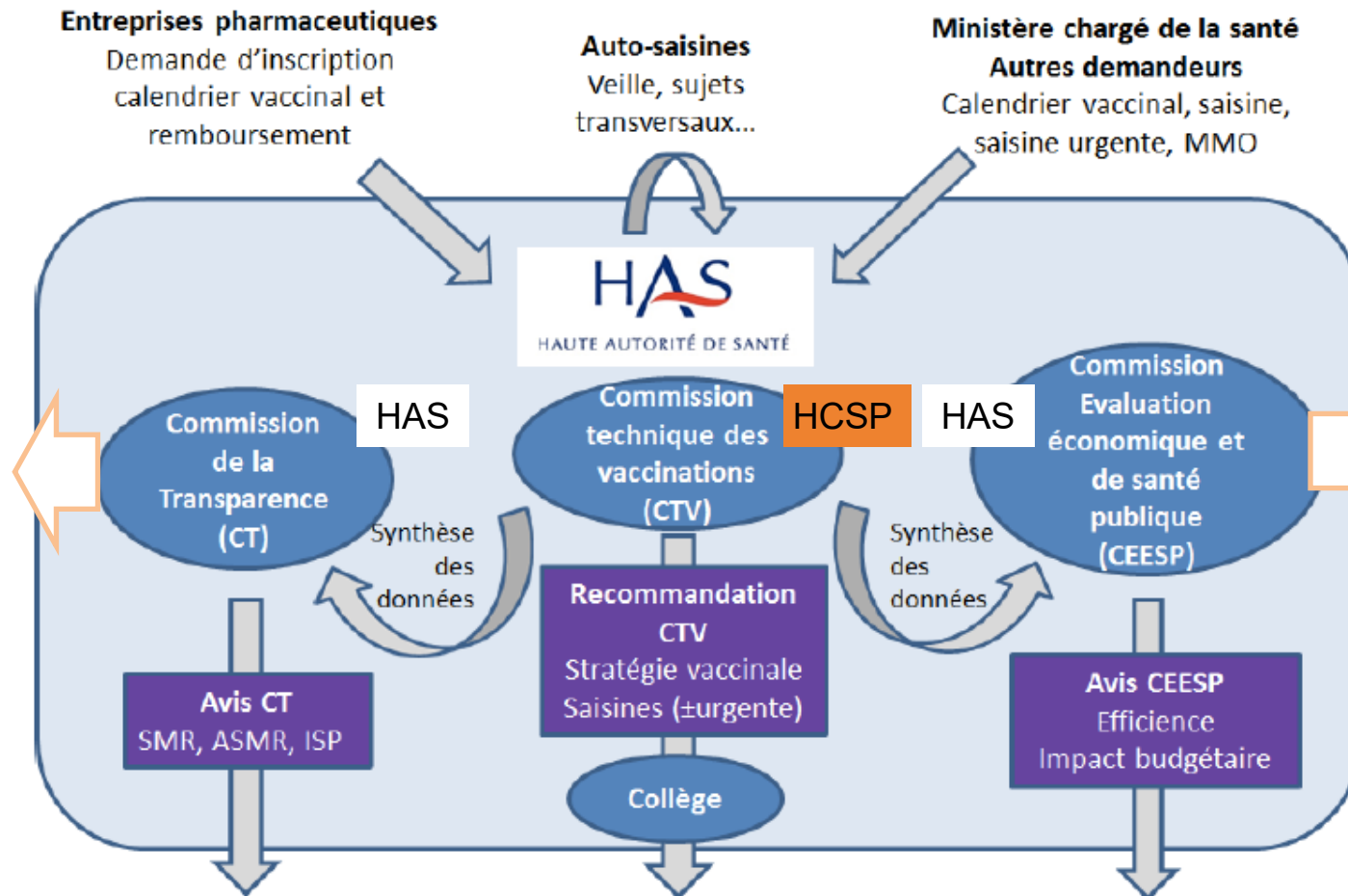
Political  
responsibility  
Ministry of  
Health

Expertise structure:  
the High Council  
for Public Health  
(HCSP)

In fact, the expertise in vaccination is entrusted to a permanent technical committee of the HCSP, the Committee vaccination technique (CTV), attached to the commission specialized in communicable disease of the HCSP

Loi 2004-806 du 9 août 2004 relative à la politique de santé publique.

# 2017: Evaluation of vaccine recommendations and vaccines at the HAS



gives an opinion on the reimbursement of drugs in view of their actual medical benefit

gives an economic point of view on the health products and technologies presumed to be innovative and likely to have a significant impact on health insurance expenditure.



# The missions of the CTV

(fixed by the decree of September 18 2007)

to monitor scientific developments and perspectives of vaccines

to develop the vaccination strategy based on

- 1) epidemiological data, and individual and collective benefit / risk studies
- 2) medico-economic studies relating to the measures that are considered

to propose adaptations of recommendations and vaccination obligation for the update of the vaccination schedule.

Arrêté du 18 septembre 2007 relatif au Comité technique des vaccinations. Journal officiel 224 du 27 septembre 2007. <http://textes.droit.org/JORF/2007/09/27/0224/0027>



# Covid 19

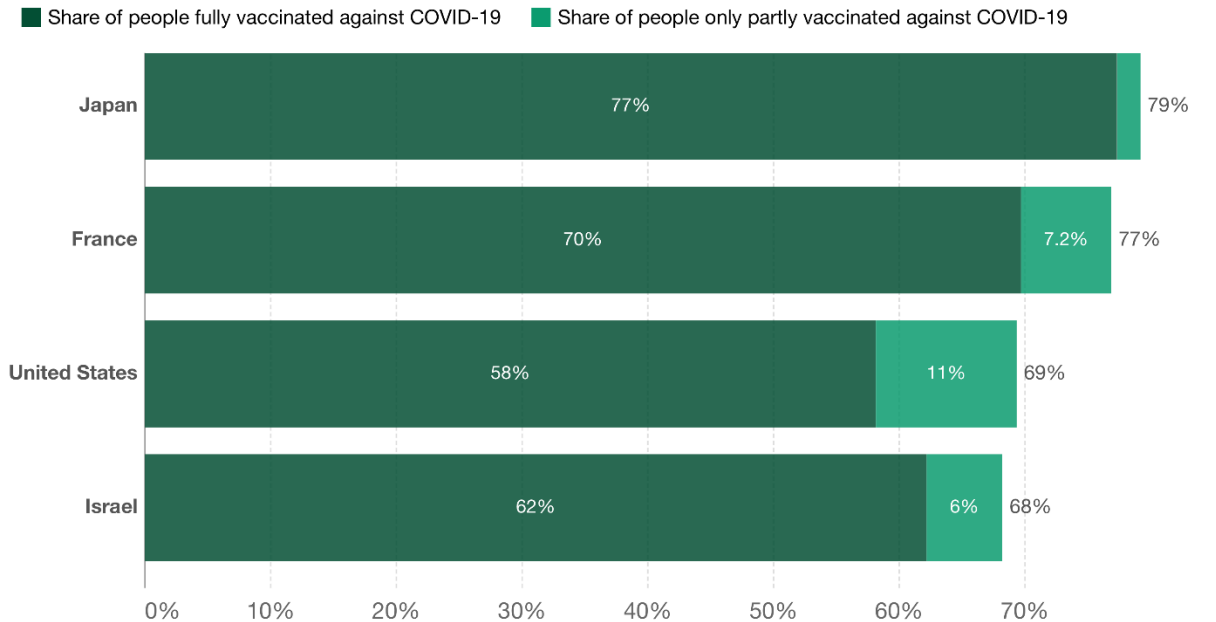
## Décret n° 2021-325 du 26 mars 2021 prescrivant les mesures générales nécessaires pour faire face à l'épidémie de covid-19 dans le cadre de l'état d'urgence sanitaire

Under the conditions provided for in article 38 of the Constitution, the Government is authorized to take by ordinances, within three months from the publication of this law, any measure, which may come into force, if necessary, at from March 12, 2020, falling within the scope of the law and, if necessary, to extend and adapt them to the communities mentioned in article 72-3 of the Constitution

### Share of people vaccinated against COVID-19, Nov 30, 2021

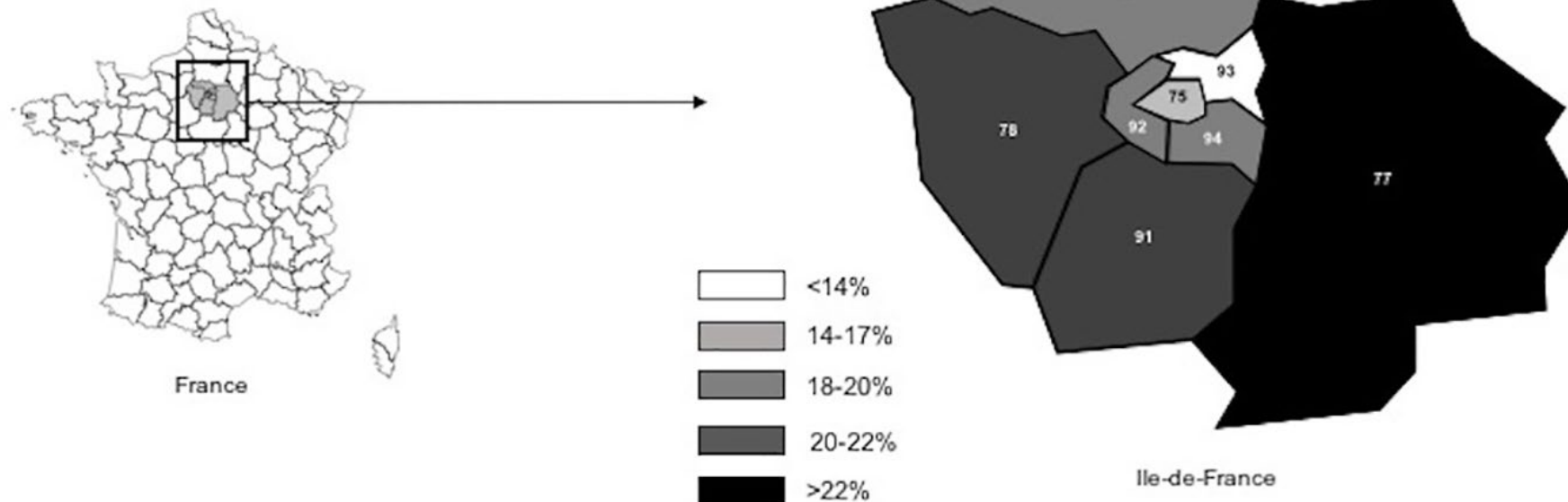
Our World  
in Data

Alternative definitions of a full vaccination, e.g. having been infected with SARS-CoV-2 and having 1 dose of a 2-dose protocol, are ignored to maximize comparability between countries.



Source: Official data collated by Our World in Data. This data is only available for countries which report the breakdown of doses administered by first and second doses in absolute numbers.  
CC BY

# In the equation...



Department	75	77	78	91	92	93	94	95
Vaccination rate	15.7%	22.6%	20.9%	21.0%	19.8%	12.9%	18.9%	19.1%
Medical density (GP/100 000 inhabitants)	207	104	117	117	147	112	120	112
Urbanization rate	100%	80%	93%	95%	100%	100%	100%	95%
Average annual income per capita (€)	31030	22951	29154	24609	31040	20064	24490	23033
Medical consumption (2011 to 2013)	24	26	29	29	28	26	29	29
Unemployment rate	8.3%	8%	7.1%	7.4%	7.7%	12.7%	8.6%	9.9%
Immigration rate	20.3%	12.3%	12.7%	14.2%	17.1%	28.4%	19.6%	17.8%
Foreigners inhabitants rate	14.8%	8.1%	9%	10.2%	11.7%	21.7	13.5	11.5
CMU recipient rate	6.4%	4.9%	3.9%	5.3%	4.4%	11.1%	6.6%	7.6%

doi:10.1371/journal.pone.0172906.t001

# Conclusion

Quite complex system

Screening: INCa and regions

Vaccine: HAS/HCSP

Gouvernement finally decides

Moderately efficient

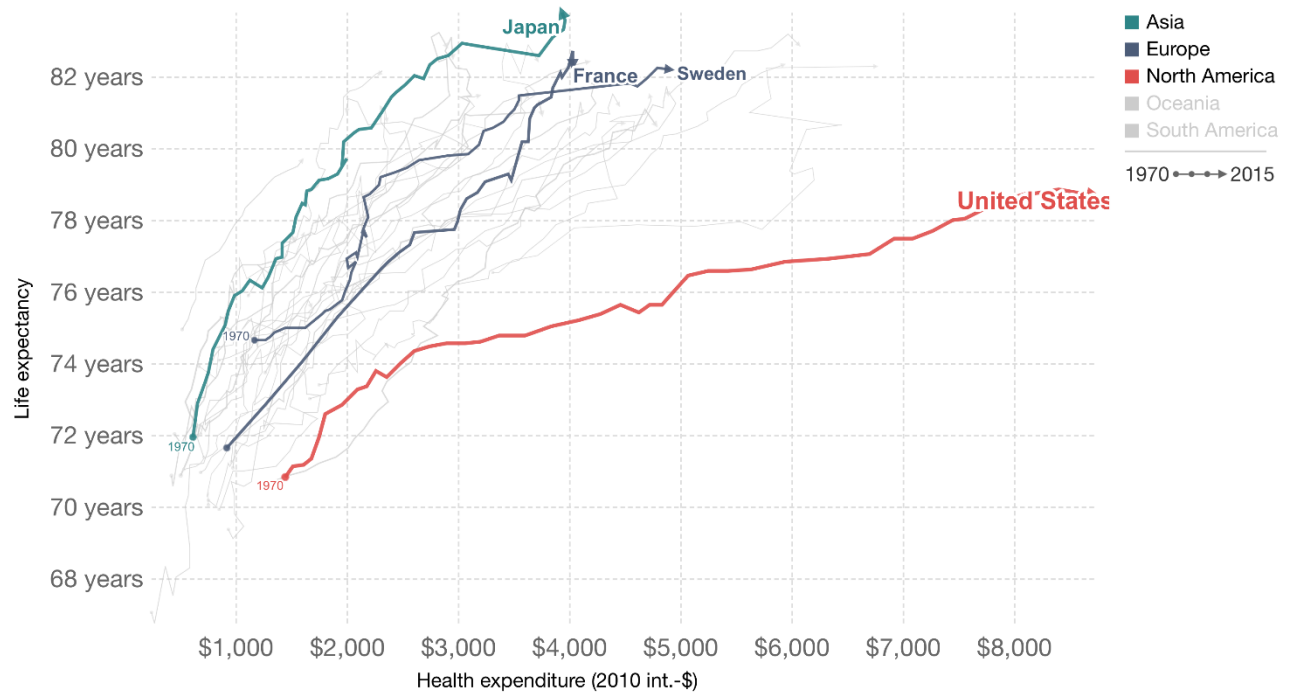
But not for prevention...

HPV vaccine and screening coverage

## Life expectancy vs. health expenditure, 1970 to 2015

Health financing is reported as the annual per capita health expenditure and is adjusted for inflation and price level differences between countries (measured in 2010 international dollars).

Our World  
in Data



Source: Data compiled from multiple sources by World Bank, Health Expenditure and Financing - OECDstat (2017)  
OurWorldInData.org/the-link-between-life-expectancy-and-health-spending-us-focus • CC BY