

FRANCE

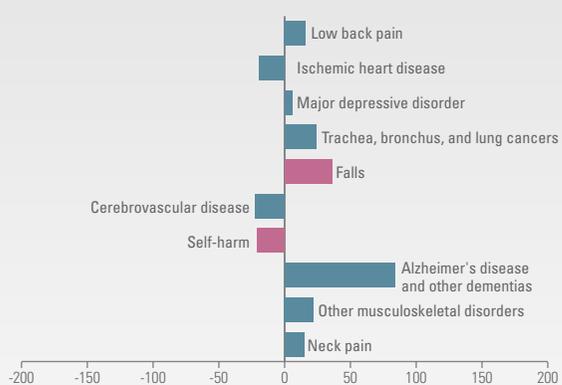
An employment-based statutory health insurance (SHI) covers almost 100% of the population and nearly 77% of health expenditure. In most cases, the SHI reimburses 80% of costs of services, and the remainder is typically covered by complementary private health insurance (Mutuelle); 96% of the population is covered by voluntary health insurance. Out-of-pocket expenditure is about 7%. France has a nurses-to-physician ratio close to the OECD average. About 43% of all physicians are women. There are no substantial challenges regarding availability, accessibility, acceptability and quality, but there are important geographical disparities in health personnel distribution across regions. A projected decline in the physician-to-population ratio over the next 20 years, due to retirement, has led governments to introduce measures to curb a decreasing workforce stock and to reduce existing geographical variation. Key reform instruments include: increased quotas (*numerus clausus*) for entrance to medical schools, enhanced multidisciplinary cooperation between physicians and paramedics at a local level through skills mix and task shifting (such as for dialysis to nurses and eyeglass prescriptions to optometrists), financial incentives for setting up practices in medically deprived areas and Public Service Involvement Contracts offered to medical students with financial provisions to set up practice in underserved areas.

POPULATION AND HEALTH

Population [all (000s); proportion under 15 (%); proportion over 60 (%)]	63.2; 18; 23	(2010)
Average annual rate of population change (%)	0.5	(2010-2015)
Population living in urban areas (%)	86	(2011)
Gross national income per capita (PPP int. \$)	35910	(2011)
Population living on <\$1 (PPP int. \$) a day (%)	-	
Total expenditure on health as a percentage of gross domestic product (%)	11.6	(2011)
General government expenditure on health as a percentage of total expenditure on health (%)	77	(2011)
External resources for health as a percentage of total expenditure on health (%)	-	
Life expectancy at birth (years) [all; female; male]	82; 85; 78	(2011)
Total fertility rate (per woman)	2	(2010)
Neonatal mortality rate (per 1 000 live births)	2	(2011)
Infant mortality rate (per 1 000 live births)	3	(2011)
Under-five mortality rate (per 1 000 live births)	4 [4-5]	(2011)
Maternal mortality ratio (per 100 000 live births)	8 [7-10]	(2010)
Births attended by skilled health personnel (%)	97.5	(2010)
Antenatal care coverage - at least one visit (%)	100	(2010)
Antenatal care coverage - at least four visits (%)	98.9	(2010)
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%)	99	(2011)
Postnatal care visit within two days of birth (%)	-	

Top 10 causes of morbidity and mortality (DALYs)

Communicable, maternal, neonatal, and nutritional Non-communicable Injuries



Disability-adjusted life years (DALYs) quantify both premature mortality (YLLS) and disability (YLDs) within a population. The top 10 causes of DALYs are ranked from top to bottom in order of the number of DALYs they contribute in 2010. Bars going right show the percent by which DALYs have increased since 1990. Bars going left show the percent by which DALYs have decreased.

HUMAN RESOURCES FOR HEALTH

AVAILABILITY

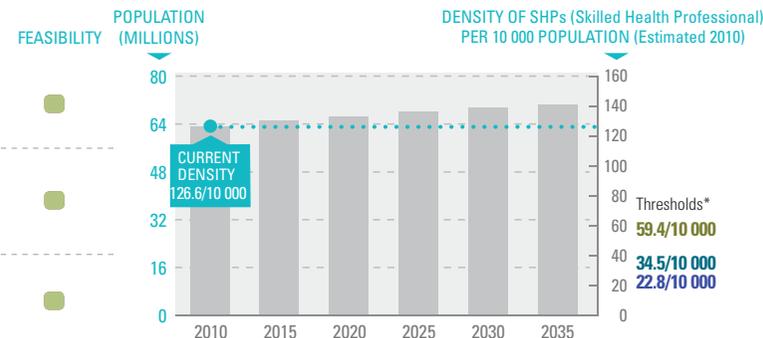
Feasibility of achieving thresholds: Most likely Somewhat likely Least likely

TO MEET THRESHOLDS BY 2035, REQUIRES:

0% increase to meet 22.8/10 000 threshold

0% increase to meet 34.5/10 000 threshold

0% increase to meet 59.4/10 000 threshold



ACCESSIBILITY

SUB-NATIONAL LOW NATIONAL AVERAGE SUB-NATIONAL HIGH

GEOGRAPHICAL DISTRIBUTION OF PHYSICIANS

(density per 10 000 population)

23.9 Physicians

33.8 Physicians

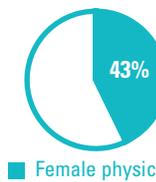
36.6 Physicians

ACCEPTABILITY

The ratio of nurses to physicians is **BELOW** the OECD average (2.8:1).



TO



QUALITY

Is there evidence that the country has mechanisms in place to:

ACCREDIT training institutions for:

Dentists	✓
Midwives	✓
Nurses	✓
Pharmacists	✓
Physicians	✓

REGULATE:

Dentists	✓
Midwives	✓*
Nurses	✓
Pharmacists	✓
Physicians	✓*

LICENSE/RE-LICENSE:

Dentists	✓*
Midwives	✓*
Nurses	✓*
Pharmacists	✓*
Physicians	✓*

HRH GOVERNANCE

Is there evidence that the country is adopting recommended good practices on HRH:

Leadership and Partnership

Is there government leadership on health workforce policy and management? ✓

Is there intersectoral and multi-stakeholder partnership to inform health workforce policy and management? ✓

Policy and Management

Is existing health workforce policy and human resource management:

related to population health needs? ✓

informed by data and strategic intelligence? ✓

addressing pre-service education? ✓

addressing geographical distribution and retention? ✓

addressing health workforce performance (e.g. competence, responsiveness and productivity)? ✓

addressing international mobility of health workers; and where relevant the WHO Code of Practice on the International Recruitment of Health Personnel? ✓/✓

Strategy/Plan and Finance

Is there a national HRH strategy/plan resulting from the above mechanisms? ✓*

For which period? ?

Does the strategy/plan account for the financial costs and resource requirements to implement it? ?

✓ = Yes ✓* = Partial ✗ = No ? = Insufficient data

*See Annex 1 for full explanation on country profile methods and sources.