Liberté, égalité, fraternité…santé

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"We are not England, we are not France", said Hillary Clinton about health-care insurance during a recent US presidential debate. European models of health care have their own history in which redistribution forms the cornerstone of social solidarity. Aiming to guarantee social cohesion, France's Etat Providence is rooted in models of a welfare state that developed in Germany and the UK. Ensuring universal health coverage and financed through payroll taxes, and increasingly through a general social contribution on all types of income, French health insurance is characterised by a strong redistributive scheme that benefits the poorest and the most sick.[1] Private and public health-care providers coexist in France and patients have the choice to be treated wherever they wish. Patients are reimbursed by the compulsory national insurance with any uncovered costs covered by private companies, half of which are non-profit insurers. This model is widely considered efficient. France was ranked first in WHO's World Health Report on health systems in 2000, although the report also highlighted health inequalities across the country.[2]

Despite this unique model and recognised successes, current French public health policies should adapt to the effects of recurrent economic crises on health systems and, most importantly, on the population. Key priorities include improving coordination between hospital and non-hospital networks, ensuring an equitable distribution of services across the country, and adapting the health system to the needs of an ageing population. In addition, the current vaccination schedule and policy in France is not widely understood by the public and there is uneven implementation.[3] Updating these policies and recognising the place of health in all government actions is essential to address the social determinants of health.

As economic growth remains sluggish in France, the health issues of vulnerable populations increase. Although access to high-quality health care, particularly emergency care, is universal, population-based indicators are strong for acute care but deteriorate when patients are treated for chronic conditions with their outcome related to their socioeconomic status.[4] In the first paper of the *Lancet* Series on France: nation and world, Olivier Nay and colleagues[5] highlight what is at stake in France today: they explain how the French health system works and how it is at a point where political decisions need to be applied urgently.

The French health-care model was also applied abroad, during French colonisation. In the second Series paper, Laëtitia Atlani-Duault and colleagues[6] examine how French ambition was characterised by perpetual tension between the unique French health-care system and programmes rooted in a biomedical model. Whatever the difficulties inherent to such ambition, and despite some recent progress in, for example, infant mortality, many health indicators in former French colonies remain alarming.[6] It is unclear how France will respond to these problems in the coming years. Development assistance for health from the French Government remains limited, is dependent upon the national economic situation, and health is not a key priority.

Despite substantial investments in multilateral institutions, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, and international

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networks among which the Institut Pasteur remains prominent, the voice of France is hardly heard in major international public health fora. Even if, as Atlani-Duault and colleagues[6] acknowledge, France made an important contribution on HIV/AIDS, official institutions relied more on the national hospital and university model than on developing synergies with field medical and scientific actors, such as those from non-governmental organisations.

From such ventures other questions emerge to frame health-care policies. Strategies for the innovative delivery of care also rely on the development of new products for prevention, diagnosis, and treatment, an area where France could reinforce its action beyond its involvement in UNITAID. Increasing use of high-tech medical care could threaten egalitarian and universal access to quality care. Lessons from low-income countries, or even from the USA, should be kept in mind to avoid this imbalance. Studies have shown that people in precarious situations do not seek some forms of health care.[7,8]

In 2013, the then Prime Minister of France called for a structural reform of the health-care system that led to an ambitious strategic plan in which prevention and health promotion would be re-emphasised. Acknowledging that the current health system was performing well but was not egalitarian,[9] the Minister of Social Affairs and Health launched a plan to tackle health inequalities that is still under discussion. Bringing this initiative to fruition is imperative and is likely to involve trade-offs to ensure universal access. As the French population changes and ages, ensuring that the health-care system provides universal and equal access to the entire population is the challenge for the future. Future policies should make sure this gap does not threaten the French motto, safeguarding égalité in its rightful place in the French health-care system.

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I declare no competing interests.

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