

Health at a Glance 2019

- Quality of acute care is good, with the sixth lowest 30-day mortality rate after a heart attack
- France has the third lowest share of out-of-pocket spending as a share of final household consumption



- Daily smoking rate in France is the fourth highest among OECD countries
- Alcohol consumption in France is the third highest among OECD countries
- Antibiotic prescriptions in primary care are over 25% higher than the OECD average



France

How does it compare?



France spends just over 11% of its GDP on health, one of the highest shares among OECD countries, and is projected to spend up to 13% of its GDP by 2030. This spending has contributed to good health outcomes, with life expectancy at birth two years above the OECD average. However, gains in life expectancy have slowed in recent years.

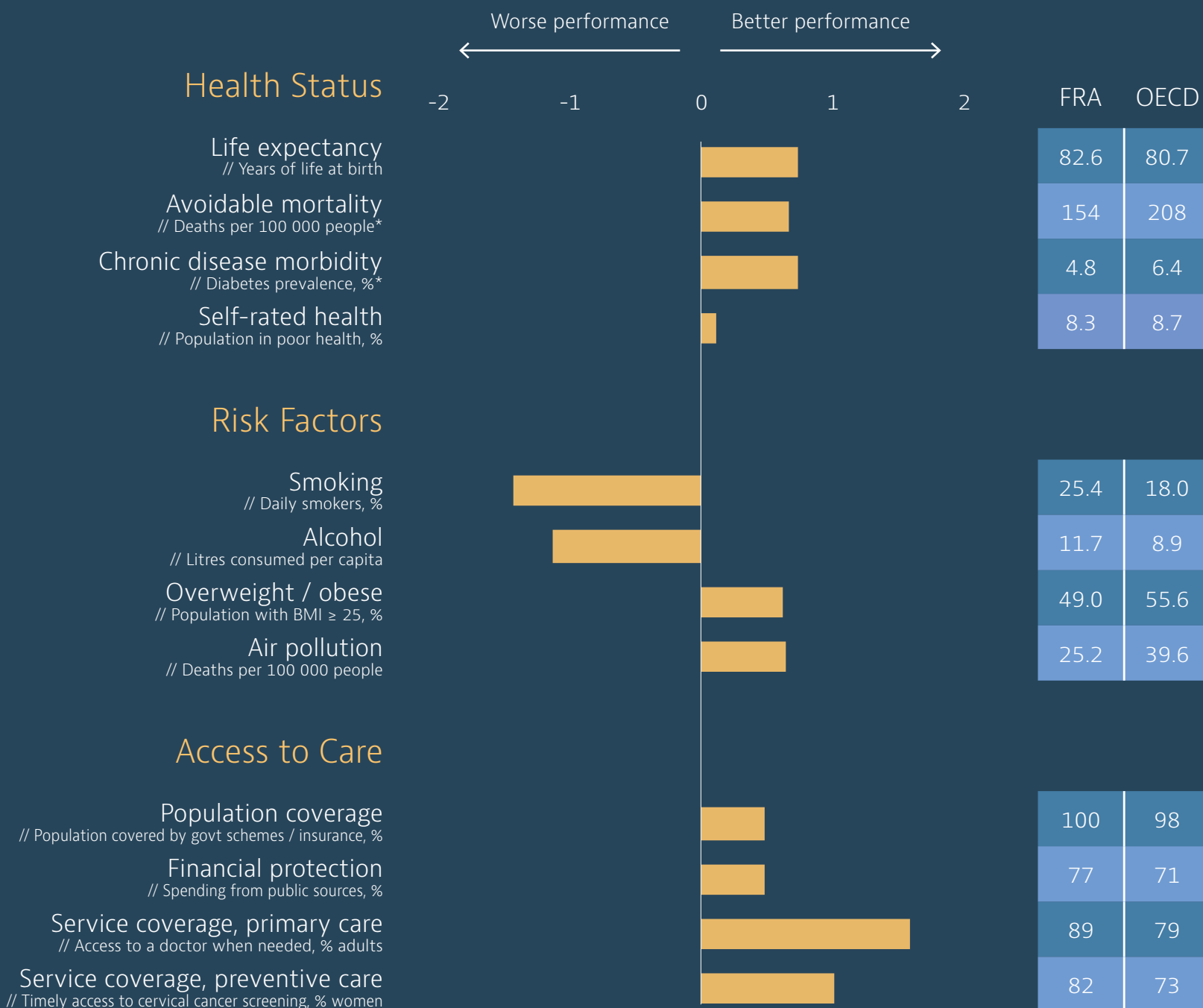
One in four adults still smoke daily and alcohol consumption remains about 30% higher than the OECD average. About half of adults and one third of children are overweight or obese.

Access to care is strong in France, with out-of-pocket spending representing only 2% of final household consumption. However, there are concerns about a limited access to doctors in underserved areas.

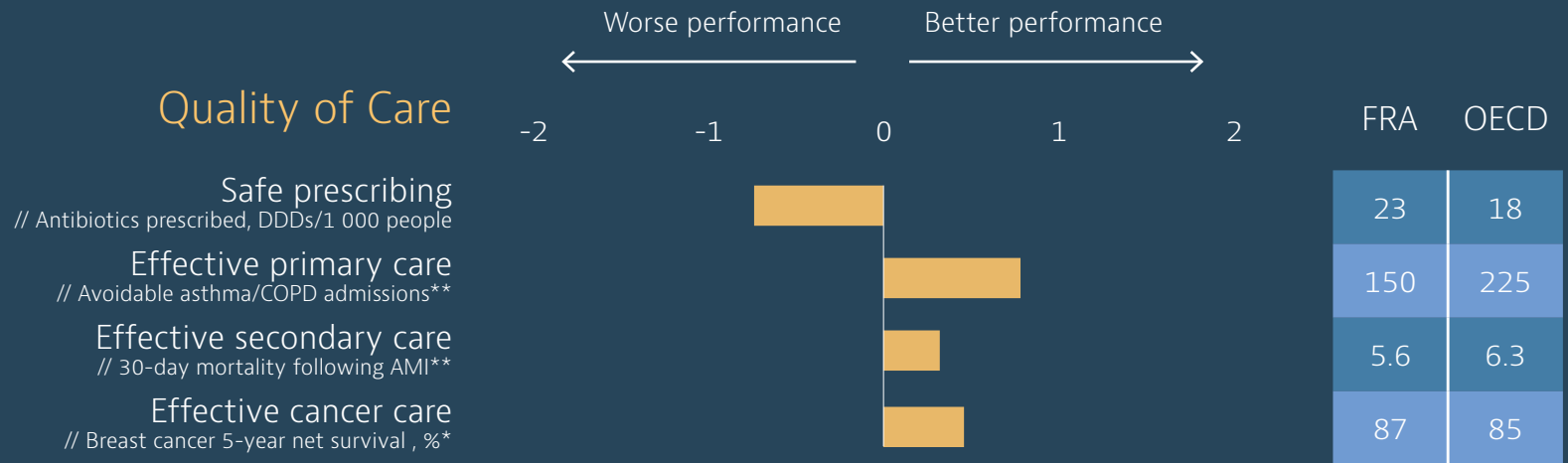
Hospitals provide high quality care, reflected in 30-day mortality after heart attacks and strokes lower than the OECD average by about 20% and 10% respectively. France does well in avoiding hospitalisations for asthma and chronic obstructive pulmonary diseases. Conversely, avoidable admissions for diabetes and heart failure that should be dealt with in primary care are above the OECD average. Prescription of antibiotics in France are 25% above the OECD average.



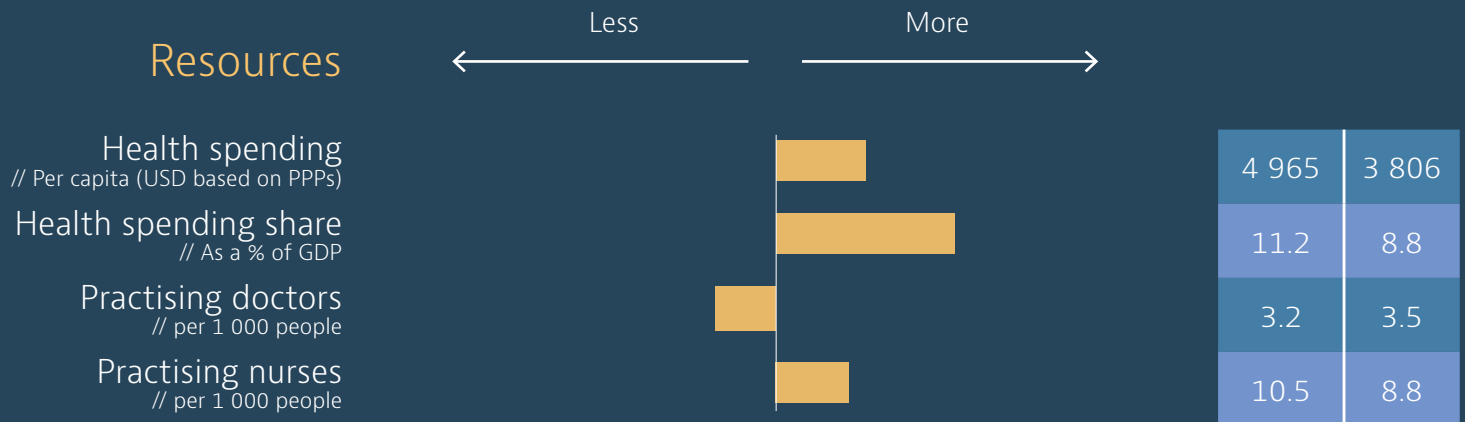
How far is the France from the OECD average?



Quality of Care



Resources



Key data available for download here:
www.oecd.org/health/health-at-a-glance.htm

Notes – These charts indicate how far a country is from the OECD average, based on the standard deviation. *age-standardised. **age-sex standardised. AMI = acute myocardial infarction; BMI = body mass index; COPD = chronic obstructive pulmonary disease; DDD = defined daily dose; PPPs = purchasing power parities.

France

How does it compare?

Health at a Glance 2019 compares key indicators for population health and health system performance across OECD members, candidate and partner countries. It highlights how countries differ in terms of the health status and health-seeking behaviour of their citizens; access to and quality of health care; and the resources available for health. Analysis is based on the latest comparable data across 80 indicators, with data coming from official national statistics, unless otherwise stated.

France: Selected issues

Unhealthy lifestyles contribute to preventable mortality

Over 75,000 people died in France in 2015 from preventable causes such as lung cancer or alcohol-related causes. While smoking rates have decreased in France over the last decade, one in four adults still smoked daily in 2018 – the fourth highest rate across OECD countries. In France, as in other OECD countries, men smoke more than women: the rate is 28% for men, compared to 23% for women. Smoking rates are also higher amongst those with lower education levels (*Health for Everyone? Social Inequalities in Health and Health Systems*, OECD, 2019).

Alcohol is a leading cause of death and disability, with consumption in France still 30% higher than the OECD average. As for tobacco consumption, men are more likely to drink, with a share of dependent drinkers over 3 times higher for men than for women in France (5.3% for men and 1.5% for women). Policies addressing harmful alcohol use include broad-based strategies (such as taxes and advertising regulations) and ones that target heavy drinkers (*Tackling Harmful Alcohol Use*, OECD, 2015).

Addressing concerns about health workforce shortages

An increasing share of doctors in France are aged 55 and older – 45% of doctors in 2017, up from 16% a decade earlier. With the overall number of doctors fairly stable in recent years, their retirement may accentuate shortages in some rural and underserved areas, especially of GPs. The density of doctors is 2.7 doctors per 1 000 population in predominantly rural areas, compared with a density of 3.9 per 1 000 population in predominantly urban areas.

In France, there were 3.1 nurses per doctor in 2017, a ratio higher than the OECD average of 2.7, but still behind other OECD countries, including Japan, Finland and Norway (where the ratio was close to 4 or higher). The number of nurses has increased in France in the last decade to reach 10.5 nurses per 1 000 population in 2017.

In primary care, new support roles for nurses, pharmacists and other health professionals have the potential to reduce the workload of primary care physicians, without undermining quality of care (*Towards better primary health care in the 21st century*, OECD, forthcoming).

France

How does it compare?

Health at a Glance 2019: OECD Indicators
www.oecd.org/health/health-at-a-glance.htm

