Can people afford to pay for health care? 
New evidence on financial protection in France

This report assesses the extent to which people in France experience financial hardship when they use health care. It covers the period from 2011 to 2024 using data from household budget surveys from 2011 and 2017 (the latest available year), data on unmet need for health services up to 2022 (the latest available year) and information on coverage policy (population coverage, service coverage and user charges) up to March 2024. Its key findings are as follows.

In 2017, 1.4% of households were impoverished or further impoverished after out-of-pocket payments (data not shown) and 2.1% of households – around 800 000 people – experienced catastrophic health spending (Fig. 1). Catastrophic health spending is heavily concentrated among households with low incomes (Fig. 1). The incidence of catastrophic health spending is much higher than the national average in households in the poorest consumption quintile (9%) and households headed by unemployed people (10%), other inactive people (8%) or single parents (5%) (data not shown).

Fig. 1. Share of households with catastrophic health spending by consumption quintile

In the poorest quintile catastrophic health spending is mainly driven by out-of-pocket payments for outpatient medicines, medical products (things like hearing aids, dentures and glasses) and outpatient care (Fig. 2).

How does France compare to other countries?

The incidence of catastrophic health spending is lower in France than in many European Union (EU) countries (Fig. 3), in line with France's very low reliance on out-of-pocket payments to finance the health system. In the poorest quintile it is mainly driven by out-of-pocket payments for outpatient medicines – in common with most other countries in Europe (Fig. 4) – and medical products (WHO Regional Office for Europe, 2023). Unmet need for dental care in France is well above the EU average and particularly high for people with low incomes (data not shown).

What strengthens and undermines financial protection in France?

Three features of coverage policy that are likely to strengthen financial protection in France offer examples of good practice for other countries: the basis for entitlement to social health insurance benefits (SHI) does not depend on payment of contributions, so all legal residents are automatically covered, including people with precarious jobs; people with any of 32 affections de longue durée [chronic conditions] (around 18% of the population) are exempt from the ticket modérateur [percentage co-payments] for treatment of those conditions; and undocumented migrants with low incomes who have been in France for at least 90 days have access to very similar benefits as legal residents, without user charges, through the aide médicale de l’État (AME) [State medical aid] scheme.

However, substantial income inequality in financial hardship and unmet need for dental care reflects weaknesses in coverage policy. Although the SHI scheme benefits package is relatively comprehensive, it is more limited for dental care. The mechanisms in place to protect people from widespread, heavy and complex user charges (including balance billing) are not sufficiently protective.

Complementary health insurance (CHI) covering user charges improves financial protection for around 95% of the population (in part because households with very low incomes have free or subsidized access to CHI through Complémentaire Santé Solidaire [free or low-cost complementary health insurance]), but CHI does not fully address the problems caused by user charges. Financial and administrative barriers to accessing good quality CHI continues to be a challenge for many households with low incomes and CHI is a highly regressive way of financing the health system, imposing a heavy financial burden on the poorer half of the population. Relying so heavily on CHI to provide financial protection also involves significant transaction and financial costs for the Government and employers.

How can France improve financial protection?

Since 2000 the Government of France has taken important steps to strengthen financial protection, initially focusing on improving access to SHI and CHI and, more recently, focusing on reducing balance billing for medical products (including for dental care, optical care and hearing aids) through the 100% Santé [100% Health] reform phased in between 2019 and 2021.
Fig. 3. Households with catastrophic health spending and out-of-pocket payments as a share of current spending on health in the WHO European Region, 2019 or latest available year before COVID-19

Notes: data on catastrophic health spending and out-of-pocket payments are for the same year. The colour of the dots reflects the incidence of catastrophic health spending: green < 2%, yellow < 5%, orange < 10%, red < 15%, dark red over 15%. See page 4 for country codes.


Fig. 4. Breakdown of out-of-pocket payments by type of health care in households in the poorest consumption quintile with catastrophic health spending, 2019 or the latest available year before COVID-19

Notes: countries ranked from left to right by incidence of catastrophic health spending. See page 4 for country codes.

Source: UHC watch and WHO Regional Office for Europe (2023).
In addition to reducing financial hardship and unmet need, these measures would make the health system less complex and more transparent, fair and resilient.

Monitoring financial protection in Europe

This study is part of a series of country reports generating new evidence on financial protection – affordable access to health care – in health systems in Europe and central Asia. Financial protection is central to universal health coverage (UHC), an indicator of the Sustainable Development Goals, part of the European Pillar of Social Rights and at the centre of the European Programme of Work, WHO European Region’s strategic framework. WHO Regional Office for Europe monitors financial protection in over 40 countries through the WHO Barcelona Office for Health Systems Financing. See UHC watch for data, analysis and other resources (https://apps.who.int/dhis2/uhcwatch).

Countries

ALB: Albania; ARM: Armenia; AUT: Austria; BEL: Belgium; BIH: Bosnia and Herzegovina; BUL: Bulgaria; CRO: Croatia; CYP: Cyprus; CZH: Czechia; DEN: Denmark; DEU: Germany; EST: Estonia; FIN: Finland; FRA: France; GEO: Georgia; GRE: Greece; HUN: Hungary; IRE: Ireland; ISR: Israel; ITA: Italy; LTU: Lithuania; LUX: Luxembourg; LVA: Latvia; MAT: Malta; MDA: Republic of Moldova; MKD: North Macedonia; MNE: Montenegro; POL: Poland; POR: Portugal; ROM: Romania; SRB: Serbia; SVK: Slovakia; SVN: Slovenia; SPA: Spain; SWE: Sweden; SWI: Switzerland; TUR: Türkiye; UKR: Ukraine; UNK: United Kingdom.

WHO Regional Office for Europe

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