

PRESS RELEASE

9 February 2022

COMMUNICATION TO THE SOCIAL AFFAIRS COMMITTEE OF THE NATIONAL ASSEMBLY

CHILDREN'S HEALTH

A policy to be overhauled to reduce social and regional health inequalities

On 1 January 2021, there were 9.4 million children under 12 in France, representing 14% of the population. Their current state of health, and their care covered by the health system, will be one of the main determinants of the state of health of future generations of adults, and therefore of health expenditure. Although children's state of health is difficult to characterise with precision, France ranks in the middle of comparable countries. However, the overall improvement observed hides marked social inequalities from an early age. In addition, public spending on prevention and the provision of care for children appears limited. In 2019, it represented just about 4.5% of national health insurance expenditure, i.e. €8.9 billion. In the report published today, the Court of Accounts points out that there is room for manoeuvre to assist prevention and the promotion of children's health.

A policy of reducing inequalities with modest effects

Although preventing social and regional health inequalities is a priority regularly announced by the public authorities, it nevertheless comes up against the wide range of institutional stakeholders (central government, local authorities, social security bodies), whose own goals do not make it possible to define a real long-term policy aimed at reducing them. Moreover, despite numerous measures planned to monitor the health of children from a very young age (including twenty medical examinations and five oral examinations, which are compulsory), the results of these are very difficult to monitor. In 2019, for example, only 60,000 medical examinations at 9 and 24 months were recorded per month on average, compared to the 125,000 expected given the number of children of these ages. In 2018, less than one in five children received an scheduled examination by a school doctor during their sixth year.

Restructuring child health policy

The two networks of historic stakeholders in children's health (the mother and child welfare service [PMI] and school health services) are experiencing significant difficulties, which are regularly noted. These difficulties are, more broadly, part of a movement involving the gradual disappearance and dispersal of specialised medical and paramedical skills for children, particularly in doctor's surgeries and health centres. In fact the provision of care for children now relies mainly on general practitioners. In 2019, paediatricians provided only 33% of consultations for children under 12, concentrating their activity on children under two, living in large urban areas and from socially-advantaged backgrounds. While the coexistence of several health professions dedicated to children's health (whether prevention or care) could have alleviated the difficulties of accessing the health system, they tend to accumulate in certain areas. The Court considers that there is room for manoeuvre to develop an ambitious prevention and health promotion policy for children. With this in mind, it is drawing up three key areas of recommendations: improving governance and management, strengthening the care offering for children and building a regional care pathway. Reaffirming the importance of the child's treating physician, which today concerns only one in two children, is for example a lever for better structuring the child's prevention and care pathway. This could be done by entrusting this physician with the compulsory examinations and making their actions part of a multi-professional approach based on the delegation of actions or the recognition of independent childcare nurses. This could be the starting point for social investment, the efficiency of which would be measured in the long term by the improvement in adults' state of health.

[Read the report](#)

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