



PRESS RELEASE

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Public thematic report

VACCINATION AGAINST COVID-19

Today's report is the first by the Court of Accounts to specifically address the context, organisation and results of the Covid-19 vaccination campaign.

In December 2020, this vaccination campaign began, just a few months after the pandemic became global. Initially targeted at the population groups most exposed to severe forms of the virus, in particular residents of nursing homes, the vaccination was made progressively but rapidly accessible to the entire population aged 12 and over, from spring 2021. Vaccinating an entire population in such a short period of time was unprecedented. It took place in a complex and unprecedented context: strategy, organisation and logistics had to be adapted continuously, particularly during the first few months, in order to effectively cover the most exposed people and then the entire population. Although the cost of this vaccination can be put into perspective in relation to the benefits it has brought, significant and sometimes problematic disparities in vaccination coverage persist.

Solid results on the initial two-dose vaccination scheme

Although the refusal to vaccinate was heavily publicised in the media, a preponderant proportion of the French population was vaccinated either spontaneously or by being encouraged to do so by the health pass and then the vaccination pass. By the beginning of September 2022, approximately 79% of the French population had received the initial vaccination. Taking adults and adolescents aged 12 and over as a reference, 90.6% of the eligible population received two doses of vaccine and at least 90% of those eligible for the first booster received it. Basically, vaccination has had a positive impact on the health status of the population by reducing the number of hospital admissions and, according to the WHO, preventing 38,700 deaths of people aged 60 and over between December 2020 and November 2021. The scaling up of vaccination has enabled governments to limit the use of measures that restrict economic activity - costly to the public purse.

Persistent weaknesses, expansions not finding their audience

Among adults and adolescents, vaccination rates appear to be heterogeneous according to social conditions and territories. The geography of initial vaccination schemes for eligible populations (aged 12 and over) shows a clear north-east/south-west divide. Vaccination is particularly low in some overseas departments and regions, with 39.6%, 45.2% and 46.3%

respectively for Guyana, Guadeloupe and Martinique. The oldest population- aged 80 and over - is less well vaccinated than the other adults (88% for the initial scheme compared to 89.5%) and this gap widens as age increases- due in particular to isolation, reduced mobility or difficulty in making an appointment via the Internet. There have also been gaps in the monitoring of people with conditions that increase the risk of severe forms of Covid-19. The latest expansions of vaccination have not found their audience: the vaccination rate of children aged 5 to 11 remains very low (with less than 5% in total). More worrying in an autumn context favourable to a resumption of the epidemic, the second booster for people aged 60 and over is 33.6% in total as of 2 November 2022.

The organisation of the vaccination campaign: lessons to be learned

The pooling of vaccine purchases by the European Union was a key element of the vaccination campaign, in particular by preventing bidding and crowding out between European countries. In the case of nursing homes, the main target of the vaccination, the supply of vaccines was partly based on hospital pharmacies, by derogation from the common law circuit of wholesale distributors and pharmacies. To define its vaccination policy, the government relied on the French National Authority for Health (HAS), but also, on the grounds of urgency, on other bodies specially created for this purpose. It is necessary to clarify the procedures that will enable the HAS to carry out all its tasks relating to vaccination in contexts of great urgency. Lastly, vaccination against Covid-19 mobilised a large number of contributors - vaccination centres, pharmacists, doctors and nurses - who formed a pool of vaccinators (just over 128,000). To ensure rapid scaling up of vaccination in other circumstances, these resources should be identified beforehand. In addition, the role of each contributor could be better defined, to ensure wider vaccination coverage of the elderly or frail by doctors and nurses. The fact that the national health insurance organisation sends lists of patients concerned by preventive measures for the main diseases to the doctors treating them is a step forward that should be continued.

[Read the report](#)

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