



PRESS RELEASE

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THEMATIC PUBLIC REPORT

HEALTH IN FRENCH OVERSEAS TERRITORIES The Republic's responsibility

The French Overseas Territories each have specific geographic, organisational and human characteristics, but they all face similar problems in the field of health, albeit to a various extent and with some local particularities¹.

As mentioned in article 74 of the French Constitution, each territory falls under a tailored status that "takes account of the specific interests of each one within the Republic", but the Republic of France is nonetheless a single entity. Regardless of each territory's political or administrative structures, the State is the ultimate guarantor of equal opportunity for all citizens in the health field.

Persistent health difficulties

With regard to their populations' health conditions, the situation is clearly much more satisfactory than in many of their neighbouring countries. There are however significant differences from one territory to another and within each of them. Such contrasts may also to be found within mainland France.

The Overseas Territories face persistent difficulties, such as a high level of infant and maternal mortality rate, a high incidence of infectious diseases (chikungunya in La Réunion and the French West Indies, Zika fever in French Polynesia), chronic conditions (notably diabetes and end-stage renal failure) and widespread addictive behaviours. Diseases such as leptospirosis or acute articular rheumatism, rarely seen in mainland France, are still common. Specific environmental risks, in particular those associated with the use of chlordecone in Guadeloupe and Martinique, have a negative impact on public health, as well as often poor socio-economic conditions. The extent of the financial effort implemented by the National budget has contributed to an improvement in Human Development Index ranking (HDI, as calculated by the United Nations Development Programme). HDI progress has been faster than in mainland France, but Overseas Territories remain between 12 to 28 years behind the latter.

¹ The report covers all inhabited French Overseas Territories: Guadeloupe, Martinique and related islands, French Guyana, La Réunion, Mayotte, French Polynesia, New Caledonia, Wallis and Futuna, and Saint-Pierre et Miquelon.



Struggling health-care systems

While prevention is commonly considered as a priority, its resources are frequently insufficient, which increases the cost of curative care. The role of local practitioners is essential but often impaired by several obstacles, the first of which is their unequal geographical distribution, followed by a lack of effective coordination between the various components of the health-care system. In this context, health care relies primarily on hospitals, often poorly managed or equipped. Among other consequences, inadequate care leads to costly referrals for treatment in mainland France, Australia, Canada or New Zealand.

These health challenges require that all policymakers undertake major efforts to improve access to healthcare as well as quality and safety, in order to ensure the best use of available resources. The failure to achieve that goal so far has led to health outcomes out of line with the resources invested ; health expenditure per inhabitant can be as much as four times greater from one place to another, with no medical justification. The very different examples of Mayotte, Saint-Pierre and Miquelon, Wallis-and-Futuna or French Guyana - all territories where the State has direct responsibility - highlight the urgency of a 'global' strategy.

The need for a public strategy

The Public health systems need to be reengineered. This calls for mobilising the full spectrum of political and administrative actors involved, and to increase their coordination towards a genuinely collective effort. In order to make the necessary trade-offs, such an initiative needs to be based on an accurate assessment in each territory.

The State bears direct responsibility in the field of health in most Overseas Territories (except in French Polynesia and New Caledonia, the governments of which should be given the opportunity to join the new strategy to be developed). In order to ensure equal access to health care within the Republic, it is therefore essential to have a multi-year global strategy. Its implementation must be based on a limited number of priorities, with a realistic timetable. To achieve it, budgetary re-allocations between territories, or between the territories and mainland France, will be necessary.

Recommendations

The Court issues 14 recommendations, based on a global, multi-year approach aimed at a better understanding and a better coordination of the healthcare system in the Overseas Territories, and at implementing more effective actions in order to reduce the most glaring differences in health care equal opportunity.

[To read the full report click here](#)

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