

Ailing French health care system to go under the knife

The French public health system — once praised by WHO as the best in the world — is overburdened, wasteful and in urgent need of an overhaul, says a government-commissioned report released in January. The diagnosis lays the groundwork for the second of two “modernization” packages — this one targeting the social security system that reimburses medical expenses, the other aimed at the public hospitals themselves — long planned by French Health Minister, Jean-François Mattei.

Written by the High Council for the Future of Health Insurance, a 53-member panel set up last October that included politicians, medical professionals and health insurers, the report highlighted several problems. In particular, a projected €10.9 billion (US\$ 13.7 billion) shortfall in the public health insurance budget in 2004, which could balloon to nearly €66 billion (US\$ 82.9 billion) by 2020.

Beyond finances, the Council also pointed out troubling medical aspects of a system lacking oversight and accountability. For example, the report noted that “nothing justifies” the consumption of two to four times more analgesics, antidepressants, and tranquillisers in France compared to its neighbours. The associated costs and dangers are “considerable,” amounting to over €16 billion (US\$ 20 billion) per year and 350 hospitalizations a day due to toxic interactions between prescription drugs. Remedying the situation, the Council wrote, “requires extremely decided actions” and “active participation from all the players in the ‘medicine chain’: the State, laboratories, drug makers, physicians, pharmacists, public and private health insurers and the patients themselves.”

The report also discusses “grave inadequacies” in the way the health insurance system is currently managed. Compartmentalization, “confusion about who is in charge of what,” and a “sometimes ridiculous accumulation of administration” were cited as major obstacles to efficiency.

Only three years ago, France’s public health system was hailed the best in the world by WHO. It provides universal coverage while allowing relatively unhindered access to both public and

private doctors, services and institutions, generally without long waiting lists. Reimbursement of obligatory medical services averages 76%, but for the sickest patients, costs are 100% paid for up front.

The High Council report warned that the current system of refunding medical expenditures “probably promotes some of the problems.” As a result, the French are bracing themselves for changes that will likely curb their liberal access to medical specialists, treatments and drugs. They will probably have to pay more, too.

Days after the report was delivered, Mattei called for bilateral discussions and set up working groups to detail possible remedies for the ailing health insurance system. The discussions, which are to conclude in early April, will focus on eight topics ranging from the good use of medicines to sharing medical records. The ministry is scheduled to outline the reforms by July.

Meanwhile, after months of negotiations, several unions of medical professionals have agreed to participate in writing the decrees that will govern the implementation of another set of reforms called “Hospital 2007.” These aim to revitalize French public hospitals as well as make them more cost-efficient.

“The last sweeping reform of French public hospitals was in 1958,” says gynaecologist–obstetrician, André Nazac, president of a union representing various medical professionals including assistant clinical directors and young doctors, which has signed its support to Hospital 2007. “Staying in the situation we have now would be more serious than what might happen [with Hospital 2007]. So, we prefer to participate in shaping the law rather than wait until it is written and say we don’t agree.”

“Hospital 2007,” which will be phased in over 3 years starting in June has triggered work stoppages and protests among some medical professionals, since Mattei, a doctor himself, first outlined its goals in 2002. It proposes to tear down compartmentalization within hospitals by creating multidisciplinary “poles” or service units. It also calls for each public hospital to set up an executive committee made up of administrative and medical personnel to direct treatment, teaching and research priorities. Funding will be restructured to give the most active departments and services a larger share of the budget. Other changes will range

from updating purchasing and pricing procedures to reducing the wait in emergency rooms. A system of evaluation and promotion based on competency may also be inaugurated.

Problems with the French public health care system became increasingly apparent in recent months. When Europe sweltered under a heat wave last August, for example, more than 15 000 people died in France, dwarfing the number of deaths in neighbouring countries. In December, a nationwide flu and bronchitis epidemic led to a shortage of hospital beds. ■

Charlene Crabb, *Paris*

Top broadcasters join forces with UN on HIV/AIDS prevention

Twenty of the world’s most powerful broadcasters and media conglomerates joined forces with humanitarian agencies to fight HIV/AIDS in a new initiative which UN Secretary-General, Kofi Annan, said had the potential to save “as many, if not more, lives than physicians.”

“In the world of AIDS, silence is death,” Annan told broadcasters at a meeting in New York on 15 January to launch the Global Media AIDS Initiative.

The initiative — the first of its kind to be launched by the UN — is financed by the Bill and Melinda Gates Foundation and run jointly with the Kaiser Family Foundation, a US non-profit group that has been working with health agencies and media groups addressing the HIV/AIDS epidemic for more than a decade. The project aims to find ways in which the media can use their resources to raise awareness about HIV/AIDS and to help gather broader support in the fight against it.

Participants included leading global networks like Viacom of the US and the British Broadcasting Corporation, as well as domestic broadcasters in China, India, Nigeria and South Africa.

“AIDS is an epidemic of the information age,” said UNAIDS Executive Director, Dr Peter Piot, adding that information was one of the “strongest weapons against the AIDS epidemic “to fight denial, inaction, ignorance, discrimination — the key forces that allow this epidemic to spread.”

Annan appealed to broadcasters to make the fight against AIDS a corporate priority. His proposals included devoting programming, news, editorial

and advertising space to the issue, supporting efforts to train reporters and the development and broadcasting of AIDS-related shows and films. Many broadcasters reported that they had already stepped up their AIDS coverage in recent years.

Award-winning TV dramas like MTV's "Staying Alive" and "Angels in America", a two-part television series based on a Broadway drama about AIDS in New York in the 1980s, have played a vital role in giving the disease a human face, participants said.

In India where some HIV/AIDS patients are stigmatized, Detective Vijay, the main character in a popular crime series, is an HIV-positive private investigator.

South Africa's version of the US children's show, "Sesame Street" — "Takali Sesame" — recently introduced an HIV-positive Muppet called Kami to encourage children to play with school friends who have HIV.

Peter Matlare, Chief Executive of the South African Broadcasting Company, said his network had set up an AIDS helpline called "Love Life" and that 250 000 young South Africans call in every month.

Many broadcasters said respected and popular personalities from sport, entertainment and politics were a powerful tool for communicating the dangers of unsafe sex.

"Who would think we would have Nelson Mandela speaking to our audience on ... condom usage?" MTV chief, Bill Roedy, said.

The president of China Central Television, Zhao Huayong, said a news report showing a Chinese minister shaking hands with an AIDS patient had been groundbreaking in raising awareness about the epidemic in China where few programmes had broached the subject in the past.

Mark Byford, Executive Director General of the BBC, said he had stepped up AIDS coverage on BBC World radio and television massively last year because AIDS was "a global story."

"It's not just about southern Africa. It's Russia, it's the Caribbean, it's China, it's Europe, it's everywhere," Byford said.

In response to Annan's appeal to make HIV/AIDS related material accessible to other media outlets, participants agreed to share footage and information rights-free possibly in the form of a

database. All 20 media networks signed a statement of support and their efforts will be reviewed at an international AIDS conference in Bangkok in July. ■

Fiona Fleck, *Geneva*

In brief

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This month sees the introduction of an additional *News* section. The objective of *In brief* is to provide readers with short summaries of developments, events or debates in the field of public health that do not merit in-depth reporting but are nevertheless important. We hope that this will help make the *News* a more comprehensive service for *Bulletin* readers.

European centre for disease control

European Union governments are soon to give their formal approval for a European centre for disease prevention and control. The initiative was given the go-ahead by the European parliament on 10 February.

The centre, which aims to be operating by early 2005, will be based in Sweden and will comprise a core staff of some 30 to 40 officials. It will be managed by representatives from national governments and European Union institutions with an initial three-year budget of US\$ 61 million.

The centre will become responsible for the management of the European communicable disease network and will be closely involved in the work of the EU health security task force which plans against bio-terrorist attacks.

One of its immediate tasks will be to establish a clear working relationship with WHO. The case for a European centre for disease control was argued by Michel Tibayrenc in the *Bulletin* (2001;79:1094). ■

Yellow fever emergency in Liberia

Three people with confirmed cases and two with suspected cases of yellow fever have died in Liberia prompting the launch of an emergency mass vaccination campaign.

WHO and UNICEF will launch the campaign together with Liberia's Ministry of Health and Social Welfare.

"Conditions are ripe here for an epidemic," said Dr Luzito Simao, of the WHO office in Liberia. "The last 14 years of civil war have literally destroyed Liberia's health infrastructure and yellow fever is an extremely deadly disease. Even among hospitalized patients, the mortality rate may reach up to 50%," he said, explaining that WHO considers just one laboratory confirmed case to be an outbreak.

UNICEF warned that 522 000 people were in need of urgent vaccination but there were only 80 000 vaccination doses available. Both agencies are appealing for US\$ 1.3 million to prevent the outbreak from spreading into the population at large.

With the onset of the rainy season, environmental conditions are set to become even more favourable for the disease. ■

Humanitarian crisis in Sudan

The recent escalation of violence in Darfur, western Sudan, has led to a humanitarian crisis with thousands of people fleeing into the desert. Three million people remain beyond the reach of aid. Lack of access to food, water and medical facilities is threatening the survival of many, report Médecins Sans Frontières and the UN World Food Programme.

The crisis follows the breakdown of peace talks in mid-December. The ensuing deterioration of security and collapse of law have prevented agencies from operating in the province — one of the most inhospitable regions in the world. According to the UN Office for the Coordination of Humanitarian Affairs, access to most areas outside the region's three state capitals — Nyala, El Geneina and El Fasher — is impaired by daily incidents of militarized violence on major roads and routes. The prevalence of landmines is also complicating efforts to deliver aid.

UN Emergency Relief Coordinator, Jan Egeland, praised the delivery of aid to the region but warned that aid workers "are still not reaching the majority of those in need."

The UN World Food Programme (WFP), which began an airlift of 500 metric tonnes of sorghum into the region in mid-February, described the situation for displaced people in the