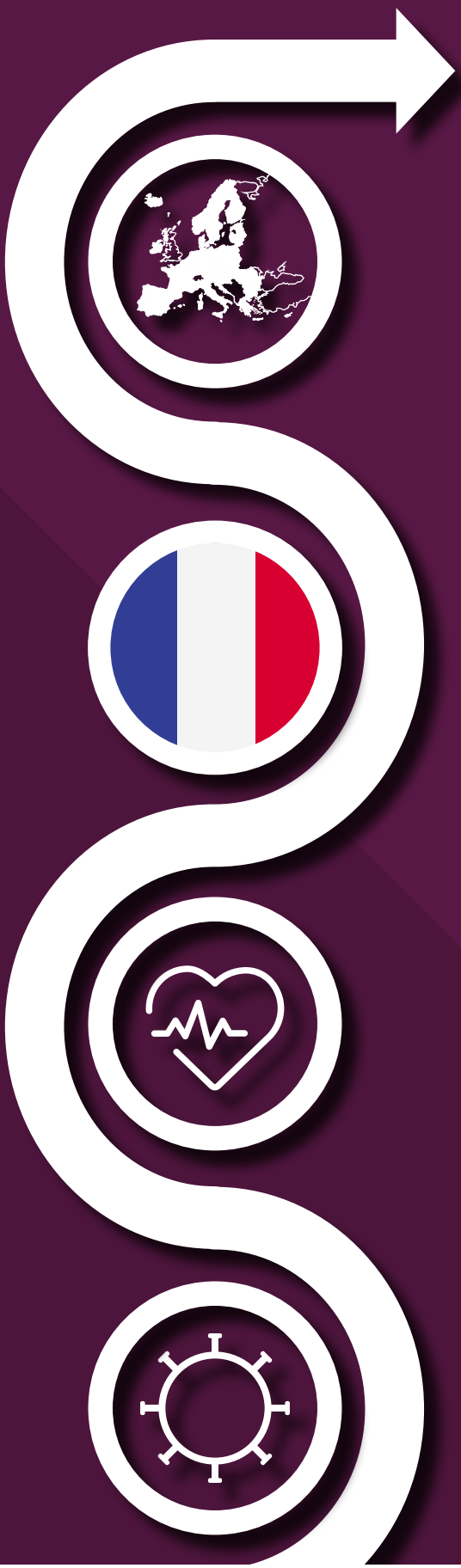


State of Health in the EU

FRANCE

Country Health Profile 2025

European Commission

OECD
BETTER POLICIES FOR BETTER LIVES

European Observatory on Health Systems and Policies
a partnership hosted by WHO

The Country Health Profiles series

The State of Health in the EU's Country Health Profiles provide a concise and policy-relevant overview of health and health systems in the EU/European Economic Area. They emphasise the particular characteristics and challenges in each country against a backdrop of cross-country comparisons. The aim is to support policy makers and influencers with a means for mutual learning and knowledge transfer. The 2025 edition of the Country Health Profiles includes a special section dedicated to pharmaceutical policy.

The profiles are the joint work of the OECD and the European Observatory on Health Systems and Policies, in co-operation with the European Commission. The team is grateful for the valuable comments and suggestions provided by the Observatory's Health Systems and Policy Monitor network, the OECD Health Committee and the EU Expert Group on Health Systems Performance Assessment (HSPA).

Contents

Data and information sources

The data and information in the Country Health Profiles are based mainly on national official statistics provided to Eurostat and the OECD, which were validated to ensure the highest standards of data comparability. The sources and methods underlying these data are available in the Eurostat Database and the OECD health database. Some additional data also come from the Institute for Health Metrics and Evaluation (IHME), the European Centre for Disease Prevention and Control (ECDC), the Health Behaviour in School-Aged Children (HBSC) surveys, the Survey of Health, Ageing and Retirement in Europe (SHARE), the European Cancer Information System (ECIS), the World Health Organization (WHO), as well as other national sources.

The calculated EU averages are weighted averages of the 27 Member States unless otherwise noted. These EU averages do not include Iceland and Norway.

This profile was finalised in September 2025, based on data that was accessible as of the first half of September 2025.

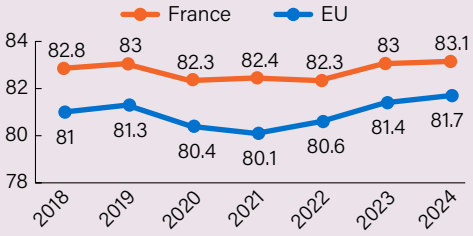
Demographic and socioeconomic context in FRANCE, 2024

Demographic factors	France	EU
Population size	68 467 362	449 306 184
Share of population over age 65	21 %	22 %
Fertility rate 2023[1]	1.7	1.4
Socioeconomic factors		
GDP per capita (EUR PPP)[2]	39 113	39 675
At risk of poverty or social exclusion rate[3]	20.5 %	20.9 %

1. Number of children born per woman aged 15-49.
2. Purchasing power parity (PPP) is defined as the rate of currency conversion that equalises the purchasing power of different currencies by eliminating the differences in price levels between countries.
3. At risk of poverty or social exclusion (AROPE) is the percentage of people who are either at risk of poverty, severely materially and socially deprived, or living in a household with very low work intensity.

Source: Eurostat Database.

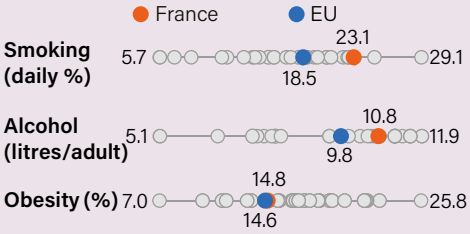
1 Highlights



Life expectancy at birth

Health Status

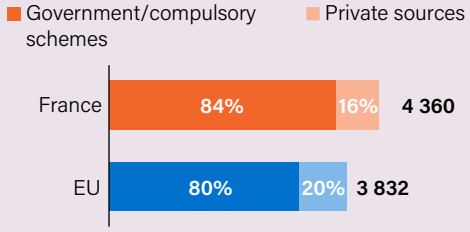
Life expectancy in France exceeded the EU average by 1.4 years in 2024. The gender gap in life expectancy (5.7 years in favour of women) is half a year greater than the EU average. There are also large disparities by education level: at age 35, men with tertiary education can expect to live 8 years longer than those without a secondary education diploma; for women, this gap is over 5 years.



Adults, 2022 (or nearest year)

Risk Factors

Behavioural risk factors are major drivers of mortality in France. Nearly one quarter of adults still smoked daily in 2022 - more than in most other EU countries. Alcohol consumption, though declining, remains higher than the EU average. Obesity rates have risen to match the EU average. Many risk factors vary widely by education level.



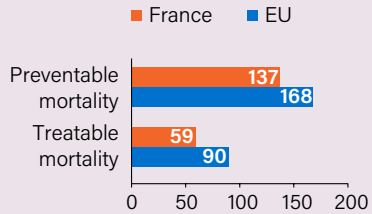
Health spending per capita (EUR PPP), 2023

The Health System

France is in the top third of EU countries in terms of health spending per capita. Health spending accounted for 11.5 % of GDP in 2023, the second highest share after Germany. Public and private compulsory health insurance funded 84.4 % of total health spending in France, a higher share than the EU average (80.0 %). The share of out-of-pocket payments (9.3 %) was among the lowest in the EU, while voluntary health insurance represented 6.3 % of total spending.

Health System Performance

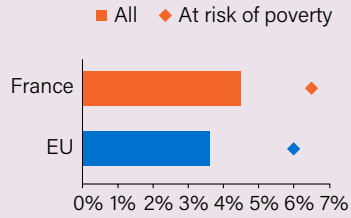
Effectiveness



Age-standardised rate per 100 000 population, 2022

Mortality from preventable and treatable causes is lower in France than across the EU. However, France lags behind some leading EU countries (including Sweden and Italy) on preventable mortality, indicating that more could be done to save lives by reducing exposure to risk factors.

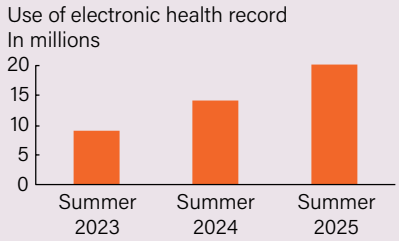
Accessibility



% reporting unmet medical care needs, 2024

Access to healthcare is generally good, despite shortages of general practitioners in underserved areas. In 2024, unmet medical needs among people reporting needs were relatively low overall (4.5 %) but higher for people at risk of poverty (6.5 %). Unmet needs are greater for dental care (overall 8.2 % and 13.7 % for those at risk of poverty), though public dental coverage has improved since 2021.

Resilience



The COVID-19 pandemic highlighted the need to accelerate the digital transformation of the French health system. Since 2022, a new individual electronic health record (*Mon espace santé*) enables secure information sharing between health professionals and patients. While usage has steadily increased since its introduction, only a minority of the population actively uses this tool.

Spotlight: pharmaceuticals

Overall retail pharmaceutical spending in France was 10 % higher than the EU average in 2023 (EUR 560 per capita compared to EUR 510), with very high public coverage (83 % compared to an EU average of 62 %). Despite various policy initiatives to increase the uptake of generics, the market share of generics in volume (42 % in 2023) remains below the EU average (51 %). France holds a strong position in pharmaceutical innovation as illustrated by fairly high pharmaceutical R&D investment and patent applications.

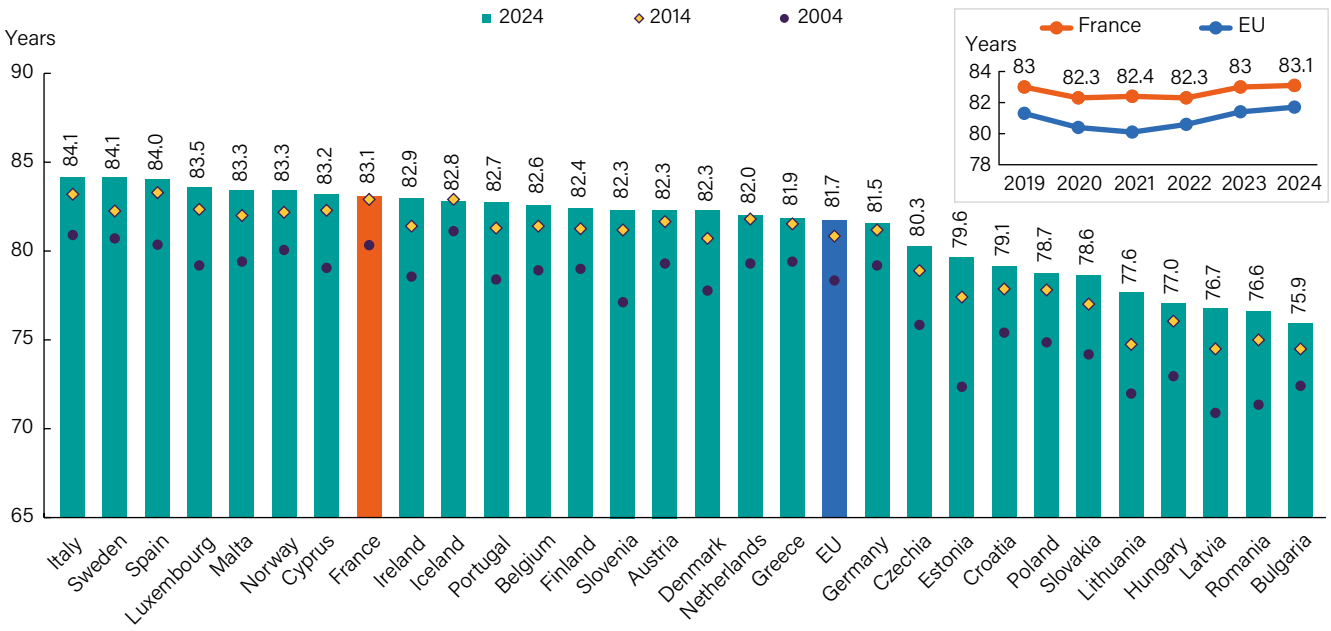
2 Health in France

Life expectancy in France remains among the highest in EU countries

In 2024, life expectancy at birth in France stood at 83.1 years, 1.4 years higher than the average across the EU (Figure 1). It fell by 0.7 years during the first year of the pandemic in 2020 and remained at this lower level in 2021 and 2022 before bouncing back in 2023 and 2024.

The gender gap in life expectancy is large. In 2024, French women could expect to live 85.9 years, 5.7 years longer than men (80.2 years). This gender gap is half a year greater than the EU average (5.2 years).

Figure 1. Life expectancy in France is 1.4 years higher than the EU average



Note: The EU average is weighted. 2024 data for Ireland pertains to 2023.
Source: Eurostat (demo_mlexpec).

Inequalities in life expectancy are also large by socioeconomic status. The life expectancy for men with a tertiary education at age 35 was 8.0 years longer than for those who do not have a secondary education diploma in 2020-22. The gap among women was 5.4 years (INSEE, 2024). This education gap in longevity is due to different factors, including differences in income and living standards, exposure to risk factors and access to healthcare.

Cancer and cardiovascular diseases were by far the main causes of death in 2022

In 2022, the leading causes of death in France were cancer and cardiovascular diseases (including ischaemic heart diseases and stroke), which together accounted for 45 % of all deaths (Figure 2). Respiratory diseases, external causes of death (including suicides and accidents) and COVID-19 also accounted for many deaths in 2022.

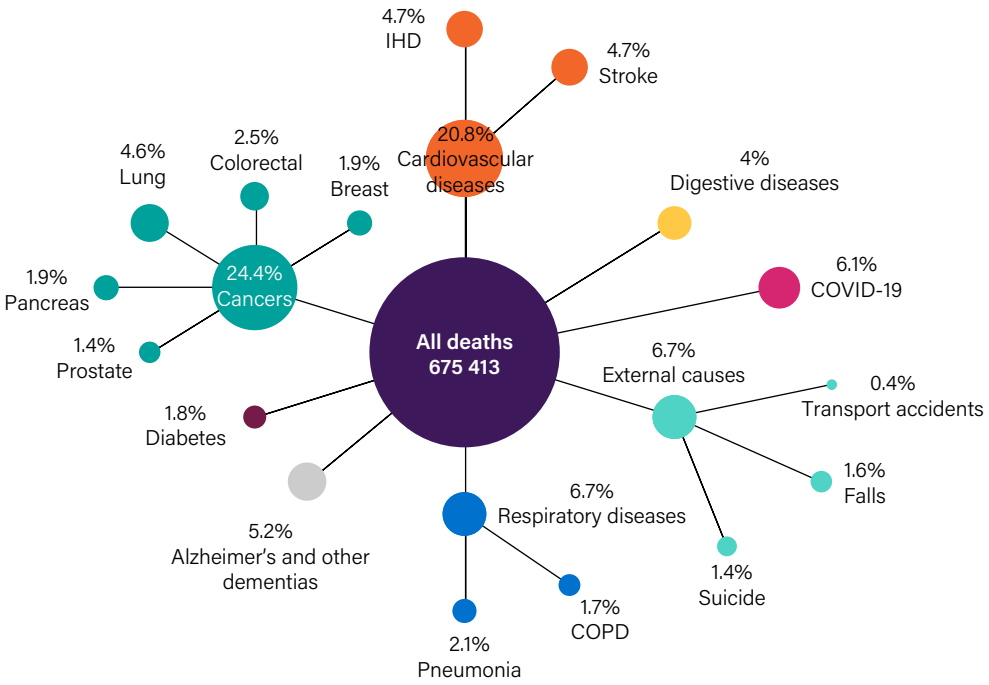
About two-thirds of adult report being in good health, but large disparities exist across income groups

In 2024, about two-thirds (66 %) of French people reported being in good health—slightly below the EU average (68 %). Women were less likely than men to report good health. However, the income gap was even wider: only 53 % and 59 % of women and men on low incomes reported being in good health, compared to 76 % and 79 % of those in the highest quintile (Figure 3).

Life expectancy at age 65 in France is higher than the EU average, but only about half of these years are lived in good health

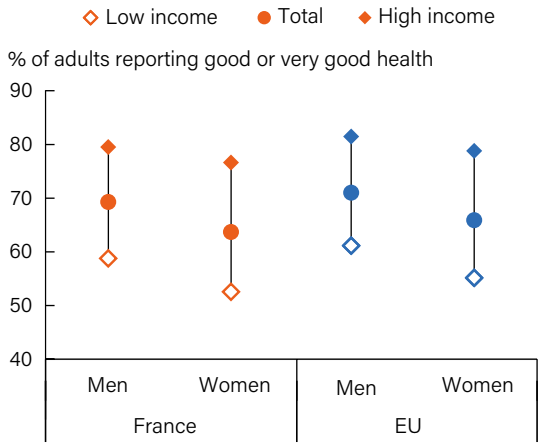
Due to rising life expectancy, low fertility and an ageing baby-boom generation, the share of people aged over 65 is projected to increase from 21 % in 2024 to 27 % in 2050. In 2022, women aged 65 could expect 23.0 more years of life and men 19.2 years, both above the EU average (Figure 4). Nevertheless, approximately half of these years are lived with disabilities or activity restrictions in France, a proportion similar to the EU average.

Figure 2. Cancer and cardiovascular diseases were the leading causes of death in France in 2022



Note: IHD= Ischaemic heart diseases; COPD = chronic obstructive pulmonary disease.
Source: Eurostat (hlth_cd_aro). Data refer to 2022.

Figure 3. Inequalities in self-reported health by income level in France are as large as the EU average



Note: Low income refers to adults in the bottom 20 % (lowest quintile) of the national equivalised disposable income distribution, while high income refers to adults in the top 20 % (highest quintile).
Source: Eurostat based on EU-SILC (hlth_silc_10). Data refer to 2024.

Over 40 % of French women and men aged 65 and over had multiple chronic conditions. As in other EU countries, a higher proportion of women (31 %) report some activity limitations (disabilities) compared to men (20 %).

A significant share of the population in France live with a cardiovascular disease or cancer

Cardiovascular diseases (CVDs) and cancer are the leading causes of death, morbidity, and disability in France, as in much of the EU. The Institute for Health Metrics and Evaluation (IHME) estimates there were about 715 000 new CVD cases annually and 11.5 million people living with a CVD in 2021 (Figure 5). While France's incidence rate is 10 % below the EU average, its CVD prevalence rate is 28 % higher - reflecting higher survival. CVDs made up 12 % of hospital admissions in 2022.

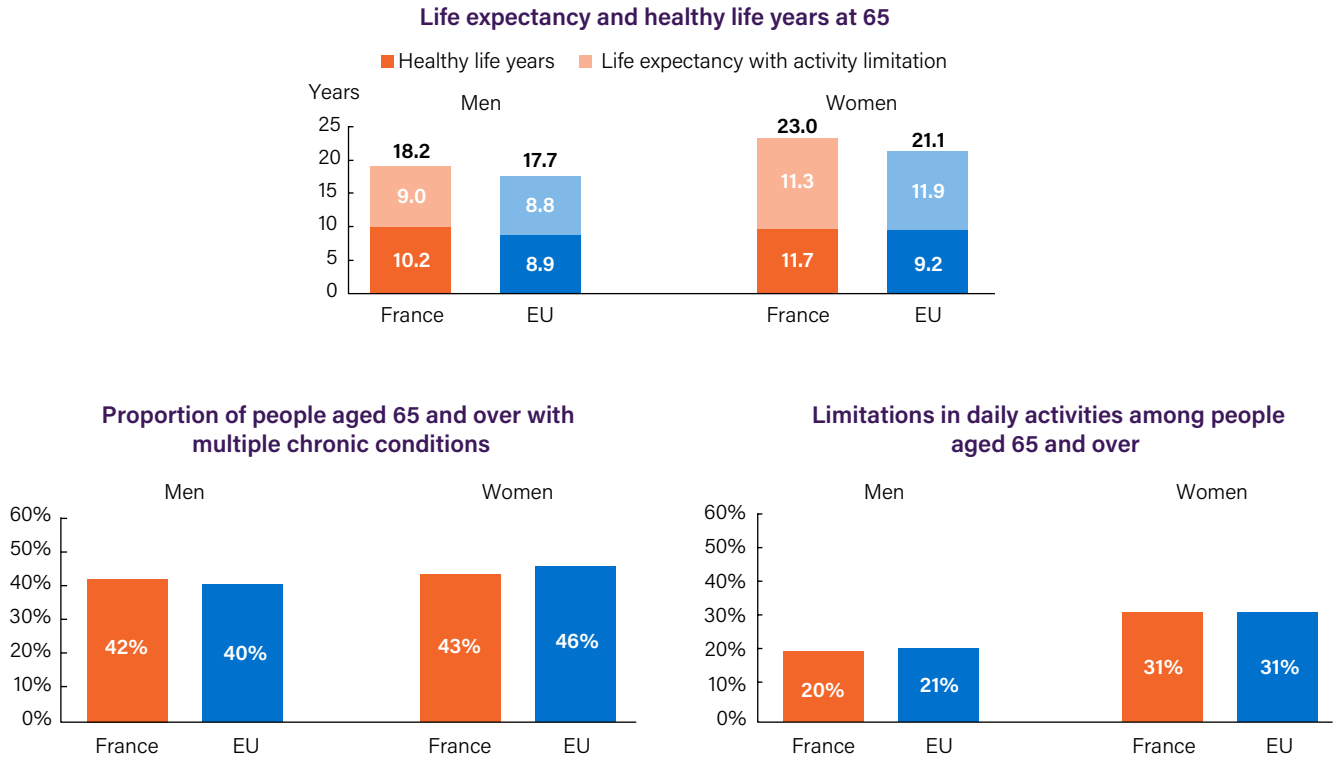
Men are more impacted than women, exhibiting a 19 % higher incidence and 12 % higher prevalence.

According to the European Cancer Information System (ECIS) estimates, about 435 000 new cancer cases were estimated for 2022, and 3.8 million people were estimated to be living with cancer in 2020. Cancer prevalence is lower than for CVDs. France's cancer incidence is 8 % above the EU average and prevalence is 14 % higher. Cancer survival has improved in recent decades (see Section 5.1)

Men were estimated to have in 2022 a cancer incidence rate 25 % higher than women. The mortality rate from cancer was estimated to be twice as high among men with lower education compared to those with higher education levels in 2015-19 largely. This is due to socioeconomic disparities linked to risk factors, health behaviours and healthcare access. The education gap in cancer mortality is lower among women (a 10 % gap) (OECD/EC, 2025).

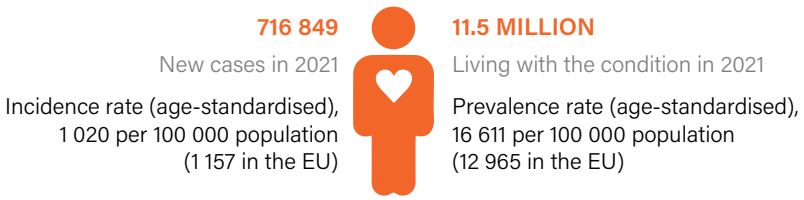
According to the French National Cancer Institute, total cancer cases have doubled since 1990, primarily due to population growth and ageing, and to a lesser extent increased cancer risk from smoking, unhealthy dietary habits and diagnostic practices. France has launched national plans over the past decades to improve cancer prevention and care (see Section 5.1).

Figure 4. Healthy life expectancy in France at age 65 is higher than the EU average



Source: Eurostat for healthy life years (tespm120, tespm130) and SHARE survey (for chronic diseases and limitations in daily activities). Data refer to 2022 and 2021-22, respectively.

Figure 5. An estimated 11.5 million people live with a cardiovascular disease in France



Source: IHME, Global Health Data Exchange (estimates refer to 2021).

3 Risk factors

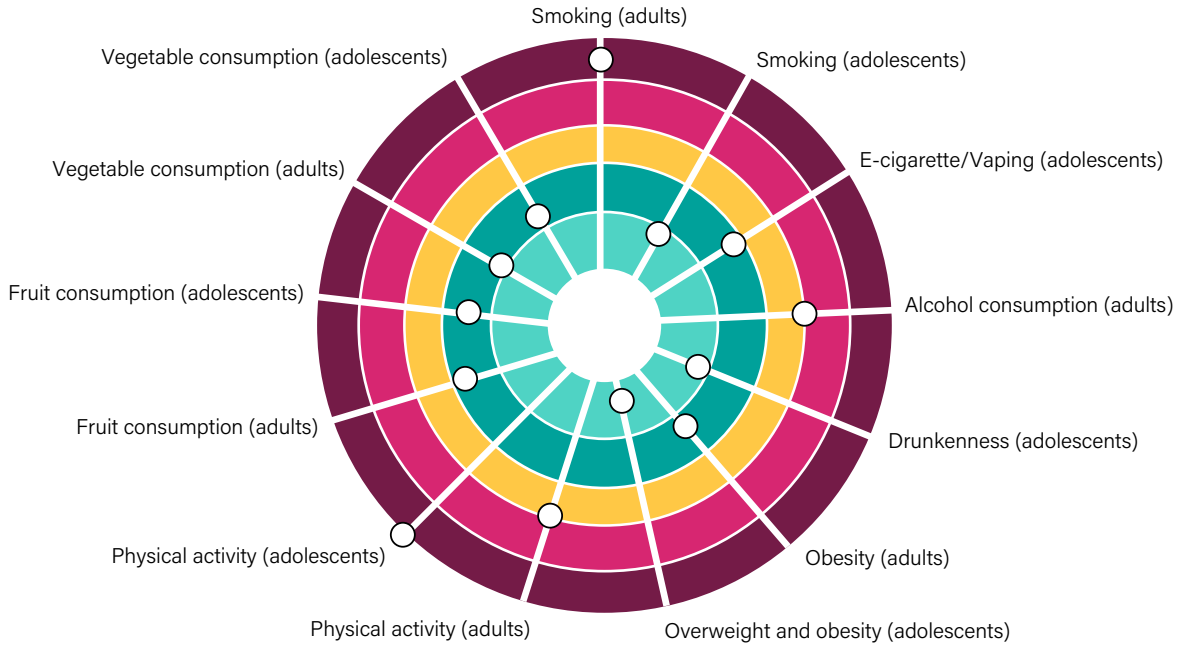
Behavioural and environmental risk factors are major drivers of mortality in France

According to estimates from IHME, about 146 000 deaths in France in 2021 can be attributed to behavioural risk factors, such as tobacco smoking, dietary risks, alcohol consumption and low physical activity. Another 15 000 deaths can be attributed to air pollution in the form of fine particulate matter ($PM_{2.5}$) and ozone exposure alone. Together, these behavioural and environmental risk factors accounted for 25 % of all deaths in France in 2021, which was lower than the EU average share of 29 %. This is mainly because the share of deaths related to dietary risks and air pollution in France is lower than the EU average.

France has one of the highest smoking rates in the EU and above average alcohol consumption

Although the proportion of daily smokers in France has decreased from 30 % in 2010 to 23 % in 2023, it remains one of the highest in the EU (Figure 6). As in other countries, more men (25 %) smoke than women (21 %), but the female rate in France is among the highest in the EU. More positively, regular cigarette smoking among 15-year-olds has fallen greatly over the past decade, dropping from 26 % of adolescents reporting to have smoked over the past month in 2014 to 12 % in 2022, and is now lower than in most EU countries. However, vaping is on the rise among young people: 19 % of 15-year-olds reported having used e-cigarette

Figure 6. Smoking and alcohol consumption among adults are still important public health issues in France, along with low physical activity among adolescents



Notes: The closer the dot is to the centre, the better the country performs compared to other EU countries. No country is in the white "target area" as there is room for progress in all countries in all areas.
Sources: Sources: OECD calculations based on HBSC survey 2022 for adolescents indicators; Eurostat based on EU-SILC and OECD Data Explorer for adults indicators (2022 or nearest year).

in the last month in 2022. France has implemented a range of measures to curb tobacco smoking (Section 5.1).

Alcohol consumption has decreased since 2000 but was still 10 % above the EU average in 2022. The proportion of 15-year-olds reporting having been drunk more than once in their life has dropped markedly, from 22 % in 2010 to 14 % in 2022, and is now lower than in most EU countries.

Overweight and obesity rates among adults and adolescents have increased in France since 2010

The obesity rate among adults in France has risen from 13 % in 2010 to 15 % in 2022 and is now at the EU average. Among 15-year-olds, overweight and obesity rates have also increased from 10 % in 2010 to 16 % in 2022 but remain lower than the EU average (21 %). Poor nutrition is the key factor driving up overweight and obesity rates. Although France has a higher proportion of adults eating at least one fruit or vegetable per day compared to most EU countries, only 58 % of adults reported eating fruit daily and 65 % reported eating vegetables daily in 2022. Fruit and vegetable consumption is much lower among adolescents, with only one-third of 15-year-olds eating at least one fruit or vegetable each day in 2022.

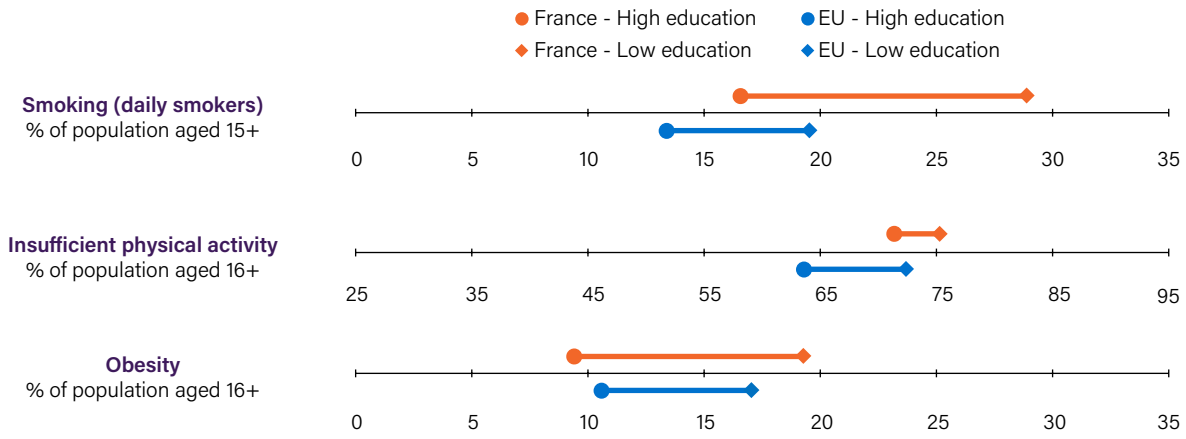
Physical activity among teenagers in France is among the lowest across EU countries

Low physical activity levels also contribute to overweight and obesity. In 2022, French teens had the second-lowest rate of 60 minutes of daily moderate activity in the EU after Italy, with only 6 % of 15-year-old girls and 15 % of boys meeting the target. Among adults, only 26 % engaged in physical activity outside work more than three times a week - a proportion lower than in most other countries.

Many behavioural risk factors are more frequent among people with lower education

Many behavioural risk factors are more common among people with lower education levels in France as in other EU countries. In 2023, 29 % of adults with lower education levels smoked daily, compared to 17 % among those with higher education levels, a much greater education gap than the EU average. The education gap is also greater than the EU average when it comes to obesity: 19 % of people with lower education were obese in France in 2022 compared to 9 % among higher educated people, based on the EU-SILC survey (Figure 7).

Figure 7. People with lower education levels are more likely to smoke and be obese than the higher educated



Note: Low education is defined as the population with no more than lower secondary education (ISCED levels 0-2), whereas high education is the population with tertiary education (ISCED levels 5-8). Low physical activity is defined as people doing physical activity 3 times or less per week.
Sources: Eurostat based on EHIS 2019 for smoking (hlth_ehis_sk1e) and EU-SILC 2022 for physical activity and obesity (ilc_hch07b, ilc_hch10).

4 The health system

The health system is primarily centralised, with some responsibilities devolved to regions

The French health system is of a mixed type. While it is structurally based on a social health insurance (SHI) approach, it shares many characteristics of a National Health System, including a single public payer model, the importance of tax-based revenues to complement social contributions, strong state intervention and residency-based benefits. While regional health agencies have played a greater role in managing the provision of healthcare (especially hospital care) at the local level since 2009, the SHI and central government play a strong role in organising the health system and determining its operating conditions. Over the past two decades, the state has also become more involved in controlling health expenditure funded by the SHI system by setting an annual national health spending target (ONDAM).

Universal health coverage is financed through a wide range of revenue sources

The SHI system offers coverage to the whole population based on residence through various compulsory schemes. Revenues for healthcare come from social security contributions, earmarked income taxes, value-added taxes and other sources such as tobacco and alcohol taxes. Nearly all the population (96 %) has complementary health insurance (compulsory through employment or voluntary) to cover copayments and services less covered by SHI, such as dental and optical care (though public coverage for these improved substantially in 2021).[1] In 2023, public and private compulsory health insurance schemes funded 84 % of all health spending in France, a higher share than the EU average of 80 %.

Health spending in France is higher than the EU average, particularly as a share of GDP

In 2023, health spending in France accounted for 11.5 % of GDP—the second highest share in the EU after Germany (11.7 %) and above the EU average (10 %). Per capita health spending reached EUR 4 360 (adjusted for purchasing power), placing France in the top third of EU countries and above the EU average (Figure 8).

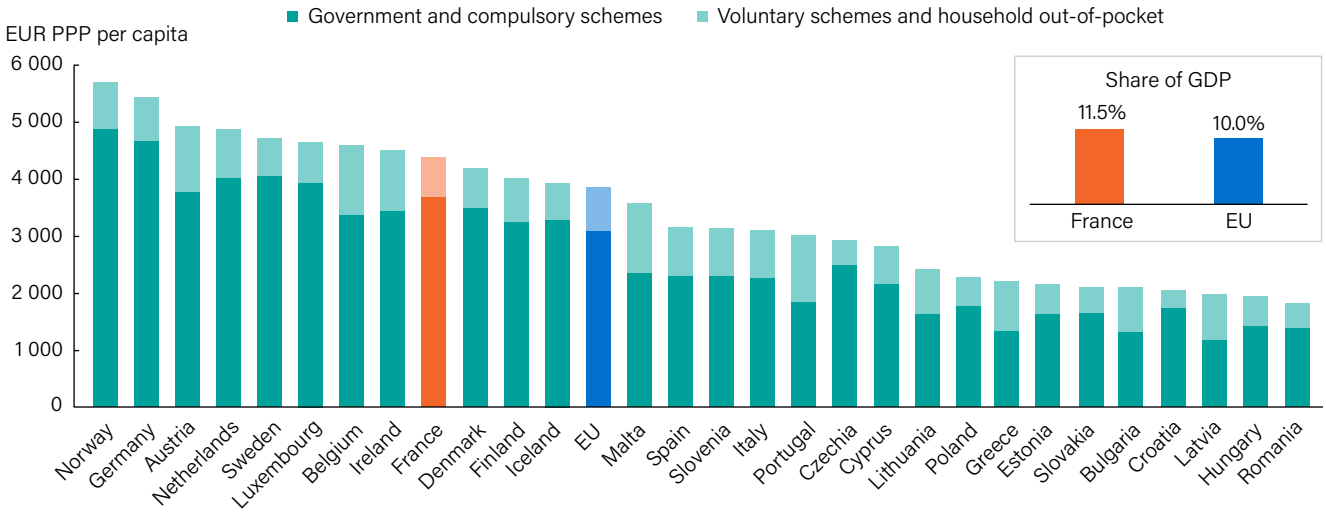
Since 1996, SHI spending has been controlled by annual national targets. ONDAM, the national public health spending objective, grew by 4.8 % annually during the period 2019-2025 mostly because of pandemic-related measures, up from 2.4 % during the 2015–2019 period (Cour des comptes, 2025).

France spends nearly the same amount on inpatient and outpatient care

Looking at the composition of health spending, expenditure on outpatient care (including primary care, specialist and dental care) accounted for 30 % of France's health spending while inpatient care reached 28 % in 2023 (Figure 9). Retail pharmaceuticals and medical devices also took up a considerable share of spending, absorbing 19 % of health expenditure, while long-term care made up 16 %. Spending on prevention was around 2 %, which is lower than the pre-pandemic level (about 3 %) and below the EU average of 4 % in 2023.

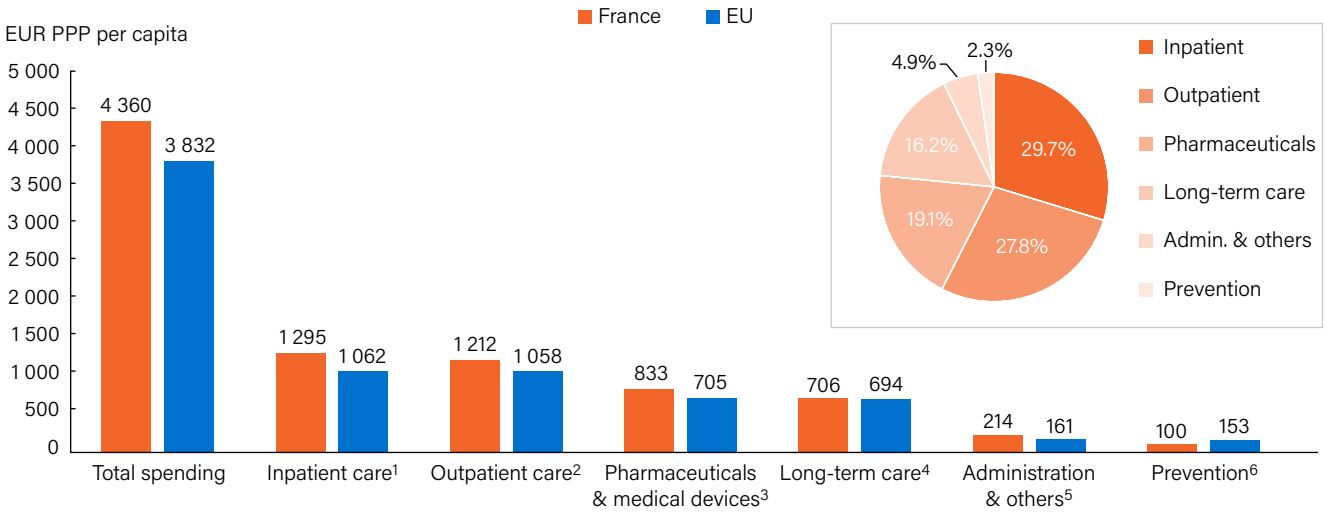
[1] In France, all private sector employers must provide employees with complementary health insurance, jointly financed by employers and employees.

Figure 8. France's health expenditure per capita is higher than in most EU countries



Note: The EU average is weighted (calculated by OECD).
Sources: OECD Data Explorer (DF_SHA); Eurostat Database (demo_gind). Data refer to 2023.

Figure 9. Almost 60 % of health spending goes to inpatient and outpatient care



Notes: 1. Includes curative-rehabilitative care in hospital and other settings; 2. Includes home care and ancillary services (e.g. patient transportation); 3. Includes only the outpatient market; 4. Includes only the health component; 5. Includes health system governance and administration and other spending. 6. Includes only spending for organised prevention programmes; The EU average is weighted (calculated by the OECD).
Sources: OECD Data Explorer (DF_SHA). Data refer to 2023.

The number of hospital beds in France has declined steadily since 2000

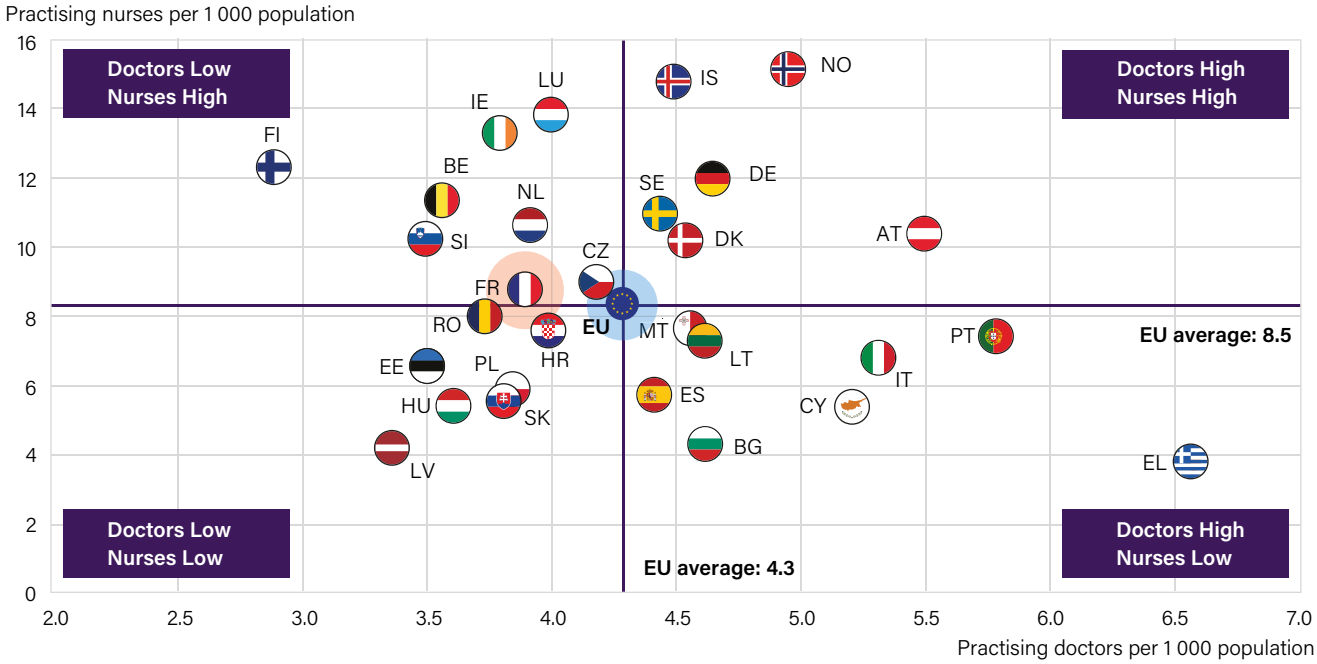
In 2023, France had 5.4 hospital beds per 1 000 population, which is slightly above the EU average (5.1), but much lower than in Germany (7.7). Over the past two decades, the number of hospital beds per population has decreased from 8 hospital beds per 1 000 population in 2000. At the same time, both partial hospitalisation places and home hospitalisation capacity have expanded rapidly in recent years, by over 4 % in 2023 compared to 2022 (DREES, 2024a). The reduction in hospital beds relates to several trends: increased ambulatory hospitalisations and shorter stays; increased home hospitalisations, mainly for perinatal and palliative care; and decreased long-term care beds in hospitals linked to nursing home expansion for older people.

Doctor density is below the EU average, while nurse density is slightly above

Unlike most EU countries where the density of doctors has increased, the number of doctors per population (not including residents, physicians-in-training) has remained stable in France over the last decade. In 2023, there were 3.9 doctors per 1 000 population (including residents), below the EU average of 4.3 (Figure 10). This density has contributed to "medical deserts", especially in rural and peri-urban areas. Successive governments have introduced series of measures to address GPs shortages in certain areas (see Section 5.2).

The number of nurses grew slightly over the past decade to reach 8.8 per 1 000 people in 2023, which is slightly higher than the EU average of 8.5. A new law adopted in 2025 redefines and expands the role of nurses to improve recruitment and retention (see Section 5.2).

Figure 10. The density of doctors in France is below the EU average, while nurse density is slightly above



Note: The EU average is unweighted. The data on nurses include all categories of nurses (not only those meeting the EU Directive on the Recognition of Professional Qualifications). In Portugal and Greece, data refer to all doctors licensed to practice, resulting in a large overestimation of the number of practising doctors. In Greece, the number of nurses is underestimated as it only includes those working in hospital.
Source: OECD Data Explorer (DF_PHYS, DF_NURSE). Data refer to 2023 or nearest year.

5 Performance of the health system

5.1 Effectiveness

France fares well on treatable and preventable causes of mortality

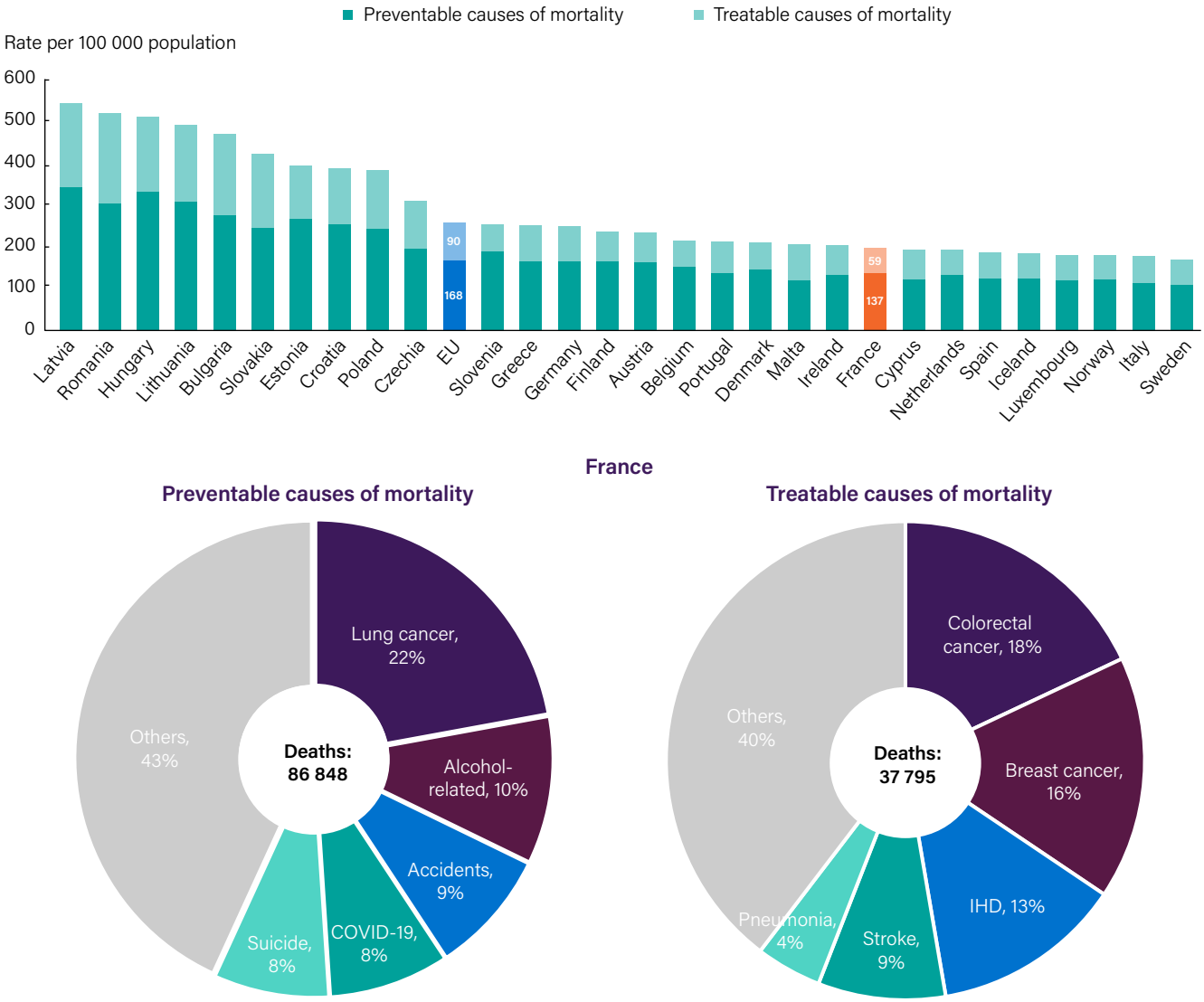
Avoidable mortality rates in France were among the lowest in the EU in 2022 and well below the EU average (Figure 11). France fares particularly well on treatable causes of mortality, indicating an effective health system for acute conditions. Preventable causes of mortality are also below the EU average, though higher than in Norway, Sweden and Italy. The main causes of preventable mortality are lung cancer (primarily due to tobacco smoking), alcohol-related diseases and accidents.

France implemented a preventive check-up programme in 2024 to reduce risk factors and preventable diseases. Free-of-charge comprehensive preventive health consultations are offered at four life stages (18-25, 45-50, 60-65, and 70-75 years) to assess lifestyle factors, identify health risks, and create personalised prevention plans.

A range of measures have been taken to curb tobacco smoking

Since 2014, France has implemented national plans to reduce tobacco consumption, with the aim of deterring young people from smoking and helping regular smokers to quit. These objectives were amplified through the National Tobacco Control Programme 2023-2027. Since 2023, the price of tobacco products has been pegged to inflation, and the current programme foresees further increases of cigarette pack prices to EUR 13 by 2027. There is also a plan to implement plain packaging for all tobacco and vaping products. In 2025, it became forbidden to sell or offer disposable vapes for free (called "puffs"). France has also implemented many other policies in the last decade, including better coverage of nicotine substitutes since 2018, a public *#MoisSansTabac* ("Tobacco-Free Month") campaign, and the creation of an app to help smokers quit. From July 2025, smoking ban in public spaces has expanded to beaches, parks, and school surroundings.

Figure 11. France had lower avoidable mortality rates than in most EU countries in 2022



Note: Preventable mortality is defined as death that can be mainly avoided through public health and primary prevention interventions. Treatable (or amenable) mortality is defined as death that can be mainly avoided through health care interventions, including screening and treatment. Both indicators refer to premature mortality (under age 75). The lists attribute half of all deaths for some diseases (e.g. ischaemic heart diseases, stroke, diabetes and hypertension) to the preventable mortality list and the other half to treatable causes, so there is no double-counting of the same death.
Source: Eurostat (hlth_cd_apr) (data refer to 2022).

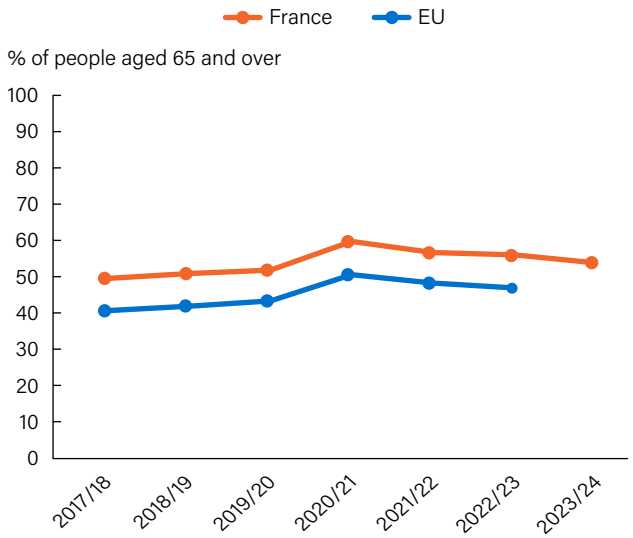
The French nutritional label was adopted in six European countries with an updated formula

In 2017, Santé Publique France created the non-compulsory *Nutri-score* food label to provide clear information on nutritional quality and encourage healthier eating. Brands adopting the label represented 58 % of sales volumes in France in 2022 (Santé Publique, 2024). In 2021, France and six other European countries (Belgium, Germany, Luxembourg, Netherlands, Spain and Switzerland) developed a unified Nutri-Score system. A revised calculation method was implemented in 2025 to incorporate scientific advances and align it with the needs of all participating countries.

Influenza vaccination uptake among older people is above pre-pandemic levels

The pandemic highlighted the need to boost flu vaccination to ease hospital pressure. Public campaigns targeting at-risk groups, especially older adults, led to a sharp rise in vaccination coverage in the 2020/2021 vaccination campaign in France as in many other EU countries (Figure 12). Although the coverage has decreased since then, it remains above pre-pandemic levels (54 % of people aged 65 or over were vaccinated in 2023/2024, up from about 50 % in 2019/20), but still well below the 75 % WHO target.

Figure 12. Influenza vaccination coverage has increased in France, but remains below the WHO target of 75 %



Note: The EU average is weighted (calculated by Eurostat).
Sources: OECD Data Explorer (DF_KEY_INDIC) and Eurostat (hlth_ps_immu).

Most French people with chronic conditions report positive healthcare experiences

Around 20 % of the French population in 2022 had a chronic illness recognised under the long-term illness scheme, with cases rising 2.8 % annually since 2005 mainly due to population ageing (Assurance Maladie, 2024).

Based on the OECD PaRIS survey results, most people with chronic conditions in France report positive experiences with their healthcare (OECD, 2025a). The vast majority of people with chronic conditions (92 %) feel confident managing their own health, significantly above the average of 63 % among the 10 EU countries that participated in this survey. Over 90 % of people with chronic conditions also reported good person-centred care and experiencing good quality of care. However, the proportion of people with chronic conditions reporting good care co-ordination and trust in their healthcare system was lower (only about 60 %), as is the case also in other countries (Figure 13).

The National Cancer Strategy 2021-30 aims to strengthen cancer prevention and care

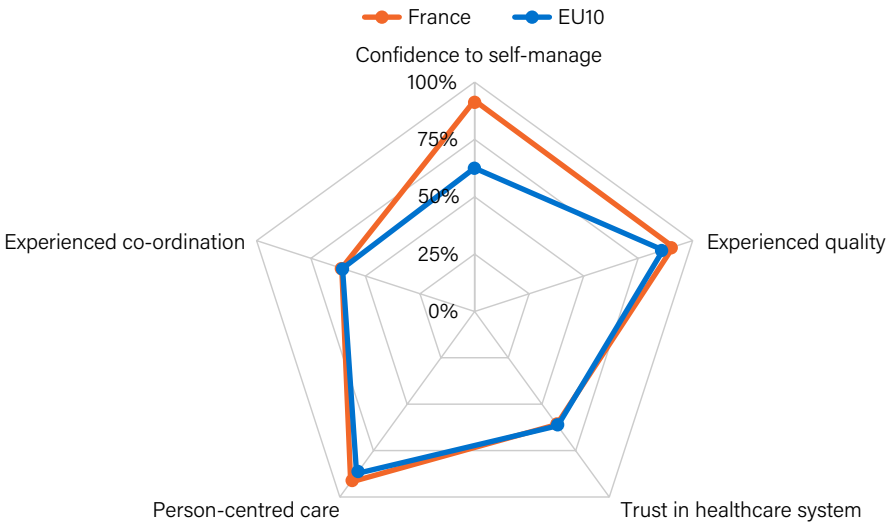
Launched in 2021, the National Cancer Plan 2021-30 aligns with Europe's Beating Cancer Plan and aims to reduce avoidable cancer deaths by 50 000 per year through improved prevention, early diagnosis, patient quality of life, survival rates, and equitable access to care.

The 2021-2025 roadmap is supported by a EUR 1.74 billion budget, a 20 % increase from the previous plan. By January 2025, over 90 % of the 237 planned actions had been launched, with 52 completed. Key achievements include the accreditation of two research networks in primary prevention, the structuring of a European research consortium on job retention and return to work for cancer patients, the development of a reference framework for supportive care, and a call for projects targeting cancers with poor prognosis. A roadmap for 2026–2030 is developed in 2025 to continue implementing the plan's long-term goals.

France launched its first human papillomavirus vaccination campaign in schools in 2023

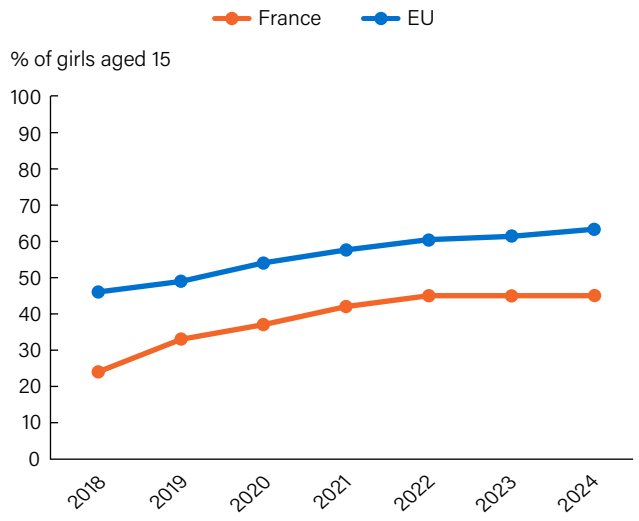
Human papillomavirus (HPV) infections can cause cervical, head, neck and anal cancers. Among 15-year-old girls in France, full HPV vaccination coverage (involving two doses) rose from 24 % in 2018 to 45 % in 2024, but remains well below the EU average of 63 % (Figure 14). Among 16-year-old boys, it increased from 9 % in 2022 to 16 % in 2023. Further progress will be needed to achieve the 80 % target by 2030 set in the National Cancer Strategy 2021-30.

Figure 13. The vast majority of French people with chronic conditions describe their healthcare experiences positively



Note: Values refer to the percentage of people reporting positive experiences.
Source: OECD PaRIS 2024 Database (data refer to 2023-2024).

Figure 14. HPV vaccination coverage for 15-year-old girls has risen in France but stays well below the EU average



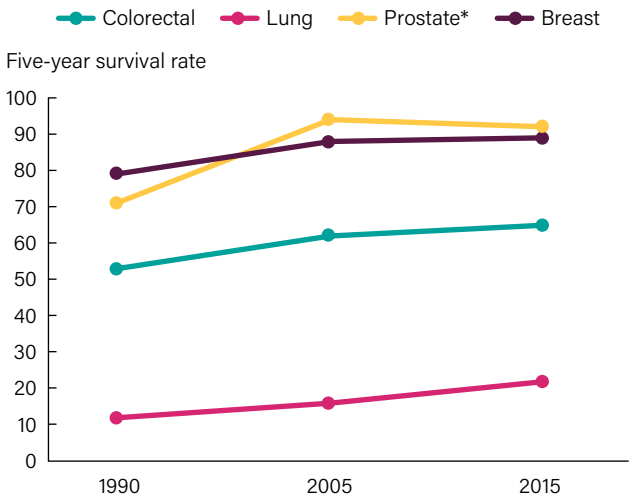
Note: The EU average is unweighted.
Source: WHO/UNICEF.

To boost coverage, France launched its first school-based HPV vaccination campaign in 2023 for children born in 2011. Among this cohort, at least one dose coverage increased from 26 % to 48 % for boys and 38 % to 62 % for girls between September 2023 and June 2024. Complete coverage (two doses) reached 30 % for boys and 38 % for girls by June 2024 (Santé publique France, 2025).

Cancer screening rates are below EU averages, but recent changes aim to boost them

France introduced population-wide screening for breast cancer in 2004 and colorectal cancer in 2008, but uptakes for these screening programmes remain below averages of respectively 22 and 18 EU countries for which data are available. In 2023, breast screening rates were 47 % in France compared with 58 % on average; and colorectal screening stood at 34 % in France compared with 48 % on average (Figure 15).

Figure 16. Five-year survival rates for common cancers rose from 1990 to 2015



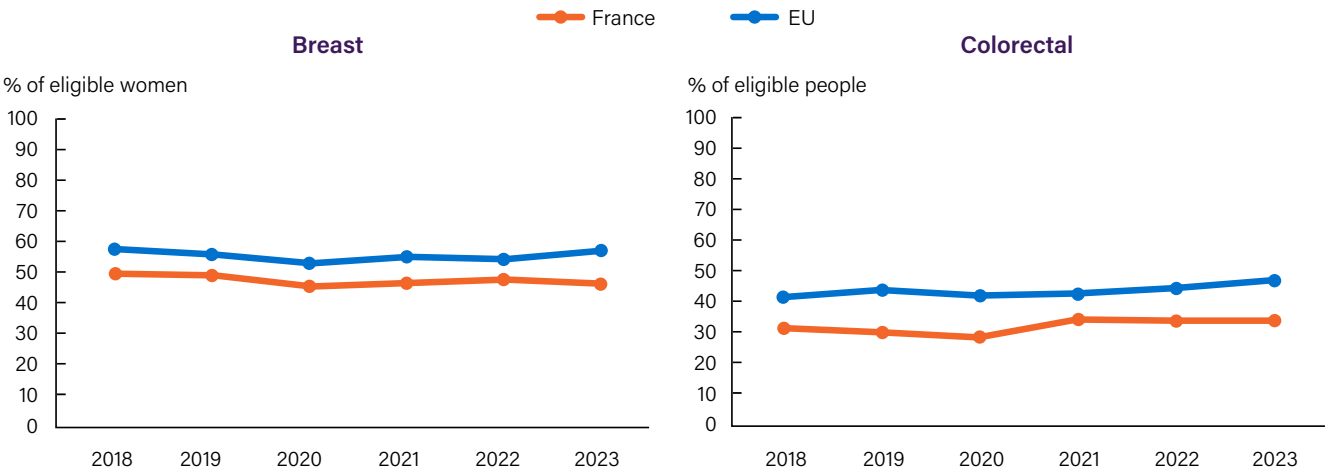
Source: Coureau et al. (2021).

In 2024, screening oversight shifted from regional centres to the National Health Insurance Fund to boost participation. The Fund has expertise in managing complex databases and contacting the most vulnerable groups. The Fund launched outreach campaigns targeting vulnerable groups, including through over 100 phone advisers. Additionally, GPs can now track patients' screening participation directly in electronic medical records, for more proactive follow-up.

Cancer survival rates have increased significantly in France

Cancer care quality in France has improved significantly in recent decades, with five-year survival rates rising for most cancer types. Colorectal cancer survival increased from 53 % in 1990 to 65 % in 2015, prostate cancer from 71 % to 92 %, and breast cancer from 79 % to 89 %. Most gains occurred between 1990 and 2005. Lung cancer survival also rose but remained low at 22 % in 2015 (Figure 16).

Figure 15. Breast and colorectal cancer screening in France remained below EU averages



Notes: Colorectal programme data are based on national programmes that may vary in terms of age group and frequency. The EU average is unweighted.
Sources: OECD Data Explorer (DF_KEY_INDIC) and Eurostat database (hlth_ps_prev).

Palliative care has also improved and there is ongoing debate on end-of-life assistance

Since the late 1990s, France has implemented five plans to strengthen palliative care. These efforts more than doubled the number of palliative care beds from 3 340 in 2006 to 7 540 in 2021. The number of palliative care units also rose from under 100 to 174, and mobile teams from 288 to 428. However, about one-fifth of local areas still lacked dedicated palliative units in 2021, and services remain hospital-based. Following the 2022–23 Citizens' Convention on end-of-life care, France launched a Palliative Care Plan for 2024-34 to expand community-based care for 250 000 more people, raising the budget from EUR 1.6 billion (2023) to EUR 2.7 billion (2034).

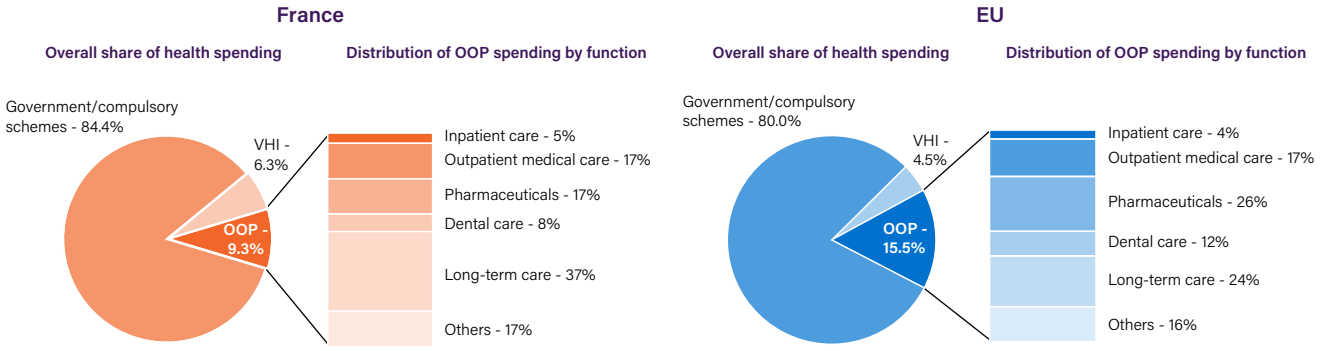
The Citizens' Convention also called for both assisted suicide and euthanasia options. In May 2025, Parliament adopted an end-of-life assistance bill that, if passed by the Senate, would allow eligible adults with incurable illnesses, short to medium-term life expectancy, and unrelievable suffering to receive lethal medication - self-administered or administered by a doctor, nurse, relative, or volunteer. The legislation includes a conscience clause for healthcare professionals.

5.2 Accessibility

France has among the lowest share of out-of-pocket health expenditure in the EU

France has among the lowest share of out-of-pocket (OOP) payments for healthcare among all EU countries (9.3 % compared to a 15.5 % EU average) (Figure 17). Most of the population have private complementary health insurance to cover cost sharing (Section 4). Public schemes for people with a recognised chronic condition also cover all health costs linked to these conditions. The largest part of OOP expenditure is spent on long-term care (37 %). According to insurers, about 7.4 million French people subscribe to a private long-term care insurance scheme for themselves or relatives (France Assureurs, 2022), but this does not prevent significant OOP spending for most people.

Figure 17. High public and private insurance coverage limits out-of-pocket health expenditure



Note: VHI also includes other voluntary prepayment schemes. The EU average is weighted.
Source: OECD Data Explorer (DF_SHA). Data pertain to 2023.

Unmet medical and dental care needs are slightly above the EU average, with higher rates among those at risk of poverty

About 4.5 % of adults in France reporting medical needs experienced some unmet needs for medical care due to costs, travel distance, or waiting times in 2024, a slightly higher proportion than the EU average, according to the EU-SILC survey. People at risk of poverty reported higher unmet needs (6.5 %), mostly because medical care was perceived as too expensive (Figure 18).

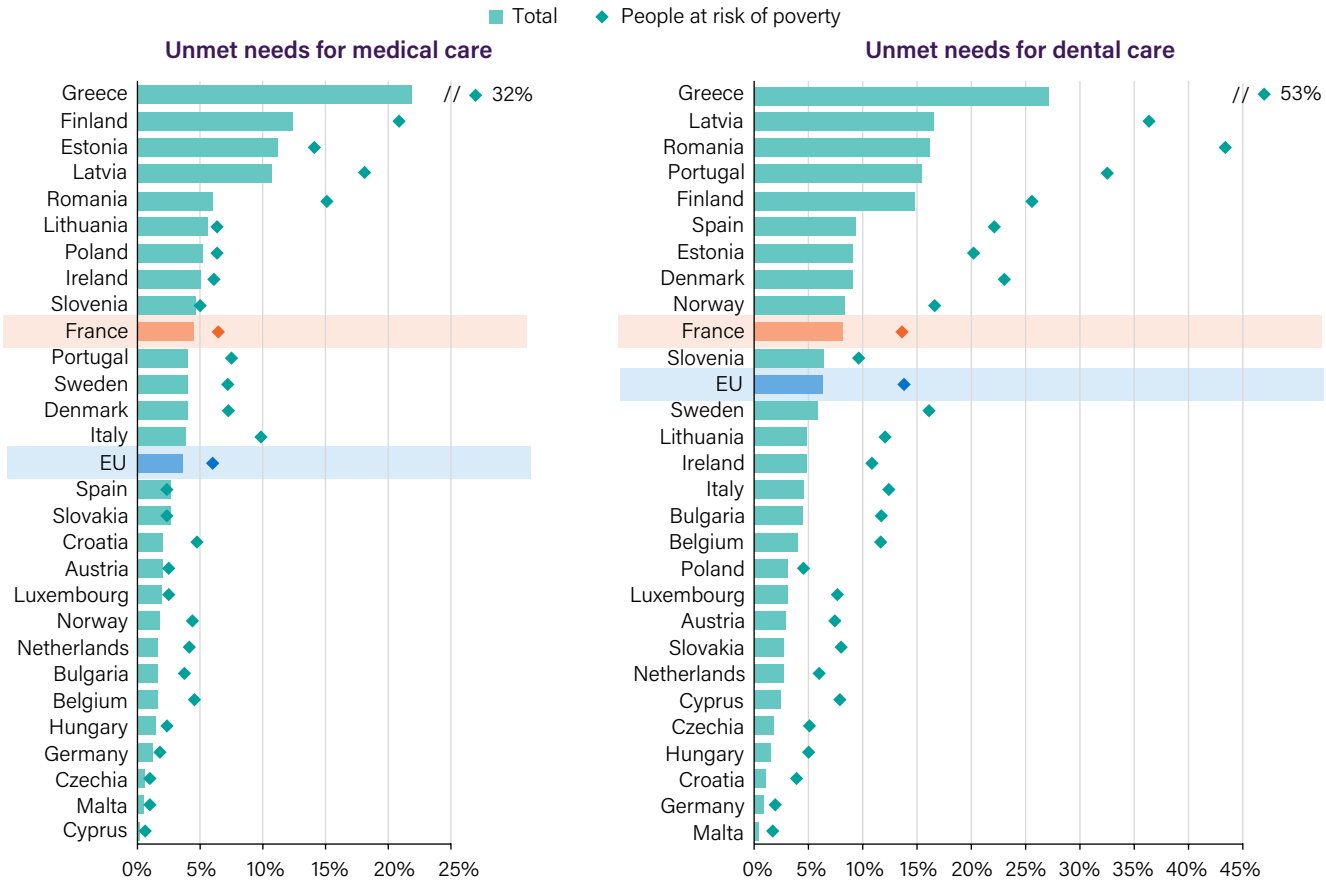
Unmet needs are greater for services that are less comprehensively covered by the SHI, such as hearing aids, vision aids and dental care. About 8.2 % of French people reported unmet needs for dental care in 2024, with this proportion reaching 13.7 % among those at risk of poverty, mainly for financial reasons.

Since 2021, any patient with a complementary health insurance contract can access a core benefits package that covers 100 % of the costs for eye care, hearing aids and dental care without any form of copayment. While this package covers some basic care and implants, certain routine care and cosmetic prosthetic procedures are not included.

Disparities in the density of general practitioners across regions are wide

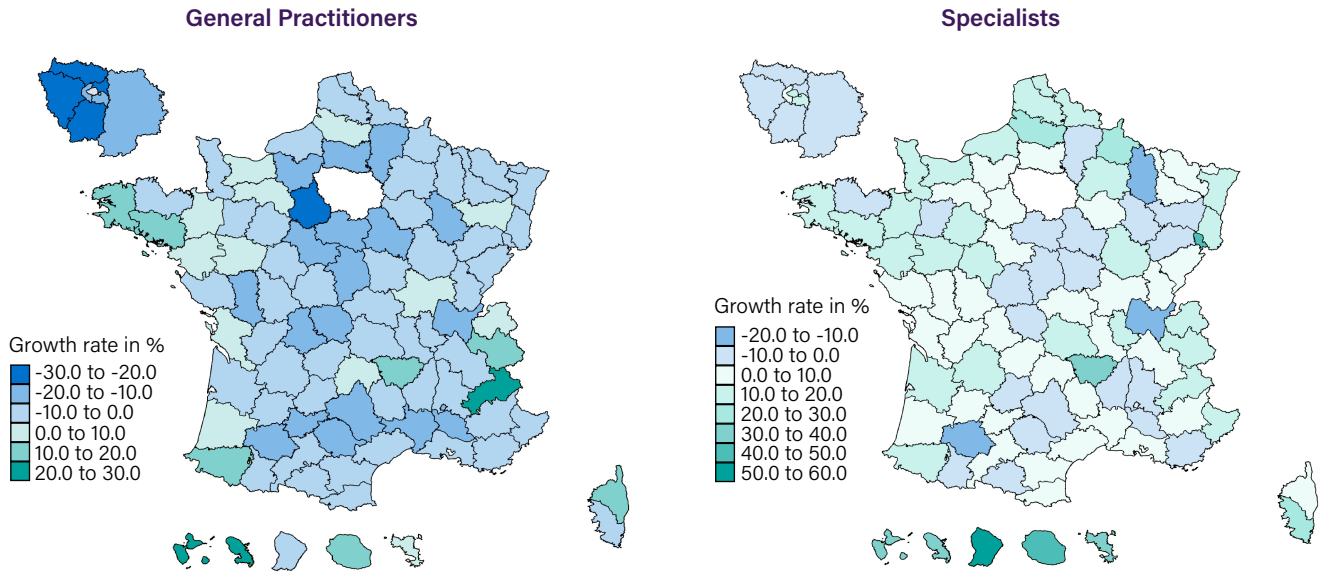
As noted, while the overall number of doctors per 1 000 population in France has remained stable over the past decade, the composition has changed: the number of specialists has increased while the number of GPs has decreased. When combined with population growth, the density of GPs fell by 5 % between 2013 and 2023. While this reduction occurred in most regions, it was greater in some - mainly rural areas and areas surrounding Paris (Figure 19). By contrast, the density of specialists increased at least slightly in most regions.

Figure 18. Unmet needs for medical and dental care in France are slightly above the EU average and higher among those at risk of poverty



Note: The EU average is weighted. Data refer only to individuals who reported having medical or dental care needs. People at risk of poverty are defined as those with an equivalised disposable income below 60 % of the national median disposable income.
Source: Eurostat database (hlth_silc_08b and hlth_silc_09b). Data refer to 2024.

Figure 19. The density of GPs fell in almost all regions in France between 2013 and 2023



Source: Ministère des Solidarités (2024), Rapport d'évaluation des politiques de sécurité sociale - Maladie, https://evaluation.securite-sociale.fr/home/maladie/1-4-1-densite-departementale-des.html

In France, access to general practitioners (GPs) and other primary care professionals remains uneven, with an estimated 6 % of the population living in areas of potentially limited GP access in 2018, and 20 % facing at least one difficulty accessing a healthcare professional such as a GP, nurse, or physiotherapist. Public incentive schemes now target a large majority of the population: areas eligible for financial or professional support to attract self-employed doctors cover 30 % (*Priority Intervention Zones*) and an additional 42 % (*Complementary Action Zones*) of the population, totalling 72 % of French residents (DREES, 2020; Cour des Comptes, 2024). The choice of practice location among GPs is primarily influenced by personal and geographic background, lifestyle preferences (including proximity to schools and jobs), and work-life balance, with financial incentives playing a comparatively minor role.

Over the past 15 years, a range of initiatives have sought to address the challenge of "medical deserts." These include monthly stipends for students and interns who commit to work in underserved areas, start-up funding for new practices, and tax incentives. Since 2007, the flagship approach has been the establishment of health centres, bringing together GPs and other primary care providers at single sites. As of 2022, nearly 3,000 such centres were in operation (Fédération Française des Centres de Santé, 2024).

The government has also expanded training capacity, with a 20 % increase in medical student numbers since 2021, and 40 % of all postgraduate internships are now reserved for general practice. As of 2023, general practice students are required to complete an additional year of postgraduate training in ambulatory care, with a strong encouragement to do so in underserved areas.

In May 2025, the Parliament adopted legislation aimed at restricting new doctors' practice locations in well-served areas, allowing new GPs to establish themselves there only as replacements for retiring colleagues, a measure that, if approved by the Senate, would align doctors' location rules with those already in place for other health professionals. The government also proposed, in April 2025, that current doctors be required to dedicate up to two days per month to consultations in underserved areas, although this measure has not yet been enacted (Ministère chargé de la santé, 2025). These recent policy proposals underscore the ongoing debate around the most effective mix of incentives and regulations to address persistent inequalities in primary care access.

Task sharing between doctors and other health professionals has been promoted

France encourages access to primary care through communities of health professionals. These communities aim to coordinate outpatient health professionals across a territory. In 2024, 567 such communities were operational or in preparation, up from 60 in 2020 (Fédération Nationale des CPTS, 2024). In 2025, the role of advanced practice nurses (APNs), introduced in 2018, was expanded to better support patients with chronic or complex conditions. Patients can now access salaried APNs directly in healthcare or long-term care facilities and coordinated care structures, without a doctor's referral. Self-employed APNs must still work with doctors. Their prescribing authority was broadened to include some first-time medications and medical devices. By 2024, around 3 000 APNs had graduated, but many faced difficulties finding employment in advanced roles.

A new position of medical assistant was also created in 2019 to take on responsibility for non-medical tasks traditionally performed by GPs. In 2024, there were about 7 000 medical assistants, including 57 % located in underserved areas. Four years after having started to employ a medical assistant, doctors had increased by 258 their numbers of patients on average, compared with 85 patients for those without medical assistants (Assurance Maladie, 2025a). The government aims to reach 15 000 medical assistants by 2028. In addition, since 2016, midwives' roles have gradually expanded to include preventive gynaecological care and vaccination. Since 2024, pharmacists can also vaccinate, screen and treat simple sore throats and cystitis without a doctor's referral, and distribute colorectal cancer screening kits. Hospital pharmacists can autonomously revise and renew prescriptions of hospitalised patients since 2023.

5.3 Resilience

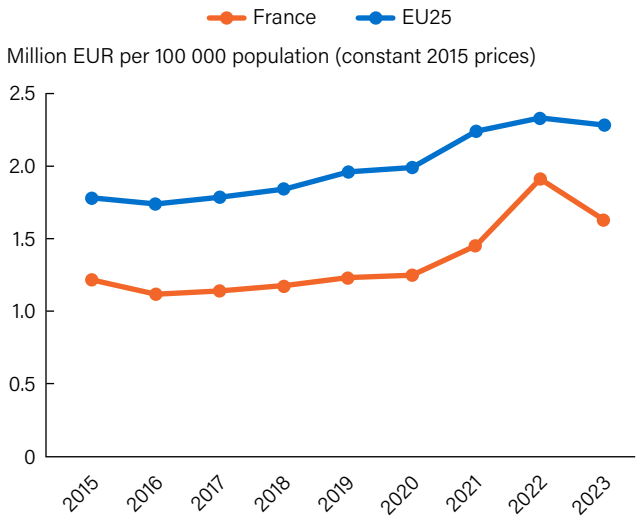
Health system resilience - the ability to prepare for, manage (absorb, adapt and transform) and learn from shocks and structural changes - has become central to policy agendas. Key priorities include easing pressures on service delivery, strengthening health infrastructure and workforce capacity, adapting crisis preparedness strategies, supporting digital innovation, and safeguarding long-term sustainability.

The digital transformation of the health system is making important progress in France

The pandemic underscored the need to accelerate digitalisation in France's health system to improve crisis response and data use. The year before the pandemic, the Ministry of Health launched the ambitious *Ma Santé 2022* digital roadmap, which focused on improving data governance, security, interoperability, digital services and innovations. A new Digital Health Agency was created in 2019 to oversee the implementation of this roadmap. The National Health Identity system, which provides a unique identifier per individual, became mandatory to use in 2021. E-prescriptions were deployed in 2022 and accounted for 30 % of all prescriptions in 2023 (Cour des Comptes, 2025).

Launched in 2022, the individual electronic health space (*Mon espace santé*) records information from doctor consultations and prescriptions, imaging and biology results, vaccinations, and hospital discharge information, and share it between each patient and health professionals. Most hospitals have now updated or upgraded their software to access it. By the summer 2025, 20 million people (nearly 40 % of the adult population) had already accessed it at least once, up from 9 million in the 2023 and 14 million in 2024 (Assurance Maladie, 2025b). Investment in health information and communication technology has increased substantially since 2020, but still remains below the average of 25 countries for which data are available (Figure 20).

Figure 20. Investment in health information and communication technology per capita rose by 30 % between 2020 and 2023, but remains below the EU average



Note: Values refer to gross expenditure and include ICT equipment and computer software and databases. Data refer to human health and social work activities (Q).
Source: Eurostat database (nama_10_a64_p5).

New artificial intelligence (AI) tools also offer opportunities to improve healthcare quality and efficiency. In 2025, the Ministry of Health published an inventory outlining activities in prevention, care management, access, and infrastructure, ahead of a national AI roadmap.

Digital health tool use is increasing among the French population but varies by socioeconomic status. As in other countries, fewer people with low levels of education use online health tools compared to the more highly educated (Figure 21). Similarly, usage is lower among people over 65 than younger adults.

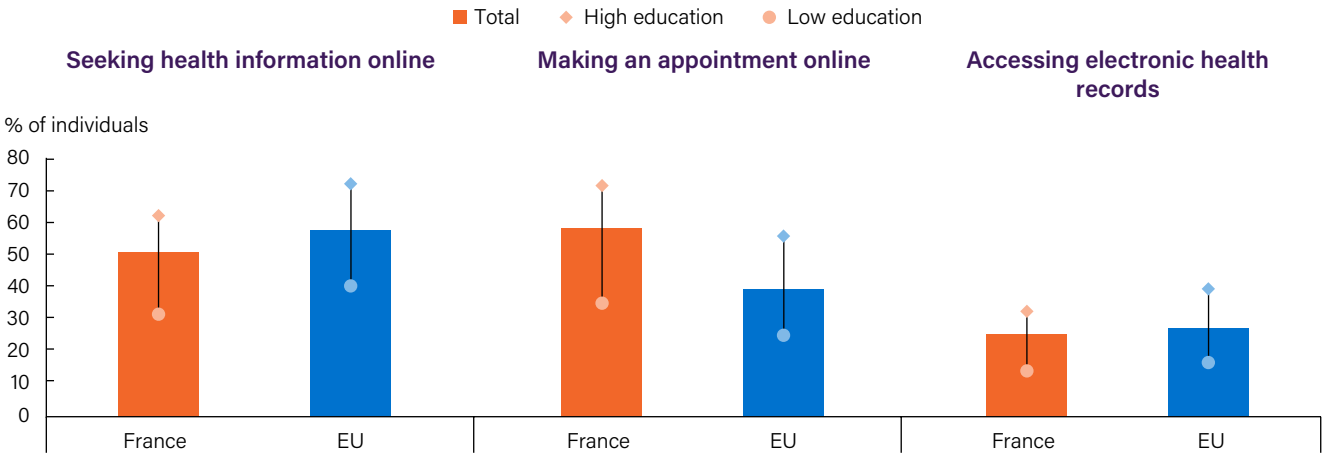
The number of telemedicine cabins is growing

Since the pandemic, telemedicine cabins have expanded in French pharmacies to improve access to teleconsultations with doctors. By 2022, 2 000 pharmacies were offering teleconsultation support, and in 2023, an additional 1 200 pharmacies installed teleconsultation cabins (Haute Autorité de Santé, 2024). Equipped with connected medical devices, these cabins enable remote doctor consultations. Teleconsultations are reimbursed like in-person visits, and self-employed doctors may conduct 20 % of their work remotely.

Recent policy responses to address nurse shortages target education and retention

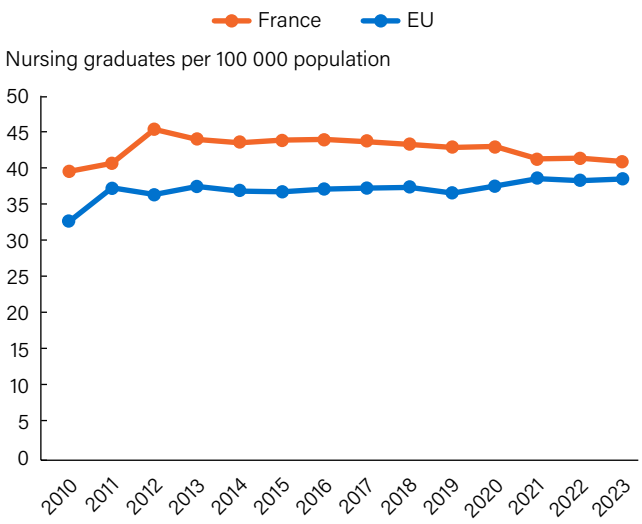
The shortage of nurses in hospitals became a critical issue during the pandemic in France and remains a major challenge amid an ageing population. According to recent projections from the Ministry of Health, nursing care needs are projected to grow by 50 % between 2021 and 2050 due to demographic changes, while the number of nurses is projected to increase by only 37 % under current policies, creating a shortfall of 80 000 nurses by 2050 needed to maintain today's care coverage. This gap is worsened by rising student dropout rates, which have led to a decline in nursing graduates in recent years (Figure 22). Admissions in nursing programmes rose from about 31 000 annually between 2010 and 2019 to 36 000 in 2022 and 38 000 in 2025. However, student dropout

Figure 21. There are large inequalities in digital health use by education level



Note: Low education is defined as the population with no more than lower secondary education (ISCED levels 0-2), whereas high education is the population with tertiary education (ISCED levels 5-8).
Source: Eurostat database (isoc_ci_ac_i). Data pertain to 2024.

Figure 22. The number of nursing graduates in France has decreased slightly in recent years



Note: The EU average is weighted (calculated by the OECD).
Source: OECD Data Explorer (DF_GRAD).

rates have nearly doubled from around 11 % in the 2010s to 20 % in 2022. Meeting the projected nurse shortage would require either a further 14 % increase in admissions or halving dropout rates (DREES, 2024b).

Nurse retention in hospitals is also problematic: only one in two nurses who began working in hospital in the late 2000s were still working in hospital ten years after. While some had moved to work as self-employed nurses outside hospitals (10 %), many had left the workforce entirely (DREES, 2023). To improve nurse attractiveness and retention, a law adopted in May 2025 redefines and expands nursing roles, introducing "nursing consultation" and "nursing diagnosis". This was the first expansion of nursing roles in over 20 years. The law outlines core nursing functions in curative and palliative care, patient journey management, prevention, and screening. The principle of mandatory nurse-to-patient ratios was also introduced in 2025 to improve hospital patient safety and nurse wellbeing, with implementation planned for 2027. However, failures to meet the new staffing ratios are not expected to lead to bed closures.

Increasing public spending on health will be a challenge in the coming years

Addressing workforce shortages and modernising the French health system will require substantial additional public funding—a significant challenge given persistent economic and budgetary pressures. The fiscal sustainability of the health system is already under strain: the cumulative deficit of the three social security branches financing healthcare (illness, occupational health, and long-term care) is projected to nearly double from EUR 11.8 billion in 2024 to EUR 20.1 billion by 2028. Demographic pressures are a key driver, with population ageing alone expected to add around EUR 2.8 billion annually to healthcare costs between 2023 and 2030. Expenditure on cancer medicines is projected to nearly triple, rising from EUR 2.4 billion in 2022 to EUR 7.0 billion by 2028 (Cour des Comptes, 2025). In response, the National Audit Office has identified 15 areas for potential cost savings, including: negotiating lower pharmaceutical prices and increasing the uptake of generics and biosimilars (estimated savings: EUR 5.3 billion); controlling wage and tariff increases (EUR 3 billion); reducing unnecessary prescriptions and procedures (EUR 2.8 billion); and strengthening fraud controls (EUR 1.5 billion). In the short term, selected EU funding programmes are supporting investment in the health system (see Box 1).

Looking forward, France will face a dual challenge of upward pressures on health spending and modest GDP growth. According to the baseline scenario of the most recent OECD projections, public spending on health as a share of GDP is expected to increase from 9.5 % of GDP in 2023 to 11.5 % in 2045 (OECD, 2025b). The projections from the 2024 EC's Ageing Report show more modest growth in public spending on health as a share of GDP by 2070, but this would be accompanied by a sharper rise in public spending on long-term care (European Commission, 2024).

Antimicrobial resistance could threaten health if antibiotic use is not further reduced

Curbing excessive antibiotic use is needed to address antimicrobial resistance (AMR) and meet EU Council's 2030 targets that were adopted in 2023.[2] In France, antibiotic

Box 1. France receives some EU funding to strengthen health system resilience and efficiency

France has earmarked EUR 4.5 billion – 11.2 % of its Recovery and Resilience Plan (RRP) - for health projects to be completed by 2026 to improve the hospital and medico-social establishment infrastructure and digital health services, as well as to support biomedical research.

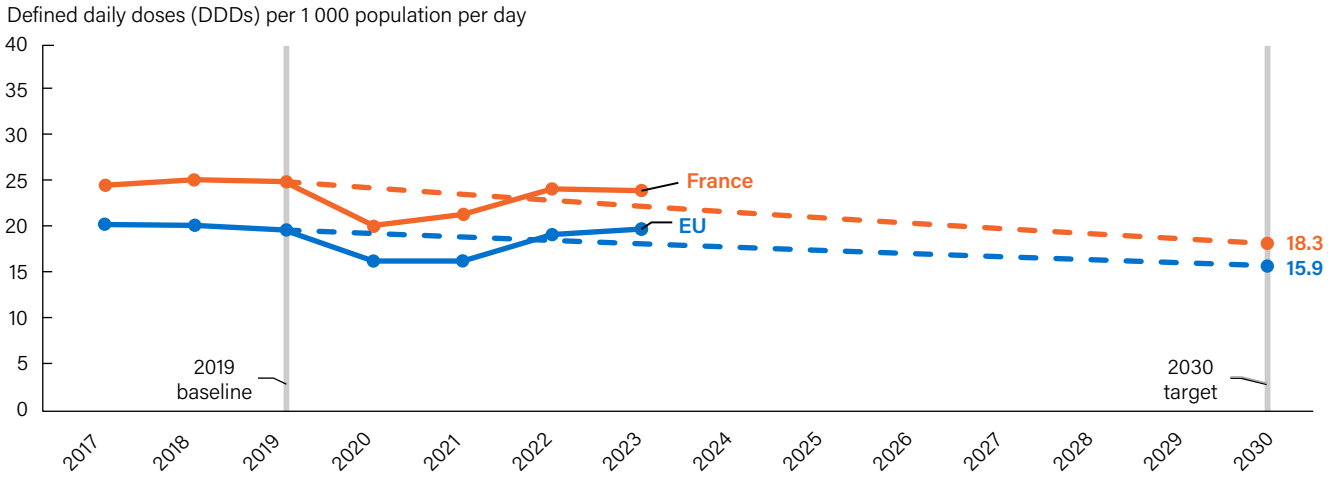
Complementing the RRP envelope, France also allocated EUR 262 million from the European Cohesion Funds, mainly to develop its health infrastructure (53 % of the funds) and digital health services (20 % of the funds). In addition, under the EU4Health work programmes (2021-23), French beneficiaries received funding via joint actions and direct grants amounting to EUR 134 million. These were primarily dedicated to crisis preparedness (about 36 % of the funds) and cancer initiatives (about 30 %).

[2] Council Recommendation on stepping up EU actions to combat antimicrobial resistance in a One Health approach, 2023/C 220/01.

use dropped in 2020–2021 due to fewer infections but has since nearly returned to pre-pandemic levels, and it is not on track to meet the 2030 target (Figure 23).

Over the past decade, France has promoted responsible antibiotic use. The 2022–25 National Prevention Plan on Infections and AMR supports coordinated action among patients, physicians, and other stakeholders to strengthen prevention and awareness.

Figure 23. Antibiotic use is not on track to meet the EU Council's 2030 target



Note: The EU average is weighted. The chart shows antibiotic consumption in hospital and the community. The dashed line illustrates the policy target pathway to meet the 2030 reduction targets.
Source: ECDC ESAC-Net.

6 Spotlight on pharmaceuticals

France spends more on retail pharmaceuticals per capita than the EU average

France spent a total of EUR 41.8 billion in retail pharmaceuticals in 2023, up from EUR 36.7 billion in 2013. On a per capita basis, France spent about 10 % more than the EU average in 2023 (EUR 560 per capita compared to EUR 510, adjusted for purchasing power parity). When compared to total health expenditure, pharmaceutical spending represents about 13 % of total expenditure in France, a share on par with the EU average (Figure 24). However, this does not take into account pharmaceutical spending in hospitals, which represented nearly 40 % of total pharmaceutical spending in France in 2023, the same share as the EU average.

Social health insurance coverage of retail pharmaceuticals is very high in France

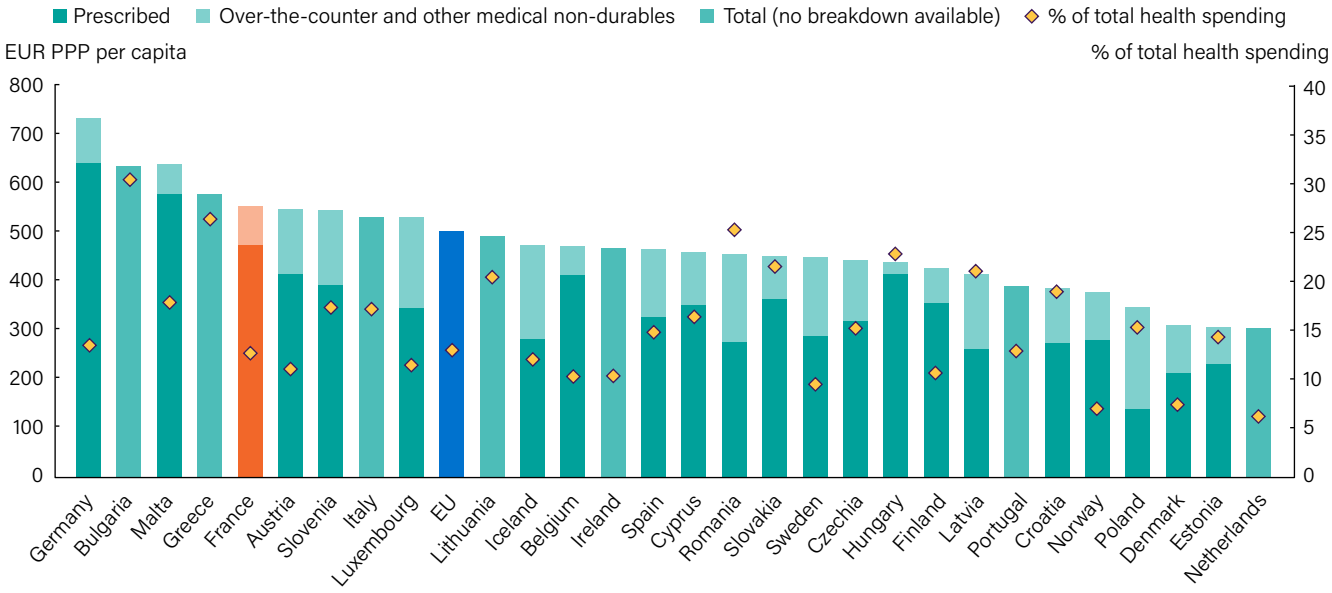
Public and compulsory private insurance covers 83 % of retail pharmaceuticals in France, one of the highest shares in the EU along with Germany, and well above the EU average of 62 % (Figure 25). Complementary health insurance (5 %) and direct out-of-pocket payments by households (12 %) cover the remaining costs. Social health insurance reimbursement rates of retail pharmaceuticals are stratified according to therapeutic value and disease severity at 15 %, 30 %, 65 %, or 100 % of the list price. Complementary health insurance (including both compulsory and voluntary private plans) generally assumes responsibility for cost-sharing requirements, with patients paying only a nominal deductible (fixed regulatory fee) of EUR 0.50 per prescription. Patients with serious long-term conditions receive exemptions from cost-sharing for treatments related to their condition. Households pay the full cost of non-reimbursable medications and those purchased without prescriptions.

Access times for new medicines vary but are typically fast for those with high benefit

Two of the indicators most commonly used to assess the timelines and breadth of access to new medicines are the average time elapsed between EU marketing authorisation and public reimbursement, and the proportion of centrally-approved medicines available nationally. Both metrics are reported in the European Federation of Pharmaceutical Industries and Associations' Patients WAIT ("Waiting to Access Innovative Therapies") Indicator Survey (Newton et al, 2025). While neither indicator comprehensively measures meaningful patient access to effective treatments, they provide a basis for discussion.

France, like many EU countries, uses a comprehensive process to determine social health insurance coverage and pricing for pharmaceuticals. It integrates health technology assessment to inform both coverage decisions and price negotiations. This process takes time. According to the

Figure 24. Expenditure on retail pharmaceuticals per capita is one of the highest in the EU



Note: This figure represents pharmaceutical expenditures dispensed through retail pharmacies for outpatient use only. It excludes medications administered in hospitals, clinics or physician offices.
Source: OECD Data Explorer (DF_SHA). Data pertain to 2023, except for Norway (2022).

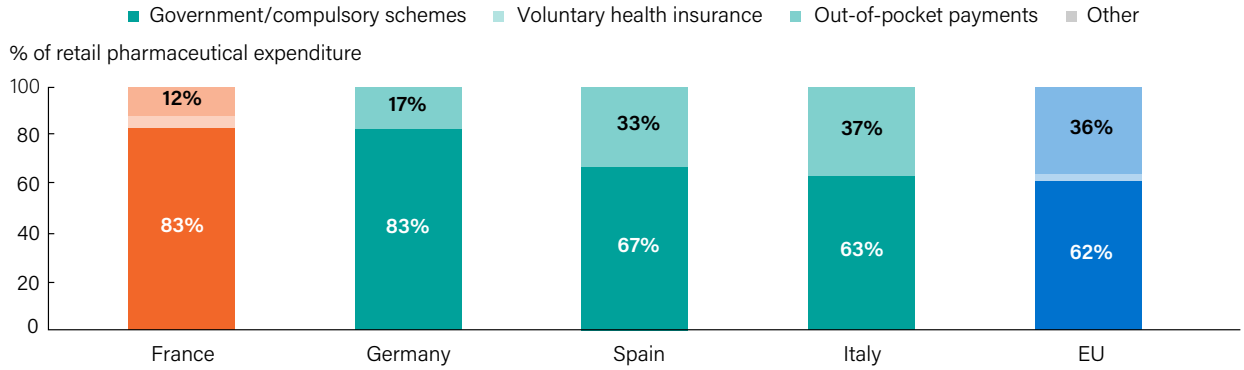
WAIT indicator, France recorded an average time-to-reimbursement of 597 days (above the EU average of 578) for medicines approved by the European Medicine Agency between 2020 and 2023. However, France has consistently implemented early access schemes enabling patients with significant unmet medical needs to obtain promising medications before the conclusion of reimbursement and pricing processes, and in certain cases, even prior to marketing authorisation. These provisions primarily apply to pharmaceuticals demonstrating high clinical value. For highly innovative medications, patient access in France is quicker compared to countries like Spain and Italy, requiring only minimal waiting periods on average. If one assumes that products under these early access schemes are directly available, the average time to availability is 570 days (hence slightly lower than the EU average).

As of January 2025, 60 % of new medicines approved by the European Medicine Agency between 2020 and 2023 had coverage in France, a higher share than the EU average of 46 %, but a lower share than in Germany, Italy and Spain (Newton et al, 2025).

Inappropriate use of medicines is an issue in France

Inappropriate medication use - whether overuse, misuse, or underuse - adversely affects both patient outcomes and healthcare system expenditures. In France, over 40 % of patients over 75 years of age receive at least one potentially inappropriate prescription, while 72 % are prescribed more than five medications concurrently. These proportions increase substantially among nursing home residents, reaching 77 % and 87 %, respectively (Drush et al., 2023, Qassemi et al., 2020). A 2018 assessment estimated the

Figure 25. Over 80 % of expenditure on retail pharmaceuticals are covered by social health insurance in France



Note: The EU average is weighted. Comparator countries are the largest pharmaceutical markets. Source: OECD Data Explorer (DF_SHA). Data refer to 2023.

annual cost of medication error-related hospitalisations at EUR 1.3 billion, of which EUR 155 million was deemed preventable (Laroche et al., 2024).

France is tightening cost controls while accelerating access to innovative therapies

France has introduced significant pharmaceutical policy reforms through its Social Security Financing Laws (LFSS) for 2024 and 2025, aiming to balance cost containment with support for innovation. A central pillar of this strategy is tighter expenditure control. The 2024 LFSS set the annual pharmaceutical spending target at approximately EUR 26.4 billion, which was raised to EUR 27.25 billion under LFSS 2025. To enforce these limits, France applies a safeguard clause requiring manufacturers to reimburse excess spending when the cap is exceeded (*clawback* mechanism). These repayments have become substantial, reaching nearly EUR 1.5 billion in 2022. Under a government-industry agreement, the 2025 LFSS introduced a EUR 1.6 billion cap on total clawback repayments.

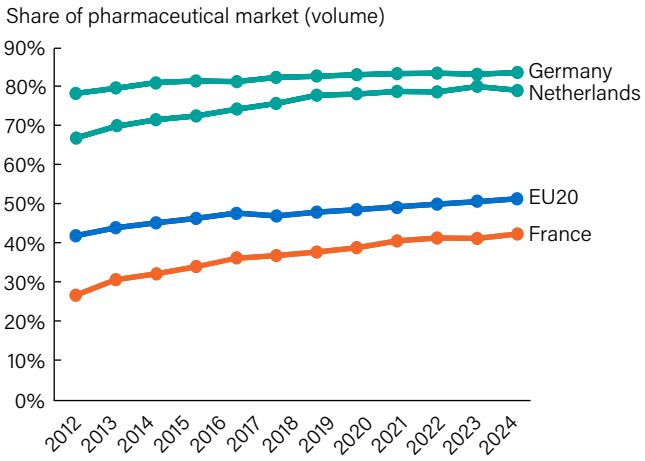
To further control costs, the reforms have strengthened incentives for biosimilar uptake. LFSS 2024 reintroduced automatic substitution for biosimilars that have been on the market for at least two years, while LFSS 2025 shortened the substitution period to one year. Additional measures include mandatory price reductions for off-patent medicines and, from 2026, a requirement for prescribers to justify high-cost prescriptions using formal documentation.

Alongside cost containment, the reforms also promote innovation and supply security. A "direct access" pathway enables early reimbursement of breakthrough medicines with major clinical value immediately following a positive assessment from the *Haute Autorité de Santé* (HAS). During this phase, manufacturers may set prices freely, with retrospective rebates applied after final negotiations. Supply chain resilience has also been formalised as a pricing criterion, enabling price premiums for medicines produced domestically.

Despite progress, generic take-up remains lower in France than in most other EU countries

Generic medication utilisation has improved significantly due to the implementation of multifaceted incentives targeting all stakeholders - physicians for prescribing practices, pharmacists for dispensing, and patients for acceptance. As of 2023, generic medications constituted 42 % of all reimbursed pharmaceutical units dispensed through community pharmacies, up from 25 % in 2010. Nevertheless, this proportion remains below that of leading countries and average of the 18 countries for which data are available (Figure 26). In value, this generic share represented 30 %. France has a more restrictive definition of the "substitutable market" and there is a tendency among French physicians to prescribe newer medications rather than established alternatives.

Figure 26. The share of generics in France has increased steadily over the past decade, but remains below the EU average



Note: The data show the percentage of the generic market in volume terms. The EU average is weighted.
Source: OECD Data Explorer (DF_GEN_MRKT).

Regarding biosimilars, data published by IQVIA indicate that France has room to improve biosimilar adoption rates across several therapeutic categories, including medications prescribed for inflammatory conditions, cancer, osteoporosis, ophthalmology and diabetes (IQVIA, 2023).

France ranks the third highest in pharmaceutical R&D investment in the EU

Pharmaceutical industry research and development (R&D) investment in France amounted to an estimated EUR 1.9 billion in 2022 (adjusted for purchasing power), representing 13 % of total pharmaceutical R&D expenditure across the EU, positioning France third behind Germany (31 %) and Belgium (17 %). On a per capita basis, France's business enterprise R&D investment stood at EUR 29 per capita in 2022, below the EU average of EUR 35, but well above other EU countries such as Spain and Italy. However, the growth rate has been modest since 2015 and lower than in Germany.

Patent applications provide a useful indicator of potential breakthroughs in France. According to OECD Intellectual Property Statistics, 323 applications filed in the pharmaceutical sector under the Patent Cooperation Treaty (PCT) originated from applicants based in France. This represents about 18 % of all EU-originated PCT applications, a proportion that has remained steady over the past 15 years. On a per capita basis, the rate in France was 4.8 applications per million population, 16 % higher than the EU average. Moreover, France has a relatively high rate of clinical trials per capita, indicating a strong pharmaceutical innovation capacity. It reached 20 clinical trials per million population, compared with the EU average of 18.

7 Key findings

- Life expectancy in France was 1.4 years above the EU average in 2024. However, large disparities exist by gender and socioeconomic status. At age 35, men with tertiary education can expect to live 8.0 years longer than those without a secondary education diploma; this gap is 5.4 years among women.
- Around one-quarter of all deaths in 2021 can be attributed to behavioural and environmental risk factors. Nearly one-quarter of adults (23 %) continue to smoke daily, one of the highest proportions in the EU. More positively, regular cigarette smoking among 15-year-olds is lower than in many EU countries. While alcohol consumption among adults has reduced, it remains higher than the EU average. Obesity rates have risen to match the EU average. Smoking and obesity rates are particularly high among people with lower education levels, contributing to lower life expectancy.
- Health spending per capita in France is in the top third of EU countries. It represented 11.5 % of GDP in 2023, the second highest share after Germany.
- Financial access to care is strong: France has one the lowest shares of out-of-pocket payments paid directly by households in the EU. Self-reported unmet medical needs due to cost, distance and waiting times are limited, though above the EU average. Barriers are greater for those at risk of poverty, particularly for services that are less covered. In 2024, nearly 14 % of people at risk of poverty reported unmet dental care needs.
- Access to general practitioners remains a challenge in underserved "medical deserts". Measures to address the shortage of doctors in certain regions include financial incentives for doctors to settle in these areas, the expansion of multidisciplinary health centres, and the increase in the number of medical students and postgraduate training places in general medicine. In 2025, a bill sought to restrict new practices in already well-served areas, but awaits Senate adoption.
- Nurse shortages intensified after the pandemic. Demand for nursing is projected to rise by 50 % between 2021 and 2050, while supply would grow by only 37 % under current policies. High dropout rates among nursing students and low hospital retention rates (only half of hospital nurses remain in the job after ten years) constrain supply growth. To improve attractiveness and retention, a 2025 legislation redefined and expanded the scope of practice of nurses for the first time in two decades. The principle of mandatory nurse-to-patient ratios was also introduced in 2025 to improve hospital patient safety and nurse wellbeing, with implementation foreseen in 2027.
- Digitalisation has accelerated in recent years. E-prescriptions, launched in 2022, accounted for 30 % of all prescriptions in 2023. A shared electronic health record (*Mon espace santé*) is being deployed, including shared information between patients and their healthcare providers, imaging and biology results, and hospitalisation discharge information. The use of digital tools - from online appointment booking to teleconsultations - has surged in recent years, though inequalities exist across age and socioeconomic groups.
- Retail pharmaceutical spending per capita in France was about 10 % higher than the EU average in 2023. Public and compulsory private insurances cover 83 % of retail pharmaceutical expenditure, a share much higher than the EU average of 62 %. While the share of generic medicines has increased markedly over the past decade from 25 % in 2010 to 42 % in 2023, it remains below the EU average of 51 %. France ranks third in the EU for pharmaceutical R&D investment, behind Germany and Belgium, indicating relatively strong innovation capacity.

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Country abbreviations

Austria	AT	Czechia	CZ	Germany	DE	Italy	IT	Netherlands	NL	Slovakia	SK
Belgium	BE	Denmark	DK	Greece	EL	Latvia	LV	Norway	NO	Slovenia	SI
Bulgaria	BG	Estonia	EE	Hungary	HU	Lithuania	LT	Poland	PL	Spain	ES
Croatia	HR	Finland	FI	Iceland	IS	Luxembourg	LU	Portugal	PT	Sweden	SE
Cyprus	CY	France	FR	Ireland	IE	Malta	MT	Romania	RO		

State of Health in the EU
Country Health Profiles 2025

The *Country Health Profiles* are a key element of the European Commission's *State of Health in the EU* cycle, a knowledge brokering project developed with financial support from the European Union.

These Profiles are the result of a collaborative partnership between the Organisation for Economic Co-operation and Development (OECD) and the European Observatory on Health Systems and Policies, working in tandem with the European Commission. Based on a consistent methodology using both quantitative and qualitative data, the analysis covers the latest health policy challenges and developments in each EU/EEA country.

The 2025 edition of the *Country Health Profiles* provides a synthesis of various critical aspects, including:

- the current state of health within the country;
- health determinants, with a specific focus on behavioural risk factors;
- the structure and organisation of the health system;
- the effectiveness, accessibility and resilience of the health system;
- an account of the pharmaceutical sector and policies within the country.

Complementing the key findings of the Country Health Profiles is the *Synthesis Report*.

For more information, please refer to: https://health.ec.europa.eu/state-health-eu_en

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