

Cour des comptes



HEALTH POLICY EVALUATION: THE EXPERIENCE OF THE FRENCH COUR DES COMPTES

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Public policies, plans, programs...

Public policy

- Course of government action in response to public problems, with goals, objectives and means, undertaken public actors, but involving and mobilizing other actors (NGOs, professionals...)
- Explicitly drafted in an official document (law, plan...)
- Defining a framework and a set of actions, with objectives, target populations, resources, as well as monitoring and evaluation process

However, sometimes difficult to distinguish between policy, plan, program

In the field of health policies, there may clearly identified national plans, or juxtaposition of sector policies



What is generally evaluated?

- Public health laws (examples: the comprehensive public health law of 2004, bioethics laws...)
- Public health plans (in the 2000s: cancer, mental health, Alzheimer disease, palliative care, youth health, addictions, nutrition, autism...)
- Health programs (in particular at a regional/local level)



Who else evaluates health policies/programs in France?

- The High Council of Public Health
- Health Agencies
- Inspection bodies (Inspection générale des affaires sociales = IGAS)
- Research teams
- Consultants
- **... and Cour des comptes!**

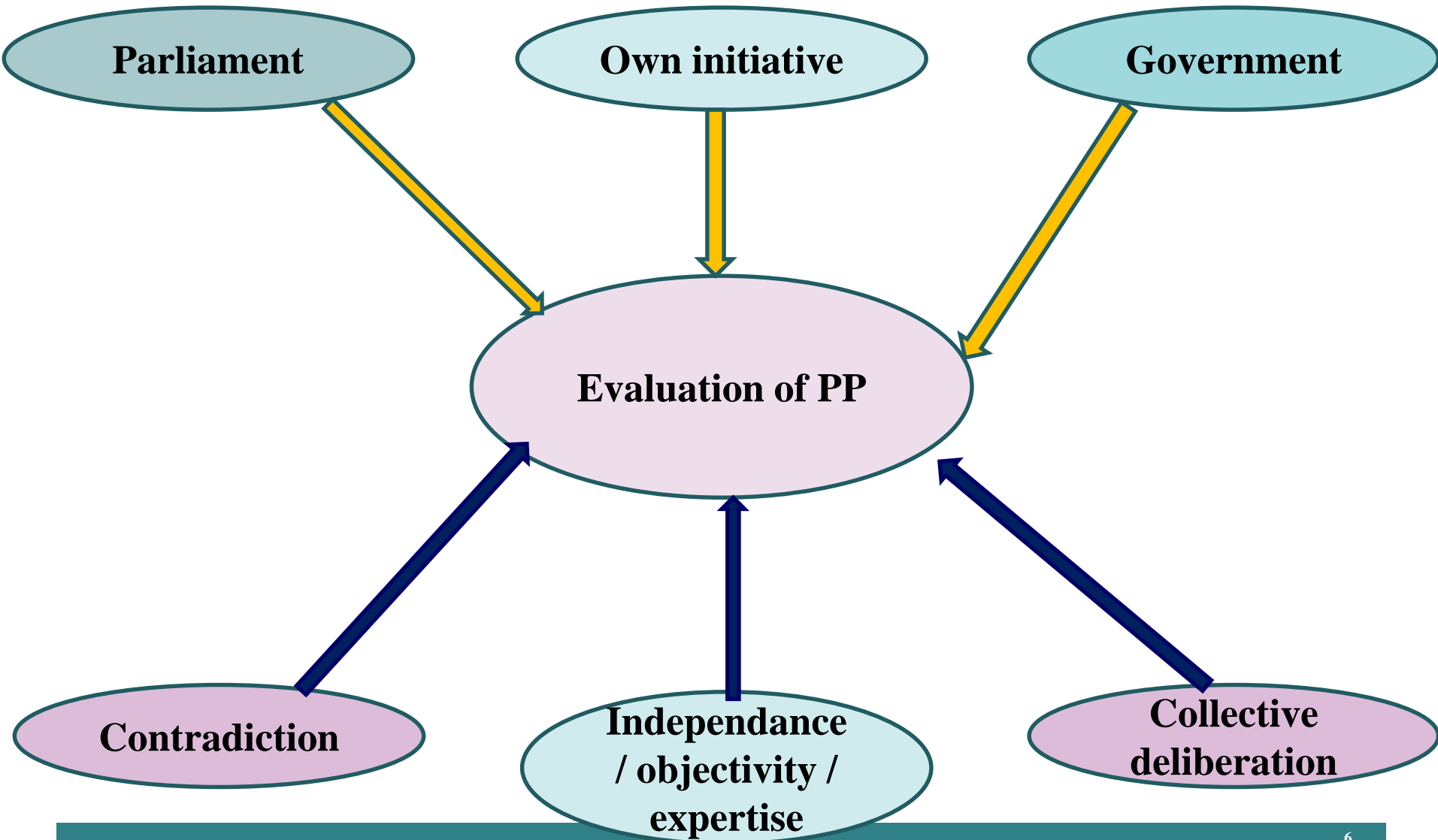


Public policies evaluation: an official mission of the Court since 2008

Since the revision of the Constitution of July 2008, assisting the Parliament in evaluating public policies is part of our missions (article 47-2).

Evaluation is now one of the 4 missions:

- Assessment
- Control
- **Evaluation**
- Certification





A specific methodology

Based on the usual procedures, with the following steps :

- Investigation
- Draft observations
- Contradiction
- Final report

And a follow up!





Steps

**Identification /
choice of topic**

Feasibility study

**Inclusion in yearly
program**

Evaluation

**Executive summary,
communication, follow
up of recommendations**



THE FEASIBILITY STUDY

Important step

- to confirm that the policy (or plan) can be evaluated (or not)
- to identify the main stakeholders and issues
- to prepare the evaluation plan



THE EVALUATION PLAN

- Describes the objectives of the evaluation
- Sets the extent and the orientation of the evaluation
- Defines the human resources necessary (evaluation team, other resources such as external studies, experts...)
- Identifies the members of the « support committee », aimed at representing the stakeholders
- Suggests international benchmarking
- Sets the agenda (generally 12 to 18 months until publication)



THE « SUPPORT COMMITTEE »

Main objective = association and consultation of stakeholders

A consultative body, under the presidency of the chamber (or inter chamber) president

Associating stakeholders and external experts

His members are subject to a confidentiality obligation

The committee meets and is consulted at the key steps of the evaluation (drafting the evaluation plan, intermediate findings, draft report)

Members may provide written contributions

Finding and selecting members is often a sensitive issue!



INTERNATIONAL BENCHMARK

Systematic

Comparable countries (EU, OECD)

Based on documentation

And study visits in selected countries

Has had an important role in our experience !



ANCILLARY CONTRIBUTIONS

Exemples:

- Opinion polls (tobacco)
- Survey among professionnels (alcohol)
- Survey among beneficiaires (autism)
- Bibliography review (tobacco)
- Jurisprudence (tobacco)



EXAMPLES OF HEALTH POLICY EVALUATIONS

Tobacco policy

Alcohol policy

Autism policy



EVALUATION OF TOBACCO POLICY, 2012



The first evaluation, requested by the Parliament

3 persons almost full time for one year



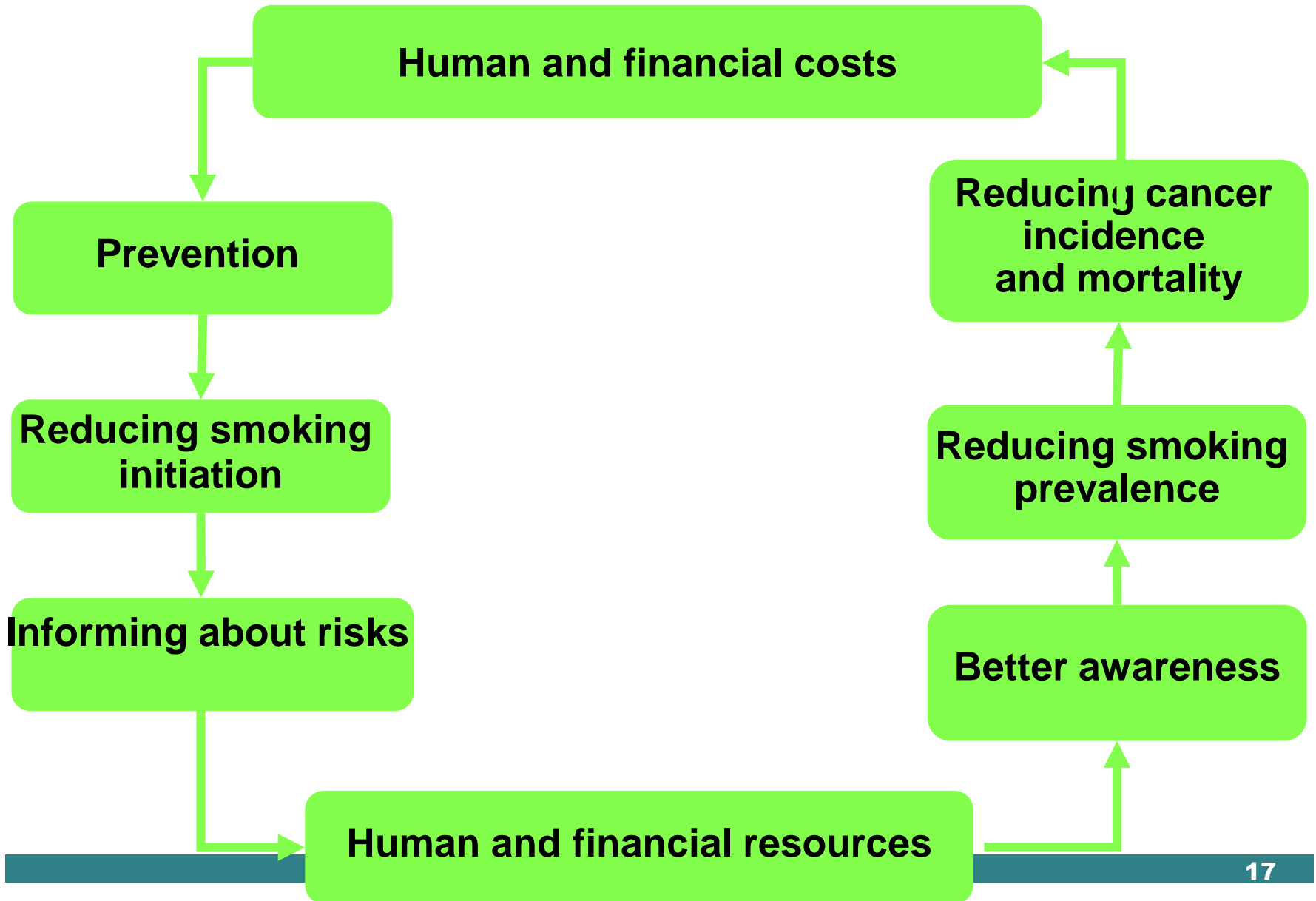
The first question was « is there a tobacco policy in France? »

Evidently not, so the evaluation became « evaluation of tobacco policies »

(there was no comprehensive plan, sectors involved were poorly or not coordinated: health, taxation, distribution...)

But it was relevant to try to evaluate on the basis of the public health harm and the costs

Main questions to address



One of the major issues: indicators?

**Tobacco attributable
mortality**

**Tobacco attributable
Cancer incidence**

smoking prevalence



**Weakness of epidemiological data in
France :**

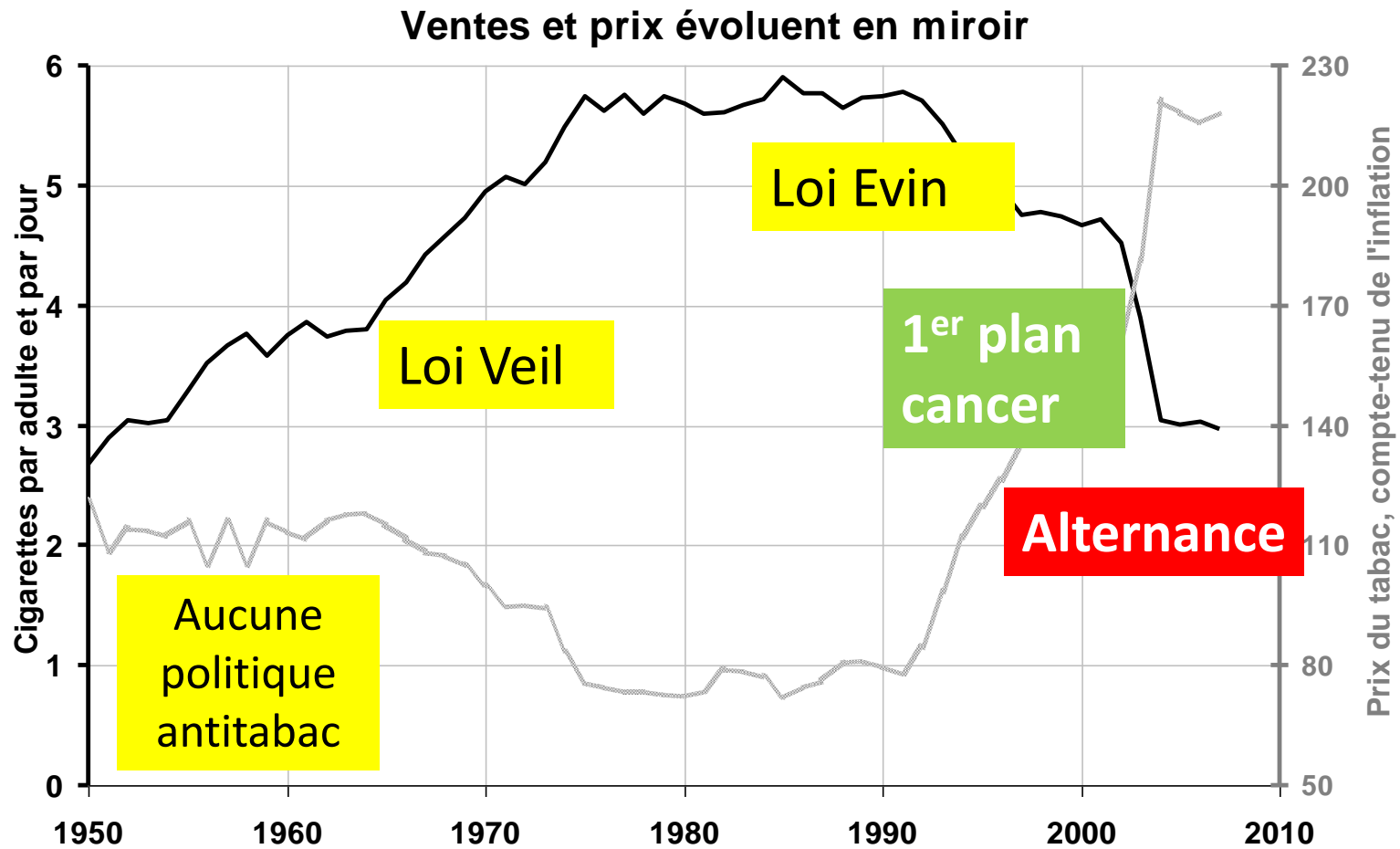
Lack of reliable national data on
attributable incidence and mortality of
tobacco attributable cancers and other
diseases

**Lack of data on direct and indirect
costs of tobacco in France**

(as compared to the UK for example)



RELATED TO POLITICAL CHANGES : THE ISSUE OF PRICE POLICY





MAIN CONCLUSIONS

- A major issue in terms of smoking prevalence, tobacco related morbidity, and mortality
- Lack of comprehensive policy and even contradictory policies between health driven measures and economic interests driven measures
- Lack of coordination and leadership
- Lack of political will (strong lobby by the specifically French sales system based on the monopoly by the « buralistes »)



MAIN CONCLUSIONS

- Weak prevention policy (in terms of human and financial resources, lack of continuity and evaluation)
- Weakness of tobacco cessation measures (no or limited coverage for nicotine substitutes)
- Lack of regulation enforcement (sales for minors, tobacco free public areas)
- Unsufficient data and surveillance system
- Poor results as compared to other comparable countries (Western Europe, US, Australia)



MAIN RECOMMENDATIONS

Implement a comprehensive and pluri annual strategy of tobacco control

Improve data collection and research

Implement a health driven tax policy

Improve legislation enforcement

Develop smoking cessation measures



FOLLOW UP (PUBLISHED IN 2016)

The major part of the Court's recommendations were followed by the Government, with the implementation of a national tobacco reduction plan adopted in 2014

- Leadership for the coordination was clarified (ministry of health)
- Neutral packaging Improved price policy (+ recent increases in price)
- Extension of smoking prohibition in public areas (beaches, playgrounds)
- Recently reimbursement for nicotine substitutes

But a lot remains to be done!



WHAT DID WE LEARN?

Importance of having a multidisciplinary team

Review of literature

International benchmark: in particular our study trip to the UK made a real difference (but such visits needs to be prepared ++): the main point was to have an exemple of comprehensive policy carried on for 10 years, with a single and strong leadership, supported by a strong data collection system, and associating tobacco initiation prevention with smoking cessation measures.



WHAT DID WE LEARN?

The first evaluations led the Court to define its procedures and draft professional standards for public policies evaluation, which was done in 2014

Among the main points, formalization of the « support committee » associating the stakeholders (difference with the usual investigation procedure)

Importance of external expertise and ancillary work

Impact of international benchmark



EVALUATION OF ALCOHOL POLICIES

The Court's own initiative (2014-2016)

Associated other chambers (6th, 4th mainly)

Multidisciplinary team

Addressed all aspects: health, road safety, sales regulation, taxation, production...

Procedure: support committee, international benchmark (Nordic countries, UK and Scotland, Italy)

Survey among GPs about their knowledge of brief advice and intervention

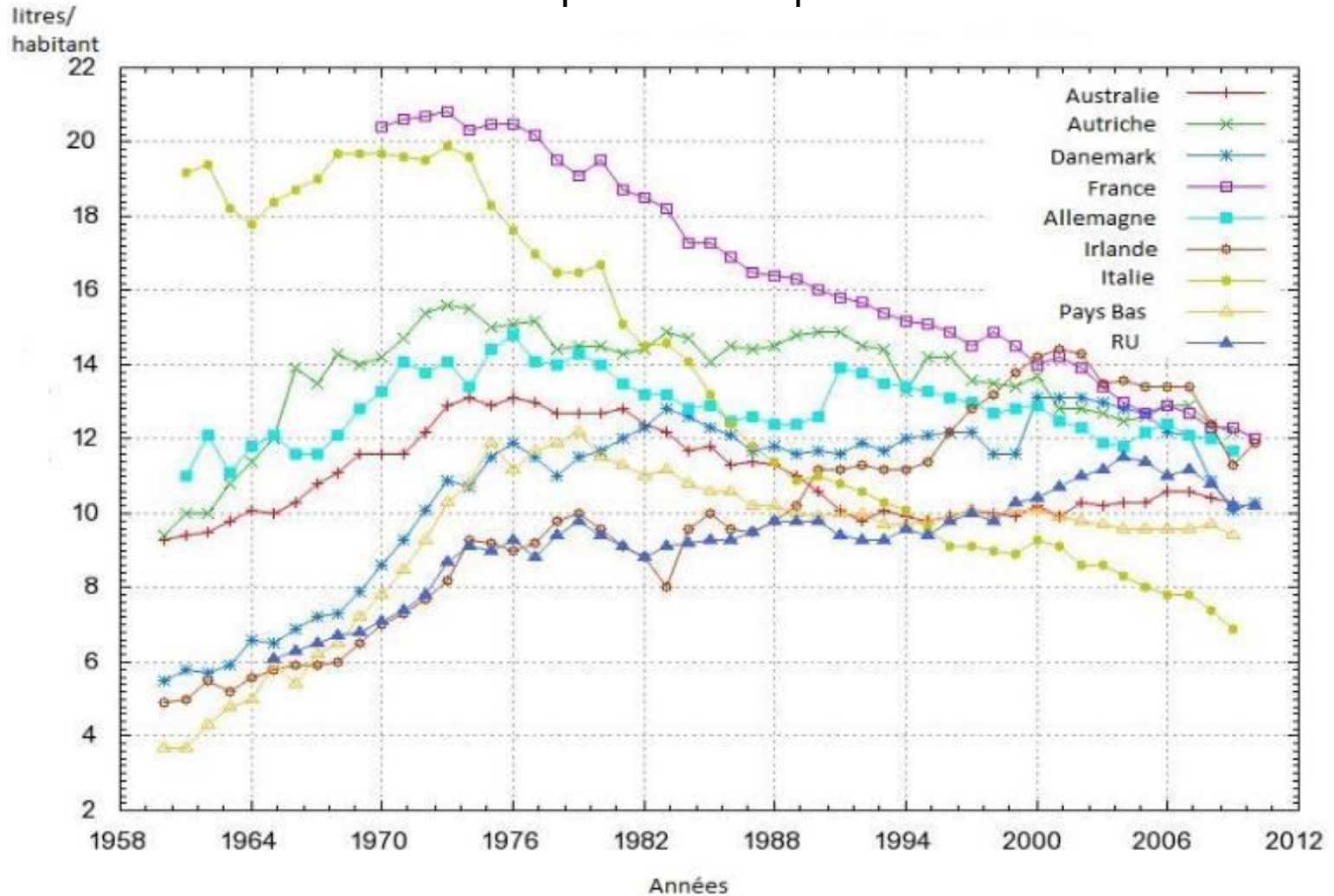


Main findings

- poor situation as compared to a number of other countries
 - same problems as for tobacco: lack of data, lack of coordination, lack of political will (worse because of the wine lobby) and the lack of awareness on alcohol related diseases and mortality
- cost evaluation (direct and indirect) = a major issue (and controversial)



Trends in consumption in Europe and France





Main findings

- high levels of consumption in France compared to other countries
- specifically among youth (+ binge drinking) and women
 - poor enforcement of legislation in terms of sales (to minors, at night...)
 - lack of proper cost evaluation (direct and indirect)
 - mild penalties for drink driving
 - poor prevention policies



MAIN RECOMMENDATIONS

Implement a national comprehensive program on harmful alcohol consumption

Set up a pluriannual research program

Develop preventive measures targeted at the most vulnerable groups (youth, women, low SES)

Prohibit alcohol at worksites

Develop brief intervention

Make use of the price policy and consider a minimum unit price

Prohibit advertising for alcohol on internet

Strengthen and enforce regulation on sales (on site and carry out)



FOLLOW UP...

Nothing has happened so far !!!!

(says something about the influence of alcohol and in particular wine lobby ++)



AUTISM POLICY

The most recent evaluation (requested by the Parliament), published last January

Main findings: lack of data, very controversial context in France, too much institutionalization, too little school and social inclusion

Benchmark with Scandinavian countries, Italy, Spain ++

To early to assess its impact



CONCLUSION ...

Evaluation is a very interesting and challenging mission, however:

Major input in terms of time and human resources = time and resources consuming (teams of 3 to 6 persons full time or part time during 12 to 18 months = not more than one every 2 years)

Tight shedule when requested by the Parliament

Impact can be very variable: tobacco +++, alcohol – , autism?



Thank you for your attention!