



#0 HEALTH, AUTONOMY AND BIOTECHNOLOGY: ECONOMY AND ORGANIZATION

Michèle KANHONOU
September 14th, 2022

Term contract: what to expect in this course

DVO

Lecture outline

Ppt in full versions

Reading material

Lecture rhythm

1h30 blocks: attendance and lecture

... hopefully, knowledge!

Course evaluation

01 September 14th

02 September 21st Online

03 September 23rd

04 September 28th Online

05 October 7th > **Quiz1**

06 October 12th Online

07 October 19th

08 November 9th Online

09 November 10th Online > **Quiz2**

Point on
+ session
presentations

10 November 23th

11 November 30th

12 December 09th

> **Conference on Health management**
+ **Your session presentations**

Quiz = MCQ

Where?

On what?

Grades

by the following class

General rules

Recorded lectures:

ideally, be within the camera-covered zone

Online lectures:

ideally, keep you camera on

And also:

Be on time

Participate

Keep you Zoom updated

Lecture general objectives

Understand:

- Health organization in France/industrialized countries and its financing, management, regulation, evaluation
- Growing interest for an improved quality of life and for research/innovation
- Population unequal access to health systems and biotechnologies for diagnostic and therapy
- The French society and the social responsibilities that (SB/HEBT) engineers can represent



#1 FROM THE CONCEPT OF HEALTH TO HEALTH ECONOMY

Michèle KANHONOU
September 12th, 2022

LECTURE OVERVIEW

08. Health: a concept

- Definitions
- WHO
- 1 coin, 2 sides

16. Towards health economy

- Medical economy
- Rationalization of budget choices (RBC)

16. Towards health economy

- Health economy: between CREDOC and RBC
- Political health economy

28. Term outline

- Lectures 2 to 12

HEALTH: A CONCEPT

What is health (in one word)?

Security.

Health: Wiki definition

« Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. »

Immediately followed by:

« The meaning of health has evolved over time. »

Health: World Health Organization (WHO) definition, 1946 to 1948

« Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. »

- Introduction of the WHO constitution
- International Health conference
(but not the 1st to have this initiative
International health cooperation:
1851, maritime quarantine requirements)
- After 2 years of deliberations/ratifications,
signed by 61 countries: an « official » definition for health



Health: World Health Organization (WHO) definition, 1946 to 1948

« Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. »

- Limits/critics

Can not be a state (can nor be measured)

Too broad (everyone is satisfied)

Idealistic (spiritual, environmental, cultural dimensions avoided?)



- +

Health is subjective, multidimensional, contextual

Health: World Health Organization ([WHO](#)) definition, 1986

The Ottawa Charter for **Health Promotion**, Prerequisites for Health

« The fundamental conditions and resources for health are:

- peace,
- shelter,
- education,
- food,
- income,
- a stable eco-system,
- sustainable resources,
- social justice, and equity. »

+ Biological, individual, social dimensions



**World Health
Organization**

Health (WHO): 1 coin, two sides

- Fundamental human right
- Central to the concept of quality of life/autonomy

Individual

VS

- Worldwide social goal
- Involves individual, state and international responsibility
- Its maintenance is a major social investment

State involvement

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TOWARDS HEALTH ECONOMY

When did we start thinking about « health economy » in France?

After WW2.

2 major key periods

Changing experts involved in health politics:

- Medical economy ~ 1950
- Health economy ~ 1970

~ 1950

Public authorities preoccupied by health spendings:

- Not to **reduce** them
- But to ensure **legitimate but costly expenditure** is covered

Not political figures but **MD** (hospital doctors) close to public scene. No ministers, no ministries.

~ 1950

- Within the CREDOC (Research and Documentation Center on Consumption) and DEM (Medical economy division)
- Studies on **medical spendings**: observation, not control
- *Comptes nationaux de la consommation* (1st [Comptes de santé](#))

*[...] retracent les dépenses et analysent la consommation de **santé** en France et les financements correspondants (Assurance maladie, État, organismes complémentaires ou directement des ménages)*



**MINISTÈRE
DES SOLIDARITÉS
ET DE LA SANTÉ**

*Liberté
Égalité
Fraternité*

→ Health economy = **Medical economy**

~ 1960

Medical economy ✓

+

Universal health insurance (Assurance maladie, 1958)



... It all seems perfect, until the 70'
... out of control health expenditure

~ 1970

- **Economic growth slowing down** (PIB \searrow)
 - How to decrease the most important spendings?
- Under prime minister Michel Debré and president De Gaulle
Operation of **French Ministry of Economy and Finance**
Rationalization of budget choices
(Rationalisation des choix budgétaires)
- Public actions made in **economic terms**
to **prioritise investment scenarii** according to **efficiency**

~ 1970

- Public actions made in economic terms? **Methodology:**

Use of **costs/advantages ratios**

Investment vs saved lives (road safety, defense)

- Mathematical **tools** to allocate budgets
- Economist engineers vs MD:
spendings vs health considerations

In 1970

- « Health RBC cell » transferred from Ministry of Economy and Finance to the Ministry of Health:
clear message: health = health and its spendings
- In a few months, **Investment vs saved lives** studies on:
 - flu vaccination,
 - mental health management,
 - perinatal management.
- Main criticism: a priori decisions

Who	<u>CREDOC (50')</u>	<u>RBC (70')</u>
Profiles	MD	Economist engineers/Economists
Where	National organisation CREDOC's Medical Economy Division	Ministry of Health
What	Ensure health legitimate expenditure	Public actions in economic terms
Methodo.	Documenting health spendings	Investment vs saved lives studies
Critics	Incomplete data (... MD salaries)	A priori/not-medically-based decisions

Nowadays

- Why political?

Several dimensions or ministries actually involved and **cooperating**
Economic, legal, social, sociological, religious, cultural, anthropological...

1- Human sciences

- Equity and philosophical bases for health/wellness/autonomy
- **Orient** public policies

2- Exact/technical sciences and medecine

- **Shape** health/wellness/autonomy

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TERM OUTLINE

#2 The French health system: organization

- Overview
- Organization and management
- Funding
- Delivery of care
- State intervention and regulation

#3 Health supply and demand: market and particularities

- Health and healthcare demands
- Uncertainty and risk
- Health supply: concurrency, monopoles and regulation
- Health demand and health insurance

#4 Analyze and evaluate health policies

- Methods and tools
- Fundamental principals of economics evaluation (quality of life vs health; costs/advantages ratio)
- Interpretation fir decision support and limits

Health systems: international comparisons

- Issues and challenges of the health systems' organization
- Which differences? Health systems' funding and regulation
- How to evaluate their performances

#5 Regulation of the healthcare expenditure

- The French healthcare system: origins and health accounts
- Who is to pay?
- How to rationalize the health system?
- Which economic, social and public health consequences?

#6 Hospital health supply

- Hospital health care: a description
- Hospital theoretical principals
- Funding: principals, risk, evolution
- The French hospital reforms

#7 Health inequities

- Evolution of the social inequalities
- The difficulty in measuring health
- Gender disparities. Territorial disparities
- National policies against social inequalities
- In practice: mental health and obesity

#Term presentations:
for a country of your choice, investigate

- Actual consideration of health economy (and/or historical variants: medical economy, health political economy)
- Organization of its health system
- State of the health market
- Analysis and evaluation of its health policiess
- Regulation of the healthcare expenditure
- Hospital health supply
- Existing health inequities and management



Q & A ?

The French health system: organization.
September 14th, 2022



COMING UP NEXT

#2 THE FRENCH HEALTH SYSTEM: ORGANIZATION

September 21st, 2022