Health Policies, Territorial Challenges and Primary Care in Brazil and France
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The Territorialisation of health policies in France

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Introduction: the territorialisation perspective

① Territorialisation : spatially delimited construction of public policies based on a *territorial framing* of policy issues, combining *different territories and* corresponding to the adoption of *territorially differentiated policies*. A different perspective as:

② Federalism, decentralisation or devolution: transfer of competencies to local elected authorities (dominant perspective with a strong focus on legal competencies in a policy domain, depending from the territorial organization of the political system: Greer and Costa-Font, 2013).

③ Regionalization: change in the relevant policy level (sometimes associated to the creation of new policy territories often labelled as "regions")

Based on different empirical researches (past, present and future!):

- REGMEDPROV research program: policies adopted to tackle the issue of local primary care provision shortages (France, Germany, England, Sweden)
- Research on the role of local elected authorities in healthcare policies (*Institut Paris Région*)
- Research on the local (*département*) coordination of health policies in relation to ageing (*Chaire Santé*)
- Forthcoming (?) comparative research (not funded yet!): MultiNetPro (France, Germany, Italy, Spain)
- A (sociological) policy process study perspective focused on the role of policy actors (and their interactions)

Outline

1) Understanding a French paradox: regionalization without decentralization (historical perspective)
2) Understanding the territorialization of health policies in France: the “medical deserts” crisis and the launching of territorialized instruments since the HPST Act in 2009
3) Understanding the ongoing decentralization of the French healthcare system : the increasing role of local elected authorities (COVID 19 crisis and the 2022 3DS Act)

1.1 3 historical phases

① **Local organization** of the healthcare system (municipalities, then the *départements* level for health insurance) from the French Revolution (municipal decentralization) to WW2

② **Centralization** (Public health, Social Security, Hospital) of the healthcare system from 1945 to the 1980's

③ **Regionalization** since the 1990's:

- Regional Healthcare Organization Schemes (SROS, 1991)
- Regional Hospital Agencies (ARH,1996)
- Regional Health Projects (PRS, 1996)
- Regional Public Health Groupings (2004)
- Regional Health Agencies (ARS, 2009)
- Regional Health Professionals Unions (URPS, 2009)

1.2. Regionalization without Decentralization

- No transfer of competencies in healthcare to local elected authorities (*communes*, *départements*, *régions*) despite the general decentralization process since 1982 in France
- The key role of specialized senior civil servants in the transformation of the French health insurance system (Genieys, Hassenteufel, 2015: programmatic elite)
- Regions as a policy planning level (regional planification in the 1950's, formulation of regionalization at the *Commissariat général au Plan* : 1982, 1993)
- Regions as a new territorial policy level for cost containment: regional budgets and hospital restructuring ("*plan Juppé*" 1996)

2.1 The territorial framing of healthcare issues: "medical deserts"

- Starting point: lack of GP's in local areas (early 2000's) and agenda setting of territorial health inequalities
- Dramatization (media, political actors): related to the more general debate on "*La France périphérique*" (Guilly) and the existence of a "*fracture territoriale*" in France (explaining the far-right vote and later the yellow-vests movement): territorialization of (health) policy and political issues
- A growing production of territorial data on healthcare provision (new institutions and indicators documenting the extension of "medical deserts")

2.2. The launching of territorialized policy instruments

- Main characteristics
  - ✓ Not compulsory (*incentives*): conflicts with physicians
  - ✓ Experimental (*bottom-up*): article 51 (2018)
  - ✓ Not concerning one territorial level (and creation of *new* differentiated *health territories*)
  - ✓ Strong focus on *coordination* of healthcare provision and *cooperation* of local health policy actors (with ARS)
- Main instruments
  - ✓ Local health contracts (CLS: 2009)
  - ✓ Territorial health professional communities (CPTS:2016)
  - ✓ Territorial hospital groupings (GHT: 2016)
  - ✓ Territorial health projects (2019)

3.1. The increasing intervention of elected local authorities in healthcare

① In the 1980's and 1990's: in the context of the general decentralization process and in relation with "new public health issues"(Fassin) in cities: social exclusion, Aids, drugs addiction…

② In relation with the "medical deserts" issue: incentives for the settling of GPs, financing of pluri-professional primary care practices (MSP), launching of health centres (*centres de santé*), organization of mobile health provision structures (Ex. medical buses, "flying doctors")…

③ In relation with ageing: competencies of *départements*

④ In the COVID 19 crisis: providing of masks, lockdown lifting, organization of tests and vaccination…

3.2. Local elected authorities and the formulation of health policies

- ➢ Levers of influence:
- ✓ Associations of local elected authorities (especially the AMF: mayor's lobby): role of the health commissions
- ✓ Parliament (especially in the Senate, elected by local authorities)
- ✓ Governmental commissions (since the "Larcher Commission" for the HPST Act in 2009) and consultations
- ✓ The French (public) Hospital Federation (FHF)
- ➢ Decentralization in healthcare? new possibilities (hiring and financing in healthcare) and powers (in the ARS) given to local elected authorities in the 3DS Act (2022)
- ➢ An ongoing process!

Conclusion

Territorialisation as a new policy change process in the French healthcare system

- A bottom-up process (leaving room to local actors : professional, political and administrative)
- Avoiding conflicts with the medical profession and the structuration of instrument constituencies with new groups of health professionals
- Increased coordination and public health perspective (populational health)
- Limits: lack of healthcare provision (professionals), territorial inequalities, budgetary constraints, persistence of sectoral logics, complexity

Thank you for your attention!

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