



Standing by France's social contract: Macron's health reform



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On a background of tense negotiations for a workable Brexit deal, President Emmanuel Macron announced a health reform for France, which stands health as a pillar for his 21st century welfare state. Macron's "health transformation strategy" aims to be the most ambitious reform in 60 years, a "change in paradigm" that puts the patient at the centre of care and focuses on better prevention, care for non-communicable diseases, and translational care.

The plan relies on 54 measures, which include the creation of 400 jobs for general practitioners who will have a shared activity between their practice and the hospital. 4000 medical assistants, a new type of health professional created for this reform, will be rolled out by 2022. They will do simple medical procedures, assist patients in their path through the medical system, and take charge of some administrative tasks. Over the next 3 years, the system will also invest in its digital services, aimed at creating a unique digital file for each patient. The plan also includes an educational reform, with an end to the cap on the number of medical students that can enrol each year.

At a time when the President's approval ratings have fallen, critics note the uncontentious nature of this reform, with its marked social slant acting to counter-balance Macron's industry-friendly stance. Questions remain as to how using incentivisation to encourage physicians to work in rural areas with poor coverage and the proposed restructuring of hospital care to a three-tiered system—proximity care, specialised care, and so-called ultra-specialised care—are feasibly going to be implemented.

If it lives up to its expectations, this reform could be formidable; the combination of Health Minister Agnès Buzyn's medical experience with Macron's vanguard enterprise might be just what is needed to transform political will into a concrete overhaul. But more to the point, this reform sends a strong message on the international stage. In a time of increased economic and political uncertainty, by positioning himself steadfastly on the side of the foundation of France's social contract—the provision of health as a human right—Macron shows that France stands by its fundamental principles. ■ *The Lancet*

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Age-related macular degeneration: treatment at what cost?



A Benoist, BSIP/Science Photo Library

An estimated 8.4 million people worldwide have moderate to severe vision loss caused by age-related macular degeneration (AMD). A Seminar by Paul Mitchell and colleagues in today's *Lancet* describes the latest developments in this devastating condition. The first symptoms of visual distortion or scotoma in one eye might indicate early-phase disease. Later stage AMD is classed as either wet, characterised by choroidal neovascularisation, or dry, characterised by atrophy. Beyond slowing disease progression with micronutrient supplementation, atrophic AMD has no treatment. Wet AMD, however, can now be managed very successfully with repeated intravitreal injections of anti-VEGF drugs, two of which are now licensed in the UK, ranibizumab (Lucentis) and aflibercept (Eylea). The rate of blindness attributed to AMD has fallen by around 50% in some countries.

The main drawback of this treatment is the cost. Each injection costs up to £800, and most patients require around eight injections per year. A third very similar drug, bevacizumab (Avastin), which costs only £28 per injection, had very similar efficacy to ranibizumab and aflibercept in

several studies including the IVAN trial (funded by the UK Department of Health). Bevacizumab is widely used in other countries including the USA and Australia for AMD, and in the UK for other conditions that also cause neovascularisation (eg, diabetic retinopathy). But because it is not licensed for AMD in the UK, this cheaper alternative is not used widely in the NHS for this common condition.

On Sept 21, the UK High Court found in favour of 12 clinical commissioning groups in the northeast of England who were taken to court by Novartis and Bayer, the manufacturers of ranibizumab and aflibercept, for offering the cheaper unlicensed alternative, bevacizumab, to NHS patients. Bayer and Novartis are considering appealing the decision. The decision to allow physicians to use bevacizumab on cost grounds was welcomed the Royal College of Ophthalmologists who have campaigned on this issue since 2012, estimating that the adoption of bevacizumab would release £500 million per year back to the NHS. In the UK at least, this might be the beginning of a new era for AMD and could give doctors the freedom to prescribe the cheaper unlicensed alternative. ■ *The Lancet*

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For Novartis and Bayer's responses to the court decision see <https://www.bayer.co.uk/en/media/latest-news/protecting-patient-access-to-licensed-and-nice-recommended-treatments.php> and <https://www.novartis.co.uk/news/media-releases/patients-asked-accept-unlicensed-treatment-save-money>