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Incorporating Scientific Evidence into health Promotion and Disease Prevention Policies

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RAPPORT

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SUMMARY

[1] IGAS (France's General Inspectorate of Social Affairs) launched a study on the use of "evidence" in the design and implementation of public health prevention and promotion (HPP) policies and interventions. PHP encompasses a wide and varied range of actions depending on the target (tobacco, alcohol, nutrition, etc.), the type of intervention (taxation, regulation, social marketing, information campaigns, etc.), the level of prevention (primary, secondary, tertiary), the stakeholders involved (local authorities, healthcare professionals, etc.), and the populations served. In 2022, the estimated budget allocated to such efforts was €5.2 billion. The study first explored the general use of evidence in this field **(1)**, then focused on local interventions aimed at changing health-damaging behaviors **(2)**.

1. The basis for prevention policies based on scientific evidence—an approach inspired by developments in clinical practice since the 1970s—is still insufficiently structured in France, and cost-effectiveness analysis remains underutilized.

[2] In clinical practice, it is widely accepted that actions should be grounded in scientific evidence, particularly from clinical trials and real-world evaluations—a concept known as *evidence-based medicine*. Drawing from this model, even if translating biological evidence to social or political contexts has its challenges, the notion of *evidence-based policy* emerged, advocating that public policy decisions should be based on evidence. This has given rise to *evidence-based public health* when applied to HPP.

[3] The first form of evidence required to justify a HPP intervention is proof of effectiveness—i.e., that the action improves health outcomes. However, given the constraints of limited resources, effectiveness alone is not sufficient; it must also be cost-effective—demonstrating that the health gains justify the investment.

[4] One key expected result of HPP is the long-term reduction in healthcare or social costs. But it would be reductive to assess HPP solely through its economic returns. The primary expected outcome is health gain: longer life expectancy and better quality of life (less suffering, fewer functional limitations). Therefore, demonstrating cost-effectiveness may take two forms: (1) *Cost-utility analysis*, which measures whether the cost per Quality-Adjusted Life Year (QALY) gained is below a predetermined threshold; (2) *Cost-benefit analysis*, which assigns a monetary value to QALY to calculate a positive return on investment.

[5] Studies from other countries show that HPP often represents a good investment of public funds. Some interventions are considered *dominant*: they both save money and improve health. This is particularly true of fiscal policies targeting harmful products or behaviors, as they require minimal public funding—though their costs may fall on individuals who do not change their behavior. Other measures may not save money but are still deemed cost-effective if their health benefits justify the cost, based on the value assigned to a QALY. However, not all of the actions taken by the HPP are relevant, and some only provide health benefits at prohibitive costs, not to mention those that are simply ineffective.

[6] Generating cost-effectiveness evidence is essential both to prioritize between HPP interventions (not all of which are worth pursuing) and to advocate for investment in those that are demonstrably beneficial (those that prove to be an excellent investment of public resources; efficiency studies make it possible to consider them beyond the scope of short-term budget impact analysis alone).

[7] Yet in France, this type of analysis is underdeveloped. In contrast, the United Kingdom's National Institute for Health and Care Excellence (NICE) expanded its role from evaluating the effectiveness and efficiency of drugs to issuing public health guidelines. It extended its established framework for assessing medications to the field of HPP interventions: a HPP action will only be recommended by its multi-stakeholder appraisal committee if it is not only effective but also cost-effective, using the same criteria—including the cost per QALY threshold—as those applied to drugs.

[8] Such a transition—from pharmaceutical assessments to public health—has not occurred in France. Cost-effectiveness studies in the pharmaceutical field carry limited weight in reimbursement and pricing decisions. No national body is currently tasked with issuing public health recommendations based on standardized methodology, though various institutions (French Public Health Agency (SpF), French National Authority for Health (HAS), French National Institute of Health and Medical Research (INSERM), French High Council for Public Health (HCSP), French National Cancer Institute (INCa), French Agency for Food, Environmental and Occupational Health & Safety (ANSES), Directorate for Research, Studies, Evaluation and Statistics (DREES)) provide scientific insight through opinions or summaries.

[9] **Ces constats sont à l'origine de deux recommandations principales : développer des études d'efficience pour éclairer les décisions en matière d'action de PPS, établir des recommandations en matière d'action de PPS.** Ces deux recommandations sont liées. En effet, l'établissement de recommandations structurées exige de développer des études d'efficience ; ces études ne se développeront vraiment que si l'impulsion est donnée par une institution en charge d'établir des recommandations.

[10] As a result, IGAS makes two main recommendations: develop cost-effectiveness studies to guide decisions on HPP actions; establish evidence-based public health guidelines. These two goals are interdependent. Developing guidelines requires solid cost-effectiveness evidence, and such evidence is more likely to emerge if driven by a dedicated institution.

2. At the local level, while the need to base HPP actions on "evidence of effectiveness" is widely recognized, its practical implementation remains difficult.

[11] The effectiveness of a local public HPP intervention—even when demonstrated through a scientific approach—is highly dependent on the context in which it is implemented (including the environment, target population, and delivery agents). As a result, funders and implementers are often torn between two approaches: strictly replicating programs with proven outcomes (*evidence-based programs*) and, alternatively, drawing on scientific evidence (*evidence-informed data*) while allowing more room for practitioners' experiential knowledge to ensure contextual adaptation. The intense debate surrounding this issue naturally complicates the coordination and scaling of evaluated interventions. These differing approaches have led to the development of distinct tools: the French Public Health Agency's (SpF) *registry of effective interventions* aims to consolidate and rank programs based on levels of evidence, while the CAPS knowledge-sharing

platform, created under the Inspire-ID initiative, facilitates the dissemination of good practices. Though these approaches are sometimes viewed as competing, they should be seen as complementary. CAPS supports the contextual adaptation of evaluated programs.

[12] A growing focus of local PHP is the development of children and adolescents' social and emotional skills (SES). Since the 1970s, Anglo-American research has shown that these programs are effective for both short-term learning outcomes and long-term public health benefits, and that they are cost-effective. Such programs are now being integrated into the education and early childhood sectors in France, with an interministerial directive issued in 2022 prioritizing their implementation by 2037. SpF has developed a guide to support these efforts, identifying key success factors in program design and delivery.

[13] More broadly, most evaluated local PHP programs are adaptations of initiatives from the United-States, Canada, or the United-Kingdom. The scarcity of evaluated interventions developed in France stems from limited and recent funding for intervention research (less than €10 million per year), weak academic infrastructure, and uneven collaboration with nonprofit organizations. Evaluations funded through health insurance mechanisms (e.g., the Fund to Fight Addictions, or Article 51 experiments) have begun to support local initiatives. The "Prevention" acceleration strategy under France 2030, led by the Health Innovation Agency, is intended to bolster these efforts—particularly in digital tools and research infrastructure.

[14] Deployment of evidence-based programs in France does not follow a planned approach, whereby select interventions are prioritized, given clear targets, and resourced accordingly. Instead, implementation tends to be opportunistic, shaped by regional institutional and nonprofit dynamics (e.g., public education and early childhood sectors). For example, IGAS found that the implementation of four SpF-highlighted projects[1] varied greatly by region and reached fewer than 27,000 beneficiaries, despite a collective investment of around €4 million. These projects relied on the Regional Intervention Fund (FIR), which is already stretched thin by regulatory mandates and legacy partnerships. National guidelines are weakly applied due to the lack of dedicated funding mechanisms, clear targets, and robust actors to ensure operational rollout.

[15] To address these challenges, several structural changes are recommended to support the evaluation and scaled deployment of HPP interventions adapted to local needs:

- Leverage the upcoming Health Innovation Agency research call to strengthen two key infrastructures: expand the emerging SO-RISP academic network in intervention research; launch one or two population-based health cohorts;
- Enhance SpF's databases and reference materials to support PHP: accelerate the rating of evaluated programs by evidence level in the SpF registry; develop new thematic frameworks, modeled after the SES[2] guidelines;
- Strengthen national leadership for SES development: define a roadmap for 2025–2027, with dedicated FIR funding and clear quantitative and qualitative targets.

[1] Good Behavior Game, PSFP, Unplugged, ICAPS

[2] A concept detailed in section 2.1.2, SES can be defined as a coherent and meaningful set of personal abilities and behaviors used in human interactions. These skills draw upon knowledge, attitudes, behaviors, thoughts, and emotions, and are both learnable and capable of evolving over time. They are also considered cross-cutting, generic, and interdisciplinary competencies that are mobilized throughout life.