



COVID-19 vaccination

Performance audit

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FULL REPORT (FR)



SUMMARY (EN)



What we assessed and why

It is important to bear in mind that the COVID-19 vaccination campaign took place during an unprecedented global pandemic. The vaccination campaign started a few months after the pandemic became global, given the early availability of the first (often innovative) vaccines. After a slow start due to logistical and organisational difficulties, the campaign built momentum by continually adapting to the availability of vaccines, the problems experienced in distributing them throughout the country and the successive waves of infection.

What we found

We found that vaccination rates were affected by various factors:

- Vaccination rates varied in adults and adolescents depending on region and social conditions.
- There were shortcomings in the monitoring of people who were at increased risk of severe forms of COVID-19 due to other health problems. This was particularly true of people undergoing dialysis, which is hard to understand as by definition this group receives regular medical care.
- The most recent vaccination campaigns were unsuccessful in the target groups. The vaccination rate for children aged 5-11 remained very low (less than 5 % in total), which helps to explain the vaccination gap in the general population when compared with southern European countries. As at 2 November 2022, the modest take-up rates for the second booster among people aged 60 and over (33.6 % in total) were worrying, particularly as infection rates rise in autumn.
- The pooling of vaccine purchases by the European Union was a key asset for the COVID-19 vaccination campaign in France, particularly as it prevented overbidding and predatory pricing in European countries.
- Residents of care homes (*établissements d'hébergement pour personnes âgées dépendantes* – EHPADs) were a key target for COVID-19 vaccination due to the communal residential setting and their state of health. Some vaccines were supplied to care homes by hospital pharmacies, as an exception from the usual system of wholesale distributors and dispensing pharmacies.





- In drawing up its vaccination policy, the government took advice from both the French health authority (*Haute Autorité de Santé* – HAS) and, given the emergency situation, other bodies specifically set up for this purpose. As a result, the procedures required clarification to allow the HAS to carry out all of its vaccination work in emergency situations.

What we concluded

We made the following recommendations for the various stakeholders (specified in brackets):

- establish appropriate procedures to enable the HAS to issue recommendations, advice and opinions on vaccination in emergency situations, drawing on the experience gained during the COVID-19 pandemic (Ministry of Health and Prevention, HAS);
- establish exceptional procedures so that healthcare products affected by crises or shortages can be distributed in care homes when the standard distribution system of wholesale distributors and dispensing pharmacies is compromised (Ministry of Health and Prevention);
- identify a pool of vaccine dispensers in case of any further large-scale epidemics and target their intervention to the desired populations: vaccination centres and pharmacists for the general public, doctors for at-risk patients, and nurses for dependent people in their own homes and in care homes (Ministry of Health and Prevention, CNAM¹);
- include a policy of proactive outreach among the objectives of preventive health policies and those of the health service's target and management agreement (COG) for 2023-2027 (Ministry of Health and Prevention, Ministry of the Economy, Finance and Industrial and Digital Sovereignty, CNAM);
- ensure that the health service automatically informs general practitioners which of their patients are covered by initiatives to prevent major diseases (CNAM, Ministry of Health and Prevention);
- ensure that the operational objectives of the main health-data holders, such as the CNAM and the national public health agency, include the publication of anonymised vaccination data in a way that is simple and intuitive for users to access (Ministry of Health and Prevention, CNAM, health-data holders);
- organise EU-level responses to prevent other large-scale epidemics.

¹ Caisse Nationale d'Assurance Maladie (national health insurance fund).