



PRESS RELEASE

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Entities and public policies

PREVENTION AND EARLY MANAGEMENT OF DIABETES

In 2023, 3.8 million people were being treated for diabetes (*Santé publique France*), with type 2 diabetes accounting for the vast majority of cases (92 %). In line with the increase in obesity and the ageing population, this form of diabetes has been growing rapidly for several years. Furthermore, according to the French health insurance system, the number of people with diabetes receiving treatment represents a total expenditure of €10.2 billion, or 5.3 % of total compulsory health insurance expenditure.

Preventing the causes and factors contributing to the development of this disease is a major challenge in limiting these expenses. The Court of Accounts, which has already examined obesity prevention and health prevention policy, is therefore taking another look at this disease. More specifically, it is focusing on prevention and early treatment, in light of recent recommendations from the *Haute Autorité de Santé* (HAS, the French National Authority for Health).

Rising prevalence and expenditure for stagnating health outcomes

Although the incidence of diabetes in France remains low compared with other countries, the level of health expenditure attributable to it continues to rise. The main cause is the ageing population, which is leading to an increase in both the number of patients with diabetes and the number of patients with complications from the disease. Furthermore, although mortality and life expectancy among diabetic patients are improving, indicators of the quality of diabetes care, particularly early care, remain unsatisfactory.

Diabetes, particularly type 2, appears to be the chronic disease that most affects disadvantaged people, requiring public policies to take account of social and regional inequalities. The risk of developing this disease is 2.8 times higher for the poorest 10 % of the population than for the wealthiest 10 %. The prevalence of diabetes is also unevenly distributed across the country. Overseas departments and regions appear to be particularly affected.

Early intervention based on lifestyle changes is essential

Although diabetes can be detected early by identifying risk factors (age, weight, etc.), nearly 30 % of people newly diagnosed with diabetes in 2021 already have advanced disease. The “*Mon bilan prévention*” (My Prevention Check-up) programme, introduced by the Social Security Funding Law (LFSS) for 2023 and rolled out nationwide since summer 2024, could provide an opportunity for more systematic screening targeted at at-risk populations. Numerous care pathways have been developed by healthcare stakeholders and encouraged by the public authorities, such as the Sophia remote support service provided by the health insurance system, the Asalée association's nursing programme, and therapeutic education programmes funded by the regional health agencies (ARS) through the regional intervention fund (FIR). To ensure equitable access to therapeutic support, it would seem more appropriate to offer each patient, at the time of diagnosis, a care pathway or package that includes therapeutic education and adapted physical activity. Finally, consideration could also be given to covering this type of non-medicinal care pathway under ALD 8, the long-term illness scheme (ALD) open to people with diabetes.

The need to address broader determinants to prevent the root causes of the disease

Beyond the challenges of improving early care for patients, it seems even more crucial to prevent the onset of the disease by addressing health determinants, foremost among which is diet. The Court had already examined the prevention and control of obesity in a 2019 report. This new investigation was an opportunity for it to reiterate many of its findings on the implementation of this policy, the main lines of which are defined in the National Nutrition and Health Programme (PNNS) and the National Food Programme (PNA). Although France has introduced nutritional labelling, advertising restrictions and a tax on sugary drinks, these measures still rely heavily on voluntary action by stakeholders. They would benefit from being made more binding in order to influence food formulation and ensure fairer access to healthy food. As for behavioural taxation, the Court recommends more proactive action by the public authorities, such as extending the scope of audiovisual programmes (television and social media) subject to advertising bans on fatty, sugary or salty products, or encouraging manufacturers to reduce added sugars in all their food products (ministry of health, ministry of food, ministry of economy).

[Read the report](#)

The Court of Accounts ensures that public money is used properly and informs citizens accordingly.

Press contacts

Julie Poissier - Communications Director - +33 (0)6 87 36 52 21 - julie.poissier@ccomptes.fr

Mendrika Lozat-Rabenjamina – Press Relations Manager - +33 (0)6 99 08 54 99 – mendrika.lozat-rabenjamina@ccomptes.fr