

The French institutional framework for Global Health: reflections and proposals

Santé mondiale 2030

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The think tank "Santé mondiale 2030" has been in existence since October 2016. It brings together personalities involved in global health, such as Françoise Barré-Sinoussi, Paul Benkimoun, Michel Cot, Sana de Courcelles, François Dabis, Annabel Desgrées du Lou, Jean-François Delfraissy, Eric Fleutelot, Frédéric Goyet, Mathieu Lamiaux, Michel Kazatchkine, Marie-Paule Kieny, Lelio Marmora, Benoît Miribel, Olivier Nay, Louis Pizarro, Anna-Laura Ross. Stéphanie Tchiombiano is the coordinator..

The members of the group are individual members and not on behalf of their respective organizations. This document is the result of collective work within the group. It does not in any way commit, nor does it reflect the individual opinion of each member.

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Preamble

The prospect of hosting the Sixth Replenishment Conference of the Global Fund to Fight AIDS, Tuberculosis and Malaria on 10 October in Lyon appeared to the think tank "Santé mondiale 2030" as an opportunity to launch a reflection on the French institutional framework in the field of Global health. This moment should not only be an opportunity to recall that France is the second largest historical contributor to the Global Fund (to which we devote another note), but it can also be a time for more general reflection and a time to reactivate the "French Global health community".

This reflection is part of a strong political agenda for the coming years, between an expected increase in funding dedicated to Global health (related to the commitment of the French President to increase official development assistance to 0.55% of GNI by 2022¹), the inclusion on the agenda of public action reform (Action publique 2022) and the current dynamics of reorganisation of public actors (integration of Expertise France into the AFD Group). These developments must be anticipated and make it possible to leverage the impact of French intervention. This note therefore aims to answer two simple questions: is the French institutional framework for Global health up to the challenge? To what extent and how should it evolve to improve coherence, readability and effectiveness?

We have chosen to devote this brief note² to the French institutional framework (and therefore to public actors) in the field of Global health, and not to all French actors in Global health (including associations or the private sector for example).

Our 13 recommendations are organised into three main axes:

- A. **Improve the coherence / readability of the French Global health strategy.**
 - (1) Clarify the roles and responsibilities of the various public actors, (2) Involve the Ministry of Health more closely, (3) Set targets to be reached, an action plan, and financial volumes for the French Global health strategy in a multi-year perspective, (4) Strengthen dedicated human resources, in Paris and in the field;
- B. **Consolidate France's leadership in Global health.**
 - (5) Continue to bring France's commitment to Global health to the presidential level, (6) Build strategic alliances with other countries sharing a common vision and interests with France, (7) Coordinate and strengthen links with European health strategies, (8) Invest (or reinvest) in multilateral global health spaces;
- C. **Strengthen the management of French intervention in Global health.**
 - (9) Create a "French alliance for Global Health", bringing together all the actors involved in Global Health, (10) Define a new role for AFD in health, (11) Ensure effective coordination of actors on the ground abroad, (12) Instil a culture of evaluation, (13) Put research and higher education at the heart of the French Global health agenda.

Our recommendations

Improve the coherence / readability of the French Global health strategy

Strengthening the coordination of the “French team” will increase its influence:

1. **Gain in coherence:** Clarify the roles and responsibilities of each public entity (MOFA, MoH, AFD, Expertise France, etc.) to avoid the fragmentation of decision-making bodies. Develop common language elements for the different actors so that the main messages are conveyed in the same way in the different international organizations³ and in the embassies.
2. **Involve the Ministry of Health more.** The challenges of global health cannot be reduced to the challenges of official development assistance in terms of health. This restrictive approach must evolve in our interconnected world and in the context of the UN 2030 Agenda. Health is a common good, transcending national borders and requiring solutions that are thought out, coordinated and implemented in a way that is as universal as it is adapted to local and regional contexts. It is therefore essential that the Ministry of Health occupies a central place in this system.
3. **Set targets to be achieved and define a budgeted action plan for the French Global health strategy** (in the same way as the law on official development assistance must be supplemented by a quantified roadmap and genuine multi-year budget programming), then translate it into an annual action plan, common to all French public actors and structuring a French response.
4. **Strengthen human resources dedicated to Global health.** Global health requires an investment in human resources in line with the values promoted by France and its ongoing financial commitment in this area. We must not only maintain our network of regional advisors abroad⁴, but also significantly strengthen the number and expertise of human resources dedicated to Global health in Paris and abroad.

Consolidate France's leadership in Global health

France's voice must be more audible in Global health, given our country's international recognition in this field and the tradition of political leadership of the French Head of State to promote our values on this theme.

5. Global health goes beyond the priorities of our official development assistance and includes all social, environmental and political determinants of health. **It is important that France's commitment to Global health continues to be taken to the highest level by the President of the Republic** and, by delegation, by the Minister of Health or by a dedicated Secretary of State, attached to the Ministry of Health. This voice will be heard all the more as it will be relayed by our diplomatic network and by all the relevant ministerial departments.
6. **Build strategic alliances with other countries** that share a common interest and vision with France⁵ (particularly Germany⁶) to strengthen our capacity for influence and effectiveness.

7. **Coordinate and strengthen links with European health strategies:** influence so that health becomes a more important issue at the European level and has a greater influence on the positions taken by the European Commission in international bodies. The new European Commission, to be set up in the coming months, should therefore include a European Commissioner for Health and Consumers whose mandate should include an obligation to work closely with development aid services on the Global health dimension. The allocation of European funds in this sector could also lead to better cooperation between all countries, through intergovernmental coordination and between development agencies.
8. **Invest (or reinvest) in multilateral Global health spaces:** (a) Strengthen political support for WHO to strengthen its central role in global health governance⁷, (b) Find influence in international institutions and health partnership platforms - by identifying high-level candidates who could apply for positions in these multilateral institutions; (c) Strengthen the links of the French team with regional organizations (e.g. UEMOA, WAHO).

Strengthen the management of French intervention in Global health

Decisions must not only be made strongly, but must be co-constructed with all Global health actors.

9. **Create a "French alliance for Global health"** that is a space for coordination and discussion on shared global health issues in order to bring out new Global health strategies and stimulate partnerships. This platform will bring together public actors, researchers, NGOs and private sector actors involved in Global health, such as the recently established "Global Health Hub" in Germany⁸.
10. **Define a new role for AFD in health**, taking into account the growing role that AFD will have to play in the coming years: (a) Continue to strengthen AFD's links with other actors, particularly multilateral institutions; (b) Give health a central place among AFD's priorities. Make an active plea for health, in the same way as education, which should not be considered as a cost but as an investment; (c) Integrate a health specialist into AFD's Board of Directors, based on the model of the specialist in environmental and climate issues⁹.
11. **Ensure effective coordination of actors in the field abroad**, particularly between embassies / AFD offices / research institutions' representations / experts mobilized by Expertise France / French NGOs. In particular, it is imperative that AFD coordinates more closely, upstream of projects, with the MOFA and embassies, in order to integrate its activities in health into a political dialogue between the beneficiary State and the actors of the "Maison France" in each country.
12. **Instil a culture of evaluation of projects, multilateral institutions¹⁰ and technical assistance mechanisms funded by France:** (a) Systematise the capitalisation of results and their valorisation with the collaboration of academic actors¹¹, (b) Go beyond evaluation mechanisms based solely on quantitative indicators, mobilise social sciences, intervention research and implementation sciences, (c) Set up an independent evaluation commission, as recommended in the Berville report¹², drawing on Anglo-Saxon academic models¹³.

13. **Put research and higher education at the heart of the French Global health agenda** in order to contribute to the emergence of a more stimulating ecosystem, capable of producing structuring ideas and new concepts to feed Global health thinking (a) Stimulate interdisciplinary¹⁴ and multisectoral¹⁵ research; (b) Stimulate the training of French / Francophone executives in Global health; (c) Defend the Francophonie as a working language and Global health research.

APPENDIX 1: Presentation of Santé mondiale 2030

Santé mondiale 2030 is an independent think tank that has been bringing together personalities with a long history of involvement in global health issues since 2016. It places its reflections within the framework of the Sustainable Development Goals.

OUR COMMITMENT

France is one of the largest providers of international health funding, but its influence in international bodies and health partnership platforms remains limited.

We are convinced that France can only be heard and listened to in the international arenas of global health when its actors succeed in conveying a strong and coherent message, structured around clear and stable objectives, supported by values that are attached to the history of health in France.

*Our objective is to **formulate recommendations** on France's global health policy and **to mobilize all stakeholders** so that health issues become a strategic focus of French international aid.*

OUR PREVIOUS PAPERS

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- [Manifeste : Notre vision de la santé mondiale](#)
- [La santé est une priorité pour le Sahel](#)
- [Redonner du souffle à la lutte contre la tuberculose](#)

OUR MEMBERS

Santé mondiale 2030 brings together personalities who have long been involved in global health, such as Françoise Barré-Sinoussi, Paul Benkimoun, Michel Cot, Sana de Courcelles, François Dabis, Annabel Desgrées du Lou, Jean-François Delfraissy, Éric Fleutelot, Frédéric Goyet, Mathieu Lamiaux, Michel Kazatchkine, Marie-Paule Kieny, Lélío Marmora, Benoît Miribel, Olivier Nay, Louis Pizarro, Anna-Laura Ross. Stéphanie Tchiombiano is the coordinator.

Our vision of Global Health

Global health is a fundamental human right. It is **also a global common good**. **Universal access to health** and the construction of sustainable health systems are central to **human development**, the economy and the fight against poverty, as well as security. They therefore make a decisive contribution to the inclusive development of societies and to peace.

Health issues are complex and require **long-term strategic visions** to address the challenges posed by globalization, increased human trade, demographic transitions or climate change.



APPENDIX 2: Sources

¹Let us recall the commitment of the President of the French Republic to increase official development assistance to 0.55% by 2022 (i.e. six billion euros more between 2016 and 2022 than in 2016 according to the OECD), part of which will go to health, which is among the five French priorities, along with international stability, climate, education and equality between women and men.

² We have chosen a very concise note to launch avenues of reflection. Another document provides a comprehensive description of the current global health institutional framework.

³ It should be recalled that France is currently represented by the Ministry of Finance within the World Bank, by the Health Ambassador within the Board of Directors of the Global Fund and by the General Directorate of Health within the Executive Board of WHO. Each ministry or entity representing France prepares its speech and contributions without common reference, without systematic coherence. The development of language elements, for example, is a good practice from which we could learn.

⁴ For example, give more resources to the Regional Advisers on Global Health (CRSM) and not reduce their number, to move towards a new logic of partnership/consultation (and no longer aid or assistance. It is necessary to have more dialogue with partners, and CRSM can play a valuable role in this direction).

⁵ French development aid policy in the field of health, for example, is guided by three axes: (i) the strengthening of sustainable health systems and ownership by beneficiary countries, (ii) the priority granted to French-speaking countries and (iii) the rights-based approach.

⁶ On Tuesday 22 January 2019, a new Franco-German cooperation and integration treaty was signed in Aachen

⁷ As a member of the WHO Executive Board, France must advocate that the organization's funding should be provided mainly by countries' mandatory contributions and not mainly by their voluntary contributions, in order to guarantee its financial autonomy and its central role in Global health governance.

⁸ In particular, reference can be made to the Lancet's March 2019 article on the German Global Health Hub: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30479-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30479-9/fulltext)

⁹ AFD's Board of Directors is composed of seventeen members: six government representatives, five qualified personalities appointed on the basis of their knowledge of economic and financial issues or ecology and sustainable development, four parliamentarians and two members elected by the staff. A government commissioner sits on it. No member currently has any health expertise.

¹⁰ The evaluations of DIFID and the Australian government (Ausaid), UN agencies, the Global Fund or Gavi can be a good source of inspiration.

¹¹ Reference can be made in particular to the conclusions of the workshop "How to mobilize research for UHC": *"Due to a lack of time, knowledge and resources, capitalization is often a forgotten/jumped step in development projects, but it should be the subject of in-depth work and broad feedback to facilitate continuous learning. Develop operational health research so that advances can be more quickly translated into concrete interventions and adapted to local situations in countries"*.

¹²https://www.gouvernement.fr/sites/default/files/document/document/2018/09/rapport_de_m._herve_berville_depute_-_modernisation_de_la_politique_partenariale_de_developpement_-_aout_2018.pdf

¹³ In the absence of such a commission, these evaluation missions could be assigned to the few existing public health intervention research teams in research organizations and universities, or failing that, to international organizations.

¹⁴ Health systems are complex organizational units that require in-depth research, based on partnerships between researchers from the North and the South, and combining the perspectives of several disciplines (epidemiology, economics, biomedical research, anthropology, political science).

¹⁵ This research could highlight the links between health and climate / health and education / health and poverty, etc.