

White Paper on Global Health

Santé mondiale 2030

The think tank “Santé mondiale 2030” has been in existence since October 2016. It brings together personalities who have long been involved in Global health issues, including Françoise Barré-Sinoussi, Paul Benkimoun, Michel Cot, François Dabis, Jean-François Delfraissy, Frédéric Goyet, Mathieu Lamiaux, Michel Kazatchkine, Marie-Paule Kieny, Lelio Marmora, Benoît Miribel, Olivier Nay, Louis Pizarro and Anna-Laura Ross. Stéphanie Tchiombiano is the coordinator.

This document is the result of collective work within the group. It does not in any way commit or reflect the individual opinions of each member.

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Executive summary

Global health issues are fundamental to the elaboration of France's new foreign policy. It is not only a question here of highlighting a moral imperative towards our world's poorest countries. The interconnections of our globalized world are such that health issues today transcend national borders and require responses coordinated on a global scale, as in the fight against global warming.

France has long been a major player in Global health, thanks to a level of very high expertise and significant financing in support of international strategies for health. In the past, France has sent strong messages to ensure that health is recognized as a priority, a "global public good". It has played a leading role in the creation of major international initiatives, such as UNITAID and the Global Fund to Fight AIDS, tuberculosis and malaria. Its credibility in the field of global health has always been important. However, it is now clear that the voice of French health diplomacy is no longer heard on the international scene. Has France lost its credibility?

Today, the international environment is uncertain. The results of the last elections in the United States raise considerable concerns (see the "Global Gag Rule" proposed by Donald Trump to prohibit the allocation of US federal funds to American NGOs working abroad on projects integrating activities related to family planning or to voluntary termination of pregnancy, or its announced withdrawal from funding UN agencies such as UNFPA). It is imperative that France has a strong voice and carries the values of humanism, solidarity and equity in access to health. With a system of health whose performance is internationally recognized, public and private operators of high quality, an important network of cooperation and health research, a particularly active associative movement, powerful medical NGOs and an important financial contribution to Global health (around 900 million euros per year), France has all the assets to exert a major influence in this area of foreign policy.

The evils of France's current health diplomacy are numerous: insufficient political support, lack of strategic vision and management, lack of clarity, fragmentation of research structures and intervention mechanisms, insufficient diplomatic support in the field of international institutions, poor coordination between public and non-state actors. We welcome the willingness of the Ministry of Foreign Affairs to rethink its Global health strategy and wish to support this new dynamic.

Our **think tank Santé mondiale 2030** brings together high-level personalities belonging to various fields (research, universities, associations, international organizations, and the private sector). As a think tank and analysis group on key global health challenges, we aim to formulate proposals to help French policy makers to develop a coherent, more effective strategy that sets out priorities in accordance with the means at our disposal. Today we are addressing the future President of the Republic this White Paper. After an analysis of the main Global health challenges (I) and the main principles on which the French strategy must be based (II), this white paper reviews the different political and operational levers of the French strategy (III) as well as the reasons for the current weakening of French diplomacy on the international scene (IV). Finally, it presents some recommendations to fuel the French strategy (V).

Summary of recommendations

First, we think it is important for France to send **three strong messages**.

1. **Strengthen the place of Global health on the international political agenda.** The challenges of global health cannot be thought of in isolation. They are essential and must be integrated into all negotiations relating to the key areas of France's foreign policy, including security, trade, human rights or the fight against global warming, with a target of achieving universal health coverage.
2. **Defend access to medicines on a global scale.** France must get more involved to ensure universal and rapid access to innovative therapies and quality diagnostics, both in France and in the poorest countries, by taking a strong stance on major public health issues, without reducing them to the promotion of commercial interests aimed at increasing the export of our products and our health knowledge.
3. **Promote a sanitary design for safety rather than a safe design of health.** Today, we must fight against the instrumentalization of health issues, too often reduced to the need to protect a population from external epidemic threats. Rather, and in our opinion, health security should be seen as a positive issue, a social cohesion issue, a structuring issue.

We also make some **operational recommendations**.

- **Reinvest in multilateral global health spaces:** (1) Support WHO to ensure that the organization regains a central role in Global health governance; (2) Regain political leadership within the Global Fund; (3) Provide financial and political support for an advocacy coalition of francophone actors within the Global Fund.
- **Make the institutional system more effective:** (1) Strengthen human resources dedicated to Global health at the Ministry of Foreign Affairs, the Ministry of Health and the French representations abroad; (2) Reflection on a redesign of the French system development aid, with, for example, the emergence of a public entity encompassing the existing public operators (AFD, Expertise France, etc.); (3) Development of an operational platform, bringing together all the actors involved in Global health issues (4) Creation of a Francophone Institute for Global Health that trains decision-makers, stimulates research in the field and participates in a new dynamic, more conducive to the emergence of new ideas and concepts to fuel the debate on the international stage.
- **Define and launch an emergency plan for fragile countries in French-speaking Africa:** (1) Analysis of the specific needs of countries in crisis (e.g. Chad, CAR and DRC); (2) Implementation of an exceptional plan to ensure access to health services, their upgrade and mobilize national research; (3) Increase accountability of French NGOs.

These proposals are as many projects that we believe are important to deepen and develop. It is certainly the objective that our think tank has set itself in order to accompany the public authorities' thinking in the coming months. Global health is a central theme for the future of our society, it is essential that those who govern us consider it as such and commit to giving a clear and strong signal on this theme as early as 2017.

I – A profound transformation of Global health challenges

New international health challenges, and the evolution of the institutional landscape of Global health¹, call for a fundamental reform of the French strategy.

The evolution of health issues

Even though the health status of populations has improved overall over the last fifteen years, global health challenges remain numerous.

- › The majority of developing countries are facing an epidemiological transition that will impose a double burden:
 - ❖ Mortality and morbidity from infectious diseases remain very high in the world². While the global response has significantly reduced the weight of the three pandemics and saved more than 50 million lives (source WHO³), progress remains unequal and the needs immense. In the case of malaria, if new infections have fallen by 21% and mortality by 29% between 2010 and 2015, progress has been particularly slow in African areas where transmission is the highest, compromising the objective of eliminating the endemic disease⁴. In 2015, more than 10 million people contracted tuberculosis⁵. According to UNAIDS⁶, in 2015, only 46% of all people in need of antiretroviral treatment for HIV had access to it in the low- and middle-income countries. Viral hepatitis also constitute a major yet underestimated public health issue⁷. Neglected tropical diseases also affect more than one billion people worldwide⁸.
 - ❖ The frequency of chronic and non-communicable diseases has considerably increased⁹, and their determinants go far beyond the strict scope of health: housing, work conditions, diet, climate, education, social integration, etc.
- › Sexual and reproductive health rights remain a major health issue for women in developing countries as well as in some high-income countries. More than 300,000 women worldwide die each year from pregnancy or delivery-related complications,

¹ Our understanding of “Global health” is based on the definition of anthropologist Mark Nichter according to whom health becomes global “when health problems transcend national borders, can be influenced by circumstances or the experiences of other countries, and require collective responses”, in Nichter M., 2008, *Global Health: Why Cultural Perceptions, Social Representations and Biopolitics Matter*, Tucson, University of Arizona Press, p.156.

² “Group I” diseases (communicable diseases, diseases related to pregnancy and childbirth, nutritional deficits) were responsible in 2015 for 52% of deaths in low-income countries, while they accounted for only 7% of deaths in high-income countries (WHO, Fact Sheet 310, “The 10 leading causes of death worldwide”, January 2017).

³ WHO, Dr Ren Minghui, “Endemic infectious diseases: the next 15 years”, August 2016.

⁴ WHO, “World Malaria Report 2016”

⁵ WHO, “Tuberculosis” Fact Sheet, March 2017

⁶ Fact Sheet, World Statistics, November 2016.

⁷ They were the cause of 1.34 million deaths in 2015 according to the WHO, press release of 21 April 2017

⁸ WHO, August 2016, *op. cit.*

⁹ Cancer, age-related neurodegenerative diseases, diabetes, cardiovascular and respiratory diseases.

despite a significant decrease in mortality worldwide¹⁰. Child health also remains a major concern: in sub-Saharan Africa, the likelihood that children will die before the age of 5 is still 14 times higher than in high-income countries (WHO¹¹).

- › The risks of emergence of new infections (or re-emergence of already known infections, such as one linked to the Ebola virus) are increasing, due in particular to climate change and the ever-increasing proximity between human and animal habitats.
- › Neglected tropical diseases such as Buruli ulcer or trypanosomiasis still affect more than a billion people¹².
- › Access to appropriate and affordable medicines for all remains insufficient. New drugs are marketed at prohibitive costs to patients, including sometimes in rich countries. The case of drugs against the hepatitis C virus is in this case emblematic. The situation is even more worrying now that the resistance of pathogenic agents to drug treatments, including antibiotics, is on the rise, which is a growing threat to public health around the world.
- › The shortage of health workers continues to increase. The WHO announces a deficit by 2030 of 40 million staff in high- and middle-income countries, and a deficit of 18 million staff in low-income countries¹³.
- › Health risks related to population dynamics are not sufficiently taken into account: urbanization, migration, strong population growth throughout the African continent¹⁴.
- › The health impact of armed conflicts on access to care is alarming, as in Syria, in Eastern Ukraine or the Central African Republic.
- › The specific needs of migrants, refugees and displaced persons need to be further taken into consideration. A billion people are now in a situation of mobility¹⁵ and it is known that forced migrations have a particularly significant impact on health status (trauma, forced displacement, deterioration of living conditions, interruption of care, etc.)
- › In a world that still has more than 800 million people living with less than \$1.25 dollars a day, economic and social inequalities, as well as health inequalities, are widening between poorest and richest countries, but also within countries¹⁶.

¹⁰ In many countries, prenatal care and safe delivery are not sufficiently developed and there are wide disparities in access to family planning (225 million women lack access to contraception), resulting in unwanted pregnancies and unsafe abortions.

¹¹ WHO, Fact Sheet 178, "Children: reducing mortality", August 2016.

¹² WHO, Roadmap 2012-2020 to fight neglected tropical diseases. One billion people are being treated for at least one neglected tropical disease in 2015, according to the press release of the WHO of 19 April 2017.

¹³ WHO, Synthesis Note No. 1, "Needs, demand and shortage of health workers by 2030".

¹⁴ According to United Nations projections, the world population could increase by an additional one billion people by 2030, rising from 7.3 billion today to 8.5 billion.

¹⁵ According to Catherine Wihtol of Wenden, three-quarters of these migrations are internal, within the same country, and the remaining quarter concerns international migrations.

¹⁶ According to Oxfam report, "Ending extreme inequality" (2014), nearly half of the world's wealth is in the hands of the richest 1%, while 99% of the world population shares the other half. In addition, 7 out of 10 people live in a country where inequalities have increased over the past 30 years.

The evolving international landscape

The international context has changed dramatically over the past decade.

- › **The contrast between poor and rich countries remains pronounced**, despite the emergence of middle-income countries. However, it is important to remember that three-quarters of the world's poorest people now live in these middle-income countries¹⁷ and face difficulties in accessing health services. In fact, the gross national income limits access to international aid for poor people in intermediate countries, for example to funds from GAVI¹⁸ or the Global Fund, when these countries are outside the criteria of eligibility.
- › The logics of international cooperation on which France's international strategies have long been founded must now focus on **the implementation of partnerships based on the exchange and the co-construction of programmes**, while respecting the principles of partnership agreements on aid effectiveness (of the Paris Declaration in 2005 at the Busan Forum in 2011).
- › **Health issues are becoming increasingly important** at G7, G20 or G77 summits¹⁹. Debates are sometimes heated, particularly on access to medicines (patents, intellectual property) or on global warming.

The evolution of the place of health on the international agenda of development (ODD)

Universal, inclusive and sustainable access to health is one of the fundamental rights recognized by WHO. Health must be recognized both as an investment, as it is an essential factor of stability and peace (internal and external), and as a tool for economic development, beneficial for all, including for high-income countries.

Health is a pillar of all the Sustainable Development Goals (SDGs) set in 2015²⁰. If only one of the 17 objectives deals exclusively with health²¹, health has strong and interdependent links with all the other objectives. Decisions taken in other sectors (education, agriculture, taxation, urban planning, trade, etc.) can have major health consequences on the health status of populations²². Conversely, decisions taken in terms of global health have a direct impact on sustainable development since they allow for the reduction of inequalities, stimulate learning, improve economic growth, etc.

¹⁷ Summer A., "Global poverty and the new bottom billion: what if three-quarters of the world's poor live in middle-income countries?" Institute of Development Studies Working Paper, Issue 349, 2010, p. 1-43.

¹⁸ GAVI, the Vaccine Alliance, is a public-private partnership created in 2000.

¹⁹ The G77 is a coalition of developing countries, designed to promote its members' collective economic and political interests, and strengthen their negotiating capacity within the United Nations. Created by 77 countries in 1964, the organization currently has 134 member states.

²⁰ After the eight Millennium Development Goals (MDGs), which provided the framework for action from 2000 to 2015, seventeen Sustainable Development Goals (SDGs) were defined under the impetus of the United Nations, in order to build the future of the 8.5 billion people expected on the planet by 2030. These objectives transform and broaden the international agenda, by integrating more specific themes (particularly climate-related), and now have a universal scope.

²¹ SDG 3 sets out the objective of "ensuring healthy lives and promote wellbeing for all at all ages" by 2030.

²² These decisions will have an impact on health in the sense that they will have consequences on the main determinants of health: nutrition, gender inequalities, housing, water and sanitation, access to essential medicines, territorial distribution, etc.

Finally, there is currently a **reconfiguration of the international aid architecture**.

- › Evolution of forms of international cooperation, calling for multi-stakeholder partnerships, open to both the private sector and civil society actors.
- › Recognition of the crucial role of domestic investment in the implementation of Sustainable Development Goals, including for the benefit of health.
- › Diversification of funding sources, with the arrival of new donors (such as the New Development Bank of the BRICS²³) and the development of South-South bilateral agreements.
- › Rapid growth in private financing from economic actors and the international philanthropy, including the Bill and Melinda Gates Foundation.
- › Challenging UN-style multilateralism, based on the principle of "one State, one voice", for the benefit of major global initiatives, based on public-private partnerships considered to be more "effective".
- › Questioning "vertical" intervention programs, by silos (by disease) or by sectors, and the emergence of a more systemic approach to development.

II – Principles and values to defend on the international scene

Due to France's history and its social protection model, three major factors can form the basis of our French health diplomacy for the ten years to come.

- **Universality:** health is a public good that must be accessible to all, regardless of their level of income, their origin or any other consideration. The promotion of human rights and the fight against stigmatisation or exclusion is essential to achieve this.
- **Solidarity:** solidarity is a fundamental principle that must guide the construction of health systems. It justifies that the financing of protection compensates for economic and social disparities that are the source of deep inequalities in access to health services²⁴.
- **Security:** advances in global health play an essential role in the health protection of populations (national security), reduce the risk of tensions between countries (international security) and, finally, increase the opportunities for individuals to strengthen their capacities, to live in conditions of freedom and to protect their fundamental rights (human security).

The concept of universal health coverage reflects these main principles. It is inspired by the French experience²⁵, whose health system has often been considered as one of the most important efficient and fair in the world. Not only because it ensures individual access to

²³ BRICS is an acronym for a group of five countries that have been meeting since 2011 in annual summits: Brazil, Russia, India, China and South Africa.

²⁴ The French health model refers to a distributive justice, paying close attention to the integration of the poorest and most vulnerable people. The French model of social protection is based on a simple principle: every individual must have access to health services based on their needs and not on their financial resources.

²⁵ Olivier Nay, Sophie Béjean, Daniel Benamouzig, Henri Bergeron, Patrick Castel, Bruno Ventelou, "Achieving universal health coverage in France: policy reforms and the challenge of inequalities", *The Lancet*, Elsevier, 2016, "France: Nation and World" 387 Special Series (10034), p. 2236-2249.

care, but also because of the equitable access to health promotion, prevention, curative treatments, rehabilitation and palliative care for all, without the risk of impoverishment²⁶.

Health can also become a valuable *soft power*²⁷ instrument for governments. The dissemination of our conception of health could contribute in particular to increasing the prestige of France. Many other resources could be further mobilized to promote this French "soft power": transferability of its models or health standards, valorisation of research results, ability to lead a "community of practice" in the hospital world or in other health organizations, scientific and technological influence, recognition of a pioneering role in the fight against AIDS, exemplarity of its system for protecting patients' rights, etc.

Breaches in the international political environment

The reaffirmation of a French strategy is all the more important today because of the changing political environment, with strong uncertainties at the international level. "Brexit" and the questioning of the achievements of the public health system (NHS) in Great Britain, or Donald Trump's coming into office in the United States in 2017 and his first liberticidal decisions regarding women's rights and health, reinforce our view that France can and must adopt a strong position on the international scene, reaffirming our core values.

These recent changes at the highest level in France's partner countries could substantially change international health policy guidelines worldwide. Indeed, health has occupied an important place in British and American politics for the past fifteen years, that translated notably in massive investments in HIV/AIDS (Global Fund and PEPFAR²⁸) and international health security (launch of the Global Health Security Agenda in 2014). The first decisions of the Trump administration, both on health issues in the United States (on "Obamacare", on abortion or on vaccination) as well as on US foreign policy (prohibition of entry into US territory of nationals of several Muslim countries), should be carefully analysed insofar as they may affect the U.S. global health strategy. The decision to reinstate the "Global Gag Rule", which prohibits the allocation of U.S. federal funds to NGOs working abroad on abortion rights, even when the United States does not fund these services themselves, suggests, for example, that health financing will decrease towards many developing countries.

Legitimacy of France to support an international strategy based on universality, solidarity and security

France's authority on global health issues is based on strong historical foundations, building on both the past and the present.

- › A French model of health system with strong values: solidarity, equity in access to health services, quality of services, and which has largely inspired the notion of Universal Health Coverage (UHC) now promoted in the international arena.

²⁶ According to WHO, every year, about 100 million people fall into poverty because they must pay directly for their health care (in "10 facts on universal health coverage", 2012).

²⁷ In political science, soft power refers to the "soft power" that allows a state, through its capacity of cultural and ideological attraction, to change the position of other actors in the international system, without forcing them to do so in an authoritarian manner.

²⁸ U.S. Emergency Plan for AIDS Relief

- › The influence of French research (13 Nobel Prizes in Physiology or Medicine), open to the international market thanks to an excellent field network (IRD, Institut Pasteur, ANRS, CIRAD).
- › The international recognition of French medical expertise and the existence of a network of long-term hospital cooperation (hospital twinning within the framework of the GIP ESTHER²⁹, training of health professionals, particularly in West and Central Africa).
- › The promotion by France, with South Africa, of the work of the High-Level Commission on health employment and economic growth, dedicated to human resource management in health: sufficient number of health personnel, appropriate training, deployment on all territories, loyalty, effective sharing and delegation of tasks, challenges related to migration issues and to the "brain drain".
- › France's pioneering role in the fight against major pandemics³⁰, on scientific, medical, and diplomatic terms, and in raising awareness of the global challenges of health. Some consider that the mobilization against AIDS has profoundly changed the medical culture, transformed power relations between patients and physicians³¹ and even contributed to the emergence of the concept of "Global health"³².
- › The strong involvement of French NGOs in international health issues, as illustrated by the many existing international networks or the dynamism of the Coordination Sud³³ health group.
- › The active role in the creation and financing of several major institutions in Global health: the Global Fund, UNITAID and GAVI. France is the Global Fund's second largest historical donor (€360 million per year), UNITAID's largest donor (about €100 million per year) and GAVI's fifth largest donor (about 95 million euros per year).

²⁹ This public operator created in 2002 to strengthen the capacities of health systems by setting up hospital partnerships has been integrated into Expertise France since 1 January 2015.

³⁰ In addition to the performance in scientific and medical matters, we should mention, for example, the powerful advocacy for access to ARVs in sub-Saharan African countries (the governments of France and Luxembourg were at one time the only countries to campaign for access to treatment in the developing world).

³¹ This transformation has several components: opening up medical and scientific institutions to associations, transitioning to "therapeutic modernity" and "evidence-based medicine", protection of patients' rights, etc. This participatory approach, inclusive of patients or stakeholders, is now promoted in major global health initiatives.

³² Brandt AM, "How AIDS invented global health", *New England Journal of Medicine*. 2013, Vol. 368 (23): 2149- 52.

³³ Coordination SUD - Solidarité Urgence Développement - is the national coordination of French NGOs in the field of international solidarity.

III - Political and operational variations of the French strategy

To implement its strategy, France can rely on several types of levers: voice and political mobilization, public operators, multilateral organizations, NGOs, public institutions, research and the private sector. The strength of the strategy is in principle all the greater because these different levels reinforce each other.

The political voice at the highest level

The preparation of French positions is part of a dialogue between the Ministry of Foreign Affairs and International Development (MoFAID) and the Ministry of Health, sometimes arbitrated by the Prime Minister. A special mechanism is also created around the ambassador in charge of the fight against HIV/AIDS and communicable diseases. France's message must be carried out in a concerted manner in specialized health forums and, more broadly, within political authorities. Divergent speeches in different forums or speeches "insufficiently asserted" too often undermine France's position and limit its influence.

French public operators

France has two public operators in charge of implementing projects or programmes in developing countries: AFD and Expertise France.

- The French Development Agency (AFD) is the pivotal operator of French bilateral aid. The AFD has been responsible for the implementation of bilateral health assistance since 2004. This sector remains however, rather marginal in its activities, more traditionally oriented towards the so-called "productive" investments (support for private investment, microfinance, etc.). The AFD's health sector intervention framework emphasizes maternal and child health, sexual and reproductive health, the promotion of universal health coverage and the strengthening of social protection systems³⁴.
- Expertise France, created in 2015, is the public operator for mobilization, deployment and development of French expertise abroad. Its health division was formed from GIP ESTHER (hospital partnerships in the AIDS and hospital hygiene sector), health activities of France Expertise Internationale, ADECRI³⁵ and GIP SPSI (Health and international social protection). The 5% AIDS, tuberculosis and malaria initiative, aimed at mobilizing experts to strengthen access and effectiveness of grants from the Global fund, is an interesting bridge between multilateral approaches and bilateral relations. We salute MoFAID's decision to evaluate this system in 2017.

Multilateral organizations

France is currently a member of the WHO Executive Board. By playing an important political and financial role in the creation of global health initiatives³⁶, France has supported the

³⁴ Inter-ministerial Committee on International Cooperation and Development. Let us recall here the CICID's recommendations last November, urging the AFD in particular to strengthen its financing on the challenges related to higher education, and those of the ANR to "open its funding to research with developing countries".

³⁵ Agency for the Development and Coordination of International Relations, a body bringing together social security organisations whose mission was to support emerging countries in the development or reform of their social protection system.

³⁶ Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), UNITAID and the GAVI Alliance for vaccines and immunisation.

advent of a new multilateralism, involving not only donor countries and the beneficiary countries but also the private sector or civil society actors.

The private sector

According to MoFAID, health represents 11% of French exports (equipment, expertise, construction). The government considers the health sector to be a priority for foreign trade and has recently launched the "French Healthcare" brand. The drug industry is, after aeronautics and the agri-food sector, the third largest French export sector³⁷. French supply has the particularity of offering a very wide range of health products (medicines, biological products, vaccines, diagnostics, quality generics, etc.) and of being open to new information and communication technologies³⁸. Foundations and several design offices are also involved in international health issues.

The voluntary sector

French NGOs have played a pioneering role in the field of humanitarian medicine and are highly involved in international health issues, whether in a crisis context or with developmental approaches. Some organizations have specialized in providing support to local NGOs or in advocacy.

Research

INSERM, the main actor in biomedical research in France, has so far been little involved in global health issues³⁹. At its side, several French research organizations are involved in global health issues: the Health and Society Department of IRD⁴⁰, CIRAD, the International Network of Pasteur Institutes, present in 26 countries on all continents, the ANRS and its multidisciplinary partnerships with resource-limited countries⁴¹. The Aviesan network (National Alliance for Life and Health Sciences) brings together the major players in biomedical research in France, to improve coherence and coordination of French action. A working group of this network, Aviesan South, is interested specifically on global health issues.

Finally, it should be noted that, overall, the French institutional system is not very conducive to the production of new knowledge in Global health: limited mobilisation by public authorities of dispersed research teams, universities and French *grandes écoles*⁴², insufficient links between researchers, teachers and decision-makers, fragmented training, almost non-existent groups of reflection on these issues.

³⁷ Customs, Foreign Trade, 2016 results.

³⁸ The new information and communication technologies will radically transform medical practices. In particular, they will modify the relationship between patients and health care provision: early alert system, telemedicine, health savings that can be mobilized by telephone, patient follow-up, computerized medical records, barcodes on drug boxes, payment for health services via a mobile application, etc. The potentialities, the stakes and risks associated with these developments are numerous (respect for human rights, quality of services, IT security, etc.) but it is obvious that technological invention will be at the heart of tomorrow's health progress, in both the richest and poorest countries.

³⁹ INSERM is involved in international health issues through, among others, the creation of international laboratory partners, particularly in Côte d'Ivoire, Brazil and India.

⁴⁰ Research focuses on the major issues of infectious diseases, sexual and reproductive health, the epidemiological transition, the place of drugs in care and environmental contaminants.

⁴¹ Côte d'Ivoire, Senegal, Burkina Faso, Cameroon, Vietnam, Cambodia, Egypt and Brazil.

⁴² Opportunities are much more numerous for American or British universities and colleges, regularly mobilized by national agencies in charge of global health issues.

IV - Why has France become silent on Global health challenges?

In the early 2000s, France was sending strong messages on the international scene. It has played an important role in ensuring that health is recognized as a global public good or in the creation of the Global Fund. Today, we see that its voice no longer has the same weight.

Absence or lack of clarity of the French global health strategy

The lack of clarity of the French strategy is explained, at least in part, by a low carry rate at high-level politics, apart from a few highlights such as funding announcements or major conferences. Health is not or is no longer an issue in the discussions between the French President and other Heads of State. This scarcity of public speaking engagements on health issues is declined at the level of the various Ministries of Foreign Affairs that have followed one another over seven years and, in the field, at the level of French ambassadors (although the Initiative 5% helped to drive more involvement on health issues).

The French strategy defined in 2012⁴³ set priorities (mother-child health, the major pandemics, rights-based approach). Aware of the need to update them, MoFAID has launched at the end of 2016, an internal and external consultation process to rethink its strategy⁴⁴. Our approach is based on the same desire and intends to contribute to this reflection on our strategy in global health.

France's low weight in international health decisions

France's voice is currently not very well heard on the international scene⁴⁵, although our country has assets recognized by all international actors and that its financial investments on global health issues is one of the highest among OECD countries. This weakness can be analysed in several ways.

- › The current French global health strategy is not sufficiently clear and structured, readable and assertive.
- › The strategy defined by the Ministry of Foreign Affairs does not sufficiently engage French operators, who often pursue their own strategic objectives at the expense of a common strategy (example of AFD's strategic intervention framework)
- › Global health policy decision-making is fragmented: several public institutions (MoFAID, Ministry of Health, Ministry of Finance, Presidency of the Republic) co-produce decisions following consultation processes that are difficult to understand and without a clear division of roles.
- › Health is not considered a foreign policy issue, raised to the highest level of the State. Germany, for example, who used to be a relatively silent country on these issues, is taking a leadership role in health systems strengthening or tuberculosis, ever since Chancellor Angela Merkel made health a diplomatic issue, in 2015.
- › France's presence in global health governance bodies is reduced. The positioning of various French representatives in administrative structures of international organizations, for example, is not always harmonized. The fact that France is represented by the Directorate

⁴³ French Strategy for International Cooperation in the Field of Health, MoFAID, 2012.

⁴⁴ The four objectives of the new global health strategy (2017-2022) are as follows: (1) Strengthen health systems while combating diseases; (2) Strengthen health security at the international level; (3) Promote population health; (4) Promote expertise, training, research and development; and French innovation.

⁴⁵ Americans, British or Norwegians are usually in the front line on health issues worldwide.

General of Health at WHO, by the Ministry of Finance at the World Bank and by the AIDS and Transmittable Diseases Ambassador to the Global Fund contributes, for example, adds to this lack of coherence and requires more in-depth consultation processes. France also prefers to provide agencies with "junior" technical staff, rather than investing in more sustainable positioning of high-level experts who master the technical, strategic and political aspects, in contrast to other OECD countries, such as Great Britain.

V – Strategic recommendations

Global health is a deeply political subject, with strong meaning and values. The international environment is uncertain today and it seems urgent to us that France speaks with a strong voice and recalls the values of humanism, solidarity and equity that its system embodies.

Three messages seem particularly important to us.

1- Strengthen the place of Global health on the international political agenda

Global health issues are multidimensional. They cannot be thought of in an isolated manner. They must be integrated into all negotiations in the key sectors of the France's foreign policy, including security, trade and human rights. Improving health must also be considered as a pillar of the fight against poverty, of which it is both a necessary condition and a desired end.

The objective of universal health coverage must be maintained as a priority for France. This requires strong, effective health systems that provide care at affordable costs, access to quality medicines and sufficient numbers of health staff. France's support should focus in particular on the development of the mutualisation of health risks, which requires universal and equitable health insurance systems. Certainly, the French model, based on employee contributions, is not adaptable to the vast majority of developing countries, in which the informal sector plays an important role. However, it is necessary to mobilize national actors (banks, insurance, and microfinance) to drive investments in the creation of new financing systems that integrate poor and marginalized populations, and adapted to the social and economic particularities of each country⁴⁶. It is now necessary to launch a broad and inclusive reflection on these issues, in order to bring them back at the heart of the international health agenda.

For this strong message to be heard, it is important that France respects its commitments in terms of official development assistance⁴⁷ and that it devotes an increasing proportion of this assistance for Global health. The **financial transaction tax** will provide significant additional financial resources in the coming years⁴⁸. We believe that a share of this tax should be specifically dedicated to Global health issues.

2- Prioritize public health issues over commercial issues related to access to new drugs at the heart of the international agenda

France must become more committed to ensure universal and rapid access to innovative therapies and quality diagnostics, in France⁴⁹ as in the poorest countries⁵⁰.

⁴⁶ Many French actors, both public and private, could be involved and share their know-how on these questions, whether they are public operators, insurers or micro-insurance organisations, professionals in the hospital sector, mutual funds or management bodies (such as the Primary health insurance fund).

⁴⁷ France, like other OECD countries, has committed itself to devoting 0.7% of its gross national income to public aid development (this share is 0.37% in 2016).

⁴⁸ The Finance Act for 2016 includes an amendment to extend the financial transaction tax (FTT) to the most speculative so-called "intra-day" transactions, which should increase the revenue by this tax in the coming years.

⁴⁹ Let us recall on this point the need to negotiate the price of medicines at the European level and in a way that is transparent, rather than at the national level and in a confidential manner as it is often the case at the current time.

⁵⁰ See United Nations Secretariat General High Level Report on Access to Medicines, September 2016.

The French position is too often divided between the defence of intellectual property (when it defends the French pharmaceutical industry) and the promotion of generic medicines or brand-name drugs at affordable prices for low-income countries. France should encourage pharmaceutical companies to develop research and development on the most urgent problems of the poorest countries and to better promote public research, often at the origin of new products. It must also respect strictly the WTO TRIPS agreements on intellectual property, which the European Union has signed up to, but also support countries that wish to implement the flexibilities provided for in these agreements, such as compulsory licences⁵¹. France must carry a message on access to medicines and advocate on key public health issues at the global level without reducing them to the promotion of commercial interests alone, aimed at increasing the export of our products and health knowledge.

3- Promote a sanitary design of safety rather than a safe design of health

The question of "health security" is now a central issue in international debates⁵². Governments often reduce this concept merely to the need to protect their population from epidemic threats that transcend borders. It is now essential to recall that the health security of populations, in the North as in the South, is less ensured by emergency measures designed to respond to health crises (when the threat is high) but rather by the structural strengthening of health systems at the national level (governance, human resources, information, infrastructure, access to medicines, quality health services) to prevent, detect, assess, alert and respond to threats for public health. The Ebola crisis has shown the need to strengthen health systems in the response to epidemics, particularly at the community level, as the first grade in the health pyramid. First of all, health systems should not be built in silos, in verticality; they must extend to all territories, be centred on the specific needs of the populations and rely on trained human resources, trained professionals and good quality infrastructures and on operational technical platforms. Then, health security should not be thought as limited to fighting the spread of infectious diseases; it also extends to non-communicable diseases. Finally, health security must be understood as a positive issue, i.e. as an issue of social cohesion and the protection of populations. Today, we must fight against a conception of a safe design of health (which consists in reducing health to the sole component of the national security of rich countries) and replace it with a sanitary design of safety (which consists in promoting health as a crucial issue in the safety of individuals and groups).

In addition to these three strong ideas, our think tank makes **recommendations**.

- **Reinvest in multilateral global health spaces, including the World Health Organization and the Global Fund**
 - **Support WHO to carry out incurred structural and programmatic reforms**
As a member of the WHO Executive Board, France must in particular advocate that the financing of the organization is ensured in large part through mandatory contributions of states and not mainly through their voluntary contributions, in

⁵¹ TRIPS provides limits to patent rights and flexibilities to protect the public interest and the health of developing countries, due to the seriousness of the public health problems affecting them. Let us stress here the importance of building the capacities of countries and regional (AU, ASEAN, etc.) and sub-regional organizations (ECOWAS, EMCCA, EAC, etc.) to negotiate drug prices collectively, if necessary by making use of the flexibilities provided for in the Doha agreements.

⁵² France hosted a high-level conference on this theme in Lyon in March 2016.

order to guarantee its financial autonomy and its central role in health governance worldwide.

- **Resumption of political leadership within the Global Fund**

The Global Fund has been and continues to be an effective instrument. It must now be thought as an investment for the future. France must regain an influential position within its Board of Directors to address its current weaknesses (including its risk management policy⁵³, not well adapted to the realities on the ground) and to stimulate the reform now required (broadening the mandate to include health system strengthening)⁵⁴.

- **Financial and political support for an advocacy coalition of French-speaking actors**

Bringing together governments of recipient countries, civil society organizations and affected communities in French-speaking countries, this coalition would bring the voices of West and Central African countries to the Global Fund⁵⁵ and propose strategies adapted to their specific contexts.

- **Make the institutional system more effective**

- **Strengthening human resources dedicated to health**

The teams in charge of global health issues need to be consolidated, at the level of the Ministry of Foreign Affairs (MOFA), where the various directorates in charge of health issues (DGM⁵⁶, political directorates, UN directorate) do not consult sufficiently, or at the country level, in embassies. A similar approach should be taken with regard to structures or functions dedicated to international activities within the Ministry of Health and Social Affairs⁵⁷. It would be coherent to extend the mandate of the Ambassador in charge of the fight against HIV-AIDS and communicable diseases to the field of Global health.

- **Reflection on a redesign of the French development aid system**

Strengthening the effectiveness of the current institutional framework could, for example, foster the emergence of a public entity encompassing existing public operators (AFD, Expertise France, etc.).

Combining strategic management, the ability to quickly mobilize operators and important financial resources, this new entity (the nature and scope of which have yet to be defined) would give more coherence and visibility to French positioning and initiatives. It would be responsible for coordinating all the actors (public organisations, NGOs, researchers, private operators, etc.).

⁵³ Since 2012, the Global Fund has intensified its policy to limit all risks, including financial risks, related to the implementation of grants in countries. These measures include the contractualisation of fiduciary agents in support of grant recipients or through "zero cash policy" systems limiting the transfer of funds to sub-recipients.

⁵⁴ The Global Fund is going through a crucial period and it is important, for example, that France supports a valuable candidate to take over his leadership in the coming weeks. The absence of French candidates eligible for the post of Director-General of WHO or the Global Fund is a real missed opportunity.

⁵⁵ Under the pretext that they are less affected by the three pandemics, the Global Fund too often considers French-speaking African countries as non-priority. The French-speaking section of the African constituencies, based in Addis Ababa, should be supported, for example.

⁵⁶ General Direction of globalisation, culture, education and international development.

⁵⁷ Delegation for European and International Affairs (DEIA), European and International Affairs of the Health General Direction, etc.).

- **Development of a platform dedicated to Global health issues**
This platform, led by the public entity we have just mentioned, would bring together policy makers, public agencies, administrations, universities, research organisations, companies, foundations⁵⁸, NGOs and community networks. It could lead to the emergence of new partnerships around joint and multidisciplinary research projects⁵⁹ the results of which can be used to guide French strategy on the international scene.
- **Creation of a Global Health Institute focused on the world of the Francophonie⁶⁰**
At the crossroads of disciplines, this institute could contribute to the training of decision-makers in Global health. It would be a training centre open to all stakeholders in French-speaking countries (particularly through distance learning) and would contribute to the emergence of an "ecosystem" in which French research would play a leading role. It would thereby contribute to the formation of a community of practice likely to produce structuring ideas and new concepts that can feed into the debate on the international stage.
- **Define and launch an emergency plan for fragile countries in French-speaking Africa**
 - **Analysis of the specific needs of the priority countries of French ODA**
Considered to have fragile environments⁶¹ (very high poverty, instability, political, violence and security issues), these countries are currently experiencing tensions that aggravate the already much deteriorated health situation of the populations (in Chad, in the DRC and Central African Republic for example).
 - **Launch of an emergency plan**
Access to health services and support for existing health infrastructures has become a major issue. There is an urgent need to bring together all bilateral and multilateral partners to mobilize additional technical and financial resources for the future in support of these countries.
 - **Increased participation of French NGOs**
Able to test new approaches, French NGOs can play a crucial role on Global health issues. Public authorities must promote the emergence and consolidation of these actors in order to enable them to reach a mass criticism on the international arena.

⁵⁸ Given the role that French foundations can play, it seems important to us that the State allows the tax deduction of donations from individuals and foundations, funds and companies (sponsorship) internationally, particularly for scholarships and scientific training.

⁵⁹ Health systems are complex organizational units that require research based on partnerships between researchers from the North and the South, and crossing the eye from several disciplines (epidemiology, health economics, biomedical research, anthropology, political science).

⁶⁰ Such institutes exist, for example, at Harvard University, California University, Columbia University, Amsterdam University or Imperial College London.

⁶¹ These fragile environments are referred to by the Global Fund as "challenging operating environments".

This support must be provided through more important public funding⁶², by building alliances and consortia between public operators and associative actors, or by calls for proposals targeting themes on which French players have real added value.

These recommendations are as many projects that we believe are important to deepen and develop. It is certainly the objective that our think tank has set itself in order to accompany the public authorities' thinking on global health in the coming months.

⁶² According to the "Assessment of the contribution of civil society actors to development action and France's international solidarity (2009-2015)" of MoFAID (November 2016), only 2.5% of French ODA was transiting through NGOs in 2014, which places France in the last three countries of the OECD ODA Committee in terms of the share of global ODA channelled through the "NGO and civil society" channel (compared to 20% for the United States and 13.4% for Great Britain, for example).