



Representations of French influence in global health in Geneva-based international organizations

Summary - December 2019

The "Global Health 2030" think tank has been in existence since October 2016. It brings together personalities involved in global health, including 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 Kiény, Léo Marmora, Benoît Miribel, Olivier Nay, Louis Pizarro, Anna-Laura Ross, Benoît Vallet. Stéphanie Tchiombiano is the coordinator.

The members of the group are acting in their individual capacities and not on behalf of their respective organizations. This document is the fruit of a collective effort within the group. It in no way commits or reflects the individual opinions of any of its members.

Summary

France is a major player in global health, thanks to its high level of expertise, the importance of its international commitments and the funding it devotes to global health. France has been instrumental in ensuring that health is recognized as a global public good. It has played a leading role in the creation of major international initiatives, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. To what extent is France's voice heard today on the international health scene?

This survey, conducted between April and August 2019 (before the replenishment conference and before the covid19 coronavirus epidemic) aims to restore the perceptions of global health players on France's influence within the international health organizations present in Geneva. We are referring here to Global Health Initiatives (Global Fund, Unitaïd, Gavi), United Nations organizations involved in health (WHO, UNAIDS) and international NGOs with offices in Geneva (MSF, IFRC). This is not an analysis of France's actual influence, its ability to convince, put a subject on the agenda or get its points of view adopted, but rather of how this influence is perceived by members of Geneva's "global health" community.

The main conclusions of the study are as follows:

- **France is perceived as one of the most influential countries in global health, but its level of influence is considered to be less important than it has been in the past.** The United States, the United Kingdom and Germany are seen as more committed, both diplomatically and financially. **The image that emerges from the interviews is that of a France that no longer has the leadership role it had in the first decade of the 2000s.**
- At a time when many countries are tending to return to bilateral modes of action, **France is seen as a fervent defender of multilateralism.**
- **Expertise and research are considered to be France's strengths** in global health. The Institut Pasteur, Inserm and ANRS, in particular, are recognized as an outstanding medical research network.
- French civil society and research players are perceived as having a **high potential for influence.**
- The majority of respondents **consider that France's global health strategy suffers from a lack of coordination.** The network of players is perceived as fragmented and unclear, with Parisian players paying too little attention to the exchanges taking place in Geneva.
- This lack of coordination seems to go hand in hand with a **lack of clear, coherent and well-argued political messages.** A quarter of those questioned were unaware of France's current priorities. Universal health coverage is cited as France's main message, but having become a central plank of multilateral policy, it is no longer perceived as a lever of influence.
- In Geneva, **France is perceived as particularly influential at Unitaid**, thanks to its high level of contributions, the large number of French staff and strong political commitment. Perceptions of France's influence in other organizations are mixed: France is a major contributor to the Global Fund, but does not have a strong political presence.

does not exercise significant influence over its management or governance. A
At the WHO, France's voluntary contribution is low and its margin of influence is limited.

- Three tools of influence were mentioned by respondents: French public figures, human resources within organizations and the French language.
 - Michel Kazatchkine, Michèle Boccoz, Philippe Douste-Blazy, Stéphanie Seydoux, Marie-Paule Kieny, are (in order of number of quotes) considered the most influential French personalities in global health. On the whole, respondents feel that **France is currently lacking in these personalities**.
 - Opinions are divided on the strategic placement of French personnel within organizations as a tool of influence: some consider that France seeks to increase the French contingent in organizations and that this is a significant channel of influence, while others feel that it is no longer a tool of influence, either for France or for other countries. A number of respondents point out that intermediate positions (advisors or experts) can be more influential than management positions.
 - While **the French language** is recognized by some as a vehicle for clarity and accuracy in getting messages across, many respondents feel that it **is no longer a tool of influence**. International organizations are now predominantly English-speaking, and the use of French when speaking is not seen as positive, but rather as an obstacle to France's ability to influence.
- **The Diplomatie et Santé group, the GHSA (Global Health Security Agenda) and the G7** are seen as important alliance platforms for France in the healthcare field. At the Global Fund and Unitaid, France is seen as aligned with its European neighbors: Germany and the UK. The absence of a European global health strategy (and of alignment with France) is a recurring theme in several interviews.

1. Introduction

If France's level of expertise and financial involvement¹ in global health² are generally recognized, how is it perceived in Geneva, the headquarters of international organizations in global health³?

There are many definitions and questions related to influence in the scientific literature⁴. In particular, influence can be understood as a "*process of manufacturing obedience and consent, which does not ultimately rely on coercion*⁵". Influence is linked to the concepts of power⁶ and potency. It is difficult to measure the real influence of a state in the multilateral governance of health issues, so we have chosen to focus our attention on how the influence of the French state is perceived in this area: what messages are considered to be currently carried by France? who are the most influential French players/personalities? What are France's strengths in terms of influence? How is France positioned in relation to other countries? In which international organizations is France considered influential? How and by what means does France exert its influence?

This study analyzes the perceptions of Geneva-based players, and aims to reflect on France's role, the messages it conveys, and the methods and channels of its influence on the international stage.

The field survey was conducted between April and June 2019 by Romane Couteux⁷. It is based on three complementary methods: analysis of scientific literature⁸, analysis of grey literature (various reports and press articles) and the conduct of thirty semi-structured interviews with: 1) members of French delegations on various boards of Geneva-based international organizations, 2) non-French diplomats, 3) technical staff working in international organizations⁹, 4) international technical experts seconded by the French government to international organizations (present or past) and 5) various global health players, notably from civil society¹⁰.

2. Perceptions of French influence in global healthcare

What are France's strengths in global health? Who are the French players involved? To what extent are their actions considered coordinated to implement France's global health strategy? What messages and values does France defend in the field of global health? These are just some of the questions we put to Geneva-based global health players.

Survey results are shown in black / our comments in green

French assets: research, diplomatic network and civil society.

All the players interviewed for this study spoke of France's great potential for influence. The most consensual element to emerge from the interviews is the quality of French expertise and medical research in the field of health. In particular, the interviewees cited the Institut Pasteur, ANRS and IRD, which represent a "unique network of expertise" and genuine "scientific diplomacy", while emphasizing that "their weight is not commensurate with their potential - we're a long way off the mark".

France's historical legitimacy is also mentioned several times as an asset, notably its involvement in the creation of the Global Fund, in the field of human resources for health¹¹ and in the fight against HIV. Other elements are also cited among France's assets: France's national health system ("which gets good press abroad"), the French diplomatic network ("well-organized"), with its network of regional global health advisors in the field¹², seen as particularly important in terms of "information circulation", very active civil society (Médecins sans Frontières and its "extraordinary aura, a key player"), seen as highly influential in the fight against HIV and access to medicines (Médecins sans Frontières, Médecins du Monde, Handicap International, Coalition Plus, Aides, Sidaction and Solthis are all cited), and the 5% d'expertise France initiative. The LEEM (French Pharmaceutical Companies Association) is also cited by several players as one of the influential French players in Geneva. The fact that France has decided to host the Global Fund Replenishment Conference¹³ is also cited several times by respondents as an asset for French influence on the international stage.

The interviewees mentioned what they perceived as a lack of coordination between French players: "we don't know who should be doing what", "the French network is fragmented" or a major disconnect between Geneva and Paris: "Parisian players don't feel involved". Some of the interviewees spoke of the MEAE's "weak leadership" and, above all, a lack of clarity and legibility in the network of French players: "we need to strengthen cooperation between research, government and expertise", "the partnership with NGOs is unclear", "the French administrative "millefeuille" is felt to be scattered and lacking in legibility". It should be noted, however, that for four out of the thirty interviewees, the assessment is good in terms of coordination: "We're pretty good at coordination, given our resources".

The fact that French researchers and civil society are cited as assets shows that today, a country's influence does not only come from the government apparatus. Academic institutions and specialized associations are the bearers of unique knowledge¹⁴, which gives them a position of strength and, consequently, a capacity for influence. Of course, this new situation is not specific to France.

It's also interesting to note that most of the "French assets" cited are linked to French organizations (or perceived as such, in the case of Médecins sans Frontières¹⁵) that are not necessarily present or active in Geneva. While teams from the UK's DFID, USAID or the US NIH regularly speak in Geneva (and sometimes even on behalf of their countries), French research players, the AFD or major French associations are, by comparison, not very present in Geneva. One recommendation for reinforcing French influence could be to regularly integrate the academic and operational worlds into official French delegations at board meetings, to create more bridges between French representation in Geneva / international organizations and French players involved at international level, or to find more regular opportunities for French players in Geneva to raise their profile and speak out. It

there is too little link between research findings, operators and policymakers. Research material is not capitalized on / used concretely to refocus interventions and fuel French positions on global health, unlike in the United States and the United Kingdom, for example.

Finally, the feeling that the network of French players is fragmented and uncoordinated is in line with the observations we made in a previous [note](#) on the French institutional framework for global health. It is interesting to note that, although this is essentially a "domestic" issue, a number of foreign interlocutors have raised the question of a lack of coordination among French players. We are delighted to see that our proposal to create a "French alliance for global health", a forum for coordination and discussion bringing together public players, researchers, NGOs and private-sector players involved in global health, has been partly heeded. The perception of a lack of clarity and understanding of the French institutional set-up certainly contributes to limiting French influence in global health.

While France is clearly seen as committed to multilateralism, its strategic priorities remain unclear.

In an international context where many donors are retreating to bilateral action, France is seen as a fervent defender of multilateralism. This would seem to run counter to the global trend towards a return to bilateralism, led by the United States. "*The USA is a bilateral force*", notably with PEPFAR¹⁶. "*The USA wants to kill multilateralism*". Respondents almost systematically mention its major role in the creation of multilateral bodies such as the Global Fund.

For most of the people we met, while France remains "*undeniably among the most influential countries*", it is relying on the leadership role it had in the 2000s: "*France is confused*", it has an "*obvious influence, with substantial funding in international organizations, but without any real impact*", "*France is not managing to reap the benefits of its history. We need to be more aggressive*". Many feel that France is no longer proposing concrete policies and new ideas: it only defends consensual messages that do not set it apart from other states: "*you have to take risks to make yourself heard*". Some call for a form of "repoliticization" of global health: "*you can only have influence if you put politics into it. France must have a global health policy. Otherwise, the money invested is useless*".

Seven out of the thirty people questioned don't know what messages France is currently promoting: "*I don't remember*", "*I can't tell you*", "*there's no clarity in the strategy*", "*I don't know of any global plan launched by France in the last 5 years. The resonance and innovative ideas of the early 2000s no longer exist today*", "*there are no clear objectives, no clear priorities, it's hard to understand the strategic priorities*". One person out of thirty doesn't even know that France has a global health strategy.

The themes most frequently cited as being supported by France are (in order of number of quotations): 1) The three pandemics (AIDS, malaria, tuberculosis) recurrently mentioned with the Jacques Chirac "moment" and France's strong commitment to the Global Fund: "*France has always been very consistent on this subject*"; 2) universal health coverage (however, several interlocutors consider this to be a very consensual commitment, or that it's an "*old subject carried forward from Bernard Kouchner's arrival at the MAE in 2007*"); 3) strengthening health systems: France promotes "*integration and sustainability*", and some specify that it's a "*subject carried forward with Germany*". "France

is not seizing its chance on health. At a time when climate change is a major concern it was a new niche. Not a word from the Ministry of Health!"

Over and above the messages, the people questioned particularly remember the values promoted by France. The most cited were gender and human rights: *"The rights-based approach characterizes a certain French conception of public health"*. This representation of a French approach to global health (characterized by human-centered values) in opposition to an Anglo-Saxon approach considering *"development as a business"*, with a *"desire to influence statistics rather than to have substantive objectives French approach"* recurs several times in the interviews.

This perception of a France that has chosen and defended multilateralism is all the more important as it goes beyond health issues: France is seen as having initiated numerous global public policies, and global health is said to have become a source of inspiration for other sectors (the Green Climate Fund and the Global Partnership for Education, for example). It is also interesting to note the importance attached to the issue of values, which emerged clearly in the interviews (social justice, support for the greatest number, the fight for human rights) and which, along with multilateralism and the major pandemics, would be in the "signature" of French influence in the field of global health.

The paradoxical positioning of the United States within the multilateral system raises questions: while the American administration clearly gives priority to bilateral approaches, the country is, at the same time and by far, the main funder of multilateral organizations (at least the Global Fund, Gavi and WHO). For Guillaume Devin¹⁷ : *"no multilateral breakthrough is assured (whatever the sector of activity concerned) if the United States does not play the game. However, the future of multilateralism is not just a matter of US decisions; it will also depend on developments in the multilateral system itself, and particularly on whether or not it is able to reform itself"*. That said, the multilateral system will have to involve the major emerging players to a greater extent in the future, not only China, of course, but also India, Russia, Latin America and Africa.

While the vast majority of players interviewed were aware of France's global health strategy¹⁸ , they were often unable to name its main thrusts. This difficulty is undoubtedly linked to the very broad, consensual nature of the strategy, which makes it little effective, or at any rate, little legible for the majority of players in Geneva's international community. This difficulty in targeting themes (and therefore necessarily leaving out certain aspects) can be analyzed as a declination of our official development assistance, often considered to be broad and inclusive, with no clearly stated priority sector¹⁹.

It is also interesting to compare the messages perceived with the priorities set out in France's global health strategy²⁰. France's involvement in global health remains closely linked to the major pandemics. Strengthening health systems seems to be the main message heard by Geneva's international community in global health, since none of the other three priorities (international health security / health promotion / promotion of expertise, training, research and innovation) are cited by respondents. This idea that France focuses on highly consensual subjects was repeatedly expressed in the interviews. For example, because it is unanimously agreed and not the subject of tension or negotiation, a subject such as universal health coverage (which is otherwise essential) is not an issue of influence for France.

This difficulty in perceiving French messages may also be linked to the fragmentation or lack of coordination of French positions on the international health scene, despite the creation of the post of Ambassador for Global Health²¹. At present, France is represented on the development and health scene by the Ministry of Economy and Finance at the World Bank, by the Health Ambassador on the boards of the Global Fund and Unitaïd, by the Directorate General for Health on the WHO Executive Board, by the diplomatic mission in Geneva on the UNAIDS Program Board, and by the AFD on the Ouagadougou Partnership (on family planning). Each ministry or entity representing France develops its discourse and contributions without a common reference point or systematic coherence.

With the French strategy (2017-2021) coming to an end next year, there are a number of lessons learned.

can be used to strengthen France's influence:

- Narrowing the scope of intervention and focusing strategy on more specific, easier-to-understand issues than those currently addressed
- Disseminate and raise awareness of the main thrusts of France's global health strategy at international level
- Roll out this strategy at all levels (AFD's health sector intervention framework²², expertise France's objectives and resources contract, France-WHO agreement²³, etc.) and ensure that it genuinely involves all French operators.
- Strengthen the harmonization of French positions on boards of directors and international organizations. This could be achieved by translating this strategy into annual action plans, common to all French public-sector players and structuring their positions on the international stage.

France's perceived downgrading compared with the most influential states

While France remains one of the "countries that count" when it comes to global healthcare, the interviews revealed that France's influence is declining in relation to other countries. Others point out that France has really fallen behind, resting on the leadership role it held in the 2000s. For one interviewee, France has *"good potential for influence, but no very clear objectives. The problem for the French is that influence is a goal in itself (...) I don't think France gives a damn about the SDGs. It's not very serious about development issues, it's a millstone around the diplomats' necks. France has made do with the vagueness of the SDGs, so it hasn't committed itself."*

The USA, Germany and the UK are seen as more influential than France. Other countries cited as influential in Geneva include China and Russia (as rising powers), the Nordic countries, notably Finland, Japan, Canada, Thailand and certain "East African countries" (unspecified). It's worth noting that the Bill Gates Foundation is also mentioned several times among the most influential: for its *"significant expertise"*, particularly in data production, and the fact that it is *"present everywhere to water everyone"*.

When asked about American influence, respondents cited the volume of its funding (*"influence is dictated simply by money in Geneva"*), the importance of PEPFAR, its *"country is seen as an intellectual power"* and a *"technological influence"*. The country is perceived as a

"a player who sees development as a market", "strong in adding value to its investments".

The next two countries mentioned are the UK and Germany.

In the UK, respondents cite DFID's efficiency and strong links with research teams, which are very much in evidence. Interviewees emphasized the achievement of the target of 0.7% of Gross National Income devoted to Official Development Assistance as an influential factor. While the United Kingdom is widely cited as an influential nation in global health, several interviews mention a *"diminishing influence"*, while Germany is said to be increasingly influential *"with the World Health Summit"*, carrying more and more messages and benefiting from a strong commitment from the Chancellor (on antimicrobial resistance, for example).

One in five cite China as one of the most influential states, with growing influence in infrastructure and a focus on Africa, evoking a *"change of dominance underway in the area"*.

Beyond the question of the comparative influence of countries, we wanted to delve deeper into the question of alliances in international negotiations. It is interesting to note that for some,

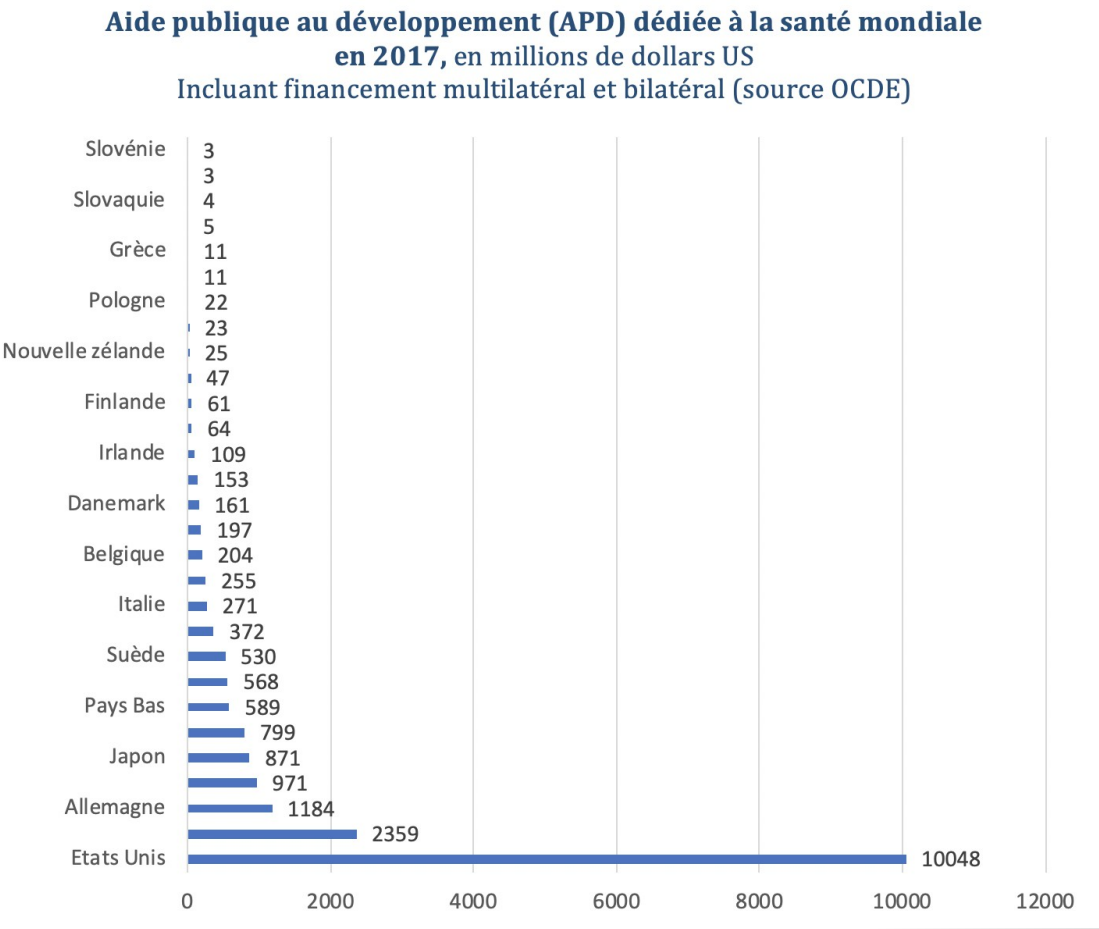
"The principle of alliance itself is questionable: there is a link with the military, a logic of military projection". While the absence of a European global health strategy (and of alignment with France) is a recurrent theme in several interviews, a number of them mention French leadership within the European Union (EU) at coordination meetings. Several people mention strong links between France and Germany on health system strengthening and human rights within the Global Fund, while on the Unitaid board, France is perceived as often close to the UK. Overall, it appears that *"European countries are often aligned on issues of civil society participation"*.

Other agreements or convergences are mentioned, notably (and on several occasions) with Germany within the Global Fund (on strengthening healthcare systems, the importance of CCMs, human rights and civil society participation). Other alliances are also mentioned, with Japan (on the CSU), with Brazil (on access to medicines), with Finland (on the CSU), with French-speaking countries (within UNAIDS), with the UK (within Unitaid), with Canada and Norway (on Muskoka) and also with Costa Rica (on Health and Environment issues within WHO).

The *Diplomatie et Santé* group²⁴, the *GHSA*²⁵ (Global Health Security Agenda) and the G7 are also seen by respondents as potential alliance platforms for France in the healthcare field.

It's important here to put the results of our study in the context of the time: the interviews took place between April and May 2019, so before the Brexit, France's hosting of the Global Fund Replenishment Conference, and, of course, the Coronavirus epidemic. These three elements have certainly largely changed perceptions of the relative influence of countries. However, several comments can be made:

If the context is marked by the rise in power of a significant number of countries newly involved in global health issues, it is interesting to compare this perceived influence with the financial contributions of the various countries to global health. The order of influence of the various countries corresponds in fact to the scale of their respective funding to global health.

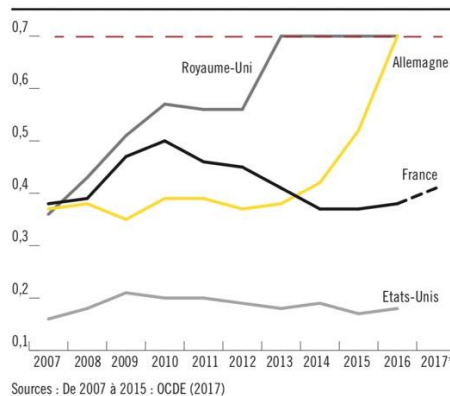


It is important to take into account the rapidly changing international environment, with the rise of a large number of newly influential countries on the world stage, particularly China.

Particularly interesting is the fact that the 0.7% target (of GNI devoted to official development assistance²⁶) is cited by several interviewees as a factor explaining the UK's influence, to be set against the evolution of the four countries in this area, below, and against the promises made by the French President to reach 0.55% of gross national income by 2022 (compared with 0.43% in 2019²⁷).

Meeting these commitments would certainly enable France to strengthen its influence and join the group of the United Kingdom and our European neighbors (Germany, the Netherlands, Luxembourg, Norway, Sweden and Denmark) who have reached, or exceeded, the 0.7% target. In terms of volume, France ranks fifth worldwide among aid providers, behind the United States, Germany, the United Kingdom and Japan.

Comparaison du ratio d'APB par rapport au RNB de 2007 À 2017 (ENGAGEMENT 0,7%)



- Germany's growing influence can be analyzed as the result of Angela Merkel's strong involvement in global health issues, but also and above all as Germany's ability to take on subjects that are truly specific to them and give them a high profile (anti-microbial resistance, tuberculosis and the strengthening of healthcare systems, in this case). Germany's ability to put subjects at the top of the international agenda also illustrates this rise in power (for example, the German-Ghanaian initiative for a global action plan to strengthen the efficiency and coordination of international organizations in September 2019).
- France often appears isolated in the face of its German, British and American partners, who coordinate their actions more closely, make more assertive choices and occupy key positions in international institutions. One recommendation for strengthening its capacity for influence could be to reinforce strategic alliances with countries that share a common interest and vision with France²⁸, in particular Germany²⁹, as we have already mentioned. The creation of thematic coalitions (dedicated, for example, to pandemics, sexual health, the challenges of the French-speaking world, etc.), bringing together countries that are particularly committed to a particular issue, would help to launch dynamics and gain resonance and legitimacy on the international stage.

Influence perceived as more or less important by international organizations

Overall, France is perceived as being particularly influential at Unitaid³⁰, with high contributions, a large proportion of French staff and a strong political commitment: "Unitaid is France's baby", "France is the leader at Unitaid", "The absence of the USA from Unitaid leaves the field open to France".

The Global Fund also emerges clearly from the interviews as an organization within which France is influential, particularly at the time of the study: "France is increasingly influential at the Global Fund³¹", "France is No. 1 this year in terms of commitment", even if some feel that it "makes little use of this lever of influence".

Perceptions of the WHO are divided. For some, "France is a leader at the WHO".

"France is making its voice heard, it is present on many issues", "the permanent mission

works more on the WHO than on the Global Fund. There is more follow-up on WHO debates. France is interested in issues that affect it at national level (cancers, diabetes, tobacco). It's the noble part, and diplomats don't want to let it go. Several interlocutors mentioned France's low voluntary contributions to the WHO, and the limited nature of its margin of influence (since it no longer sits on the Executive Committee³²). "In the past, France was well regarded with regard to IFFIm, Unitaid and the Global Fund. Today, a little humility is required: France is not perceived as influential because its voluntary contribution to WHO is low." Finally, a few interviews mention a particular link between France and DNDI and the Medicine Patent Pool.

There is a relationship between France's rank among donors to each of the main international organizations dedicated to global health, and the perception of its influence within that same organization.

Table showing France's rank among donors to major organizations in 2020

International organization	France's rank among donors (commitments - in order) of importance)
Global Fund (2020)	United States, United Kingdom, <u>France</u> , France 2nd historical donor
Unitaid (2019)	<u>France</u> , United Kingdom, Norway, Gates Foundation, Brazil, Spain, Republic of Korea, Chile
Gavi (2018)	United Kingdom, Gates Foundation, United States, Norway, Germany, <u>France</u> , Italy.
WHO (2017)	United States, Gates Foundation, United Kingdom, Gavi Alliance, Japan, Germany, World Bank, European Commission, Rotary, National Philanthropic Trust, Canada, Australia, Norway, China, <u>France</u> , Special Emergency Response Fund, Sweden, OCHA, Korea, Netherlands, etc.
UNAIDS (2018)	United States, Sweden, Netherlands, United Kingdom, Norway, Switzerland, Denmark, Germany, Luxembourg, Australia, Russian Federation, Canada, Belgium, UNFPA, Ireland, MPTF ³³ Foundation, Gates Foundation, China, Japan, Belgium, New Zealand, <u>France</u> , MAC Aids Foundation.

Of particular note is the perception of a particularly strong French influence within UNITAID (amplified by the election of Marisol Touraine as head of the Board of Directors in May 2019) and the fact - surprising given French investments³⁴ - that Gavi is not cited by any interlocutor as an organization in which France is influential. It seems to us that France should be exemplary in its financial contribution to the WHO, not content with its compulsory contribution, and participate fully in its financial autonomy so that it regains a central role in global health governance. The Covid-19 epidemic is a perfect illustration of this financial challenge. The establishment of the WHO Academy in Lyon is also an opportunity for France to strengthen its negotiating power within the WHO and the World Health Assembly.

Which personalities to bring global health issues to Geneva?

As for the French personalities considered to be the most influential in Geneva, the names that came up most frequently in the interviews (in order of number of quotes) were Michel Kazatchkine³⁵, Michèle Boccoz³⁶, Philippe Douste-Blazy³⁷, Stéphanie Seydoux³⁸ and Marie-Paule Kiény³⁹. Also mentioned are Françoise Barré Sinoussi⁴⁰, Jean-François Delfraissy, Bernard Kouchner⁴¹, Philippe Duneton, Benoît Vallet, Bernard Pécoul⁴², Yves Daccord⁴³, Marisol Touraine⁴⁴, François Dabis⁴⁵ and Jean-Michel Sévérino⁴⁶.

During the interviews, two comments were repeatedly made to round off this list of names: the idea that there was a lack of a "next generation", a new generation capable of conveying strong messages, and the evolution of the profile of these personalities over the last twenty years, towards more generalist backgrounds, not necessarily from the medical world.

This idea of a necessary generational renewal is in line with our plea for a structured academic field of global health in France. The creation of a genuine teaching and research stream dedicated to global health in France would make it possible to train these new generations of global health specialists. This lack of renewal could be due to a lack of involvement of the new generations in health, who are more involved in other fields (climate, for example).

The French language, a tool of influence?

Several interlocutors noted that, in formal forums and moments, "*La France défend le multilinguisme* " *et the representatives of the government* French Stéphanie Seydoux always speaks in French, it is a policy".

However, while the French language is recognized by some as an important vehicle for getting messages across, particularly to French-speaking African countries, many of those interviewed feel that it is no longer really a tool of influence: "*the French language isn't a tool of influence anymore. That time is gone.*"

While most people feel that language is not (or no longer) a tool of influence ("*It creates exclusive, isolated niches for those who don't speak English. It's a bit sterile*"), some of those interviewed consider, on the contrary, that the French language is a vector of influence: "*Language is indispensable, we don't have the same level of exchange in French. It's a dimension that shouldn't be underestimated*", "*Language is an interesting and important lever. Global healthcare is far too English-speaking. It's a vehicle that shouldn't be underestimated*", "*you need a certain finesse of language for a resolution*".

International organizations today are predominantly English-speaking, and the systematic use of French is not perceived as positive: "*France is right to defend French, but you have to know how to juggle when you need to. Some even see it as an obstacle to France's ability to influence: It works to protect the language, but in terms of influence, negotiations are conducted in English (especially corridor discussions). Francophonie may be blocking the French aura, the audience is a bit limited.*"

France's strategy in defense of multilingualism is to systematically use French to counter the growing trend towards English. This has the advantage of nurturing or strengthening ties with French-speaking African countries, whose specific characteristics are all too often overlooked in international global health policies. This link is invaluable. The translation of reference documents remains a real issue in the field of global health. The use of French can be detrimental to France and limit its influence in certain interventions, particularly spontaneous ones. Although French is systematically used by our delegates in official speeches, the language of negotiations remains English, including for French representatives.

The presence of French staff in international organizations: a factor of success influence?

The strategic placement of French staff within organizations clearly divides opinions: some of our interlocutors consider it important for France to seek to increase the French contingent in organizations, and that this French presence is a significant channel of influence: "France is very 'old France' on these issues, and we must support the French in Geneva, as they are a real tool of influence". Others, on the contrary, feel that it is no longer a tool of influence, either for France or for other countries: *"the strategic placement of people fascinates diplomats, especially when it comes to DG positions and France's place on this or that committee"*. Overall, respondents felt that the French are relatively numerous at the WHO, ICRC, DNDI, Unitaid and the Global Fund: *"There are 123 French people at the Global Fund, i.e. 16% of the total workforce. This is significant. A number of respondents pointed out that intermediate positions (advisors or experts) can be more influential than management positions. "Placing people at a high level is ephemeral, whereas positioning people at a medium level, as the UK does, is more durable, more strategic. France doesn't always know how to place the best profiles."*

Generally speaking, France is perceived as not being very "strategic" when it comes to placing personalities, in comparison with other countries. *"France looks for numbers rather than 'seniority'", "there's a lack of high-level candidates", "We need French political and management positions, but we're having great difficulty finding them"*. Speaking of France, one of our interviewees believes that *"in terms of human resources, we're patching things up. In the past, we used to make strategic placements of high-level people. Today, it's dislocated. Above all, his difficulty in keeping in touch with French employees was highlighted: "There's no follow-up for the French in Geneva. They're funded at first, then forgotten. Once they reach a senior level, France recognizes their profiles again."*

As regards the presence of French staff in international organizations as a tool of influence, a study carried out each year by the MEAE's Délégation aux Fonctionnaires Internationaux (DFI) provides an overview of the proportion of French staff in organizations and the positions they hold. French nationals account for 10% of the total workforce of the 190 international organizations of which France is a member (i.e. some 18,800 positions)⁴⁷, all sectors combined. They rank second internationally, after the United States, but this position needs to be put into perspective by France's geographical proximity (a large number of international organizations are based in Geneva). The same is true of the French presence in international organizations dedicated to global health. No international organization has been headed by a Frenchman since 2012 (Michel Kazatchkine's departure as head of the Global Fund), and France has only one "number 2" position at Unitaid (Philippe Duneton). Prefect Dussourd's *report*⁴⁸ pointed out that France prioritized quantity over quality and was not sufficiently strategic when it came to positions of responsibility.

Whether they are on secondment or have signed an employment contract with one or other of the international organizations, we may well wonder about the ability/willingness/legitimacy of French nationals posted to international organizations to convey messages on behalf of France, or to defend French interests. Above all, we feel it is important to implement a more proactive strategy to build bridges between the French administration, the world of research, NGOs and international organizations, by encouraging cross-fertilization of experience, boosting exchanges and supporting international careers, as the Anglo-Saxons do so well. Many of the world's health experts work in Geneva, but feel little connection with France, even though they form a formidable sounding board.

for French influence. The aim here is not to set up a formal, explicit network, but rather to nurture a community and interpersonal links that already exist de facto. The organization of meetings between the team of Regional Global Health Advisors and all the French International Technical Experts is fully in line with this approach.

In addition to international staff, influence also depends on France's ability to mobilize experts for missions, panels, working groups and expert committees. French-speaking experts are few and far between in international forums, and France really needs to invest in this area to gain influence.

Conclusions

Although France is considered to be a "country that counts" in the field of global health, the idea came up several times during this survey of a "potential that is insufficiently exploited" and of France having the means (financial, technical, political) to be more influential than it currently is.

This general feeling among the players present in Geneva of a decline in French influence could easily change. The hosting of the Global Fund Replenishment Conference launched a new dynamic, and numerous opportunities can be seized to strengthen France's presence in Geneva: the launch of a dynamic around the future global health strategy, the establishment of the WHO Academy, the ongoing revision of the law on official development assistance, the existence of a network of personalities competent in global health in Geneva. It is important that French influence in Geneva is commensurate with our country's financial commitments.

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APPENDIX 1: Presentation of Global Health 2030

Global Health 2030 is an independent think tank that since 2016 has brought together personalities who have long been involved in global health issues. Its reflections are part of the Sustainable Development Goals.

OUR COMMITMENT

France is one of the biggest providers of international healthcare funding, but its influence in international bodies and healthcare partnership platforms remains limited. We are convinced that France can only be heard and listened to in the international arena of global healthcare when its players succeed in conveying a strong, coherent message, structured around clear, stable objectives and underpinned by values that are attached to the history of healthcare in France. *Our aim is to formulate recommendations on France's global health policy, and to mobilize all stakeholders to ensure that health issues become a strategic focus of France's international aid.*

OUR PREVIOUS NOTES

- [1 - White paper on global health](#)
- [2 - Manifesto: Our vision of global health](#)
- [3 - Health is a priority for the Sahel](#)
- [4 - Boosting the fight against tuberculosis](#)
- [5 - The importance of the European Health Commission](#)
- [6 - Contribution to the preparation of the next Global Fund Replenishment Conference](#)
- [7 - A European health commissioner is essential for the health of Europeans](#)
- [8 - The French institutional framework for global health: reflections and proposals](#)
- [9 - UNAIDS: what challenges, what future?](#)
- [10 - Representations of French influence in global health in Geneva-based international organizations](#)
- [11 - Structuring the academic field of global health in France](#)
- [12 - Support WHO in its role of coordinating the global management of the Covid-19 epidemic.](#)
- [13 - Inclusion and participation of society as a whole in the response to Covid-19. Food for thought](#)
- [14 - Anticipating the evaluation of the international response to the first wave of Covid-19: issues, expectations and points of attention](#)
- [15 - Should we save the OMS soldier?](#)
- [16 - Rethinking Global Fund involvement in health systems strengthening](#)

OUR MEMBERS

Santé mondiale 2030 brings together personalities who have long been involved in global health issues, including Françoise Barré-Sinoussi, Paul Benkimoun, Michel Cot, Stéphanie Tchiombiano, 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, Benoît Vallet. Stéphanie Tchiombiano is the coordinator.

Our vision of Global Health

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

Health issues are complex and call for long-term strategic visions to meet the challenges posed by the challenges posed by globalization, exchange human beings, demographic transitions, the climate change.



¹ France invests over 500 million euros each year in multilateral global health funds.

https://www.diplomatie.gouv.fr/IMG/pdf/la_france_acteur_majeur_sante_mondiale_cle8dc2f1.pdf

² Global health refers to health issues that transcend national borders and call for collective responses from the international community. It can be considered as: 1) A political, medical and scientific field in which actors representing a wide variety of professions, organizations and disciplines interact and confront each other; 2) A field rooted in a globalization characterized by inequalities in living conditions, resources, access to medicines and international trade; 3) A field that raises questions and calls for political responses: negotiating the political choice of health in the face of other political, social or economic interests not directly related to health.

³ The secretariats of WHO, UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, Unitaïd and GAVI are all based in Geneva.

⁴ These include Roger Scruton, Robert Cox, Huberts and Kal Holsti.

⁵ Nay O, *Lexique de science politique* [Internet]. Paris: Dalloz; 2017, p. 282

⁶ On the difference between influence, power and might, see Michelle M. BETSILL and Elisabeth CORELL, 2001, *NGO Influence in International Environmental Negotiations: A Framework of Analysis*, p. 65-85 : "*While influence is a relationship between actors and emerges in the political process, power refers to capability -the aggregate of political resources available to an actor. Power may be converted into influence, but there may also be cases where it is not converted to its full extent or at all. Conversely, power (as traditionally defined) is not a precondition for exerting influence.*" ⁷ We would also like to thank Michel Kazatchkine and Olivier Nay for their support, and the Graduate Institute for facilitating our mission to Geneva.

⁸ Literature review on international governance, the development of international health policies, the circulation of ideas and transnational networks, diplomatic influence and the sociology of international organizations.

⁹ We are referring here to Global Health Initiatives (Global Fund, Unitaïd, Gavi), UN organizations involved in health (WHO, UNAIDS) and international NGOs (MSF, IFRC).

¹⁰ More precisely, of the 30 people interviewed, 12 were men and 18 women. They come from UN organizations (3), civil society (6), non-UN international organizations (9), public programs (4), the French Permanent Mission to UNOG (3), the private sector (1), a public-private partnership (1), the university (1) and a research institute.

¹¹ Reference is made here to the High-Level Commission on Healthy Employment and Growth. hosted by France in March 2016.

¹² Health is the only sector for which the MEAE has regional thematic advisors. These ten regional health cooperation advisors, are placed under the authority of the ambassadors of the geographical zone in which they are posted. In the field, they monitor the activities of multilateral partnerships receiving French contributions, represent France in international and multilateral organizations and bodies, and facilitate cooperation between French and international/local players.

¹³ Reference is made here to the hosting of the sixth replenishment conference of the Global Fund to Fight AIDS, TB and Malaria. against AIDS, tuberculosis and malaria, on October 10, 2019 in Lyon.

¹⁴ This type of influence is considered by Olivier Nay as a cognitive influence (as opposed to normative and technical influences) in Nay O. *How do policy ideas spread among international administrations? Policy entrepreneurs and bureaucratic influence in the UN response to AIDS*. *J Pub Pol*. March 6, 2012 ;32(1):53-76, p. 57.

¹⁵ Médecins Sans Frontières was founded in France in 1971, but today the movement is made up of 24 independent associations united under a single charter. All are under the responsibility of a Board of Directors and a President, elected by their members at an Annual General Meeting. MSF's international representation is therefore not specifically French (even if some still perceive it as such).

¹⁶ Created in 2003, PEPFAR is now present in more than 50 countries, and has over 70 billion dollars since its creation

¹⁷ Devin G. *The United States and the future of multilateralism*. *Conflits*. 1 sept 2003;(51) :157-74.

¹⁸ https://www.diplomatie.gouv.fr/IMG/pdf/sante_mondiale_web_cle863195-2.pdf

⁴¹ Co-founder of MSF and MDM, former Minister of Health and Foreign Affairs

⁴² DNDI Director.

⁴³ ICRC Director General

⁴⁴ Former French Minister of Health, currently Chairman of the Board of Directors of Unitaid.

⁴⁵ A professor of public health and epidemiology, François Dabis is currently Director of Agence Nationale de Recherche sur le Sida et les Hépatites (ANRS).

⁴⁶ A specialist in economics and finance, Jean-Michel Severino is a former director of the Agence Française de Développement, from 2001 to 2010.

⁴⁷ 2016 figures from the Ministry of Europe and Foreign Affairs:

<https://www.diplomatie.gouv.fr/fr/emplois-stages-concours/travailler-dans-les-organisations-internationales/etre-ou-devenir-fonctionnaire-international/infographie-les-francais-dans-les-organisations-internationales/>

⁴⁸ Présence et influence de la France dans les organisations internationales et européennes, Jean Dussourd, April 2017, p.4.