FRANCE’S STRATEGY FOR GLOBAL HEALTH

Directorate-General for Global Affairs, Culture, Education and International Development

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Methodology

France’s strategy for global health is managed by the Ministry for Europe and Foreign Affairs’ Directorate-General for Global Affairs, Culture, Education and International Development. The Directorate-General works in close cooperation with the Ministry for Solidarity and Health and its agencies, the Ministry of Higher Education, Research and Innovation, the Ministry of Economy and Finance, the Ministry of Agriculture and Food, the Agence française de développement (French Development Agency, AFD) and Expertise France. The Health and Human Development Department at the Directorate for Sustainable Development coordinated and synthesized the development of this strategy.

Working with such a diverse range of stakeholders provides a comprehensive view of the myriad approaches to human health: development and solidarity, economic and scientific diplomacy, attractiveness, safety and security, bilateral cooperation and multilateral negotiations, university exchanges and training, research, etc. It is also an opportunity to ensure cross-cutting actions in this field.

The work was carried out in several phases. First, a sectoral, geographical and institutional diagnostic was conducted. Relevant working groups met between September 2016 and January 2017 to identify and submit strategic areas of focus to a steering committee, which then validated the work. An initial version of this document was reviewed and discussed in conjunction with non-governmental organizations (NGOs) and private sector and research stakeholders in early February 2017. The final document takes into account much of the feedback from these stakeholders and aims to present a shared vision of France’s approach to global health. A monitoring committee will oversee the implementation and tracking of objectives, especially with regards to accountability and transparency.
France’s strategy for global health

The international context has changed significantly since France’s strategy for international health cooperation was published in 2012. In 2015, the international community set several goals as part of a new approach to sustainable development, adopting the Addis Ababa Action Agenda for development financing, the 2030 Agenda for Sustainable Development and the Paris Agreement on climate change. In 2016 these goals were pursued via the World Humanitarian Summit and Habitat III – the United Nations Conference on Housing and Sustainable Urban Development. These international commitments apply to all of France’s actions, and especially to its international development and solidarity policy and its stakeholders. The 2030 Agenda for Sustainable Development and its seventeen Sustainable Development Goals (SDGs) reflect a cross-cutting vision that underlines the importance of taking action on the determinants of health. More specifically, SDG 3 (“Ensure healthy lives and promote well-being for all at all ages”) supports a comprehensive approach to health that links nearly all the SDGs.

With regard to global health, 2016 was a crucial year for France. It hosted several major conferences: one on International Health Regulations (IHR) in Lyon on 22 and 23 March, the World Health Organization’s (WHO) Second Global Conference on Health and Climate on 7 and 8 July, and the high-level conference “Promoting intersectoral and interagency action for health and well-being in the WHO European Region” on 7 and 8 December to improve health outcomes for young people. Additionally, France announced its decision to continue its contribution to The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) for the 2017-2019 period. It also co-chaired the United Nations Secretary-General’s High-Level Commission on Health Employment and Economic Growth, which submitted its report in September 2016. Finally, on 30 November 2016, the Interministerial Committee for International Cooperation and Development (CICID) adopted 24 decisions designed to overhaul France’s development policy, thereby confirming the country’s commitment to “global health and reinforcing healthcare systems, to ensure both equity and international health security”.

Introduction

The 2030 Agenda for Sustainable Development and population issues, rights and health challenges

Progress achieved in the fight against poverty since 2000 has been stymied by global challenges such as demographic growth, fragile- and conflict-affected countries, deteriorating ecosystems, increasing scarcity of our natural resources and climate change. Adopting the 2030 Agenda for Sustainable Development was a historic decision to address these problems. The international community set seventeen SDGs to be reached by 2030.

Twelve of the SDGs deal with health or determinants of health. In addition to SDG 3, which directly aims to improve health and well-being, the factors and determinants of health on which the various sectors and stakeholders need to coordinate their actions while strengthening partnerships (SDG 17) are as follows: fighting poverty (SDG 1), hunger (SDG 2) and gender-based violence (SDG 5); ensuring access to clean water and sanitation (SDG 6); combating indoor air pollution (included in the SDG 7 on energy); promoting inclusive and sustainable growth and access to decent work (SDG 8); addressing natural disasters and air pollution (targeted in SDGs 11 and 12 on cities, communities and responsible production); tackling climate change and its impacts (SDG 13) and supporting peace (SDG 16).
Chapter 1

THE GLOBAL PUBLIC HEALTH LANDSCAPE

The World Health Statistics for 2016 collect the most recent data on health-related SDG targets, providing insights into the magnitude of the challenges. Every year:

- 303,000 women die due to complications during pregnancy or childbirth;
- 5.9 million children die before reaching their fifth birthday;
- There are 2 million new HIV infections, 9.6 million new cases of tuberculosis and 214 cases of malaria;
- 1.7 billion people require treatment for neglected tropical diseases;
- More than 10 million people die before the age of 70 due to cardiovascular diseases or cancer;
- 800,000 people commit suicide;
- 1.25 million people die in road traffic accidents;
- 4.3 million people die from household air pollution from cooking with unclean fuels;
- 3 million people die from outdoor air pollution;
- 475,000 people (80% of whom are men) are murdered.

These challenges cannot be addressed without fighting the risk factors that contribute to diseases. Across the globe today:

- 1.1 billion people smoke tobacco;
- 156 million children under the age of 5 are affected by stunting and 42 million are overweight;
- 1.8 billion people drink contaminated water and 946 million do not have access to sanitary facilities;
- 3.1 billion people rely primarily on polluting fuels for cooking.

1.1 The changing environment of global health

While universal health coverage (UHC) is a priority for the 2030 Agenda for Sustainable Development, crises linked to the Ebola and Zika epidemics are a reminder of the magnitude of health security challenges in a globalized world. National health systems must be strengthened. The clear-cut lines between pathologies, or between human, animal and environmental health have become blurred. The One Health approach, which establishes a continuum between changes in the environment, plant biology and animal and plant health, has become a crucial factor in research and intervention strategies. As certain infectious diseases become chronic – such as HIV/AIDS and hepatitis – and infectious risk factors for diseases like cancer are identified, the boundaries between communicable and noncommunicable diseases are becoming more blurred.

Similarly, the developmental origins of health and disease (DOHaD) approach has increasingly inspired cutting-edge research and revealed the potentially dangerous effects of early exposure (from foetal development through the teen years) on individual health outcomes.

The demographic transition, ageing populations and the epidemiological transition have also had an impact on the global public health landscape.\(^1\)

Globalization, which has led to a rise in the flows of goods and people (especially air travel, with more than two billion people transported every year), multiplies the risks and speed of spreading infectious agents and their vectors across the world. Moreover, the reduced efficacy of the usual treatments, which include anti-infectives to treat human and animal diseases as well as pesticides and biocides to eliminate disease vectors, is a new factor of vulnerability.

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1 - Period of lower mortality rates that accompanies demographic transition. It occurs with improvements in hygiene, nutrition and health services organization as well as shifting causes of death as infectious diseases gradually disappear while chronic and degenerative diseases and accidents rise.
Health not only plays a major role in development, security and economic growth, but is affected by many factors. Education, living and work conditions, the environment (especially climate change), social norms (particularly gender equality), food, access to water and sanitation, alcohol abuse, the use of tobacco and drugs, and lifestyle (including sport and physical activity) are all critical aspects of community health. Promoting health and taking action on its relevant determinants through prevention policies allow for a cross-cutting and multidisciplinary approach to global health.

Accordingly, global health must be addressed with a broad and comprehensive vision that takes into account the interdependency of the health-focused SDG 3 and the other SDGs: the health impacts of climate change are obvious; massive urbanization affects health, especially due to air pollution and heat islands; although intensive farming increases yields, it also destroys natural areas, causes soil erosion and deteriorates the health of farmers and rural inhabitants; and the lack of means and infrastructures, not only for health, weighs heavily on citizen health and well-being. "Good" health is a major factor in population resilience.

Economic growth and development are intrinsically linked to the health and well-being of populations. According to the High-Level Commission on Health Employment and Economic Growth, "Around one-quarter of economic growth between 2000 and 2011 in low- and middle-income countries is estimated to result from the value of improvements to health. The returns on investment in health are estimated to be 9 to 1. One extra year of life expectancy has been shown to raise GDP per capita by about 4%."

The myriad ties between health and security, economic, environmental and social challenges have led to a growing number of stakeholders and international organizations to add health-focused themes to their programs. In addition to the WHO and global health partners (Global Fund; Unitaid, the International Drug Purchase Facility; Gavi, The Vaccine Alliance), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Organisation for Economic Co-operation and Development (OECD) and the World Bank, there are also groups such as the European Union (EU), Group of Twenty (G20), Group of Seven (G7), World Economic Forum and the United Nations General Assembly which are addressing health on a broad scale to take into account its intersectoral dimension rather than simply considering it a public health issue.

1.2 New challenges

1.2.1 Planning ahead for transitions and anticipating new health threats

Along with the rest of the international community, France is committed to eradicating HIV/AIDS, tuberculosis and malaria, three pandemics which pose a threat to global public health, by 2030. It is also working to stamp out 18 neglected tropical diseases (NTDs) in line with the WHO’s NTD Roadmap, the SDG target 3.3 and the G7’s involvement through its Working Group on Neglected Tropical Diseases. Efforts underway on this issue must be pursued.

Bioterrorism and the emergence of new infectious diseases with serious potential to become epidemics or pandemics, leading the WHO to designate them as public health emergencies of international concern (e.g. Ebola and Zika), remain major concerns. As global exchanges rise, health security has become a crucial priority for public health. Accordingly, the IHR, a binding legal instrument, is a major tool used to protect the global population, fight major health crises, prepare for flu pandemics or other respiratory viruses (severe acute respiratory syndrome – SARS; Middle East Respiratory Syndrome Coronavirus – MERS-CoV, etc.), control and eradicate infectious diseases and combat antimicrobial resistance. Tackling these ever-evolving challenges requires bolstering research efforts and developing new modes of intervention, which must be fast and coordinated. Any delay can have catastrophic consequences on health crises.

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The rise in noncommunicable diseases (such as cardiovascular and respiratory diseases, cancers, diabetes and mental health) which are the leading cause of mortality in the world today – and will be in Africa by 2030 – and the persistence of unacceptable infant and maternal mortality ratios are enormous challenges that healthcare systems must face. Coupled with ageing populations, these diseases are increasingly weighing on healthcare and social protection systems. Chronic illnesses, whether communicable or not, and the growing need for treatment and pharmaceuticals threaten the financial sustainability of health insurance systems and leave patients destitute. The economic losses related to the five main noncommunicable diseases, estimated at USD 47 trillion between 2011 and 2030, are a clear indicator of the financial consequences of these diseases. Investing in prevention and promoting health is necessary to curb the growth of this burden and improve healthy life years.

Climate change and the deteriorating environment are increasingly threatening world health. They contribute to more extreme weather events and have an impact on determinants of health such as air quality, potable water, food and the spread of vector-borne diseases. They often aggravate existing environmental challenges. Tackling climate change and its impacts on health means honoring the commitments undertaken by the Conference of the Parties to the United Nations Framework Convention on Climate Change (namely COP21 and COP22), supported by numerous civil society organizations (companies, NGOs, etc.). The WHO attributes more than twelve million deaths every year to environmental determinants of health, with seven million caused by air pollution. It estimates that the direct damage costs to health (excluding costs in sectors such as agriculture, water and sanitation) will reach USD 2-4 billion annually by 2030. Climate change is also the root cause of the spread of vector-borne diseases and could lead to bacterial strains being released from thawing permafrost. Certain populations are much more vulnerable than others due to their location (small island developing states, arid and semi-arid regions, coastal regions, megacities, mountain areas, polar regions), age (children, adolescents and the elderly), socioeconomic level or health status (people with disabilities or pre-existing conditions). The fight against climate change and its effects on health are a key focus of the One Health approach. Sustained and coordinated efforts must be aimed at reducing environmental pollution and the exposure of various population groups.

These phenomena provoke conflicts, crises and migration movements, which also worsen health conditions, resulting in a need for specific interventions that include psychosocial support. Migrants, displaced persons and refugees as well as those living in conflict or crisis zones are particularly exposed. They frequently fall victim to mental and physical violence and trauma and are most in need of care; however, they often have limited or no access to healthcare, services or products.

Furthermore, antimicrobial resistance, which is exacerbated by poor hygiene, inappropriate medicine use in humans and animals (or the use of poor quality medicines) or non-compliance with treatment, has spread around the globe. This phenomenon is compromising our collective ability to treat common infectious diseases and is causing longer illness durations, disabilities and deaths. Currently, more than 700,000 people die every year around the world due to antimicrobial resistant infections. According to the Burden study on multidrug resistant (MDR) bacterial infections in France commissioned by the French national health agency, 160,000 patients are affected and 13,000 people die because of them every year. In 2014, the review by the O’Neill Commission estimated that by 2050, unless there is effective action, the number of deaths due to antimicrobial resistance would reach ten million a year across the globe. Antimicrobial resistance could also have serious socioeconomic consequences, increase treatment costs and compromise achieving the SDGs. It threatens not only human and animal health but the environment as well, and must be tackled using the integrated One Health approach.

Finally, as more and more vehicles travel on roads that are often poorly maintained, accidents have risen, both in number and in severity, and are responsible for more than 5% of global deaths.

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5 - www.who.int/mediacentre/factsheets/fs266/en/
1.2.2 Developing a multidisciplinary approach to global health

The diverse, cross-cutting and interconnected nature of the many global health challenges the world faces calls for a multidisciplinary and integrated approach in accordance with the structure of the SDGs, which serve as our new framework.

It is impossible for the health sector to handle all global health challenges on its own. As part of a more preventive approach that France supports, the social, labor, economic and finance, agriculture and nutrition, transport and environment sectors need to join forces with the health sector to develop coordinated, multisector measures to address global health. Accordingly, France recently formed an interministerial committee for health whose main mission is to promote health in all public policies.

This multidisciplinary approach must also be applied within health systems themselves. Rather than having a disease-based approach, the aim is to strengthen health systems and achieve universal health coverage. Indeed, the SDGs promote a holistic and systemic view of health. Reaching the various health targets not only requires efforts directed at each of them – and which France intends to pursue – but consideration must also be given to shortcomings in health systems with regards to the following: 1) health funding; 2) human resources in healthcare; 3) providing services; 4) supplying and distributing medicines and medical devices; 5) health data and governance; and 6) leadership, to ensure access for all to the quality health services they need, without the risk of financial difficulty or impoverishment.

The objective of strengthening health systems to achieve UHC must take into account the institutional environment and, more broadly, governance challenges in the respective countries. Health policies must be coordinated with other sectoral policies (education, agriculture, transport, etc.) and the role of health as a catalyst for inclusive and sustainable economic growth, as demonstrated by the High-Level Commission on Health, Employment and Economic Growth, should be underlined.

1.2.3 Adapting to global challenges in health training, research and expertise

With regard to health, France has diverse skill sets in training, research and expertise that are acclaimed and in demand across the globe. Both its university and non-university hospital systems are renowned and attract students and health professionals from abroad. The number of clinical trials carried out in France, their organization, and the fields and phases they involve, all illustrate the vitality and competitiveness of France’s clinical research which is manifest in two leading areas of treatment, namely for cancer and rare diseases.

France is at the forefront of international dialogue on access to innovative medicines and sustainable pharmaceutical expenditure

Access to innovative medicines is at the heart of public debate and reflection in various international forums.

The subject is sensitive at the global level, especially with regard to issues of national competence (negotiation and pricing transparency) and national policies that support industry.

France intends to position itself as a leader of more objective and scientific dialogue on the sustainability of the current model that governs innovative medicines (in terms of coverage, price setting, promoting innovation and effective total health expenditure. It has asked the OECD to evaluate the sustainability of pharmaceutical expenditure over the medium term and the health risks related to poor access to breakthrough innovations, namely via prospective studies on the impact of innovative medicines. The OECD will submit its final report in late 2017. It will draw on work by a group of high-level experts as well as consultations with all stakeholders, including representatives from the pharmaceutical industry, patient associations and healthcare professionals.
These institutions have existed for centuries (the Montpellier Faculty of Medicine is the oldest in the world still in operation) and the added value of health education offered in France lies in its “bedside training”, which combines theory and practice. Technical assistance activities, particularly those in care management and organization, are also highly sought after and recognized. France offers numerous programs that host health students and professionals, such as various specialized medical diplomas (DFMS and DFMSA, comparable to MD and MD-PhD degrees) and job shadowing. However, its complex admissions systems, limited hosting capacities in university hospitals and challenges related to adapting training offering to a competitive international market with constantly changing qualitative and quantitative expectations, organizational innovation, clinical research, hospital team management, general healthcare professions and biomedical engineering are all issues the French offering must take into account. Recent legislative reforms will make it possible to expand this offering by giving non-EU students the opportunity to enroll in an identical course program to that of French medical interns (doctorate degrees). Similarly, non-EU medical specialists will be able to enroll in a complementary specialized program, comparable to a fellowship in the English-speaking world.

The fact that French research and public health specialists participate in international organizations, platforms and networks dedicated to health will generate value and recognition for French and French-speaking expertise within these bodies. French research organizations are known around the world and work in partnership with healthcare and prevention stakeholders as well as with the best institutions in sectors at the cutting edge of innovation. France is also home to specialized organizations involved in strengthening the research capabilities of its partner countries, such as the French National Institute of Health and Medical Research (Inserm), French Agricultural Research Centre for International Development (CIRAD), Institute for Research and Development (IRD), French Agency for Research on AIDS and Viral Hepatitis (ANRS) and the Institut Pasteur network. Nevertheless, efforts to pool resources and improve coordination (initiated as part of the framework of research alliances) would bolster their effectiveness and visibility, especially with respect to international and European organizations and all partners involved.

France is a pioneer when it comes to health innovation. Promoting cutting-edge health innovation is a key priority in reinforcing its appeal and preserving health systems. Access to innovative medicine is an essential component of health rights and UHC. Innovative health products have provided new opportunities to transform practices to benefit patients and care providers and to boost health system performance. However, groundbreaking therapies account for an increasingly large share of global health spending. Additionally, the issue of access to new medicines and the sustainability of pharmaceutical spending has become a major concern at international level. Adequate solutions must be developed that take into account the triple challenge of ensuring access to innovative therapies, the financial viability of health systems, and a “fair” return on investment from research and development (R&D) while also considering the scope of intellectual property and the appeal of France for foreign health investors.

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**eHealth**

eHealth refers to the use of information and communication technology (ICT) for health and well-being. It covers two fields: information and hospital systems, and telemedicine, which includes video consultations, remote patient monitoring, doctor-to-doctor consultations and mobile health (or mHealth) services via smartphones and other connected devices.

eHealth, and specifically telemedicine and mHealth, have the potential to change the way people interact with healthcare services. It can help bring UHC to all countries by ensuring access to quality basic health services. These technologies could have an especially important impact in sub-Saharan Africa, where ICTs and mobile telephony are rising rapidly. One example of efforts being made in this field is the joint project by the International Telecommunication Union (ITU) and the WHO, “Be Healthy, Be Mobile”, which develops national mobile telephony initiatives to prevent and control noncommunicable diseases.

This is a growing market and is leading the way on innovation and improved health outcomes. eHealth can connect users to health services and facilitate epidemiological surveillance and data collection. This relatively new sector, which backs numerous projects, must be integrated into health systems using a people-centered approach.
Biotechnologies and e-health technologies are also paving the way for new opportunities. Ensuring that ethical, bioethical and scientific integrity principles are followed and creating satisfactory legal frameworks for health technology innovations are major priorities.

As life expectancies increase and living conditions in emerging economies improve, global health and medical trade is expected to surge over the coming decade. It is estimated that between 2012 and 2022, global imports of pharmaceutical products, medical devices and medical information systems will grow by 30%. Worldwide, the hospital market should rise by 11% on average every year to reach a value of USD 37 billion by 2018.

However, because health systems are subject to financial constraints, improving care results and controlling spending – especially in pharmaceuticals – is imperative. Guaranteeing global access to results-driven, innovative, high-quality care covered by national insurance systems is crucial, especially given the high costs of certain innovative medicines.

1.2.4 Differentiating approaches based on geographical priorities

Life expectancies around the world increased by 5 years between 2000 and 2015, the highest rise seen since the 1960s. Despite this progress, major discrepancies remain. According to the WHO, in 29 high-income countries the average life expectancy is at least 80 years, while in 22 sub-Saharan African countries, it is less than 60 years. The WHO’s 2016 world health statistics show that certain countries, particularly in Africa and the Eastern Mediterranean regions, are still far from achieving UHC, as measured by access to 16 basic services. Additionally, a great number of people using these services face catastrophic health spending, which is defined as out-of-pocket payments exceeding 25% of total household expenses.

Based on these health data and in line with the CICID’s priority No. 4 of 30 November 2016 (Strengthen the geographic coherence of French aid), France has adopted a differentiated geographical approach for its global health activities, from cooperation and development aid to scientific and institutional cooperation and providing expertise.

- **Africa**

  With more than a billion inhabitants, Africa is currently the second most populated continent in the world. By the end of the century, it could have four billion inhabitants, i.e. a third of the global population. With a growing population of young people, widespread use of information and communication technologies (namely mobile phones), rapid urbanization and an expanding middle class, Africa is a demographic and economic driver of global growth. However, it remains in the grip of poverty, incessant conflicts and health problems, and must deal with demographic transition challenges. Health indicators for sub-Saharan Africa, including for maternal and newborn mortality, come in at the bottom of the rankings. The three pandemics (AIDS, tuberculosis and malaria), neglected tropical diseases, lower respiratory tract infections, diarrheal and neonatal diseases remain the leading causes of morbidity. Malnutrition affects up to half of children in certain countries of the region. An insufficient care offering and management problems partially explain this situation, and strong demographic growth exacerbates the challenges. States recognize the importance of population policies to promote sustainable economic development and improve health outcomes in this area. Finally, difficulties in creating sustainable research bodies in Africa are a hurdle to strengthening health systems and providing an adequate response to health crises. Investing in health systems and research in Africa is an opportunity to drive economic development and growth, prevent health threats, reduce poverty and bring countries closer to reaching the SDGs.

- **Emerging markets and lower middle-income countries**

  Following a period of demographic growth and relatively strong economic growth, emerging markets and lower middle-income countries have seen the overall health outcomes of their populations improve. However, these countries often carry a double burden when it comes to health: communicable diseases continue to be an issue, especially among disadvantaged populations, and noncommunicable diseases, spread by changing lifestyles and environmental factors linked to economic development, are rising sharply.
To adapt their health systems to such challenges, these countries need training as well as infrastructure and products from experienced and competent institutions and companies.

As many of these countries, some of which are in Africa, lose eligibility for international health funding, they must address a new challenge: financing their health systems using domestic resources. Until those resources come through, many of these countries will remain dependent on outside health aid. Their biggest challenges remain finding sustainable health funding, securing specific health programs funded primarily by outside aid, the need to structure and consolidate national health systems that are developed quickly and arbitrarily, and providing health coverage for all populations (especially the most vulnerable).

- Europe

The WHO notes constant improvements in health across the region as well as reduced inequality between countries, especially with regards to life expectancy and infant mortality. However, social inequality in health between countries and within certain countries persists or is only improving very slowly.

The region as a whole must deal with a sizeable migration flow. Overall, migration has increased Europe’s population by five million inhabitants since 2005, and it accounts for 70% of the region’s population growth between 2005 and 2010. Health issues related to population movements are a key regional concern, with particular attention given to the vulnerability of populations and respect for human rights.

The European continent also has to address environmental risks, promote the benefits of a healthy lifestyle, implement prevention and occupational health measures, and support healthy ageing among its populations. Pooling efforts, namely within the EU, are underway in various areas, including developing initiatives to improve health security in Europe and abroad. Sharing data, information and expertise and participating in European agency activities are also essential actions.

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WHO Europe member countries: Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands, Norway, Poland, Portugal, Republic of Moldova, Romania, Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, The former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine, United Kingdom of Great Britain and Northern Ireland, Uzbekistan.
Chapter 2

ACTIONS TAKEN BY FRANCE

To tackle the major health challenges on an international level, France’s actions are based on a coordinated and coherent approach. France has a unique voice on global health, with a model founded on principles, values of solidarity and human rights, its strengths and considerable financial commitments. In recent decades, it has set itself apart through its commitment to the fight against HIV/AIDS, tuberculosis and malaria, championing maternal and child health, its driving role in developing innovative financing and achieving universal health coverage, the appeal of its university hospital model and the reputation of its humanitarian NGOs.

These actions are implemented through policy advocacy, substantial financial commitment, exploitation of scientific research and expertise, and an inclusive approach.

2.1 An original model

France addresses global health challenges in a number of ways:

A rights-based approach: A compelling indicator of French global health action

Health is first and foremost an individual right, as laid out in Article 25 of the Universal Declaration of Human Rights of 1948: “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family”.

Actions taken by France can be characterized by its defense of human rights, promotion of solidarity, expressed through universal and free health care, and an emphasis on gender equality. As per its Gender and Development Strategy 2013-2017, France includes gender in its global health actions. In accordance with its other strategies, notably its humanitarian strategy, France is especially concerned with the health of children, adolescents, young people, and displaced and extremely vulnerable persons.

Finally, promoting user and community participation and empowerment in health policies is another key component of French action.

Coordinated mobilization of global health stakeholders

France’s strategy must unite all French stakeholders (central administrations, agencies, institutions, and private and civil society stakeholders) in a shared vision of a global health policy. It should work with other international stakeholders to best effect (financial backers, foundations, international organizations, etc.) as well as regional and local stakeholders to maximize the impact of its actions at these levels.

Achieving synergy with the WHO and EU

As a body that sets out standards, the WHO is a major international player in public health. Its recommendations have a significant impact on people’s health around the globe. The partnership framework agreement signed between France and the WHO specifies priority areas for cooperation, including: 1) health security; 2) health-related development objectives that take into account the SDGs (notably, access to water and sanitation as prerequisites for development); and 3) reducing risk factors with respect to noncommunicable diseases and environmental determinants of health. This agreement also reinforces the shared desire to capitalize on French expertise to tackle the priorities identified by both parties.

EU integration is a major component of French policy. Whether in terms of regulation, development, health emergencies or humanitarian actions, the EU is a source of funding and expertise and a key player in financing global health. With a view to ensuring consistency and a leverage effect in our interventions, achieving synergy with the EU is crucial to promote French expertise and priorities, especially in discussions with the African, Caribbean and Pacific (ACP) Group of States which are signatories to the Lomé Convention and the Cotonou Agreement.
The combination of these approaches sets out France’s core values and strengths to meet the world’s biggest health challenges:

**Promoting human rights:** France’s actions reflect its principles and values to defend human rights and solidarity, which can be expressed through universal and free health care. These principles involve rejecting discrimination in all its forms, respect for minorities, gender equality and protecting vulnerable populations.

**Fairness and solidarity:** The principles of fairness and solidarity, especially in health, are fundamental values for France. They are reflected in its actions to promote universal health and particularly in the fight against inequality, whether social or regional, to promote access for all to quality health services and care, and implement UHC.

**Appeal and influence:** Health is a major factor for appeal and influence. Excellence in training in public health, prevention, care offering and quality as well as health system management is a source of appeal and export opportunities. Diplomacy, both economic and scientific, aims to showcase French assets in this field, promote our interests and take into account the economic benefits of our interventions, all within an increasingly competitive and quickly changing environment.

**Reactivity and effectiveness:** In line with the major principles of the Paris Declaration on Aid Effectiveness (2005), France supports country ownership, alignment of national strategies and systems, harmonization of donor actions and funding development based on results and mutual accountability.

### 2.2 Leveraging diplomatic influences

In order to exercise its influence within international organizations France is represented in international negotiations, where it makes its positions known.

**WHO:** France sits on the WHO Executive Board and will continue to do so until May 2018. It takes an active part in the activities of the Regional Office for Europe and is also a member of the Regional Committee for the Western Pacific. It has the status of Participating Government in the Pan American Health Organization (PAHO) and of observer in the Regional Committee for Africa. This participation in four of the six WHO regional committees gives France an understanding of various health regional issues, as well as opportunities to promote its principles and positions.

In addition to the many French centers that work in conjunction with the WHO, France houses two WHO support bodies for countries and research: the Lyon office, which is part of the WHO Department of Global Capacities Alert and Response (GCR) and responsible for coordination of the IHR (2005), and the International Agency for Research on Cancer (IARC).

Furthermore, the World Organisation for Animal Health (OIE), which is headquartered in Paris and works to improve veterinary services throughout the world, is indispensable to a One Health approach.
**UNAIDS:** France sits on the UNAIDS Programme Coordinating Board in the third constituency (Germany, France, Liechtenstein and Monaco) of the Western European and Others Group, on a rotating basis. Its work as part of this organization enables it to provide a response to the HIV/AIDS epidemic based on human rights and UNAIDS’s cooperation with the various partners involved in the fight against HIV/AIDS, in particular The Global Fund and Unitaid.

**Multilateral funds:** France sits on the executive boards of three multilateral funds (Global Fund, Unitaid and Gavi). It also participates in a number of their technical committees. It makes an active contribution to these funds, both to their central governance bodies and in the respective countries, by means of diplomatic representation and regional advisers for global health. It is important to maintain and consolidate this French and French-speaking influence in these organizations, which are deeply marked by English-speaking culture.

**G7/G20:** Health now figures on G7 agendas, and the G20 has recently added it to its list of issues to address. The G7 recognizes that health is a key element for prosperity and contributes directly to economic growth and sustainable development. France supports the work of these groups on health and plays an active role in them.

**EU:** France has a presence on the various decision-making bodies of the EU (Council and Parliament). It maintains privileged relations with the European Commission (including the Directorate-General for Health and Food Safety, the Directorate-General for International Cooperation and Development, the European Civil Protection and Humanitarian Aid Operations department, and the Directorate-General for Research and Innovation) and its agencies. The EU is part of several international forums, most notably the WHO, where it represents the position of its twenty-eight members. With regard to health safety, France also coordinates the implementation of the IHR via Decision No. 1082/2013/EU. It is crucial to have a strong voice within the European community, as well as at coordination meetings ahead of the WHO meetings, and to suggest realistic courses of action and solutions that respect our values.

**OECD:** The OECD Health Policies and Data Division has developed and diversified its work, giving France, which regularly sits on the Health Committee, an opportunity to intensify its contribution to thematic expert groups and ad hoc working groups. France intends to highlight the value of the performance of its health system in comparison with that of the other thirty-four OECD Member countries as well as gain insight into the main themes of the health economy through scientific studies and technical analyses using one of the biggest international statistical databases.

**In regions and countries:** Via its network of ambassadors, regional advisors for global health, technical international health experts, advisors on social affairs and links with civil society, France has solid leverage in terms of actions, influence and the strategic monitoring of health issues. To have a bigger say in negotiations, France uses its privileged partnerships and alliances, according to the particular body. It coordinates as much as possible with its European partners and finds other connections, such as the common language of French. One particularly innovative and privileged partnership is the Foreign Policy and Global Health Initiative which was launched more than ten years ago and brings together seven countries with varying levels of development (Brazil, France, Indonesia, Norway, Senegal, South Africa and Thailand). Every year, the group members prepare and present a draft resolution focusing on a health issue for the United Nations General Assembly.

### 2.3 Contributing to multilateral partnerships and supporting programs and projects in priority countries

France is the second-highest historical contributor after the United States to The Global Fund, with a contribution of USD 4.5 billion since its creation. It is the primary funder of Unitaid (having contributed half of the organization’s resources, and over EUR 1 billion since it was founded in 2006, including EUR 100 million in 2015 and EUR 95 million in 2016).
also plays a very active role within Gavi, to which it is the fifth-highest global contributor in terms of countries. It is also the second most generous donor to the International Finance Facility for Immunisation, with EUR 465 million in commitments pledged for the 2016-2020 period. France has also announced that it will be maintaining its contribution of EUR 1.08 billion to The Global Fund for the 2017-2019 period.

For France, these contributions are a means of participating in the fight against the three great pandemics and carrying out actions to help eradicate them, in accordance with the objectives set out in the 2030 Agenda for Sustainable Development.

The 5% Initiative, France’s second means of contribution to The Global Fund and which is run by Expertise France, provides eligible countries with French-speaking expertise to support them in drawing up and implementing the Fund’s programs. This action is particularly appreciated and useful in terms of visibility and adapting French cooperation to the countries’ needs. The 5% share (which currently stands at EUR 18 million) is therefore being increased to 7% over the three-year period (2017-2019) to provide a response that is better suited to the needs of French-speaking recipient countries of The Global Fund.

In 2010, as part of a G8 initiative, France committed to act in support of reproductive, maternal, newborn and child health (RMNCH) and created the French Muskoka Fund. Its financial commitment to this issue was estimated at EUR 300 million in 2008, with EUR 500 million added over the 2011-2015 period (EUR 100 million annually). This initiative has been hailed as one of the most original advancements, both in terms of its regional establishment (mainly in French-speaking Africa) and its effectiveness, most notably in Chad, Niger and Senegal, which have demonstrated significant reductions in maternal and child mortality over this period.

Given its level of commitment within these multilateral organizations, France must be represented in order to strike a balance between fund management, fair use of the means available to purchase services and products, and support for public and private research and healthcare stakeholders.

The AFD, a leading agency in bilateral development cooperation, helps finance policy and development projects. It plays a funding role in ninety countries, providing grants (including via debt-reducing and development contracts) and primarily sovereign, non-sovereign (to public entities with no state guarantee) and private loans (for private sector for-profit and non-profit organizations).

Expertise France, whose main focus is on mobilizing French public expertise, develops and implements projects dedicated to strengthening health systems and security.

The healthcare industry also plays an important role. With a turnover of EUR 70 billion, health care is the third largest export sector with EUR 28.7 billion of exports across the sector, which accounts for 10% of all French industrial exports (excluding energy and aeronautics). Every year, EUR 6.7 billion is invested in healthcare R&D, making up almost 20% of R&D spending by companies across all sectors. The medical technology sector is the most active in Europe in terms of trademark applications.

2.4 Mobilization and recognition of the value of French assistance, expertise and innovation

Scientific diplomacy and the mobilization of expertise are France’s two main levers of action. Fair scientific partnerships with institutes of higher education in developing countries play a significant role in the influence that our country can have on an international scale. Normative systems serving as a reference on the global stage also play an important role which needs to be taken into account to appreciate the value of France’s capacity to project its health policies, whether this involves regulatory, accreditation or training systems. Sending development researchers and experts abroad is also an innovative way of ensuring that France’s top expertise goes straight to those who need it most.
France has substantial technical and human assets, most notably:

- Two major agencies which can finance and implement France’s policy of expertise and official development assistance for health abroad: the AFD, a funding agency, and Expertise France, a hub for technical expertise.

- Exceptional levels of medical and public health-related expertise (university hospitals, state-run agencies such as the French National Agency for Medicine and Health Products Safety, Santé publique France, French Blood Establishment [EFS], French Biomedicine Agency, French National Authority for Health [HAS], French National Support Agency for the Performance of Health and Medical/Social Establishments [ANAP] and regional health agencies), medical universities and recognized training centers that have developed competencies and research into global health (School of Public Health [EHESP]; National Conservatory of Arts and Crafts [CNAM], the Institute of Public Health, Epidemiology and Development [ISPED], etc.) and recognized and respected scientific research (Institut Pasteur international network, Institute for Research and Development [IRD], French Agency for Research on AIDS and Viral Hepatitis [ANRS], French Agricultural Research Centre for International Development [CIRAD], French National Center for Scientific Research [CNRS], French National Institute of Health and Medical Research [Inserm], etc.). A certain number of these institutions benefit from a health cooperation network stretching across the world.

- Pharmaceutical, technological and logistical expertise in products, infrastructure and equipment and health information systems acquired by France’s major specialist groups.

- Finally, in recent years, initiatives that have led to the creation of “health clubs” abroad, the fact that university hospitals (CHU) now have the right to create subsidiaries for their international activities, and the launch of an export brand for health: French Healthcare.

2.5 An inclusive approach

The Act of 7 July 2014 on France’s development and international solidarity policy recognizes “the role and the complementarity of all those involved”, particularly civil society organizations (CSOs) and companies, and is an integral part of an approach that involves respecting the rights and the dignity of those who are sick. All of these stakeholders are vital to the implementation of France’s policy in terms of health and its influence and reputation around the world. CSOs are essential in the field and spearhead efforts on health issues. They drive progress in debates and discussions on health issues, help formulate France’s positions and participate in implementing its policy. They are involved on an operational level in various regions, most notably in West Africa. Some are involved in local civil society capacity-building actions. How effective they are depends on raising awareness among communities and training and mobilizing them for the projects they are developing.

French companies enjoy a sterling reputation on an international level thanks to their know-how and avant-garde style.

France’s strategy for global health is an opportunity to create a shared vision that is driven through cooperation to meet the challenges it faces. Over the next five years (2017-2021), it will be implemented via a cross-cutting approach through various strategic pillars of action with a view to uniting all those involved.
Chapter 3

FRANCE’S STRATEGIC AREAS OF FOCUS IN TERMS OF GLOBAL HEALTH (2017-2021)

The strategic areas of focus are identified and selected following discussions within various working groups, interministerial departments, the Ministry for Europe and Foreign Affairs, the Ministry for Solidarity and Health and the Ministry of Higher Education, Research and Innovation, as well as agencies, organizations and public interest groups under the sole or joint authority of the ministries (in particular those in charge of health, research, higher education and innovation, and agriculture and food), the AFD and Expertise France, and consultation meetings with civil society, research and private sector stakeholders.

France’s action focuses on four priorities:

Priority 1: Strengthen health systems while fighting diseases
Priority 2: Strengthen international health security
Priority 3: Promote public health for all populations
Priority 4: Promote French expertise, training, research and innovation

3.1 Priority 1
Strengthen health systems while fighting diseases

To deal with the structural challenges weighing on health systems, France is a strong advocate of moving away from a pathology- or population-based approach to more transversal approaches. It is looking to implement an ambitious project to strengthen health systems and accelerate progress towards UHC. This is why France is directly supporting countries in drawing up UHC strategies, especially via the actions of its main agencies, the AFD and Expertise France.

France’s continued financial commitment to the fight against AIDS, tuberculosis and malaria, announced in June 2016, is part of the country’s ongoing and decades-long battle to achieve goals set at an international level. It is also an opportunity to advocate for, and move forward on, a more horizontal approach to strengthening health systems – including at a community level – among multilateral funding decision makers.

Links between France’s strategic priorities in global health and the SDGs

- Promote health systems that are accessible, durable, resilient and of high quality to achieve UHC (targets 3.8, 3.b and 3.c).
- Continue the fight against communicable diseases using a global approach (target 3.3).
- Act on the main determinants of health (targets 3.4 and 3.a and SDGs 1, 2, 5, 6, 7, 8, 11, 13 and 16).
- Further enhance health security on an international level, in particular via supporting states’ capacity building efforts to implement the IHR (target 3.d).
- Support maternal, newborn, child and adolescent health (targets 3.1 and 3.2).
- Support sexual and reproductive health, in particular among young people and women (target 3.7).
- Develop inclusive partnerships based on principles and values, and a common vision and objectives that focus on people and the planet (SDG 17).

7 - SDG 3 target 3.3: “By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.”
At the same time, the growing burden of noncommunicable diseases on the equilibrium of health systems requires a cross-sector policy and must be taken into account in an approach to strengthen health systems, including hospitals as centers for diagnostics and care but also for teaching, research and prevention.

In relation to SDG 3, which is dedicated to health, and via advocacy, expertise and experience on a national level, France is promoting action on the determinants of health, be they environmental, social, economic or behavioral, as part of the One Health approach. France has chosen to take a preventive approach to communicable and noncommunicable diseases to protect its citizens, an approach it plans to promote and disseminate to support other countries.

**Objective 1**
**Achieve UHC by promoting health systems that are accessible, durable, resilient and of high quality using an integrated approach to communicable and noncommunicable diseases**

Today, nearly a billion people have no access to basic health services and over 100 million fall into poverty each year due to the cost of essential health care.

The objective of UHC is better access for all, including for vulnerable populations, without financial hardship or impoverishment, to quality healthcare services that meet their needs. This sustainable and cross-cutting solution takes into account the economic and social aspects that come into play when strengthening health systems.

To meet the needs of various populations, health systems must be solid, efficient and well managed. To strengthen them and make quality health care accessible and affordable to all, support from sustainable and inclusive financing mechanisms needs to be secured. It implies the development of public health capabilities and national public health institutes; implementing reliable health information systems and service delivery with the technical capabilities to take on serious threats to health; access to quality health products and technologies; the development of prevention policies; R&D in health and access to sufficient numbers of well-trained and motivated healthcare personnel.

**An equitable scientific partnership with countries in Africa and the creation of an African Research Council**

While the African continent has enormous human potential in terms of science and innovation, African researchers produce only 2.6% of the world’s scientific publications (UNESCO, 2015) due to a poorly-equipped research environment (facilities, international partnerships for African universities, material, financial and human resources, etc.).

France is aware of this situation and understands that scientific cooperation with African countries is essential for scientific advances and to achieve the SDGs. Accordingly, it is considering launching a joint European and African initiative to bolster the African scientific communities and training in and through research, particularly in the field of health sciences.

The Institute for Research and Development (IRD) and the French Agricultural Research Centre for International Development (CIRAD) have been asked to carry out the preparatory work for this project, which aims to implement a research support mechanism for the African continent. Inspiration for this plan was drawn from the European Research Council (ERC), a support mechanism for excellence in scientific research set up in 2007 by the EU. The ERC awards grants to top researchers every year to carry out five-year investigator-driven research projects that stand out for their scientific excellence.

This initiative aims to support the emergence of elite African scientists and strengthen their standing, formulate a positive agenda for research in Africa by demonstrating the added value the continent can bring to world science, make its universities and research centers more appealing and promote regional integration by building the reputation of the African research area.
The French social security and health insurance model serves as a frame of reference, and is bolstered by research into public health with a view to all countries moving towards UHC.\(^8\) France will leverage this expertise to implement the following actions to strengthen health systems:

- Support the WHO in its role as a reference point in global health and encourage the convergence of international health stakeholders’ activities based on shared objectives to strengthen health systems;

- Promote and participate in building resilient health systems, in accordance with The Global Fund’s 2016 strategy and the Gavi’s strategy for 2016-2020;

- Support the sustainability of national funding systems by helping countries mobilize national, public and private resources as well as their efficient allocation towards UHC;

- Support the development of a comprehensive, person-centered service delivery, structured to accommodate all necessary components and across all levels;

- Support the strengthening of higher education systems in developing countries and their scientific infrastructure in terms of biomedical and health research;

- Shore up health system governance so that service delivery may benefit from good management, quality and security;

- Adapt and prepare health systems for the rise in noncommunicable diseases as part of an integrated approach ranging from prevention to care, in particular by developing partnerships and sharing good practices (on skills development projects for healthcare professionals, empowerment of patients and their entourages, projects relating to care pathways, etc.);

- Support the creation and development of national public health institutes and help them network on a regional and sub-regional level.

**Objective 2**

**Continue the fight against communicable diseases via an integrated approach**

This goal is in line with ongoing major efforts France has made ever since the early days of the HIV/AIDS epidemic, namely by being at the forefront of international cooperation, and most notably with regard to research and patient access to treatment, both in the Global South and Global North.

Global partnerships are an integral part of the SDGs. As such, and in conjunction with the progress made in the fight against the three pandemics, The Global Fund is looking to bolster its action in terms of implementing resilient long-term health systems. As part of its mandate, and in cooperation with its technical partners who are members of its Board (the WHO, among others), The Global Fund participates in implementing robust systems to strengthen and consolidate progress made in the fight against HIV/AIDS, tuberculosis and malaria, and provide access to efficient and readily available health services. This goal is particularly focused on buttressing community systems, supporting RMNCH programs, and developing relevant procurement and supply, data and human resources systems.

Through its financial contributions, actions and monitoring within governance bodies that are part of the major global health partnerships (Global Fund, Unitaid and Gavi) and in recipient countries, France is making a significant contribution to achieving the global objectives of eradicating these communicable diseases.

In order to continue fighting communicable diseases, France intends to:

- Support health programs and products, or inputs, in the fight against HIV/AIDS, tuberculosis and malaria;

- Give greater prominence to gender in policies and programs;

- Increase consideration of the various key populations in vulnerable situations (especially men who have sex with men, sex workers, drug users and transgender people);

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• Promote harm reduction interventions;

• Encourage an approach that reduces resistance to the medication used in treating AIDS, tuberculosis and malaria, and which threatens the progress made against communicable diseases;

• Participate in improving vaccination coverage on a global scale, based on the principles of equity;

• Advocate, as part of its multilateral and bilateral diplomatic efforts, in favor of bringing new – and in particular emerging – donors on board for the major funds working to fight communicable diseases;

• Promote the inclusion of sexual and reproductive health and rights in the fight against communicable diseases.

In addition, as part of its policy to fight infectious and vector-borne diseases, France is undertaking the following key actions:

• Promote the fight against antimicrobial resistance based on the One Health approach and in line with recommendations set out in the Global Action Plan on Antimicrobial Resistance, which is overseen by the WHO, United Nations Organization for Food and Agriculture (FAO) and OIE;

• Support R&D in conjunction with all stakeholders, and especially the pharmaceutical companies that committed to a roadmap at the 2016 World Economic Forum in Davos;

• Advocate a prudent use of antibiotics, a ban on the online sale of antibiotics for human and veterinary medicine and their use as growth promoters in farm animals, and for antibiotics to be exclusively supplied by healthcare professionals;

• Fight sexually transmitted diseases and infections by promoting access to sexual and reproductive health and rights;

• Step up the fight against the various strains of hepatitis and neglected tropical diseases.

3.2 Priority 2
Strengthen international health security

Health security is closely tied to health systems strengthening, since it can only be guaranteed if it is backed up by a resilient health system that can prevent, detect and respond to risks. France’s stature among multilateral governance bodies such as WHO, its strong involvement in preventing and combatting infectious diseases – notably via its national health agencies, research institutes, and the actions and funding deployed in the fight against infectious and vector-borne diseases (as illustrated by its role in fighting the Ebola and Zika epidemics and other responses to health emergencies) – make international health security (IHS) a priority that is integral to this strategy.

IHS covers all activities, both preventive and corrective, implemented to reduce people’s vulnerability to health-related events: prevention, monitoring, detection and evaluation of health risks, as well as the definition and application of measures related to preparedness, reporting, response and management of these risks, using a public health approach on a global scale.

The Ebola crisis highlighted the persistent shortfalls in national and international systems in terms of health security and response to health-related crises. It also highlighted the areas where more, sustained resources are needed as well as coordination between sectors and stakeholders.

France’s vision in terms of health security is based on three guiding principles:

• An interdisciplinary, intersectorial and partner-based approach;

• A continuum between research before, during and after crises, expertise and health system strengthening and access to medicines and crucial innovations;

• Health security in the interest of public health and sustainable development.
Objective 1
Support the capacity building of states using a preventive approach to implement the IHR in conjunction with the WHO

The revised IHR came into effect in 2007. It is a legally binding instrument and the main tool for protecting the global population against emerging and re-emerging diseases, epidemic risks and other threats to public health and health security. In accordance with the IHR, France considers that prevention remains the best way to respond to crises and that in this respect, countries’ operational capacities of preventing, detecting and responding to risks is of particular importance. Maintaining these capacities to ensure the security of all is a constant challenge. The responsibility of monitoring and evaluating IHR implementation falls to the WHO, which has France’s full support in this mission, particularly in terms of applying the four components of the new IHR Monitoring and Evaluation Framework: Annual Reporting, After Action Review, Simulation Exercises and Joint External Evaluation.

To support capacity building of states, France intends to:

- Bolster national and regional capacities in terms of prevention, detection and response to emergency situations, with priority given to countries that have close ties with France;
- Support regional partnerships with regard to IHS issues, especially in regional areas in French overseas territories (the Indian Ocean Commission, Caribbean Public Health Agency, etc.);
- Develop exchanges and partnerships between health authorities for joint health projects (for example, as part of European funding for cross-border, international and inter-regional cooperation, such as the INTERREG Community Initiative) as well as sharing good practices and information in terms of health monitoring in the geographical zones of the overseas territories.

Objective 2
Strengthen the EU’s IHS action

Within the scope of the partner-based action approach chosen by France on health security, coordination at the level of EU member states and the Commission is essential, as is coordination between the EU and WHO. They can provide support to the Commission’s Directorate-General for Research and Innovation in health, and work with the specialized agencies of the EU9 and other Directorate-Generals10 whose role focuses more on operations than standards in terms of health security.

To achieve better synergies with the EU in terms of IHS, France will implement the following actions:

- Encourage coordination and pooling of resources in terms of action and logistics within the EU, namely in the context of external evaluations by states and sending out experts, and to make personnel available and deploy them in the event of a crisis (within the European Medical Corps);
- Strengthen the application of the European decision relating to serious cross-border threats to health (No. 1082/2013/EU);
- Advocate for strengthening partner-based research programs with developing countries through the EU framework programs;
- Encourage the development of synergies with the WHO to facilitate the development of training tools and exercises for states or to strengthen health systems as part of the IHR.

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9 - This refers in particular to the European Centre for Disease Prevention and Control, the European Food Safety Authority and the European Chemicals Agency.
Objective 3
Promote the fight against emerging diseases and guarantee access to essential public health products

Providing IHS requires guaranteed access to quality products that are essential for public health, including in times of crisis.

This involves coordinating research to tackle threats that have not yet been recognized as such between two crises and to be in a position to rapidly roll out research projects that can support political decision making during crises.

Additionally, the multiplication of supply disruptions for health products, including essential products such as vaccines and antivirals, is driving the search for innovative solutions that can guarantee the security of stocks of health products or public health essentials (e.g. insecticide-treated mosquito nets) at all times. These solutions must be found at European level.

Consideration must be given to tools that can strengthen production capacities of medicines or other essential products within Europe and removing restrictions to market them. France has signed a joint purchase agreement to develop common solutions to safeguard medical countermeasures and supplies and to guarantee access to health products that are rare but necessary in managing serious threats to health.

France will implement the following actions:

• Steer R&D towards reliable and rapid diagnostic tools by facilitating exchanges and partnerships in compliance with the IHR and the Nagoya Protocol on Access to Genetic Resources and the Fair and Equitable Sharing of Benefits Arising from their Utilization to the Convention on Biological Diversity;

• Support the initiatives implemented by pharmaceutical companies, in particular the new Coalition for Epidemic Preparedness Innovations (CEPI) created in January 2017 at the World Economic Forum in Davos designed to contain disease outbreaks before they become world health emergencies, by supporting R&D efforts;

• Support the Global Health Vaccine Center of Innovation (GHVCI) to speed up the development of new vaccines and technologies to fight infectious diseases while ensuring that these new vaccines will be available to populations in developing countries;

• Develop logistics capacities, in coordination with manufacturers and health authorities, to ensure that teams of professionals have access to medical countermeasures and supplies (reagents, diagnostic tests, etc.) suited to the circumstances as quickly as possible;

• Support partner-based research systems to be able to anticipate the emergence and development of the spread of pathogens;

• Develop cooperation on the most effective vector control methods;

• Facilitate the development of specialized capacities for handling patients (laboratories, resuscitation, etc.) in conjunction with health systems strengthening;

• Act against vector-borne diseases via approaches based on prediction, modelling and preparedness for emergency, and through integrated actions to combat vectors, all within a One Health approach, which is indispensable for these types of diseases which are spread by vectors that are dependent on the environment.
3.3 Priority 3
Promote public health for all populations

Promoting public health for all populations includes improving living conditions and social, economic and environmental factors that determine health, on the one hand, and supporting prevention and appropriate person-centered care on the other. Depending on the situation and demographic, epidemiological and sociological criteria, actions can be aimed at a specific group of individuals, such as women or children. A health promotion policy combines a range of complementary methods (legislation, fiscal measures and organizational changes) and covers various areas of intervention: establishing health-centered policies, developing individual skills and resources, strengthening community action, creating a favorable environment for health and adapting health services. Social mobilization, empowering communities and raising awareness of the benefit of health promotion initiatives targeting behavioral change are all key aspects of this priority.

Objective 1
Act on the main determinants of health

Health is the result of constant interaction between individuals and their environment. Natural, social, economic and political environments have an influence on population health and lead to inequality in health, not only between countries but among different levels of society within a country.

While the priority for French official development assistance is to strengthen health systems and fight against communicable diseases, France is promoting a preventive and intersectorial approach to health, in particular at the level of the EU, WHO Europe and OECD, in all of the various dedicated international bodies. It is also acting at country level, implementing projects that contribute to improving people’s health (education, fight against climate change and air, water, soil pollution, urbanization and sanitation, habitat health, etc.).

To act on the main determinants of health, France will implement the following actions:

- Improve knowledge about and inclusion of socioeconomic, geographic and environmental health determinants according to the One Health approach;
- Act on environmental determinants (promote sanitation and the fight against air, water and soil pollution; pursue efforts to halt climate change; encourage the deployment of sanitation programs in cities);
- Fight social inequality in health (gender, level of education, income, etc.) and geographical inequalities;
- Promote a preventive approach which would impact on the behavioral and structural determinants of health (transport and urbanization systems, food supply, etc.) and encourage all those involved to work on promoting a view of health that is focused more on prevention and primary care.

Objective 2
Promote prevention and a person-centered and integrated service delivery

Whether applied to fighting communicable diseases or other problems, prevention involves measures that enable not only stopping the emergence of a disease as a means of reducing a risk factor, but also halting its progress and reducing its consequences once an outbreak has been declared. To respect this continuum – from prevention through to management – it is crucial to implement policies regarding risk factors for diseases (e.g. tobacco, sedentary lifestyles, excessive alcohol consumption and poor diet), testing, early diagnosis and fast, suitable and integrated treatment.

Since 2011, the United Nations and the WHO have committed to implementing a strategy to prevent and control the main non-communicable diseases (cardio-vascular diseases, cancers, obstructive chronic pulmonary diseases and diabetes) which
have a high morbidity-mortality impact and share common risk factors: tobacco, poor diet, lack of physical activity and harmful alcohol consumption. This strategy is set out in the WHO European Region’s action plan.

A graduated offering of prevention, curative and palliative as well as rehabilitation services must be based on health policies that prioritize access to care that fits the needs of target populations and a wide range of healthcare professionals, all acting together and in partnership with local communities.

As part of the continuum of services, from prevention to care, France will implement the following actions:

• Share its experience and help implement specific action plans (tobacco, alcohol, nutrition and physical activity) to encourage healthy lifestyles;

• Step up tobacco control efforts, ensure that the WHO Framework Convention on Tobacco Control is applied, and fight addiction;

• Encourage people to be more physically active, given that a sedentary lifestyle is a threat to global public health, and encourage targeted nutrition-focused actions;

• Promote testing, diagnostics and the rapid management of diseases;

• Advocate a graduated and inclusive service delivery ranging from local to specialist care;

• Involve patients’ associations, economic stakeholders and healthcare workers in prevention and care.

Objective 3
Promote health for women, children, young people and those living in vulnerable situations

Improve maternal, newborn, child and adolescent health

Every day throughout the world, some 17,000 children under the age of five, 4,000 adolescents aged 15–19 and 800 pregnant women die. In most cases, these deaths are linked to well-identified and avoidable causes. Given these growing health and social challenges that women and children face, France has decided to renew and strengthen its commitment to reproductive, maternal, newborn, child and adolescent health, especially in West and Central Africa. These countries require priority support to maximize the opportunities offered by the demographic dividend, making sure that: 1) the working-age population is educated, trained and in good physical and mental health; 2) girls and women benefit from basic rights, including sexual and reproductive rights, and economic opportunities; and 3) demographic growth is kept in check.

To improve maternal, newborn, child and adolescent health, France has set the following objectives:

• Strengthen the availability and accessibility for pregnant women and mothers to quality maternal and perinatal health services, integrating child, antenatal, perinatal and postpartum care at every level of the health system, including at community level;

• Promote access to care for children under the age of five; facilitate access to prevention (particularly vaccination) and to treatments of the main diseases responsible for infant mortality (malaria, respiratory infections, diarrhea, etc.);

• Prevent and reduce maternal and child malnutrition via the integration of direct and appropriate nutrition-related interventions in health programs supported by France, in line with the Ministry for Europe and Foreign Affairs’ nutrition roadmap, and set out by the Interministerial Committee for International Cooperation and Development;
• Support the development of integrated and intersectoral health programs for children and adolescents that address physical and mental health, improving psychosocial skills of adolescents and their parents, education, water, hygiene and sanitation, employment and economic development.

**Improve sexual and reproductive health and rights, especially among women and girls**

Sexual and reproductive health and rights are at the heart of the SDGs. Guaranteeing girls, adolescents and women access to sexual and reproductive information, products and health-care helps eliminate the vulnerabilities they face and advances gender equality.

Commitment to gender equality and non-discrimination is far from being universal and human rights violations are still widespread. Never has the need for action been more urgent to ensure the sexual and reproductive health and rights of all.

This is why France is working with the United Nations Population Fund (UNFPA), whose objective is to ensure reproductive rights and universal access to reproductive and sexual health and reduce maternal mortality. The UNFPA published a strategy in October 2016 dedicated to its external action on population issues and sexual and reproductive health and rights, which can be broken down into several objectives:

• Improve the international, regional and national normative frameworks in terms of sexual and reproductive rights;

• Increase access to modern contraceptive methods via an integrated approach;

• Improve access for adolescents and young people to sexual and reproductive health services and reduce harmful practices.

**Improve health among people in vulnerable situations**

UHC must provide access to healthcare and services for all, without discrimination. However, not all people around the world enjoy this access, namely due to factors of age, gender, sexual orientation, culture, religion or income level.

Because of biological, socioeconomic, structural and environmental factors, certain groups are more likely to find themselves in vulnerable situations. These groups, whose vulnerability can be exacerbated by their sexual orientation and gender identity, mental health issues, addictive behavior, deprivation of liberty or economic or social constraints, also tend to have their rights to health limited.

Vulnerability can also stem in part from the absence of access to care. Vulnerability is not intrinsic, but rather based on the situation in which people find themselves.

For example, as part of the fight against HIV/AIDS, tuberculosis and malaria, The Global Fund defines key populations as those which are hardest hit by epidemiological impact, and which also have reduced access to services and/or which are criminalized or marginalized.

The 27th International Conference of the Red Cross and the Red Crescent identified specific categories of people in vulnerable situations such as women, children, the elderly, disabled persons (including people with intellectual and physical disabilities, etc.), refugees and displaced persons.

The 2030 Agenda for Sustainable Development also recognizes migrants, refugees and displaced persons as groups in vulnerable situations and calls for their individual rights to be fully respected. At the end of 2015, it was estimated that there were over 244 million international migrants, representing an increase of 77 million – or 41% – since 2000, of whom 48% were women. For decades now, the world has been experiencing forced displacements, even at the highest levels of society, due to insecurity and conflicts. At the end of 2015, it was estimated that there were over 21 million refugees and 3 million asylum seekers in the world, in addition to 763 million internal migrants (some 11% of the global population), over 40 million of whom had been displaced within their own countries.11

To guarantee better health to populations in vulnerable situations, France has set the following objectives:

11 - International Organization for Migration (2016).
France’s strategy for global health

3.4 Priority 4
Promote French expertise, training, research and innovation

In terms of training healthcare, research and consulting professionals, France has a diversified and well-recognized skill set that is in demand across the world. The ability to meet that demand and provide a varied, structured and consolidated offering does, however, need to be improved. This priority is inherently multidisciplinary, since France’s expertise, research and offering are focused as much on health systems (information systems, human resources, prevention services, etc.) as they are on targeted pathologies (infectious and chronic diseases, etc.) and industrial and research-based expertise. Further efforts must be made to bring about effective and comprehensive improvements.

Objective 1
Mobilize and promote French expertise

Mobilizing France’s expertise is an important lever for health action abroad, particularly since demand is growing rapidly for expertise and technical assistance, both at the levels of governance (management, organizing care, etc.) and logistics (construction, equipment, exploitation, etc.).

The French government agencies Expertise France and AFD, as well as private sector stakeholders, play an essential role in promoting French expertise in health internationally. The representation of French research and public health specialists in international organizations, platforms and networks dedicated to health facilitates the promotion and recognition of French and French-speaking expertise within these bodies. French research organizations, in conjunction with healthcare and prevention stakeholders, are committed to partnerships of excellence with the best institutions in sectors at the cutting edge of innovation, and have a global presence.

Efforts, initiated as part of the framework of research alliances, to pool resources and better coordinate activities, must be stepped up. Overall, the mobilization and promotion of expertise needs to be better structured, based much more on the skills of public research organizations and the R&D activities of companies, and consolidated, particularly via Expertise France and its role as an aggregator of public and private capabilities.

This expertise should also enable better dissemination of French and French-speaking intellectual and scientific rules, good practices and knowledge, which in turn can exert an influence on international ethical and legal frameworks, especially in the field of R&D (research into health and life sciences) and contribute to the emergence of French hospital accreditation internationally.

To mobilize and promote its research and expertise abroad, France will implement the following actions:

• Develop partnership initiatives between French institutes of higher education and those in developing countries, in particular in the French-speaking world;

• Encourage collaborative approaches in order to make the most of skills, and uphold French rules, good practices and technologies internationally;
• Mobilize and support French public and private expertise and know-how within international organizations and in various countries by structuring them around the French Healthcare brand;

• Bring about integrated solutions combining the expertise and competence of private and public sector stakeholders.

Objective 2
Train human resources to have the skills necessary for tomorrow’s health systems

The health sector is also a key economic sector that drives inclusive economic growth and creates equitable and decent employment opportunities. Between 2000 and 2014, the number of jobs in the health and social sector rose by 48% in OECD countries, while those in industry and agriculture fell. On a global scale, demand for healthcare services and professionals will continue to rise, primarily due to infectious diseases becoming chronic and chronic diseases leading patients to require five times as much care from the health system. These needs may well create over 44 million jobs.

Epidemiological, nutritional and demographic transitions, along with the increase in chronic diseases and multiple comorbidities, population ageing and the significant growth in the working-age population, require patient-driven health system reforms. Human resources are a major pillar of reform to ensure that health systems have the necessary skills to not only meet new patient health needs (including prevention) but to also adapt to new health system organization models and the development and dissemination of health technologies, both safely and efficiently.

In addition to these changes in human health resources which are necessary to tackle health challenges, studies by the World Bank and WHO have shown that investing in jobs in the social and health sectors encourages sustainable and inclusive growth and strengthens social cohesion. In light of this, France – at the highest level of the state – has committed to promoting investment in health human resources. France and South Africa co-chaired the High-Level Commission on Health Employment and Economic Growth set up by the United Nations Secretary-General.

In September 2016, the Commission submitted its report based on work carried out by international experts in the health, labor, social affairs, education and finance sectors, and which was coordinated by the WHO, the International Labour Organization and the OECD. France has committed to implementing, within its territory and by means of its bilateral and multilateral aid, the report’s recommendations, which will guide its actions for health human resources at international level over the next five years.

In particular, France is looking to play a leading role in training the health human resources of the future. Our university hospital and regular hospital systems are renowned and attract students and healthcare professionals from abroad. Nevertheless, French facilities face a number of challenges such as a complex system, limited hosting capacities and strong international competition. The reform of postgraduate medical studies currently underway should remedy some of these shortcomings.

To train professionals for the health systems of tomorrow, France will implement the following actions:

• Position itself as a key player in the French-speaking offering of health training;

• Increase the appeal of France’s continuing education and higher education programs for professionals in contact with patients (specialists, nurses, midwives, community officers, etc.); personnel in public health, hospital administration and equipment maintenance; social sector stakeholders; and researchers (trained for and through research);

• Consolidate France’s training provision abroad to strengthen health human resources there;

• Train partners from Global South countries through research and integrating the One Health approach;

• Incorporate recent legislative and regulatory changes in discussions with our international partners.

France’s research organizations, academics and clinical staff are involved in numerous international activities. French research into health (be it basic, clinical, operational, etc.) is competitive at the global level, and especially in sectors at the heart of global health issues (e.g. infectious diseases, cancers, metabolic disorders and obesity). The overall number of clinical trials carried out in France, their organization, and the fields and phases they involve all illustrate the vitality and competitiveness of France’s clinical research and its position in international clinical research. This competitiveness is particularly clear in two leading areas of treatment, namely for cancer and rare diseases. France has also set up a consortium, REACTing (REsearch and ACTion targeting emerging infectious diseases), which adheres to a multidisciplinary approach of bringing together outstanding teams and laboratories in order to prepare and coordinate research to deal with threats that do not yet exist and are therefore difficult to foresee.

Furthermore, France is the fifth largest global exporter of pharmaceutical products. Health products account for 11% of all French goods exports while the pharmaceuticals industry is the country’s second largest export sector. France’s offering is diverse, and includes pharmaceutical manufacturers, the veterinary industry, medical devices, the diagnostics industry and telemedicine. Apart from health products, health services occupy a growing place in global demand. France must be able to offer solutions across all relevant fields of expertise.

In these sectors, companies are faced with similar challenges: tough international competition, the critical importance of remaining competitive through innovation, the burden of regulation and evaluation by French and European public authorities, and the pressure exerted on prices stemming from national financing.

By supporting and capitalizing on its research, innovation and offering, France intends to:

- Bolster the activities and visibility of French research abroad (by supporting and participating in or leading European and international programs as well as strengthening research partnerships within universities and public research organizations);
- Encourage coherence and synergies between the various R&D initiatives in health on the national, European and international levels;
- Support industrial, scientific and service-related innovation related to health by helping our stakeholders gain access to international financing and bids for tender, namely through new dedicated communication tools and structures (health clubs, information-sharing networks and integrated solutions centered on the French Healthcare brand);
- Equip French stakeholders in hospitals, medicine, academia and industry with the right tools to progress in this influential and globally competitive environment.

**Objective 3**

**Support and capitalize on France’s research, its offering and innovations**
### Acronyms and abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACP</td>
<td>African, Caribbean, and Pacific Group of States</td>
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<td>AFD</td>
<td>Agence française de développement (French Development Agency)</td>
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<tr>
<td>ANRS</td>
<td>French Agency for Research on AIDS and Viral Hepatitis</td>
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<td>CHU</td>
<td>University hospital in France</td>
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<td>CICID</td>
<td>Interministerial Committee for International Cooperation and Development</td>
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<td>CIRAD</td>
<td>French Agricultural Research Centre for International Development</td>
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<td>COP</td>
<td>Conference of the Parties to the United Nations Framework Convention on Climate Change</td>
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<tr>
<td>CSO</td>
<td>Civil society organization</td>
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<tr>
<td>DFMS</td>
<td>Specialized medical diplomas in France (comparable to an MD degree)</td>
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<tr>
<td>DFMSA</td>
<td>Advanced specialized medical diplomas in France (comparable to an MD-PhD degree)</td>
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<td>DOHaD</td>
<td>Developmental origins of health and disease</td>
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<td>EU</td>
<td>European Union</td>
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<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<td>G7</td>
<td>Group of Seven</td>
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<td>G8</td>
<td>Group of Eight</td>
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<td>G20</td>
<td>Group of Twenty</td>
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<td>Gavi</td>
<td>The Vaccine Alliance</td>
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<td>Global Fund</td>
<td>The Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>ICT</td>
<td>Information and communications technology</td>
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<td>IHR</td>
<td>International Health Regulations</td>
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<td>IHS</td>
<td>International health security</td>
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<td>Inserm</td>
<td>French National Institute of Health and Medical Research</td>
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<td>IRD</td>
<td>French Institute for Research and Development</td>
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<td>MDR</td>
<td>Multidrug resistant</td>
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<td>MERS-CoV</td>
<td>Middle East Respiratory Syndrome Coronavirus</td>
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<td>NGO</td>
<td>Non-governmental organization</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<td>OIE</td>
<td>World Organisation for Animal Health</td>
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<td>OIE</td>
<td>Research and development</td>
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<td>RMNCH</td>
<td>Reproductive, maternal, newborn and child health</td>
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<td>SARS</td>
<td>Severe acute respiratory syndrome</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>UHC</td>
<td>Universal health coverage</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>Unitaid</td>
<td>International Drug Purchase Facility</td>
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<td>WHO</td>
<td>World Health Organization</td>
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FRANCE’S STRATEGY FOR GLOBAL HEALTH

Health is both a condition and a tool for human and economic development. Diseases, whether known, emerging or re-emerging, health security, research, innovations and the growing role of the health industry in the global economy make health a major concern. This is why France has made health an important part of its international action.

France stands out because of its commitment to the fight against HIV/AIDS, tuberculosis and malaria as well as by championing maternal and child health. It is also renowned for its appealing university hospital model, the excellence of its expertise, its driving role in developing health innovations and promoting universal health coverage.

To meet the new global public health challenges and adapt to the changing environment and international frameworks, especially following the adoption of the 2030 Agenda for Sustainable Development in September 2015, France is now publishing its Strategy for global health, which lays out a framework and a cross-cutting approach to health challenges.

France’s action is based on the guiding principles of rights and universal health, notably by fighting inequality, encouraging country ownership and advocating France’s appeal and influence, especially in health training, research and innovation.

After consulting with French health, research and development stakeholders, this strategy aims to channel efforts towards a shared ambition and four priorities: strengthening health systems while fighting diseases; strengthening international health security; promoting public health for all; and promoting French expertise, training, research and innovation.