

Democratising the global health agenda: why we need France

Against a backdrop of crisis—climate change, violent extremism, and the greatest inequalities ever endured by society—the world has committed to Agenda 2030 and its 17 visionary Sustainable Development Goals (SDGs). Together, they implicitly recognise that health is an essential global good, of which all people must share equitably. Let us seize the momentum generated by the SDGs to set our new global health agenda—with France leading.

The SDGs, interconnected and transformative, represent much of what France has achieved in global health for a long time—inclusive partnerships, working across sectors, addressing inequalities, and empowering communities. Achievement of the health-related targets of the SDGs requires leaders with the skills and credibility to deploy so-called soft power to reach agreements on priorities and strategies. In short, it needs France's strong focus on solidarity, shared responsibility, and multisectoral cooperation.

As Laëticia Atlani-Duault and colleagues¹ highlight in the *Lancet* France: nation and world Series, France has repeatedly stepped into the breach with resources and fresh approaches when the world faced a health crisis. It was an initiator and top funder of both the Global Fund to Fight AIDS, Tuberculosis and Malaria, and UNITAID.² French leadership spearheaded the 2007 Global Health and Foreign Policy Initiative and drove the 2012 UN General Assembly resolution on universal health coverage.³

As Olivier Nay and colleagues⁴ describe in their *Lancet* Series paper, France is an innovator in financing for health and rallying new resources to ensure sustainable and predictable programming, pioneering the “solidarity levy” on airline fares for UNITAID, and mobilising the European Commission to agree on a financial transaction tax to fund health at the global level.

More than ever, we need France, with its strong voice and influence, as we implement the SDGs. I call on France to take the lead in three key areas of agenda setting for health: positioning human rights at the centre of global health reforms; championing universal health coverage and linking it with global security issues; and playing a key part in creating a new architecture for global health governance fit to deliver on the SDG health targets.

First, France's resumé of promoting health as a human right and advancing sexual and reproductive health and rights is impressive. It has created pioneering models that reach into and empower communities left behind by poverty, violence, or discrimination. Médecins Sans Frontières was among the first to massively scale up HIV treatment in high-burden countries,⁵ and Médecins du Monde implements harm reduction for people who inject drugs in the most difficult and criminalised contexts in eastern Europe and southeast Asia.

But the right to health is not only about bringing services to everyone, it is also about reducing the social inequities that cause disease and preventable deaths.⁶ With France's guidance, countries must adopt policy that addresses—in specific contexts, for specific populations—the root causes of exclusion and ill-health. This effort will require dismantling structural barriers and addressing the social drivers by taking action such as law reform and the establishment of accountable and inclusive institutions and joined-up policy across sectors through new partnerships.⁷

Second, France is equipped to help countries, especially Francophone Africa, to address health as a global security issue. France has always taken a lead role in conflict resolution and peacekeeping missions and is positioned to lead on integrating health and security responses. Conflict not only kills and maims, it also breeds sexual violence and spreads HIV. Uninterrupted health services, including HIV treatment, are essential to conflict-affected communities and so are sexual and reproductive health services, particularly for young people in conflict-prone zones. Young people make up nearly a quarter of the world's population; investing in their needs is about shaping the future.

Finally, I expect France to be an important advocate and engineer as we transform health architecture. It needs to be simplified and streamlined, focusing less on donors and benefactors and more on country ownership, shared responsibility, and joint leadership. Further, the global community must adapt our skills and capacities in health governance itself. Our ability to engage other sectors, craft regulation, and stimulate innovation will determine our success.⁸

The Ebola and Zika virus outbreaks have underscored the urgent need for multisectoral, cross-cutting

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approaches. We need better global disease surveillance and detection capacities in addition to tighter international coordination to respond to emerging health threats.

In essence, we must build not just health systems, but robust systems for health, revolving around a nucleus of people and communities and connecting together providers of health services, the community, and the private sector. At the macro level, we need to simplify. I and others have proposed a single global health so-called superstructure with a single funding stream.⁹

Since the beginning of the AIDS epidemic, France has been our champion, fully committed on all fronts and at the cutting edge of research, financing, human rights, and leaving no one behind. France's leadership in global health will be instrumental in ending AIDS and achieving the SDGs.

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