

France: a philosophy for health

The dominance of English as the language of science and, increasingly, global health too often closes the door on the history and experiences of others. In France's case, careful study of the nation's struggle to achieve universal health coverage, together with its distinctive approach to global health, has much to offer those who seek to understand the diversity of paths to achieve better health at home and abroad. The two *Lancet* Series papers^{1,2} on France's contribution to health, along with four comments from French or Francophone leaders,³⁻⁶ aim to correct this imbalance in the English-language literature on health. They are also an invitation for France to reflect on its challenges and global role.

The modern story of France perhaps can be marked by The Declaration of the Rights of Man and the Citizen (1793). The statement of principles is one key to understanding France. The Declaration underlines the lessons to be learned from "the miseries of the world". "The aim of society is the common welfare", proclaims the Declaration. A person's natural rights are equality, liberty, security, and property. Security means "the protection afforded by society to each of its members for the preservation of his person", which today we might call human security. "The social guarantee consists in the action of all to secure to each the enjoyment and the maintenance of his rights." Solidarity, equity, and globalism—all underscored in a single declaration. A social contract that still has power to stir the heart as well as the mind today.

Translating those principles into tangible benefits for society is less easy. But over two centuries France has been able to deliver universal health coverage for its people, as Olivier Nay and colleagues¹ show in the first Series paper, with consummate success. Those achievements, while perhaps not threatened, are certainly under pressure. The tensions between public and private provision, central and decentralised governance, and urban and rural demands are straining the contract between the people and State. Nay and colleagues¹ raise important questions about the degree to which France's redistributive system can meet the spirit of its founding principles, whether it can change to absorb the rapid demographic and epidemiological transitions engulfing all nations. They are not entirely optimistic in their outlook. The dangers of economic

stagnation, rising disparities, increasing costs, and fragmentation of the public health-care system are pervasive. Values alone do not provide solutions. But the extraordinary adaptability of France's social contract does provide the democratic space for reasoned public discussion based on a clear philosophy. That is more than can be said of many nations.

Despite fluctuations in the country's financial support for international health, France has never stepped away from its global role. France's colonial past differs from that of the UK. In the English-speaking world, the divide between vertical and horizontal approaches to overseas development assistance has tended to crowd out the debate about donor aid. As Laëtitia Atlani-Duault and colleagues² show, France has devised an alternative vision, not always without its own conflicts. The divide in France is less about vertical versus horizontal attitudes. Instead, the duality is one of humanitarianism versus egalitarianism. Whereas the Anglophone debate focuses



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on delivery, the Francophone preoccupation is again about values and principles. And in an era of sustainable development, this duality has much to commend it. At a moment when global health security is a serious concern, the notion of “preventive humanitarianism” has a special resonance. Instead of waiting for the next crisis to overtake us, France’s historic approach should spur us to act now to prevent further emergencies. And as countries seek their own path to universal health coverage, the notion of egalitarianism is a much more useful guiding principle than an argument about vertical or horizontal actions. The “new direction” called for by Atlani-Duault and colleagues² might at least partly be to more powerfully advocate for these two distinctive values—and to back them with unequivocal policies.

It can be easy to fall into the trap of over-idealising a country’s domestic and international motives and achievements. But France is indeed different in its approach at home and abroad compared with, for example, the USA and UK. These differences are important counterweights to the dominant Anglophone dialogue that drives thinking about health today. This Series also makes clear that France should

consider playing a much more visible and decisive part in the global conversation about health. The lessons from France’s history have much to teach us. We should all listen.

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