

# GLOBAL HEALTH POLICYMAKING in France

## OVERVIEW

France is the third largest European donor to global health after the United Kingdom and Germany.<sup>1</sup> In 2009, France's gross official development assistance (ODA) was US\$15.54 billion (€11.16 billion), of which about 5.5% or US\$857 million (€615.4 million) was spent on health.<sup>2</sup> Most of France's spending on health is channeled through multilateral organizations that fund control of HIV/AIDS, tuberculosis (TB), and malaria.

France's global health strategy is currently being revised by the Ministry of Foreign and European Affairs (*Ministère des Affaires étrangères et européennes*, MAEE). The new strategy will be launched in 2011 and elaborate on France's specific global health priority areas for 2011–2015.

## GLOBAL HEALTH PRIORITIES AND STRATEGY

France's spending on health is characterized by a desire to play a key role in achieving the health Millennium Development Goals (MDGs), in particular MDG 6 (fighting communicable diseases such as HIV/AIDS, tuberculosis, and malaria). Support for meeting the health MDGs is strategically prioritized in some of France's poorest partner countries (see below).

In its support for **communicable diseases**, France favors multilateral international cooperation, specifically via the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and UNITAID. France is the second-largest donor to the Global Fund after the United States, and the largest donor to UNITAID. About three-quarters of France's health ODA in 2009 went to these two multilateral organizations. France has also committed to funding new vaccines as part of its contribution to the GAVI Alliance. France also supports technical assistance in partner countries and research for new medicines to fight HIV/AIDS, TB, and malaria.

In its support for **health systems strengthening** (HSS), France specifically focuses on addressing social protection, human resources for health, and access to medicines. In 2007, it co-initiated "Providing for Health," a G8 initiative to support low and middle income countries in reaching their goals and objectives on social health protection. France is also a contributor to and partner in the Global Health Workforce Alliance (GHWA), a partnership dedicated to identifying and implementing solutions to the health workforce crisis.

## AT A GLANCE: FRANCE'S GLOBAL HEALTH STRATEGY

**Strategic Priorities:** fighting communicable diseases such as HIV/AIDS, TB and malaria; strengthening health systems; mobilizing innovative financing for development; and improving maternal and child health

**Partner Countries with a Focus on Health:** Benin, Burkina Faso, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Ghana, Madagascar, Mali, Mauritania, Niger, Republic of Guinea, Senegal, Togo

**Key Reference Document:** *Development Cooperation: a French Vision* (2011)

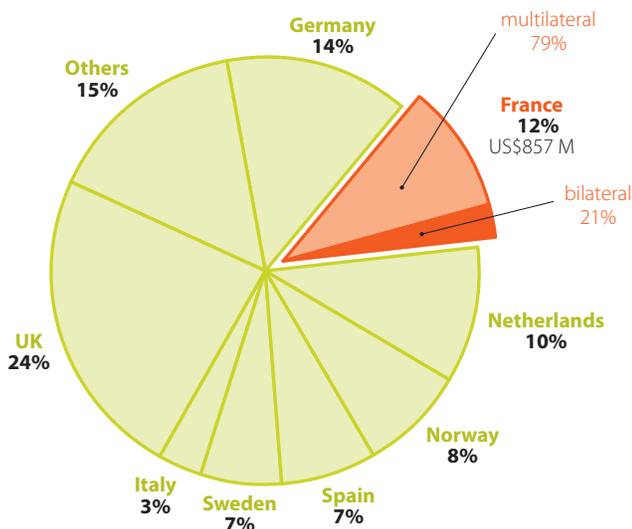
## GLOBAL HEALTH FUNDING

In 2002, the government committed to spending 0.7% of gross national income (GNI) on ODA by 2015. The share of France's GNI going to ODA increased from 0.3% in 2000 to 0.5% in 2010.<sup>3</sup> France therefore only narrowly missed the European Union (EU) interim goal of 0.51% GNI/ODA by 2010, as laid out in the European step-by-step plan to reach the 0.7% target by 2015.

France's health ODA has also increased in absolute terms from US\$720 million (€526 million) in 2007 to US\$857 million (€615.4 million) in 2009. In 2009 about 5.5% of France's total ODA went to health (compared to 8% in 2008), of which 79% was classified as multilateral and 21% as bilateral by the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) (Figure 1). France's contribution to global health as a percentage of GNI is 0.041%.<sup>4</sup> This contribution falls short of the recommendation by the World Health Organization (WHO) Commission on Macroeconomics and Health to allocate 0.1% of GNI to health ODA.

Figure 1, on the next page, summarizes European DAC members' spending on bilateral and multilateral development assistance for health, as reported to the OECD.

**Figure 1: Share of health ODA, European DAC members in 2009**



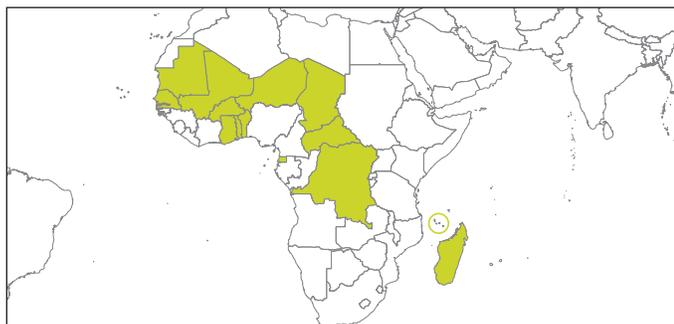
\*Others: Austria, Belgium, Denmark, Finland, Greece, Ireland, Luxembourg, Portugal and Switzerland

### Bilateral Spending

France's bilateral ODA for health in 2009 was US\$178.5 million (€128.2 million), representing 21% of total health ODA. While the MAEE is responsible for global health policy formulation and strategy development, the French development agency (*Agence Française de Développement, AFD*) is the main organization implementing French bilateral assistance and executing the French government's development aid policies (see below).

French bilateral assistance is heavily concentrated on sub-Saharan Africa (47% of total bilateral assistance).<sup>5</sup> From 2009, specific priority has been given to a group of 14 fragile and least developed countries in sub-Saharan Africa, which are shown in Figure 2. Fifty percent of French development grants have been devoted to these countries to assist them in reaching the MDGs, including assistance for reaching the health targets. Nearly three-quarters of the funds committed by France to the 2010 G8 Muskoka Initiative for maternal and child health (US\$662.3 million [€500 million] between 2011 and 2015) will be channeled through bilateral programs.<sup>6</sup>

**Figure 2: Priority countries for French bilateral assistance**



Benin, Burkina Faso, Central African Republic, Chad, Comoros, Democratic Republic of the Congo, Ghana, Madagascar, Mali, Mauritania, Niger, Republic of Guinea, Senegal and Togo

The "Partnership Framework Documents" (*Document Cadre de Partenariat, DCPs*) form the strategic agreements between France and its partners and define up to three focus sectors of French aid in each country for a five-year period. In 2010, only a handful of countries included health in the DCP as a priority sector for intervention.<sup>7</sup>

French aid to countries is almost all untied: according to the OECD, 82% of French bilateral ODA commitments (excluding technical assistance and administrative costs) was untied in 2008. Technical assistance by the AFD in the sectors relevant to the eight MDGs is untied in all regions.

### Multilateral Spending

Since 2004, most of France's investments in global health have been directed through multilateral organizations. In 2009, France's multilateral health spending was US\$678.5 million (€487.2 million), representing 79% of its total health ODA. The three major recipients of French multilateral funding are the Global Fund, UNITAID,<sup>8</sup> and the GAVI Alliance. France's other significant contributions to multilateral health initiatives include supporting the health activities of the EU, the WHO, and the United Nations.<sup>9</sup>

France's support to the Global Fund totaled US\$427.8 million (€307.2 million) for 2009. France is the largest European contributor to the Global Fund, and the second-largest contributor in the world (after the United States). France is also the leading contributor to UNITAID (it provides over 60% of UNITAID's total resources), providing US\$197 million (€141.5 million) in 2009. France levies a solidarity airline tax to raise funds for UNITAID. As part of its contribution to the GAVI Alliance, France has committed US\$1.5 billion (€1.2 billion) over a period of 20 years to the International Finance Facility for Immunisation (IFFIm).<sup>10</sup>

### GLOBAL HEALTH DECISION-MAKING

Figure 3, on the next page, shows the key actors and institutions involved in global health decision-making in France.

Overall policy and decision-making authority rests with the **President of the French Republic**. The current President, Nicolas Sarkozy, a member of the conservative Union for a Popular Movement party (UMP), has been a vocal advocate of innovative financing for development, including a recent proposal to fund increases in development spending through a tax on financial transactions. At the 2010 G8 summit, President Sarkozy committed an additional US\$662.3 million (€500 million) between 2011 and 2015 to finance maternal and child health interventions, as part of the G8 Muskoka Initiative. In December 2008, France's current First Lady, Carla Bruni-Sarkozy, became a Global Fund Ambassador for the protection of mothers and children against AIDS.

The President appoints the **Prime Minister** and government ministers, many of whom are involved in setting development policy. The Prime Minister and the parliament oversee much the nation's lawmaking. The current Prime Minister is Francois Fillon.

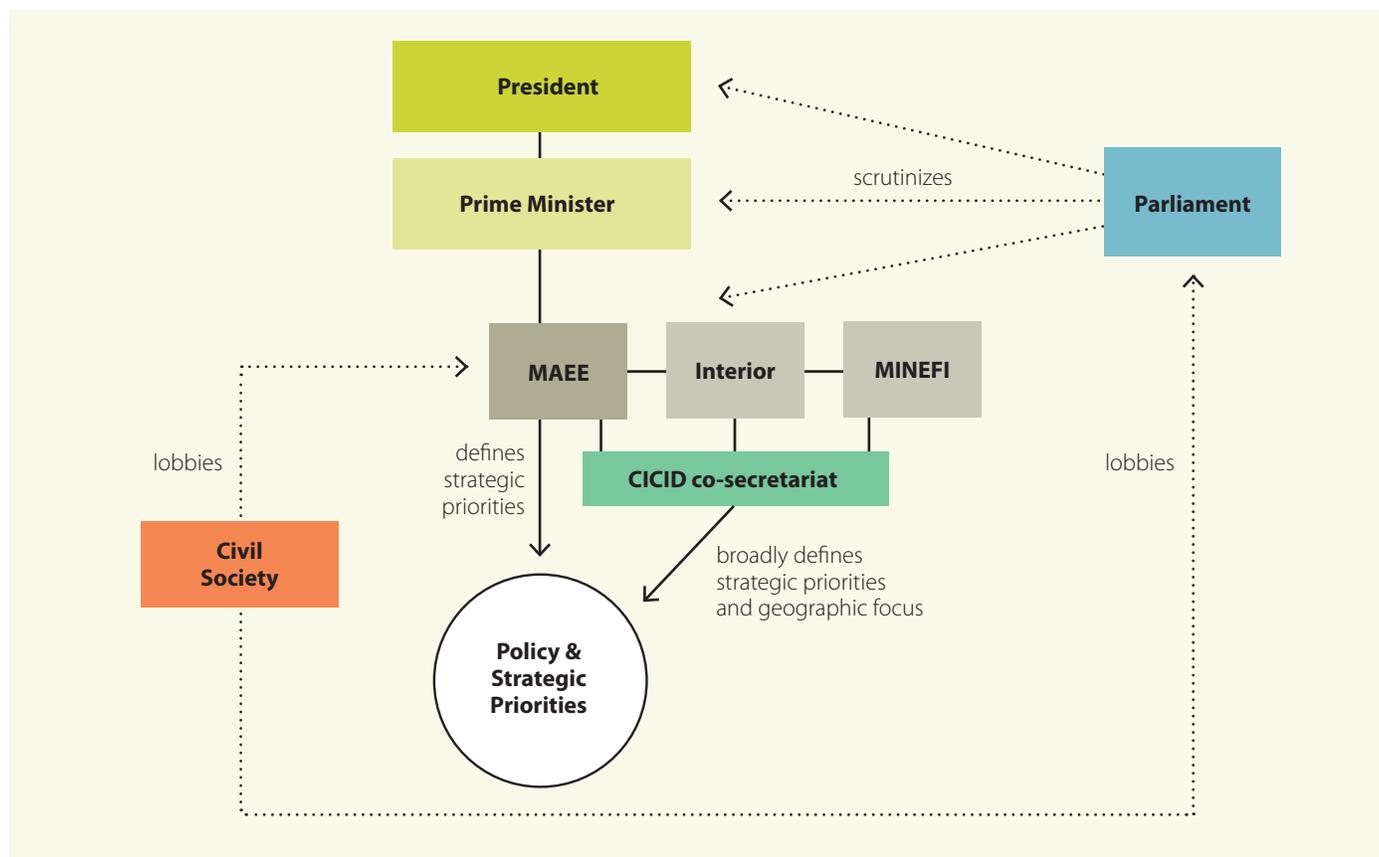
Unlike other large development donors, such as the UK and Germany, France does not have a Development Ministry. Created in 1998 and chaired by the Prime Minister, the **Inter-ministerial Committee for International Cooperation and Development** (*Comité Interministériel de la Coopération Internationale et du Développement, CICID*) coordinates all ministries involved in development aid policy. The CICID broadly defines the geographic and strategic priorities for France's development policy. The CICID's Secretariat consists of members of the Ministry of Foreign and European Affairs (MAEE); the Ministry of Economy, Finance and Industry (*Ministère de l'Économie, des Finances et de l'Industrie, MINEFI*); and the Ministry of the Interior, Overseas France, Local Authorities and Immigration (*Ministère de l'Intérieur, de l'Outre-mer, des Collectivités territoriales et de l'Immigration*). Together the members of the Secretariat jointly oversee the work of the AFD.

Despite its mandate to meet annually, the CICID has met only 9 times since its inception. Therefore, while the CICID provides the overall orientation for French development cooperation, it is the MAEE that ensures the deployment and coherence of French development assistance policy.

The three main partners involved in the deployment of development cooperation assistance are: 1) the Directorate General of Global Affairs, Development and Partnerships (*Direction générale de la Mondialisation, du Développement et des Partenariats, DGM*) in the MAEE; 2) the Directorate General for the Treasury and Economic Policy (*Direction générale du Trésor et de la politique économique, DGTPE*) at the MINEFI; and 3) the AFD.

The **Ministry of Foreign and European Affairs** (MAEE) is responsible for, and oversees, all of France's diplomatic and development initiatives, including France's global health policy. The current State Minister of Foreign and European Affairs (*Ministre d'Etat, ministre des Affaires étrangères et européennes*), is Alain Juppé. Within the MAEE, the Minister Responsible for Cooperation<sup>11</sup> (*Ministre auprès du ministre d'Etat, ministre des Affaires étrangères et européennes, chargé de la coopération*), reports to the Minister of Foreign and European Affairs and is the political authority in the field of development cooperation, in charge of coordinating France's development cooperation actors. The current Minister Responsible for Cooperation is Henri de Raincourt. The French Ambassador for the Fight Against HIV and Communicable Diseases (*Ambassadeur chargé de la lutte contre le sida et les maladies transmissibles*), Patrice Debré, reports to the Minister Responsible for Cooperation and serves in a diplomacy and advocacy role. He also ensures synergy in France's global health actions across relevant departments.

**Figure 3: Key actors and institutions involved in global health decision-making**



Within the Ministry of Foreign and European Affairs (MAEE), the Directorate General of Global Affairs, Development and Partnerships (DGM) defines policies and strategy, including specific actions and budget plans relating to international cooperation and development. Within the DGM, the Department for Health and Human Development drives global health policy and strategy (see Figure 4).

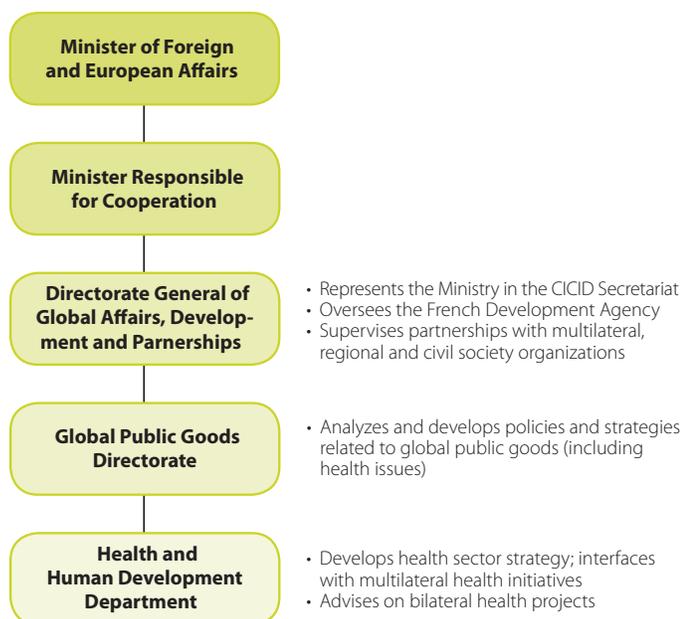
The Directorate General of the Treasury and Economic Policy (DGTPE) at the Ministry of Economy, Finance and Industry (MINEFI) represents the ministry on the Secretariat of the CICID and is responsible for relations with development banks and international financial institutions, trade policies and for debt cancellation. It also manages French funds for the IFFIm.

The role of other ministries in the development of France's global health policy is limited to specific functions:

The **Ministry of Labour, Employment and Health** (*Ministère du travail, de l'emploi et de la santé*) represents France at the WHO, where it holds a seat on the Executive Board (2009–2012) and covers a small percentage (about 10% in 2009) of France's contribution to the WHO. It also finances ESTHER (*Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau*), a public-private partnership that facilitates access to care for people infected with HIV/AIDS and other infectious diseases in developing countries. Overall, the Ministry of Health has had only very limited influence on France's global health policy to date.

The **Ministry of Higher Education and Research** (*Ministère de l'Enseignement supérieur et de la Recherche*) touches on global health through its international cooperation on health research and development. For example, it manages funds to the main research organizations active in global health.

**Figure 4: Organization of health policymaking within the MAEE**



The **Ministry of the Interior** is part of the CICID Secretariat and is responsible for immigration, asylum and integration policies. It also manages a small ODA program that addresses how French cooperation can support migrants' (in France) contribution to development in their home country, which includes facilitating health projects.

### Development Agency

France's development cooperation is implemented by the development institution AFD, a single agency that operates both as a bank and a technical assistance provider. As of 31 December 2009, AFD employed about 1,500 people, of whom nearly 500 were based in partner countries.

In 2009, AFD committed US\$8.6 billion (€6.2 billion) to project financing in over 60 countries, including US\$ 2.9 billion (€2.1 billion) for sub-Saharan Africa, the agency's main geographic focus.<sup>12</sup> Of these funds, 4% (US\$309 million or €222 million) were disbursed to health projects. The AFD develops health projects according to country demand, as specified in the DCPs (see above), including support for infectious disease control, HSS, and maternal and reproductive health.

AFD uses a range of financing instruments to implement its activities, including grants, subsidies, loans, and co-financing. It also provides expert technical assistance. More than half of AFD's funding comes from bonds issued in international capital markets and through private investments. The ministries that oversee the AFD (MAEE, MINEFI, and Ministry of the Interior) provide additional public development funds including loans, which represent less than one-quarter of AFD's overall funding.

### Parliament

The French parliament is made up of two chambers: the National Assembly (*Assemblée Nationale*) and the Senate (*Sénat*). Parliament's control over the budget was increased by the Constitutional Bylaw on Budget Acts, passed in 2001 and in force since 2006.

While France's global health policy is set by the MAEE, parliament has the opportunity to scrutinize overall ODA spending via the budget process. However, aside from debating and voting on the ODA budget, parliament has limited ability to influence government strategies and policies relating to development.

Members of parliament (MPs) can submit reports to the government on relevant global health and development issues. One example is the 2005 report on the French contribution to the health MDGs and a 2009 report on French ODA.<sup>13</sup> In addition, three MPs (two from the National Assembly and one from the Senate) sit on the AFD's Board of Directors.

There is no development committee within the French parliament, despite lobbying by civil society and MPs to create one. Of the existing committees, the Foreign Affairs Committees (one in the Senate, one in the National Assembly) have the

most relevance to global health policy. They independently review the ODA budget and provide opinions, via rapporteurs, in the form of public reports.

Each year, during budget discussions on ODA, the Foreign Affairs Committees, along with the Finance, Economy and Planning Committees, hold in-depth discussions and hear from the ministers concerned with ODA. Prior to the November budget vote, these committees independently submit detailed public reports and amendments on the provisions of the budget relating to ODA. However, these reports are developed when the budget itself is already at the final stages and therefore the impact on decision-making is minimal.

### Civil Society

Coordination SUD—*Solidarité Urgence Développement* (Solidarity Emergency Development) —is a well-known, active national umbrella association for French international non-governmental organizations (NGOs). Coordination SUD’s Health Committee brings together about 20 organizations active in global health and provides a platform to exchange information, align priorities, and advocate positions to the government.<sup>14</sup> Specific health areas of focus for the French NGO community include HIV/AIDS, health systems, human resources for health, and maternal and child health.

The 2008 OECD DAC peer review stated that “France would do well to develop a more strategic approach to NGOs.” Development NGOs are occasionally consulted on issues related to global health— for example the new health strategy under development drew upon discussions with NGOs.

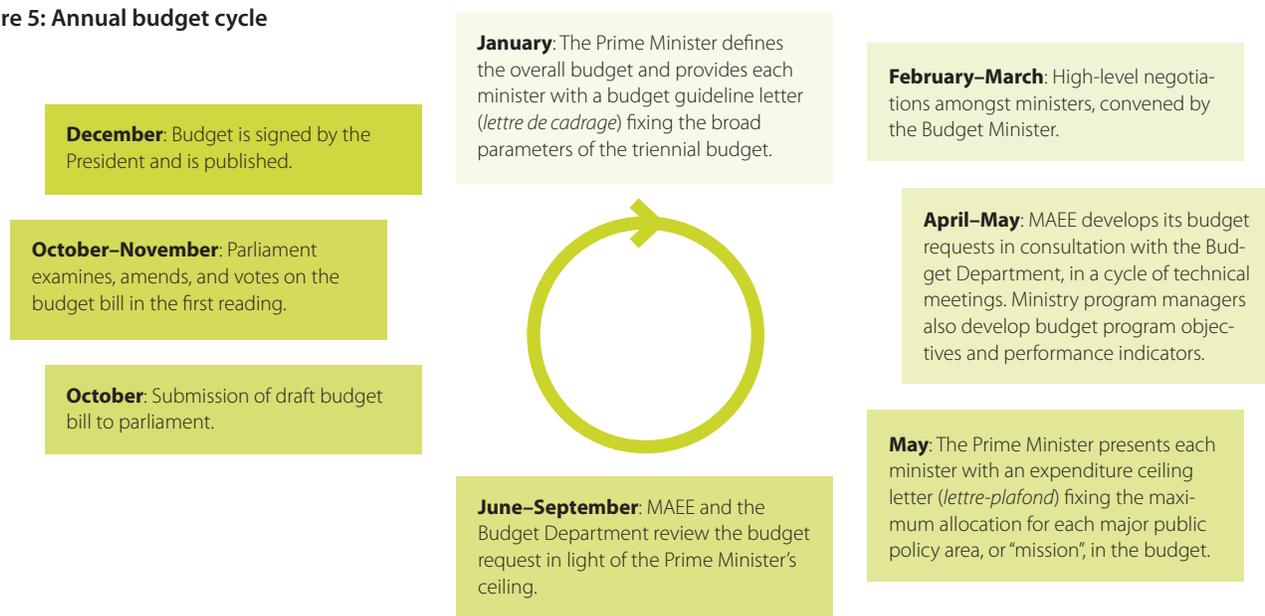
Apart from advocacy, many French civil society organizations also contribute to the implementation of development cooperation alongside the governmental institutions. France provides support for French NGOs primarily through the AFD. Despite their important role in development assistance, as humanitarian actors, technical experts, and advocates, French NGOs receive only a very modest portion of ODA—less than 1%.<sup>15</sup> President Sarkozy has committed to increasing the annual amount of ODA channeled through NGOs to €150 million by 2012 (the MAEE states that US\$60 million [€43 million] went to NGOs in 2009).<sup>16</sup>

### BUDGET PROCESS

The state budget follows an annual cycle. Its preparation is overseen by the Budget Minister with the assistance of the Finance Minister, who is of equal rank. The budget is organized by major public policy areas, called “missions,” each covering various programs. Most aid allocations fall under a single inter-ministerial mission for “official development assistance.”

The President and Prime Minister set the overall budget in a top-down approach. The budget parameters for the “official development assistance” mission are set during a series of meetings convened by the Budget Department, with representatives from the relevant ministries. Mid-year, in the course of the meetings, the Prime Minister defines the budget for the missions. Parliamentary rapporteurs from the Foreign Affairs and Finance Committees are appointed to review the budget allocation of the missions. Parliament does not have the right to modify the overall allocation to a mission, though it can propose redistribution within a single mission.

**Figure 5: Annual budget cycle**



## OUTLOOK

Looking to the future, four trends are emerging:

- In 2011, the MAEE will launch a global health strategy to chart the direction and priorities for the next five years (2011–2015). Discussion with government officials and stakeholders suggests that the French government will continue its work in previous focus areas, such as communicable diseases and HSS, but will also pursue new areas, such as non-communicable and emerging diseases, and the link between the environment and health.
- Responding to a 2008 recommendation from the OECD DAC,<sup>17</sup> a document outlining France's vision for development was finalized in April 2011.<sup>18</sup> The document, the first of its kind in France, provides a medium-term (10 year) outlook of the challenges, priorities and modes of intervention of France's development assistance. The document suggests that sub-Saharan Africa will remain a geographic priority for interventions focused on the MDGs, with 60% of development assistance being focused in this region in the triennial budget for 2011–2013.
- France is projected to continue its support for the three major multilateral health initiatives in the upcoming years (the Global Fund, UNITAID, and the GAVI Alliance). In September 2010, at the United Nations Summit on the MDGs, President Sarkozy announced an overall increase in support to the Global Fund of 20% from the 2008–2010 period, making France's contribution US\$1.4 billion (€1.08 billion) for the period 2011–2013.<sup>19</sup> In November 2010, France announced it will extend its financial commitment to UNITAID, pledging US\$145.7 million (€110 million) per year for the next 3 years (2011–2013). This is the first time since UNITAID was created in 2006 that France has made a multi-year financial commitment. Such a commitment underscores both the predictability of funds generated by the French solidarity levy on airplane tickets and also France's support for innovative financing for development.
- At their 2010 Summit, the G8 countries emphasized the importance of issuing regular reports on the progress made in implementing their commitments related to development. They decided to focus on accountability reporting in 2011, specifically in the areas of health and food security. Therefore, while health will not be a priority issue at the 2011 G8 Summit, hosted by France, it will not be entirely absent from the agenda. The MAEE is developing the accountability reports to be launched shortly before the Summit in May 2011. According to the G20-G8 France website, the reports will promote discussion on "results and best practices in these two areas."

## REFERENCES

<sup>1</sup> This brief uses aid data from the OECD International Development Statistics Online. DAC annual aggregates database and Creditor Reporting System, accessed 15 Mar 2011, <http://stats.oecd.org/Index.aspx?DatasetCode=CRSNEW>; Secretariat estimations of DAC

members' imputed multilateral contributions in the health sector, March 2011, [http://www.oecd.org/document/44/0,3746,en\\_2649\\_34447\\_24670956\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/document/44/0,3746,en_2649_34447_24670956_1_1_1_1,00.html)

- <sup>2</sup> This brief uses the OECD annual exchange rate for the appropriate year.
- <sup>3</sup> <http://webnet.oecd.org/oda2010/>
- <sup>4</sup> 2010 Reality Check, Action for Global Health 2010. Figures refer to 2008.
- <sup>5</sup> [http://www.diplomatie.gouv.fr/en/ministry\\_158/publications\\_2288/global-challenges-international-cooperation\\_2289/sectorial-strategy-documents\\_7243/development-cooperation-french-vision\\_15437.html](http://www.diplomatie.gouv.fr/en/ministry_158/publications_2288/global-challenges-international-cooperation_2289/sectorial-strategy-documents_7243/development-cooperation-french-vision_15437.html)
- <sup>6</sup> Coordination SUD <http://www.coordinationsud.org/L-APD-dans-le-PLF-2011>
- <sup>7</sup> To create more transparency, NGOs have called upon the government to produce a list of all the country beneficiaries of French health ODA.
- <sup>8</sup> UNITAID is not included in the OECD DAC imputed multilateral shares.
- <sup>9</sup> [http://www.oecd.org/document/44/0,3746,en\\_2649\\_34447\\_24670956\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/document/44/0,3746,en_2649_34447_24670956_1_1_1_1,00.html)
- <sup>10</sup> <http://www.gavialliance.org/about/donors/index.php>
- <sup>11</sup> Up until 2010 this was a Secretary of State function but was changed to that of a Minister by President Sarkozy.
- <sup>12</sup> AFD 2009 brochure.
- <sup>13</sup> Morange (2005), <http://www.ladocumentationfrancaise.fr/rapports-publics/054000421/index.shtml>; Martinez (2009), <http://www.ladocumentationfrancaise.fr/rapports-publics/094000358/index.shtml>.
- <sup>14</sup> There is also a Committee on ODA.
- <sup>15</sup> OECD DAC 2008 France Peer Review, <http://www.oecd.org/dataoecd/4/10/40814790.pdf>.
- <sup>16</sup> [http://www.diplomatie.gouv.fr/en/france-priorities\\_1/civil-society-ngos\\_2500/reasons-with-civil-society\\_7378/support-for-the-initiatives-of-international-solidarity-ngos\\_14741.html](http://www.diplomatie.gouv.fr/en/france-priorities_1/civil-society-ngos_2500/reasons-with-civil-society_7378/support-for-the-initiatives-of-international-solidarity-ngos_14741.html)
- <sup>17</sup> OECD DAC 2008 France Peer Review: "The DAC invites France to draw up a co-operation policy framework document that specifies its medium-term objectives and strategy and is applicable to all players involved in official assistance."
- <sup>18</sup> [http://www.diplomatie.gouv.fr/en/ministry\\_158/publications\\_2288/global-challenges-international-cooperation\\_2289/sectorial-strategy-documents\\_7243/development-cooperation-french-vision\\_15437.html](http://www.diplomatie.gouv.fr/en/ministry_158/publications_2288/global-challenges-international-cooperation_2289/sectorial-strategy-documents_7243/development-cooperation-french-vision_15437.html)
- <sup>19</sup> France's contribution to the Global Fund amounted to US\$ 1.3 billion (€ 900 million) for the period 2008–2010.
- <sup>20</sup> <http://www.g20-g8.com/g8-g20/g8/english/home.18.html>

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## E2Pi | EVIDENCE TO POLICY INITIATIVE

The Evidence to Policy Initiative (E2Pi) is a global health policy collaboration between the UCSF Global Health Group and SEEK Development. E2Pi conducts independent analysis and evidence synthesis to inform discussion and decision-making on critical policy and strategic issues in global health.

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