

Two days in Abidjan: finding the voice of francophone Africa



On Jan 18–19, in Abidjan, the governments of Côte d'Ivoire and France convened two meetings focused on research in francophone Africa and its contribution to global public health. Ministers, ambassadors, national and international researchers, agency directors and representatives (including from WHO, Global Fund, ANRS, INSERM, IRD), and non-governmental organisations (such as Solthis and Coalition Plus Afrique) gathered to celebrate decades of scientific collaboration and question the role francophone Africans can and should play in health diplomacy.

While the vivacity and success of scientific research in infectious diseases and public health was evident and praised (eg, the TEMPRANO study on early initiation of antiretroviral therapy), it was much less so when the question turned to francophone Africa's voice in global 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". This statement, by *The Lancet's* Editors last year, encapsulates the predicament.

What is francophone Africa? 21 countries. More than 300 million people. A community of values. An aspiration for social justice and equity. A neglected voice in global public health?

The public health issues faced by these countries are unequivocal—a combination of emergencies and outbreaks, infectious diseases, and non-communicable diseases, with underfunded and weak health systems.

Take Côte d'Ivoire as an example. According to the latest estimates from the Global Burden of Disease (GBD), life expectancy is 61 years for women, 57 years for men. Under-5 mortality is just under 100, at 93 per 1000 livebirths, and maternal mortality ratio remains high at 478 per 100 000 livebirths, according to GBD figures. Malaria, HIV, lower respiratory infections, neonatal sepsis, and diarrhoea are the leading causes of years of life lost. The leading risk factors in terms of disability-adjusted life years are childhood undernutrition, unsafe sex, household air pollution, unsafe water, and high blood pressure. Women have an average of five children. Prevalence of contraception is about 14%, and there were 129 births per 1000 adolescent girls (15–19 years), according to the 2012 demographic health survey. In 2016, UNICEF reported that more

than a third of girls and women in Côte d'Ivoire have undergone female genital mutilation.

At the beginning of the Sustainable Development Goal (SDG) era, according to the latest GBD findings, Côte d'Ivoire had an SDG index (SDGi) of 35, ranking 161st out of 188 countries. Senegal ranked 144th (SDGi 41), Cameroon 171st (SDGi 31), and the Central African Republic 188th (SDGi 20).

By contrast with these challenging health predicaments, what we also saw in Abidjan were enthusiast public health leaders, optimistic ministries, and a strong research community, all dedicated to take public health in the region into the SDG era, focusing on progress in access to antiretroviral therapy and implementation of universal health coverage. There are indeed grounds to be optimistic about what can be achieved.

Strong economic growth—9% in Côte d'Ivoire—generates fiscal space to invest in health. There is also a need to respond to priority health issues, such as HIV, malaria, maternal and child health, and sexual and reproductive health, while developing resilient health systems (in particular, adequate numbers of health workers, essential medicines, and health information systems). Countries need to support and sustain public health research. There is a clear demand to take account of the reality in the region, the complementarity of expertise, richness of local experience and community, and the strength of common values and vision. Existing and emerging public health challenges, such as health security, antimicrobial resistance, migration, demographic change, and urbanisation all require good governance. Several francophone African leaders expressed their frustrations at high-level meetings with international donors, where language was considered to be a barrier to communicating their specific needs fully, and powerfully. National priorities can differ from global blueprints.

While conflict, humanitarian crises, and political uncertainty might be hard to predict, one issue is almost certain—the population of francophone African countries will increase by 50% to 458 million in 2030, according to the US Population Reference Bureau. It is time that the voice of francophone Africa was heard.

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