STRENGTHENING FRANCE'S INFLUENCE AND ACTION TO STEP UP THE FIGHT AGAINST THE HIV PANDEMIC IN THE WIDER GLOBAL HEALTH CONTEXT

POSITION PAPER #2 FOR THE PREPARATION
OF THE NEW GLOBAL FUND STRATEGY MONDIAL

ADOPTED BY THE CNS ON 19 MARCH 2020

The Sixth Replenishment Conference of the Global Fund to Fight AIDS, Tuberculosis and Malaria held in October 2019 in Lyon raised US$14 billion to fight the three pandemics over the next three years. Following on from a first paper published prior to the Conference, this second paper from the CNS calls on France to strengthen its influence and action both within the multilateral framework of the Global Fund and bilaterally, in order to improve the quality and effectiveness of the global response to HIV, particularly in Western and Central Africa. It also proposes significant changes to the new Global Fund strategy for 2023-2028 to ensure that stakeholders work together more effectively to achieve the sustainable development goals.

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KEY POINTS

- France recently reaffirmed **its role at the forefront of the global response to HIV** at the Replenishment Conference of the Global Fund to Fight AIDS, Tuberculosis and Malaria for the three-year cycle 2020-2022. In addition to its rising financial contribution, France has increased its bilateral assistance for HIV and strengthening health systems of priority countries for its official development assistance (ODA).

- The Global Fund has made **some progress in the implementation of its grants** approved in its 2017-2022 strategy, but this remains insufficient. It has thus fostered a differentiated approach according to difficult contexts and support for civil society organisations, prioritised resilient and sustainable health systems, and promoted initiatives to breaking down human rights-related barriers. However, the Global Fund has encountered **difficulties in improving the effectiveness of its grants** to fragile States, particularly in Western and Central Africa, for the benefit of key populations exposed to HIV infection in particular. Certain measures put in place in recent years are insufficiently adapted to needs, deployed too restrictively and too late, and poorly evaluated and coordinated.

- **France has failed to rectify some of the difficulties** encountered by the Global Fund. Its 2017-2021 strategies, one for global health and the other for multilateral assistance, set priorities in line with developments of the Global Fund – fighting pandemics, health systems strengthening, and universal health coverage. France's poor management of the Global Fund, the mixed results of Initiative 5%, an indirect contribution from France to support countries eligible for Global Fund grants and the absence, more generally, of bilateral strategy, have limited France's influence and capacity for action.

- **The priority countries for French ODA**, particularly in Western and Central Africa, should benefit from a response that is better suited to their situation. In several of these countries, **key populations in the epidemic are particularly exposed**, the incidence of infection shows little or no decline, prevention practices are insufficiently implemented, treatment has limits at every stage, and human rights are unevenly protected. Appropriate action should be based on a more differentiated, cross-cutting approach to strengthen health systems; integrated with other non-HIV programmes; coordinated with other funders; aligned with national plans; and co-constructed with civil society organisations.

- In this context, France must better mobilise its channels of intervention and strengthen their specificity and complementarity in order to **further promote its priorities** and **have a leverage effect on its ODA priority countries**. France must, in particular, promote tangible improvements in the implementation of Global Fund grants and champion a high level of ambition for the review of the strategy. It must also improve the clarity and coherence of its bilateral interventions and promote closer ties between its operators. Lastly, it must anticipate developments of the European Union's ODA instruments and strengthen its intergovernmental cooperation, in particular with Germany.

- Moreover, the French National AIDS & Viral Hepatitis Council makes **five recommendations to strengthen France's influence and action**. As such, France must:

    - place the fight against HIV within the framework of a medium- and long-term global health strategy and define the methods for its monitoring and evaluation;
    - strengthen its representation and influence within the Global Fund with a view to the next three-year cycle and the next strategic review to foster change;
    - provide its future single ODA operator with real operational capacity for the fight against HIV and health systems strengthening and, in the meantime, support strategic, operational, geographical and procedural synergies between operators;
    - strengthen dialogue with countries, their representatives and civil society organisations and jointly develop long-term partnerships with these organisations;
    - strengthen cooperation in Europe in the framework of the European Union and between governments, in terms of strategy and operations, at the global level and at the level of countries eligible for Global Fund grants.

France recently reaffirmed its role at the forefront of the global response to HIV

The success of the Global Fund's Replenishment Conference reflected its commitment to the multilateral response to HIV/AIDS. The conference held in Lyon in October 2019 resulted in US$14.02 billion in donations to finance the programmes for the three-year cycle 2020-2022. France took this opportunity to affirm its leadership role and priorities. The French President announced an increase in France's contribution to the Global Fund of 20%. This increase is consistent with the rise in France's contribution to Unitaid, a financial instrument for the promotion of innovative health products accessible to low-income countries in the fight against the three pandemics. He also stated that France intends to better contribute to the effectiveness of assistance in the fight against pandemics in the Sahel region and in several other countries of Western and Central Africa (WCA) by building the capacities of local stakeholders and health systems and by improving access to care for the most vulnerable people. He also highlighted the priority of the human rights of key populations[1] exposed to HIV and gender equality.

To achieve this goal, France also wanted to increase its bilateral action in terms of countries supported by the Global Fund that are priorities for France. France's bilateral action to combat HIV/AIDS has so far been limited, given its high level of commitment within the Global Fund and Unitaid. The main bilateral action was carried out by the operator Expertise France under Initiative 5%. An indirect contribution from France to the Global Fund, equivalent to 5% of its direct contribution to the international organisation, then 7% between 2017 and 2019,[2] was earmarked to support countries eligible for Global Fund grants. Initiative 5% thus provides technical expertise (channel 1 of the Initiative) and funding to meet programmatic, structural and operational research needs (channel 2). Furthermore, France has planned to increase its contribution to the Global Fund allocated to Initiative 5% to 9% for the 2020-2022 three-year cycle. In addition, its programmes will be refocused on some 40 countries, compared to 54 at present, and better targeted on catalyst actions.

In addition to Initiative 5%, France has decided to provide its main development operator with funding dedicated to health systems strengthening (HSS). In 2019, an additional one billion euros was allocated to the French Development Agency (AFD) group to finance – in the form of philanthropic funding – sectoral actions, including health initiatives. The group, which has hitherto been absent from the response to HIV, apart from occasional funding to support certain civil society organisations, now has funding dedicated to HSS that will strengthen the implementation of HIV programmes. In this context, the group has signed a partnership agreement with the Global Fund in three target countries – Côte d'Ivoire, the Democratic Republic of Congo (DRC) and Niger – and is deploying its first programme in Côte d'Ivoire with the assistance of Expertise France.[3] Closer ties between the two operators Expertise France and the AFD are planned for 2021 with the objective of affiliating the former to the latter, without, however, the conditions being defined at this stage.

These announcements are part of a context of increasing official development assistance and strengthened targeting for the period 2018-2022. After seventeen years of stability, in 2018 France advocated a gradual increase in its contribution to ODA[4] and a budgetary reinforcement of the bilateral component of ODA,[5] which is reflected in the increase in resources granted to AFD Group, as part a sustained effort over the five-year term. It also ordered a more pronounced targeting of ODA towards the most vulnerable countries, particularly the nineteen priority countries – eighteen countries in Africa (Table 1) and Haiti –, a concentration of bilateral assistance in areas in which France has a comparative advantage, a doubling of aid to civil society organisations and more support for decentralised cooperation and volunteering stakeholders.

[1] For UNAIDS, the four main key population groups are gay men and other men who have sex with men, sex workers, transgender people and injecting drug users. Prisoners and other incarcerated people are also recognised as particularly vulnerable to HIV and their access to services is often considered inadequate. Countries should define key populations in relation to their epidemic and their response according to the epidemiological and social context, UNAIDS, *Terminology Guidelines*, 2019.

[2] 5% in 2017, 7% in 2018 and 9% in 2019.

[3] Programmes include the establishment of a public health pharmacy in the city of Bouaké and HIV prevention and sexual health activities for adolescent girls and young women.

[4] The Interministerial International Cooperation and Development Committee (CICID) of 8 February 2018 set out an upward trajectory for ODA as a percentage of GNI: 0.44% in 2018, 0.47% in 2020, 0.51% in 2021 and 0.55% in 2022.

[5] The CICID stated that two-thirds of the cumulative average increase in commitment authorisations for the ODA budget by 2022 would contribute to the bilateral component of ODA, in order to rebalance with multilateral commitments.

The Global Fund has initiated a process to better build countries' capacities, but this remains insufficient

Recent developments in the Global Fund's framework for action

In addition to national funding, international funding, based on an impact model, has achieved significant results in the fight against HIV/AIDS. This funding, which in 2018 represented 44% of the resources available for HIV in low- and middle-income countries, is mainly based on two mechanisms: the Global Fund and the US President's Emergency Plan for AIDS Relief (PEPFAR). Created in the early 2000s, the two instruments have allocated increasing funding to vertical HIV/AIDS programmes and in 2018 contributed 88% of international funding for HIV, with 67% from PEPFAR, present in 34 countries, and 21% from the Global Fund, present for HIV in 76 countries.[6] National and international funding and the impact model implemented have led to significant results in terms of access to screening and especially to antiretroviral (ARV) drugs,[7] a drop in HIV incidence and a reduction in AIDS-related deaths, particularly in Eastern and Southern Africa (ESA), where 53% of PLHIV live. However, in many low-income countries, the targets set for reducing incidence or improving access to screening and ARVs have not been met.

Since then, there have been changes in the Global Fund's programmes to encourage a differentiated approach depending on the country. While the Global Fund has strengthened its impact model in the fight against pandemics with a new funding model for the 2014-2016 cycle, it has also promoted HSS and human rights protection projects adapted to national challenges. The Global Fund strategy for 2017-2022 has endorsed these developments via several priorities: (i) pursuing differentiated approaches depending on the country and the context in order to strengthen the effectiveness and sustainability of programmes; (ii) prioritising the establishment of resilient and sustainable systems for health (RSSH)[8] as part of the fight against the three pandemics; (iii) focusing on human rights-related barriers, social rejection, discrimination and gender inequalities, considering their harmful consequences for the fight against epidemics.

In line with these strategic priorities, the Global Fund has brought innovative programmes into its 2017-2019 three-year grant allocation cycle. The differentiated approach implies, in particular, taking into account difficult intervention contexts. From 2017 onwards, the Global Fund has thus implemented grant allocation mechanisms adapted to Challenging Operating Environments (COEs), marked either by chronic instability at the country level, as in the Central African Republic (CAR), or by emergencies linked to cross-border movements of people, as in Burundi. Supplemented by an emergency fund, these programmes should improve the operational implementation of grants, strengthen partnerships and ease management rules. Insofar as half of the difficult intervention contexts are located in WCA, the Global Fund has strengthened the human resources dedicated to monitoring countries in this region.[9]

Support for community-based civil society organisations, which is still marginal, has helped to promote the differentiated approach. Such support appears to be crucial, including in relation to the Global Fund's grant implementation model. In accordance with the principles of partnership and ownership, countries submit grant applications to the Global Fund and carry out the implementation of programmes, which are entrusted to recipients, through their Country Coordinating Mechanism (CCM), which includes representatives of civil society.[10] A first Community, Rights and Gender technical assistance programme, with a budget of US$15 million for the 2017-2019 three-year cycle, financed around a hundred requests for assistance to strengthen civil society organisations.[11] A second programme, the Evolution pilot project developed in eighteen countries, including six in WCA, and funded to the tune of nearly US$4 million, contributed to improving the skills of CCMs, by means of a differentiated approach, in four areas: operations, coordination with other institutions, civil society participation, and strategic monitoring of grants.[12]

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[6] Jennifer Kates, Adam Wexler, Eric Lief and UNAIDS. 2019. "Donor Government Funding for HIV in Low- and Middle-Income Countries in 2018."

[7] With regard to the Global Fund, 72% of the funding for HIV has been allocated to HIV care since 2015 and 20% to prevention.

[8] The actions for RSSH are structured around seven priorities: (i) strengthening community actions and systems; (ii) supporting reproductive, maternal, newborn, child and adolescent health programmes; (iii) strengthening national and global procurement and supply management systems; (iv) promoting essential investments in human resources for health; (v) strengthening health data systems and the capacity of countries to analyse and use these data; (vi) strengthening and harmonising national health strategies and national strategic plans for each disease; (vii) strengthening financial management and oversight.

[9] As such, 5 FTEs for US$100 million out of the 2017/2019 budget has been invested in the region, compared to 2 FTEs for the same amount in the rest of Africa.

[10] CCMs, which include the public sector, multilateral and bilateral partners, and civil society, must comprise a minimum of 40% representatives of civil society, i.e., NGOs, community-based organisations, people living with the disease, key populations, the private sector, and academic institutions.

[11] Three areas are involved: (i) short-term technical assistance as part of the grant cycle; (ii) long-term capacity building; (iii) the establishment of regional coordination platforms for communities and civil society.

[12] Global Fund. "Evolving CCMs to Deliver on the Global Fund Strategy", *42nd Board Meeting*, 4-15 November 2019.

In terms of health systems, the Global Fund announced that it has increased its annual grants to US$1 billion per year, i.e. around a quarter of its resources. The organisation has contributed to building countries' capacities, including procurement and supply management systems and health data systems with the provision of open source platforms widely used by countries. Strengthening human resources for health (HRH), which mobilises half of grants for RSSH, involves in particular the financing of initial training and continuing professional development for community health workers (CHWs), as in Ethiopia, and community nurses, as in Sierra Leone. The Global Fund also contributes to the salaries of local staff – 150 CHW supervisors in Mali and some 50 pharmacists and logisticians in Benin – and to the capacity of human resource systems. In Mali, the deployment of a mobile banking system to improve the reliability of CHWs' salary payments is funded by the Global Fund.[13]

In the area of human rights, the Global Fund has promoted initiatives, limited to certain target States. The Global Fund is implementing two thematic programmes to reduce human rights-related barriers to services. With a budget of nearly US$47 million[14] for the 2017-2019 three-year cycle, the "Adolescent Girls and Young Women" and "Breaking Down Barriers" programmes are limited respectively to 13 countries in Sub-Saharan Africa, including 12 in ESA, and 20 countries, including 12 in Sub-Saharan Africa.[15] Although the financial envelopes of these programmes are modest in relation to the issues involved, they are nevertheless supplemented by counterpart funds paid by the States.[16] As such, the 2017-2019 three-year cycle was characterised by an increase in funding for the promotion of human rights,[17] for countries eligible for the counterpart fund, whose funding increased more than sevenfold compared to the previous three-year cycle. In total, 90% of the countries included in the programme have devoted funding to the removal of human rights-related barriers, compared to 29% for other Global Fund countries.

The implementation of Global Fund programmes has been accompanied by the development of partnerships, particularly with other international funders. The two main financial instruments – PEPFAR and the Global Fund – were late in developing coordination methods and instruments. While local PEPFAR staff participate in CCMs, Global Fund staff are invited to contribute to PEPFAR's annual Country Operational Planning process. PEPFAR's 2019 Report to Congress describes progress in aligning planning and developing common methods of strengthening the complementarity of PEPFAR and the Global Fund.[18] In addition to PEPFAR, international organisations such as the World Bank and financial instruments such as the Global Alliance for Vaccines and Immunisation (GAVI) have been mobilised with the Global Fund to harmonise health system intervention instruments as a first step in global health funder coordination.

Further developments have been adopted for the three-year cycle 2020-2022 to provide more flexibility to countries. On the one hand, adjustments have been introduced in the Global Fund's funding allocation methodology to better take into account: (i) grant performance; (ii) the needs required to build RSSH and accelerate progress towards universal health coverage (UHC) through integrated HIV services. On the other hand, the Global Fund must now provide countries with flexibility to revise the distribution of funding between their endowments – those for vertical programmes and those for RSSH programmes. In order to make additional funding available, the Global Fund has stated that it will adjust its assistance in line with other funders of the WHO Global Health Plan.[19]

The discussion on the Global Fund's new strategy, due to begin in 2020, is an opportunity to adjust and improve the organisation's effectiveness and performance. The strategy should specify the Global Fund's objectives for achieving the SDGs, anticipate new trends and innovations, and better adapt to geopolitical contexts and the changing development landscape. The draft strategy, which is the result of many forum consultations, will be submitted to the Global Fund Board for approval in the second quarter of 2021.

[13] For the whole paragraph: *Global Fund, Technical Brief: Strategic Support for Human Resources for Health*, 2019.

[14] The catalytic fund dedicated to the "Breaking Down Barriers" project comprises US$45 million in counterpart funds and US$1.74 million from a strategic initiative.

[15] The twelve WCA countries included in the "Breaking Down Barriers" programme are Benin, Botswana, Cameroon, Côte d'Ivoire, DRC, Ghana, Kenya, Mozambique, Senegal, Sierra Leone, South Africa and Uganda.

[16] Counterpart funds are catalytic investments to fund projects within the Global Fund's strategic priorities. In return, the beneficiary countries must undertake to allocate an amount of own funds at least equal to the counterpart funds allocated to them. All 20 countries of the "Breaking Down Barriers" programme were eligible for counterpart funds.

[17] An estimated US$123 million has been invested by the GF to remove human rights-related barriers.

[18] The United States President's Emergency Plan for AIDS Relief 2019 Annual Report to Congress, 2019.

[19] The Global Fund will establish four country portfolios that will receive (a) a comprehensive support package, (b) lighter, longer-term support, (c) co-financing support, and (d) involvement at a more strategic level.

Progress that remains insufficient to correct the difficulties

Despite its efforts, the Global Fund is struggling to improve the effectiveness of grants allocated to key populations and fragile States. At the end of 2019, the Global Fund Secretariat acknowledged that the organisation has made slower progress on the political and socio-economic determinants of the HIV epidemic than on the likely factors of biomedical interventions. As such, the organisation is facing structural difficulties that hinder the deployment of an optimal offer to: (i) key populations of HIV infection; (ii) populations from fragile States[20] and States with weak health systems, many of which are in WCA.

The differentiated approach adopted by the Global Fund has not made it possible to respond to the difficulties encountered in several regions, particularly in WCA, according to an overall report for the region.[21] As such, the impact on the HIV epidemic appears insufficient in relation to the 90-90-90 targets set by UNAIDS,[22] due in particular to an inadequate framework for action. For example, the Global Fund's grant allocation methodology to date has largely been based on the morbidity burden of the three diseases without taking sufficient account of factors such as the maturity of health systems (Table 1) or human rights barriers affecting access to health services.[23] Moreover, the management of grants has not been rolled out to all the countries of the WCA region. Only 30% of the countries in the region have national grant implementation plans. In this context, the absorption of grants by the countries of the region, despite progress, remains insufficient. As such, Mauritania and Guinea have extremely low financial absorption rates (28% and 33%, respectively), while Sierra Leone, Niger, Chad and Mali also have sub-optimal absorption rates of between 50% and 69%. Poor absorption leads to disbursement delays and postponements of activities that can cover one third of the programme implementation period.

The poor absorption of grants suggests that the Global Fund's efforts to adapt its programmes to challenging environments are insufficient. Firstly, the use of WCA programmes remains low – only 40% of WCA grants have taken advantage of these flexibilities in WCA[24] – and ownership by local stakeholders remains uneven. Secondly, the procedures for access to grants and implementation remain complex. Countries classed as WCA remain subject to procedures strictly identical to those of other countries and do not have the capacity to complete the requested reports.[25] Lastly, the safeguard measures put in place by the Global Fund due to proven financial risks, such as a zero-cash policy and the support of financial officers, are barriers to capacity building.[26]

The establishment of CCMs is not a sufficient guarantee for the participation of community-based civil society organisations, which struggle to be included in the Global Fund's framework for action owing to their poor mobilisation and insufficient recognition. As such, within CCMs, discussions remain dominated in many countries by government and/or international cooperation representatives. This low level of participation of civil society organisations can be explained by (i) the complexity of Global Fund procedures, due to the requirements of eligibility, accountability and counterpart funding, and their constant evolution; (ii) the positioning of civil society representatives who are reluctant to express overt opposition to the public stakeholders who are sometimes very present in the CCMs, as in Cameroon[27] or, for other reasons, to PEPFAR and/or the Global Fund, which are the funders of their NGOs; (iii) the intrinsic difficulties encountered by CCMs, which deprive them of some of their

[20] A Fragile States Index, developed by the American NGO The Fund for Peace since 2005, measures the state of a country at a specific point in time and is obtained by averaging twelve conflict risk indicators. France considers that fragility covers countries in situations of extreme vulnerability (economic, social, institutional), facing imminent crises (security, economic, humanitarian, climatic), facing armed conflict, in a phase of reconstruction, emerging from crisis, or likely to fall into one of these situations. Fragility is not limited to the state apparatus and includes societies, which can also be fragile, in particular owing to a breach of the social contract: Directorate-General for Globalisation, Culture, Education and International Development and Directorate-General for the Treasury, *Pour une aide au développement performante, au service des plus vulnérables. Stratégie française pour l'aide multilatérale 2017-2021*, 2017.

[21] Office of the Inspector General, *Grant Implementation in Western and Central Africa*, 2019.

[22] By 2020, 90% of all PLHIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained ARV therapy, 90% of all people receiving ARV therapy will have a permanently suppressed viral load.

[23] Management of Global Fund grants in WCA is divided into four management groups. G1: Benin, Cameroon, Cape Verde, Congo, Gabon, CAR, Sao Tome and Principe, Chad. G2: Burkina Faso, DRC, Côte d'Ivoire, Ghana, Mali. G3: Gambia, Guinea, Guinea-Bissau, Liberia, Niger, Senegal, Sierra Leone, Togo. G4: Mauritania.

[24] Office of the Inspector General, *Grant Implementation in Western and Central Africa*, *op.cit.*

[25] For example, the current results report consists of 12 worksheets containing more than 400 entries to be completed with related collected data. The annual financial report consists of 224 elements.

[26] Office of the Inspector General, *Global Fund Grant Management in High Risk Environments*, 2017; *Grant Implementation in Western and Central Africa*, *op.cit.*

[27] See the example of the Cameroon CCM: Muriel Same Ekobo and Abdoulkadri, "Les partenaires internationaux dans l'instance de coordination du Fonds Mondial au Cameroun : des reconfigurations à l'aune d'une gouvernance instrumentalisée (fr)", Face à face [Online], 15 | 2019, Online since 10 October 2019.

prerogatives, due to a whole host of operational deficiencies,[28] insufficient investment over time by public stakeholders, or the role played by PEPFAR, which can negotiate outside the CCM or even use the body to endorse its strategy in its countries of intervention, as in Côte d'Ivoire.[29]

As such, the support of civil society organisations, which is indispensable for the differentiated approach, appears insufficient. While the Global Fund cannot remove all barriers to their participation, given the role played by States and PEPFAR, it must nevertheless provide support commensurate with the needs. However, the support programmes implemented so far do not appear to have achieved their targets. Accordingly, the interim evaluation of the Evolution project showed very encouraging progress made by CCMs in three of the four areas evaluated.[30] However, the results presented at the November 2019 Board meeting do not allow for an accurate assessment of the impact of the programme at the country level. Similarly, the Community, Rights and Gender technical assistance programme was renewed without a needs assessment and without a significant increase in funding.

The structure of the Global Fund does not appear to be appropriate for designing, implementing, coordinating and evaluating cross-cutting programmes. Two recent internal evaluations[31] and an independent internal audit[32] have provided a mixed assessment of the RSSH programmes, which have had limited impact and are, above all, hard to measure. Several difficulties were identified. Firstly, vertical programmes remain insufficiently integrated with each other and within national HSS plans given the Global Fund's disease intervention model and silo structure – by country team – which is very slow to evolve. Secondly, the programmes remain designed for a three-year period, which does not encourage the long-term involvement necessary for systemic HSS work. Moreover, the issues of management, governance and transparency of health systems and the absorption of funding for these systems[33] are not sufficiently taken into account. Lastly, the Global Fund's monitoring and evaluation procedures focus on processes, especially information systems, rather than on results and impact. As such, despite optimal deployment of the district health management information system (DHIS2)[34] in Togo,[35] HIV care data proved to be incomplete or even erroneous in 42% of cases, due to a lack of sufficient human resources.[36]

Furthermore, tensions have emerged between the vertical approach, which has required, for example, improvements in the supply chain, and the cross-cutting approach. As such, instruments put in place by the Global Fund to promote access to treatment with the aim of eradicating the three pandemics, such as the online purchasing platform, Wambo,[37] open to a large number of operators,[38] have constituted a barrier to HSS. The capacity of countries to oversee and ensure the supply chain at its different levels, on the one hand, and the autonomy of national supply systems, on the other, have been compromised by the development of Wambo[39] and have suffered from a lack of human and financial resources combined with poor in-country health data management. In addition, the Wambo platform may offer fewer guarantees than national supply systems. As such, in Togo, the traceability of medicines delivered by the Global Fund platform Wambo has proved to be less satisfactory, at the district level, than that established by the national supply system, the Central Purchasing Agency for Essential Generic Medicines and Medical Consumables (CAMEG).

The impact of projects initiated in the fields of human rights promotion and protection and gender equality is difficult to assess. Some high-impact countries with a high HIV burden and significant human rights challenges, such as Burkina

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[28] Deficiencies were identified in a sample of 50 CCMs by the Office of the Inspector General: Audit Report The Global Fund Country Coordinating Mechanism, 2016.

[29] Anne Bekelynck, "La Côte d'Ivoire, un cas d'école des rapports de force PEPFAR – Fonds mondial", Face à face [Online], 15 | 2019, Online since 10 October 2019.

[30] Each area is evaluated according to a scale with four levels of maturity.

[31] 36th Technical Evaluation Reference Group Meeting Outcome Report September 2018; Technical Review Panel, *Report on RSSH investments in the 2017-2019 funding cycle*, 2018.

[32] Global Fund, Office of the Inspector General, *Managing investments in Resilient and Sustainable Systems for Health*, 2019.

[33] The absorption rate is 56% for stand-alone RSSH programmes, 67% for RSSH programmes integrated into a vertical programme, and 75% for vertical programmes.

[34] The DHIS2 information system is a customised, online, open source information management software developed by the University of Oslo. The deployment of this software mobilises a large part of the budget heading for "Health Management Information Systems – Monitoring and Evaluation".

[35] All districts now report their results in DHIS2 and 57% of healthcare establishments are equipped with digital tablets that allow them to record data directly into DHIS2.

[36] Global Fund, Office of the Inspector General, *Audit Report Global Fund Grants in Togo*, 2019.

[37] The online purchasing platform wambo.org is designed to reduce supply problems by linking buyers and suppliers of products needed for HIV/AIDS, tuberculosis and malaria programmes.

[38] The Global Fund has gradually extended access to the Wambo purchasing platform to countries' own funds and then to organisations working in the fight against the three pandemics.

[39] Global Fund, Report of the Office of the Inspector General, *The Global Fund's In-country Supply Chain Processes*, 2017.

Faso, Mali and Ethiopia, have not been included in the "Breaking Down Barriers" programme. Ethiopia, for example, spends only 0.3% of its grant to fight HIV on reducing human rights-related barriers. Moreover, difficulties in distinguishing and characterising the concepts of "removing human rights-related barriers" and "promoting health as a human right" can lead to a lack of prioritisation and targeting of resources. As a result, the resources allocated to the "Breaking Down Barriers" project have proven to be insufficient and the scope of the programme has moreover been scaled down.[40] Furthermore, the monitoring and evaluation of programmes remains insufficient: nearly 45% of investments for human rights are reportedly allocated to other modules.[41]

Lastly, the low level of coordination between the different stakeholders hinders the effective implementation of the grants. Although partnerships have been established in Côte d'Ivoire between the Global Fund, on the one hand, and PEPFAR and other bilateral partners on the other, there are still few examples of collaboration with regional partners. As such, in 2017, the Global Fund did not join the Alliance-Sahel initiative led by France, Germany and the European Union and supported by the World Bank, the UN and WHO, despite its investments – amounting to US$440 million over the previous two three-year cycles – in the region. With regard to multi-country grants, in the absence of a normative framework for coordination between multi-country programmes in a region or between multi-country programmes and national programmes, the operational effectiveness of grants has been limited.[42] In addition, the low level of governance of multi-country grants operated by regional organisations[43] does not allow for effective coordination with relevant stakeholders. With respect to country grants, the lack of communication between Global Fund country teams leads to ring-fencing of grants, which does not encourage the sharing of good practices between countries. Lastly, the dialogue between the Global Fund and in-country implementers is extremely heterogeneous. As such, the number of country team visits related to grant management in WCA was 187 for Senegal compared to six for Burkina Faso between 2015 and 2018.

Generally speaking, responses to the difficulties identified are late coming. Following the critical evaluation and audit reports on actions in WCA, different action plans were presented by the Secretariat to promote developments based on a differentiated approach. As such, in the WCA region, country-specific reviews are being conducted to take into account most of the recommendations of the 2019 evaluation report and to establish country action plans that will precisely define the responsibilities of the Global Fund, country stakeholders and partners. The establishment of country reviews is indeed a useful prerequisite for change, but the process, which has been started for six countries to date,[44] appears to be relatively long and tedious to implement.

France's external action has so far failed to respond to the difficulties encountered by the Global Fund

France's external action in the fight against HIV/AIDS is delivered through two ambitious strategies. On the one hand, France's global health strategy, published in 2017 and steered by the Ministry for Europe and Foreign Affairs (MEAE), promotes, through its first priority,[45] an integrated approach to the fight against HIV/AIDS and the promotion of accessible, sustainable, resilient and high-quality health systems in order to achieve UHC. To this end, France must support actions for RSSH within the framework of the strategies of the Global Fund and GAVI and implement actions to support: (i) the supply of user-centered care; (ii) national financing systems by helping to allocate resources to UHC. In addition, the French strategy for multilateral aid 2017-2021, steered by the MEAE and the Ministry of Economy and Finance (MEF), sets out the doctrine for participation in the multilateral system.[46] France must therefore encourage international organisations, including the Global Fund, to define differentiated guidelines for LDCs and

[40] Support to the 20 countries has been divided between "proactive" and "reactive" support. Only 12 countries will receive "proactive" support in terms of grant implementation, stakeholder mobilisation, strategic plan development, monitoring, technical assistance, and mid-term and end-of-project evaluation.

[41] For the whole paragraph: Global Fund, Report of the Office of the Inspector General, *Removing human rights-related barriers: Operationalizing the human rights aspects of Global Fund Strategic Objective 3*, 2019.

[42] 71% of the multi-country/regional grants reviewed by the Office of the Inspector General performed below expectations.

[43] Multi-country grants may be governed by a Regional Coordinating Mechanism (RCM) or Regional Organisation (RO). RCMs are multi-country public-private partnerships while ROs rely on local stakeholders with expertise in the issues addressed. The GF's requirements for ROs are less stringent.

[44] Senegal, Guinea Conakry, Cameroon, Liberia, Sierra Leone and Gambia.

[45] The strategy sets out four priorities for the five-year cycle 2017-2021: (i) HSS and disease control, (ii) health security, (iii) population health, (iv) expertise, training, research and innovation.

[46] Directorate-General for Globalisation, Culture, Education and International Development and Directorate-General for the Treasury, *Pour une aide au développement performante, au service des plus vulnérables. Stratégie française pour l'aide multilatérale 2017-2021*, *op. cit.*

fragile countries and promote their alignment with the SDGs. It must also help to improve the monitoring of their performance, to set up decentralised multi-stakeholder coordination and to strengthen the link between bilateral and multilateral instruments.

However, France has not mobilised sufficient resources to meet its ambitious objectives within its central administration and through the diplomatic network. In particular, the Directorate-General for Globalisation, Culture, Education and International Development (DGM) of the MEAE does not have sufficient, sustainable human resources to effectively manage the Global Fund, given the increase in the organisation's volume of activity and the complexity of its governance and functioning. Staffing levels for monitoring the Global Fund have stagnated in recent years, while the authorised employment ceilings for both the management of the MEAE and the Ministry as a whole have been reduced since 2019, in line with the staff reduction targets implemented as part of the Public Action 2022 initiative. Moreover, the significant proportion of non-tenured staff recruited for time-limited missions within the DGM[47] and their high annual turnover rate – which is 37% for contract staff under French law within the scope of the MEAE[48] – do not favour, in particular, developing the skills of the services in charge of steering international organisations.

France's loss of influence, observed at the Global Fund, seems to have been detrimental. As such, the MEAE has not been able, inter alia, to build coalitions of representatives on the Board bringing together donor countries and representatives of the priority countries of its ODA to build and uphold its positions, in particular on the implementation of in-country grants, nor to mobilise the public stakeholders of "Equipe France"[49], including operators and their partners, as well as private stakeholders, to meet the challenges, in order to strengthen the management of the Global Fund, in particular the preparation of Board meetings and the monitoring of activity. This poor management, which contrasts with France's high level of financial investment, has weakened its scope to wield influence while, at the same time, other representatives on the Board have stepped up their commitment. In addition, its contributions to the Global Fund and other multilateral financial instruments – in addition to the Global Fund, Unitaid, GAVI, and the French Muskoka Fund – have seemed poorly coordinated with each other.

With regard to bilateral action, France has relied on Initiative 5%, which appears relevant in view of the needs in ODA priority countries. Consistent evidence[50] suggests that Initiative 5% has been complementary to Global Fund interventions at different stages of a grant and that its impact has been encouraging. As such, in 2018, CCMs in countries such as Ethiopia, Comoros, Mauritania and Senegal benefited from technical assistance (channel 1) from Initiative 5% to prepare grant applications to be submitted to the Global Fund. At the same time, channel 2 of the Initiative offers the possibility to implement innovative programmes addressing cross-cutting issues specific to more vulnerable population sub-groups. For example, in Côte d'Ivoire, a budget of nearly €2 million was allocated in 2017 to a project to consolidate provision of adapted, integrated and accessible healthcare for precarious drug users who are vulnerable to the three pandemics.[51]

[47] Two-fifths of A-grade staff at central administration are not tenured staff of the MEAE: Annual performance project annexed to the finance bill (PLF) for 2020, Interministerial Mission for Official Development Assistance, 2019.

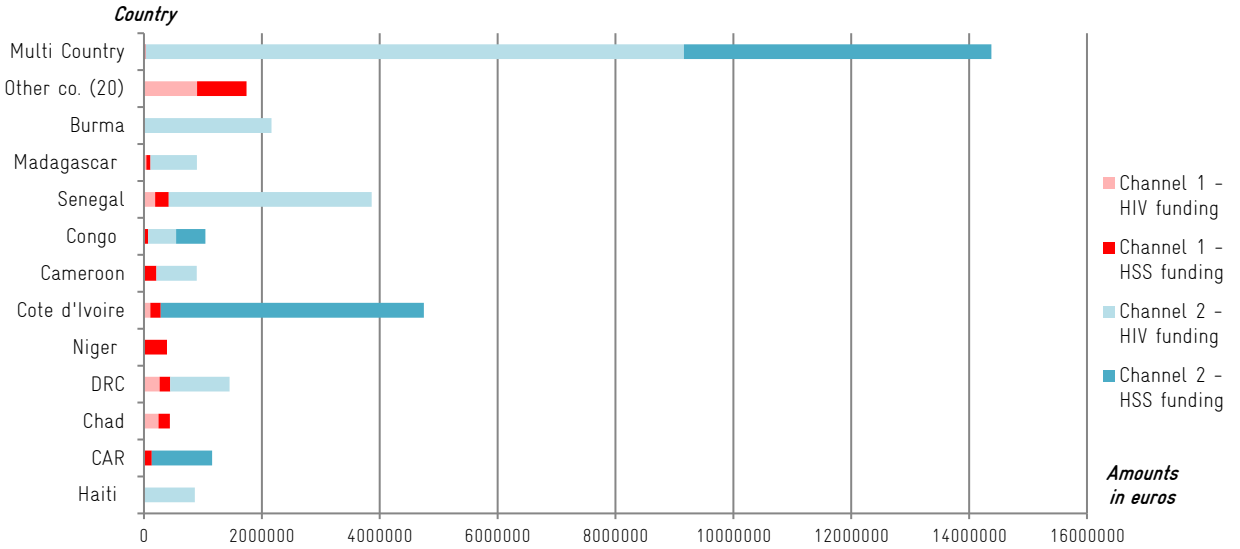
[48] Annual performance project annexed to the finance bill (PLF) for 2020, Interministerial Mission for External Action of the State, 2019.

[49] "Equipe France" (Team France) is a term used by the MEAE to highlight that the French mobilisation for global health brings together, in addition to institutional public stakeholders and their networks abroad, State agencies, universities, the world of scientific and medical research, civil society and/or non-profit organisations, the faith-based world and the private sector, in an inclusive way.

[50] CNS Hearings and Strategic Evaluation of Initiative 5% (2011-2016) Final Report – volume 1 – version of 29 January 2018 Technopolis France & CREDES on behalf of the Ministry for Europe and Foreign Affairs.

[51] Initiative 5% - 2018 Financial Statement - 2018 Activity Report

Figure 1: Distribution of Initiative 5% funding in 2018 in 31 French ODA countries with weak health systems



The list of 31 countries corresponds to the French ODA countries with the weakest health systems in relation to the IQAS index defined in Table 1. The "Multi Country" entry corresponds to financing granted to projects involving several countries. The "Other Countries" entry covers countries receiving less than 1% of the funding allocated to all 31 countries studied for HIV or HSS projects. The amounts stated are taken from the Initiative 5% 2018 annual report.

However, France has not learned all the lessons from the mixed results of Initiative 5%. The mechanism has neither an operational multi-year strategic framework nor a system for monitoring and evaluating channel 1 and channel 2 projects. This poor management favours, in particular, the dispersion of grants for French ODA priority countries. For example, in 2018, 20 countries shared 5.1% of the funding allocated to the 31 French ODA countries with the weakest health systems[52] through channel 1 of Initiative 5% (Figure 1), including countries such as Mali, whose results in the fight against HIV are still far from the UNAIDS targets (Table 1). As such, this poor management deprives Initiative 5% of visibility on the progress still to be made to improve the implementation of actions and strengthen the impact on the fight against HIV/AIDS and, moreover, on RSSH.

More broadly, France has not contributed to the emergence of a coordinated bilateral health development policy. In the absence of a unified and ambitious strategy on the part of its operators, France does not have its own tools capable of responding to the long-term challenges posed by HSS, including human resources, UHC and support for civil society organisations in some of its ODA priority countries. As such, since the 2000s and the reform of its cooperation policy, France has considerably reduced its bilateral technical support in the field of health development[53] and has since limited its interventions to small-scale programmes entrusted to Expertise France and, to a lesser extent, to the AFD. At the same time, countries such as Germany and the UK have strengthened their bilateral health development policy to engage in structured and sustainable partnerships with priority countries for their ODA.

Moreover, France has not sufficiently fostered the link between its various bilateral, European and international channels of intervention. Thus, the link between France's contribution to European instruments, including the European Development Fund (EDF) – the main instrument of European external action in terms of African, Caribbean and Pacific (ACP) countries, which accounts for a quarter of the French ODA mission – and its other instruments remains incomplete. On the one hand, national operators, including the AFD, are seldom solicited for the management of ODA programmes by the European Commission, which prefers to use international organisations. On the other hand, national bilateral operations are not sufficiently supervised in relation to European programming, and their complementarity with European ODA has not yet been evaluated.[54]

[52] The weakness of health systems is assessed for this score in relation to the IQAS Index defined in Table 1.

[53] Whereas in the early 1990s more than 400 technical assistants were financed by the French Ministry of Cooperation in support of the health sector in Africa, there were only 221 in 2001, fewer than a hundred in 2006 and around fifty in 2010: Dominique Kerouedan *et al.*, "Santé et développement : cinquante ans de coopération française en Afrique", *Mondes*, No.7, 2011.

[54] Court of Auditors, *La contribution de la France au Fonds européen de développement (FED) - exercices 2008 à 2016*, 2018.

Worryingly, France has been slow to specify the main priorities of its strategy to combat HIV/AIDS with a view to achieving the 90-90-90 targets and the SDGs in the context of strengthening its ODA. Although France appears to be fully committed to the Global Fund replenishment process, the public authorities have not, however, updated their global health strategy for 2017-2021. They have not set out the objectives of the strategy with regard to the increase, rebalancing and targeting of ODA in the fight against HIV/AIDS, nor have they indicated the extent to which the fight against HIV/AIDS could fit into the evolving agenda of global health, HSS and UHC.

Thus, despite its investments, France has not been able to exert sufficient influence to improve the implementation of grants in its ODA priority countries. Neither its insufficiently managed multilateral action nor its small-scale bilateral action has made it possible to respond to the difficulties encountered by vulnerable populations in key ODA countries.

The situation in countries where the HIV epidemic is concentrated calls for a more differentiated, cross-cutting, integrated and coordinated response

Fragile countries with relatively concentrated epidemics

Although HIV prevalence in WCA is lower than in ESA,[55] HIV remains a major public health issue in the region. The annual number of new HIV infections has decreased by only 13% since 2010, from an estimated 320,000 to 280,000.[56] In a region where the epidemic is predominantly concentrated in three countries – Nigeria, Côte d'Ivoire and Cameroon[57] – variously affected countries are lagging significantly behind in their prevention efforts, with an increase in new HIV infections of more than 10% between 2010 and 2018, such as Equatorial Guinea, Gambia, Mali and Niger. The HIV situation is particularly worrying with regard to key populations and their partners,[58] who accounted for 64% of new infections in WCA, compared to 25% in ESA, in 2018. HIV prevalence among sex workers exceeded 10% in nine of the 17 countries that submitted their data to UNAIDS in 2018. Among men who have sex with men (MSM), the median HIV prevalence was 13.7% in the 16 reporting countries that year. In the area of prevention, few data are available on condom use[59] and the uptake of combination prevention services for key populations. With regard to prevention of mother-to-child transmission, ARV coverage for pregnant women has decreased since 2016 to 59% in 2018.

The WCA region continues to show poor results at every stage of HIV care. Despite clear improvements in some countries, the results remain far from the UNAIDS targets,[60] and are particularly bad in some countries, such as Mauritania (Table 1). The use of screening is still too low, especially among men,[61] and a significant number of people initiate ARV treatment at an advanced stage of the disease.[62] Regarding antiretroviral coverage, results are also low and heterogeneous according to countries and population sub-groups, for example in Côte d'Ivoire where ARV coverage is 46% for the total population, 24% among sex workers, 11% among MSM, 96% among prisoners and is unknown among transgender people and IDUs. Lastly, the findings surrounding the third goal of the 90-90-90 targets are alarming, owing to the lack of data and how poor the results observed are where data are available (Table 1).

The difficulties encountered in areas where the epidemic is concentrated are compounded by the structural fragility of the countries. As such, most of the countries in the WCA region and Haiti have a particularly low level of development. In WCA, the average GDP per capita is 33% lower than in the rest of Africa, 13 of the 23 countries are classified as low-income countries, with a GDP per capita of less than US$1,000 (Table 1) and 15 countries are recognised as least developed countries (LDCs).[63] These countries suffer from poor quality of and access to primary health care systems in relation to out-of-pocket costs per patient[64] or low density of health professionals, especially in rural areas, which, in several countries, are home to the majority of the population. The density of doctors and nurses in WCA is respectively three and four times lower than in the rest of Africa. The "Healthcare Access and Quality"

[55] HIV prevalence among adults aged 15-49 years in 2017 is estimated at 1.9% in WCA compared to 6.8% in ESA.

[56] UNAIDS, *Communities at the Centre The Response to HIV in Western and Central Africa*, 2019.

[57] Nigeria, Côte d'Ivoire and Cameroon account for nearly 60% of new HIV infections and 54% of AIDS-related deaths each year.

[58] The partners of key populations are primarily the clients of sex workers.

[59] Only six of the 12 countries with data reported that more than half of young men (aged 15-24) reported using a condom the last time they had high-risk sex.

[60] In 2018, 64% of PLHIV know their HIV status, 51% of all people with diagnosed HIV infection receive sustained ARV therapy, 39% of people receiving ARV therapy have a permanently suppressed viral load.

[61] According to WHO, in Chad, the Democratic Republic of Congo, Gambia, Ghana, Liberia, Nigeria, Senegal and Sierra Leone, more than 70% of men have never been tested for HIV.

[62] In four countries (Benin, Mali, Senegal and Togo) at least 70% of people initiating antiretroviral therapy in 2015 had advanced HIV infection.

[63] The United Nations Committee for Development Policy used the following criteria in its latest review of the list of LDCs, which includes a total of 33 countries: (a) income level, measured by gross national income (GNI) per capita; (b) human capital stock, measured by a human capital index (HCI); and (c) structural vulnerability, measured by an economic vulnerability index (EVI).

[64] On average, between 2010 and 2015, 45% of health costs were borne by patients in WCA, compared to 33.7% in the rest of Africa.

(IQAS)[65] composite indicator confirms how weak the health systems of several Sahelian countries – the CAR, Guinea, Guinea Bissau and the DRC – really are (Table 1). In these countries, the financial resources allocated to health, and more specifically to the fight against HIV/AIDS, are reduced. As such, in 2018, the share of domestic financing for the fight against HIV/AIDS reached 38% of total financing in WCA – and 27% in the Caribbean region – while this share of domestic financing was 56% for all low- and middle-income countries.[66]

Furthermore, the absence or weakness of guarantees for the rights of women, PLHIV and key populations undermines access to care and fuels the epidemic. Violence against women remains extremely high, particularly in several WCA countries. For example, nearly four out of ten women in the Congo and DRC and three out of ten women in Burundi, Mali and Sierra Leone have been exposed to physical and/or sexual violence from their partners in the last twelve months. Discriminatory attitudes towards PLHIV are endorsed by two-thirds of the population in several countries (Benin, Ghana, Guinea, Mauritania and Sierra Leone) and, outside the WCA region, Haiti. Concerning the key populations, which represent, with their partners, more than two-thirds of new infections in WCA, they suffer violence and rejection from the populations and the States. More than half of African States have retained laws against homosexuality and five States in the WCA region have even recently introduced or strengthened provisions that penalise – with up to fourteen years in prison – same-sex relationships: Togo in 2015, Cameroon and Guinea in 2016, and Chad and Burundi in 2017. Violence, discrimination, stigma and criminalisation have been shown to limit access to health services for the populations concerned, hamper prevention efforts and increase vulnerability to HIV infection.[67]

An environment that justifies a more resolute change of approach

The adverse environment makes it necessary to emphasise more significantly the changes initiated by the Global Fund in order to better respond to the needs of key populations and take into account the constraints of countries. The fight against HIV should be based on an approach that is: (i) differentiated, fully adapted to the scale of countries; (ii) cross-cutting, to strengthen health systems and break down human rights- and gender inequality-related barriers; (iii) integrated with other vertical programmes of the Global Fund and national health programmes; (iv) better coordinated, in particular with other funders and national plans.

The Global Fund should now work to make significant adjustments to strengthen its differentiated approach. Country specifics must be taken into account to a greater extent within the scope of: (i) catalytic investments, to be increased; (ii) adjustments to the allocation methodology; (iii) interventions in difficult intervention contexts. Programmes should also be more multiscale, at the scale of the sub-continent, as the multi-country approach remains relevant, the country and its sub-regions. To promote the differentiated approach, support for community-based civil society organisations should be significantly strengthened to enable them to be stakeholders in their own right with regard to CCMs, taking into account the diversity of organisations, constraints exercised by the public authorities of countries in terms of human rights, as in Cameroon, and disparities in the way CCMs operate. In keeping with their original vocation, CCMs should be open and inclusive bodies that provide information to civil society organisations and foster their ability to influence the decisions of the body.

The cross-cutting approach also implies strengthening the impact of RSSH and human rights programmes. For RSSH, investments in initial training and continuing professional development, particularly for the benefit of communities, and investments in information systems, especially DHIS2 , must be increased and sustained, and their evaluation must better take into account the results and impact on local environments. Programmes related to human rights and the fight against gender inequalities should be further developed in the countries of the WCA region. As such, the "Adolescent Girls and Young Women" programme deployed in ESA and Cameroon should be extended to other countries, particularly in the WCA region and Haiti. Human rights programmes such as the "Breaking Down Barriers" initiative, which involves seven States in the WCA region,[68] could be extended to other States, given their positive results. Programmes aimed at, for example, raising awareness amongst legislators and law enforcement officers, or the provision of HIV-related legal services have led to positive developments in the law enforcement framework regarding criminalisation and discrimination against PLHIV and key populations[69] recognised by technical partners such as UNAIDS.

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[65] GBD 2016 Healthcare Access and Quality Collaborators, "Measuring performance on the Healthcare Access and Quality Index for 195 countries and territories and selected subnational locations: a systematic analysis from the Global Burden of Disease Study 2016", *The Lancet*, Vol. 391, pp. 2236-2271, 02 June 2018.

[66] UNAIDS, *Communities at the Centre*, 2019.

[67] For the whole paragraph: UNAIDS, *Global AIDS update 2019 - Communities at the centre*, 10 December 2019.

[68] Benin, Cameroon, DRC (at the provincial level), Côte d'Ivoire, Ghana, Senegal and Sierra Leone.

[69] Global Fund, *Technical Briefing Note HIV, Human Rights, and Gender Equality*, 2019.

Table 1: HIV situation in 31 French ODA countries with weak health systems

The table presents data concerning French ODA countries and more specifically: (i) demographic and economic data; (ii) the IQAS composite index (Healthcare Access and Quality Index), ranging from 0 to 100, which reflects the conditions of care with a major effect on mortality for 33 diseases; (iii) epidemiological and HIV care data. Only the 31 French ODA countries with an IQAS of less than 60 are included in this table.

Regions *(UNAIDS Classifications)*	Country	Number of inhabitants[1] (in millions)	GNI/capita[1] (SUS)	IQAS[2]	Evolution of incidence between 2010 and 2018[3]	2018 PLHIV cascade[3]		
						Know their HIV status	Receive sustained ARV therapy	Permanently suppressed viral load
Caribbean	Haiti *	11.1	$ 800	38	-17%	67%	58%	ND
North Africa Middle East	Djibouti *	1	$ 3 190	45	24%	ND	30%	ND
Western and Central Africa	Benin *	11.5	$ 870	43	-15%	ND	61%	48%
	Burkina Faso *	19.8	$ 670	43	-49%	70%	62%	ND
	Burundi *	11.2	$ 280	40	-55%	ND	80%	ND
	Cameroon	25.2	$ 1 440	44	-34%	74%	52%	ND
	CAR *	4.7	$ 490	29	-40%	55%	36%	ND
	Chad *	15.5	$ 670	38	-11%	ND	51%	ND
	Congo	5.2	$ 1 640	44	-9%	39%	35%	ND
	Cote d'Ivoire	25.1	$ 1 600	42	-33%	63%	55%	41%
	DRC *	84.1	$ 490	40	-39%	62%	57%	ND
	Equatorial Guinea	1.3	$ 6 840	48	30%	49%	34%	ND
	Gambia	2.3	$ 710	50	20%	36%	29%	ND
	Ghana	29.8	$ 2 130	50	-8%	57%	34%	ND
	Guinea *	12.4	$ 850	39	-19%	ND	40%	ND
	Guinea-Bissau	1.9	$ 750	36	-24%	ND	33%	ND
	Liberia *	4.9	$ 610	45	-31%	68%	35%	ND
	Mali *	19.1	$ 840	46	51%	33%	31%	ND
	Mauritania *	4.4	$ 1 160	52	-47%	62%	54%	ND
	Niger *	22.4	$ 390	41	11%	72%	54%	45%
	Sao Tomé	0.2	$ 1 890	50	ND	ND	ND	ND
	Senegal *	15.9	$ 1 410	44	-39%	65%	63%	ND
	Togo *	7.9	$ 660	44	-31%	73%	60%	ND
Eastern and Southern Africa	Comoros *	0.8	$ 1 380	48	-67%	86%	79%	68%
	Ethiopia *	109.2	$ 790	44	-23%	79%	65%	ND
	Madagascar *	26.3	$ 510	44	193%	11%	9%	ND
	Mozambique	29.5	$ 460	43	-7%	72%	56%	ND
	Rwanda	12.3	$ 7 80	48	-61%	94%	87%	74%
Asia and Pacific	Burma	53.7	$ 1 310	48	-31%	ND	70%	65%
	Laos	7.1	$ 2 450	45	-43%	85%	54%	47%
	Vanuatu	0.3	$ 3 130	43	ND	ND	ND	ND

IQAS	29 / 33	34 / 38	39 / 43	44 / 48	49 / 52
Evolution of incidence	-100% / -50%	-49% / 0%	1% / 50%	51% / 100%	>100%
PLHIV cascade	0% / 20%	21% / 40%	41% / 60%	61% / 80%	81% / 100%

Sources :
(1) banquemondiale.org
(2) thelancet.com
(3) unaids.org

* Pays appartenant à la liste des pays prioritaires de l'APD française (CICID 2018)

Etats membres des nations unies classés sous la dénomination "pays les moins avancés" (PMA) en 2018

ND Donnée non disponible

With regard to the integrated approach, vertical programmes should be structurally integrated with each other and within national public health systems. Rwanda is a model of how Global Fund programmes can be integrated into the strengthening of a country's health system. Firstly, HIV services have been integrated into primary health care, which has seen an upsurge in activity owing to the mobilisation of a network of mobile CHWs – now 58,000 workers for a population of 12 million. Secondly, Global Fund grants have helped cover the health insurance contributions and out-of-pocket costs of the two million poorest people and to scale up a community-based mutual health insurance system that now covers 91% of the population. Lastly, the coordination mechanisms dedicated to the implementation of Global Fund grants have been integrated with those of other programmes within a single implementation unit under the leadership of the Ministry of Health, without leading to a crowding out of national public spending on health. While the very favourable results achieved in the area of the fight against HIV and RSSH can be largely attributed to this model of integration, they are also linked to endogenous factors specific to Rwanda.[70]

Lastly, with regard to the coordinated approach, the implementation of grants calls for multi-level collaboration between the different stakeholders. Through an integrated approach to the fight against the three diseases, multi-country programmes make it possible to address complex issues such as mobile populations' access to health services and the removal of human rights- and gender inequality-related barriers to access to care services in a coordinated manner and at the regional level. These projects have also initiated exchanges between different stakeholders in the regions, and global monitoring of epidemics and grants, including through the creation of multilateral platforms for knowledge and information sharing.[71] At the national level, adjusting the procedure for implementing grants to countries' capacities has proved to be a decisive element in promoting coordination between stakeholders, as well as the absorption of grants and the sustainability of the results obtained, even in fragile States with poorly developed health systems. In Senegal, for example, the Ministry of Health has created joint posts to oversee both the national disease control programmes and the Directorate for Health. In DRC, a programme management unit has been established within the Ministry of Health, bringing together the procurement, accounting and programme management functions for the three national programmes.[72]

France must mobilise its multilateral and bilateral channels to promote this renewed approach

France's action to promote essential changes to the Global Fund

France must regain lost influence within the Global Fund in order to help guide its development. France intends to play a decisive role in the Global Fund's priorities to improve the implementation of grants for the three-year cycle 2020-2022. The MEAE, which wishes to mobilise its entire network to regain influence and effectiveness, has therefore sent instructions to its diplomatic posts so that its heads of post in recipient countries participate in CCMs. As such, based on evaluations of the implementation of programmes under the first three pillars of the Global Fund strategy for the three-year cycle 2017-2019, France should promote tangible improvements for the next three-year cycle. France has also deployed the Presidential Initiative for Health in Africa (IPSA) to respond to the delay observed in the implementation of Global Fund grants in several French-speaking African countries in the WCA region. The Initiative, to be implemented by Expertise France, covers (i) the deployment of high-level experts to help countries improve the financial and programmatic management of Global Fund grants and contribute to the strengthening of health systems; (ii) political mobilisation to encourage governments to increase the share of the State in the health budget.

France will also have to assert a high level of ambition in order for the strategy review to be wide-ranging. To this end, the MEAE has mobilised its partners from associations and the research and health sectors to participate in the Global Fund's different consultation channels. Moreover, France must be represented in the working group of the Strategy Committee reporting to the Board.[73] In these bodies, France intends to defend its priorities: the importance of human rights and gender equality; interactions with other SDGs; transition, sustainability and risk management; integration of cross-cutting issues within pandemic approaches; strengthening the accountability framework; equity and the global approach.

[70] Including: small size of the country and population speaking the same language, decentralisation of the health system, political leadership, national budget allocated to health above 15%.

[71] Global Fund, *Audit Report Global Fund Multicountry Grants*, 2019.

[72] Global Fund, *OIG's Report on Grant Implementation in WCA*, 2019.

[73] The Strategy Committee is one of the three technical groups reporting to the Global Fund Board. It has specific prerogatives to contribute to the development of the future strategy of the Global Fund.

France should promote reforms to improve the functioning of the Global Fund and strengthen its management. The new Global Fund strategy should, first of all, be developed within a more flexible multi-year framework and with a longer periodicity. While the Global Fund has so far developed its programmes within a three-year structuring framework, the programming of three-year grants for RSSH or human rights and gender inequalities appears too short and out of step with the four- or five-year programmes carried out by other operators. Furthermore, the organisation should be able to plan structural programmes over a longer period than the six-year duration of its strategy, for example eight to ten years. In addition, the Global Fund could put its strategic review on a rolling basis. Moreover, with regard to governance, the Board and its three committees should regain real management and monitoring capacity in technical and programmatic areas.

In addition, the question of the Global Fund's scope should be raised by France. While the Global Fund has made increasing investments in co-infections and co-morbidities, for the prevention and treatment of HPV and cervical cancer, in line with its mandate, the question of expanding the scope as envisioned by Unitaid could be raised in light of the changing global health landscape and taking into account the specific features of the Global Fund. Unitaid is developing HCV programmes in middle-income countries such as Egypt, Pakistan and China, as well as programmes on non-malarial fevers in children. More generally, the Global Fund must be called upon to strengthen its alignment with the SDGs, particularly HSS and UHC.

More broadly, France should improve the link between its actions to combat HIV/AIDS and its other multilateral interventions in the area of global health, in particular sexual and reproductive health rights. Thus, France will host the Generation Equality Forum jointly with Mexico and under the aegis of UN Women in summer 2020 in Paris. The Forum is set to commemorate the 25th anniversary of the Beijing Declaration and Platform for Action for gender equality and women's rights. Within this framework, France will co-chair a coalition for action on sexual and reproductive health and rights. In addition, France is due to commemorate the tenth anniversary of the French Muskoka Fund (FFM), which was set up following the Muskoka G8 and which aimed to reduce maternal, newborn and infant mortality through HSS in ten French-speaking WCA countries. These forums, along with the G20 in Riyadh in April 2020, the World Health Assembly in May, the World Health Summit in Berlin in October and the Francophonie Summit in Tunis in December, which included health, should provide opportunities to defend French priorities, in connection with its investments in the Global Fund, Unitaid and GAVI.

France's action to strengthen its bilateral channel

The plan to increase the resources allocated to the bilateral channel, in complementarity with the multilateral channel, now appears to have been achieved through the strengthening of Initiative 5%. France's strategy for Initiative 5%, which is now financed to the tune of 9% of France's contribution to the Global Fund, should make it possible to pay particular attention to concentrated epidemics and vulnerable populations in the WCA region in particular and French-speaking Africa. The four priorities of the strategy of Initiative 5% for the 2020-2022 cycle should focus on: (i) mobilising the skills of institutional actors, civil society organisations and the research community; (ii) supporting catalytic projects for HSS, access to services and operational research; (iii) producing and sharing knowledge resulting from the activities supported or implemented by Initiative 5%; (iv) supporting French and francophone stakeholders by promoting feedback and information from the Global Fund. These different areas should strengthen the appropriation of Global Fund mechanisms by local stakeholders, promote the recognition of their expertise and ultimately improve the effectiveness of Global Fund grants and contribute to HSS and UHC.

The management of the other stakeholders of the bilateral channel must now become clearer and more coherent. Firstly, the strategy of Initiative 5% for the three-year cycle 2020-2022 should specify its implementation levers with regard to the difficulties identified by the independent audit report prepared for the WCA region of the Global Fund. Secondly, the AFD's strategy should be more resolutely part of an ambitious framework for action that is common to multilateral and bilateral operators in order to have a real leverage effect in the countries supported. To date, the actions resulting from the first partnership agreement between the AFD and the Global Fund covering three countries in the WCA region have been implemented in Côte d'Ivoire and are under consideration in DRC and Niger.[74] The increase in French ODA in 2020, supported by the rise in disbursements of bilateral project grants, should make it possible to sign new agreements. Lastly, the creation of the new IPSA mechanism, operated by Expertise France, should be further justified in order to make the bilateral intervention channel clearer.

Uncertainties about the deployment of a more coordinated response by AFD Group and Expertise France should be cleared up. The fragmentation of the competent services in charge of ODA between departments and operators placed under

[74] In DRC, the AFD is expected to allocate €10 to 15 million over three years to strengthening maternal and child health systems in Global Fund intervention districts. In Niger, avenues of collaboration are still being explored.

the dual supervision of the MEAE and the MEF and the lack of any sign of a rapprochement between Expertise France and AFD Group do not bode well for the mobilisation of a clear and effective bilateral response from the point of view of vertical programmes for HIV and cross-cutting programmes for HSS and support for civil society organisations. The planned ramp-up of the bilateral channel, combined with an increase in the financial contributions allocated via the multilateral channel to the Global Fund and Unitaid, justify improving complementarity between the channels and strengthening their management and monitoring and evaluation in order to promote a leverage effect of bilateral funding on multilateral funding.

At the same time, France must anticipate the evolution of European ODA instruments. European development policy, set within the framework of the European Consensus on Development, aims to contribute to the implementation of the SDGs by 2030. The future EU budgetary programming period 2021-2027 proposes to simplify the landscape of European instruments and to integrate the EDF, hitherto outside the Union's budgetary framework, into a single Neighbourhood, Development and International Cooperation Instrument (NDICI). With an estimated budget of almost €90 billion, including €32 billion for sub-Saharan Africa, the new instrument should contribute to the implementation of the SDGs and strengthen the European response in terms of human rights protection and support for civil society organisations. In this context, France will have to ensure that this new instrument takes into account the strategic, operational and geographical priorities of its ODA.

The European framework must also make it possible to strengthen intergovernmental cooperation, particularly between France and Germany. Germany has chosen to implement an ambitious development policy supported by a significant budgetary commitment. As such, its net ODA is stabilised at around $25 billion, i.e. more than double French ODA.[75] At the strategic level, Germany has promoted a reform of global health governance through the initiation of the WHO Global Health Plan, which extends beyond the twelve multilateral stakeholders to bilateral stakeholders. At the operational level, Germany relies on the expertise and know-how of GIZ – the German International Cooperation Agency – to implement actions for HSS. Franco-German cooperation in the field of global health has so far taken place within the framework of multilateral organisations, in particular within GAVI, where Germany and France share the same constituency with the European Commission. Such cooperation should be able to be part of a common strategic framework and be extended to other multilateral bodies, including the Global Fund and Unitaid. In addition, bilateral agreements in the countries should make it possible to systematise already existing coordination – between Expertise France and GIZ – and thus strengthen the leverage effect in priority ODA countries.

[75] In 2017, Germany's net ODA was US$25 billion and France's was US$11.3 billion. OECD (2020), net ODA (indicator).

FIVE RECOMMENDATIONS TO STRENGTHEN FRANCE'S INFLUENCE AND ACTION

1. PLACE THE FIGHT AGAINST HIV WITHIN THE FRAMEWORK OF A DEMANDING AND EFFECTIVE GLOBAL HEALTH STRATEGY

France must specify its objectives, in keeping with the evolution of its ODA, in order to achieve the SDGs. As of now, the Ministry for Europe and Foreign Affairs must redefine, in conjunction with its partners and in the context of strengthening ODA, France's strategy to combat HIV/AIDS in low-income countries. Considering the demanding perspective of achieving the 90-90-90 targets and the SDGs, the strategy must specify in particular the link between the objectives of the fight against HIV and the cross-cutting components targeting resilient and sustainable health systems, access to UHC and the promotion of human rights, in a long-term perspective, up to eight to ten years.

France must implement demanding monitoring and evaluation of its ODA to improve the effectiveness of its contributions and the coordination of its interventions. As such, the MEAE must encourage the organisations of the multilateral system to improve their accountability efforts and establish new monitoring and evaluation methods and procedures for its bilateral operators. The MEAE must also improve coordination between its international, European and bilateral instruments, by assessing their complementarity with regard to the issues raised by vertical and cross-cutting programmes and by using new framework agreements targeting the strategic, operational and geographic priorities of French ODA.

2. STRENGTHEN FRANCE'S REPRESENTATION AND INFLUENCE WITHIN THE GLOBAL FUND AND PROMOTE ITS DEVELOPMENT

France's assertion of its values and priorities in the fight against HIV within the Global Fund's bodies is eagerly awaited. The MEAE must thus improve the management of the Global Fund, in particular the management of grants, their implementation and the organisation's strategy, and to this end, strengthen the resources of the French administration. In particular, it should encourage the assignment of qualified senior experts to medium- and long-term missions and ensure that the use of staff recruited for time-limited missions is restricted. The MEAE should thus be able to improve the critical analysis of the Global Fund's output, facilitate the availability of key information for French stakeholders and its Board partners, and encourage the mobilisation of its levers of influence within the Global Fund. Likewise, the French representative on the Board, with the support of the DGM, should enhance the participation of operators and the various civil society stakeholders brought together in Equipe France in the management of the Global Fund. At the same time, the management of other multilateral instruments (Unitaid, GAVI, the French Muskoka Fund) must be strengthened and their link with the Global Fund must be further clarified.

As part of the implementation of grants for the three-year cycle 2020-2022, France must promote and defend changes to the Global Fund to improve the effectiveness of grants. With the support of partners on the Board, France must support a resolutely differentiated, cross-cutting, integrated and coordinated approach to programme implementation. To this end, it should call for immediate operational measures for fragile countries: (i) simplification of Global Fund procedures in challenging environments; (ii) provision of human resources for long-term grant monitoring and funder coordination missions; (iii) acceleration of the country review process in WCA; (iv) allocation of counterpart funding to finance the health workforce and to support free care in healthcare establishments; (v) strengthening of monitoring and evaluation indicators for programmes relating to the protection and promotion of human rights and gender equality, and extension of the "Breaking Down Barriers" and "Adolescent Girls and Young Women" programmes to WCA countries; (vi) improvement of the monitoring and evaluation of programmes for CCMs – in particular Evolution – and their extension to all WCA countries.

In view of the preparation of the Global Fund strategy for 2023-2028, France must now clarify its position. To this end, the MEAE must prepare a roadmap indicating useful levers to promote a more differentiated, cross-cutting, integrated and coordinated approach to the Global Fund. The roadmap should propose avenues for reforming: (i) the scope of the organisation, and therefore its mandate, to enable the Global Fund to allocate more resources to programmes for RSSH in support of vertical programmes; (ii) the three-year replenishment cycle to encourage donor commitment beyond three years; (iii) the strategic review cycle organised every six years in order to give priority, on the one hand, to a rolling review of the strategy and, on the other hand, to longer-term strategic perspectives, beyond six years; (iv) the Secretariat, in order to implement a more differentiated approach to fragile States and key populations.

3. PROVIDE THE FUTURE SINGLE DEVELOPMENT ASSISTANCE OPERATOR WITH REAL OPERATIONAL CAPACITY FOR THE FIGHT AGAINST HIV AND HSS

France must extend the bilateral strategic partnerships concluded by its operators with fragile countries, in line with the increase in ODA, and in conjunction with the partners providing or funding assistance, including the Global Fund. AFD Group must therefore increase its bilateral project grants within the framework of strategic agreements in partnership with countries and the Global Fund. Initiative 5% must present the adjustments made to improve the implementation of grants in the three-year cycle 2020-2022. Lastly, Expertise France must specify in the near future the priorities and actions proposed by the IPSA to strengthen technical support. The various bilateral initiatives should help to improve the effectiveness of grants, their impact and their evaluation.

France must promote synergies between its operators, pending the affiliation of Expertise France to the AFD. The MEAE, in conjunction with the MEF, must thus promote systemic cooperation between Expertise France and AFD Group for all grants relevant to HIV and HSS. In particular, operators should: (i) define a common operational strategy based on an impact assessment; (ii) draw up a targeted action plan specifying the synergies between HIV and HSS programmes; (iii) harmonise intervention and monitoring and evaluation standards, procedures and frameworks; (iv) allocate human resources commensurate with needs, given the increase in operators' workload and the challenge of strengthening monitoring and evaluation.

France must strengthen the link between its bilateral intervention channels and multilateral organisations. In particular, the MEAE must ensure greater integration of operators within the French teams in charge of managing multilateral financial instruments, including the Global Fund.

4. STRENGTHEN DIALOGUE AND STRATEGIC PARTNERSHIPS WITH ODA PRIORITY COUNTRIES

France must significantly improve the dialogue maintained with the representatives of its ODA priority countries, through its bilateral action and within the framework of the management of the Global Fund and other multilateral instruments. As such, France must strengthen its collaboration with government representatives, civil society organisations, in particular community-based organisations and other stakeholders in the fight against pandemics, global health and the promotion of rights. To foster this dialogue, the MEAE must mobilise its heads of diplomatic posts in its ODA priority countries. The latter must actively participate in CCMs and strengthen their role in monitoring and/or implementing funding allocated for the support of civil society organisations through bilateral, European and international channels. Furthermore, in the context of resizing its cooperation and cultural action services, the MEAE must maintain its diplomatic network in the priority countries of its ODA, in particular the regional advisors for global health cooperation (CRSMs).

As part of its interventions in priority countries, France must jointly implement sustainable strategic partnerships with country representatives and in consultation with all bilateral organisations, such as GIZ, and multilateral organisations (UNAIDS, WHO, etc.). To this end, France's in-country representatives must help to designate a lead organisation responsible for coordinating the joint technical support that is essential to the fight against pandemics, global health and the promotion of rights.

5. STRENGTHEN EUROPEAN COOPERATION AND INTERNATIONAL COORDINATION IN THE FRAMEWORK OF THE GLOBAL FUND AND HEALTH-RELATED DEVELOPMENT ASSISTANCE

France must fully mobilise the levers of the European Union to strengthen its priorities in the fight against HIV, HSS and human rights. In particular, France will have to ensure that it maintains its ability to influence the direction of the new single Neighbourhood, Development and International Cooperation Instrument and its monitoring. The MEAE will thus have to ensure the relevance of European programmes and their geographical and operational complementarities with its interventions, particularly bilateral ones. In connection with its diplomatic posts, it will have to ensure their proper implementation in the priority countries for its ODA. Furthermore, the SGAE should fully contribute to the feedback of European positions to the MEAE and diplomatic posts.

France must also place its European commitment within the framework of strengthened intergovernmental cooperation. This cooperation may be based in particular on Franco-German initiatives, provided for in the recent Franco-German Aachen Treaty, possibly extended to other key European States. To this end, the MEAE could propose, in partnership with its German partner, a strategic framework in the field of global health. This shared framework could: (i) recall the common ambition in the areas of the fight against pandemics, HSS and UHC and in the context of the Global Health Plan; (ii) specify common priorities for the management of multilateral instruments, including the Global Fund; (iii) establish prospects for bilateral cooperation in priority ODA countries, as a priority between the AFD and GIZ.

INDEX DES SIGLES ET ACRONYMES

ACP: Africa, Caribbean and Pacific

AFD: French Development Agency

ARV: Antiretroviral

CAMEG: Central Purchasing Agency for Essential Generic Medicines and Medical Consumables

CAR: Central African Republic

CCM: Country Coordinating Mechanism

CHW: Community health worker

CICID: Interministerial International Cooperation and Development Committee

COE: Challenging Operating Environments

CRSM: Regional advisor for global health cooperation

DGM: Directorate-General for Globalisation, Culture, Education and International Development

DHIS2: District health management information system

DRC: Democratic Republic of Congo

EDF: European Development Fund

ESA: Eastern and Southern Africa

EU: European Union

FFM: French Muskoka Fund

GAVI: Global Alliance for Vaccines and Immunisation

GDP: Gross Domestic Product

GNI: Gross National Income

HCV: Hepatitis C virus

HRH: Human resources for health

HSS: Health systems strengthening

IDU: Injecting drug user

IMF: International Monetary Fund

IPSA: Presidential Initiative for Health in Africa

IQAS: Healthcare Access and Quality Index

LDC: Least developed country

MEAE: Ministry for Europe and Foreign Affairs

MEF: Ministry of Economy and Finance

MSM: Men who have sex with men

ODA: Official Development Assistance

PEPFAR: President's Emergency Plan for AIDS Relief

PLHIV: People living with HIV

RSSH: Resilient and sustainable systems for health

SDG: Sustainable Development Goal

SGAE: General Secretariat of European Affairs

SRH: Sexual and reproductive health

UHC: Universal health coverage

UN: United Nations

WCA: Western and Central Africa

WHO: World Health Organization

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The French National AIDS & Viral Hepatitis Council (CNS) is an independent, consultative French agency comprising 26 members, chaired by Professor Patrick Yeni, that delivers opinions and recommendations on the issues facing society as a result of these epidemics. It is consulted about the health plans and programs drawn up by the public authorities.

Its papers are addressed to the French public authorities and to all those involved in or concerned by the epidemic. The CNS participates in the development of public policy, within a framework that promotes respect for fundamental ethical principles and human rights.

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