

Global Health

STEPPING UP THE FIGHT AGAINST THE HIV PANDEMIC IN THE DYNAMIC GLOBAL HEALTH CONTEXT

POSITION PAPER #1 AHEAD OF THE GLOBAL
FUND REPLENISHMENT CONFERENCE

ADOPTED BY THE CNS ON 18 APRIL 2019

On 10 October 2019, France will be hosting the Sixth Replenishment Conference of the Global Fund to Fight AIDS, Tuberculosis and Malaria, in Lyon. In this regard, the French National AIDS & Viral Hepatitis Council (CNS) is addressing the challenges involved in the global fight against HIV/AIDS. Although progress has stalled, international mobilization in terms of global health is more clearly taking shape. The initiatives being taken to achieve the sustainable development goals represent opportunities for stepping up the fight against the HIV pandemic. An initial opinion of the CNS delivers a mixed assessment of the fight against HIV/AIDS and its funding, and suggests bolstering France's positioning in this field and that of global health in general.



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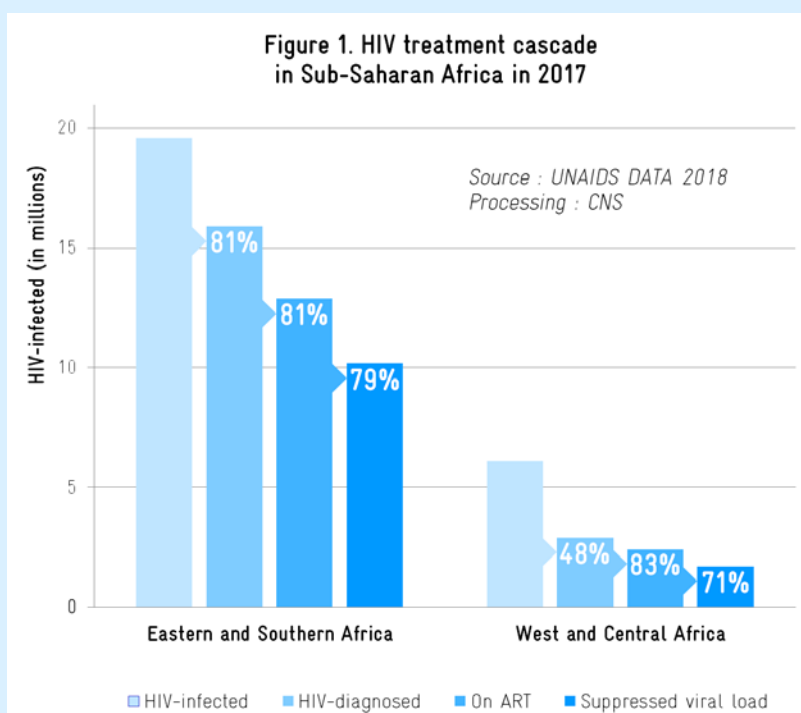
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KEY POINTS

- The Global Fund, alongside other organizations, has helped to mobilize unprecedented resources and secured significant results. The increase in funding from international and national sources alike since 2002 has considerably improved **access to antiretroviral therapy** whilst **reducing both the rates of HIV infection and AIDS-related deaths**.

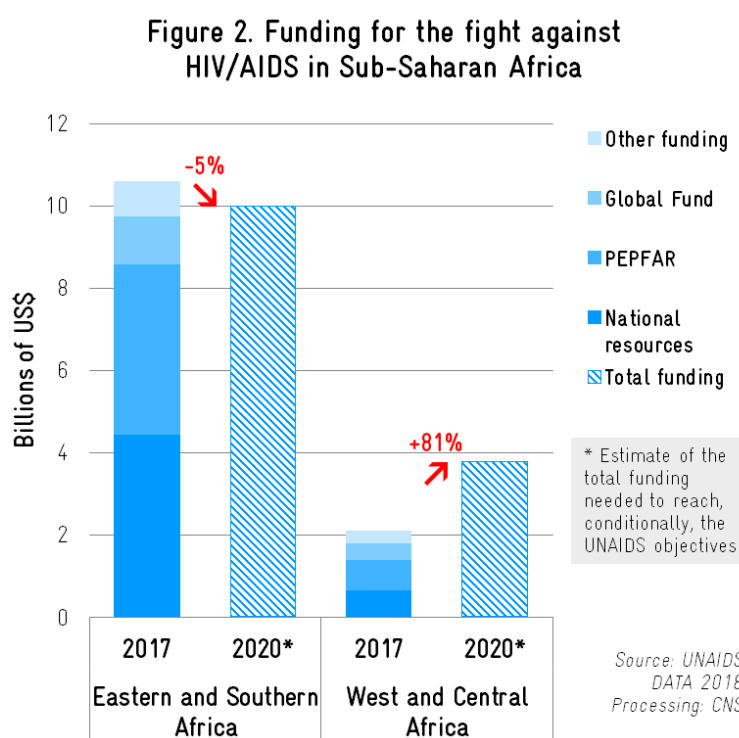
- This progress aside, however, **access to high-quality prevention, screening and treatment services is limited**. Bottlenecks within health systems and human rights violations are compounding the difficulties. The UNAIDS targets for 2020 – 90% of people living with HIV (PLHIV) will know their HIV status, 90% of people who know their HIV-positive status will be accessing ART and 90% of people on treatment will have suppressed viral loads – will not be achieved. In West and Central Africa, which, in 2017, accounted for a fifth of new HIV infections, only 48% of PLHIV knew their HIV status (see Figure 1).



- **Mobilization of financial resources remains decisive** in accelerating the response to HIV/AIDS and addressing the ever mounting needs, when a cure for HIV is still out of reach. In its investment case, the Global Fund is urging mobilization of at least US\$14 billion to roll out its programs between 2021 and 2023. But even if this amount is reached and domestic funding continues to follow a steady upward trajectory, the needs will still not all be met.
- **It is vital that solutions for efficiency gains are tapped into**. Programs combating HIV/AIDS must, in particular, come more fully within the global health context and give precedence to an approach that is (i) cross-cutting, aimed at **building stronger systems for health** and at **universal health coverage**, (ii) **integrated with other initiatives** to fight against infectious and noncommunicable diseases alike, and (iii) **coordinated with the other initiatives** pursued by the international and regional health organizations.
- In light of these challenges, the CNS has outlined **four recommendations for the public authorities' attention**. France must **scale up its three-year contribution** to the Global Fund, in keeping with the increase in its official development aid, and attract new funders to the cause. In return, France must ask the Global Fund for **clarifications on its investment case** and **commitments to progress** in terms of program execution, preparation of the Global Fund's next strategy and its remit. More broadly, together with its partners, especially those in Europe, France must **raise the profile of its priorities** in the context of the 2019 global health agenda – which particularly includes the G7, G20 and Oslo Group. (See the recommendations set out in detail on pages 8 & 9).

The decisive contribution of international funding to the fight against HIV/AIDS

International funding assigned to the fight against HIV/AIDS has helped to build an ambitious response that neither the epidemic-stricken countries nor the international organizations could have developed alone. The response is grounded in three pillars, and this is what makes it exceptional: (i) vertical international funding (i.e. dedicated to combating the diseases) allocated by States and philanthropic organizations to cover programs in low- and middle-income countries, (ii) prevention, screening and dispensing services, and (iii) governance ensured by an *ad hoc* program, backed by ten bodies of the United Nations system, UNAIDS, tasked with global coordination of the fight against HIV/AIDS.



The international financial instruments created in the early 2000s have proven to be effective. The US initiative, President's Emergency Plan for AIDS Relief (PEPFAR), the World Bank's Multi Country HIV/AIDS Program, Unitaid initiative and the Global Fund have succeeded in channeling significant resources into combating the pandemics. Since their creation, the Global Fund has devoted more than US\$40 billion to financing programs conducted across 120 countries, while PEPFAR has pledged over US\$80 billion in either bilateral assistance (accounting for around 4/5 of funding disbursed) or in contributions to the Global Fund. PEPFAR has particularly supported Eastern and Southern Africa (ESA), contributing 39% of the funding available for the region in 2017 through bilateral programs (see Figure 2). In all, nearly 50% of international funding in the global health sphere has been earmarked for tackling the three pandemics.

These financial instruments have helped to scale up resources amid a decline in State contributions to such specialized agencies of the United Nations as the World Health Organization (WHO). At a time when several donor States had set up a zero-growth policy in terms of their contributions – regarding volume in the 1980s and nominal value over the following decade – the financial instruments drove up and sustained official development assistance (ODA) in the fight against HIV/AIDS and other pandemics. Between 2002 and 2008, HIV/AIDS funding from donor States and the European Union (EU) increased sixfold and, although this has plateaued since then – reaching US\$8.1 billion in 2017 (38% of total available funding) – funders have not lost their confidence in or turned their backs on the financial instruments.

International mobilization has also made it possible to unlock new financial resources. On the one hand, it has seen private funding sources come about which, much like the Bill & Melinda Gates Foundation or Red Campaign, are loyal contributors to vertical instruments. Between 2002 and 2018, the Global Fund received US\$2.7 billion in total from its private partners. On the other, it has significantly boosted the amount of domestic financing allocated by recipient countries to their health policies. Whilst the relative share of budgets set aside for health missions in the general budget of African nations falls short of the 15% target set by the UN 2001 Abuja Declaration, it has nevertheless followed an almost uninterrupted upward trajectory since 2002. Between 2000 and 2016, healthcare expenditure rose by 6% in the low & middle income countries against a backdrop of less than 5% economic growth.

The results obtained thanks to all of the funding sources are significant. Concerning the fight against HIV/AIDS, the considerable increase in access to ART and drop in both the infection rate and number of AIDS-related deaths – which have halved since 2006 – are evidence of the distance we have come. Between 2010 and 2017, the number of people living with HIV (PLHIV) who have benefited from ART rose by around eight million, new HIV infections fell by around 16% in adults and 35% in children and there were around a third fewer AIDS-related deaths. Progress has been particularly marked in ESA, which accounts for 53% of the 37 million PLHIV worldwide. In this region, there has been a 30% drop in new HIV infections and 42% reduction in the number of AIDS-related deaths. More generally, the number of new infections has been on a downward trend across all of the world's regions since 2010, with the exception of Eastern Europe and Central Asia.

Barriers to combating HIV/AIDS that are proving difficult to remove

Despite the progress accomplished, the fight against HIV/AIDS is not proving entirely effective at the different stages of its treatment. UNAIDS has promoted the "90-90-90" targets, whereby, by 2020: 90% of people living with HIV will know their HIV status; 90% of people who know their HIV-positive status will be accessing ART; and 90% of people on treatment will have suppressed viral loads. By 2017, 75% of people living with HIV knew their status, 79% of the latter were accessing ART and 81% of people accessing treatment had suppressed viral loads.

Progress in terms of screening and prevention has been mixed. Between 2015 and 2017, the number of PLHIV unaware of their HIV status has fallen from a third to a quarter. However, marked disparities persist between regions and countries of the world. In West and Central Africa (WCA), which accounted for a fifth of new infections in 2017, only 48% of people living with HIV knew their status (see Figure 1)¹. This proportion falls to 38% in Nigeria, 33% in Mauritania and 32% in the Congo. In these countries, screening is neither sufficiently promoted nor tailored to the local context, when varied arrangements are called for within facilities, to be set up by peers, as part of mobile provision for example. Similarly, prevention services do not reach enough PLHIV – health education and primary prevention programs in particular. Targeted prevention measures entailing a combination of tried and tested options – condoms, voluntary medical male circumcision, pre-exposure prophylaxis and antiretroviral therapy for all PLHIV – are reserved either for high-income cities or local areas, not least in ESA, which have served as innovation incubators for researchers or pilot programs for funders.

The quality of services for PLHIV still falls short of requirements. The price of treatments may well have plummeted thanks to licensing agreements (the cost of a treatment regimen containing dolutegravir is less than US\$75 per patient, per year, in lower-income countries where 94% of adults living with HIV are located), leading to wider uptake, but a large majority of PLHIV are still deprived of treatment in a number of countries. Moreover, access to the most recent and best-tolerated molecules and viral load measurement for the therapeutic follow-up of people on ART appears inadequate when such access should be enabled – particularly given the increasing resistance to first-line ART, which WHO had taken on board in its 2016 Global Action Plan. Indeed, in six of the 11 countries surveyed, 10% of PLHIV presented drug resistant strains to WHO-recommended treatment regimens. Finally, access to treatment for opportunistic infections remains largely inadequate. When you consider that the 2020 target for the number of AIDS-related deaths is 50% less (leading to 500,000 fewer deaths), the fall in this rate has not been significant enough.

More generally, efforts to combat HIV/AIDS are being hindered by challenges on the ground. Unreliable health facilities and infrastructure, insufficient human resources – not least the lack of skills and their unequal distribution across regions – the slow pace of drug supply processes, or even their interruption in some cases, and the penetration of substandard (i.e. of inferior quality) or falsified medicines are undermining the quality of treatment. What is more, these difficulties are being compounded by the stigma and discrimination suffered by PLHIV and the key populations exposed to the risk of HIV infection² – within a criminal law context that only reinforces such attitudes.³ Lastly, risk exposure factors are exacerbated by the barriers encountered by migrants, refugees and asylum seekers, displaced communities and, more broadly, wealth and income inequalities (the countries presenting the highest prevalence of HIV are among the most unequal in the world) as well as social and territorial disparities in access to services, not least healthcare.

Against this backdrop, efforts to end the HIV epidemic, a pledge forming part of the 2030 Agenda for Sustainable Development (specifically SDG 3), are compromised. Many regions around the world have fallen behind in achieving the targets, and the catch-up plans will not enable them to get back on track. Difficulties achieving other SDGs, particularly SDG 4 (Quality Education), 5 (Gender Equality), 10 (Reduced Inequalities) and 16 (Peace, Justice and Strong Institutions) are limiting the scope for progress, no matter how strong the response. Other regions are on course to meet the 90-90-90 targets within the UNAIDS timeline, but modelling, concerning Botswana for example, shows that such achievement does not guarantee the epidemic will be ended by 2030.

The need to invest additional resources in the fight against HIV/AIDS

In response, the international financial instruments have helped differentiated approaches to emerge that factor in countries' challenging operating environments. The Global Fund in particular has contributed funding, on an ad hoc basis and at countries' request, to health systems strengthening (HSS) programs. Ethiopia's Health Extension

¹ Benin, Burkina Faso, Burundi, Cameroon, Cape Verde, Côte d'Ivoire, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Equatorial Guinea, Liberia, Mali, Mauritania, Niger, Central African Republic, Democratic Republic of the Congo, Senegal, Sierra Leone, Chad and Togo.

² Men who have sex with men, sex workers, transgender people, people who inject drugs and prisoners and other incarcerated people.

³ This particularly concerns: (i) criminal law provisions against sex work and same-sex relations of a sexual and contractual nature, which a large number of African States have enacted, sometimes recently such as in Nigeria, (ii) specific or general legislation which, when enforced, leads to criminal prosecution of PLHIV, (iii) provisions on parental and partner consent, regarding exposure of women and girls, which are already in a vulnerable situation given young women's limited access to condoms and unmarried women's access to sexual and reproductive health (SRH) services across many regions of the world.

Program, aimed at improving access to healthcare services in rural areas, and Rwanda's Strengthening Human Resources for Health Capacity Program, in partnership with PEPFAR, were the two main programs to have been supported in the 2000s. Other programs have since received funding in a limited number of countries. In addition, the Global Fund has promoted various initiatives tailored to country specifics: catalytic investments in favour of key and vulnerable populations, challenging operating environment policies, allocation adjustment policies and transition policies to support middle-income countries. On a final note, the Global Fund has signed cooperation and funding agreements with other international organizations in a bid to meet specific challenges, UN International Children's Emergency Fund (UNICEF) and, more recently, in 2017, UN Refugee Agency (UNHCR) and WHO.

The financial instruments have also helped to sustain funding. Multiannual budgeting cycles, for authorizing resources for PEPFAR and for mobilizing resources for the Global Fund, are in place. In the United States, Congress has authorized continuation of PEPFAR programs under a five-year cycle through to 2023 (PEPFAR Extension Act of 2018). Funding under the previous five-year cycle had reached US\$33 billion. The Global Fund has resources – around US\$4 billion a year – to finance its programs until 2020, when funds for the next cycle are expected to be raised.

For all that, it is looking doubtful that international funding can be maintained, let alone increased. For, since 2013, the ODA of the thirty Member States of the Development Assistance Committee of the Organization for Economic Cooperation and Development (OECD) has stagnated at around 0.30% of the States' gross national income (GNI) and foreign direct investment in developing nations is falling. Not only that, but preliminary ODA data for 2018 indicate a 3% decrease in bilateral ODA to the least developed countries (LDCs) and 4% decrease in ODA to Africa. The stagnant growth in ODA could lead to heightened competition between the international financial instruments which are on the rise⁴ and drive down donations to several of these organizations.

And although domestic funding is climbing steadily, its level is still low. Healthcare expenditure in low-income countries bordered on US\$100 per person – compared with the median expenditure across all countries of US\$2000 in 2016. Substantive disparities also persist between countries in terms of their domestic resources allocated to the fight against HIV/AIDS. In WCA, these amount to no more than 31% of total resources, versus 41% in ECA (see Figure 2). Moreover, it may well be that healthcare expenditure is rising in some countries, but the vulnerability of States is such that they are unable to absorb international funding.

The increase in domestic resources is still not enough to fund programs that meet needs and cover PLHIV out-of-pocket costs. By UNAIDS' reckoning, for example, the response to HIV/AIDS needs to be bolstered by an additional US\$5 billion to achieve universal coverage in terms of prevention and treatment. This extra injection of funds appears variable between regions. Accordingly, in 2020, whilst the estimated level of resources to be found for ECA should match the 2017 level, the estimated level for WCA should be practically double to deliver on the UNAIDS targets – and that's as long as efficiency and effectiveness gains are also made (see Figure 2).

Beyond that, the need for new funding in the years ahead is evident. Demographic growth in HIV/AIDS-stricken regions – the proportion of under 35s in Sub-Saharan Africa is projected to treble over the next two decades – underscores the need for more resources to maintain the per-capita expenditure ratios. Further, the age composition of PLHIV on lifelong ART points to an increase in treatment needs, at least until 2030, despite the expected decrease in the number of newly infected individuals.

The Global Fund's investment case is compelling, but needs clarifying

In this context, the Global Fund has made an investment case that sets out a resource target to be met.⁵ In order to fund programs for the 2021–2023 three-year cycle, the Global Fund hopes to raise at least US\$14 billion, including US\$4 billion for strengthening healthcare systems. This target is up by 8% on the previous pledge, obtained during the Fifth Replenishment Conference in Montreal in 2016, and by 16% when compared with the amount actually raised following this conference. The Global Fund Advocates Network, for its part, estimated that the next replenishment would need to raise between US\$16.8 and US\$18 billion.

Achieving the target is crucial for the Global Fund. Regarding the fight against HIV/AIDS, which mobilizes 54% of its resources, this will need to deliver tangible results, under several conditions as spelled out by the Global Fund: (i) an overall increase in domestic funding of 48% over the program execution period, (ii) sustained levels of other international and regional funding in the range of US\$18 billion for HIV, and (iii) more innovation, more intensive collaboration, under the auspices of WHO, and more rigorous execution. Under these conditions (see Figure 3, scenario 2), the number of new HIV infections would be reduced by 61% and the number of deaths by 52% between 2017 and 2023. However, in the event funding remains at its 2017 level (see Figure 3, scenario 1),

⁴ For example Global Alliance for Vaccines and Immunization, Global Financing Facility, Green Climate Fund, International Development Association, African Development Bank

⁵ The Global Fund, Step Up the Fight. Sixth Replenishment Investment Case, 2019: <https://www.theglobalfund.org/fr/stepupthefight/>

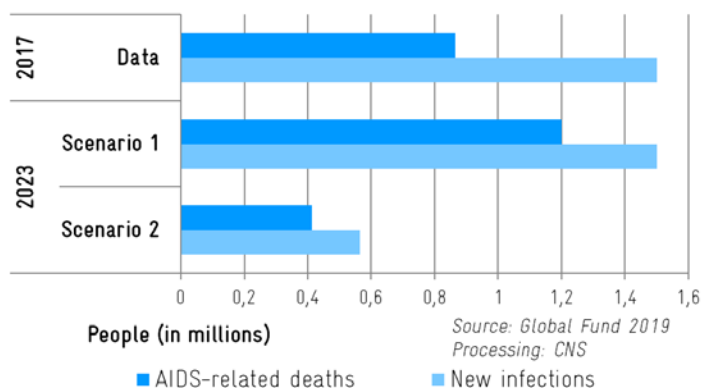
the number of new infections would not decrease and the number of deaths would rise. Finally, it should be noted that achieving the target will not mean all needs are met over the 2021-2023 period, since the Global Fund estimates that an additional US\$10 billion is needed for the fight against HIV/AIDS if the conditions set out in scenario 2 are met.

Although the model predicts encouraging results, it also raises several questions – quite apart from the objections concerning the methodology or transparency of the data used.

As such, it (i) is based on a highly favourable estimation of the increase in domestic resources, (ii) does not quantify the gains made possible by more innovation, more intensive collaboration and more rigorous execution of programs, (iii) does not, conversely, specify for which programs the Global Fund cannot achieve efficiency gains because of the environment, (iv) does not present regional impact targets, when the regional specificities are evident and the first of its 2017-2022 strategy's four objectives advocate using differentiated approaches, (v) does not state the terms for funding HSS, the second strategic objective, and (vi) does not mention the amount allocated to initiatives promoting and protecting human rights and gender equality, the third strategic objective.

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Figure 3. HIV pandemic evolution scenarios according to the resources allocated to the Global Fund



A strategy to combat HIV/AIDS as part of a global health effort

The HIV/AIDS prevention strategy is currently coming under fresh consideration in a bid to enhance its effectiveness as part of a renewed global health effort. The report by the Lancet and the International AIDS Society⁶ presented in 2018 promotes, in keeping with other studies, a more cross-cutting, integrated and coordinated approach to the fight against HIV/AIDS in the dynamic global health context.

First of all, vertical funding is insufficient without any promotion of cross-cutting programs – HSS on the one hand and universal health coverage (UHC) on the other. HSS in lower-income countries requires several concomitant programs – healthcare provision, health workforce, information systems, etc. – in order to enhance the quality, fairness, effectiveness and resilience of supply. At the same time, UHC, which forms part of the SDGs (3.8), must make it possible to guarantee access to healthcare services for all users, without burdening them with out-of-pocket costs they cannot afford. Its delivery calls for changes in the healthcare service payment mechanisms and the roll-out of schemes for sharing out the risks at country level, as recently confirmed by the International Monetary Fund (IMF). First promoted back in 2012 by the UN General Assembly through the resolution "Global Health and Foreign Policy", UHC is on the agenda of the G20 Osaka Summit on 28 & 29 June 2019 and the high-level meeting of the 74th session of the UN General Assembly on 23 September 2019.

Second, prevention, screening and treatment dispensing services dedicated to HIV are not considered to be sufficiently integrated. The HIV, tuberculosis, viral hepatitis and human papillomavirus epidemics – all of which present similar characteristics in terms of modes of transmission, difficulties diagnosing them and reaching exposed communities – warrant joint approaches. Beyond that, the integration of HIV services with SRH services and the deployment of a mobile, integrated provision, along the lines of what is available in Kenya and Uganda for HIV, hypertension and diabetes, should be considered in light of their benefits for combating HIV/AIDS and promoting health.

Lastly, global health governance could be improved. In this respect, new international financing instruments are currently being created, such as Endhep2030, which is committed to harnessing catalytic funding from foundations in the fight against viral hepatitis, or financial tools dedicated to Global Health Security. Initiatives are also being taken to bolster coordination between stakeholders. At Germany's, Ghana's and Norway's instigation, the eleven main organizations working in the health and development fields have signed the Global Health Plan to step up collaboration and fast-track achievement of the SDGs. On a further note, the convening of a Special Session of the UN General Assembly similar to the one that was held back in 2001⁷, proposed by the Lancet Commission with a view to bringing HIV/AIDS governance stakeholders together with other global health stakeholders, would set the stage for a new mobilization cycle.

⁶ *Advancing Global health and strengthening the HIV response in the era of the Sustainable Development Goals: the International AIDS Society-Lancet Commission*. The Lancet, Volume 392, Issue 10144, P312-358, July 28, 2018 <https://www.thelancet.com/commissions/global-health-HIV>

⁷ A special session of the UN General Assembly, from 25 to 27 June 2001, adopted a Declaration of Commitment on HIV/AIDS and particularly called for the "urgent" setup of a "global HIV/AIDS and health fund".

France is ambitiously placed but has limited scope for influence

France is a major player in the fight against the HIV pandemic. As a founding member of and second largest contributor overall to the Global Fund, as well as founding member of the Unitaid initiative, France has been instrumental in inspiring the most effective strategies combating HIV – not least in terms of accessing ART. It has rallied many partners to this cause – States, international organizations and civil society groups alike. In keeping with this multilateral contribution which, in 2017, mobilized nearly 95% of its funding earmarked for the fight against HIV/AIDS, France has provided bilateral assistance through an array of instruments, not least *Initiative 5%*, as part of its contribution to the Global Fund. The Ministry for Europe and Foreign Affairs has also initiated a "*Riposte pandémie*" (Pandemic Response) program to ramp up technical support for low-income countries.

Not only that, but France is also an active contributor to global health initiatives within several bodies, including the Foreign Policy and Global Health Initiative launched by the Oslo Ministerial Declaration (the Oslo Group), which it is chairing in 2019, in a bid to endorse a resolution before the United Nations this coming December. It has thus helped to shape a strategy and international agenda in favour of HSS and UHC, and full intends to shore up this commitment in 2019. In addition to hosting the Global Fund's Replenishment Conference, it will be chairing the G7 Summit, for which it will organize a high-level ministerial health meeting on 16 & 17 May 2019 in Paris.

France's global health initiatives form part of an ambitious development policy. During the Interministerial Committee for International Cooperation and Development (CICID) on 13 February 2018, it pledged an incremental increase in its ODA until 2022 and signalled a scaling-up of funding, from 2019, for the health programs of the French Development Agency (AFD). The framework and programming bill on inclusive development and the fight against global inequalities, currently under consultation, should cement its ambition and state clear priorities for action that are likely, in particular, to drive forward development in terms of health in the most vulnerable countries.

And yet, France has limited scope for wielding influence compared with the leverage the United States has within international organizations and among stakeholders in beneficiary States. It must be said that the US contribution to the fight against HIV/AIDS, for example, is 22 times the amount contributed by France – but it is only three times higher if considered in relation to national wealth. Moreover, given the dominance of its multilateral channel in particular, France does not have the benefit of a tried and tested effective strategy for bilateral action – unlike its main neighbours, not least the UK.

In comparison, European development policy provides a meaningful and constructive framework. The EU and its Member States are the world's leading contributors in terms of ODA, and some States, Germany in particular, stand out for their particularly high net ODA. In 2017, the EU signed a new European Consensus for Development with its Member States, which represents a shared vision and framework for action between the former and the latter. It reiterates the European principles and values of ODA, aligns European policy with the 2030 Agenda for Sustainable Development and underscores the priority being accorded to support for African LDCs. With respect to relations with Sub-Saharan Africa, the EU has forged partnerships which factor in development within various frameworks: (i) the Cotonou Agreement signed in 2000 with African, Caribbean and Pacific countries (ACP), encompassing 48 nations in Sub-Saharan Africa, (ii) the Joint Africa/EU Strategy set up in 2007, and (iii) regional strategies, notably in the Sahel where a regional action plan is in progress for the 2015-2020 period.

The French and European initiatives are therefore expected to chime with the global health agenda. The Global Fund Replenishment Conference, along with the other fora scheduled in 2019, will be an opportunity for France, in keeping with its European partners, to underline its priorities and set out its proposals.

FOUR SHORT-TERM RECOMMENDATIONS FOR STRENGTHENING FRANCE'S POSITIONING

1. ADVOCATE AN INCREASE IN THE GLOBAL FUND'S RESOURCES WHILST STEPPING UP FRANCE'S CONTRIBUTION AND LEVERAGING NEW FUNDING

France must take positive action in response to the appeal issued in the investment case, particularly considering its role as founding member of and second largest contributor overall to the Global Fund since its creation. Luxembourg and Ireland, the first two countries to have publicly released the amount of their donation, have pledged to increase their contribution by 11% and 50% respectively.

An increase in the French contribution compared with the amount allocated during the previous period would be consistent with the APD increase outlined. Whilst France's 2018-2020 three-year budget under the 2018-2022 public finance programming legislation has stipulated a slight increase in the ODA mission, the CICID meeting of 13 February 2018 staked out a more upward trajectory of ODA as a percentage of GNI: 0.44% in 2018, 0.47% in 2020, 0.51% in 2021 and 0.55% in 2022. This roadmap should bring France closer to achieving the 0.7% ODA/GNI target. In the scenario charting an annual 1.9% rise in GNI from 2019, which squares with the IMF's forecasts, France's ODA should grow by nearly a third between 2018 and 2022.

As conference host, France needs to further mobilize prospective donor States. The French presidency of the G7 Summit in Biarritz, scheduled in August 2019, has placed the fight against inequalities at the top of the

agenda and will need to secure the commitment of States contributing up to 80% of the Global Fund's resources, especially during the G7 health meeting. Coordination between the G7 presidency and Japanese presidency of the G20 in Osaka must, moreover, foster increased contributions on the part of emerging States. Some Global Fund partners, China among them, which are channeling increasing funds into development assistance, could play a more active role in financing the Global Fund, in the form of direct donations or conversion of debts into health programs, as permitted by the groundbreaking initiative *Debt2Health*.

France also needs to encourage contributions from private sources. The fourth objective of the Global Fund Strategy 2017-2022 focuses on mobilizing increased resources from public and private sources. These only amount to 5% of all resources collected, however, when their proportion should initially have been as high as 30%. The Global Fund now intends to raise US\$1 billion from private organizations, which is nearly 18% more than the amount pledged during the previous replenishment cycle. The enhanced ethical framework presented by the Global Fund for private donations and major donor-led initiatives, such as the Giving Pledge, created by Bill and Melinda Gates and Warren Buffet, are instruments likely to drive up this source of funding.

2. SEEK CLARIFICATIONS FROM THE GLOBAL FUND CONCERNING ITS INVESTMENT CASE IN RETURN FOR AN INCREASE IN FRANCE'S CONTRIBUTION

The Global Fund's investment case calls for clarification, which France, along with the other funders, must be able to obtain from the Global Fund ahead of the conference. Clearer understanding of the expected gains from more innovation, more intensive collaboration and more rigorous execution of the programs envisaged by the Global Fund would thus make it possible to ascertain the financial instrument's scope in terms of efficiency.

A more detailed approach to funding and its impact – geographic, thematic and factoring in the other funders –

is also expected. This will need to state the resources assigned to the first three objectives of the Global Fund strategy, which bear on the differentiated approach (objective no.1), HSS (no.2) and human rights (no.3), to give a much clearer idea of what the Global Fund does and its impact. Greater consideration of challenging operating environments, on the one hand, and the situation in WCA – which has prompted a study by the Global Fund's Office of the Inspector General (an independent internal auditing body) – on the other, is essential.

3. SECURE COMMITMENTS TO PROGRESS IN THREE AREAS OF THE GLOBAL FUND: PROGRAM EXECUTION, PREPARATION OF THE NEXT STRATEGY AND REMIT

France must exercise close scrutiny over the progress accomplished by the Global Fund Strategy 2017-2022. It will particularly monitor delivery of the Global Fund's three strategic objectives. Regarding objective no.1, France shall have to make sure the differentiated approaches have been correctly implemented in the context of dedicated instruments – catalytic investments, challenging operating environments and allocation adjustment policy, etc. The Global Fund's next Board meeting on 15 & 16 May 2019 provides an opportunity to take stock of progress at this midway point through the strategy's implementation.

France must also secure commitments to progress in the context of the strategy's revision. This revision is planned from 2020 and a partnership forum should be scheduled to consult the partners, in late 2020 or

early 2021. Given its capacity for personal initiative, France needs to engage in discussions with the Global Fund, without waiting for this consultation, on the guidelines to be defined for improved consideration of the current strategy's first three objectives, in line with the 2030 Agenda on Sustainable Development, and to set the stage for a more cross-cutting, integrated and coordinated approach.

Beyond that, France must contribute to talks on the Global Fund's remit, which currently bears on combating three diseases – HIV/AIDS, tuberculosis and malaria. Scenarios concerning developments in the Global Fund's remit could be considered with a view to broadening it in a flexible and scalable manner, so as to increase the funding of programs both cross-cutting – possibly UHC – and integrated.

4. RAISE THE PROFILE OF FRENCH AND EUROPEAN PRIORITIES IN TERMS OF COMBATING HIV/AIDS IN THE CONTEXT OF THE 2019 GLOBAL HEALTH AGENDA

France holds great legitimacy, and in this sense must raise the profile of its priorities during the next initiatives it hosts, chairs or in which it participates, not least the G7 Summit, G20 Summit and meetings of the Oslo Group. It particularly needs to demonstrate that success in the fight against HIV/AIDS and the other pandemics depends on more cross-cutting, integrated and coordinated approaches. France must champion such approaches as part of a stronger and more regular diplomatic and technical agenda.

France's commitment must align with the European context. The new European Consensus on Development, signed in 2017, must lead to stronger cooperation between France and its partners – Member States and European institutions – in a manner conducive to the cross-cutting aspects promoted by the Consensus, particularly human rights, gender equality, migration and good governance. France must also endeavour to advance global health with the following timelines in mind: negotiations on the EU's multiannual financial framework for 2021-2027 in a bid to increase

European institutions' ODA and achieve the 0.7% ODA/GNI target; efforts on the new relations between the EU and Africa – the Cotonou Agreement is due to expire in February 2020 – so as to boost investment in global health in African LDCs. Finally, closer cooperation with Germany must be sought. The annual high-level dialogue between France and Germany on international development policy, which the recent Franco-German Treaty on Cooperation (Treaty of Aachen) signed in 2019 set in motion, will have to place global health at the top of the agenda.

Beyond that, the public authorities will have to initiate discussions on moving the external action strategy for combating HIV/AIDS forward, in liaison with their European partners, the other development aid stakeholders, including the international financial instruments, and civil society groups. These talks could particularly take place during Parliament's debate on the framework and programming bill on inclusive development and the fight against global inequalities.

The French National AIDS & Viral Hepatitis Council (CNS) will publish a second Note equivalent to an Opinion in 2019 setting out its medium-term recommendations, which round off these four short-term recommendations. The CNS will particularly address the improvements likely to step up the fight against the HIV pandemic, whether in terms of the Global Fund or French external action alike.

INDEX OF ACRONYMS AND ABBREVIATIONS

ART: Antiretroviral Therapy

CICID: Interministerial Committee for International Cooperation and Development

ESA: Eastern and Southern Africa

EU: European Union

GNI: Gross National Income

HSS: Health Systems Strengthening

IMF: International Monetary Fund

LDC: Least Developed Country

ODA: Official Development Assistance

PEPFAR: President's Emergency Plan for AIDS Relief

PLHIV: People Living With HIV

SDG: Sustainable Development Goal

SRH: Sexual and reproductive health

UHC: Universal Health Coverage

WCA: West 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.

To find out more, go to cns.sante.fr