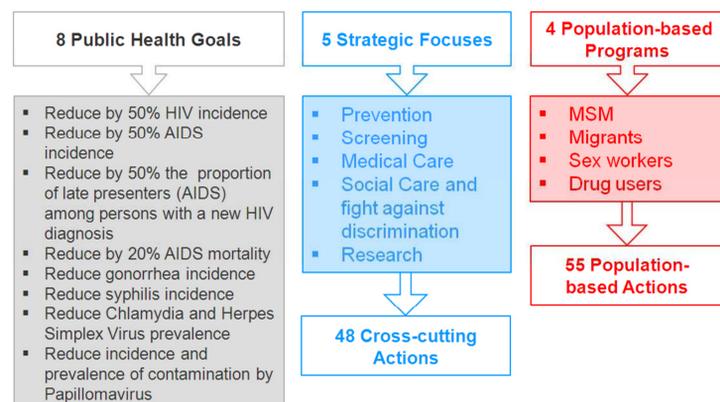


INTRODUCTION

- The 2010-2014 HIV/AIDS and STI French strategic plan is a programming framework, established by the ministry of health with healthcare professionals and NGOs, and steered by a Committee of National Follow-up
- The plan establishes 8 ambitious goals, including a 50% reduction in both HIV and AIDS incidence within the plan period
- To reach these goals, the plan targets 4 key populations: Men who have sex with men (MSM), migrants, sex workers and drug users. It builds up a hundred actions, with corresponding follow-up indicators, regarding prevention, screening, care and support



OBJECTIVES AND METHODS

- The French National AIDS Council (CNS) has contributed to the evaluation of the follow-up, results and impact of the plan at its mid-term

The main objectives were to collect appraisals about the implementation and the governance of the Plan and to analyze dynamics and obstacles met by stakeholders during the first two years of its implementation

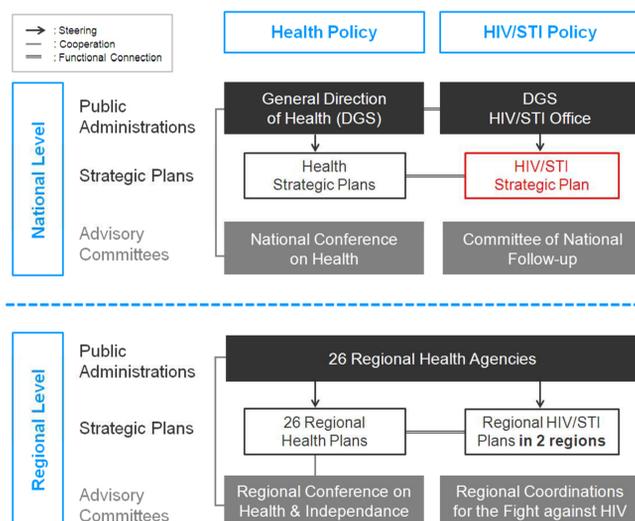
- Around 120 hearings were held with representatives of the relevant public authorities, health professionals and NGOs on both national and local scale. A review of the literature was added to the hearings
- Two regional focuses have been drawn up:
 - Île-de-France, which includes Paris and accounts for about half of the HIV epidemic
 - Rhône-Alpes, one of the two regions which have set up a regional HIV/STI strategic plan
- The evaluation doesn't deal with the Overseas Departments and Territories which benefited from a specific study outsourced to an external audit firm

RESULTS

- The French strategic plan is an adequate framework to identify goals and the relevant levers that can be used to attain them. Main stakeholders acknowledged the plan as a strategic act and an ambitious operational framework
- However, difficulties regarding the plan's conception and implementation have been identified. At the conception level, the potential lack of relevance and/or robustness of some follow-up or impact indicators is questioning their monitoring value. At the implementation level, two major difficulties have been identified:
 - The decrease of the public funding allocated to the NGO partners since 2011, particularly affecting reach out actions toward specific key populations
 - The new autonomous regional organization of health public policy, rolled out in 2009-2010, has undermined the implementation of the national plan

National level

- At the national implementation level, the political support of the plan proved to be unequal. Main measures have been promoted by the different ministries of Health within their jurisdiction. However, contradictions between the imperatives of public health and other public policies remain. They are obstacles notably to key actions that target migrants and sex workers
- Regarding the operational implementation, a few actions specifically dedicated to HIV have been delayed, because of:
 - The past and current multiplication of strategic thematic plans, insufficiently interconnected with the HIV/STI plan
 - The new cross-cutting approach on health policy which does not focus on any pathologies
- Even though the HIV/STI Office of the General Direction of Health took a natural lead role within the Committee of National Follow-up of the HIV/STI plan, it has faced difficulties to implement strategic measures which involve other public sectors. This weakness of leadership compels the HIV/STI Office to muddle through with these partners, independently of a strategic rationale

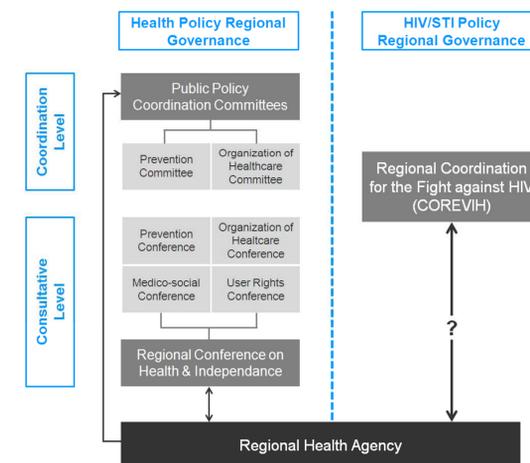


The relative independence of the regional level increases the difficulties to implement the national plan.

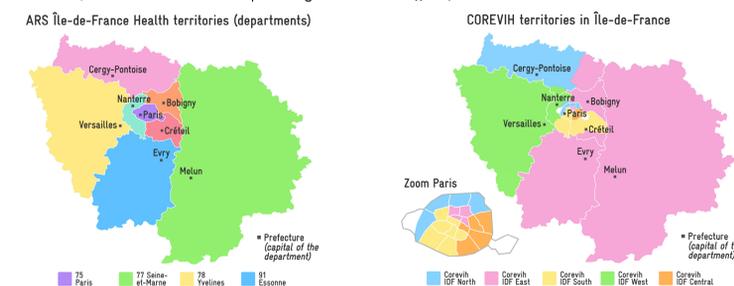
Regional level

26 Regional Health Agencies (ARSs) have been created in 2009, with a large autonomy to define, implement and evaluate their own policy through their Regional Health Plan, developed with the collaboration of their Regional Conference on Health and Independence, which notably represents health care users

- In two regions, the ARSs built up a HIV/STI Regional Strategic Plan with the involvement of the Regional Coordinations for the Fight against HIV (COREVIHs), which gathers representatives of healthcare users, patients, health institutions and health professionals. This initiative contributed to build up an operational regional framework based on cooperation and consensus
- In the other regions, the national measures against HIV have been scattered in varying ways throughout the Regional Health Plan. Consequently, in several regions:
 - The regional plans are faintly linked to the national plan
 - COREVIHs haven't been involved in the health policy governance
- COREVIHs have been identified as the priority partners of the ARSs to implement the HIV/STI plan. However, in the absence of any institutional link between ARSs and COREVIHs, ARSs consulted their own cross-cutting cooperation and coordination institutions

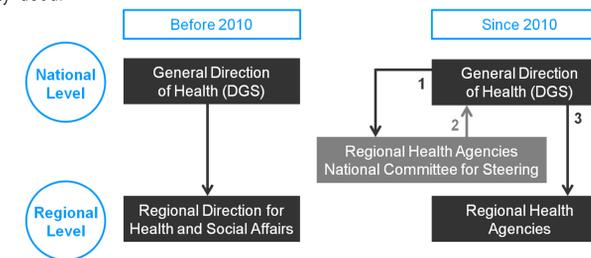


- Furthermore, COREVIH territories don't always match the administrative ones. In Île-de-France for instance, there are 5 COREVIHs that don't match department territories. In this strategic region, these organizations don't have any strong inter-COREVIH structure to work together, and interact with the ARS of Île-de-France, which didn't set up a regional strategic plan



Between national and regional level

The traditional hierarchical link between the central administration and the decentralized level has been broken. A procedure for issuing directives (with validation by the ARS National Committee for Steering) has been set up, but it is rarely used.



CONCLUSIONS

The definition of a national strategy against HIV/AIDS and STI, specifically dedicated to key populations remains relevant. The plan has been acknowledged as an adequate framework to identify goals and the relevant levers that can be used to attain them. However, considering the limits of the current plan, weaknesses in its design and obstacles to its implementation need to be addressed. At the regional level, the link between health agencies and HIV coordination structures should be significantly strengthened. At the national level, the HIV/STI Office should benefit from a reinforced steering capacity. Above all, political support is needed to resolve contradictions between public policies.

