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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 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 two first 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.

OBJECTIVES
- The strategic plan has been designed for 2010–2014. It’s supported by 60 National Strategy Committees (30 NGOs, 20 Regions, 10 Health Insurances and 10 Ministry). The Action Plan regarding HIV/STIs is part of the National Health Plan implemented at the regional level.

METHODS
- The analysis was conducted on the evaluation report of 2011, which was based on the evaluation framework established in 2009, decomposed into 5 strategic axes:
  - Reduction of incidence
  - Prevention
  - Screening
  - Treatment
  - Social and economic support
- A total of 8 Public Health Goals have been defined:
  - Reduce by 50% HIV incidence
  - Reduce by 50% AIDS incidence
  - Reduce by 50% the proportion of late presenters (ADIS) among persons with a new HIV diagnosis
  - Reduce by 20% AIDS mortality
  - Reduce genotypes incidence
  - Reduce opportunistic infections
  - Reduce opportunistic infections
  - Reduce opportunistic infections
- For each goal, 4 Population-based Programs have been defined:
  - Prevention
  - Screening
  - Treatment
  - Social and economic support
- 55 Population-based Actions have been defined:
  - Prevention
  - Screening
  - Treatment
  - Social and economic support
- 48 Cross-cutting Actions have been defined:
  - Prevention
  - Screening
  - Treatment
  - Social and economic support

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.

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