DECISION POINT LA FRANCOPHONIE: NO NEW HIV INFECTIONS, NO ONE DENIED TREATMENT

UNAIDS

LA FRANCOPHONIE SUMMIT KINSHASA OCTOBER 2012

KEY MESSAGES

- Member countries of the *International Organisation of La Francophonie* (IOF) have made progress towards the targets of the 2011 UN Political Declaration on AIDS:
  —Cambodia and Rwanda have achieved more than 80% coverage of antiretroviral therapy while Benin and Romania have reached more than 60% coverage.
- Despite progress, HIV treatment coverage in IOF countries of sub-Saharan Africa is lower (43%) than in non-IOF countries in the region (59%).
- Among IOF countries in sub-Saharan Africa, coverage of antiretroviral medicines to prevent HIV transmission from pregnant women to their children is 36% compared to 62% coverage in non-IOF countries in the region.
- Governments of *La Francophonie* and donors must redouble efforts to urgently address HIV prevention and treatment gaps. Extra effort is needed to increase access to treatment for HIV-positive mothers and children.
- Addressing gaps in the AIDS response is a shared responsibility and will require global solidarity from countries and international donors.
- The total AIDS resource need in IOF countries of sub-Saharan Africa by 2015 is US$ 2.6 billion. Estimated funding gap: about $1.5 billion. Filling this gap will require an additional:
  —**US$ 120 million** from domestic sources—a 70% increase over current funding levels.
  —**US$ 1.4 billion** from international donors—a 160% increase over current funding levels.

MESSAGE FROM PRESIDENT ABDOU DIOUF

In 2009 I signed an advocacy framework agreement, together with Michel Sidibé, Executive Director of UNAIDS. The aim of this agreement was to strengthen our joint efforts and to make the best use of the skills of French-speaking international stakeholders in the fight against AIDS.

At that time, these stakeholders were joining forces to prepare for the 5th Francophone Conference on HIV/AIDS in Casablanca, and later for the 6th conference in Geneva in 2012. It is a measure of the positive change we have seen that the institutions that make up *La Francophonie* have followed suit. At the Geneva conference, the UN Francophone Ambassadors' group and a large number of members of the *Assemblée parlementaire de la Francophonie* rallied around UNAIDS, making the conference all the more resonant.

The report presented to us here by our partner UNAIDS is directly related to the decisions set out in our framework agreement of 2009, and incorporates the recent advances that have been made. UNAIDS should be warmly congratulated for this report.

In 2011, the *International Organisation of La Francophonie* (IOF) supported its member countries and UNAIDS in the development of commitments defined in the Political Declaration on HIV/AIDS, which was approved at a high-level meeting of the United Nations General Assembly. In 2012, we played a crucial role in creating the *Roadmap on Shared Responsibility and Global Solidarity* to combat AIDS, Tuberculosis and Malaria in the African Union.

Today, access to antiretroviral therapy has improved in low- and middle-income countries of the French-speaking world, reaching nearly half of all people in *La Francophonie* who need such treatment. Significant progress has also been made in the prevention of mother-to-child transmission. With such progress, as well as that achieved in the rest of the world, the end of the global AIDS epidemic now appears to be attainable.

This report reveals, however, that the current success is not equally distributed within the French-speaking world. The variations cannot be explained solely by disparities in national wealth that exist among IOF countries, or by the great diversity in our geography, our cultures, and even our languages. Even though we are united by the French language, we are also part of a multilingual and highly diverse linguistic environment. Inequalities in access to prevention, treatment and care for people living with HIV mirror some of the basic inequalities that exist both within *La Francophonie* and in the wider world.

Even though Rwanda and Cambodia are models of success, with rates of antiretroviral coverage among the highest in the world—despite difficult circumstances and limited resources—for millions of people HIV infection is still a death sentence. There are too many people in the French-speaking world who are still waiting to access treatment. HIV treatment coverage for children is extremely low in these areas. In sub-Saharan African countries that are members of the IOF, just 15% of our children have access to antiretroviral treatment. A fifth of pregnant women in these same countries receive the antiretroviral treatment that ensures they remain healthy.

Member states of the IOF must act to resolve conflict and post-conflict situations, which pose significant barriers in access to HIV services. Such situations stifle the prospect of development.

UNAIDS' overall goal is: zero new HIV infections, zero discrimination and zero AIDS-related deaths. I fully endorse this objective. It is based on thorough knowledge of different cultures and the promotion of human rights. These are the central values of *La Francophonie*.

Through heightened promotion of the rights of women, children, conflict victims and other vulnerable groups who have poor access to prevention, treatment and care, and according to the principles of shared responsibility, we can help ensure that universal access to HIV services is a reality globally. As such, we will pave the way for a broader process of democratisation and social transformation, based on justice and the most basic human rights.

President Abdou Diouf

Secretary-General of La Francophonie

FOREWORD

When we talk of shared responsibility and global solidarity, I often think about the unique community of *La Francophonie*. These countries are connected by so much more than a language. There is a shared history, shared values and an enormous amount of expertise in responding effectively to HIV that has been built up across the French-speaking world.

I am so proud that the African Union's *Roadmap on Shared Responsibility and Global Solidarity* for AIDS, Tuberculosis and Malaria, launched under the leadership of President Boni Yayi of Benin, was made possible largely because of the enthusiasm and commitment of Africa's francophone countries. They have played essential roles in the design, development and endorsement of this important Roadmap that will chart our course to zero.

Francophone Africa has made great progress in the AIDS response in a very short time. However, results vary widely, with some countries delivering treatment coverage of over 80% and others having less than 5% coverage. Among countries of *La Francophonie* in sub-Saharan Africa, prevention of HIV infections among children is lagging compared to non-francophone countries in the region. I know my French-speaking brothers and sisters can do more.

What we do for the AIDS response is not just about access to medicines and HIV services—it's about deepening our relationships with society, laying a foundation for social justice, finding local solutions for sustainability, developing innovative ways to end the resource gap, and creating synergies to improve maternal health and achieve wider health outcomes. That is the promise we must make for future generations.

We have before us a perfect convergence of opportunities to turn this promise into a reality: rising economic fortunes in Africa, renewed political will across the globe, a set of clear and achievable goals for 2015, and a roadmap to guide our steps. But this transformational moment will evaporate if we do not act boldly.

It is decision time for *La Francophonie*. While our actions so far are laudable, they will not take us to the finish line. We must redouble our efforts for the AIDS response and act decisively.

An additional US $1.4 billion in international assistance is needed for *La Francophonie* member countries in sub-Saharan Africa by 2015—a 160% increase over current funding levels to fill the gap. By comparison, for non-francophone countries in the region, the increase needed is only about 5%.

The international community must meet its commitments for francophone Africa, and high-income francophone countries must take the lead. At the same time, low- and middle-income francophone countries must also increase their share of investments based on their economic strength and disease burden.

The fellowship and solidarity of *La Francophonie* is an under-tapped resource. Let us apply it fully, wisely and powerfully to support each other, challenge each other and account for each other.

If we allow this singular moment to slip through our fingers, history will never forgive us. But if we boldly harness our collective strengths, we can monumentally change our world.

Michel Sidibé

UNAIDS Executive Director
Under-Secretary-General of the United Nations

It is now possible to stop the worldwide spread of the AIDS epidemic. We must concentrate our efforts on protecting those who are most vulnerable. What is at stake here is solidarity between nations. It is now up to us to stop this epidemic. If we decide to do so, we can!

François Hollande
President of France

INTRODUCTION

In June 2011, world leaders unanimously adopted the UN General Assembly Political Declaration on AIDS that laid out ambitious targets for the global HIV response. They pledged, among other goals, to reduce the sexual transmission of HIV by 50%, end new HIV infections among children and ensure 15 million people have access to HIV treatment by 2015. While the *International Organisation of La Francophonie* (IOF)[1] has made considerable progress towards these targets, its member countries are characterized by marked variations in access to treatment and prevention services as well as inadequate funding from both international and domestic sources.

The IOF's founding mission of active solidarity between francophone member states and governments is a powerful unifying force that can be galvanized to invigorate the AIDS response, foster shared responsibility and direct resources where they are most needed. For the 29 francophone countries in Africa, the African Union's *Roadmap on Shared Responsibility and Global Solidarity*—endorsed by African Heads of State and Government in July 2012—has defined the steps needed in health governance, financing and access to medicines to enable countries to build long-term sustainable responses to HIV. Shared responsibility is at the core of the *Roadmap,* which calls on African governments and development partners to advance national HIV responses together.

Against this backdrop, *Decision point La Francophonie: No new HIV infections, no one denied treatment* focuses on three key areas of the HIV response in low- and middle-income IOF countries, particularly in sub-Saharan Africa:

I **Scaling up of HIV treatment**
II **Preventing new HIV infections among children**
III **Financing the HIV response**

QUICK FACTS

HIV in low- and middle-income countries of La Francophonie (globally) in 2011

Number of people living with HIV	**3.6 million** [3.4 million – 3.9 million]
Number of people on HIV treatment	**826 000**
HIV treatment gap	**970 000** [730 000 – 1 300 000]
Percent of eligible people receiving HIV treatment	**46%** [43% – 49%]
New HIV infections among adults	**220 000** [150 000 – 320 000]
New HIV infections among children	**50 000** [37 000 – 68 000]
PMTCT coverage*	**39%** [31% – 49%]
Number of AIDS-related deaths	**210 000** [170 000 – 270 000]

* Percent of HIV-positive pregnant women receiving HIV treatment or antiretroviral prophylaxis to prevent transmission to the child.

[1] See annex for full list of countries belonging to the IOF.

I. SCALING UP HIV TREATMENT

There were an estimated 3.6 million people living with HIV in low- and middle-income IOF countries in 2011, accounting for 11% of the global total. HIV prevalence varies widely among member countries of *La Francophonie*, from less than 0.1% to as much as 5% of the adult population.

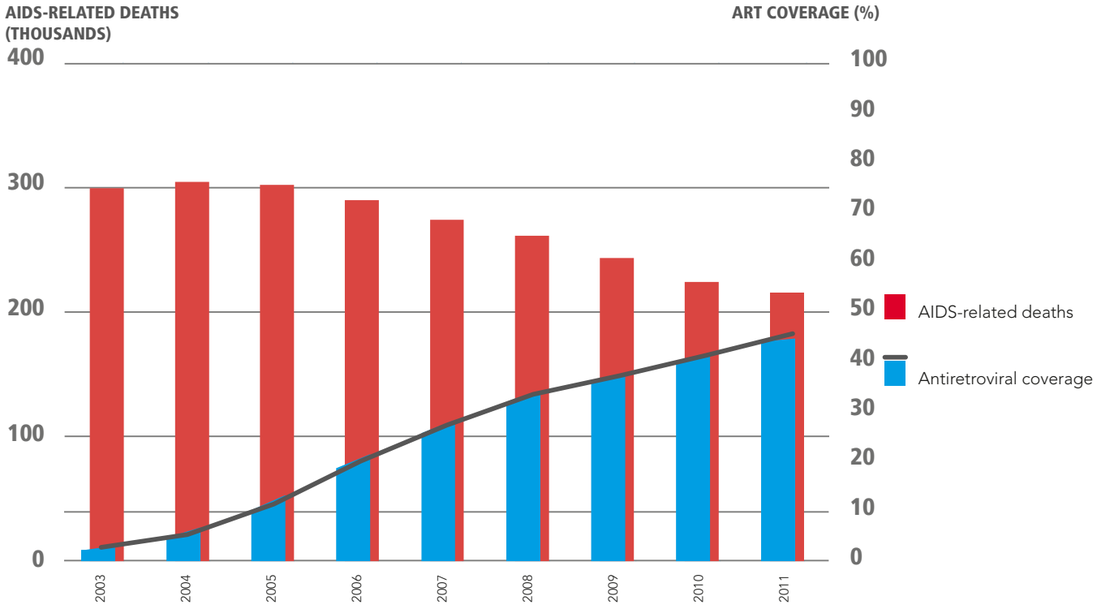
In 2011, low- and middle-income countries of *La Francophonie* made antiretroviral therapy available to 46%[2] of the people who are eligible for it—826 000 people in all—up from only 26 000 in 2003. Wider access to HIV treatment in IOF countries resulted in a nearly 30% decline in AIDS-related deaths from 2004 to 2011 (Figure 1).[3]

Despite commendable progress, approximately 970 000 people are still waiting to access life-saving antiretroviral therapy in IOF countries—14% of the global treatment gap. Across member states of *La Francophonie*, treatment coverage ranges from less than 5% to more than 80%.

For children living with HIV, the scenario is especially stark. In 2011, only 15% of children eligible for antiretroviral therapy in IOF countries of sub-Saharan Africa had access. Moreover, progress in reaching children with antiretroviral therapy appears to have stalled over the past three-year period.

Figure 1

NUMBER OF AIDS-RELATED DEATHS AND ANTIRETROVIRAL THERAPY COVERAGE IN IOF COUNTRIES, 2003-2011



[2] Low- and middle-income countries of *La Francophonie* are denoted in the annex with an asterisk. The remainder of this document focuses on these low- and middle-income members of the IOF, unless otherwise indicated.

[3] All estimates provided in this document are based on preliminary UNAIDS 2012 estimates. The range of uncertainty for these estimates can be found in the forthcoming UNAIDS Global Report on the AIDS Epidemic, 2012.

Regional and country variation

The majority (25 of 43) of low- and middle-income countries of *La Francophonie* are in sub-Saharan Africa; these countries attained, on average, 43% coverage of antiretroviral therapy in 2011. This stands in contrast to antiretroviral therapy coverage in IOF countries outside the region, at 63%. Non-IOF countries in sub-Saharan Africa are also doing better, reaching 59% of those eligible for antiretroviral therapy in 2011.

The Middle East and North Africa (MENA) region faces special challenges in the AIDS response. Unlike in sub-Saharan Africa, the HIV epidemic in this region is largely concentrated in key populations at increased risk of HIV, including people who inject drugs, sex workers, men who have sex with men, and transgender people. In 2011, none of the IOF member countries of the MENA region had achieved more than 40% coverage of HIV treatment.

Coverage of antiretroviral therapy differed dramatically among member countries of *La Francophonie* in 2011. Cambodia and Rwanda reached more than 80% coverage, and both Romania and Benin have achieved over 60% coverage. At the other end of the spectrum, Tunisia and Madagascar reached less than 20% coverage of antiretroviral therapy. A majority of IOF countries have achieved, at most, 60% coverage (Figure 2).

Figure 2

ANTIRETROVIRAL THERAPY COVERAGE IN IOF COUNTRIES, 2011

0%–19%	20%–39%	40%–59%	60%–79%	80%–100%
Tunisia	Mauritius	Guinea	Romania	Cambodia
Madagascar	Morocco	Haiti	Benin	Rwanda
	Lebanon	Viet Nam		
	Chad	Burkina Faso		
	Niger	Guinea-Bissau		
	Republic of Moldova	Burundi		
	Djibouti	Mali		
	Democratic Republic of the Congo	Gabon		
	Central African Republic	Lao PDR		
	Armenia	Sao Tome and Principe		
	Mauritania	Ghana		
		Cape Verde		
		Congo		
		Senegal		
		Côte d'Ivoire		
		Cameroon		

II. PREVENTING NEW HIV INFECTIONS AMONG CHILDREN

Programmes to prevent new HIV infections among children are gaining momentum in many countries, including in sub-Saharan Africa. The 22 priority countries of the *Global Plan towards the elimination of new HIV infections among children and keeping their mothers alive* include six IOF member states: Burundi, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of Congo and Ghana.

Over the past six years, the number of new HIV infections among children in low-and middle-income sub-Saharan African countries of *La Francophonie* has fallen by 34%, from approximately 73 000 to 48 000 (Figure 4). However, in non-IOF countries of sub-Saharan Africa, the reduction in new HIV infections among children has occurred at a more rapid rate (40% decline).

In 2011, among IOF countries in sub-Saharan Africa, the percentage of HIV-positive pregnant women who received antiretroviral medicines to prevent mother-to-child transmission (PMTCT) of HIV was 36%. By comparison, PMTCT coverage in non-IOF countries in sub-Saharan Africa was 62%.

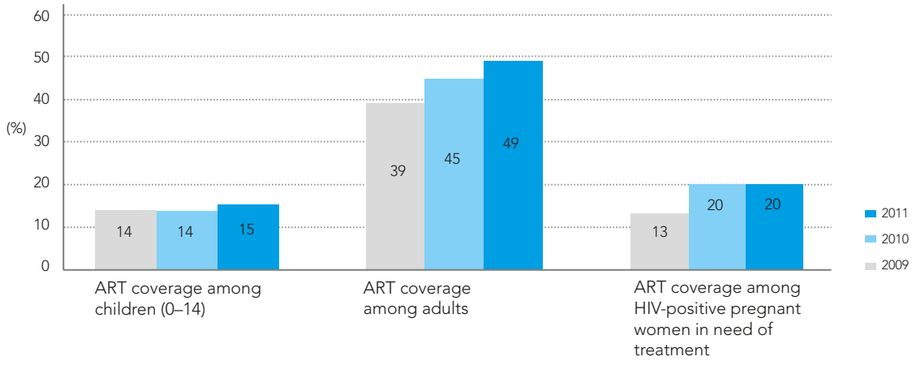
Of the 17 *La Francophonie* countries in sub-Saharan Africa with available data, six had achieved more than 50% coverage (Figure 5). It is notable that Côte d'Ivoire, recovering from a period of armed conflict, is performing better than the average.

Ending new HIV infections in children and keeping mothers alive will require a four-pronged approach:

- Reduce HIV infections among women of reproductive age;
- Prevent unintended pregnancies;
- Prevent HIV transmission from mother to child;
- Provide ongoing treatment, care and support to mothers, children and families.

Figure 3

ANTIRETROVIRAL THERAPY COVERAGE AMONG CHILDREN, ADULTS, AND HIV-POSITIVE PREGNANT WOMEN ELIGIBLE FOR TREATMENT FOR THEIR OWN HEALTH IN IOF COUNTRIES OF SUB-SAHARAN AFRICA, 2009-2011



Identifying the women in need of these services is especially challenging in countries with weak and underfunded health systems. The provision of such services varies considerably within countries of *La Francophonie.*

Keeping mothers alive

In member countries of *La Francophonie* worldwide, treatment access for pregnant women living with HIV for their own health ranges from less than 5% to more than 50%. Among countries of *La Francophonie* in sub-Saharan Africa, an average of just 20% of pregnant women living with HIV received antiretroviral therapy for their own health in 2011 (Figure 3). This gap is of particular concern as HIV treatment is critical to keep mothers alive.

Figure 4

RATE OF NEW HIV INFECTIONS AMONG CHILDREN IN IOF COUNTRIES AND GLOBALLY, 2005-2011

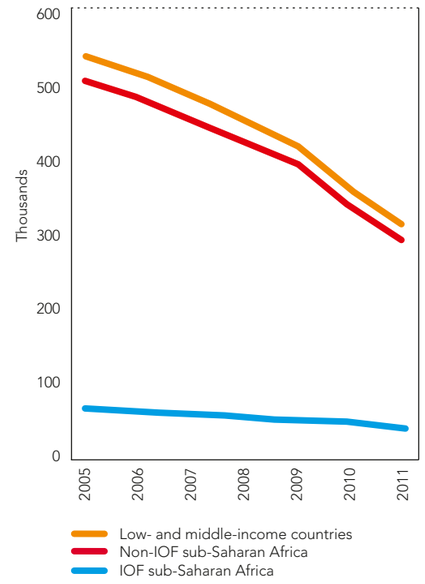


Figure 5

PERCENTAGE OF HIV-POSITIVE PREGNANT WOMEN RECEIVING ANTIRETROVIRAL PROPHYLAXIS TO PREVENT TRANSMISSION OF HIV TO THEIR CHILD IN IOF COUNTRIES IN SUB-SAHARAN AFRICA, 2011

0%–24%	25%–49%	50%–74%	75%–100%
Chad	Benin	Burundi	Ghana
Congo	Burkina Faso	Cameroon	
Mali	Central African Republic	Côte d'Ivoire	
	Gabon	Rwanda	
	Guinea	Togo	
	Guinea-Bissau		
	Niger		
	Senegal		

III. FINANCING THE HIV RESPONSE

Among member countries of *La Francophonie* in sub-Saharan Africa, the estimated total resource need for the AIDS response in 2015 is US$ 2.6 billion (Figure 7). Current investments are about US$ 1.05 billion, of which US$ 170 million comes from domestic sources and US$ 880 million from international sources. The resulting investment gap for 2015 is about US$ 1.5 billion.

Meeting this investment shortfall will require global solidarity. Low- and middle-income countries of *La Francophonie*—in partnership with international donors—must share responsibility for bridging the investment gap and fully funding the AIDS response.

Closing the funding gap

In member countries of *La Francophonie*, public health spending has increased over the past six years. By 2011, IOF countries were spending, on average, 3.3% of gross domestic product on public health—in line with the global average for low- and middle-income countries.

While a majority of IOF countries have also increased their domestic spending on HIV programmes since 2005, there is considerable variation between countries Nine out of the 37 countries reported only marginal increases or even decreases in domestic HIV funding since 2005, while 17 countries more than doubled their investments. (Figure 6).

According to UNAIDS estimates, domestic resources could be scaled up across Africa between now and 2015 by increasing health spending in line with economic growth and by reallocating HIV resources according to each country's relative burden of disease. Based on these assumptions, IOF countries in sub-Saharan Africa could increase their domestic AIDS spending by about $120 million—a 70% increase over current funding levels. The remaining gap of US$ 1.4 billion will need to come from international sources, an increase of 160%, and high-income francophone countries must take the lead.

Tapping innovative financing sources

Member countries of *La Francophonie* in sub-Saharan Africa could help bridge the AIDS resource gap by mobilizing funding from a range of sources. Revenue could be obtained by taxing alcohol and tobacco consumption or the use of mobile telephones. Additional funding could be leveraged through public-private partnerships with Africa's increasingly powerful companies. African leaders could also explore the wider use of soft loans from the African Development Bank.

Donor governments could put in place a financial transaction tax and earmark a portion fo the funds raised for the HIV response and global health. If implemented widely, a modest tax of just 0.01% on financial transactions could generate billions of dollars in revenue among G20 countries without increasing the financial burden on their economies.

Figure 6

PERCENTAGE CHANGE IN DOMESTIC SPENDING ON HIV PROGRAMS, LA FRANCOPHONIE 2005-2011

<20% INCREASE	20%–50% INCREASE	51%–100% INCREASE	> 100% INCREASE	
Niger	Latvia	Benin	Côte d'Ivoire	Rwanda
Cape Verde	Senegal	Egypt	Bulgaria	Guinea
Burundi	Romania	Djibouti	Guinea-Bissau	Viet Nam
Cambodia	Tunisia		Morocco	Mauritius
Mali	Cameroon		Congo	Armenia
Gabon	Central African Republic		Mauritania	Laos
Ghana	Burkina Faso		Haiti	Togo
Chad	Lebanon		Madagascar	Comoros
Democratic Republic of the Congo			Moldova	

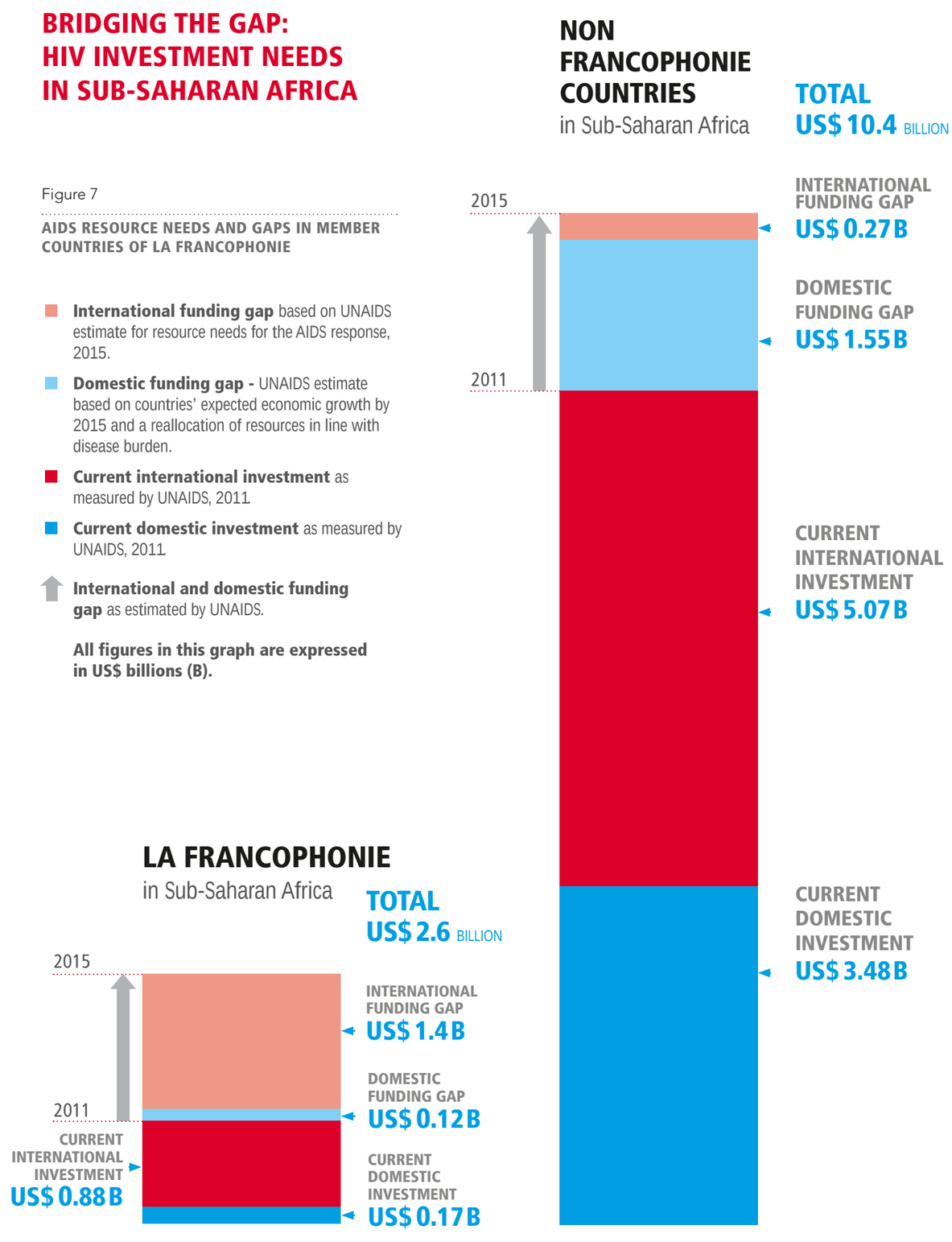
BRIDGING THE GAP: HIV INVESTMENT NEEDS IN SUB-SAHARAN AFRICA

Figure 7

AIDS RESOURCE NEEDS AND GAPS IN MEMBER COUNTRIES OF LA FRANCOPHONIE

- **International funding gap** based on UNAIDS estimate for resource needs for the AIDS response, 2015.
- **Domestic funding gap -** UNAIDS estimate based on countries' expected economic growth by 2015 and a reallocation of resources in line with disease burden.
- **Current international investment** as measured by UNAIDS, 2011
- **Current domestic investment** as measured by UNAIDS, 2011
- **International and domestic funding gap** as estimated by UNAIDS.

All figures in this graph are expressed in US$ billions (B).



CONCLUSION

With just over three years to the deadline for meeting the commitments of the UN 2011 Political Declaration on AIDS and the Millennium Development Goals, francophone countries must make a renewed commitment to shared responsibility for the AIDS response. In low- and middle-income francophone countries, more than half of those eligible for antiretroviral therapy are not receiving it, including the majority of pregnant women living with HIV. Wide disparities in coverage of HIV treatment and prevention services—both within and between countries—must be resolved.

Low- and middle-income francophone countries can play their part in bridging the funding gap by doubling their domestic investments, but they cannot do it alone. International funding imbalances that hamper the efforts of IOF member states to address their HIV epidemics must be redressed. Active solidarity is at the heart of the historical, linguistic and humanist ties that bind IOF nations. If the targets of the UN 2011 Political Declaration on AIDS are to be realized in *La Francophonie*, that spirit of solidarity must be translated into action, and the time for action is now.

ANNEX

INTERNATIONAL ORGANIZATION OF LA FRANCOPHONIE MEMBER STATES AND GOVERNMENTS

Albania*
Principality of Andorra
Armenia*
Kingdom of Belgium
French Community of Belgium
Benin*
Bulgaria*
Burkina Faso*
Burundi*
Cambodia*
Cameroon*
Canada
Canada-New-Brunswick
Canada-Quebec
Cape Verde*
Central African Republic*
Chad*
Comoros*
Congo*
Cyprus
Democratic Republic of the Congo*
Djibouti*
Dominica*
Egypt*
Equatorial Guinea
France
Gabon*
Ghana*
Greece
Guinea*
Guinea-Bissau*
Haiti*
Côte d'Ivoire*
Laos*
Lebanon*
Luxembourg
Republic of Macedonia*
Madagascar*
Mali*
Morocco*
Mauritius*
Mauritania*
Moldova*
Monaco
Niger*
Romania*
Rwanda*
Saint Lucia*
São Tomé and Principe*
Senegal*
Seychelles*
Switzerland
Togo*
Tunisia*
Vanuatu*
Vietnam*

* Low- and middle-income countries are denoted with an asterisk

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