

AIDS AND INTERNATIONAL RELATIONS : A CASE STUDY OF FRENCH HIV/AIDS DIPLOMACY

by
Delphine PLACIDI

**PH.D STUDENT,
INSTITUT D'ETUDES POLITIQUES,
PARIS**

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INTRODUCTION

The international fight against HIV/AIDS engaged since the mid 80s is characterised by an unprecedented participation of various and numerous state and civil society actors from local to international levels. The study of French diplomacy on HIV/AIDS may thus reveal how diplomatic governmental and non-governmental actors adapt to these new trends of international relations often described as “global governance”.

We shall see how both internal and external factors have influenced France's international politics on HIV/AIDS. We shall first analyse the difficulties to coordinate numerous diplomatic actors, then try to understand the way a fragile consensus has nonetheless emerged about a “French position” on HIV/AIDS, and finally how the persisting ambiguities of French attitude towards HIV/AIDS politics are fraught with dangers for the very credibility of France's foreign policy.

On a theoretical ground, this poster confronts renewed international relations reflections on diplomacy and foreign policy (Devin, Hocking, Smouts) to emerging analysis on global health governance (Altman, Dixneuf, Lee).

The difficult coordination of numerous “diplomatic actors”

The great diversity of actors involved in the fight against HIV/AIDS has sometimes generated **tensed power relations**. Confronted to a completely new and unknown situation at the beginning of the 80s, governmental actors took time to recognise the role of community-based organisations, while CBOs criticised governmental passiveness. However, from 1988-1989, gradual recognition of the need to cooperate because of the **interdependencies** between all the actors involved and the **multidimensional** and interrelated characteristics of HIV/AIDS.

- ⌚ at the ministerial level, **limited interdepartmental cooperation** between the Ministry of Cooperation (today a part of the Ministry of Foreign Affairs: the DGCID) and the Ministry of Health (*Direction des Affaires européennes et internationales*) due to both the historical centrality of the Ministry of Cooperation in sanitary cooperation, and differing approaches : a **global approach** based on development and the fight against poverty for the DGCID, a **more medical** and sectional approach for the Ministry of Health.
- ⌚ **the empowerment of CSOs:** the precursory and central role of non-governmental and community-based organisations (information, expertise, proposition, field work) makes them indispensable actors for the government, both at the national and international levels, while these heterogeneous organisations need state subventions. **HIV/AIDS-focused associations** (AIDES, ARCAT-SIDA, Act Up-Paris) and **humanitarian NGOs** (MSF, MDM) also participate to broader transnational associative networks.
- ⌚ A **shy engagement of business firms**, excepted recently for those having subsidiaries in Africa (*Conseil des investisseurs français en Afrique*) and for those getting involved into the UN Global Compact project.
- ⌚ **Influent public organisations** dealing with the financing of development (*Agence française de développement - AfD*) or with its functioning (*Haut Conseil de la Coopération internationale - HCCI*)

- ⌚ **Research agencies**, highly recognised for their **scientific and moral authority**: ANRS, Institut Pasteur, *Conseil national du sida (CNS)*, *Institut de recherche pour le développement (IRD)*, which participate to numerous international conferences.

A concertation and dialogue structure has recently been created to **remedy to these coordination weaknesses** (*Comité interministériel de la coopération internationale et du développement - CICID*), following the failure of a previous organ (Comité interministériel de lutte contre le sida - CILS).

The building of a consensus on French position

Despite this seemingly fragmented diplomatic scene, a **growing consensus** has slowly but progressively emerged among French HIV/AIDS actors about the attitude to adopt towards the numerous and complex issues at stake in international discussions about HIV/AIDS.

The launching of the **FSTI** in 1997 by France does not fulfil all its objectives and remains a bilateral French instrument. During its presidency of the European Union in 2000, France therefore promotes a strong and **collective engagement of the international community** against HIV/AIDS: at the G8 Meeting in Okinawa, in Prague, and at the UN General Assembly Special Session on HIV/AIDS in 2001.

The key French objectives are:

- to promote **access to ARV treatments**
- to integrate HIV/AIDS into broader programmes about **health care reforms in developing countries**
- to foster the **participation of local communities** and associations

Although these goals will finally be integrated into UNAIDS and the GFATM in 2002-2003, they are seen by that time as **unrealistic** by many developed and developing countries.

A few **hypotheses** can be drawn to explain why such a consensus has emerged in France.

- ⌚ A sociographic analysis of **French people involved with HIV/AIDS** at the international level reveals a small circle of people having various professional

backgrounds (Voluntary Service Overseas, humanitarian NGOs, military medicine) but who have been **socialised** by working together in developing countries and who are **sensitive** to health issues.

- ⌚ The **absence of pharmaceutical laboratories** producing either ARVs or generics in France may have helped the government to defend access to treatments as a matter of providing international public goods rather than as a matter of selling products protected by intellectual property rights (even if multinational pharmaceutical industries lobby in Paris and Brussels).
- ⌚ As a “**middle power with global ambitions**”, France feels obliged **to be a leading country** in the fight against HIV/AIDS, **to be present** in every international/regional conference and organisation, and **to be legitimised** by a renewed interest towards multilateral diplomacy: France successively supported the various UN structures devoted to HIV/AIDS (GPA, UNAIDS, GFATM), and **initiated** FSTI and ESTHER.
- ⌚ France wants to defend its **privileged relationships with African French-speaking countries**. It thus conducts bilateral, multilateral and regional policies with 28 African countries, mostly French-speaking, within the *zone de solidarité prioritaire* (ZSP).
- ⌚ In HIV/AIDS global race for leadership, French leaders give the impression to frantically **follow the US politics**:
 - diplomats have changed their **normative discourse on HIV/AIDS** since Colin Powell's declaration about AIDS being a “national security issue” in February 2001;
 - President Chirac announced a **threefold increase of French contribution to the GFATM** (*150 M€ instead of 50 M€*) following president Bush's plan to give 15 MM\$ to the fight against HIV/AIDS at Evian summit in May 2003;
 - A **Global AIDS Coordinator** has been appointed in the USA, and in France a year later.

The dangers of an ambiguous foreign policy

Despite courageous and **politically committed discourses** on access to treatments, France is far from fulfilling all its promises on HIV/AIDS. This **inconsistency undermines both the coherence and credibility** of France's foreign policy on HIV/AIDS, and the ever **fragile internal consensus** about the government's strategy.

The French multilateral contribution to **UNAIDS** has plummeted over the last 3 years in comparison with other countries. Although this can be explained by the increase of French contributions to the **GFATM**, France nevertheless stands beyond the USA, Japan and Italy. Furthermore, the 2004 Finance Act plans 50 M€ for the GFATM despite President Chirac's repeated promises to give it 150 M€ annually until 2006.

Breaking one's word in a global arena constantly scrutinised by NGOs, activists, developing countries and international organisations may hinder the worldly recognised French leadership capacity. This strategy might all the more be risky as the new WHO "3 by 5 initiative" (getting 3 million people on ARV therapy by the end of 2005) implies a "scaling up" of financial interventions from all contributors and first of all from governments, and put them under pressure.

Despite much mediatised events organised by France (GFATM Donors' Conference in July 2003), reserved countries such as Sweden, Norway or Canada can be much more **influential** than "vociferous but too often short-sighted France", for example about the creation of UNAIDS.

CONCLUSION

Far from being a mere scientific or technical topic, the way states conduct their policy against HIV/AIDS reveals a great deal about their conception of foreign policy and international order, and shows once again the **growing obsolescence of a distinction between high and low politics.**

HIV/AIDS international politics also underlines the increasing relevance of non governmental diplomacies concerning the study of **foreign policy and diplomacy**. As we have seen, this does not necessarily mean conflicting relations with governmental diplomacies: **multiple interactions** between diplomatic actors create a sort of symbiosis between state and non-state activities, what Brian Hocking calls "**catalytic diplomacy**".

We have seen the complex and rather balanced adaptation of French state diplomacy to both sanitary challenges and global governance. HIV/AIDS has undoubtedly been a catalyst for French diplomatic state and non-state actors. This case study should now be compared to other countries' HIV/AIDS diplomacy, or to French diplomacy towards another sectional politics.

ACRONYMS

AIDS Acquired Immuno-Deficiency Syndrome

AFLS Agence française de lutte contre le sida

ANRS Agence nationale de recherches sur le sida

ARCAT Association de recherche, de communication et d'action pour le traitement du sida

ARV Antiretroviral

CBO Community-based organisation

CICID Comité interministériel de la coopération internationale et du développement

CNS Conseil national du sida

CSO Civil society organisation

DGCID Direction générale de la Coopération internationale et du Développement (Ministry of Foreign Affairs)

ESTHER Ensemble pour une solidarité thérapeutique hospitalière en réseau

FSTI Fonds de solidarité thérapeutique international

HIV Human Immunodeficiency Virus

GFATM Global Fund to Fight AIDS, Tuberculosis and Malaria

GPA Global Programme on AIDS

MDM Médecins du Monde

MSF Médecins sans Frontières

UNAIDS Joint United Nations Programme on HIV/AIDS

WHO World Health Organisation

ZSP Zone de solidarité prioritaire

ESTHER:

French initiative launched by France, Italy, Luxembourg and Spain in April 2002
Twinning of North and South hospitals for staff formation and exchange, medical equipment, assistance to local CBOs and ARV treatments

UNAIDS:

UNICEF, WFP, UNDP,
UNFPA, UNODC, ILO,
UNESCO, WHO, World Bank

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WEBSITES

International organisations:

UNAIDS: <http://www.unaids.org>

GFATM: <http://www.theglobalfund.org>

International associations:

International Association Council of AIDS Service Organisations (ICASO, Toronto):

<http://www.icaso.org>

Global Network of People Living with HIV/AIDS (GNP+): <http://www.gnpplus.net>

French administrations and public agencies:

French Health Ministry: <http://www.sante.gouv.fr>

French Ministry of Foreign Affairs: <http://www.diplomatie.gouv.fr>

Agence nationale de la recherche sur le sida (ANRS): <http://www.anrs.fr>

Conseil national du sida: <http://www.cns.sante.fr>

French associations :

AIDES: <http://www.aides.org>

Act Up-Paris: <http://www.actupp.org>

ARCAT: <http://www.arcat-sida.org>

French private sector:

Global Health Initiative (GHI) at the World Economic Forum:

<http://www.weforum.org/site/homepublic.nsf/Content/Global+Health+Initiative>

Global Business Coalition on HIV/AIDS: <http://www.businessfightsaids.org>

International database on AIDS:

AIDS Education Global Information System (AEGIS): <http://www.aegis.com>

CHRONOLOGY

- 1984 creation of the community-based organisation AIDES
- 1986 creation of the Global Programme on AIDS (GPA) by the WHO
- 1987 creation of an ad hoc committee on HIV/AIDS by the Ministry of Cooperation
- 1987 creation of the community-based organisation ARCAT-SIDA
- 1989 creation of the community-based organisation Act Up-Paris
creation of an AIDS Division within the Ministry of Health, and of 3 public agencies dealing with research (ANRS), ethics (CNS), and prevention, information and health education (AFLS)
- 1994 42 Heads of State participate to the Paris Summit organised by the French government.
AIDS becomes a political priority of the Ministry of Cooperation (budget increase)
- 1996 creation of UNAIDS
- 1997 10th International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) in Abidjan : President Chirac and Ministry of Health Kouchner denounce the growing gap between the North and the South in the access to treatments and propose to create the FSTI
- 2001 United Nations General Assembly Extraordinary Session on HIV/AIDS and creation of the GFATM
- 2002 creation of ESTHER
- 2003 *conference of GFATM donors in Paris*