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EXPERTISE FRANCE
GROUPE AFD

2025 ACTIVITY REPORT

STAY THE COURSE, **Keep Up the Fight**

L'INITIATIVE
sida, tuberculose, paludisme

↑

Madagascar.
A community midwife and peer educators are raising awareness among children and families on sexual and reproductive health, parenting and shared family responsibilities—as part of the PluriElles project, led by Santé Sud with the support of L'Initiative.

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COMMITMENTS AND RESULTS

Benin.
As part of the TB Masterclass, a trainer walks healthcare professionals through safety protocols to build capacity in the fight against tuberculosis.

For more information, visit our dedicated page on our website.

Stay the Course, TRANSFORM THE RESPONSE

Affected by multiple crises, funding pressures, and the erosion of multilateralism, the fight against HIV, tuberculosis, and malaria remains a health, political, and human imperative. The progress made over the past 25 years has been remarkable. Yet it remains fragile: when health systems are weakened, when essential services are disrupted, or when the most vulnerable populations are shut out of prevention, testing, and care, those gains can be reversed.

In the face of these challenges, France reaffirms its commitment to honoring its pledges. Alongside the Global Fund, partner countries, communities, and frontline actors, it holds a straightforward conviction: pandemics will only be durably pushed back if responses are stronger, more equitable, and more deeply embedded in national systems.

L'Initiative embodies this ambition. It works as close to the ground as possible, mobilizing expertise, technical assistance, operational research, and support for local organizations. In 2025, its work helped consolidate human and institutional capacities, strengthen health policy governance, support the health workforce, and accompany transitions—increasing national ownership and the long-term sustainability of health systems. Over the course of the year, more than 11,200 health professionals were trained, 585,000 beneficiaries gained access to health services, and more than 35,000 people received rights-based support services. L'Initiative has also helped reach the populations most at risk or furthest from care, by recognizing the central role of community actors and placing human rights, gender equality, and the health of women and children at the heart of the response. These priorities shape this activity report around three core ambitions: strengthening systems, ensuring universal access to health, and preparing the responses of tomorrow.

This unwavering commitment takes on particular significance in crisis settings. In Ukraine, Lebanon, Myanmar, and sub-Saharan Africa, maintaining service continuity, preserving essential health system functions, and supporting transitions are critical to preventing disruptions and protecting hard-won gains. In these situations, international solidarity is a shared responsibility.

Through L'Initiative, France champions a demanding and partnership-based approach to global health—one grounded in trust toward countries, communities, healthcare workers, researchers, and civil society. An approach that brings together effectiveness, equity, and dignity. Now more than ever, staying the course against pandemics means investing in health systems that are resilient, just, and sustainable. ●

CLARISSE PAOLINI, Deputy Director for Human Development, Ministry for Europe and Foreign Affairs

In 2025, the contraction of funding caused by the withdrawal or redeployment of certain donors destabilized existing balances in many countries. The risk of essential services being discontinued increased, particularly for the most vulnerable populations. In response, L'Initiative prioritized the continuation of ongoing projects and reorganized its support to maintain critical interventions. It also assisted countries in preparing for the Global Fund's GC8 funding cycle and in adapting their financing models to strengthen the long-term sustainability of their responses.

SUSTAINING HEALTH SERVICES in the Face of Shrinking Funding

EAMONN MURPHY,
UNAIDS Regional Director for Asia and the Pacific, Eastern Europe and Central Asia

The sustainability of HIV responses does not rest on funding levels alone, but on how resources are allocated and mobilized at the national level. In the context of growing pressure on international financing, it is essential to strengthen countries' capacity to fund their own responses—particularly for key populations. This also requires fully recognizing the role of communities, which are central to the effectiveness and long-term sustainability of interventions.

Read the full interview

In 2025, the effects of the suspension or discontinuation of funding—particularly from the United States—were immediate in many countries: activities were interrupted, local organizations were destabilized, and critical functions came under strain. Every country supported by L'Initiative was affected.

Refocusing to Preserve Essential Services

In this context, L'Initiative chose to prioritize the continuity of ongoing interventions. This direction required operational trade-offs. Some technical assistance missions were deferred or scaled back, while others were pooled. The goal was to concentrate available resources on the most critical interventions directly threatened by funding cuts.

In Cambodia, the suspension of US funding directly affected the NGO KHANA. The TB-SHIFT project supported by L'Initiative was redirected to maintain priority interventions. The reorganization of teams and the strengthening of community-based approaches ensured the continuity of testing

+120
PATIENTS WITH MULTIDRUG-RESISTANT TUBERCULOSIS continued their treatment thanks to the reprogramming of the TB-SHIFT project.

Cambodia.
At the NGO KHANA, a healthcare worker explains the treatment to a patient being monitored for multidrug-resistant tuberculosis.

and treatment, particularly for patients with multidrug-resistant tuberculosis. In Myanmar, covering the costs of laboratory technician positions prevented the shutdown of an HIV viral load testing platform, while in Benin and Ukraine, resource reallocations enabled the continuation of community services that had been at risk of interruption.

Strengthening Financing Sustainability

L'Initiative is also supporting countries in evolving their financing models, in contexts marked by heavy dependence on external resources. In Southeast Asia, in partnership with UNAIDS, it is working with Cambodia, Laos, Thailand, and Vietnam to strengthen the financing of HIV responses—particularly through domestic resources. This support aims to improve the use of financial data for decision-making, build more sustainable financing trajectories, and direct resources toward key populations and community-based responses.

In several countries in the region, the reduction in US funding has already produced tangible effects: reduced support capacity in Laos, interruption of community services in Thailand, and a weakening of civil society advocacy in Vietnam. Sustainability has become an operational constraint: the immediate priority is to secure the most at-risk services in the short term, while building countries' capacity to finance their own responses over the medium term.

Securing Funding in the GC8 Cycle

The preparation of the Global Fund's GC8 funding cycle is a decisive moment: it determines countries' access to resources for the coming years. In this context, L'Initiative has stepped up its support to partner countries to help them define their priorities and structure their funding requests.

More than €2 million in additional funding was mobilized in fall 2025 to support 22 countries in developing or revising their national strategic plans. This support covered the prioritization of needs, the integration of HIV, tuberculosis, and malaria responses, and the meaningful participation of community actors. In Senegal, this resulted in the development of the National Malaria Elimination Plan 2026-2030 and a situational analysis to better align HIV, tuberculosis, and malaria responses.

As international aid contracts sharply, partner countries are being called upon to take more direct ownership of their health policies and financing. This shift requires strengthening their technical, organizational, and strategic capacities. Through its technical assistance mechanisms and support to national authorities, L'Initiative accompanies this growing responsibility—helping to durably embed governance at the national level.

STEERING HEALTH SYSTEMS: A Growing Challenge of National Ownership

In 2025, the technical assistance mechanisms deployed by L'Initiative in Mauritania and Chad were brought together under the Technical Assistance Facility (DAT) Sahel—a joint support mechanism for Ministries of Health. The goal: to strengthen their capacity to manage health financing, including funding from the Global Fund and other international donors.

Strengthening National Oversight Capacity

In Mauritania, where the Ministry of Health is gradually resuming direct management of grants, the DAT Sahel is helping to structure key functions: operational oversight, financial monitoring, coordination with national programs, and implementation management. In doing so, it helps secure the implementation of funding and strengthen national accountability. In Chad, support is provided to an already established management unit, now capable of directly managing Global Fund financing and contributions from other technical and financial partners.

In Guinea, a planned technical assistance facility was put in place in 2025 along the same lines. Anchored within the National Directorate of Epidemiology and Disease Control, it works across several departments of the Ministry of Health to strengthen governance, coordination, team capacities, community health, and monitoring and evaluation. After one year, an assessment confirms its relevance. The immediate priority is now to strengthen support to the grants management unit, in order to handle a growing volume of funding and better coordinate the various technical assistance efforts supported by L'Initiative.

78%
BUDGET ABSORPTION RATE IN MAURITANIA.
Up from 32% two years earlier, reflecting a significant improvement in funding management.

Mauritania.
At the DAT Sahel launch workshop, representatives from the Ministries of Health of Mauritania and Chad come together to structure a joint support framework for managing Global Fund financing.

DR.THÉO KUSIAKU,
DAT Sahel Lead Expert, Expertise France

Before the DAT was established, decisions were made with limited visibility across the full funding landscape, which constrained the ability to make informed trade-offs. Strengthened tools and teams now make it possible to anticipate, prioritize, and steer programs over time. We are no longer just managing emergencies—we are governing. This shift owes less to the introduction of new tools than to a transformation in practice. A more structured and autonomous way of working is enabling national actors to take back ownership of their programs.

Read the joint interview with Dr. Mohamed Coulibaly, HIV expert

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Djibouti: Consolidating National Coordination Capacities

In Djibouti, strengthening national governance responded to both an institutional and financial risk. In 2025, a Global Fund assessment identified gaps in strategic oversight, putting the country's eligibility for the GC8 cycle at stake—and with it, the risk of losing $8.7 million in funding. L'Initiative supported a comprehensive overhaul of the national coordination body, through the revision of its governance framework, the establishment of an ethics committee, the structuring of performance monitoring, and the training of its members. Within a few months of support, this body has become an organ capable of guiding, monitoring, and arbitrating national pandemic response programs. Beyond compliance requirements, this transformation gives national institutions the means to secure their funding and fully assume their role as stewards of their own programs.

In 2025, L'Initiative reached an unprecedented level of activity, in context of significant constraints on new commitments. Despite budgetary and institutional uncertainties, it maintained a high execution capacity, driven by robust management mechanisms and strong adaptability among its teams. After several years of growth, a phase of portfolio stabilization is now underway, characterized by a slowdown in new commitments and a renewed focus on consolidating existing interventions.

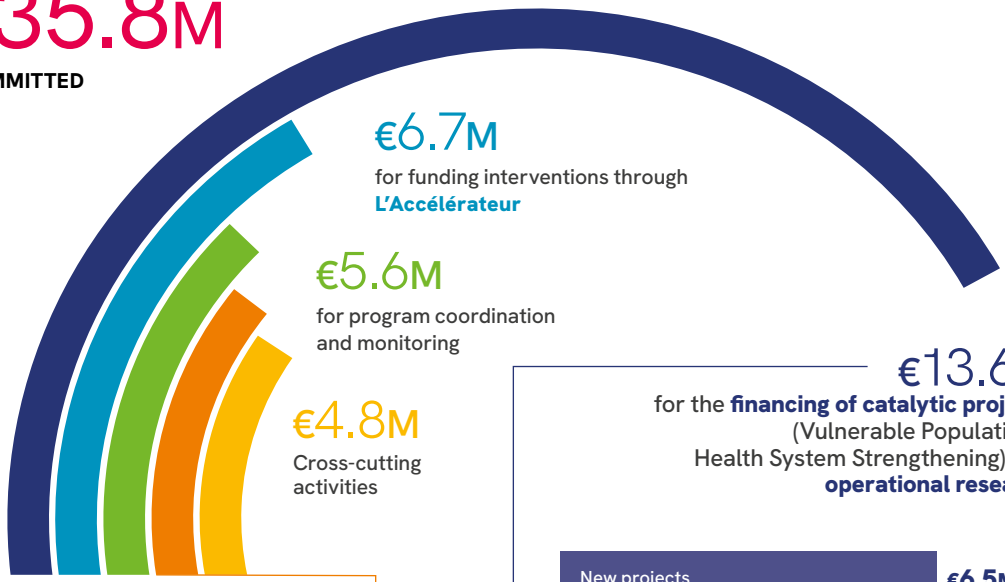
2025 Keeping Operations Running, Reduced Commitments, Tightened Management

ANTOINE PEIGNEY,
Health Department
Director, Expertise France

Visit
the results page
on our website

2025 will stand as a landmark year for L'Initiative: a record level of activity since its founding, with more than €66 million spent—but also a sharp contraction in its commitment capacity. This contraction reflects a particularly strained budgetary environment for official development assistance, which significantly reduced the headroom available for L'Initiative to make new commitments in 2025. Faced with this situation, we made demanding choices: prioritizing essential support, preserving service continuity, and safeguarding the gains achieved with our partners. In times of uncertainty, our responsibility is to stay the course.

€35.8M
COMMITTED



€6.7M
for funding interventions through **L'Accélérateur**

€5.6M
for program coordination and monitoring

€4.8M
Cross-cutting activities

€5.1M
for technical assistance missions

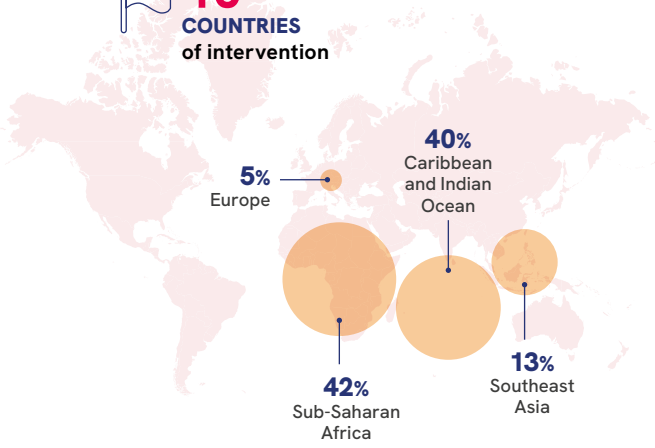
€1.3M for technical assistance facilities
(DAT Sahel and DATP Guinea)

€13.6M
for the **financing of catalytic projects** (Vulnerable Populations, Health System Strengthening) and **operational research**

New projects	**€6.5M**
Project follow-ons	**€6.4M**
	€0.7M Audits and evaluations

COMMITMENTS BY REGION

40
COUNTRIES
of intervention



COMMITMENTS BY PANDEMIC

59% Cross-cutting (three pandemics)
17% HIV/AIDS
16% HIV/Tuberculosis Co-infection
7% Tuberculosis
1% Malaria

59% of the total committed budget was allocated to cross-cutting interventions or health system strengthening—reflecting a more systemic approach.

€215M IN ONGOING INTERVENTIONS

A Major Operational Role in France's Global Health Action

The Project Channel comprises the majority of the portfolio, with **€133.8 million** and nearly **62% of ongoing interventions at end-2025.** This reflects the importance of multi-year financing in supporting health systems and in the fight against HIV/AIDS, tuberculosis, and malaria.

The Expertise Channel accounts for **€19.1 million** and stands out for the number of interventions deployed: **71 technical assistance missions ongoing at the end of 2025.** It is a central tool for responding in a targeted manner to the operational needs of countries and partners.

L'Initiative also contributes to advancing French political priorities in global health, placing **gender equality and sexual and reproductive health and rights (SRHR)** at the heart of its portfolio. In November 2025, 70.9% of ongoing projects include a gender equality objective, while **105 interventions focus on SRHR, representing an investment of €126 million.**

Targeting Aligned with French Political Priorities

L'Initiative's commitments are framed within **the French Global Health Strategy 2023-2027** and the priorities of the Presidential **Council for International Partnerships.** Its portfolio confirms a priority focus on the most fragile contexts, at the intersection of health, economic, climate, and geopolitical vulnerabilities.

70.7%
of ongoing interventions are concentrated in **African countries** eligible for L'Initiative.

66%
concern 25 least developed countries (LDCs), representing **€144.2 million.**

79%
are deployed in 27 countries among the 60 most vulnerable to climate change, representing **€172 million.**

2025 FINANCIAL OVERVIEW

MODALITIES	REALIZED 2025
Expertise Channel (technical assistance missions)	€6,615k
Expertise Channel (planned technical support facility)	€3,298k
Project Channel (vulnerable populations and strengthening health systems)	€26,027k
Project Channel (operational research)	€4,108k
L'Accélérateur	€14,343k
Cross-cutting expenses	€1,867k
Program coordination and monitoring	€4,610k
Subtotal	**€60,866k**
Management costs	€5,163k
TOTAL	**€66,029k**

This financial report reflects the amounts actually spent during the 2025 fiscal year. It differs from commitments, which correspond to funding decisions approved by L'Initiative's Steering Committee and may be implemented over several years.

RESULTS IN SERVICE OF ACCESS TO CARE, RIGHTS, AND HEALTH SYSTEMS

These figures come from projects supported by L'Initiative through direct financing. They reflect the work carried out with populations most exposed to HIV, tuberculosis, and malaria, as well as the support provided to health systems and frontline actors.

LAETITIA DREAN,
Head of the Monitoring, Evaluation, Accountability and Learning Unit, L'Initiative

Evaluation is not simply a matter of reporting: it is about creating the conditions for collective learning and course correction. In such a fast-changing environment, monitoring, evaluation, accountability, and learning help maintain a clear reading of results, limitations, and levers for improvement. This commitment to rigor must guide the preparation of the next cycle.

585,808
BENEFICIARIES with improved access to health and social services

435,401 PEOPLE MADE AWARE of their human and health rights

102,392 PEOPLE FROM KEY POPULATIONS REACHED through HIV and sexual health prevention activities

2,908 STRUCTURES SUPPORTED directly or indirectly in project implementation

11,274 HEALTH WORKERS with strengthened professional skills

144 STRATEGIC OR NORMATIVE DOCUMENTS developed or supported

TEN YEARS OF EVALUATION IN SERVICE OF L'INITIATIVE'S STRATEGY

In 2025, L'Initiative marked ten years of evaluating its strategies, practices, and projects, during a day-long event bringing together more than 110 participants in Paris and online. Beyond taking stock, this milestone was an opportunity to reaffirm a core conviction: evaluation only truly delivers when it enables collective learning and improves action. Over ten years, more than 150 evaluations have been conducted, informing practices, strategies, and dialogue with partners. Grounded in a participatory approach, evaluation involves project holders at every stage, from scoping to presentation of findings. This culture of evaluation is also becoming an essential lever—particularly in a constrained budgetary environment—for documenting results and change, strengthening accountability, and making the case for the impact of supported interventions.

Read the interview (in French) with Elsa Goujon, Evaluation Unit Coordinator at L'Initiative, on the lessons learned from ten years of evaluation

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2022-2025 Strategic Evaluation: Preparing for the Next Cycle

L'Initiative conducts a strategic evaluation of its work at the end of each three-year cycle. This 2022-2025 exercise examines governance, strategic coherence, the portfolio, results, as well as visibility and influence capacity. It confirms the added value of the mechanism. It also highlights its ability to implement French priorities in global health—including human resources for health, gender equality, human rights, and neglected challenges. For the next cycle, it identifies key areas of work: strengthening governance and oversight, consolidating the sustainability of support, better measuring influence in countries of intervention, continuing efforts on tuberculosis and malaria, and enhancing the valorization of operational research. These conclusions have informed the strategy revision process conducted by L'Initiative with its supervisory ministries and Steering Committee.

In 2025, L'Initiative continued its structural efforts in support of human resources for health, with major investments in Rwanda, Chad, and Madagascar, to address deep-rooted imbalances that limit access to care. Beyond training, the challenge is to strengthen ministries' capacity to plan, manage, and deploy health professionals according to population needs. Through coordinated support, L'Initiative accompanies structural transformations at the heart of health systems, with particular attention to territorial and gender inequalities.

HEALTH WORKFORCE: A Key Lever for Access to Care

DR. JOCELYN RAKOTOZANANY,
President of the Association of Community General Practitioners of Madagascar (AMC MAD)

In rural Madagascar, there can be up to 100 kilometers between two health facilities. In some areas, there is simply no healthcare available. People turn first to traditional healers, and only to a doctor as a last resort. Community general practitioners fill this gap. They set up practice as close as possible to the population, with community support, and provide a continuous medical presence. Without them, there is simply no access to care in these territories.

Read the full interview

In many countries, health professionals are insufficient in number and unevenly distributed across the territory. These imbalances translate directly into gaps in access to care. The human resources for health strengthening projects underway in Rwanda (€5 M), Madagascar (€5.2 M), and Chad (€7 M) are among the largest financed by L'Initiative. All three address the same challenge: strengthening states' capacity to plan, train, and deploy health professionals according to the real needs of populations.

Better Managing Human Resources for Health

In Chad, the absence of reliable data and the concentration of more than 70% of health professionals in N'Djamena make any planning impossible. The project supports the development of a national staff registry, staffing standards, and an information system. In Madagascar, where access to care remains severely constrained in rural areas, the project strengthens the ministry's capacity to manage its human resources while structuring community-based mechanisms. It

over €17 M COMMITTED across three structural projects in Rwanda, Madagascar, and Chad

Rwanda. As part of the national 4x4 strategy, this country aims to quadruple the number of trained health professionals to meet needs across the entire territory.

supports the implementation of the national plan and the development of management tools. It also improves the alignment between training, recruitment, and deployment, with particular attention to community medicine and remote areas.

Training at the Heart of the Human Resources Question

In Rwanda, as part of the national "4x4" strategy, the project supports a scale-up of the training system, currently limited by its supervision and intake capacity. It strengthens institutions, supports teaching staff, and harmonizes curricula. The goal: to quadruple the number of health professionals in four years without compromising on quality. In Madagascar and Chad, fragmented and poorly regulated training systems are being restructured: strengthening of vocational schools, revision of curricula, and organization of continuing education. While in Madagascar the challenge is to align training with the system's capacity to recruit and deploy trained professionals, in Chad the goal is to build up a supply that remains limited.

Finally, beyond training, the geographic distribution of professionals is another priority. In all three countries, urban areas are better resourced. The projects support the establishment of professionals in rural areas through incentive mechanisms and the structuring of career pathways to encourage retention. In Chad, one component focuses specifically on gender inequalities, which hinder women's access to health professions and further reduce the supply of care.

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Training Professionals Capable of Analyzing and Improving Health Systems

Since 2023, L'Initiative has supported, in partnership with ISPED/University of Bordeaux, a scholarship program designed to strengthen public health capacities, particularly in French-speaking Africa. Where health systems lack analytical and governance capacity, this project trains professionals capable of producing data that inform and guide public health policies. The program combines university scholarships in epidemiology—providing the necessary prerequisites—and a Françoise Barré-Sinoussi* Excellence Scholarship, which each year supports a student from a developing country to complete the master's program in Global Health in the South and carry out applied research.

One Malagasy recipient analyzed the care pathway for victims of sexual violence, revealing a fragmented system ill-equipped to guarantee victims effective access to care. His work identifies major obstacles—victim self-censorship, disconnects between health, police, and justice services, and indirect costs—and proposes ways to better structure and coordinate care.

* French virologist, co-discoverer of HIV, and Nobel Prize in Medicine 2008.

In remote areas, crisis settings, or among marginalized populations, community actors play a decisive role in ensuring access to prevention and care. Despite their demonstrated effectiveness, their status remains precarious and their role insufficiently recognized. L'Initiative supports projects aimed at structuring and professionalizing these actors, with a view to having them fully recognized as human resources for health.

COMMUNITY HEALTH: Recognizing and Professionalizing Frontline Workers

MAGATTE MBODJ,
Executive Director,
ANCS, Senegal

Today, peer educators are already integrated into care systems, but without a clear status. They contribute directly to access to care, patient follow-up, and treatment adherence, while relieving pressure on health teams. They are genuine bridges between medical expertise and communities. The question is no longer whether they are useful—it is how to organize their formal recognition as human resources within the health system.

In Burundi, as in Senegal, peer education plays a key role in the fight against HIV, tuberculosis, and hepatitis. Drawn from the communities they support, peer educators perform essential functions: informing, testing, referring, and accompanying people through care. Their presence makes it possible to reach populations that conventional health systems struggle to access—particularly those most exposed to risk and stigmatization. But the absence of official status, a harmonized remuneration framework, and social protection limits their integration into health systems and undermines the continuity of interventions. This translates into precarious working conditions, unequal recognition, and difficulties in stabilizing these nonetheless essential roles.

REPAIR: Integrating Peer Educators into Health Systems

In 2025, the "REconnaissance des PAIR·ES éducateur·rices" (REPAIR) project was launched by Coalition PLUS and implemented in partnership with the Alliance Nationale des Communautés pour la Santé (ANCS) in Senegal and the Association Nationale de Soutien aux Séropositifs et Malades du Sida (ANSS Santé PLUS)

668
PEER EDUCATORS
supported by the REPAIR project, of whom nearly 45% are women

Vietnam.
A community support session conducted with young drug users in Nghe An, as part of the Saving the Future project.

in Burundi. It aims to evolve the status and employment conditions of peer educators by recognizing them as full human resources.

REPAIR supports dialogue between community actors and public institutions to develop national recognition frameworks. The project supports the professionalization of peer education through the development of competency frameworks and the introduction of certified training. It also improves working conditions by addressing issues of remuneration, social protection, and career security. Specific attention is paid to gender issues, to better account for the constraints and vulnerabilities faced by female peer educators.

By combining advocacy, knowledge production, and operational mechanisms, REPAIR is part of a broader dynamic: durably integrating community expertise into public health policies. The lessons of the project are intended to be shared at the regional level to support the recognition of peer educators in other countries.

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A Podcast Rooted in the Foundations of Health Democracy

Giving a voice to those who make community health happen every day: that is the ambition of L'Initiative's podcast, conceived as an extension of the 2025 scientific day "Community Health: Between Innovation and Constraints."

Across four episodes, the series explores the role of communities in access to care—particularly in crisis settings—and opens up debate on the conditions needed to sustain these approaches. The podcast raises a central question: how can we durably support the work of community actors who remain all too often invisible?

Grounded in the legacy of the Alma-Ata Declaration—the founding text of primary health care adopted in 1978—the series reminds us that strengthening community health means recognizing the capacity of populations to participate in health policy.

Listen to the podcast (in French)

ACCESS, RIGHTS, AND EQUITY

Madagascar. A nighttime outreach to distribute prevention tools and conduct awareness-raising activities among sex workers to facilitate their access to healthcare.

For more information, visit our dedicated page on our website.

A Partnership in Service of Countries TO ACCELERATE THE ELIMINATION OF PANDEMICS

For more than a decade, the partnership between the Global Fund and Expertise France, through L'Initiative, has demonstrated the value of close collaboration between multilateral financing and targeted bilateral technical or financial support. By supporting countries in the preparation, implementation and optimization of grants, L'Initiative contributes directly to the impact of our shared investments in the fight against HIV, tuberculosis, and malaria.

L'Initiative's model is distinctive. By mobilizing technical support at the request of partner countries, it strengthens national capacities, improves the quality of programs, and fosters innovation in pandemic responses. This targeted expertise complements Global Fund financing and enhances the effectiveness of the partnership in support of countries.

In 2025, L'Initiative continued its engagement in more than 30 countries, the vast majority of which are among the most vulnerable. The priorities of its interventions mirror those of the Global Fund: strengthening health systems, supporting civil society, and improving access to services for the populations most exposed to the three diseases.

The Democratic Republic of Congo portfolio illustrates this fruitful partnership between the Global Fund and L'Initiative. In 2025, L'Initiative provided long-term support to conduct an organizational audit and strengthen the unit responsible for managing Global Fund and GAVI, the Vaccine Alliance, grants within the Ministry of Health. This support helped strengthen the planning, monitoring, and reporting of activities, financial management, and the decentralization of grant management to the provincial level.

Together, we are making concrete progress: improving grant management and implementation, supporting the evolution of national policies, strengthening institutional and community capacities, disseminating programmatic innovations, and supporting solutions adapted to local realities. L'Initiative's role is particularly valuable in unstable contexts and crisis situations, where the ability to rapidly mobilize technical expertise is essential to maintaining the continuity of health services.

Major challenges remain: fragile health systems, persistent inequalities, resources under pressure. In this context, the complementarity between the Global Fund and L'Initiative is more important than ever. ●

MARK EDINGTON,
Director of Grant Management, Global Fund

Some populations are more exposed than others to HIV, tuberculosis, or malaria. They are often on the margins of health systems. Stigmatization, criminalization, geographic isolation, or high mobility limits access to testing, delays the start of treatment, and undermines the continuity of care. L'Initiative continues to support mechanisms that address these gaps in care pathways by combining community-based interventions, adaptation of service delivery, and strengthening of local actors to restore effective access to care.

REACHING THOSE LEFT Behind by Health Systems

Sex workers are among the populations most vulnerable to pandemics. Stigmatized, rendered invisible, exposed to violence, and often associated with shame or taboo: the multiple forms of discrimination they face translate into distrust of health facilities, delays in testing, difficulties accessing treatment, and gaps in follow-up care.

Working With and For Sex Workers

To address these barriers, L'Initiative supports projects that combine community-based interventions, strengthening of local actors, and adaptation of health services. In Benin, Cameroon, Côte d'Ivoire, Ethiopia, and Madagascar, these interventions share a common conviction: starting from the practices, constraints, and needs of the people concerned to rebuild the link with health systems.

In Madagascar, along the Antananarivo-Tamatave road corridor, the "Droits et Santé pour les Professionnel·le·s du Sexe" (DESPS) project, led by Médecins du Monde, relies on female peer educators who conduct outreach. Present in the living and working spaces of sex workers, they inform, guide, and accompany them toward health facilities. Their regular presence, built on trust and proximity, helps break down concrete barriers—fear, mistrust, and isolation, and also facilitates entry into care pathways.

In Cameroon, this same proximity approach takes the form of care mechanisms deployed as close as possible to the living and working spaces of sex workers. The "Santé Globale des Copines" (SAGCO) project, implemented by the association Horizon Femmes, develops mobile clinics offering integrated on-site care: HIV and STI testing, management of common conditions, and support for victims of violence. By bringing services closer to people and diversifying entry points, such mechanisms reduce the gaps between diagnosis, treatment initiation, and follow-up.

24%
OF TUBERCULOSIS CASES are now detected at the community level in REACH Ethiopia's areas of intervention, compared to nearly 0% before the project.

Ethiopia.
As part of the REACH Ethiopia project, a community volunteer travels to living areas and livestock sites to conduct tuberculosis screening.

YUSUF ALI,
REACH Project Manager, Afar Region, Ethiopia

Before the project, several isolated facilities reported no tuberculosis cases. Yet the patients were there. What was missing was information, accessible services, and diagnostic capacity. When we trained the teams, upgraded the facilities, and mobilized community volunteers, cases began to emerge. In these areas, some patients would have gone undiagnosed and untreated. These are lives that can be saved by going out to find cases where they are.

Read the full interview

FOCUS

Reaching Populations Furthest from Health Services

Geographic isolation, population mobility, and limited diagnostic capacity: these constraints severely restrict access to health services in many regions of the world, leading to late diagnoses—particularly for tuberculosis.

In Laos, in provinces where treatment coverage remains insufficient, several hundred people with tuberculosis still go undiagnosed or untreated. The CHIAs 2 project targets these "missing patients." It relies on active community-level case finding, combined with strengthening of the diagnostic chain: sample collection and transport, training of village health workers, and laboratory support. This approach increases case detection and reduces the number of patients "lost to follow-up" in diagnostic and care pathways. Nearly 800 cases were identified during the first phase of the project.

In Ethiopia, in the Afar region, the REACH project adapts interventions to the realities of pastoral populations, whose mobility renders conventional mechanisms ineffective. Community volunteers carry out symptom identification, referral, and follow-up, working alongside mobile units and strengthened diagnostic capacities. More than 62,000 people have been screened, enabling earlier case detection and reducing delays in treatment initiation.

Gender inequalities remain a major determinant of health. They influence access to services, quality of care, and continuity of treatment. They manifest in services that remain poorly adapted to women's needs, particularly in maternal health, mental health, and sexual and reproductive health. In 2025, L'Initiative addressed these disparities by strengthening the competencies of health professionals, structuring integrated services, and bringing service delivery closer to the most exposed populations.

Breaking Down Barriers, STRENGTHENING RIGHTS AND CARE

PETER BADIMAK YARO,
Executive Director, BasicNeeds-Ghana

In Ghana, 90% of people with mental health needs have no access to care. Women are particularly affected by depressive and anxiety disorders. Without psychosocial support, many discontinue their follow-up or fail to adhere to their treatment—particularly for HIV. Integrating mental health into maternal health and HIV services improves retention in care and leads to better outcomes for mothers and children.

Read the full interview

Health services remain inadequately suited to women's needs, particularly in the areas of maternal health, mental health, and sexual and reproductive health. The lack of care for postpartum depression, late cervical cancer screening, and precarious delivery conditions all undermine care pathways. These gaps increase health risks, particularly for women living with HIV.

Adapting Health Services to Women's Needs

In Madagascar, more than three-quarters of the population live in rural areas. The project led by Santé Sud directly addresses the role of midwives within the health system. Often isolated and under-resourced, these health professionals nonetheless play an essential role in antenatal follow-up, deliveries, and neonatal care. The project therefore strengthens their competencies, structures their integration into the health system, and improves their working conditions. It promotes the establishment of "community delivery centers" in rural areas. These facilities bring care closer to women and newborns.

Within these centers, midwives offer and coordinate more accessible and comprehensive care pathways:

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INTERVENTIONS in 2025 incorporate a sexual and reproductive health and rights dimension, particularly linked to HIV/AIDS and comorbidities.

Ghana. Healthcare professionals are trained in cervical cancer screening at the prevention center of Catholic Hospital Battor.

antenatal consultations, safe deliveries, postnatal follow-up, HIV and cervical cancer screening, as well as malaria prevention and treatment for the wider population. The project aims for a 10% increase in monitored pregnancies and safe deliveries in targeted areas, with a direct expected impact on reducing maternal and neonatal complications.

Caring for Mothers, Protecting Children

In Ghana, 10 to 20% of pregnant or postpartum women experience conditions such as depression or anxiety. BasicNeeds is implementing a project to address a major gap in health policy: the lack of attention to mental health during pregnancy and after childbirth—particularly for women living with HIV. The project, therefore, trains health professionals, integrates mental health into HIV and maternal health services, and mobilizes community health workers to provide close follow-up with patients. The goal: to enable earlier detection of disorders, offer more comprehensive care, and reduce gaps in treatment—particularly in HIV care pathways.

FOCUS

Scaling Up to Eliminate Cervical Cancer

A preventable cancer, cervical cancer nonetheless remains one of the most common and most deadly cancers in many low-resource settings. Linked to human papillomavirus (HPV) infection, it reflects persistent inequalities in access to prevention, screening, and care.

Through the SUCCESS 2 program, implemented with the support of Unitaid, L'Initiative is deploying strategies based on HPV screening and the screen-and-treat model. This approach makes it possible to diagnose and treat precancerous lesions in a single visit: nearly 25,000 women have been screened, and 94% of women with detected lesions requiring treatment have been treated. The program organizes care pathways from screening to treatment, integrating HPV screening into HIV, sexual, and reproductive health services. This allows the program to target the most-at-risk women, such as those living with HIV, who are up to six times more likely to develop cervical cancer.

SUCCESS 2 is built around a logic of sustainable scale-up: integrating cervical cancer into national priorities, mobilizing domestic financing, and structuring civil society advocacy. The challenge now is to create the political and institutional conditions that will enable these approaches to be rolled out at a national scale.

Civil society organizations are essential actors in pandemic responses, yet they are too rarely integrated into decision-making spaces. Without stable funding and sufficient organizational capacity, they struggle to influence the choices that directly affect the populations they serve. In the context of declining international funding, L'Initiative is stepping up its support to strengthen these organizations and enable them to take their full place in health governance.

Making Civil Society A PLAYER IN HEALTH GOVERNANCE

MARTINE KABUGUBUGU,
Executive Director,
ANSS-Santé PLUS

The funding cuts led to a nearly 50% reduction in our payroll and the suspension of a large share of our community activities. We had to prioritize and reorganize in order to maintain a minimal baseline of services. The challenge now is to secure these essential functions to prevent a rollback of the response.

Read the full interview

Launched in 2023, the SOFIA mechanism supports 20 civil society organizations across 8 countries in West and Central Africa. Locally rooted, these organizations work with vulnerable populations on HIV, tuberculosis, malaria, sexual and reproductive health, and human rights. SOFIA combines financial support and technical assistance to strengthen their internal organization, autonomy, and role within health systems. This support enables them to clarify their positioning and better advocate for their priorities with authorities and partners.

Supporting Civil Society in Taking its Place

In Djibouti, civil society remains poorly structured and still rarely involved in public policy. Supported by SOFIA, the associations Autre Regard and Solidarité Féminine now sit on the Country Coordinating Mechanism (CCM), where they contribute to discussions on the role of community-based testing and access to HIV services for vulnerable populations. Their role is no longer limited to program implementation: they participate in national exchanges, bring field-level needs to the table, and put forward proposals. This dynamic is further reinforced by technical assistance mobilized by L'Initiative for the CCM, which complements SOFIA's support to the organizations.

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CIVIL SOCIETY ORGANIZATIONS
supported across 8 countries in West and Central Africa to strengthen their role in health systems through SOFIA

Guinea.
A community outreach worker from the Maison de la Démocratie et des Droits de l'Homme raises awareness on malaria prevention within the community, as part of the SOFIA mechanism.

Strengthening Organizational Resilience

In Benin, the challenge is different: it is about stabilizing organizations weakened by their dependence on external funding. The withdrawal of certain partners has exposed the fragility of their model. SOFIA consolidates the core functions of organizations while strengthening their capacity for influence. The mechanism supports two complementary organizations. Association Solidarité, born out of a collective of sex workers, works on HIV prevention, supports victims of gender-based violence, and advocates for access to rights. SOFIA's support has strengthened its internal procedures and management tools and helped stabilize key positions despite the withdrawal of US funding. Icône 360°, engaged in the fight against malaria, is meanwhile consolidating its advocacy, strategic planning, and resource mobilization—including within the Zero Malaria Coalition.

Read the full feature on community civil society in Madagascar

FOCUS

Burundi: Strengthening Organizations in a Strained Environment

The consequences of the gradual withdrawal of international funding are immediate for civil society organizations: declining human resources, reduced community activities, and the risk of disruption in support to beneficiaries. As early as 2024, L'Initiative supported five Burundian organizations working on HIV. This pooled support aimed to strengthen their core functions—governance, management, and monitoring—and consolidate their oversight tools.

In 2025, ANSS, a central actor in HIV care in Burundi, experienced a sharp decline in its funding. Renewed support from L'Initiative enabled it to reorganize its administrative and financial functions and thereby preserve a baseline of services. Meanwhile, SWAA-Burundi, an organization committed for more than 30 years to women living with HIV, received targeted support. This work helped restore the confidence of its partners, resulting in particular in its reintegration into a project supported by Sidaction.

Thanks to antiretroviral treatments, HIV has become a chronic infection that people now live with at every stage of life. But needs vary greatly depending on life stage: pediatric testing for newborns, status disclosure for children, sexual debut for adolescents, and aging and comorbidities for older individuals. L'Initiative supports responses tailored to these critical transitions in order to strengthen continuity of care, treatment adherence, and quality of life for people living with HIV.

HIV Across the Lifespan: TAILORING CARE TO LIFE TRAJECTORIES

PENDA TOURÉ,
Executive Director of the Centre Solidarité Action Sociale (Centre SAS), Bouaké

When treatment works, adolescents start to look ahead: continuing school, learning a trade, becoming independent, starting a family. But without social support, many remain held back by precarity, fear of others' judgment, or the weight of secrecy. Our role is to ensure that restored health truly opens a path to the future.

Read the interview with Lambert Doua Toa, PRESERV 2 project coordinator

In Senegal and Côte d'Ivoire, L'Initiative supports two projects that strengthen care for children, adolescents, and young people living with HIV, to ensure services adapted to their needs at every key moment in clinical follow-up. In both countries, continuity of care is built through trained teams, engaged families, and mobilized peers. Collectively, and taking into account the specific needs of young people and children, the projects strengthen adherence, retention in care, and virological outcomes.

Securing Care Pathways for Children and Young People Living with HIV

In Senegal, the EnPRISE 4 project, led by the Centre Régional de Recherche et de Formation à la Prise en Charge Clinique de Fann, extends work begun several years ago to structure pediatric HIV care. In this fourth phase, the model deployed at national scale is extended to regions not yet covered and to Dakar, where peripheral health centers face challenges similar to those of rural clinics. Approximately 160 health facilities are involved.

Therapeutic education, support groups, transport cost reimbursement, school support, and access to sexual and reproductive health services: the project provides children and adolescents with tools that facilitate access

92%
VIRAL SUPPRESSION
rate among children, adolescents, and young people supported by PRESERV in Côte d'Ivoire, compared to 54% previously

Cameroon. A healthcare professional takes a sample during a screening consultation with older people living with HIV.

to quality care. It also includes two operational research components: the clinical and social effects of the transition to dolutegravir, and the impact of transport cost reimbursement on retention in care.

In Côte d'Ivoire, the second phase of the PRESERV 2 project, launched in 2025, aims to consolidate the gains achieved by the Centre Solidarité Action Sociale (Centre SAS). Between 2022 and 2024, nearly 950 children, adolescents, and young people living with HIV were supported, with a marked increase in viral suppression. During this first phase, care providers were trained and status disclosure—a critical step for treatment adherence—was structured.

This new phase addresses every stage of the pediatric care pathway within a "family" approach: links between health centers and community actors, access to sexual and reproductive health, HPV vaccination, support for siblings and parents, gender considerations, and the leadership of young people living with HIV. PRESERV 2 also collaborates with local organizations to ensure that support for young people and their families continues beyond the project.

FOCUS

Sharing Experiences to Better Respond to HIV

The cross-cutting evaluation "HIV Across the Lifespan" analyzes the results of six projects supported by L'Initiative, all focused on people living with HIV. The projects, implemented across eight countries, cover complementary issues: access to care, sexual and reproductive health, psychosocial support, gender, advocacy, comorbidities, and aging. The evaluation shows that gaps in care pathways do not occur randomly, but when needs change. They may be linked to status disclosure, sexual debut, comorbidities, the cost of care, isolation, or sexual health needs. The evaluation highlights the importance of age-differentiated approaches, combining clinical and community services, as well as family involvement and the leadership of the people concerned.

For further reading, find the results and lessons learned from the "HIV Across the Lifespan evaluation"

CHALLENGES AND OUTLOOKS

Rwanda.
A testing demonstration conducted by community health workers as part of the AI-CHW project.

For more information, visit our dedicated page on our website.

Preserving Gains, PREPARING FOR THE FUTURE

This activity report holds a particular significance for me. It is the last one I will accompany as head of L'Initiative, before leaving the Major Pandemics unit of Expertise France's health department. Above all, it tells the story of a demanding year, marked by significant constraints—but also by an unwavering conviction: contributing to the elimination of AIDS, tuberculosis, and malaria by 2030, by supporting equitable access to quality, integrated, person-centered health services, is our non-negotiable mission.

In an unstable international environment, L'Initiative has had to prioritize, protect hard-won gains, and prepare for the future. This is the full meaning of its work: supporting countries in accessing and implementing Global Fund grants, strengthening national capacities, fostering innovation, breaking down the barriers that keep key, vulnerable, and marginalized populations away from health services, promoting human rights and gender equality, supporting transitions, and securing the essential place of community actors and civil society.

This report demonstrates the strength of that commitment. It speaks of consolidated health systems, better-supported human resources, strengthened national governance, continuity of services in crisis settings, and operational research. But above all, it speaks of women and men who, every day, keep the response alive as close as possible to where it is needed. That is where it truly matters: turning financing, expertise, and partnership into concrete services, effective rights, and protected lives.

I want to pay tribute to the remarkable work of L'Initiative's teams. Their rigor, creativity, and commitment to partnership are an immense source of pride. In a year of intense prioritization, they managed to preserve the quality of action and support partners with clarity, never losing sight of the purpose of our work. I also wish to thank our partners—in countries and at the international level—as well as the members of the Steering Committee, whose trust, vigilance, and guidance have been invaluable.

Leaving L'Initiative means taking stock of the ground covered—but above all, looking ahead. I leave with a strong conviction: in the current context, L'Initiative is not merely a financing or technical assistance instrument. It is a political tool for solidarity, continuity, and trust. It enables France to honor its commitments, to work with its partners over the long term, and to defend a certain vision of global health: ambitious, equitable, rights-based, and grounded in people's realities.

The challenges ahead remain immense. They call for steadfastness, humility, and collective courage. I am convinced that L'Initiative possesses these strengths. It will continue to stay the course, transform responses, and defend, alongside its partners, a fairer, more sustainable, and more humane vision of global health.

ÉRIC FLEUTELOT,
Technical Director, Major Pandemics Unit,
Health Department, Expertise France

In health systems confronted with limited resources, growing needs, and data that remain largely underutilized, the quality of care also depends on the ability of healthcare workers and programs to rely on reliable information. In 2025, L'Initiative supported operational research projects mobilizing digital tools and artificial intelligence to improve diagnosis, guide care practices, and strengthen the oversight of interventions.

Research and Innovation: DECISION-SUPPORT TOOLS FOR BETTER CARE

Digital technologies—particularly those built on data and artificial intelligence—are now a concrete means of improving clinical decision-making and health system governance. They support healthcare workers in their decisions and enable them to oversee care mechanisms built on extensive, decentralized care networks.

Using Data to Improve Diagnosis

In the Central African Republic, the MEDICINE project led by the Institut Pasteur de Bangui addresses a common clinical impasse: fever in children under 5 is widely attributed to malaria, and when tests come back negative, the lack of tools for differential diagnosis leads healthcare workers to over-prescribe antibiotics—fueling the emergence of antimicrobial resistance. The project has developed a decision-support tool built using artificial intelligence technologies, drawing on clinical data collected across several health centers and cross-referenced with biological analyses. Tested on 600 children in three healthcare facilities, this interactive guide can be used by health workers and community relays. It helps orient decisions based on symptoms and simple tests, improving diagnostic accuracy while reducing the use of inappropriate treatments.

Better Remote Management of Community Health

Artificial intelligence is also playing a growing role in the training of community health workers (CHWs). In Rwanda, nearly 60,000 CHWs operate across the entire territory. Their role has expanded considerably, without training and supervision mechanisms being deployed and adapted—due to costs and the lack of updated content.

To overcome these challenges, the Rwanda Biomedical Centre developed and deployed an integrated digital platform, supported by artificial intelligence, as part of the AI-Empower CHW project. This national platform offers online training and remote mentoring, and is accessible via smartphone. It enables real-time

18,000
COMMUNITY HEALTH WORKERS
to be trained in Rwanda via a digital platform by 2027

Chad.
During a seasonal malaria chemoprevention campaign, community health teams meet with families and identify children who may be affected by tuberculosis.

OLIVIER MARCY,
IRD Research Director and eHealth4ChildTB Project Lead

With eHealth4ChildTB, the goal is not to replace the clinician, but to support decision-making in facilities where pediatric expertise is not always available. To be useful, a digital tool must work under real field conditions: it must be simple to use, adapted to the practices of healthcare workers, and taken ownership of by national programs.

Read the full interview

supervision and strengthens connectivity between workers, patients, and supervisors. Content can be adapted in real time to the needs of CHWs, day-to-day support is enhanced, and practices and needs are better documented. Data generated by the system then feeds into performance monitoring, training needs identification, early disease detection, and national program oversight. The mechanism thus helps reduce training costs, improve the accessibility and quality of services, and strengthen the resilience of the health system.

FOCUS

Better Detecting Tuberculosis Through Malaria Prevention Campaigns

Pediatric tuberculosis remains underdiagnosed because children develop few specific symptoms. In Cameroon, access to diagnosis remains limited in many areas, particularly where health services are far from where people live. The INTEGRES-TB project, led by IRD and its national partners, integrates tuberculosis screening into the community distribution of seasonal malaria chemoprevention (SMC). Each year, these campaigns reach thousands of children in their living environments. During a pilot initiative conducted in Garoua, more than 13,000 children were examined over two SMC campaigns. 148 cases were identified as presumptive cases and referred to diagnostic facilities. This integrated approach demonstrates that it is possible to expand entry points for tuberculosis screening by building on already-deployed mechanisms. It also highlights the conditions necessary for this integration: training of health workers, close supervision, and adaptation of tools to field constraints.

Armed conflict, economic crisis, and prolonged instability rapidly weaken health systems. Damage to infrastructure and disruptions to supply chains then threaten access to essential treatments. In 2025, L'Initiative concentrated its support on the most affected countries to maintain continuity of care for HIV, tuberculosis, and malaria—particularly for the most vulnerable populations.

Sustaining Health Services IN CRISIS SETTINGS

NADIA BADRAN,
Executive Director
of SIDC

In Lebanon, access to HIV care does not play out only in health centers. For many at-risk individuals, the first barrier remains the fear of being recognized, judged, or arrested. That is why we work with mobile units, community partners, and trained professionals. Reaching out to people is sometimes the only way to maintain a connection to care. Without that, there is no testing, no treatment, no lasting follow-up.

UKRAINE

The war in Ukraine is exposing patients to treatment interruptions, particularly for HIV and tuberculosis. For this reason, since 2022, L'Initiative has made Ukraine a priority country for its action, mobilizing €9.71M to ensure the continuity of treatments and patient follow-up.

Supporting Organizations that Ensure Follow-Up

L'Initiative directly supports civil society organizations through an emergency fund of €5 million, increased by €1 million at the end of 2025. These organizations are on the front line in ensuring continuity of care. In the areas most affected by the conflict, the maintenance of prevention, diagnosis, and treatment relies almost entirely on these community actors, capable of deploying mobile and proximity-based approaches where public capacities are limited. The organizations have adapted their patient care modalities by diversifying treatment distribution, ensuring medical follow-up of displaced patients, and organizing harm reduction activities despite severe constraints.

16
COUNTRIES
in conflict or fragile situations supported by L'Initiative, including 11 countries affected by conflict

Thailand.
A health worker conducts a consultation with a migrant woman from Myanmar, far from regular health services.

Maintaining Care in a System Fragmented by War

In parallel, a technical assistance mechanism helps secure critical health system functions, including supply management and patient monitoring. Two catalytic projects complement this support: one, led by Alliance for Public Health, develops integrated, gender-sensitive care for women who use opioids, while the other, implemented by the Public Health Center of the Ministry of Health, strengthens national capacities for surveillance, governance, and the deployment of drug use prevention and treatment services.

Between 2023 and 2024, the number of people benefiting from services supported by L'Initiative more than doubled, rising from 15,194 to 35,853. According to the independent evaluation conducted in 2025, this demonstrates the relevance of L'Initiative's support, the necessity of flexible financing mechanisms, and the decisive role of local actors.

Read the evaluation of interventions conducted in Ukraine since 2022

LEBANON

Maintaining Access to HIV Care in Times of War

Since 2021, L'Initiative has supported the "Passerelle pour une meilleure santé" project run by the association SIDC (€2.6 million cumulatively). The second phase of the project is being deployed across five regions, including South Lebanon and Akkar, marked by political instability, economic crises, and internal displacement. In 2025, SIDC and its partners continued their work with vulnerable populations to guarantee access to inclusive services, offer HIV/STI testing and sexual and reproductive health services, provide referrals to care, offer psychosocial support, and document human rights violations. "Passerelle" also operates through digital tools such as dating applications to reach populations distant from care. 3,531 HIV/STI tests were conducted, 409 referrals to complementary services were provided, 901 mental health consultations were carried out with 185 beneficiaries, and 28 human rights violations were recorded. 24 peer educators and 170 members of the internal security forces were trained. In parallel, SIDC strengthened its advocacy for an anti-discrimination legislative framework.

Read the feature on community collaboration in conflict zones in Cameroon

Cross-Cutting PERSPECTIVES AND POLICY OUTLOOKS

ANNE-CLAIRE AMPROU,
French Ambassador for Global Health

JÉRÉMIE PELLET,
CEO, Expertise France

2025 marks the end of a strategic cycle for L'Initiative. How do you assess the results achieved?

Jérémie Pellet: 2025 confirms the solidity and relevance of L'Initiative. The mechanism has achieved record results: more than 11,000 professionals were trained, and nearly 590,000 people benefited from health services in 2025. And over the entire 2023-2025 cycle, nearly 1.5 million people gained access to health services, more than 26,000 professionals were trained, and nearly 900,000 people were made aware of their rights. These figures convey something very clear: behind every technical support, every project, every partnership, there are stronger health systems and better-supported people.

Anne-Claire Amprou: Indeed. The results also illustrate the relevance of France's choice: to act alongside the Global Fund through a complementary instrument, capable of responding to the specific needs of countries, strengthening national capacities, and supporting frontline actors who, all too often, lack sufficient resources. L'Initiative is an instrument of solidarity, but also of effectiveness. It translates France's political commitment into operational support, as close as possible to the priorities expressed by partners.

In the context of budgetary pressure and the restructuring of international aid, what must be preserved above all?

Anne-Claire Amprou: What must be preserved is L'Initiative's added value: its

Benin. Participants in the Tuberculosis Research Masterclass gathered in Cotonou to strengthen the capacities of young researchers from Francophone Africa in the fight against the disease.

capacity to support countries over the long term, to assist the most vulnerable populations, to champion a rights-based and gender-equal approach, and to strengthen the place of civil society in health governance. Progress against HIV, tuberculosis, and malaria remains fragile. Political, climate, security, or financial crises can very quickly push populations away from essential services. Our collective responsibility is to protect hard-won gains, without abandoning the ambition of eliminating the three pandemics.

Jérémie Pellet: For Expertise France, the challenge is also to preserve a demanding, agile, and accountable implementation capacity. L'Initiative has grown, professionalized its tools, strengthened its governance, and expanded its partnerships. It contributes strongly to the agency's priorities and to the French global health strategy. The new cycle will be more constrained, but it can remain highly structuring if we concentrate efforts where the leverage effect is strongest: technical assistance, health system strengthening, and support to national actors.

What perspectives do you wish to open for the coming years?

Jérémie Pellet: We must approach this new phase with clear-headedness, but also with confidence. The results of the past cycle demonstrate that L'Initiative produces tangible and lasting impact. The future must build on this experience: better prioritization, better documentation of effects, stronger synergies with other French and European instruments, and continued investment in local capacities. L'Initiative's performance rests above all on the quality of its teams and partners.

Anne-Claire Amprou: L'Initiative will remain a strong marker of France's commitment to global health. In a more unstable world, it must continue to carry the vision of a global health that is solidarity-based, partnership-driven, and attentive to rights. This is how France can continue to play a meaningful role in the fight against pandemics: by supporting countries, listening to communities, and defending equitable access to quality health services for all. ●

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