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PUBLIC ACTION

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RETHINKING THE RESPONSE TO HIV/AIDS IN THE OVERSEAS DEPARTMENTS: RECOMMENDATIONS FOR THE STRATEGY AGAINST HIV/AIDS IN THE OVERSEAS DEPARTMENTS

The overseas departments are part and parcel of French territory. As such, their population must be able to exercise the same rights and have the same access to care as the metropolitan population. The Council's recommendations cover its remit and are based on the will to ensure respect of equality among all French citizens and equal life and health rights for all.

Furthermore, owing to various characteristics, – particularly the predominantly heterosexual transmission route and the population affected, composed mainly of underprivileged people, – the epidemic in the overseas departments has a specific profile. With the noteworthy exception of Reunion, whose situation is better as regards HIV/AIDS, the overseas departments' prevalence and incidence rates are much higher than in metropolitan France. The epidemic's evolution is particularly alarming in French Guiana which totalled, between April 1st 2001 and March 31st 2002, 43.8 AIDS cases per 100 000 population, that is to say 18 times more than metropolitan France (2.47). The epidemic's dynamics do not therefore seem to be under control and require renewed focus on these regions, especially Guiana.

1. Respecting patients' rights and basic principles of action against HIV/AIDS

Basic professional ethical principles and practices, such as respect for confidentiality, non discrimination of HIV positive patients and equal access to care for all, were all achieved by the fight against HIV/AIDS. They are now stipulated in the Law of March 4th 2002 on Patients' Rights and Health Care System Quality and must be fully applied.

2. Fighting concealment, denial and stigmatization of HIV/AIDS

In very mixed societies, both culturally and socially, where denial of the disease and its implications is still very strong, HIV/AIDS should in no way be neglected by the media or the political scene. Information, debates and presentations must be encouraged everywhere so as to change some of the still prevailing misrepresentations of the disease, which are detrimental to the development of a public health policy equivalent to that of metropolitan France.

3. Getting strong national and local political commitment

The HIV/AIDS epidemic's situation, especially in French Guiana, calls for a clear demonstration of strong political volition and firm commitment.

The national authorities, the local authorities and the local assemblies must fully take their respective responsabilities and work jointly in an efficient and sustainable way in the areas and plans of action where their collaboration is advisable.

Specifically, continual dysfunction caused by poor organisation, weak mobilization and lack of means coordination, must be stopped. If necessary, the national authorities must rethink quickly and radically their entire local response to HIV/AIDS.

4. Facilitating patients' social care and rehabilitation

The poor levels of care for the underprivileged or socially "excluded", explain to some extent the problems they have with compliance and their overly high mortality rates: efforts must be continued to facilitate their access to housing, employment and social follow up. Access to welfare benefits must be improved; this will mean mobilizing the necessary human and practical resources.

In particular, the public authorities must swiftly develop access to the various types of accommodation and promote and support associations with projects on such issues.

## 5. Promoting general health education

Throughout the overseas departments, prevention is a major issue and requires greater mobilization. AIDS prevention should be part of a more extensive approach to health and sex education. General health education is all the more important as it is aimed at a vulnerable population, at a time when the epidemic is increasingly affecting the underprivileged.

Institutionally the National Education system has a key role to play in developing prevention, tolerance towards HIV positive persons and more generally, raising levels of awareness on hygiene, health and sex: educating the population on general health means educating true citizens.

Lastly, other partners such as Youth and Sports services, and sports associations, which are many and active in the overseas departments, should relay general health education.

## 6. Adapting prevention messages and guaranteeing access to free and anonymous testing for all

Prevention actions must be more sustained and must adapt to the complexities of the societies they are aimed at. So as to fight misrepresentations of the HIV/AIDS epidemic which generate risk and disease denial and stigma, the content of prevention messages and evaluation of their efficiency require constant attention.

Furthermore, the Council has always advocated free and anonymous testing. Tests that are free and anonymous are helpful and necessary, especially for poor populations in which status disclosure causes stigma and rejection. Testing must be organized rationally and take into account the isolated areas and the difficulties the poorest polpulations have with mobility. Testing must therefore be mobile and 'decentralized' so as to reach as many people as possible, both those furthest away from urban centres and those most vulnerable and most exposed to infection risk: inmates, drug users, prostitutes or immigrants. In this respect, it is essential to increase the number of HIV testing facilities.

## 7. Ensuring appropriate training

Updating and disseminating knowledge and good practices on health and AIDS control is a necessity. All those involved must increasingly be made responsible. Health personnel, school personnel, civil servants, associations, must all be given regular training. Also, an efficient association network should be developed and supported and the metropolitan associations should be encouraged to show active concern for HIV/AIDS in the overseas departments.

Training should first and foremost relate to interindividual relationships in prevention, testing and counselling activities.

## 8. Improving access to and supply of care

Here again the requirement is to guarantee equal access to care and health protection for the overseas departments' population and metropolitan France alike. In particular, access to medical coverage (health benefits and universal coverage) should be improved.

In its previous report, one of the Council's major recommendations was to upgrade in quality and quantity the supply of care, especially the hospital facilities. Owing to the health and welfare specificities of the overseas departments' populations, and to their strong demographic growth, efforts must be continued and the necessary means allocated.

Adequate mobilization of health care professionals would mean that living and working conditions would have to be improved so as to put an end to high turnover rates that are detrimental to the continuity of medical, social or administrative services. Private physicians must be encouraged to settle in these departments, especially in the rural and isolated areas.

Last, collaboration and cooperation between hospitals and private practices must be facilitated so as to involve a greater number of players in the fight against HIV/AIDS.

9. Implementing efficient regional cooperation policies and facilitating border countries' access to antiretroviral therapy.

The Council considers it its duty to underscore the basic ethical principle whereby all HIV positive persons are entitled to care, regardless of origin. Any sick person, whether French or foreign citizen, legal or illegal immigrant, must have full access to care. Beyond that principle, HIV's specificity must be stressed: it is a communicable disease that knows no borders, and it is the entire community's best interest to give HIV special attention.

Cooperation programmes with local border or neighbouring countries must be swiftly initiated so as to help them upgrade their health systems and get access to antiretroviral drugs. Also, cooperation between overseas departments, mainly within the French departments of America, must be encouraged and supported. Competencies and achievements of one department must benefit the others.

10. Fighting HIV/AIDS in French Guiana: a necessary general health and welfare plan of action

Closely linked with poverty and social exclusion, HIV/AIDS particularly affects French Guiana, which is France's hardest-hit department. Despite some strong, competent and devoted individual commitment, the epidemic is not under control. Indeed, the specific difficulties in Guiana are undermined by a deficient political and institutional context.

Greater policy efficiency is however possible: it requires thorough analysis of the mechanisms which have failed and a real administrative and political investment.

Fighting HIV/AIDS, which is an exceptional disease because of its infectious, communicable and epidemical nature, is all the more efficient as it is based on the health and welfare achievements of a general health policy. In this respect, HIV/AIDS acts as an eye-opener on the structural deficiencies of the health system: the shortcomings of the HIV/AIDS control policy, observed during the Council's trip to Guiana, highlight the shortfalls, that can be severe, of the entire Guianese health system. This is the reason why the Council, whose concern it is to improve the management of the HIV/AIDS epidemic, recommends the implementation of a general health and welfare plan, beyond the HIV/AIDS-specific aspects. The Council thus shows its will to contribute to the overall improvement of the Guianese population's living conditions.

French Guiana does have appropriate medical, administrative and financial means to tackle and control the epidemic. The only missing item, it would seem, is the political will to make health a major concern, equal to the ambitions that a French department should have in this respect.

Poverty always leads to rating health second in daily concerns, way behind subsistence imperatives: such is the case for a great many inhabitants of Guiana. A plan of action adapted to such populations must therefore be designed.

Without underrating the specificities and difficulties of French Guiana, the National AIDS Council calls for a general health and welfare plan of action. It should be drafted by the national authorities, negociated with all the key partners, health professionals, local assemblies and other competent partners; its top priority should be general health education. As a prerequisite, the plan would need, both in design and implementation, the collaboration of and contribution from all the players according to their level of responsibility. HIV/AIDS control will then be part of a larger scale of concerns but will still be, owing to its specificities, one of the "advanced indicators" of the general improvement of health in French Guiana.

The National AIDS Council considers that the disregard for health displayed for too long by a large part of Guiana's elite and decision-makers, especially the elected assemblies, has often left the national authorities to deal with the department's health issues single-handed. Obviously, the fight against the epidemic can in no way be efficient under such circumstances. It is up to the Guianese society and its representatives to become aware of the interests and issues at stake in a satisfactory development of a relation to health and of a supply of care which are the prerequisite to any action against AIDS.

The plan of action should specifically include a general health and well-being information and education policy, disseminated in the school network by the local education authorities and relayed through the local media. The General Council should see to it that its health services work properly and that the basic sanitation needs of the population are met. An overall assessment of European funds allocated to urban and village communities is necessary to ensure proper and efficient use of funds.