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**NOTE EQUIVALENT TO AN  
OPINION**

**PUBLIC ACTION**

**EN**

**2005 MARCH 17TH**

**NOTE EQUIVALENT TO AN OPINION ON BRINGING  
FORWARD CARE DESIGN AND COORDINATION IN  
RESPONSE TO THE HIV-INFECTION EPIDEMIC**

In the years to come, and contrary to an idea too widely spread, HIV-infection is set to raise new and growing challenges for French society. In order to respond to these and adjust to the new public health framework developed over the past three years, healthcare design and coordination need to be brought forward and adapted. To achieve this, it is vital to maintain structures that are both open to all players involved in the fight against HIV and well-rooted in public healthcare policy.

## **1 THE ABILITY TO DEAL WITH NEW CHALLENGES**

Healthcare design and coordination with regard to HIV need to change as the HIV-infection epidemic and public health structures evolve. Healthcare provision is increasingly complex, as the number of people infected steadily grows – while treatment is extending patients' lives, the number of new infections is not decreasing – and their medical and social backgrounds become more diverse. First of all, the pathologies affecting people infected for a long period of time are changing. Illnesses due to HIV-infection are changing in type and frequency, while side effects to long-term treatment put individuals at risk for serious metabolic disorders and cardiovascular disease. Another factor to be taken into account is the importance of HIV coinfections with hepatitis viruses, which require a tailored response. Secondly, the epidemic affects people of varied social backgrounds, often in marginal situations, who require special support and the assistance of qualified staff. A large fraction of the people who learn their infection are women, often of foreign descent. The objective being to ensure full and lasting treatment compliance, measures specifically designed to this end are required, as part of a broader set of therapeutic educational practices including prevention.

From a legal and institutional standpoint, healthcare design and coordination procedures must meet the terms of the public health framework. The 2002 Act on Patients' Rights describes patients and those representing them as public health players. It states that the former must be able to access information about themselves, and officially recognises the latter's' role. Patient associations are thus legitimate players in the public decision-making process, insofar as they may be part of the workings of the healthcare system. The 2004 Public Health Act establishes a regional organisation and invites the local authorities to play a part in healthcare policy. It promotes cost-effective principles such as evaluation or early healthcare provision, and stresses the importance of consensus-seeking between the various players involved.

## **2 ACHIEVING RENOVATION IN HEALTHCARE ORGANISATION**

France's Human Immunodeficiency Information and Healthcare Centres (CISIH) are structures that allow cross-sector care provision for people living with HIV. They are based on an original dynamic through which professionals from varied backgrounds are brought together and specifically-tailored practices are developed. To illustrate, psychologists and ward social workers involved in total healthcare work together with CISIH clinical trial technicians participating in clinical research, in particular, gathering information from France's hospital database on HIV infection. At the same time, the centres offer training to other care providers and schedule treatment compliance check-ups. The centres could thus become the foundation for a new way of organising healthcare, provided that they engage all players involved in patient assistance and that they fulfil the responsibilities entrusted to them.

It is thus important to call upon the clinical and therapeutic experience gained through the CISIHs, ensuring that their know-how in the field of therapeutic education and care following accidental blood exposure or sexual exposure is put to lasting use. The same is true of the counselling given at the time of screening, the quality of which determines successful prevention and compliance. The community physician, both a general practitioner and specialist, must be considered a partner in his own right, just like the establishments that provide follow-up care, long-term stay care or functional rehabilitation. Such establishments need to be better designed to meet the specific needs of HIV-infected patients. Lastly, to ensure that the terms of public healthcare policy are met, coordination with players outside the realm of healthcare is a necessity. Current social support systems need to be strengthened so that individuals are able to overcome the difficulties resulting from social marginalisation, find housing or obtain legal status in

France, the end result being a positive contribution to the quality of healthcare. Patients and those representing them also need to be involved in coordinating the care that affects them directly.

Together, healthcare professionals, social workers and patients' association have the duty to take part in healthcare policy at the regional level. This means that, to bring forward the design and coordination of healthcare, cross-sector in-hospital care for people living with HIV must be maintained, the group of participating healthcare professionals expanded and all players providing social assistance to patients and representatives thereof involved.<sup>1</sup>

### **3 RESULTING CNS RECOMMENDATIONS**

- Continued coordination is required between health-related, social and educational actions on HIV, with adjustments made to take into account the latest health-related data and new public health framework.
- The said adjustments must be based on the experience gained through the CISIHs in order to maintain total care, the cross-sector approach and assessment.
- They must involve all players.
- They must take into account the new regionally-based design and allow already-secured resources to be reallocated according to the latest requirements.
- They must be officialised through a binding document so that their implementation is guaranteed.
- It is conceivable that the new design be adapted, depending on assessed requirements, to other types of extended or chronic pathologies.

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<sup>1</sup> Pursuant to Article L 1411.3 of the Code on Public Health.