



CONSEIL NATIONAL DU SIDA  
 39-43 QUAI ANDRÉ CITROËN  
 75902 PARIS CEDEX 15  
 T. 33 [0]1 40 56 68 50  
 F. 33 [0]1 40 56 68 90  
 CNS.SANTE.FR

**STATEMENT FOLLOWED BY  
 RECOMMENDATIONS**

PUBLIC ACTION

EN

**2008 FEBRUARY 21ST**

STATEMENTS FOLLOWED BY RECOMMENDATIONS ON  
 THE POLICY EMPLOYED TO FIGHT THE EPIDEMIC OF  
 HIV INFECTION IN FRENCH GUYANA

**TABLE OF CONTENTS**

**TABLE OF CONTENTS..... 1**

**STATEMENTS ON THE POLICY EMPLOYED TO FIGHT THE EPIDEMIC OF HIV INFECTION IN FRENCH GUYANA..... 2**

**FOR FIRM POLITICAL ACTION IN LINE WITH OBJECTIVES ..... 2**

    Persisting obstacles, despite advances..... 2

    The epidemic of HIV infection in French Guyana: a political problem ..... 3

**URGING CONCERTED EFFORTS IN THE FIGHT AGAINST THE EPIDEMIC..... 4**

**IMPROVING THE RESPONSE IN PUBLIC HEALTH..... 4**

**RECOMMENDATIONS FOR THE POLICIES EMPLOYED TO FIGHT THE EPIDEMIC OF HIV INFECTION IN FRENCH GUYANA..... 6**

**FOR FIRM POLITICAL ACTION IN LINE WITH OBJECTIVES ..... 6**

    Drawing inspiration from models instigated in countries with widespread epidemics..... 6

    Promoting the involvement of French Guyana’s key players in the fight against the epidemic..... 6

**URGING CONCERTED EFFORTS IN THE FIGHT AGAINST THE EPIDEMIC..... 7**

    Reinforcing coordination among the players in the fight against HIV in French Guyana..... 7

    Developing a policy of regional cooperation..... 7

**IMPROVING THE RESPONSE IN PUBLIC HEALTH..... 8**

    Maintaining and developing prevention campaigns..... 8

    Adapting screening strategies to match the level of the epidemic..... 8

    Pushing ahead with general treatment and care..... 8

    Consolidating the public health policy framework..... 9

**SUMMARY OF RECOMMENDATIONS..... 10**

**ACKNOWLEDGEMENTS..... 12**

## Members of the French Departments of America Commission

- François Bourdillon,
- Jean-Pierre Dozon,
- Chantal Lebatard,
- Pierre Mathiot,
- Jean-Luc Romero,
- Willy Rozenbaum, President.

Report produced by: Michel Celse, Marc Dixneuf.

# STATEMENTS ON THE POLICY EMPLOYED TO FIGHT THE EPIDEMIC OF HIV INFECTION IN FRENCH GUYANA

## FOR FIRM POLITICAL ACTION IN LINE WITH OBJECTIVES

In terms of the epidemic of HIV infection, the Caribbean region is the second-most affected region in the world after Africa. The French Department of Guyana is an integral part of this region, being remarkable by virtue of its status as a haven of relative affluence surrounded by poor countries or bordering the poorer areas of emerging countries. With its geographical and economic situation, French Guyana combines the epidemic factors that are common to the Caribbean region with the fact that the country experiences constant shifts among its populations. All of the countries in the region are affected both by high prevalence and the fact that the epidemic primarily affects groups in the most precarious situations. French Guyana is no exception to this, and has an epidemic profile similar to that of the rest of the region, compounded by the large number of economic migrants who come to the country and who, by their very definition, are precarious communities arriving from countries where prevalence rates are high. The fight against HIV in French Guyana not only has to tackle the stigmatisation associated with the disease, a phenomenon particularly prevalent in this department, but also needs to tackle the beliefs that foreigners are the sole source of the virus, thereby justifying relative indifference among the population.

Being particularly serious compared to the other worst-affected regions of France, the epidemic mirrors the region's epidemiological context. The epidemic also has the disadvantage of drawing negative attention to a department concerned with promoting an appealing image. It would be wrong to play down this situation, however, since French Guyana is unarguably in the grip of a widespread epidemic according to the criteria set down by the World Health Organisation, with more than 1% of pregnant women infected with HIV. In reality, French Guyana's situation is more comparable to that of numerous developing countries than to that of mainland France. This persisting situation, which is unacceptable according to national and international French healthcare objectives, is the subject of a third report by the CNS. This report follows on from those published in 1996 and 2003. The 1996 report highlighted shortfalls in medical equipment. The 2003 report raised concerns regarding an active and uncontrolled epidemic with no structured or adapted response having been put in place.

Aside from the loudly-fanfares successes in the aerospace sector, the challenges that need to be addressed in French Guyana are numerous and include: economic development, a young population searching for prospects, far-outlying territories where essential public services need to be assured and the significant precarious status of part of the population. Focusing on the epidemic in French Guyana means first looking at the number of hurdles and problems that the department has to face.

The population of French Guyana is extremely diverse, including Amerindians, Maroons, Creoles, Hmongs, Chinese, Indians and mainland French. This diversity of cultural groups and varying histories, living in well-demarcated areas within the department, is a contributory factor in the division of the public and political framework. Guyanese society also seems to be trapped in a multitude of social constraints and cultural practices that bear heavily on both its individuals and institutions. Nevertheless, these burdens should not justify any form of restraint on the part of those in charge at national or local level of deploying strategies and resources to fight the epidemic.

## PERSISTING OBSTACLES, DESPITE ADVANCES

Healthcare professionals in French Guyana have helped deliver progress in the fight against the epidemic and the treatment and care of people infected with HIV. Their efforts are now met with obstacles that have nothing to do with their skills nor indeed the healthcare sector in general.

The public health and medical response has made progress in French Guyana. In 2002, a programme of planning was put into action by the Guyanese Department of Health and Social Development (DSDS). The degree of involvement of healthcare professionals is largely adequate given the limited material and human resources available. The diversity of the country's population has been taken into account in terms of the documentation of information. Prophylactic measures are available and widely distributed. The results of treatment are improved. The presence of associations, although still not yet fully-fledged, has been stepped up. Nevertheless, significant problems still remain.

Too many people are finding out about their infection with HIV too late. The delay in treatment and care affects 40% of the people who come into the healthcare system. The benefits of treatment are thus reduced, and the risk of rapid death is increased by a factor of 14. Out of the people receiving treatment and care, a significant number fall through the net and are lost to follow-up<sup>1</sup> each year. This interruption to treatment and the follow-up that goes with it incurs the risk that their health will deteriorate. The negative consequences are also felt on a wider scale, in particular with regard to secondary prevention: People who are unaware of their HIV status may not use condoms, and those who are lost to follow-up miss out on wider treatment and care that can help them protect their partners.

Wanting medical care remains one of the department's characteristics, with a limited number of general practitioners and specialists<sup>2</sup> and an ageing medical population; the average age of clinicians is over 50. The treatment and care of patients is thus largely restricted to the hospital, with too many rare exceptions. Hospital financing structures in French Guyana are not able to cope with local constraints and the chronic deficit which ultimately limits the range of resources available.

The policy for dealing with illegal immigration does not facilitate easy access to care, and too often shapes the approach to the epidemic to the detriment of public healthcare.

Ultimately, people receiving treatment and care live in poor conditions characterised by unclean housing in shantytowns and a lack of money due to unemployment which stands at more than 50 per cent.

## THE EPIDEMIC OF HIV INFECTION IN FRENCH GUYANA: A POLITICAL PROBLEM

The report by the CNS in 2003 presented the situation in French Guyana from the perspective of prevention, screening and treatment and care. Nevertheless, the lack of political commitment from public institutions both at national and local level stood out in the background. Despite the advances in planning and medical treatment and care underlined above, there are still problems. The scope for action in the purely medical and healthcare sector seems to have reached its limit; new progress will from now on be made possible by the removal of political obstacles. Since there is no leading figure to drive the policy aimed at fighting the epidemic of HIV infection, there is no definition of roles, nor any coordination.

French Guyana is situated in a region in the grip of a widespread epidemic, and the healthcare policy within this department needs to be defined more in line with this context than in the context of the French national framework. The complexity of the challenges that French Guyana has to face requires innovation on the part of the institutions involved, namely the adaptation of national policies to cope with local constraints and the adaptation of local public health institutional frameworks. Following the example of the central state, which has established original administrative formats in an adapted form in the shape of the DSDS or the Department of Social Security, other areas of public action, originating either from the state or from local authorities, could be re-evaluated, rationalised and re-dimensioned on a Guyanese scale to reflect the country's actual needs. Such action would only reinforce the coherence of public actions, allowing an end to be brought to the evasive strategies made possible by the limitations and competition of institutional skills between the state, the region and the department.

The battle against the epidemic is fought primarily through the prevention of transmission. Therefore, knowledge of one's own serological status, coupled with the ability to protect oneself and others, is crucial. The secrecy and shame that surround HIV infection make screening and communication with partners difficult. The lack of publicity about the epidemic, or worse, certain voices that are openly discriminatory or wilfully racist, foster silence and stigmatisation. The lack of any strong, responsible voice representing the country's key players deprives the agencies involved in the fight against HIV of the urgently-needed support that would fundamentally change the environment in which they work and would banish numerous obstacles that hamper the effectiveness of their actions.

A resolute political campaign against stigmatisation, discrimination and denial is essential for encouraging screening, the disclosure of status to partners and the use of healthcare facilities without fear. This campaign calls for Guyanese political leaders to stop shirking their responsibilities in the response to a global epidemic and stop hiding behind administrative restrictions that should have no impact on any political action by an elected representative.

---

<sup>1</sup> The term 'lost to follow-up' is used to describe people who are given follow-up appointments at the hospital, but who do not attend.

<sup>2</sup> In French Guyana, the number of doctors per 100,000 inhabitants is the lowest among all of the French departments, overseas departments included. There are 73 general practitioners per 100,000 inhabitants, compared to 89 in Lozère, for example, which is one of France's least-populated departments in terms of medical staff.

## URGING CONCERTED EFFORTS IN THE FIGHT AGAINST THE EPIDEMIC

The political management of the epidemic has been left to administrative figures, while elected representatives should deliver political action that is up to the challenge. Local authorities are not without their own ability to act. The department has public health and social welfare infrastructures and can, like administrative districts, influence housing or specialist accommodation. The region of French Guyana has taken up the opportunity to contribute towards the financing of healthcare facilities. The department in particular, like the region, can establish agreements with the state in order to play its part in the fight against HIV and sexually transmitted infections. The concerted implementation of this local authority expertise in the healthcare and social sector must represent one of the mainstays of the battle against the epidemic. For its part, the central state needs to encourage a multi-sectoral approach to the epidemic and regroup its disparate services in order to link them with national programmes, the regional HIV programme and with actions defined by regional steering committees to fight HIV infection (Corevih).

As already outlined in 2003, associations are still limited to the role of provider of social services, and are not integrated into the general treatment and care programme. A reduction in the delay in screening and the return for treatment of those lost to follow-up are not likely to happen without the active involvement of these associations. In this context, Corevih needs to play a fundamental role in organising the response in concert with other organisations.

Taking account of the regional situation, the fight against the epidemic needs to be based on a cooperation policy, established to facilitate regional integration, and of reinforcing capacities at local level, as well as contributing to the response in the Caribbean region as a whole. Cooperation projects need to be developed, including those that will benefit French Guyana, when the department seems to be lagging behind its neighbours in certain fields of action.

The time has come to recognise relevance and to put into practice in this very special French territory tools normally utilised in developing countries. The actions notably include, as UNAIDS advocates, the firm commitment of public or private sector employers, for the benefit of their employees, but also for society as a whole. It is only with this brave and essential evolution of public voice on the epidemic that it will be possible to build a cooperation policy commensurate with the epidemic and the region's immigration issues.

## IMPROVING THE RESPONSE IN PUBLIC HEALTH

The achievements from recent years need to be supported and built upon in the fields of prevention, screening, healthcare organisation and research.

The response to the epidemic in terms of prevention needs to take better account of women, but also of people over the age of 50, who represent almost a third of the patients who are now receiving treatment and care each year. In French Guyana, the existence of homosexuality is largely denied and ignored. Sex workers need to benefit from specific campaigns that take account of the various forms of prostitution. These realities must be anchored effectively in prevention strategies.

In the context of a widespread epidemic, screening services need to become more common and offers of testing could be made at least once a year whenever individuals have contact with healthcare services. Confidential and free services remain the pillars of a screening policy that should include the option of anonymous screening. The use of rapid tests, in the Guyanese context, is likely to give extremely rapid impetus to the screening policy.

With regard to care organisation, support, treatment education and strategies for recontacting patients who are lost to follow-up, the availability of aftercare structures could be taken more account of and be the subject of specific programmes. The crisis of the ageing medical population in French Guyana is real. It does not appear to be an issue that can be resolved by pouring more money into the problem; rather, there needs to be realistic professional attraction encouraged by postgraduate training in hospitals or by an environment that fosters a greater number of private practice physicians. In all cases, an updated method of providing technical support on a voluntary basis, in the form of a civic public health service, for example, needs to be considered as a means of bridging the forthcoming crisis period.

In certain respects, the epidemic is poorly understood and research needs to be carried out. Addiction or violence, as well as the risks of exposure to transmission associated with these, are established, but poorly documented facts. The empirical knowledge on the part of local healthcare providers as regards the various forms of prostitution is insufficient to bring to bear clearly-targeted measures.

Treatment and care of HIV infection also depends on individuals' social situation and the scope for action in this field. Inclusion of and reference to the HIV epidemic in all areas of public action and a redefinition of national policies in line with French Guyana's specific context appear to be needed.

French Guyana is a very distinctive department. Human rights must be asserted in accordance with the principle of equality practised in mainland France, while at the same time fostering public health initiatives that are adapted in line with the expertise gleaned from actions carried out in countries that are facing similar epidemics. French Guyana needs a clear leader who can promote and support

the necessary institutional innovations, coordinate the policies linked to the fight against the epidemic and encourage a cooperation policy.

# **RECOMMENDATIONS FOR THE POLICIES EMPLOYED TO FIGHT THE EPIDEMIC OF HIV INFECTION IN FRENCH GUYANA**

## **FOR FIRM POLITICAL ACTION IN LINE WITH OBJECTIVES**

The fight against the epidemic of HIV infection in French Guyana suffers from inadequate public policies and from a lack of commitment on the part of Guyanese key players. The state, which is in charge of the fight against the epidemic of HIV infection, needs to contemplate the response to the epidemic based on its regional environment and the situation of a generalised epidemic in French Guyana. This would involve changing its public policies and advocating action to local authorities. The French minister in charge of the overseas departments (DOM), in conjunction with the minister for health, must institute these changes when a new act providing the framework for government action in the overseas departments is being drawn up.

## **DRAWING INSPIRATION FROM MODELS INSTIGATED IN COUNTRIES WITH WIDESPREAD EPIDEMICS**

The Guyanese epidemic must be considered from the point of view of the Caribbean region, and not as a peculiarity of the French epidemic. The plans adopted for French Guyana must not solely be adjustments to the national programme, but they must also draw inspiration from models instigated in countries with widespread epidemics: a clear leader to steer the response to the epidemic, a multi-sectoral policy, plus involvement of the entire social, political and economic branches.

## **DESIGNATING A SPECIFIC LEADER TO STEER THE POLICY OF THE FIGHT AGAINST HIV**

The fight against the epidemic of HIV infection in French Guyana suffers from a lack of a clear leader who is able to decide on plans, ensure the follow-up of chosen strategic ideas and safeguard the cohesion of all public policies. The French prefect has the authority needed to carry out this role effectively.

## **TAKING ACCOUNT OF THE PLACE OF WOMEN IN THE EPIDEMIC**

Women's organisations need to carry out concerted measures and help define a policy to fight HIV that is largely inspired by the needs of women, bearing in mind the risks of exposure that change as they go through the various stages of life.

## **ADAPTING PUBLIC POLICY FRAMEWORKS TO THE EPIDEMIC SITUATION**

The public policy frameworks need to be able to be adapted to the challenges of the HIV epidemic and, on a wider scale, to the public health challenges facing French Guyana. The fight against illegal immigration, the methods of healthcare financing and the coordination of actions and resources of local authorities, for example, need to be adapted to these challenges.

## **DEVELOPING A MULTI-SECTORAL APPROACH**

French Guyana needs to develop a multi-sectoral approach to the epidemic. In other words, the issues of the fight against HIV need to be integrated into all public action in the social, educational and school health service, transport and immigration policy sectors. This also calls for the involvement of all community, economic and political players in the fight against HIV.

## **PROMOTING THE INVOLVEMENT OF FRENCH GUYANA'S KEY PLAYERS IN THE FIGHT AGAINST THE EPIDEMIC**

Bearing in mind the stigmatisation associated with HIV infection and its negative effects on prevention and treatment and care, the fight against the epidemic needs political figures to get involved publicly with the drive to fight HIV by supporting policies that foster this objective.

## **PROMOTING AWARENESS AMONG LOCAL KEY PLAYERS OF THE IMPORTANCE OF HIV**

The portrayals of the epidemic provided by local key players are still far too out of synch with the reality of the issues and the message from political leaders in other regions with widespread epidemics. Work needs to be done to change these portrayals and develop a political perspective of the epidemic that promotes the fight against HIV.

## **ASSOCIATING KEY PLAYERS WITH THE FIGHT AGAINST STIGMATISATION AND DISCRIMINATION**

To assure an effective response, key players need to speak out about the epidemic. They have a responsible role to play in terms of changing attitudes to the infection. Leaders in civil society, celebrities, business leaders, elected representatives and religious figures must all, as befits their position, play their part in the fight against the discrimination of infected individuals.

## **URGING CONCERTED EFFORTS IN THE FIGHT AGAINST THE EPIDEMIC**

### **REINFORCING COORDINATION AMONG THE PLAYERS IN THE FIGHT AGAINST HIV IN FRENCH GUYANA**

#### **ENSURING THE BEST POSSIBLE FUNCTIONING OF THE COREVIH**

The Corevih needs to reinforce and promote the coordination of general treatment and care, but also prevention measures. It also have a role of training, by initiating the sharing of expertise among involved parties. The Corevih needs to ensure the involvement of associations in decisions and the collaboration between those associations and health care providers.

#### **PUTTING IN PLACE A FOLLOW-UP STRUCTURE FOR THE ANTI-AIDS POLICY IN FRENCH GUYANA**

The Corevih and the regional public health bodies keep an eye on implemented policies in line with their own fields of expertise. Nevertheless, other public and private sector parties can also play a role in the fight against the epidemic (regional economic and social committee, companies, religious organisations, etc.). An authority representing Guyanese society and the players in the fight against HIV could support the actions of the leader responsible for implementing the policy aimed at fighting AIDS.

#### **SUPPORTING GREATER EXPERTISE WITHIN ASSOCIATIONS**

The community network must be developed through support for the education of association members. To ensure that associations can develop their projects in the long-term and to lighten their administrative burdens, finance must be provided over a several-year period.

### **DEVELOPING A POLICY OF REGIONAL COOPERATION**

The policy of cooperation for the fight against the epidemic in French Guyana is effected by implementing it in its regional setting and by bringing in specific expertise. The policy represents a necessary challenge: it must bring together the actions of the central state and local authorities, establish bilateral and multilateral relationships and foster exchanges among healthcare professionals, the political and administrative sector and associations.

#### **DEFINING AREAS OF COOPERATION THAT RECEIVE DEDICATED FUNDS**

The possible areas of action are extremely diverse; to make them more comprehensible, only a few need to be chosen. The cooperation assistance funds managed by *Préfectures* may represent a means of focusing cooperation policies at regional level. The management of these funds must aim for coordinated dedicated funds and guiding lines across the three French departments of America.

#### **IMPORTING USEFUL EXPERIENCE FROM THE CARIBBEAN**

The Caribbean countries can provide evidence of interesting achievements for French Guyana in terms of community healthcare. The appropriation and bringing-in of this experience need to be broadened and expanded upon.

#### **INITIATING COORDINATED TREATMENT AND CARE PROGRAMMES WITH NEIGHBOURING COUNTRIES**

Some of the foreign citizens use French Guyana's healthcare services due to poor quality or inadequate accessibility in their own countries. Agreements between France and neighbouring states could be established in order to facilitate the treatment of their

citizens who come from these countries to French Guyana. Moreover, an improvement in the healthcare delivery of Surinam could be achieved through support from France for the country's healthcare system via multilateral funds.

## **IMPROVING THE RESPONSE IN PUBLIC HEALTH**

### **MAINTAINING AND DEVELOPING PREVENTION CAMPAIGNS**

#### **MAKING SURE THAT PREVENTION MESSAGES ARE APPROPRIATE FOR DIFFERENT AGE GROUPS**

Primary prevention must receive unfailing support. It will draw benefit from the adjustment of campaigns to suit different populations that are exposed to the risk of transmission of HIV. This adjustment must also be made based on age groups, bearing in mind for example the significant proportion of people aged 50 and over who are now discovering that they are infected.

#### **DEVELOPING PREVENTION MEASURES AIMED AT NEW TARGET GROUPS**

Prevention measures aimed at sex workers seem to be inadequate, bearing in mind the myriad forms of prostitution and the scarcity of available resources.

Homophobia appears to be particularly prevalent in French Guyana, and results in significant denial of the reality of such practices. Homosexual relationships are exposed to HIV infection all the more by the fact that they are covert. Therefore, the fight against the epidemic also requires a campaign against homophobia. The information and prevention measures required must therefore be made available to men who have sex with men.

Secondary prevention assumes the ability and capacity on the part of people infected with HIV to accept this highly stigmatising infection. Contact centres need to be set up where they can receive the information and support they need to reinforce their skills at using prevention measures.

### **ADAPTING SCREENING STRATEGIES TO MATCH THE LEVEL OF THE EPIDEMIC**

French Guyana is a region in the grip of a widespread epidemic. This must be taken into account when formulating screening strategies. Even more so in French Guyana than in mainland France, the number of people who are latecomers to treatment and care is significant. This calls for a policy that promotes earlier screening and the assurance of a direct link with access to care.

#### **MAKING HIV SCREENING COMMONPLACE**

Screening for HIV must be offered routinely to people whenever they have contact with health care delivery. This service should be part of the screening offered for the most common diseases in French Guyana.

#### **ENSURING WIDESPREAD, PERMANENTLY-AVAILABLE FREE AND ANONYMOUS SCREENING**

Over recent years, CDAG centres have suffered long periods of closure, and opening hours for consultations are still far from adequate. The maintenance of CDAG centres must be accompanied by opening hours that last all day and a direct link to health care delivery. Moreover, screening also needs to be promoted in healthcare centres that are not associated exclusively with HIV.

#### **DEVELOPING THE USE OF RAPID SCREENING**

The use of rapid tests is one way of reducing the delay in screening and increasing its appeal. This service is consistent with the recommendation of UNAIDS for areas where the epidemic is widespread.

### **PUSHING AHEAD WITH GENERAL TREATMENT AND CARE**

There needs to be a review of general treatment and care in order to involve health care providers, associations and players from the social sector in the definition of their long-term structural frameworks.

#### **REINFORCING THE QUALITY OF RELATIONSHIPS BETWEEN CARE PROVIDERS AND PATIENTS**

The way the result of a test is revealed and the treatment is started shapes adherence to treatment and thus any positive outcomes. It is essential to evaluate possible improvements in the relationship between the care provider and the patient and the resources necessary for this.

## **DEVELOPING COOPERATION BETWEEN CARE PROVIDERS AND ASSOCIATIONS**

The problem of the high number of people lost to follow-up and the need to support people receiving treatment in order to improve their compliance are two of the issues of general treatment and care that associations need to be able to work towards in close partnership with care providers.

## **ENCOURAGING THE DEVELOPMENT OF SPECIALIST ACCOMMODATION**

Therapeutic coordination apartments are still too few and far between, and forms of accommodation need to be conceived to respond to the needs of highly precarious populations, such as drug addicts. The department and local authorities have the expertise required for this.

## **CONSOLIDATING THE PUBLIC HEALTH POLICY FRAMEWORK**

### **BASING THE RESPONSE TO THE EPIDEMIC ON THOROUGH KNOWLEDGE DRAWN FROM IT**

The knowledge available on the epidemic is incomplete; existing empirical knowledge is not enough to plan policies with. For example, there is a need for research on sexual relationships between men or the forms of prostitution.

### **GUARANTEEING RAPID PROCESSING OF HOSPITAL DATA AND PUBLIC HEALTH SURVEILLANCE**

The hospitals in French Guyana need to have the resources to recruit qualified staff in the long-term in order to ensure the capture of data relating to the active file population. Similarly, the data provided to the Institut de Veille Sanitaire (IVS - National Institute for Public Health Surveillance) needs to be processed rapidly. Care providers must take action to ensure this, and the IVS must have resources commensurate with the severity of the epidemic.

### **DEFINING A WIDER RESPONSE STRATEGY TO THE CRISIS OF AGEING MEDICAL POPULATION**

Bearing in mind the ageing population pyramid, the crisis of the medical population in French Guyana is set to get worse. This problem is more acute than the treatment and care of HIV infection. It requires the state to define strategic processes based on information contained in an evaluative study carried out by the IGAS organisation. In the first instance, a civic medical service could be contemplated, over a given period, to deal with defined needs. It will receive commensurate funding.

## SUMMARY OF RECOMMENDATIONS

### For firm political action in line with objectives

French Guyana is in the grip of a widespread epidemic, and the healthcare policy needs to be defined more in line with this context than in that of the French national framework. Therefore, it is essential to:

- **Draw inspiration from models instigated in countries with widespread epidemics**

A clear leader in charge of steering the response to the epidemic needs to ensure the inclusion of the fight against the epidemic, including in policies implemented outside the healthcare and social sectors. French Guyana needs to develop a multi-sectoral approach to the epidemic.

- **Promote the involvement of French Guyana's key players in the fight against the epidemic**

Efforts to promote prevention and screening are limited by discrimination and stigmatisation associated with HIV. The involvement of political, economic and social key players would enable discrimination and stigmatisation to be reduced.

### Urging concerted efforts in the fight against the epidemic

- **Reinforcing coordination among the players in the fight against HIV in French Guyana**

The recent launch of the Corevih will allow the coordination of general treatment and care to be improved and promoted in concert with regional structures.

- **Developing a policy of regional cooperation**

The response to the epidemic calls for realistic, concerted efforts from players involved in the fight against HIV based both in French Guyana and in neighbouring countries. The time has come to recognise relevance and to put into practice in French Guyana tools normally utilised in developing countries.

### Improving the response in public health

The response in public health has made progress that must be sustained and serve as a basis for actions that are even more appropriate for the most exposed populations to the risks of transmission. The following steps are needed:

- **Maintaining and developing prevention campaigns**

Geared towards people aged 50 and over, homosexuals, and sex workers.

- **Adapting screening strategies to match the level of the epidemic**

Screening strategies need to be reconsidered: More systematic offers and the use of rapid tests need to be contemplated.

- **Pushing ahead with general treatment and care**

General treatment and care needs to benefit from concerted actions on the part of care providers and associations.

- **Consolidating the public health policy framework**

The crisis of ageing medical population in French Guyana is set to get worse, calling for the state to define

strategic plans. In the first instance, a civic medical service could be contemplated, over a given period, to deal with defined needs. It will receive commensurate funding.

## ACKNOWLEDGEMENTS

The Conseil national du sida expresses its sincere thanks to the people who kindly agreed to contribute to its thoughts within the framework of its interviews:

- 13 September 2007, Paris

Dr Pascal Chevit, Dr Thierry Troussier, Department of HIV, STI and Hepatitis Infection, National Health Directorate.

- 11 October 2007, Strasbourg

Dr Marie-Thérèse Georger Sow, University Hospital Pointe-à-Pitre.

- 18 October 2007, Paris

Hugues Fischer, Grégory Braz, Act Up Paris.

Professor Jean-Louis Vildé, Pierre Gauthier, "Chrétiens et sida".

- 22 October 2007, Cayenne

Department of Health and Social Development: Jacqueline Giron-Belina, Interim Deputy Managing Director; Dr Anne Barbail, Physician-public health inspector.

General Council of French Guyana: Lucien Prévot, First Vice-President, André Neron, General Manager of Departmental Services, Francis Happe, Manager, Child and Family Services.

Departmental Council of the College of Physicians: Elie Chow-Chine, President.

Cayenne Hospital: Dr Matthieu Nacher, Dr Pierre Coupié, Dr Christian Magnien, Dr Denis Ardillon, Dr Tania Vaz, Dr Michel Joubert.

- 23 October 2007, Cayenne

Regional Union of private practice physicians: Dr Roger Michel Loupec, President; Dr Bernard Politur, Vice-President.

Regional Hospitalisation Agency: Philippe Loir, Director, Dr Jean-Marc Fischer.

Regional Health Observatory: Marie-Claude Verdan, President; Arise Chocho, study cell manager; Marie-Thérèse Daniel, documentation cell manager; Céline Gober, documentary study manager.

Meeting with associations in Cayenne: Jean-Despinas Beaubrun; Lyzair Destin; Sylvera Dorjean; Jean-Bart Rossiny; Wayne Murray; Robert Georges; Denyse Cassin; Jean-Noël Robillard; Marie-Louise Hoakwie; Nadine Leguennec; Valérie Weckherle; Valérie Bérard; Ramon Renau-Ferrer.

"Entre'Aide Guyane": Dr Geneviève Simart, Pierre Sissaoui, Elsa Goujon, Wendy Griffith, Vanessa Facchino

- 24 October 2007, Cayenne

Cayenne Department of Social Security : Philippe Leny, Dr Garnier.

Préfecture of Cayenne: Anna Gouttenoire, Office of Nationality and Immigration.

Préfecture of Cayenne: Line Monlouis Deva, regional representative in charge of women's rights.

- 24 October 2007, Saint-Laurent-du-Maroni

Players in prevention: Shannon Mason, Matoutou network coordinator; Fallone Arnaud; Dina Emmanuel; Chadeline Tuegne Togue; Joëlle Mathys; "Chrétiens et sida".

AIDES delegation in French Guyana: Olivier Figueriau, Trévor Lamazon, Claire Girou, Laetitia Locher, Mylène Louanges.

Western Guyana Hospital: Dr Lahouari Mebarki; Dr. Gabriel Carles; Dr Ghias Helou; Crepin Kezza; Michelle Goldzak; Dr Elodie Chauvet; Dr Claire Girou; Catherine Leo; Marie-Claude Lescourant; Nicole Loulendo; Ena Hilaire; Dr Rachida Boukhari; Dr Blaise Mbieleu; Miguel Parra; Jocelyne Adoissi; Isabelle Cardiet; Lucia Labrador.

Social action: Claude Damazie-Edmond; Fabienne Viltard; Dalya Ain Shouka; Ghislaine Gauthier; Sainte Rose Geneviève; Janice Loatjon; Marie-Hélène Louange; Olivier Figueriau; Sandrine Louiset; Diane Vernon.

- 25 October 2007, Cayenne

Education authority of French Guyana: Renée Lony, social security medical consultant; Geneviève Euzet, nursing technical adviser.

- 13 November 2007, Paris

Carine Favier, French Movement for family planning

Isabelle Bailly, Director, "AIDES grand Ouest"

Philippe Lamoureux, Director, Elodie Stanojevich, communication project leader for immigrants and populations living in the overseas departments, Nathalie Lydié, study and research manager, Inpes.

- 11 December 2007, Paris

Jean-Paul Dumon, Ambassador, representative of the regional cooperation of the West Indies - French Guyana area, representative of France to the AEC and Caricom; Gilles Champetier de Ribes, Minister for Foreign and European Affairs, Development department, Department of Health.

- 18 December 2007, Paris

Jean-Claude Cassone, Head of the Department of Health and Social Affairs, Marie-Laure Dauphin, Project Executive, Department of Economic, Social and Cultural Affairs, Secretariat of State for the overseas departments.

**The Conseil national du sida would also like to express its particular thanks to:**

Dr Anne Barbail, Evelyne Durquety, DSDS Cayenne; Shannon Mason, Matoutou network Saint-Laurent-du-Maroni; Denyse Cassin, "Sida info service" Guyana; Dr Mathieu Nacher, Cayenne Hospital; Alix Béranger, Fabrice Pilorgé, "Sidaction"; Isabelle Bailly, AIDES; Dominique Costagliola, Inserm; Dr Thierry Troussier, National Health Directorate; Elodie Stanojevich, Nathalie Lydié, Inpes; Dr Caroline Semaille, Françoise Cazein, Invs; Anne Bolliet, General Inspector of Finance; Michel-Henri Mattera, Inspector of Social Affairs; Dr Gilles Champetier de Ribes, Ministry for Foreign and European Affairs; Marie-Laure Dauphin, Ministry of the Interior and overseas departments.