



Direction générale de la santé  
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# The french masterplan on HIV and STI 2010-2014

<http://www.sante.gouv.fr/plan-national-de-lutte-contre-le-vih-sida-et-les-ist-2010-2014.html>

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Think Tank meeting 3-4 December 2012

# Key dates in HIV policy

- from 1982
  - **epidemiological surveillance ; Aids as a disease to be mandatory declared**
  - building of the taking care of HIV in the hospitals
  - mandatory testing of blood donations, organs, tissues, sperm
- 1986 prevention policy allows :
  - **condoms** to be advertised
  - and **syringes** to be sold (chemists)
- 1988
  - **creation of free and anonymous testing centres (CDAG)**, first TV campaigns
  - creation of 3 agencies (to coordinate - actions, - research ANRS, - expertise CNS),
- **1989 first programme** to fight against Aids :
  - prevention, communication, partnership with NGOs
- 1995 inter-ministries programme :
  - coordination returns to State which builds a specialized division, deconcentration at regional level with district programmes.
  - Main focus on prevention, global care and solidarity
- 1996 effective treatments, Aids cases decrease.
  - Enlargement of CDAG missions (to hepatitis B and C virus)
- 2000 Epidemics is going on. Incidence stays high among MSM, IDU, migrants. Slackness in prevention, increase of STI.
  - **Prevention re directed (adapted) towards most exposed groups.**
- 2005 : national programme againsts HIV integrates STI
  - creation of regional coordination to fight HIV infection (COREVIH hospital based)

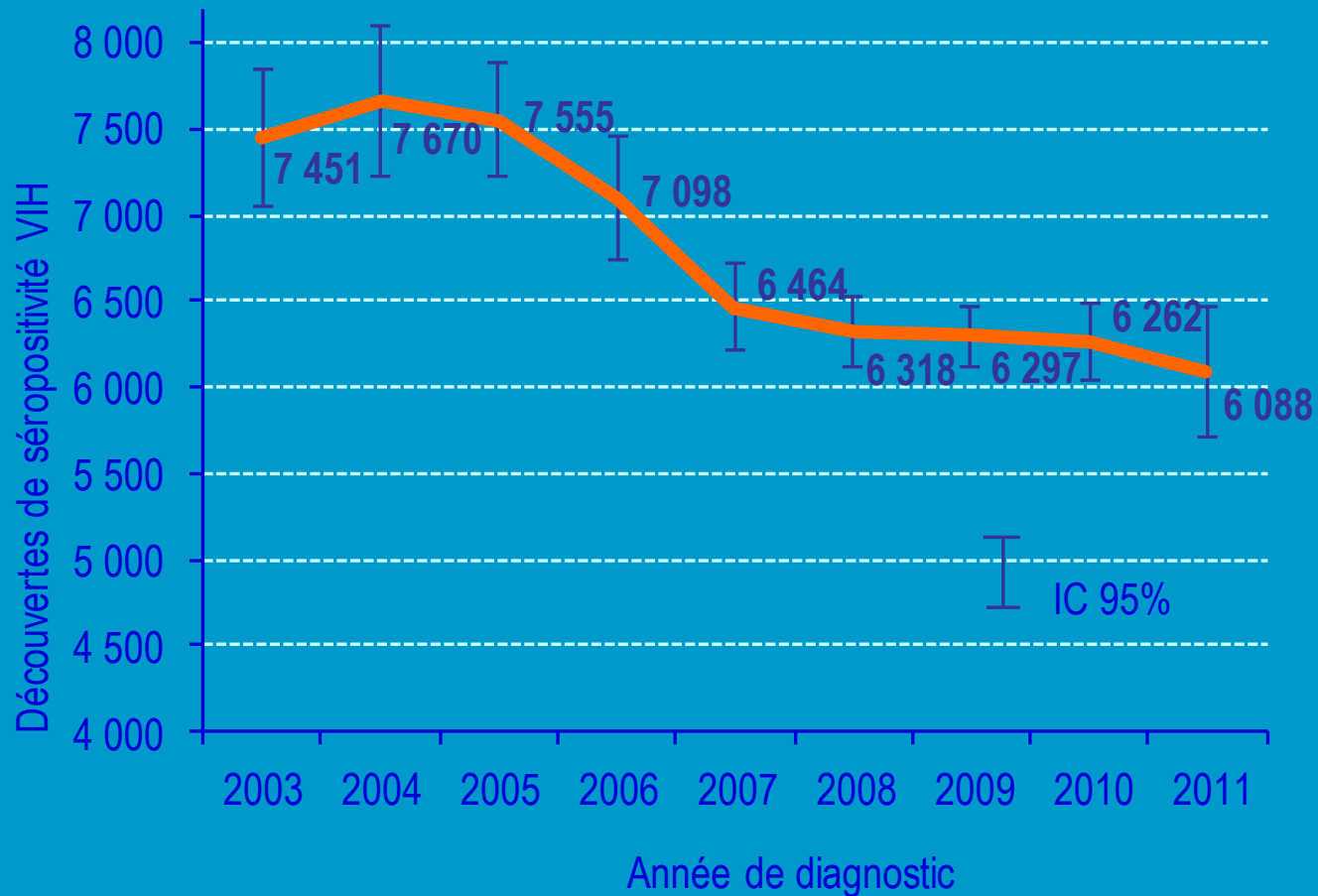
# Epidemiological focus\* on HIV

- Prevalence : 152 000 persons
- Between 24 to 29 000 persons ignoring being HIV+
- 96 000 linked to hospital care

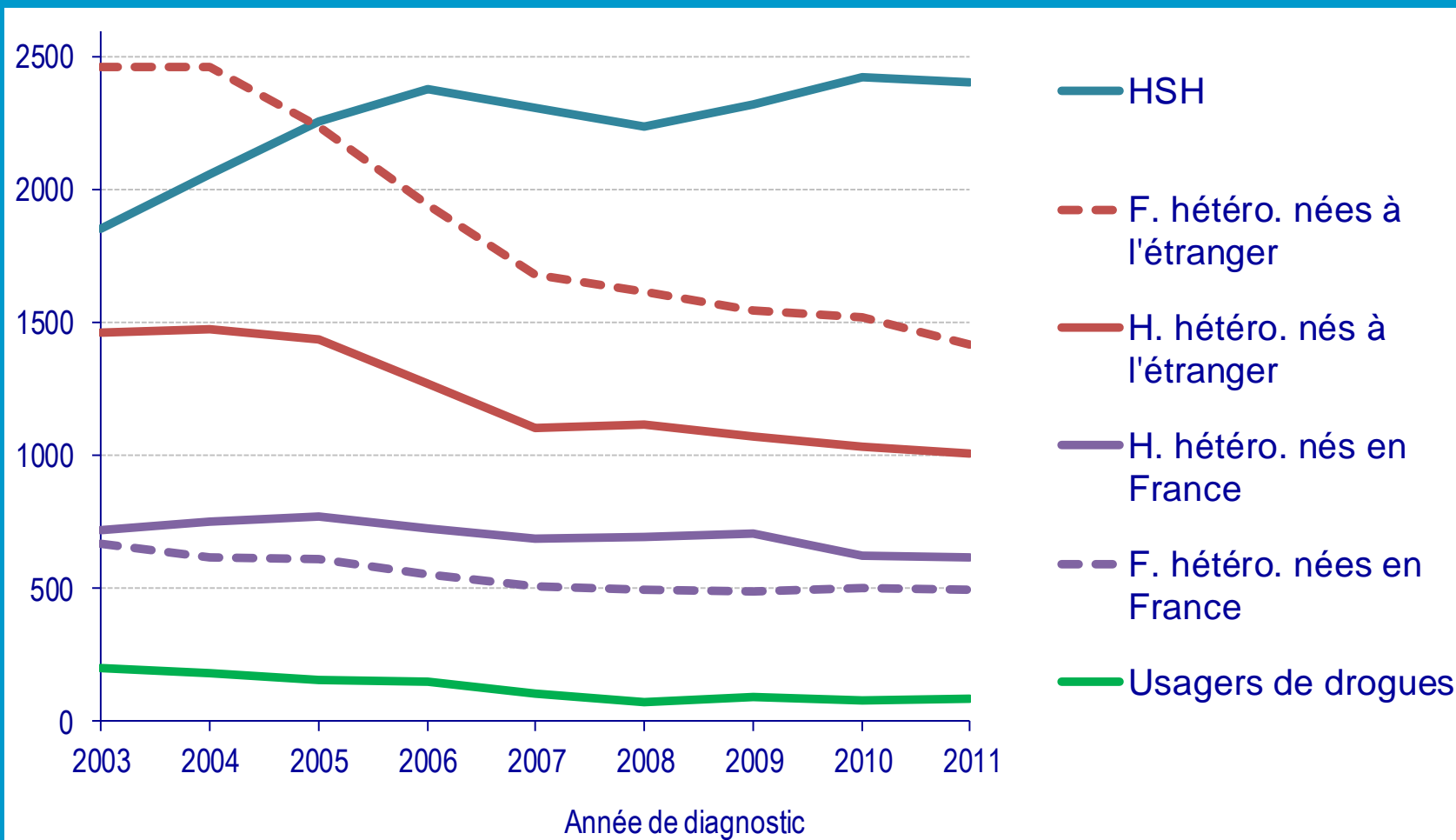
## In 2011

- 6100 new HIV diagnosis (stable since 2007)
- 68 % men - 32 % women
- 40 % men having sex with men (MSM)
- 40 % heterosexuals born in a foreign country (3/4 sub Sah. Africa)
- 18 % heterosexuals born in France
- 1 % drug users (IDU)
- 30% diagnosed at  $<200$  CD4/mm<sup>3</sup> or at AIDS stage

# Environ 6 100 personnes ont découvert leur séropositivité VIH en 2011



# Découvertes de séropositivité par mode de contamination



# Collaborative elaboration of the masterplan

Elaboration steering committee (5 meetings in 1 ½ year)

Specific working groups :

- MSM, Lesbian and trans, general population, migrants, women, disability, IDU, persons prostituting themselves, overseas departments...
- detained persons (later shifted to another specific strategic plan)

Working with...

- Other ministries (education, interior, social affairs, justice , women rights...)
- Associations / NGOs
- Scientific experts, Health professionnals
- Regional health agencies

Linked with others public health plans :

- plan for the improvement of the quality of life for patients living with a chronic diseases
- plan against hepatitis B and C
- plan against drug abuse and toxicomania
- plan for the health of detained persons
- plan against cancer
- plan for youth' health

Local implementation with :

- regional health agencies
- regional coordination HIV committees (COREVIH)

# Facts

## EPIDEMIOLOGY

- Tendancy to decrease for new cases in general population during the last 10 years
- Epidemics concentrated in some groups / populations:
  - MSM ;
  - persons born in a foreign country ; IDU
  - In some territories (french American overseas districts);
- Increase of STI

## TESTING AND CARE

- Still too many people ignoring their HIV+ status or diagnosed too late
- Increase of life expectancy for people living with HIV due to efficient treatments, globally well conducted and for the majority in hospitals

# 5th French masterplan

## **1 TRANSVERSAL PLAN with 5 strategic axis (linked)**

- Prevention
- Testing
- Medical care
- Social care/fight against discriminations
- Research and observation

## **4 POPULATIONNAL PROGRAMS**

- MSM and LBT (lesbians bisexuals and transsexuals)
- Migrants
- Drug users (IDU)
- Persons prostituting themselves

## **1 PLAN FOR OVERSEAS POPULATIONS**



# Main actions

- Combined prevention being promoted with condom remaining the main tool
- Diversified testing opportunities
- Diversified care and promotion of positive prevention
- Social care :
  - Strengthen the access to the common law (information of persons living with HIV and training of professionals)
  - Maintain a specific device when necessity

# Transversal plan

## 1. Prevention

- Actions / Messages to be adapted to different populations (general, youth, vulnerable...) → **INPES**
- Make the environment favorable to the adoption of preventive behaviors (according to premisses, specific populations...)
- Combined prevention
- Training programmes for professionals (health, social, NGOs...)
  
- **Examples : actions directed towards women / call for projects in 2011**
- **1: sexual harm reduction programme in family planning premisses (MFPF funded by DGS )**
- **2: partnership with Prevention Institute (**INPES**) for the distribution of female condom**



### 3: Actualization and diffusion of :

- information tool kit on female condom for professionals
- internet website [www.lepreservatif-feminin.fr](http://www.lepreservatif-feminin.fr).

# Transversal plan

## 2. Testing

- Strategy : **the tripod of HIV testing** (with complementarity of the 3 approaches):
  - 1) **Testing in health care system** by first resort health professionals
  - 2) **Testing by peers for high incidence populations**
  - 3) **Renovation of free and anonymous testing centres (CDAG-CIDDIST)**

# Transversal plan

## 2.1 Testing

- Context : a lot of HIV tests in France (5 Millions serologies a year) but...
  - too many persons diagnosed at a late stage
  - among them, persons with apparently low risk
  - and persons with high risk who do not get tested

- Implementation

- Mass campaigns 2010-2012

- → INPES



- Sensitizing professionals :

- Eg : providing an STI testing brochure / booklet
  - to GP and gynaecologists



# Transversal plan

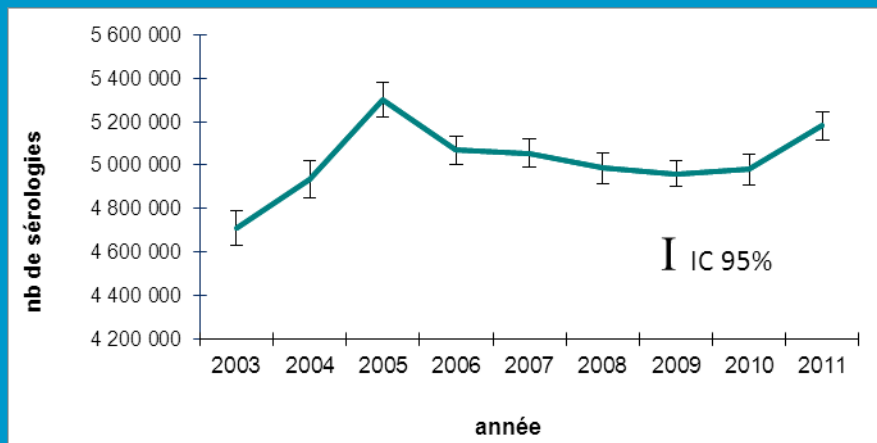
## 2.1 Testing

### • First results

- Results of a survey in 29 emergency rooms in and around Paris showed testing was well accepted but **all the persons tested HIV+ were belonging to a high prevalence population (MSM, migrants)**
  - should we go on or target more some populations (like migrants or men aged more than 40 years) ?
  - Experts have been re questionned for 2013
- **Increase of serologies performed in 2011 by + 4 % (vs 2010)**
  - But no increase of serologies HIV+
  - No increase in early diagnosis
  - Why ? Limited increase ? Need more time to evaluate ?
  - Rapid tests still marginal in 2011

# En 2011, 5,2 millions de sérologies VIH réalisées et environ 10 500 sérologies positives

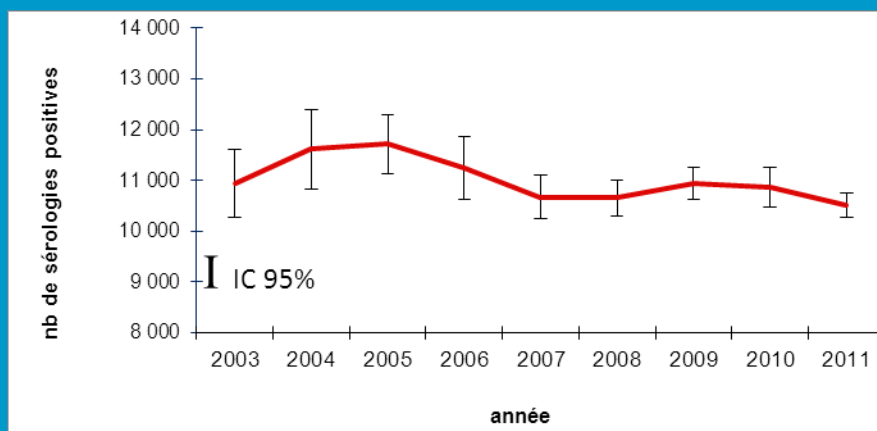
## Nombre de sérologies VIH dans l'ensemble des laboratoires



↗ +4% en 2011

dont 7% en CDAG

## Nombre de sérologies VIH positives dans l'ensemble des laboratoires



stable

dont 12% en CDAG

# Transversal plan

## 2. 2 Testing by peers – rapid tests

### • context

- some people even if at high risk don't go to GP ou CDAG (illegal migrants, bisexuals...)
- HIV rapid tests available and evaluated
- counselling by peers has an important role



# Transversal plan

## 2. 2 Testing by peers – rapid tests

- implementation

- Evolution of official texts on rapid tests (TROD):
  - \* Arrêté 28 may 2010 : TROD – only in 4 emergency situations – health professionals
  - \* Arrêté 9 nov 2010 : TROD – any situations- health professionals + NGO qualified by regional health agencies (ARS)
- Contract State (DGS)-Social Security (CNAMTS) 2010-2013 for a maximum of 3,5 M €/y
  - 2 call for projects DGS-CNAMTS
  - to target high risk populations
  - 1 rapid test / 25 €

# Transversal plan

## 2. 2 Testing by peers – rapid tests

- Results call for projects

- call for projects 2011 :

- \* 32 NGO for 64 500 tests/y

- call for projects 2012 :

- \* 31 NGO for 15 050 tests/y

Planned activity / year :

- \* 63 NGO in 24 regions

- \* Nearly 80 000 rapid tests/year

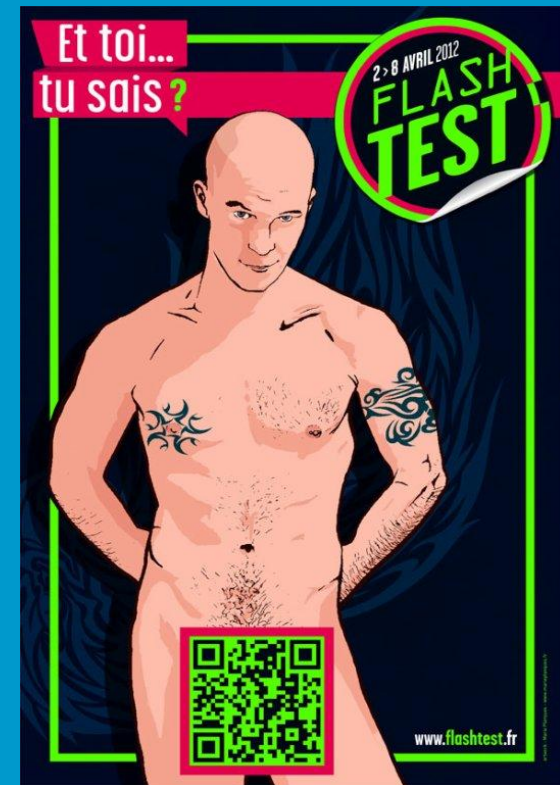
- \* Nearly 2 M €/year

# Transversal plan

## 2. 2 Testing by peers – rapid tests

- Results activity 2011 (only started in september)
  - 25 NGO / 20395 tests planned
  - 21,6% tests realized (4409 - 9.9 % women)
  - high risk populations reached (83 % tests)
    - \* 69 % MSM (3035 tests)
    - \* 10 % migrants (422)
    - \* 4% IDU (193)
    - \* 1% prostitutes (45)

eg :Poster : testing week in and around Paris in 2012



# Transversal plan

## 2. 2 Testing by peers – rapid tests

- Results tests

% positive among tested	1,32%
% positive among MSM tested	1,5%
% positive among migrants tested	1,4%
% positive among IDU tested	0,5%
% positive among prostit. tested	4,4%

# Transversal plan

## 2. 2 Testing by peers – rapid tests

### perspectives

- organise the going on for funding up to the evaluation after 3 years
- French Guyana :  
experimentation GP network in 2012  
to be evaluated...
- how to have the rapid test re imbursed ?
- how to have the rapid test used in other settings ?

# Transversal plan

## 2.3 Renovation of free and anonymous testing centres (CDAG-CIDDIST)

- Context : 2 different structures (from history)
  - CDAG : testing of HIV and hepatitis B and C
  - CIDDIST : testing, diagnosis and treatment of STI
- Facts : complexity :
  - different statutes, hospitals or not,
  - different fundings (State, local authorities, Social security)
  - needs to change the law
- Task force created and working on it ...

# Transversal plan

## 3. Medical care

### **Actions related to structure**

- Global outpatient consultations to be better recognized and valorized,
- Regional answer after discharge from the hospital to be adapted,
- Medical care by GP to be developed,
- Support networks (professional, institutions, NGOs...)

### **Actions related to quality of care**

- Therapeutic education programmes to be developed (86 ETP qualified in 2011)
- Clinical good practices to be implemented by COREVIH
- Psychological and psychiatric care to be reinforced
- Prevention positive to be promoted (strengthen psychic, affective and sexual life of people living with HIV)
- Treatment as prevention (TasP) to be evaluated

# Transversal plan

## 4. Social care / fight against discriminations

- Favor an early care by improving **lodging conditions** :
  - Therapeutic Coordination Apartments (ACT) have doubled in the last 5 years in order to accommodate now 1800 persons
  - but need to adapt the hosting to the needs of women and children
- Favor acces, maintain and return to **work**
- Improve the answers to **handicap** and loss of autonomy situations :
  - Sensitize actors of the handicap networks to the specificity of HIV
- Reduce **inequalities in health care** and insure a continuous link to care:
  - Inform PLWHIV
  - Fight against denial of care
  - Favor respectful approaches on sexual orientation
- Fight against **breaking of care** during situations of vulnerability :
  - Strengthen professional networks
  - Pre and post-natal support and follow up for children concerned with HIV (see next)
  - Care of elderly persons with HIV
  - Offer a better access to credit (loan) and insurances



# Transversal plan

## 4. Social care / fight against discriminations

Pre and post-natal support and follow up care for children concerned with HIV

- increase awareness of maternity wards on the need of specific support during pregnancy and after delivery, in connexion with infectious diseases specialists
- develop specific support programmes (workshops, support groups)
- develop specific materials for professionals

# Migrants programme

## PREVENTION

- Maintain a **communication strategy at a double level**
  - visibility of migrants in the general communication
  - and communication specifically targeted toward migrants
- Favor **intervention by peers** like health mediators in a context of global health :
  - increase appropriation (ownership) of prevention strategies by migrants women
  - develop sexual harm reduction workshops coordinated by and for migrants women
  - support training actions for migrants (intermediary persons, health mediator )
- Fight against the **taboo of bisexuality and homosexuality**

## TESTING

- Diversified testing opportunities (outreach, rapid tests by peers...)
- **Train and inform on testing and information tools on STI**

## MEDICAL CARE

- Promote the use of **professional interpreters**

## SOCIAL CARE

- Allow **administrative care of illegal migrants** concerned by HIV (access to rights and to care)

# Programme for lesbian, gay, bi and trans (LGBT)

## PREVENTION

- **Develop a combined prevention** (increase knowledge, integrate HIV/STI in a global approach of sexual health)
- **Mobilize NGO and LGBT community**
  - sexual health for transsexuals, experiment sexual health centres...
- **Favor a preventive environment**
  - Sensitize health professionals to have a better acceptance of sexual orientations
  - Legal framework to regulate HIV and STI prevention in sex venues (vs charter of responsibility)

## TESTING

- Diversified testing opportunities (rapid tests by peers, outreach...)
- Diversified care and promotion of positive prevention

# Programme persons prostituting themselves

## PREVENTION

- Organize and **coordinate different actors working on prevention at regional level**
- Raise awareness on HIV-STI prevention for actors working in contact with persons prostituting herself (NGOs, health, social, judicial actors)
- **Work with home Office** (ministère de l'intérieur) to explain public health issues
- List and provide for NGOs existing materials and tools
- **Communicate with clients** on prevention
  
- Perform action-research on prostitution in the **internet**, then adapt actions
- Perform surveys on sexual-economic exchanges in overseas territories.

## TESTING

Expand the testing opportunities (rapid tests, increase access to CDAG...)

## CARE

More than 70% are from foreign origin (cf. prog. Migrants)

# Programme Drug users

## PREVENTION

- **Improve access to harm reduction materials and to substitution treatments** (mobile teams, chemists, GP, interpreters, specialized structures...)
- Reduce the risk of transmission of HIV/hepatitis link to tattoo or piercing practices (kits)
- **Improve the access of women using drugs to specialized structures and to sexual harm reduction and gynaecological examination**
- Investigate « hidden populations » not seen by specialized structures...

## TESTING

- Diversified testing opportunities (outreach, rapid tests...)
- Test frequently (1/year) for HIV and hepatitis
- Experiment rapid testing for hepatitis B and C (under evaluation...)

## CARE

More than 50% of the new HIV cases are from foreign origin (cf. prog. Migrants)

# PLAN FOR OVERSEAS POPULATIONS

- Develop prevention for young people in a global approach of sexual education
- Diversify testing opportunities (rapid tests, mobile teams, outreach...) for populations difficult to reach (along the river, migrants from Brazil or Surinam...)
- Specific axis related to regional cooperation with other countries belonging to the same area Carabean or indian Ocean

# Perspectives

- Announced on 1st of December by Ministry of Health:
  - Strengthen the use of condoms (TV, cinema spots)
  - Extension of rapid tests
  - HIV testing week in 4 regions who volunteered
  - Task force to review / plan experimentations of new harm reduction strategies in prison
- Experts questioned about HIV **selftests** in august 2012
- Immigration :
  - Current expertise / evaluation of the strategy allowing **illegal immigrants** to stay in the country when they are suffering from a severe affection and when there is no treatment available in their home country
- Ministry of women rights announced last month a **Programme against violences and discriminations linked to sexual orientation and gender identity**