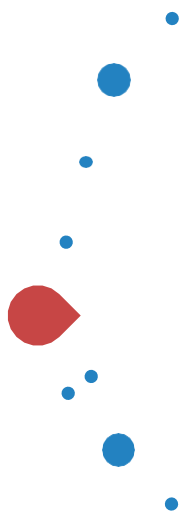




MINISTÈRE  
DES SOLIDARITÉS  
ET DE LA SANTÉ

*Liberté  
Égalité  
Fraternité*



# PREVENTION PRIORITY LIFELONG GOOD HEALTH



## National strategic roadmap for sexual health 2021-2024



## EDITORIAL BY OLIVIER VÉRAN



Minister of Solidarity and Health

“In 2017, France equipped itself for the first time with a national strategy on sexual health that aims to promote and develop public policies supporting sexual health, ranging from education on sexuality and reproductive health, including prevention and screening for sexually transmitted infections and HIV.

This comprehensive approach to health that incorporates sexual health encourages us to create a dedicated action to continue combatting HIV and STIs, providing information about, promoting and educating about sexual health in all environments by taking in-depth action on views of sexual health and by promoting gender equality and fighting discrimination and sexual violence.

The impact of the COVID-19 health crisis on access to screening is especially significant and requires that we be vigilant and willing to ensure that prevention, screening, and early treatment of HIV infection and sexually transmitted infections remain accessible to all.

Around 13% of people currently living with HIV are still unaware of their status and almost 28% of HIV-positive people are diagnosed with an advanced infection.

This situation calls for a strong response with regard to screening for HIV infections to achieve our goal: ending the HIV epidemic by 2030.

Therefore, I wanted better access to screening to be a priority for this roadmap in order to reduce missed opportunities for screening as far as possible. Free HIV screening, with no need for prescription, will be made widespread from 2022 in all clinical pathology laboratories in France. This roadmap endeavours to increase the opportunities for access to screening by promoting the different measures and means available, self-tests in particular. In addition, making a definite commitment to better accessibility to all means of prevention also includes facilitating access to treatments used to prevent HIV, meaning pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).

However, this roadmap goes further than the first in showing our objective of a comprehensive vision of health and sexual health in particular.

Information, training for professionals in all areas of treatment, and the relationship between peers must allow individuals to have agency over their sexual health.

The structure of responses, focusing on cooperation between community professionals and specialist organisations close to busy areas, is the gauge for judging the effectiveness of treatment. Adapting to the needs and specifics of regions and the needs of individuals is essential, which is why it is based on an expansive approach and strives to offer a range of actions built by and for overseas territories.

This roadmap aims to better take into account individual requirements.

In addition, it takes into account the needs of the transgender community in order to ensure that they have comprehensive and respectful treatment. It is also anticipated that orientation, screening, and access to training will be strengthened in order to combat sexual violence. At the same time, support from Maisons des Adolescents professionals will be increased to ensure a link between mental health and sexual health. In addition, treatment for chemsex will be improved to combat this new concern.

Lastly, I would like to strengthen efforts to ensure that women have access to the method of contraception that is best adapted to their needs to prevent unwanted pregnancies. Therefore, from 1 January 2022, a first step has been taken by extending treatment that is fully covered by mandatory health insurance and state medical provision to fees linked to contraception for women up to 25 years old, in addition to an automatic third party payer. I am aware that responsibility for contraceptives falls much more often on women, so we need to update our approach and understanding of male contraceptives.

Lastly, looking past contraceptives, there is also the ongoing matter of reinforcing that women have the right to their own bodies and making sure that there is access to safe abortions, depending on the methods chosen by women and those available nearby.”

## EDITORIAL BY JÉRÔME SALOMON



Director General for Health

In collaboration with the World Health Organization, France is committed to taking action to improve sexual health through the National Strategy for Sexual Health 2017-2030 and by developing an approach that has a positive and respectful view of sexuality and sexual relationships, free from coercion, discrimination, and violence.

This strategy sets the direction and is part of the National Strategy for Health and the Strategy for Health for Overseas Territories, thus serving as a reminder that sexual health is an essential component of global health.

However, capacity to be in good health and have good sexual well-being are dependent on:

- access to comprehensive, reliable, up-to-date, good-quality information on sex and sexuality;
- widespread knowledge of potential risks;
- ability to access sexual health treatment;
- an environment that affirms and promotes sexual health.

This second roadmap on sexual health 2021-2024 was jointly developed by a steering committee comprising nonprofit partners, healthcare professionals, institutions and ministries to produce an efficient public action that is in line with the needs of French citizens and the reality of regional areas.

The driving factor guiding this roadmap is always the key position of individuals as being responsible for their own health and we make it a necessity in our strategies, plans, and relationships with institutions and professionals, at both national and regional level, to connect actions between them to enable select and uninterrupted care pathways.

The impact of the COVID-19 health crisis on access to healthcare and screening and maintaining sexual and reproductive rights is reflected in the actions in this roadmap.

Its objective is for everyone to be able to be responsible for their sexual health:

- by providing, at all ages, all necessary information about different methods of prevention and contraception so as to make informed choices that are adapted to individuals' circumstances and needs, as well as to have a sexual and emotional life that is satisfying and respectful of others;
- by improving access to screening and means of prevention by simplifying care pathways;
- by having a range of sexual health services that are easily understandable and near to busy areas, in addition to being suited to all lifestyles;
- by responding to needs as closely as possible by implementing, as often as necessary, an improved regional and population-related approach;

- by influencing public policy on sexual health using responsive data and research because a better understanding is needed to be able to take action.

Lastly, I would like to thank the nonprofit partners, expert companies and the many professionals and individuals who participated, directly or indirectly, in drafting this second roadmap for sexual health. I would also like to thank the other central administrative departments within the French Ministry for National Education, Young People and Sports, the Ministry for Agriculture and Food, the Ministry for Justice, the Ministry for Overseas Territories, and the Ministry for Higher Education, Research and Innovation for their involvement, which made it possible to structure and harmonise sexual health treatment across all policies, plans and public actions.

## EDITORIAL BY FRANÇOIS DABIS



President of the roadmap steering committee

Established in 2017 and intended to be in place until 2030, the National Strategy for Sexual Health (*Stratégie Nationale de Santé Sexuelle*, SNSS) is in line with the objectives of the National Health Strategy (*Stratégie Nationale de Santé*, SNS), especially its goal of promoting behaviour that is conducive to health. The SNSS is also a framework document that contributes directly and in a cross-disciplinary way to France's effective achievement of the third Sustainable Development Goal (SDG3), which aims to enable all to live in good health and to promote well-being at all ages.

The SNSS has been planned out for its full duration and put in sequence with multi-year roadmaps driven by a steering committee. The first roadmap (FDR1) was developed, then implemented over the three-year period from 2018 to 2020, under the presidency of Prof. Patrick Yeni. The COVID-19 health crisis has, of course, slowed down and impacted its implementation. Therefore, it was a priority in 2021 to draft an evaluation of what could have been done, to put into perspective these results in comparison with initial targets and to use this to create a second roadmap (FDR2). I was responsible for this task last April and led a steering committee that was partially reorganised. We were, of course, following on from FDR1. We worked in a collaborative and multidisciplinary manner by building on knowledge through looking to innovate the approved foundation of facts, in order to improve the services on offer and respond as best as possible to different groups concerned.

Therefore, I have the pleasure of presenting this Roadmap 2021-2024 here. The rationale that we have followed for the next period, which started this year, is that of care pathways: proposing a continuous sequence of promotion, information, education and prevention, screening and treatment services for the entirety of sexual and reproductive health, regardless of the demography with which a person may identify. Therefore, we have chosen to shake up division using “pillars” established in the SNSS and, in particular, to remove the distinction between “reproductive health” and “vulnerable groups” to create only three working groups: “promotion of sexual health”, “screenings and biomedical prevention” and “treatment”. Each of these groups worked to include actions on reproductive health in its proposals and to reach all people (both the general population and target groups). This new methodology that guided FDR2 allowed us to move further towards comprehensive and positive sexual health for all, without creating divides between stakeholders in

sexual health and those in reproductive health, and for a patient care pathway that is more easily understandable and coordinated.

Lastly, in terms of research and epidemiology, we decided to put together an “overview” of available data on sexual and reproductive health in order to promote synergies, reduce repetitions, and identify useful, but missing, information. The objective was to draw up and make accessible to all a panoramic view of all information and survey systems producing data on sexual health in order to better organise research and public action. This overview, which should be completed in 2022 after several examinations, will be updated periodically by a commission dedicated to this work.

Overall, 30 new actions have been kept (28 for all of our regional areas, 2 for overseas territories), as well as a collection of 7 actions that are specific to each of the overseas territories and were devised with stakeholders from the area.

I would like to thank the steering committee for their work and commitment in recent months, though, of course, this won't stop here and we intend to support the implementation of this roadmap with the DGS now and until 2024.

## Acronyms

ANSM: French National Agency for Medicines and Health Products Safety (*Agence Nationale de Sécurité du Médicament et des produits de santé*)

ANRS-MIE: National Agency for Research on AIDS and Viral Hepatitis - Emerging Infectious Diseases (*Agence nationale de recherches sur le sida et les hépatites virales - Maladies infectieuses émergentes*)

ARS: Regional Health Agency (*Agence Régionale de Santé*)

ARV: Antiretroviral drugs

BEH: Weekly Epidemiological Report (*Bulletin épidémiologique hebdomadaire*)

SDCF: Safer drug consumption facilities

CeGIDD: Centres for Free Information, Screening and Diagnosis (*Centres Gratuits d'Information, de Dépistage et de Diagnostic*)

CLAT: Centre for Combatting Tuberculosis (*Centre de Lutte Anti Tuberculeux*)

NAM: National Health Insurance Fund (*Caisse Nationale d'Assurance Maladie*)

CCNE: National Consultative Ethics Committee for health and life sciences (*Comité Consultatif National d'Ethique pour les sciences de la vie et de la santé*)

CNS: National AIDS and Viral Hepatitis Council (*Conseil national du sida et des hépatites virales*)

CSP: French Public Health Code (*Code de la Santé Publique*)

SC: Steering committee

COREVIH: Regional Coordination for Combatting the Human Immunodeficiency Virus (*Coordination Régionale de lutte contre le Virus de l'Immunodéficience Humaine*)

FPC: Family planning clinic

CPTS: Professional regional authority for health (*Communauté professionnelle territoriale de santé*)

CRIPS: Regional Centre for AIDS Information and Prevention (*Centre Régional d'Information et de Prévention du Sida*)

CSAPA: Centre for Addiction Treatment, Support and Prevention (*Centres de Soins, d'Accompagnement et de Prévention en Addictologie*)

CSSAC: Community Sexual Health Centres (*Centres de Santé Sexuelle d'Approche Communautaire*)

DROM: Overseas Departments and Regions

MSI: Medico-social services and institutes

EVARS: Centres for Support with Emotional Life, Relationships and Sexual Health (*Espaces de Vie Affective, Relationnelle et Sexuelle*)

FDR: Roadmap



HAS: French National Authority for Health (*Haute Autorité de Santé*)

HCE: High Council for Gender Equality (*Haut Conseil à l'Égalité entre les femmes et les hommes*)

HCSP: High Council for Public Health (*Haut Conseil de la Santé Publique*)

HPV: Human papillomavirus

MSM: Men who have sex with men

STI: Sexually transmitted infection

IGAS: General Audit Office for Social Affairs (*Inspection Générale des Affaires Sociales*)

LGBTIQ+: Lesbian, Gay, Bisexual, Transgender, Intersex, Queer+

LFSS: Law on Funding Social Security (*Loi de Financement de la Sécurité Sociale*)

SW: Sex workers

PLWHIV: Person living with HIV

PrEP: Pre-exposure prophylaxis (for HIV)

AIDS: Acquired immune deficiency syndrome

SNS: National Health Strategy (*Stratégie Nationale de Santé*)

SNSS: National Sexual Health Strategy (*Stratégie Nationale de Santé Sexuelle*)

SRH: Sexual and reproductive health

PEP: Post-exposure prophylaxis (for HIV)

TasP: Treatment as Prevention

RDT: Rapid diagnostic test

IDU: Injecting drug users

ESL: Emotional and sexual life

HIV: Human immunodeficiency virus

# INTRODUCTION



## National Sexual Health Strategy (SNSS) 2017-2030

The **National Health Strategy (SNS)** has constituted the framework for health policy in France since 2018. It has been defined and adopted by the French Government and is based on the analysis by the High Council for Public Health (HCSP) on the state of the population's health, its key deciding factors and potential action strategies.

The **National Strategy for Sexual Health (SNSS)** is in line with the objectives of the National Health Strategy (SNS), especially its goal of "Promoting sexual health and education on sexuality".

In 2017, the High Council for Public Health, the High Council for Gender Equality (HCE) and the National AIDS and Viral Hepatitis Council (CNS) all contributed to writing the report on sexual health treatment divided by several institutions and across various public health plans and policies, with no actual structure between them or interministerial coordination.

The **National Sexual Health Strategy (2017-2030)** aims to respond to this issue by following a comprehensive and positive approach to improving sexual and reproductive health so that the sexuality of every French citizen is founded in autonomy, satisfaction and safety across their entire life.

Therefore, the goal of the SNSS is to incorporate sexual and reproductive health into the overall health policy as formulated in the SNS, the four priorities of which are:

- Promoting lifelong health and prevention in all environments;
- Fighting social and regional inequalities in access to healthcare;
- The need to increase the relevance and quality of healthcare;
- Innovation.



## The National Sexual Health Strategy includes 6 pillars (Figure 1):



These six pillars are divided into 95 measures and each have a vision and priorities.

## The main targets to be reached have been formulated accordingly with different deadlines (Figure 2):

Targets in the National Sexual Health Strategy 2017-2030:

	Promotion/Education Information	Healthcare pathways concerning STIs	Reproductive health
From now until 2020		<ul style="list-style-type: none"> <li>95 % des PVVIH connaissent leur statut VIH ; 95 % des personnes connaissant leur séropositivité ont accès au traitement ; 95 % des personnes sous traitement ont une charge virale supprimée, y compris <b>chez les populations clés</b></li> </ul>	
From now until 2023	<ul style="list-style-type: none"> <li>100% of young people have received a quality <b>education</b> on sexuality throughout their life</li> </ul>	<ul style="list-style-type: none"> <li><b>Couverture vaccinale chez les adolescents : 75 %</b> pour le VHB, <b>60 %</b> pour le HPV</li> </ul>	<ul style="list-style-type: none"> <li>Facilité l'accès au recours à la <b>contraception définitive</b> (vasectomie, stérilisation tubaire à <b>5 %</b>)</li> </ul>
From now until 2030	<ul style="list-style-type: none"> <li>100% of healthcare professionals <b>trained</b> in SRH</li> </ul>	<ul style="list-style-type: none"> <li><b>Couverture vaccinale chez les adolescents : 95 %</b> pour le VHB, <b>80 %</b> pour le HPV d'ici 2030</li> <li><b>80%</b> de couverture vaccinale <b>chez les populations clés</b></li> <li>Réduire l'<b>incidence des IST</b> les plus fréquentes et les plus graves (Syphilis, Gonococcies, Chlamydiae, Lymphogranulome vénérien), y compris <b>chez les populations clés</b></li> </ul>	<ul style="list-style-type: none"> <li>Réduction d'un <b>1/3</b> de l'indice de <b>grossesses non désirées/prévues</b></li> <li>Maintenir la syphilis congénitale à un bas seuil</li> </ul>

## The roadmap: breaking down the actions in terms of operation as close to people as possible

To translate the strategy into concrete actions and in line with public health challenges and the needs of people as close to their homes as possible, a multi-party and interministerial steering committee was made responsible for proposing three-year operational roadmaps.

The strength of the method is in the large collaboration that was involved in its development, which is a factor for success and adapting the action to the realities of challenges, regional areas and healthcare inequalities.



### Sexual health in strategic and operational policy documents

The actions included in the roadmap for sexual health do not comprise all public policies regarding the field of sexual health and are connected to the priorities defined by the SNS or those in other plans, programmes and roadmaps.

Although not an exhaustive list, these could thus highlight:

#### Ministry for Solidarity and Health:

- Roadmap for tuberculosis 2019-2023
- Conference to combat domestic violence, November 2019
- National strategy 2022-2025 for preventing infections and antibiotic resistance in human health
- Studies on fighting endometriosis
- Roadmap for mental health and psychiatry 2018
- National Environmental Health Plan 2021-2030 (*Plan National Santé Environnement*, PNSE 4)
- Roadmap for the health of incarcerated individuals (PPSMJ) 2019-2022
- Ten-year strategy for fighting cancer 2021-2030, in connection with the Ministry of Higher Education, Research and Innovation – roadmap 2021-2025
- Plan to combat violence against children 2020-2022

#### Other ministries:

- National action plan aiming to eradicate Female Genital Mutilation, June 2019
- MILDECA plan on addictions 2018-2022
- National action plan for equal rights, combatting hate and LGBT+ discrimination 2020-2023
- Interministerial strategy on sexual and intra-familial abuse, July 2021

**Lastly, the roadmap is fuelled by various areas of expertise:**

The COVID-19 health crisis led the National AIDS and Viral Hepatitis Council (CNSHV) to begin reflecting on the lessons learned from the fight against HIV/AIDS and how they could potentially be used in response to the crisis and in future epidemics via a public notice titled “The fight against HIV/AIDS: approaches, knowledge and practices for meeting present day challenges”, published on 7 July 2021. Regardless of its particular features, the experience of fighting HIV/AIDS can set a precedent, taking into account common challenges raised by epidemics, especially the urgency, uncertainty and emotion, as well as the need to form an ethical, international and solidarity-based response.

The CNSHV recommendations aim to respond to three challenges for which the roadmap wants to find answers:

- Strengthening personal rights, especially for the most vulnerable and those in health, social, and medico-social institutions;
- Implementing a comprehensive approach based on an ambitious public health strategy, especially in the areas of information, prevention, and education on health;
- Supporting collective mobilisations to promote democracy in healthcare, advocating for research and amplifying international response.

Incidentally, CNSHV is currently restructuring its projects and its composition in order to better incorporate sexual health into its comprehensive and positive vision and to broaden its field to ethical questions linked to sexual health.

Lastly, the expert report “HIV, STI, and hepatitis treatment” is expected at some point in 2022. Its aim is to update French recommendations for treating infection caused by HIV, hepatitis B and C viruses and STIs in collaboration with ANRS-MIE and CNSHV. This will enable the roadmap to adapt its actions and objectives in line with these future recommendations.

## The 2018-2020 roadmap: a concrete assessment, with the last year marked by the COVID-19 health crisis

The first SNSS roadmap identified 26 priority actions to be carried out and the main items in the assessment are outlined as follows:

### Young people are better informed thanks to being in an environment that promotes education on emotional and sexual life

✓ **Schools** have again become the location for teaching about emotional and sexual life as part of a multidisciplinary educational approach by training all professionals working in an educational setting, as well as for the means of implementing three annual sessions about education on sexuality from the start of primary school to the end of secondary (circular no. 2018-111 of 12-09-2018 on education on sexuality in the context of primary and secondary teaching).

✓ **Outside of schools**, the guide to sexuality was published in 2019 and aimed at sports leaders and teachers. More than 8,000 regional authorities and 151,000 professional sports teachers have received it since.

### Professionals better educated about sexual and reproductive health across their careers

✓ Since 2018, the **health service for healthcare students (*service sanitaire des étudiants en santé*)** (six weeks of initial training) offered classes comprising 50,000 future healthcare professionals the chance to choose **sexual and reproductive health as a priority subject** to learn about the challenges of prevention and promotion in this area and to roll out specific actions on this subject.

✓ **Sexual health is now included among the priority directions in Continuing Professional Development (CPD)** (order of 31 July 2019 defining the multi-year priority directions of continuing professional development from 2020 to 2022).

✓ **Education in sexual health for all professionals in healthcare and medico-social institutions** with a public function funded by the National Association for Continuing Education of Hospital Staff (*Association Nationale pour la Formation permanente du personnel*

*Hospitalier*, ANFH) from 2021.

### A comprehensive and more accessible range of sexual health services: an additional step towards adapted and effective prevention so as to make choices to ensure safe and well-rounded sexuality

✓ **Launching the first ever screening week in 2019**, with 1,048 screening measures, 184 new screening locations and 25,834 people having a screening test. The rate of positive results in these screenings was 2% for HIV, 10.5% for hepatitis C, 15.7% for hepatitis B, 6.4% for syphilis, 16.7% for gonorrhoea, and 53.6% for chlamydia. This action did not take place in 2020, but was started again in 2021.

✓ **Diversification of professionals involved in screening** with the implementation of cooperation protocols for midwives/doctors and nurses/doctors in Centres for Free Information, Screening and Diagnosis (CeGIDD) and family planning clinics (FPC).

✓ **Diversification of areas often frequented**, in particular young people using preventative and health promotion services at university (SUMPPS), the competencies for which have been expanded: in 2019, 31,046 services provided gynaecological care, 38 services provided regular prescriptions of contraception and 40 screened for STIs and ensured that these were diagnosed and treated for outpatients.

✓ **Diversification of the ages at which sexual health is addressed**: widened access to broad advice on sexual and reproductive health is now possible and made available to all young people, both male and female, up to 18 years old.

✓ **Diversification of tools by focusing on digital technology**: “PASS préservatifs” trial scheme launched in three areas (French Guiana, Bordeaux Métropole and the Seine-et-Marne department), with a goal of

freely distributing a prevention kit to young people (15-25 years old) in addition to spreading information on sexual health by focusing on a digital application and a trial of the sexual health service “Boussole des jeunes”.

✓ **Since December 2018, two types of male condom have been reimbursed through a prescription from a doctor or midwife, with a goal of encouraging people to always use a condom as a foundation for prevention and a gateway to a sexual health care pathway.**

✓ **Since 2020, the full cost of contraception has been paid for all underage women with this free scheme being extended to all minors under 15 years old.**

✓ **Since 2021, full removal of advance costs related to abortion.**

**A better range of sexual health services aimed at “key groups”: a commitment to bolstering the fight against the HIV epidemic, STIs and hepatitis viruses**

✓ **Four Community Sexual Health Centres (CSSAC) have been opened** (order of 27 November 2020). These have made it possible to establish in Lyon, Marseille, Montpellier and Paris a range of sexual health services founded in a community-based approach and easier access to screening and treatment (“test and treat”), in order to reach those who are most vulnerable to HIV and STIs and furthest away from treatment as a priority.

✓ France has been a pioneer in pre-exposure prophylaxis (PrEP) for HIV by ensuring it is fully paid for right away. Therefore, during the period of the first roadmap, PrEP was rolled out across the entire regional area and was introduced to 32,042 people between January 2016 and the end of June 2020.

**Since 1 June 2021, all doctors are authorised to take initiative in prescribing PrEP for HIV under the conditions defined by HAS.**

**A range of sexual health services that is better adapted to overseas territories and the most vulnerable groups**

✓ **Healthcare appointments are now offered to first-generation immigrants who want them**, including an assessment of exposure to violence and its impacts on health, as well as a systematic offer of screenings for HIV, hepatitis B and hepatitis C viruses. Several hundred people who recently arrived in France have already benefitted from this health assessment in the context of trial programmes launched in Rennes and Mans since 2020, in particular.

✓ **Bilingual health booklets have been updated in 15 languages**, can be downloaded from the Santé Publique France (Public Health France) website and have been printed in 235,000 paper copies. They include a 15-page chapter on “sexual health and HIV”, which has been supplemented by an 8-page chapter on hepatitis viruses.

✓ In every region, roll out of **resource centres for “Intimate and sexual life and parenthood support” aimed at those with disabilities**. To date, nine centres have already opened and this momentum is continuing.

✓ Support for specific projects in overseas territories, particularly those aimed at young people (“Grossesses adolescentes” (“Adolescent pregnancy”) project in French Guiana, providing and circulating a directory of sexual health resources in Martinique).

**Supporting knowledge, research and innovations in sexual health**

✓ **A new survey on sexualities will be started in 2022** and will make it possible to analyse trends by comparing, in particular, key indicators with those from the 2006 study by French National Institute of Health and Medical Research (INSERM). The protocol for this national survey was developed in 2018-2019 and the funding was secured with coordination by ANRS (which became ANRS-MIE in January 2021). It was decided to postpone its practical implementation due to the health crisis.

✓ **The National Agency for Research on AIDS and Viral Hepatitis committed €4 m for about 10 projects** related to SNSS over the 2018-2020 period.



## Continuing actions

Although the roadmap has an initial three-year period, all of the actions included in the 2018-2020 roadmap are continuing to be rolled out.

Therefore, some actions that were delayed because of the COVID-19 crisis are only finally being implemented in 2021, which others that were implemented are currently being evaluated and/or made widespread.

### ● **Trialling community sexual health centres in cities with a high prevalence of HIV and STIs:**

A comprehensive range of sexual health services providing an overall response to the needs of key populations in a community-based approach to healthcare divided in three sections:

- Screening for STIs, including HIV and hepatitis C, vaccination against hepatitis B, pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), consultations on sexology, addiction, gynaecology, obstetrics, proctology and endocrinology, as well as dermatology and dental care services;
- Counselling, support, individual support or self-help groups with peers and/or professionals;
- Promoting well-being and self-esteem.

4 projects were selected from among the 12 candidates:

- Paris: Le Kiosque (Le Kiosque AIDS information and Arcat association)
- Lyon: Le Griffon (Virage santé association)
- Montpellier: Le Spot (AIDES organisation)
- Marseille: Spot Longchamp (AIDES organisation)

→ The gradual opening of centres in 2021 will make it possible to potentially carry out a first evaluation between 2021 and 2024.

### **First-time prescription of PrEP in the city**

- After referral from the French National Agency for Medicines and Health Products Safety (ANSM) and HAS, all doctors will be able to issue first-time prescriptions of PrEP from 1 June 2021.
- General practitioners are encouraged to undergo training via the free online training platform “FormaPrEP” (<https://www.formaprep.org>), which also counts as CPD (reference: formation 17332100001).

→ A first evaluation will be planned for 2022.

### ● **“In-depth sexual health advice”**

- The objective is to transform the in-depth advice on contraception and preventing sexually transmitted infections that is already available from GPs, paediatricians, gynaecologists and midwives to young, female minors into a **comprehensive health consultation on “sexual health” for all minors, both male and female, including those under 15 years old.**
- This advice is an opportunity to address subjects related to sexual and reproductive health **in a comprehensive approach**: information, prevention and promotion, spotting violence and/or discrimination, specialised guidance, contraception, vaccines, condoms, screening and treatment for STIs.
- It also makes it possible to improve regional access to sexual health, to diversify the professionals who can intervene for all young people (especially midwives intervening for young boys) and the methods of communication that can improve the rate at which this range of sexual and reproductive health services is used.
- In-depth advice must be available to those with disabilities and/or those whose first language is not French. In addition to this, there are plans to modify it for overseas territories in order to fit the structures and healthcare professionals who will be providing it.

● **Better take into consideration questions about relationships and sex life during advisory appointments for patients with chronic illnesses and inpatient treatment education programmes**

- With the health crisis and the implementation of safety measures, it was ultimately not possible to complete action no. 18 in the FDR 2018-2020. It is vital to continue its roll-out in the second SNSS roadmap so as to improve education and make as many professionals as possible aware of it. The two following applications will therefore be put in place.
- Tools to support shared decision-making for patients undergoing treatment with a cardiovascular risk. The HAS has planned to draft a recommendation on the “Overall cardiovascular risk in primary and secondary prevention: evaluation and treatment in primary care services”. The working group may be used to incorporate the effect of preventative decisions on sexuality, which will be taken into consideration in shared decisions between the patient and the GP.
- The ten-year strategy against cancer 2021-2030 plans to reduce after-effects caused by cancers or treatments for cancers, especially difficulties with sex (action sheet II.7).

## The impact of the health crisis: a need to act

### 1. The major challenge of improving the use of screening for STIs/HIV:

The study published in BEH no. 33-34 of 1 December 2020 shows a drop in screening between February and March-April 2020 that was much more significant than standard monthly fluctuations and could not be offset by an adjustment in June-July. The number of HIV serology tests and bacterial STI screenings carried out fell by 56% over the period of the first lockdown.

According to the analysis carried out in August 2021 by ANRS-MIE using various data sources, the decline in the number of HIV serology tests was estimated at 12% (compared to expected numbers) for the period of March to December 2020, then 11% again in 2021 and settled at 16% for the entire period (source: Epi-Phare). On a national level, the fall in new positive HIV diagnoses was also due to information on initial prescriptions of antiretroviral drugs, in addition to the start of treatment: after a 28.8% increase compared to expected numbers during the first lockdown, we found a reduction, which varied depending on the period and which can be seen for the entire March 2020 to April 2021 period with a drop of almost 20% (source: Epi-Phare).

**However, this delay in screening and treatment leads to a higher risk of transmission for these infections.** This highlights the urgent need to revive screening and prevention actions for STIs/HIV, as the importance of this was eclipsed by the COVID crisis.

In addition, a full halt to the PrEP roll-out was observed, even though it is currently an essential means to reducing occurrences in key groups. Data from the French National Healthcare Database (*système national des données de santé*, SNDS) also shows a significant lack of PrEP treatments being started over the first lockdown and an overall fall compared to the expected 17% for the period March 2020 to April 2021 (source: Epi-Phare). This drop does not appear to be solely linked to a reduction in sexual activity over the lockdown periods.

### 2. Awareness of the importance of preserving rights related to sexual and reproductive health during the health crisis:

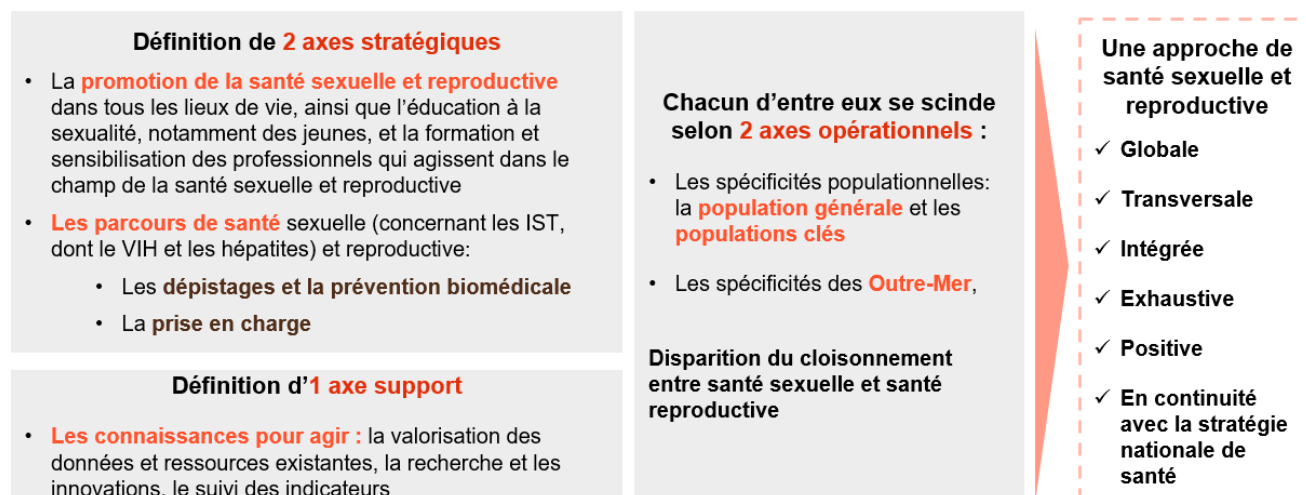
The increased risks of intra-familial violence, discrimination, difficulties in accessing care and halts in treatment reported during the health crisis must drive reflections on care pathways, approaches to outreach and the fight against violence and discrimination.

### 3. Innovations and opportunities that have come from the COVID-19 crisis:

- ▶ The widespread use of virtual consultations;
- ▶ Easier pathways for accessing medical abortions outside hospitals with use being extended to nine weeks of gestation and the use of virtual consultations as part of exemption measures in health emergencies, in keeping with the HAS recommendations published in April 2021;
- ▶ Extensions for the validity of expired prescriptions for repeat treatments for chronic illnesses, the option for pharmacists to issue up to three additional months of the contraceptive pill despite an expired prescription;
- ▶ The ability to quickly mobilise recommendations for professionals as part of the HAS rapid responses: continued follow-up for PLWHIV and offering sexual health treatment, PrEP with tenofovir disoproxil/emtricitabine in the context of the health crisis, medical abortion in the 8th and 9th weeks of gestation outside of hospitals, continued treatment for patients suffering from chronic hepatitis viruses.

## Methodology of the roadmap: 2021-2024

The work methodology adopted by the steering committee aims to considerably increase the overall approach, which is multidisciplinary, adapted and has a positive view of sexual and reproductive health, by strengthening the approach using the “life and health pathway”:



To guarantee its work on proposals, the steering committee is organised into working groups under the leadership of teams of experts (composition given in the annexe). Interviews have also been carried out in order to hear from external players (composition detailed in annexe), to evaluate regional needs and to affirm the relevance and operational application of solutions discussed in the working group.

Lastly, meetings between the working groups under the aegis of experts have been held in order to ensure that actions are coherent and multidisciplinary. These measures were definitively confirmed by the entire steering committee on 6 October 2021 based on the following criteria:

- **The importance of requirements in terms of public health;**
- **Multidisciplinary mobilisation of various actors;**
- **The option to reach at least some milestones in three years;**
- **The operational application of the action.**

# ROADMAP

**2021-2024**



The roadmap 2021-2024 follows on from both the actions carried out in the previous roadmap and in the context of a health crisis, which reinforced the impact of public health challenges concerning sexual health, and the urgent need to act in a decisive manner to rectify delays in prevention and care.

Also in line with this, with the SNSS objectives and the epidemiological situation in the context of a health crisis, this roadmap 2021-2024 gives the following priority goals:

- **To take a decisive step in diversifying access to screening and prevention tools** so as to reduce the number of missed opportunities to prevent HIV, STI or hepatitis infections as far as possible;

*For this reason, 6 actions in the roadmap are prioritised with regard to access to screening thanks to simplifying the pathway (actions 11, 12, 13) together with using treatments as prevention tools by better supporting those using PrEP (action 14) and by encouraging accessibility to post-exposure prophylaxis (PEP) (action 15).*

- **To continue dedicated actions for providing information about, promoting and educating about sexual health in all environments and at all life stages** in order to take in-depth action on views of sexual health and by promoting gender equality, as well as fighting discrimination and gender-based and sexual violence;

*To give every person agency over their sexual health and to promote its comprehensive and positive approach, 6 actions in the roadmap strive to promote sexual health and different prevention tools in communications adapted to all audiences (actions 1, 2, 4), to strengthen education about sexuality for young people in school, university and extracurricular environments (actions 3, 5, 6) and to widely educate professionals in social, medico-social, health and justice fields (action 7).*

- **To broaden and strengthen sexual health services** by making them more accessible and understandable for citizens;

*Improving understandability, accessibility and integration of the care pathways for sexual and reproductive health treatments is a major challenge in this roadmap. 3 actions in the roadmap are specifically dedicated to this by working on better availability of information on nearby services (action 9), a more integrated structure of public services that is better coordinated with primary care (actions 8 and 10) and by focusing on telemedicine to improve accessibility (action 11).*

*With regard to reproductive health, this roadmap 2021-2024 continues the efforts started in recent years to strengthen access to regular contraception, emergency contraception and abortion (actions 16 and 17), thus preventing unwanted pregnancies. It also addresses male contraception (action 26) and permanent contraception (action 25) in order to promote gender equality and better divide the responsibility for contraception.*

- **To bring closer the principle behind an action and to make subsequent modifications to means of acting** with regard to the specific aspects of regions or needs of populations, especially those that are further removed from healthcare systems;

*Although the roadmap is intended for the general population, it also endeavours to develop a population and region-focused approach that is strengthened as needed so as to take into account particular requirements connected to the lifestyles of those with disabilities (action 18), immigrants (action 19), those who practise chemsex (action 20), transgender people (action 21), sex workers (actions 22 and 27) and the elderly (E3S study from 2022).*

Lastly, the roadmap also takes into consideration the diversity of regions, especially those overseas. It also involves two joint actions for all overseas territories (**actions 29 and 30**) and, **for the first time, 7 versions** that were worked on by each overseas territory to be specifically adapted to their epidemiological context and its challenges with regard to sexual health.

- **To provide means of understanding so as to act in a reactive manner** and to anticipate new medical and societal developments and needs.

*With the same concern for coherence and readability, an “overview” of available data on reproductive and sexual health*

*is attached to the roadmap (**action 24**). The objective of this is to establish a coherent and exhaustive view in order to promote synergies, avoid redundancies and identify information that is useful, but missing, in order to guide decision-making and research. Lastly, in order to steer public action using data increases in real time, this will be a matter of improving the information system and collecting epidemiological data on sexual health on a regional and national scale (**action 28**).*

**The roadmap for sexual health 2021-2024 therefore makes use of all the possible levers to improve sexual and reproductive health for the population in line with a comprehensive and multidisciplinary approach, and is divided into 30 actions, as well as 7 versions that are specifically adapted to the challenges of each overseas territory.**

Each action is presented in line with the following outline:

- ▶ **Issues:** the context of the action
- ▶ **Goal(s)** of the action
- ▶ **Milestones:** steps and timescales for implementing the action
- ▶ **Deliverables:** products used to realise the action or one of its milestones (evaluation report, modification of a legal text, creation of an education module, etc.)
- ▶ **Pilot(s):** the pilot of the action is responsible for its implementation and monitoring.
- ▶ **Indicator(s):** the indicators for monitoring the action will make it possible to evaluate its results and impact

## 30 new actions for the next three years (2021-2024)

### Promoting sexual and reproductive health, information and training, education on sexuality

**Action no. 1:** Promoting combined methods of prevention

**Action no. 2:** Designing and distributing tools for promoting sexual health that can be accessed by those with disabilities and those whose first language is not French

**Action no. 3:** Reinforcing knowledge of sexual health among young people as part of the French Universal National Service (*Service National Universel*, SNU)

**Action no. 4:** Turning the screening week into a week for promoting sexual health

**Action no. 5:** Improving sex education in schools for all pupils

**Action no. 6:** Training health information students (ERS) on matters of sexual health in higher education

**Action no. 7:** Training and raising awareness of sexual and reproductive health among all professionals working in the social, medico-social, health and legal fields

**Action no. 8:** Broadening the skills of healthcare professionals in matters of sexual and reproductive health

### Pathway: screening, biomedical prevention, and treatment

**Action no. 9:** Making Santé.fr the reference directory for finding nearby sexual and reproductive health services

**Action no. 10:** Guaranteeing a clear, accessible, and coordinated range of sexual and reproductive health services at territorial level

**Action no. 11:** Reinforcing the accessibility of the CeGIDDs by using virtual consultation in sexual health



**Action no. 12:** Developing a platform aimed at young people and vulnerable and at-risk groups offering screening to people far removed from the treatment services

**Action no. 13:** Diversifying screening opportunities: ensuring free screening without prescription in clinical pathology labs, improving access to HIV self-tests

**Action no. 14:** Testing a “long-term prevention” (LTP) pathway for populations on PrEP at a high risk of catching HIV

**Action no. 15:** Enhancing accessibility to post-exposure prophylaxis (PEP)

**Action no. 16:** Guaranteeing access to contraception

**Action no. 17:** Improving access to abortion

**Action no. 18:** Improving education about sexuality and gynaecological treatment for those with disabilities being treated in medico-social services and institutes (MSI)

**Action no. 19:** Improving access to treatment for first-generation immigrants

**Action no. 20:** Improving the care pathway for transgender people in the overall health programme

**Action no. 21:** Supporting the Maisons des Adolescents (MDA) in detecting and managing any topics concerning sexual health

**Action no. 22:** Enhancing actions aimed at reducing risks for sex workers

**Action no. 23:** Improving detection and treatment for people practising chemsex

## Using knowledge for action

**Action no. 24:** Creating an overview of all existing data on sexual and reproductive health, analysing them, and drawing recommendations

**Action no. 25:** Conducting a survey on the constraints surrounding permanent contraception for both healthcare professionals and the general public

**Action no. 26:** Referring to the HAS with regard to male contraception

**Action no. 27:** Carrying out a survey on the health of sex workers

**Action no. 28:** Improving increases in data in real time and information systems on HIV, STIs, and hepatitis viruses (SI-LAB)

## Overseas territories

**Action no. 29:** Improving sexual health actions within Adapted Military Service (*Service Militaire Adapté*, SMA)

**Action no. 30:** Reinforcing regional integration of French overseas territories with their neighbouring countries and with the existing regional cooperation bodies

# Overseas territories

With regard to overseas territories, specific actions for these regions have been identified in line with their particular needs with regard to sexual and reproductive health.

In addition, as agreed with regional actors, this roadmap provides for **actions adapted to each overseas territory** for the first time.

**French Guiana:** Supporting the implementation of a pilot project for a mobile sexual and reproductive health unit

**Martinique:** Improving HPV prevention through vaccination

**Guadeloupe:** Leading a campaign to promote diversified prevention and information concerning contraception

**Mayotte:** Managing a campaign to promote contraception that is suited to the needs of the territory

**Réunion:** Supporting the implementation of a programme to reduce risks related to gender and sexuality among at-risk youth

**Wallis and Futuna:** Promoting prevention and treatment with regard to sexual and reproductive health

**Saint Pierre and Miquelon:** Supporting the implementation of an education programme on sexuality among peers

# Promoting sexual and reproductive health, information and training, education on sexuality

## Action no. 1: Promoting combined methods of prevention

Pilots: Santé Publique France (SpF)/Direction générale de la Santé (DGS)

### Challenges

There is currently a wide range of prevention tools available – internal<sup>1</sup> and external condoms, screening, pre-exposure prophylaxis (PrEP), treatment as prevention (TasP), post-exposure prophylaxis (PEP), vaccination against HPV and hepatitis B, etc. It can be seen that it is vital to allow people to choose the methods best suited to their lifestyles and needs to combat the HIV, viral hepatitis and STI epidemics.

Since 2013, there has been a consensus on the fact that diversified or combined methods of prevention “are worth supporting in particular for very at-risk individuals because of the prevalence of HIV infection among this group or because their individual behaviours lead them to be at a higher risk.” (Morlat report, 2013).

Therefore, there is a need to strengthen biomedical prevention thanks to the ramp up of initial prescriptions of PrEP in communities in 2021 and improved access to PEP and promotion of TasP, in addition to again highlighting the role of condoms, for example. In this context, although there are currently already several promotion campaigns in place, they target these different prevention tools<sup>2</sup> individually and do not enable each person to have a complete overview of all the existing tools.

Looking beyond the key groups in the fight against HIV and in a comprehensive approach to sexual health, this communication must target all demographics, including women who have sex with other women (WSW), as this group is often advised by healthcare professionals who have insufficient training on how to treat them.

However, contrary to established ideas, in 2006, “12% of this group (versus 3% of heterosexual women)

reported having had a sexually transmitted infection over the last five years<sup>3</sup>”. In addition, this group is at a higher risk of cervical cancer, notably due to a lower rate of screening.

Lastly, the High Council for Gender Equality (HCE) notice from April 2021 recommends that female condoms be reimbursed by Assurance Maladie insurance to promote usage.

**Objective:** To promote a comprehensive range of prevention and risk reduction services in a bid to raise awareness of existing prevention tools that are adapted to their various intimate and sexual lives among both the general public and most at-risk groups.

### Milestones

- ▶ From 2022: Santé Publique France launches a campaign to promote combined prevention aimed at the general public (TasP, internal and external condoms, HPV and hepatitis B vaccination, contraception, PrEP);
- ▶ Launching studies on search optimisation for internal condoms with a goal of having them covered by Assurance Maladie insurance, as is the case for external condoms, by the end of the roadmap;
- ▶ Ensuring the large-scale dissemination of prevention tools for women who have sex with other women (e.g., the SPF booklet “*tomber la culotte*” (“dropping knickers”)) and equipping professionals to address prevention in sexual health with this group.

**Deliverables:** SPF campaign, search optimisation for internal condoms.

**Indicators:** Level of knowledge on different means of prevention.

<sup>1</sup> We use the term “internal condom” here to refer to condoms also known as “female condoms”, as these can be used by various groups (MSM, transgender men, etc.), as well as women

<sup>2</sup> Campaign combatting discrimination linked to sexual orientation and gender identity in collaboration with the Interministerial Delegation Combatting Racism, Antisemitism and Anti-LGBT Hate (DILCRAH), “*Askip la sexualité*” (“Busting myths about sexuality”) and “*Sexosafe*” (“Safe sex for MSMs”) campaigns aimed at young people

<sup>3</sup> Bajos survey, E3S, 2006, INSERM

## Action no. 2: Designing and distributing tools for promoting sexual health that can be accessed by those with disabilities and those whose first language is not French

Pilots: Santé Publique France (SPF)  
Direction générale de la Santé (DGS)

### Challenges

Designing and adapting communication aimed at groups with particular requirements, such as those whose first language is not French and those with disabilities, to make this accessible to all. Although there are currently many prevention tools and tools promoting sexual and reproductive health directed at those with disabilities (blindness, deafness, motor disabilities, “DYS” disorders, etc.) and at those who do not speak French fluently (allophones), users and professionals are not always aware of these.

Developing tools that facilitate access to health information is an objective of the “Ségur de la santé” agreements (pillar 4) and also, more broadly, of the Ministry of Health and Solidarity (a working group on this subject was established with the Interministerial Committee for Disability (CIH)), in accordance with article 47 of law no. 2005-102 of 11 February 2005 on equal rights and opportunities, participation and civic rights for those with disabilities.

With regard to sexual health, two brochures drafted jointly by Santé Publique France and relevant professionals and users are currently being finalised (“*la sexualité pour comprendre*” (“understanding sexuality”) and “contraception”) and will be offered in print, Braille and a digitally accessible version (General Accessibility Framework for Administrations, RGAA). They are aimed at those with low levels of health literacy and especially those with disabilities, immigrants and others who are distanced from the healthcare system. Furthermore, there are nine regional resource centres for “emotional, intimate and sexual life and parenthood for those with disabilities” in France. The role of these centres is to coordinate all regional actors in establishing and promoting support services (education, access, etc.) concerning sexual and reproductive health.

Lastly, Santé Publique France has produced four online videos that are accessible to all disabilities, including being available in French sign language: “I respect sexuality and I respect others, I am free and I am protecting myself, I know what I like and I talk about it if I want and with whom I want”<sup>4</sup>.

With regard to allophone groups, there are also bilingual health booklets available<sup>5</sup> and tools to connect immigrants with healthcare professionals/professionals in the social and medico-social sector. Available in 15 languages, they address access to treatment and to rights, as well as different health topics, particularly sexual health and HIV, which are the focus of detailed information (pages 92 to 121). There is also a Comede guide<sup>6</sup> and a “*Repère pour votre pratique*” (“Reference for your practice”) developed with the French Society Against AIDS (*Société Française de Lutte contre le Sida*, SFLS) and French-language Society of Infectious Pathology (*Société de Pathologie Infectieuse de Langue Française*, SPILF)<sup>7</sup> for professionals working with immigrants/foreigners who are vulnerable.

#### Objective:

- To list all of the existing prevention and communication tools aimed at allophones and those with disabilities and to identify potential gaps;
- To ensure promotion and good circulation of these existing tools to be as close as possible to the relevant individuals (in nearby drop-in centres, places of education);
- To ensure to design the accessibility aspect of promotion and prevention tools in collaboration with target groups and proposing draft versions first.

### Milestones

- 2021: Listing existing tools with the support of the Secretary General of the Interministerial Committee for Disability (SG CIH) and regional resource centres for “emotional, intimate and sexual life and parenthood for those with disabilities”. Identifying needs that are not covered.

<sup>4</sup> <https://www.santepubliquefrance.fr/l-info-accessible-a-tous/vie-affective-et-sexuelle>

<sup>5</sup> “Bilingual health booklets”, tools to connect immigrants with healthcare and social sector professionals ([santepubliquefrance.fr](http://santepubliquefrance.fr))

<sup>6</sup> Comede guide – Prevention, treatment and support for vulnerable immigrants

<sup>7</sup> Approaching sexuality and sexual health with immigrants ([santepubliquefrance.fr](http://santepubliquefrance.fr))

- ▶ Thinking intuitively about the accessibility of each new communication on matters of sexual health: using QR codes in Braille on flyers taking the user to an audio message or one in French Sign Language, the Référentiel Général d'Accessibilité pour l'Administration (General Accessibility Standards for Administration) (RGAA), Facile à Lire et à Comprendre (Easy to Read and Understand), promotional campaign
- ▶ Ensuring the communication is delivered within a territorial proximity grid (pharmacies, town halls, schools, social and medical facilities and services, local facilities for people with a disability, etc.)
- ▶ Supplying resources in various different languages to the website réfugiés.info

**Indicators:** Number of tools that have been adapted, designed or updated

## Action no. 3: Reinforcing knowledge of sexual health among young people under the Service National Universel (French Universal National Service) (SNU)

Pilots: DGS/DJEPVA

### Challenges

Although emotional and sexual education is compulsory at school, by way of 3 sessions on sex education per year from Years 2 to 13, the level of knowledge in matters of sexual health among young people remains very varied because of disparities in its implementation across France, as well as because some young people are not in school or leave the school system early. This situation means that any opportunity to supplement awareness of sexual and reproductive health should be grasped.

Undertaking an action within the Service National Universel will therefore eventually reach a very wide audience: the SNU began in 2019 and welcomed 500 young people in 2020, 14,000 in 2021, and could be extended to all young people in 2024 (that is, around 700,000).

The SNU comprises one first compulsory session (residential project), with a second phase of a two week group residential stay for young people aged 15 to 16 at the end of compulsory education. It is during this residential stay that awareness-raising of sexual and reproductive health appears most successful.

Emotional and sexual life is already among the subjects to be tackled in the compulsory 'Health Promotion' module of the SNU. This module comprises a joint session on health education and awareness-raising of the various different factors determining health in everyday life. The joint module has been implemented to date by organisations identified by the ARS (especially IREPS) or by school nurses.

The themes tackled may be, among other things: the prevention of sexual violence, the prevention of the transmission of STDs and HIV, but also mutual respect, consent and reciprocity, equality of sexual and gender identity, respect for different sexual orientations and the development of critical thinking.

**Objective:** Reinforcing knowledge of sexual and reproductive health among young people under the SNU

### Milestones

- ▶ From the 2022 SNU residential project: Training SNU supervisors in sexual and reproductive health, via interventions from partnerships and/or resource videos produced by SPF;
- ▶ From the 2022 SNU residential project: Distributing paperless information to young people in the form of QR codes referring them to the websites of Santé Publique France and to the directory of Santé.fr (action 9). The content of these QR codes will be decided by a working group;
- ▶ The 2023 residential project: Distributing a 'backpack' of preventative tools (e.g. condoms, violence meter) to young people;
- ▶ The 2023 residential project: Incorporating matters of sexual and reproductive health in the (global) health promotion Escape Game, produced and financed by the CNAM, adapted for the public by the SNU in line with the DGS and the DJEPVA;
- ▶ 2024: Evaluating the provision of a 'backpack' of preventative tools.

**Deliverables:** delivery of the backpack of preventative tools, creation of video tools, setting up the Escape Game.

#### **Indicators:**

- Number of young people who have received prevention tools;
- Number of video resources produced for the supervisors;
- Proportion of SNU centres that have incorporated the escape game in the health promotion module.

## Action no. 4: Turning the screening week into sexual health promotion

Pilots: DGS/SPF

### Challenges

Since 2019, the French regional health agencies (ARS in their French acronym) have organised an annual 'screening week', which is a campaign to screen specifically for HIV, viral hepatitis and other STDs, together with events and appropriate communication. It was not possible to hold this action in 2020 because of Covid-19, but it was started again in 2021.

In 2019, organising the screening week made it possible to carry out 1048 actions of information and/or screening, of which 56% were off-site, and almost 26,000 people were screened. This also enabled a long-term dynamic to be created between the prevention and screening stakeholders in the regions, including primary health professionals.

Analysing this action in the first road map highlights areas for improvement: communication that is too confidential does not lead to a big impact on the population, and insufficient actions directed at the people furthest from the health system, as well as an approach too focussed on the risk of infection, do not always lead to a raised awareness of the importance of screening as an essential element of prevention for a sex life that is autonomous, satisfying, and safe.

In order to get away from an approach focussed on infection by HIV and other STDs, and to meet wider needs in terms of prevention and the promotion of sexual and reproductive health, some ARS have therefore already started to broaden this screening week, similar to the 'no taboo month' organised in Hauts de France, or the sexual health week organised in Brittany with a date that rotates by Department.

**Objective:** to support and extend these local initiatives by sharing good practice. To this end, one calendar for all regions will help reinforce communication of this event at national level, thanks to a major unifying theme which will be adopted and adapted in each region.

### Milestones

- ▶ 2022: Launch in each region of the first sexual health week, during May, on the theme of 'fighting discrimination and serophobia';
- ▶ From 2023: annual launch of a new campaign on one aspect of sexual and reproductive health decided within a governance framework bringing together the ARS:
  - Positive image of sexual health;
  - Lack of desire, sexual dysfunction, talk to a health professional about it;
  - Chronic illness and sexual health;
  - STI screening week;
  - HPV and VHB vaccinations;
  - Contraception and abortion;
  - Violence;
  - Etc.
- ▶ Via various different types of actions:
  - Digital campaigns, on social networks and dating apps;
  - Organising events at universities, hospitals, speaking on the media, testimony of sex therapists of carers and users, or even celebrities. etc.;
  - Conferences, talks;
  - Exhibitions, shows, cinema debates: involving the world of culture;
  - Distribution of sex kits, pleasure, and prevention;
  - Webinar for professionals in the health, medico-social, social, or voluntary fields.

**Deliverables:** Setting up the sexual health week in each of the regions.

#### **Indicators:**

- Number of regions having set up the sexual health week;
- Number of people screened on this occasion;
- Third indicator to be adapted each year according to the chosen theme

## Action no. 5: Reinforcing sex education for all at school

Pilots: MENJS/MAA

### Challenges

In order to reinforce the quality of sex education at school, from Years 2 to 13, whatever the option chosen (general education or technical education), the two major levers for success that have been identified are training for professionals and the quality of the resources available to them.

Professionals in agricultural education are often isolated in terms of support when dealing with situations experienced by young people, and these establishments may be faced with complex and sometimes serious situations. In these establishments, the roles of listening and awareness-raising/prevention very often fall to the nursing staff and the main educational counsellors, who find themselves isolated and do not necessarily have the internal or external resources to cope. In addition, certain staff members may find it difficult to listen to the accounts of some young people about their experiences and may themselves be in some distress.

It is therefore important to train them, but also to allow them to hand over to people who have the necessary professional resources when the situation requires.

Furthermore, the right to education for all children is a fundamental right. Inclusive schooling aims to ensure quality education for all students in all schools by taking account of their individual characteristics and their specific educational needs. Within this framework, the accessibility of the materials and the integration of the issue of disability into resources for sex education are objectives to be reinforced in this second road map.

The objectives of this measure are therefore:

- To reinforce the quality of sex education at school by providing support for teaching and educational teams: training, support groups or contact person in sex education (at national level for agricultural education and at departmental level for national education), publication of a handbook etc.;

- Making sex education accessible to all students with a disability, in line with the inter-ministerial committee on disability (CIH in its French acronym).

### Milestones

#### In the agricultural establishment:

- ▶ Constructing a common culture in matters of sexual health by professionalising multi-disciplinary voluntary staff via the setting up, in September 2022, of a national support group, steered by the national leader of the nursing staff network;
- ▶ This mechanism will enable the teams in the establishment to call upon this group, via the academic authorities, in situations where a student is in serious difficulty (while respecting confidentiality). More broadly, this group will provide tools and resources for health promotion and prevention, and will ensure a multi-disciplinary professional watch over situations of violence;
- ▶ This measure will be implemented in line with the activities of the 'educational network for the health and development of the adolescent and to be a listening ear' (RESEDA in its French acronym) and the 'equal opportunities inclusion' network in the agricultural network;
- ▶ February 2022: Training sessions for the professionals in this group to be formed will be organised in advance by the partner association 'Colosse aux pieds d'argil' (Colossus with feet of clay): one on sex education and another on sexual violence.

#### In national education:

- ▶ Continuing to develop initial and continuous training of national education staff in matters of sex education:
  - For the start of the 2021-2022 academic year, an 18-hour 'equality' module, including a section devoted to the prevention of sexist and sexual violence, will be set up within the framework of the initial training of teaching and education staff;
  - Multi-year registration, over three years, for a



seminar on sex education as part of the national training plan. The national seminar for the 2021-2022 academic year will also aim to promote the roll-out of training activities in this subject area at academic level. Its impact will be evaluated in 2022-2023.

- ▶ Providing three handbooks during the 2021-2022 academic year: updating the sex education handbook for secondary education, creating a guide for primary schools, and producing a handbook devoted to the prevention of sexual violence within families.
- ▶ Producing resources aimed at families to explain school sex education using the 'Mallette des parents' (= 'Parents' schoolbag', a website devoted to helping parents).
- ▶ Designating one sex education contact person in each directorate of the departmental services of national education (DSDEN in the French acronym), to improve teaching support for the actions taken in schools and other establishments and to disseminate information. This system is based on that of the academic teams steering sex education, whose road map, set up in 2013-2014, will also be updated. This November 2021 update will also enable transversality between teams to be reinforced and sex education activities to be further extended.
- ▶ Making sex education accessible to all students with a disability, in line with the inter-ministerial committee on disability (CIH in its French acronym). This universal accessibility will have to apply both to the materials and methods of learning and to the messages to be delivered (everyone, whatever their disability, should be able to access a sex life):
  - Producing and promoting accessible and adapted materials;
  - Creating sex education resources that include issues around disability and disseminating them to national education staff;
  - Reinforcing the knowledge and skills of the academic steering teams

In sex education so that they produce academic training activities that include the subject of disability and promote the accessibility of sex education. This could be developed as part of the national training plan 2022-2023 and/or the running of the network.

Measures relating to the accessibility of sex education could be organised in the school environment with external partners specialised in these matters, according to the needs and resources of the various regions.

**Indicators:**

- Number of academic training sessions devoted to sex education and the prevention of sexist and sexual violence;
- Number of academic training sessions in sex education that include the issue of disability and promote accessibility;
- Quality evaluation of the activity by the national organiser of the network of nursing staff (MAA).

## Action no. 6: Training health information students (ERS in the French acronym) on matters of sexual health in higher education

Pilots: DGESIP

### Challenges

There are already such health information students on several campuses; they are trained and paid and their role is to link students with the university services of preventive medicine and health promotion (SUMPPS in the French acronym), as well as to run various activities in preventive health (addictions, sexual health, nutrition, etc.).

27 universities have now set up health information student (ERS) systems, and 270 of these were recorded at the last count (that is, around ten ERS per participating establishment).

They are offered training at the beginning of their contract, in line with the SUMPPS, focussing particularly on sexual health and the resources they have available to them.

These contracts, of approximately 200 hours per year, are becoming increasingly professionalised.

Health information students construct prevention activities on various subjects including sexual and reproductive health: STDs, contraception, consent, etc. They offer a first level of health information to their student peers and direct them towards the SUMMPS if necessary.

**Objective:** To improve the promotion of sexual health at university based on awareness-raising activities by peers.

### Milestones

- ▶ 2021: To identify sexual health training resources that can be used by the ERSs;
- ▶ 2021: To identify campaigns devoted to sexual health that have been constructed by and for the ERSs;
- ▶ 2022: To support the national organisation of the ERS's: a minimum of one national meeting per year, sharing good practice and resources and materials, running social networks, etc.;
- ▶ 2023: To set up a national framework with the aim of supporting the ERS's in their missions of communication and prevention in sexual health. This national framework will enable joint structuring with universities and under the aegis of MESRI and its partners (DGS, MILDECA, etc) of health content, as well as harmonising legal, administrative and financial procedures and contracts.

**Deliverables:** Setting up national ERS coordination.

#### **Indicators:**

- Number of national materials disseminated;
- Number of universities that have set in place an ERS system;
- Number of students who have attended training.

## Action no. 7: To train and raise the awareness of all professionals working in the social, medico-social, health and legal fields in terms of sexual and reproductive health

Pilots: DGCS/DAP/DPJJ

### Challenges

The 2018-2020 road map has made it possible to include in Continuous Professional Development the promotion of sexual health as a second priority guideline, and to launch a call for projects by the ANFH which has allowed the *Association Interdisciplinaire postuniversitaire de Sexologie* to organise training for medical, medical-social and social staff in the state hospital service.

There should be wider dissemination of a 'culture' of sexual and reproductive health among professionals who support people throughout their life and health journey.

#### Objectives:

1- To train professional state employees in sexual and reproductive health, in particular via content produced by the CNFPT and rolled out widely: professionals in PMIs (maternal and child protection) and CPEF (family planning and education service), workers in ASE (social aid for children), marriage and family guidance counsellors, etc.

2- Incorporating sexual health resources will in the future be done by the *centre national de ressources en travail social* (national centre for resources in social work) (CNRTS), which will make approved, updated and operational documentary and teaching resources freely available to training organisations, students, qualifications providers; they will also have access to tools to help organisations.

3- To raise the awareness during their training (initial and continuous) of supervisors of penal establishments, establishments and services of the PJJ (legal protection for youth) and social and medico-social health establishments concerning education in emotional life for their respective publics.

This training should enable the supervisors to better understand and take account of issues related to emotional life and sexual health, by referring to official, approved sources of information on regulatory and scientific aspects; to incorporate these issues into the work of the establishment and into the training content for professionals; to identify staff characteristics and needs

among targeted supervisees and users; to adopt a caring attitude to avoid stigma and discrimination; to detect internal and external people and structures, and to provide guidance where necessary. This training will enable sexual and reproductive health to be understood in a global and positive way.

### Milestones

#### Concerning training for the French public sector:

- ▶ To base the CNFPT on constructing and creating content approved by experts in sexual and reproductive health, and supporting the dissemination of this content, especially within the framework of the 'network of public health schools';

#### Concerning the training for supervisors in social, medico-social and legal establishments:

- ▶ To include a sexual health module in the training for the directors of social, health and medico-social establishments (D3S, CAFDES) deployed by the EHESP;
- ▶ To include in training organised by ENAP a sexual health module aimed at the directors of penal establishments and directors of penal inclusion and probation services;
- ▶ To include in the training organised by ENPJJ a module on 'emotional and sexual life' in a global and positive way: statutory training for directors, and adapted training to be used by those responsible for educational units.

#### Concerning the training of social workers:

- ▶ To make sexual health resources available to professionals and future professionals in the social sector, within the framework of the national centre for social work resources (CNRTS in its French acronym).

**Deliverables:** Training modules.

**Indicators:** Number of individuals who have done this training/these modules.

## Action no. 8: Extending the skills of healthcare professionals in matters of sexual and reproductive health

Pilots: DGOS

### Challenges

There is a great advantage to relying on the skills of midwives and nurses to reinforce capabilities in matters of prevention in the area of sexual health, bearing in mind the requirements of screening but also the increase in the number of patients monitored for an HIV infection, the ageing of this population, the increased use of outpatient treatment, the central place of fitness, the importance of working in teams and the need to take account of problems of medical demographics in the treatment of people living with HIV (PLWHIV) especially in the overseas territories.

Midwives are already key players in prevention and in the area of sexual health.

They are, in fact, primary practitioners in sexual and reproductive health care. For example, these practitioners are skilled in having 'in-depth sexual health consultations' with young girls. Moreover, the Rist Law modifies article L. 4151-4 of the public health code and authorises midwives to prescribe screening for sexually transmissible infections for their patients and their partners, as well as treatments on a list drawn up by the regulatory route.

They also have skills in vaccination which could be further extended according to the recommendations of the HAS. In 2020, vaccination against the human papillomavirus (HPV) was extended in this way to all boys from 11 to 14 with catch-up possible up to the age of 19. In addition, vaccination against hepatitis B is compulsory in France for all babies born after 1 January 2018, and recommended for children and adolescents up to the age of 15.

The possibility of midwives vaccinating against HVB and HPV would therefore be a lever in increasing the coverage of these two areas of vaccination.

As far as nurses are concerned, increasing their skill areas to be able to give them a

prevention and support role with PLWHIVs, alongside the doctor, represents a real opportunity to improve people's lives and health. Extending the skills area in this way involves reinforcing the expertise acquired both at a local level and within the training.

**Objective:** To extend the skills of midwives and nurses in matters of sexual and reproductive health.

### Milestones

#### With regard to midwives:

- ▶ 2022: Publication of the decree allowing midwives to treat STDs for women and their partners;
- ▶ 2023: Evaluating the benefit of extending the skill area of midwives in matters of screening and treatment for STDs to all men and not just the partners of the women being monitored.
- ▶ After publication of the recommendations by the HAS and if necessary: extending the skills of midwives in the vaccination of partners for HVB/HPV - modification of article L 4152-1 of the French Public Health Code (CSP) and following.

#### With regard to nursing staff:

- ▶ 2022: Consultation and development of the decree pertaining to the use of state nursing staff to incorporate missions and skills in terms of education and preventative sexual health;
- ▶ 2022-2023: To develop texts to authorise all nurses to prescribe emergency contraception (modifying art.L 4311 and art. L5134-1 of the French Public Health Code).

**Deliverables:** regulatory modifications

#### Indicators:

- Number of state nurses trained to support PLWHIVs;
- Number of STD treatments prescribed by midwives;
- Number of infected people who have received treatment for an STD.

## Pathway: screening, biomedical prevention, and treatment

### Action no. 9: To make Santé.fr the reference directory for finding sexual and reproductive health services near you

Pilots: DNS/ARS

#### Challenges

In recent years, mechanisms and structures for prevention and treatment in sexual and reproductive health have become diversified and this offer is not always obvious to users.

For the people furthest removed from care and treatment, this lack of visibility may mean losing an additional opportunity.

**Objective:** To facilitate referenced access to a sexual health offer across the country thanks to digital tools especially adapted for the populations furthest away from the healthcare system. This mapping, as well as directories and other tools must be accessible to all publics and updatable by the structures themselves.

Provided for by article 88 of the Law to modernise our health system that was adopted on 26 January 2016, Santé.fr is a project led by the delegation to the Public health information service in the Ministry of Solidarity and Health, agencies and public health institutions. The objective is to enable each citizen and/or user of the health system to have easy access to clear, reliable and transparent health information.

Santé.fr will therefore be able to gather together data from multiple partners to produce a complete and accessible directory as well as to map the sexual and reproductive health offer in France.

Gathering the essentials of the sexual and reproductive health offer of the various regions on the same site.

#### Milestones

- ▶ 2021: Setting up a Working Group (SPIS, ARS, DGOS, DGCS, learned societies, etc.) to define the parameters and methods of implementation: which prevention structures? Which health professionals? Which research filters? etc.;
- ▶ 2022: Identifying databases already in existence (E.g.: Sida [AIDS] Info Service, IVG.gouv [abortion]); the missing classifications and directories;
- ▶ 2022: Making up substantial databases in each region (according to the parameters defined by the working group);
- ▶ 2023: combining all these data and directories, setting up the mapping embedded on the Santé.fr website referring to all the regional mapping of the sexual and reproductive health offer.

**Deliverables:** Mapping and directories on the santé.fr website

#### Indicators:

- Number of unique visitors to this field;
- Number of partnerships formed with players already involved in this field to share sources of information.

## Action no. 10: To guarantee a clear, accessible, and coordinated offer in sexual and reproductive health at territorial level

Pilots: DGS/DGOS

### Challenges

There are multiple structures for prevention and treatment in sexual and reproductive health and their roles have evolved over recent years.

The creation of the CeGIDDs in 2016, the restructuring of the EICCFs into EVARS in 2018 and recently the creation of the CSSACs in 2020 (resulting from Road map 1) show the will to adapt the public offer in sexual health to the needs of the patients. However, the difficulty users find in identifying them and their overlapping roles still sometimes reveal that we need to do more to achieve greater simplicity and effectiveness.

Furthermore, primary professionals are also major players in sexual health and their place and how they fit into the specialist structures need to be reinforced. This is necessary in order to act in close proximity to the places where people live and take risks, and in accordance with recent developments leading to the opening up of the initial prescription of PrEP to any doctor and to the prospects in this road map of better access to screening and to prevention tools (especially treatments used in prevention).

The development of an integrated, global approach to prevention requires the structuring of real networks of those involved in sexual health across the regions, and development towards 'sexual health centres' offering integrated support and treatment, going from testing to treating at the same time and in the same place.

This rapprochement is inseparable from the necessary acculturation between the field of HIV/STD and that of reproductive sexual health. Moreover, links also need to be created or strengthened with the *Centres médico-psychologiques* (Medical-psychological centres) (CMP) and the *Centres de Soins, d'Accompagnement et de Prévention en Addictologie* (Centres for treatment, support and prevention of addiction)(CSAPA)/*Centres d'Accueil et d'Accompagnement à la Réduction des risques des Usagers de Drogues* (Drop-in and support centres for reducing risks for drug users)(CAARUD), to promote an integrated approach and better understand emerging issues such as chemsex.

As these changes evolve, the role and place of the COREVIHs in this overall sexual health coordination will need to be rethought.

### Objectives:

- To reinforce the links between prevention structures and treatment in sexual and reproductive health, and the navigation system;
- To avoid duplication and to harmonise the care offer in sexual and reproductive health and its visibility;
- To improve knowledge among those involved in sexual and reproductive health within the same region by using the existing networks such as RSSP in Ile-de-France;
- To enable communication and the sharing of experience, documentation and good practice between professionals by playing a leading role in sexual health networks;
- To reinforce city/hospital/preventive structures links, within the CPTS's, to take better account of sexual health in primary care.

### Milestones

- ▶ 2021: Referral of the IGAS to the territorial organisation of the sexual health offer. This referral will also involve reviewing the aims of the coordination structures (COREVIH) and their role in the organisation of a comprehensive network of sexual health professionals in line with the prevention structures and primary care professionals;
- ▶ 2022: Raising the regulatory barriers to the rapprochement of the CeGIDD/CPEF/EVARS, and identifying the main elements facilitating or hindering these rapprochements;
- ▶ 2022: Based on the recommendations of the IGAS, encouraging the structuring of networks of sexual health professionals under the aegis of the ARS's and the COREVIHs, in line with the structures;

- ▶ 2022-2023: Rewriting the specifications of these structures, in particular by encouraging integrated 'test and treat';
- ▶ 2024: Implementation of the IGAS recommendations according to the scenarios of the proposed regroupings;
- ▶ 2021-2024: To support the rapprochement of the structures and professionals and the development of their roles: to propose training content supporting a comprehensive approach to sexual and reproductive health.

**Deliverables:** IGAS report, legal expertise, revision of the specifications, new training module, especially making it accessible by e-learning.

**Indicators:** Number of networks of sexual health professionals formed in the region

## Action 11: To reinforce the accessibility of the CeGIDDs by using teleconsultation in sexual health

Pilots: DGS/DGOS

### Challenges

Teleconsultation is a consultation carried out remotely with a patient by a doctor (a GP or a specialist in any area of medicine, in private practice or in a hospital), the patient being assisted or not by another health professional (doctor, nurse, pharmacist, etc.). Since 2018 teleconsultation has been reimbursed at the same level as a traditional consultation (payment of 70%<sup>8</sup>).

Teleconsultations can offer a quality consultation in matters of sexual and reproductive health over the whole country. Teleconsultation is done alternately and to complement the in-person offer of prevention and care.

Under the Ségur health agreements and the signing of amendment 9 to the medical agreement, there are several measures to relax the rules of teleconsultation:

- ▶ The relaxation of the principle of in-person consultation for the patient in the last 12 months;
- ▶ The possibility of derogation, under certain conditions, to a pathway of coordinated care for treatment by teleconsultation (SAS and areas where there is a scarcity of doctors).

**Objective:** To propose, over time, a teleconsultation offer in public sexual health, easily accessible to all publics, anonymous and free of charge, using the resources of all CeGIDDs.

These teleconsultations through the CeGIDD would enable the response capacity of the CeGIDDs to grow, especially for people a long way away, and make it possible to adapt to people's lives, notably because of a wider range and extended hours and the lack of transport needed, and to sharing medical resources. This would also give the CeGIDDs greater visibility. These teleconsultations would cover all the missions of the CeGIDDs. This method of supplementary access aims to avoid any delay to or withdrawal from screening, and to facilitate access to treatment.

### Milestones

- ▶ 2022: Prior implementation of a directory and of mapping of sexual health resources, allowing the patient to be guided on an identified pathway (in line with measure 9 relating to Santé.fr);
- ▶ 2022: At the same time, to evaluate all the conditions to be fulfilled to enable a teleconsultation with a CeGIDD to take place: necessary legal developments, secure information systems ready to go, finance model and/or flat fee for clinical pathology labs and city dispensaries (so medicines or prescribed clinical tests can be free);
- ▶ Early 2023: To promote, encourage and support the setting up of teleconsultation in the CeGIDDs that have volunteered;
- ▶ Early 2024: After evaluating and, if necessary, allowing users to have a free teleconsultation with the CeGIDD, whatever the location of the centre and the user. This teleconsultation will be part of an organised sexual health pathway (redirection towards the resources in the place where the person lives).

**Deliverables:** directory, legal expertise

**Indicators:** Number of teleconsultations carried out

<sup>8</sup> By derogation and in the context of the covid-19 pandemic, 100% of the costs of teleconsultation are covered up to the end of 2021.



## Action no. 12: To develop a platform offering screening to people remote from the treatment offer, with a section for the young population and another for vulnerable people.

Pilots: CNAM

### Challenges

The prevention strategy of Assurance Maladie (Health Insurance) 2019-2022, aimed at young people from 16 to 25 (within the Objectives and Management Agreement 2018-2022) has planned to set up a mechanism to screen *Chlamydia trachomatis* infections by self-swabbing.

Based on the success of the Testbeforesex and jefaisletest.fr ad hoc campaigns, as well as on the Mémodepistage studies and on Chlamyweb experiments undertaken by Public Health France, the aims of this project are to increase the number of STD screenings (*Chlamydia trachomatis*, gonococcus) for young people remote from the care system and/or socially disadvantaged, and to increase targeted, repeated screening, adapted to the lifestyles of vulnerable populations.

The project has 3 major aspects:

- 1- Use of a digital platform to order self-swabbing kits (accessible from a computer, a smart phone or a tablet),
- 2- Self-swabbing tests to screen for infections of *Chlamydia trachomatis* and gonococcus.
- 3- 100% of the cost of the tests covered by Health Insurance to ensure they are free to the young person.

**Objective:** To enable young people (aged 18-25) remote from healthcare and/or socially disadvantaged to be able to access screening for STDs by self-swabbing, by removing possible obstacles to a consultation or to travelling and covering 100% of the costs along with the other existing screening mechanisms. Such a measure should enable targeted screening to meet needs that are not covered (geographical distance, discretion).

### Milestones

- ▶ First two-year pilot phase of implementation of this electronic screening mechanism by self-swabbing of STDs ('Montest!ST') via an ordering platform. This phase will be followed by an evaluation of the results in the second half of 2022, in line with Public Health France.
- ▶ Mid-2022: Launch of the logistics and postal market of the communication campaign to make young people aware of the project;

The mechanism will be designed and developed to expand, if necessary, the possibilities of this ordering platform to include the ordering of self-tests for HIV or other types of orders.

- ▶ **Finally, in 2023, making available a unique platform, innovative from an organisational point of view, to send out self-tests and self-swabbing kits and to return results remotely, as well as linking with treatment and support in sexual health.**

At the same time, the mechanism will enable information to be disseminated through the existing mechanism and actors (information, screening and payment), in line with measure 9.

- ▶ It could also be opened up to those aged 16-18 in its second phase (early 2024).

**Deliverables:** Operational platform

#### **Indicators:**

- Number of kits ordered;
- Number of young people who have benefited from the mechanism.

## Action no. 13: Diversifying screening opportunities: ensuring free screening without prescription in clinical pathology labs, improving access to HIV self-tests

Pilots: CNAM/DGS

### Challenges

According to the SPF data of 2018, only 87% of people infected with HIV are diagnosed. This led the Court of Auditors, in its report on the evaluation of policies for the prevention and treatment of HIV, to insist on the need “to quickly improve the screening offer, by authorising reimbursement by health insurance of the city lab serology without medical prescription and by facilitating the dissemination of self-tests and TROD9s.”

Since 1 July 2019, the ‘Au labo sans ordo’ (To the lab with no prescription) (ALSO) programme has experimentally offered HIV screening without prescription and at no cost in all clinical pathology labs (LBMs in the French acronym) in the City of Paris and in the Alpes-Maritimes, two areas particularly affected by the HIV epidemic. The objective is to improve and increase HIV screening by on-request ELISA tests at the LBMs, with no prescription necessary.

This experiment is supported by a multidimensional evaluation mechanism which was the subject of an initiation contract then of a research project accepted by the ANRS. The results are compelling:

Between July 2019 and December 2020, ALSO tests represented 7.2% of all tests done in a laboratory. This new offer contributed to a net increase in laboratory screening in both departments (+16.8% in Paris, +3.7% in Alpes Maritimes). Over the whole evaluation period, the level of positivity in the ALSO offer remains, despite the impact of the health crisis, higher than that of prescribed tests, and lower than that of the CeGiDDs, which suggests that these three offers are complementary and there is no movement among users, especially as ALSO attracts a population with different characteristics from that of the prescribed tests and the users of CeGiDD10s.

The objective is therefore to extend this mechanism over the whole territory, in order to significantly increase the HIV screening coverage to reduce the delay between infection and diagnosis and break the infection chain. From the point of view of public health objectives, it would seem necessary to extend this screening offer to STDs.

This extension of free screening in a laboratory without a prescription will be supported by new practices:

- Reports on the clinical pathology tests, whether positive or negative, should be the subject of a specific commentary, with, for the negative results, a reminder of the screening recommendations in force and strong encouragement to take part in regular sexual health monitoring;
- If necessary, according to the forthcoming recommendations of the HAS concerning the formalised notification of partners, it would be appropriate to encourage a person with an STD, via a suitable communication, to inform his/her partner;

Moreover, the place of HIV self-tests as a tool in sexual health, alongside the other tools, establishes a ‘screening’ reflex that contributes to a safe and satisfying intimate life; it should therefore be able to evolve greater accessibility and to be supported. The texts will therefore be developed to enable other prevention actors to make use of this tool and so they can support people to use it and guide them along a pathway.

### Milestones

- ▶ 2021: Registration on the PLFSS 2022 of the extension of the trial;
- ▶ 2021: Setting up a working group

<sup>9</sup> Court of Auditors, ‘Prevention and treatment of HIV’ Report, 2019, p. 9

<sup>10</sup> Average across both departments - ALSO tests: 2.4 per 1000; prescribed tests: 2.2 per 1000; CeGiDD tests: 6.7 per 1000

largely comprised of biologists, infectious disease specialists and clinical pathology software publishers, whose mission will be to suggest statements adapted to the situations encountered in labs;

- ▶ 2022: Prior training of biologists in the strategies of combined prevention, as well as in sexual health counselling, with knowledge of the treatment pathway and the territorial resources;
- ▶ From 2022, making available appropriate communication tools (flyers, TV adverts, etc.) in the waiting rooms of labs;
- ▶ 2022: Progressing the volumes of self-tests

available to authorised associations;

- ▶ 2022: Progressing the texts to extend the number of actors who can distribute self-tests and shaping the conditions for supporting their availability;
- ▶ 2023: Testing the integration of STDs into the ALSO mechanism;
- ▶ 2024: Evaluating the test and extending it more widely if necessary.

**Indicators:**

- Number of departments where the mechanism has been set up;
- Number of biologists trained in counselling.

## Action no. 14: Testing a “long-term prevention” (LTP) pathway for populations on PrEP at a high risk of catching HIV

**Pilots: DGS (French General Health Directorate)/  
DSS (French Social Security Department)**

### Challenges

The total number of people aged 15 and over who have begun treatment with Truvada® or generic treatment for a PrEP in France reached over 32,000 on 30 June 2020 (source: EPI- Phare). Most people now on PrEP are men, with 97% of those benefiting<sup>11</sup>, of whom the majority are men having sexual relations with men.

PrEP is very often the opening onto a long-term prevention pathway, because, in addition to its effectiveness in preventing the transmission of HIV, it helps considerably in increasing the frequency of screening, especially for STDs, allowing its users to receive recommendations in line with the number of screenings done per year.

However, although PrEP is currently available via an initial prescription in town, some of the tests necessary in the subsequent monitoring for successful overall prevention are not covered 100% by Assurance Maladie (screening for STDs other than HIV and HCV, clinical follow-up checkup). In fact, only the CeGGIDs provide these free of charge.

But when seeking to enhance the accessibility of prevention tools near to hand, and now that it is possible for PrEP to be initiated and renewed via doctors in the town, it is essential to be able to provide a complete long-term prevention pathway in town and at no cost to users. This long-term prevention pathway would also help improve compliance with a preventive approach. The use of PrEP, especially with new users, requires support to ensure it is correctly used.

**Objective:** To trial a long-term prevention pathway that will cover

100% of all the costs of the range of treatment related to PrEP and combine it with counselling. Indeed, support will also be offered to those patients who want it, similar to that in place for patients with chronic diseases (e.g.: Programme Sophia for diabetics and asthmatics).

Such a measure would increase compliance with PrEP and therefore its effectiveness. A case control study within a cohort of men carried out by Epi-Phare<sup>12</sup> shows that the effectiveness of PrEP varies according to the level of coverage by PrEP during the monitoring, reaching 93% (84% to 97%) for a high level of coverage, 69% (41% to 84%) for an intermediary level of coverage, and 18% (-18% to 43%) for a low level of coverage.

### Milestones

- ▶ 2022: Introduction of article 51 allowing the long-term prevention pathway for users of PrEP to be trialled;
- ▶ 2023: Evaluation of the trial allowing the long-term prevention pathway for users of PrEP to be trialled;
- ▶ 2024: Registering on the HAS programme the definition of a ‘Long term prevention’ pathway based on its own recommendations and the results of the trial.

**Deliverables:** call for project for article 51, report on HAS recommendations.

### Indicators:

- Reduction in the number of STDs;
- Improvement of compliance with and effectiveness of PrEP.

<sup>11</sup>EPI-PHARE, December 2020, Monitoring the use of Truvada® or generic treatments for pre-exposure prophylaxis (PrEP) for HIV using data from the Système National des Données de Santé (National System of Health Data) (SNDS)

<sup>12</sup>Effectiveness of PrEP for HIV in real life in France: study using SNDS data, Epi-Phare, 2021

## Action no. 15: Enhancing accessibility to post-exposure prophylaxis (PrEP)

**Pilots: DGS (French General Health Directorate)/  
DSS (French Social Security Department)**

### Challenges

Treatment post-exposure to HIV (PEP), a combination of antiretroviral drugs, is a post-exposure prophylaxis given as an emergency response after evaluating the risk of transmission. It is most effective if it is started very soon, if possible within four hours after exposure to the risk and within a maximum of 48 hours. However, apart from accidental exposure of blood within a professional setting, the data available in France show that this tool is relatively little known and insufficiently used by the people who are the most affected<sup>13</sup>.

PEP can now be delivered by the emergency services and by specialist services (infectious diseases, CeGIDD). But access to these services may be difficult (long waiting time related to the large number of patients, fear of being judged by the many people to whom one has to explain the reasons for the visit, distance and/or transport problems, fear of hospitals<sup>14</sup>) and treatment may therefore be abandoned<sup>15</sup>.

**Objective:** To greatly increase the locations and people able to deliver an emergency kit then provide guidance towards the appropriate services for a full prescription and maintenance on the various prevention strategies for HIV and STDs. This will help facilitate access to PEP and reduce waiting times, thanks to a simplified service close to the patient, thereby reducing pressure on accident and emergency departments and also guaranteeing better access to the related needs of the person (screening, PrEP).

The 'starter kit' involves delivering the pills necessary for several days of treatment after evaluating the risk and carrying out the recommended clinical tests. The person is then guided towards a specialist, who, depending on the results of the clinical tests, will evaluate the conditions for continuing treatment and provide monitoring. The person then receives the number of pills necessary

to complete the treatment within 28 days, and is registered on an online treatment protocol with monitoring of side effects, effectiveness, remedial vaccination, and evaluation of signs of other prevention tools.

This measure aims, like widening the initial prescription of PrEP to all doctors, to enhance primary care professionals' access to all the prevention tools, near to the people and the risk-taking.

### Milestones

According to the forthcoming conclusions from the experts' report 'HIV, STDs, Hepatitis' and if applicable:

- ▶ Training and raising awareness among professionals working in prison treatment units of access to PEP. Indeed, according to the inter-ministerial directive of 25 February 2019: "Health Units in the Prison Environment (USMPs in the French acronym) of penal establishments and the medical units of administrative detention centres (UMCRAs), must guarantee access to post-exposure treatment in accordance with the recommendations of the group of experts as part of continuing care, referring, in the case of the USMPs, to the framework protocol between the penal establishment and the health establishment."
- ▶ 2022: In addition to including biomedical prevention in the DPC 2023-2025, development of a PEP training module aimed at professionals authorised to issue PEP and provision of a decision tree redirecting to CeGIDD. For example, when issuing a PEP starter kit, systematically offering emergency contraception and identification of potential sexual violence;
- ▶ 2022: Enabling primary care physicians and school doctors to

<sup>13</sup>The European EMIS survey of 2010 shows exposure to risk in the order of 25% in men who have sex with men in the sample, whereas use of PEP was only found in 9% of such men in France (with no time criterion).

<sup>14</sup>ANRS-Qualipep study

<sup>15</sup>Charpentier, Nicolas, et al. "Freins et leviers de la prise en charge du traitement post-exposition au VIH (Obstacles and levers to treatment post-exposure to HIV)", *Santé Publique*, vol. 28, no. 6, 2016, pp. 791-799.

issue PEP, either as a starter kit or in full;

- ▶ Early 2024: Continuing access to PEP by allowing pharmacists and school nurses to give out a PEP starter kit, as these professionals are authorised to issue emergency contraception;

**Indicators:** Number of times PEP has been issued by a professional prescriber.

## Action no. 16: To guarantee access to contraception

**Pilots: DGS (French General Health Directorate)/ DSS (French Social Security Department)**

### Challenges

Despite greater use of contraception<sup>16</sup> and increased use of the emergency contraception pill since it stopped being only available on medical prescription (1999), one pregnancy in three is an unwanted one<sup>17</sup>.

#### 1- Regarding regular contraception

Free and confidential access to contraception, together with a routine third-party payment system, is now guaranteed for insured minors.

Bearing in mind the particular socio-economic characteristics of the 18-25-year-old population, especially their lower financial autonomy and situations of economic vulnerability related to unemployment, the objective is to extend free and third-party payment access to women up to the age of 25.

#### 2- Regarding emergency contraception

The costs of emergency contraception by levonorgestrel is between 3 and 7 euros. That of emergency contraception by ulipristal is under 20 euros and varies according to the distributor.

Emergency contraception is available to minors without medical prescription, free and anonymously, in pharmacies, from the school nurse in secondary schools, and in the SUMPPS, CPEFs and CeGIDDs.

For adults, emergency contraception is also available at a CeGIDD or pharmacy, but requires payment without a prescription, 65% of the cost being reimbursed by Assurance Maladie with a medical prescription. In the CPEFs, it is available without medical prescription, free and anonymously, for adults without social security coverage.

In addition, since 2013 the HAS has recommended providing for advance prescribing of the emergency contraception pill, not routinely or systematically, but on a case by case basis in certain situations: Women who have difficulty accessing emergency contra-

ception (homeless women or those living in rural area, for example), women travelling abroad, adolescents whose family does not know about their sexuality, or women using condoms or other less effective methods of contraception. This advance prescribing of emergency contraception should be routinely accompanied by personalised information about its use, as well as about regular contraception and the prevention of HIV and STDs.

**Objective:** To reduce the number of unwanted pregnancies by using contraception:

### Milestones

- ▶ 2021: Extending coverage to 100% by mandatory Assurance Maladie health insurance and AME fees for contraception for women up to 25 years old, in addition to a systematic third party payer (PLFSS 2022).
- ▶ 2022: Extending coverage by Assurance Maladie to pay in full for condoms;
- ▶ 2022: Expanding the criteria for free issuing of emergency contraception to adults (art. L5134-1 of the French Public Health Code), instead of limiting this to CPEFs;
- ▶ 2022-2023: Authorising all nurses to prescribe emergency contraception (modifying art. L 4311 and art. L5134-1 of the French Public Health Code).
- ▶ Promoting to the general public and professionals advance prescription of emergency contraception on a case-by-case basis in accordance with HAS recommendations.

**Deliverables:** aforementioned legal and budgetary modifications.

#### Indicators:

- On contraception: monitoring the number of people benefiting from exemption by the system;
- On emergency contraception: monitoring the number of times delivered (CNAM);

<sup>16</sup>In France, 71.9% of women aged 15 to 49 are involved in contraception (Baromètre Santé 2016, SPF)

<sup>17</sup>[https://www.has-sante.fr/upload/docs/application/pdf/2013-04/contraception\\_durgence\\_-\\_argumentaire\\_2013-04-30\\_14-24-25\\_321.pdf](https://www.has-sante.fr/upload/docs/application/pdf/2013-04/contraception_durgence_-_argumentaire_2013-04-30_14-24-25_321.pdf)

## Action no. 17: To improve access to abortion

Pilots: DGOS/DSS

### Challenges

The evolution of practices concerning abortion involves increasing use of medical abortion<sup>18</sup>, and abortion most often being performed outside of health establishments.

In fact, the decree of 6 May 2009<sup>19</sup> allows health centres and CPEFs to carry out medical abortions and the decree of 15 April 2021<sup>20</sup> extends this practice, for health centres, to surgical abortions. Since June 2016, midwives in private practice may also perform medical abortions in their clinics.

However, according to a survey on access to abortion carried out by the ARS's between May and July 2019, women do not yet have equal access to a smooth abortion pathway that meets their needs in their local area.

**Objective:** To improve access to abortion, both medical and surgical.

### Milestones

- ▶ Including abortion as a priority measure in continuing professional development (CPD) for the 2023-2025 period;
- ▶ 2022: Implementing a trial of allowing midwives to carry out surgical abortions (article 70 of LFSS 2021).
- ▶ 2023: Including an offer of free STD screening in the flat fee for abortion<sup>21</sup>;
- ▶ Updating and enhancing the IVG.gouv website and its search engine optimisation in order to improve the offer's visibility, including the creation of an exhaustive directory of services for each region;
- ▶ Supporting and guiding the roll-out of surgical abortions in health centres<sup>22</sup>, thanks to a theoretical and practical

training plan for professionals. A national evaluation of the approach may be planned in two years to study the opportunity to extend it to other actors (CPEF, health centres);

- ▶ Encouraging communication and sharing good practice on late-term ("fast-track") abortions between regions;
- ▶ Under the management of the RS and the URPS, organising communication on a regional scale on abortion eligibility at urgent care facilities (DSUV) for foreign women without acquired rights;
- ▶ 2021: Enabling the extension of medical abortions in the community from 5 to 7 weeks of pregnancy in line with HAS recommendations of April 2021, in addition to the use of telemedicine for all consultations relating to the medical abortion pathway in the community;
- ▶ 2022: In order to ensure equal treatment in the case of an abortion in hospital, to work to remove obstacles, especially legislative and invoicing, currently not allowing telemedicine to be offered for the medical abortion pathway in hospital.

**Deliverables:** putting online on IVG.gouv a directory of the offer, and legal modifications necessary to include STD's in abortion provision.

#### **Indicators:**

- Rate of progress for institutes offering surgical abortion on a departmental scale;
- Number of full regional directories on IVG.gouv;
- Percentage of abortions accompanied by screening.

<sup>18</sup>Surgical abortion therefore represented only 30% of abortions in 2019, compared with 70% in 2001.

<sup>19</sup>This decree specifies the methods of law 2007-1786 of 19 December 2007 which extends the mechanism relating to the practice of medical abortion outside of health establishments.

<sup>20</sup>Decree No. 2021-454 of 15 April 2021 relating to conditions for carrying out abortions in a health centre.

<sup>21</sup>The cost has been fully covered by health insurance since 31 March 2013, as have all the necessary actions surrounding an abortion since 1st April 2016. However, these costs do not include screening for STDs.

<sup>22</sup>since the law of 26 January 2016 on the modernisation of our health system and its application decree of 15 April 2021.



## Action no. 18: To improve education about sexuality and gynaecological treatment for those with disabilities being treated in social and medical facilities and services (ESMS)

Pilots: ARS

### Challenges

Persons supported by an ESMS do not always have access to gynaecological treatment appropriate for their needs.

Too often, screening and prevention activities are not carried out and the treatment is not performed. In fact, according to a survey by Assurance Maladie, 85.7% of women with a disability in ESMS have never had mammogram screening, and 26% have never had a cervical Pap smear test. According to the same survey, only 34% of women in ESMS have the benefit of gynaecological monitoring.

Moreover, access to an emotional, intimate and sexual life remains difficult for people living in social and medical facilities. Circular no. DGCS/SD3B/2021/147 of 5 July 2021 therefore reminds professionals and the directors of ESMS about the right of people with a disability to have an emotional, relationship, intimate and sexual life. The directive therefore promotes good practice and the tools to develop effective implementation of this right.

People with a disability do not always wish to talk about these matters to the professionals supporting them and priority should be given to providing them with a choice of external contact people. Such people can also provide responses for social and medical professionals who may have difficulties with certain situations. Finally, these trained external contributors can help identify instances of sexual violence within establishments.

The Île de France has therefore set up the 'Handigynéco' programme with 434 women, with the aim of reaching out to people with a disability living in ESMS to set up:

- screening and detection, including sexual violence;
- gynaecological monitoring;

- overall information concerning emotional and sexual life.

At the 2021 meeting of the Interministerial Committee for the Disabled, the Permanent Secretary in charge of the disabled, Mme. Sophie Cluzel committed to continue the 'Handigynéco' programme.

**Objective:** Enable disabled women registered with the MSI to benefit from gynaecological consultations for screening and prevention measures concerning sexual health.

### Milestones

- ▶ Inventory of regions having already implemented programmes similar to the 'HANDIGYNECO' programme;
- ▶ Inventory by the ARSs of non-hospital health professionals volunteering to work with the MSI in their regions and to take part in the proposed remunerated training;
- ▶ 2022: Half of the regions having an operational 'HANDIGYNECO' programme adapted to any existing complementary programmes;
- Targeted population and health professionals suitably aware of the programmes;
- Gynaecological consultations (screening and prevention) in place: access to a sex specialist, a midwife, and an identified peer, in order to have the appropriate references and advice;
- Sexual violence taken into account.
- ▶ 2023: The 'HANDIGYNECO' programme rolled out in all regions and overseas territories adapted to any existing complementary programmes.

**Deliverables:** A programme guide for enabling access to emotional and sexual life topics in an MSI.

### Indicators:

- Number of regions having implemented the programme;
- Number of professionals trained;
- Number of women beneficiaries.

## Action no. 19: Improve access/recourse to sexual healthcare for first-generation immigrants

**Pilots: DGS (French General Health Directorate)/  
DSS (French Social Security Department)**

### Challenges

Health check-ups, including sexual health, for first-generation immigrants are a key part of the national strategy for sexual health, because it enables screening for, and prevention of, HIV and hepatitis, the detection of sexual violence, and an improved understanding of the healthcare possibilities by the people concerned.

Carrying out an initial health check-up requires the person concerned to understand and buy-in to the process, and should lead to timely treatment and indemnification according to the person's rights (hospital and/or private consultation depending on the situation).

Currently, initial health check implementation varies considerably depending on the region, and treatment and indemnification should be improved. The waiting period required for first-generation immigrants to be eligible for social security benefits creates difficulties in implementing the recommendations of the instruction dated 8th June 2018 concerning medical treatment for such first-generation immigrants.

And lastly, in order to have a valid assessment of a person's health, and any requirements concerning sexual health issues & challenges, prevention and handling of sexual violence, it is essential to improve access to suitable interpreting facilities both in healthcare establishments and for non-hospital doctors.

**Objective:** Improve access and recourse to sexual and reproductive health care for the migrant population

### Milestones

Use the assessment reports concerning the establishments carrying out health check-ups for first-generation immigrants as a knowledge base for improving the treatment and follow-up programmes for the migrant population. These establishments and/or programmes are:

- the centres for combatting tuberculosis (CLAT);
- the experimental article 51 systems, such as the Louis Guilloux network in Brittany, the assessment of which is planned by the DREES (French Department for Research, Surveys, Evaluation and Statistics) and the CNAM;

- the 'RDV Santé' (Health meetings) trials from the OFII: French Office for Immigration and Integration (*Office Français de l'Immigration et de l'Intégration*).

These assessment reports, going beyond the simple screening for STIs, should take into account sexual violence prevention, as well as information concerning contraception and abortion, which would enable debate about the relevance of developing such health check-ups in other first-generation reception centres.

- ▶ 2022: Develop an e-learning module for first-time arrival health check-ups based on the recommendations of the French Language Society for Infectious Pathologies (SPILF) and the French AIDS Society (SFLS), and on training programmes and information provided by the Comede - the French Committee for the Health of Exiles (in partnership with DGS/Public Health France);
- ▶ 2022: Integrate sexual health into the assessment of the needs of unaccompanied minors and encourage the availability of prevention tools, such as condoms, at all stages in their follow-up;
- ▶ 2022-2023: Ensure that the migrant population is included in all computerised health projects, so that there is traceability in the tests carried out and their results so as to guarantee proper follow-up to their treatment or prevention activity.

**Deliverables:** assessment reports, implementation of an e-learning module

### Indicators:

- 2022 Acceptance rate for appointments offered as part of the health check-up experiments carried out by the territorial department of the OFII;
- Numbers of first-generation immigrants making use of the e-learning module;
- 1st half of 2023: During the provisional emergency reception period, the percentage of unaccompanied minors who have been exposed to the 'sexual health' topic

(flash survey to be designed after the distribution of the unaccompanied minor instruction and Guide);

- 2022/2023 Availability of a version of the computerised health environment accessible by first-generation immigrants;
- Percentage or number of health establishments having provided their gynaecology/obstetrics department with simple and fast access to a professional interpreter.

## Action no. 20: Improve the treatment path for trans-sexual people in the overall health programme

**Pilots: DGOS (General Directorate for Healthcare Offerings), DSS**

### Challenges

The organisation of the transition path in France is based on the recommendations from the HAS in its November 2009 report on:

'the current situation and likely trends in the treatment of trans-sexualism in France'.

In this report:

- France removed, in February 2010, trans-sexualism and early sexual identity problems from the list of psychiatric disorders;
- the new International Classification of Diseases established by the WHO in 2019 (ICD 11), which will come into force on 1 January 2022, has in turn removed trans-identity from the list of mental illnesses and introduced the concept of sexual incongruity, classified in the chapter on sexual health and no longer in that on mental health.

At the request of the transgender associations, in particular, the HAS has been asked to update its 2009 recommendations, and specifically to revise the place afforded to psychiatric assessments in the process of hormonal-surgical sexual re-assignment.

In addition, far from limiting themselves to the specific questions of the transition path, trans-sexual people are confronted with numerous difficulties and barriers in obtaining overall appropriate health treatment: health professionals' lack of knowledge and understanding of the specific trans-sexual problems confronting such people, stigmatisation and discrimination. The associations report, in particular, the specific difficulties and barriers in the treatment of reproductive health among trans-sexual men (FtoM): difficult access to contraception and to abortion, and in screening for certain cancers (e.g. screening for breast cancer in trans-sexual women (MtoF)). Only a very few specialist health professionals are trained in the treatment of trans-sexual people.

### Objectives:

- Update the transition path according to any future recommendations from the HAS;
- Beyond the simple transition path, have health care workers more aware and better trained in handling the specific problems

encountered by trans-sexual people, and their need for an overall health treatment approach - mental health, contraceptive and reproductive health for the FtoM, cancer screening, etc.

### Milestones

- ▶ 2021: Specific training for doctors to be part of the 2023-2025 Continuing Professional Development programme. This training module is to provide a global understanding of, and the support and treatment for, trans-sexual people (screening, reproductive and contraceptive health, mental health, cancer detection, the transition path, etc.);
- ▶ 2021: Mission to be led by Dr. Hervé Picard to identify the principal needs of trans-sexual people, to quantify and qualify any treatment discrimination or refusal of which they may be victims, and to present a clear picture of the current status of treatment;
- ▶ 2022: In close cooperation with the national action plan for equal rights from the DILCRAH: Interministerial Delegation for Combatting Racism, Anti-Semitism and Hatred towards LGBT+ (*Délégation Interministérielle à la Lutte contre le Racisme, l'Antisemitisme et la Haine Anti LGBT*), combatting hatred and LGBT+ discrimination, devise tools for generating awareness of trans identity among the reception staff in health establishments and social security offices;
- ▶ Early 2023: Development of the transition path by applying the recommendations from the HAS.

**Deliverables:** Feedback from the mission and the HAS report on the transition path.

### Indicators:

- Training modules concerning trans identity included in both initial and post-qualification training for healthcare professionals;
- The number of tools and training modules addressing trans identity deployed among reception staff in hospitals and social security offices;
- Modification of the transition path.

## Action no. 21: Support the Maisons des Adolescents (MDA) in detection and treatment of any questions concerning sexual health

Pilots: DGS/DGOS

### Challenges

The Maisons des Adolescents (MDA) are establishments the mission of which is: reception, information, health promotion and prevention, support and multi-discipline treatment for adolescents, their family and the healthcare professionals working with them.

The MDAs throughout the metropolitan and overseas regions handle adolescents and young adults aged between 11 and 25 with a multi-discipline team of doctors, paediatricians, psychiatrists, and social workers, etc.

One of the key commitments that resulted from the mental health conference is to have at least one MDA in each French département (118 at the present time).

Numerous interactions exist between sexual and reproductive health and psychic suffering - sexual and sexist harassment and violence, incest, questions concerning sexual orientation or gender identity, sexual dysfunction, chemsex, at-risk behaviour, discrimination, etc.

Several MDAs have already tackled these problems by organising, for example:

- specialised consultations;
- training and awareness days;
- discussion sessions with adolescents and parents;
- presentations in educational establishments;
- partnering and networking with local associations;

Despite all this, the links between sexual health and mental health should be strengthened systematically in the treatment of adolescents.

### Objectives:

- Using professionals, improve the knowledge within the MDAs and other ad hoc prevention structures and clarify their role (CeGIDD, FPC, CSAPA, SDCF, EVARS, etc.);
- Equip and support professionals working in the MDAs to help in their response to questions about sexual and reproductive health causing psychic suffering among adolescents;
- Improve detection and guidance for adolescents suffering from sexual violence.

### Milestones

- ▶ 2021: Implementation of a national working party by theme charged with producing recommendations for the detection and treatment of sexual health problems among adolescents attending the MDAs - training, guides destined for healthcare professionals, reinforcement of partnering schemes, strengthening of specialised consultations within MDAs, etc.;
- ▶ 2022: Distribution of the working party's recommendations to all MDAs;
- ▶ 2022: Create an inventory of the various partnering arrangements between MDAs and other structures - CeGIDD/FPC/EVARS - and improve them.

**Deliverable:** Construction of appropriate deliverable for the MDAs.

### Indicators:

- Number of MDAs proceeding to implement the recommendations;
- Number of operational inter-institutional partnering arrangements.

## Action no. 22: Reinforce the actions for reducing the risks for sex workers, especially those involved in prostitution

Pilots: DGS

### Challenges

People who turn to prostitution form a particular section of society who accentuate their exposure to psychological, economic, social and administrative problems. Compared with the population in general, they run greater risks from HIV and STIs, they are more exposed to violence, particularly sexual violence, and have generally a degraded level of sexual health<sup>23</sup>. Such people are faced with numerous barriers to adequate treatment - isolation, fear of discrimination, poor knowledge of existing possibilities, lack of appropriate rights, language barriers, etc.

Thus the need for adequate measures for reducing these risks is particularly acute and requires an approach appropriate to their specifics. The national reference concerning reduction of risks for prostitutes, dated March 2017<sup>24</sup>, defines such risk reduction as a complementary healthcare approach firmly based on the absence of any coercion, is 'non-judgmental', involves no promotion or condemnation of the practices concerned, and with support provided unconditionally. This approach is fully in line with the idea of 'reaching out' to the people concerned and the provision of health mediators, as recommended by the HAS in its reference document published in October 2017<sup>25</sup> and which is followed by the community associations.

The difficulties encountered by those practising prostitution have been significantly compounded by the pandemic and successive lockdowns (isolation, loss of revenue, increased danger in the profession caused by curfews and deserted streets, expulsions from their homes, etc.). The epidemic has increased the needs of this population and of the community associations who work with them.

An amendment has been adopted in the draft finance bill for 2021, with the objective

of strengthening the financing of associations enabling projects for reducing risks involving this particular population which has been on the front line during the health crisis<sup>26</sup>.

However, these measures are in no way continuous whereas one can imagine that the pandemic's negative consequences on public health for this population will continue after 2021 and therefore that there is a need to ensure that the associations' activities in reducing the risks can be made sustainable over time.

**Objective:** Reinforce the action capabilities of the community players involved in such risk reduction, to minimise the pernicious impact on this vulnerable population, engendered by the current pandemic.

### Milestones

- ▶ 2022: Identify associations running reduction of risk and reduction of damage projects on the ground;
- ▶ 2022: Guarantee the conditions which are required for implementing such actions;
- ▶ Deliverables: List of risk reduction projects destined for the identified population.

**Deliverables:** List of risk reduction projects destined for the identified population.

### Indicators:

- Number of risk reduction projects financed;
- Number of people who have benefited from these actions.

<sup>23</sup>HAS - Health situation of people involved in prostitution and other sex workers and identification of factors favouring a precarious health existence, 2016

<sup>24</sup>Decree no. 2017-281 dated 2 March 2017 approving the national reference document for risk reduction concerning those involved in prostitution, and updating the public health code

<sup>25</sup>HAS - health mediation for persons excluded from the prevention and treatment systems, October 2017

<sup>26</sup>Amendment no. II-1846 to the finance bill no. 3360, for 2021

## Action no. 23: Improve detection and treatment for people practising chemsex (also known as Party & Play)

Pilot: DGS, DGOS

### Challenges

For some years, the use of psycho-active substances in a sexual context has been gaining ground in European cities. The practice is known as chemsex<sup>27</sup>, or slam when such substances are taken intravenously (Schmidt, Bourne *et al* 2016).

Although there is scant consolidated data available to date for quantifying the scale of the phenomenon, the practice is giving rise to a recrudescence of people in the infectious diseases departments (repeated endocarditis presented by the same patient, re-infection by VHC, requests for post-exposure treatment, etc.). Professionals also report emergency hospitalisations for somatic damage caused by at-risk sexual practices, or psychiatric decompensation linked to psycho-active substance consumption<sup>28</sup>.

Chemsex and slam are practices that increase the risk of transmission of HIV, viral hepatitis and STIs during sexual relations or by sharing the instruments for taking the substances. They also encourage addiction and, in extreme cases, may lead to fatal overdoses. In addition, those practising chemsex or slam do not generally consider themselves as drug users<sup>29</sup>, which potentially reduces the chances that they will benefit from any risk reduction measures or addiction treatment. Finally, on the psychic front, the 'crash' during a chemsex session can be painful, certain substance consumption can lead to sleep disorders and even more severe cognitive disorders leading, in some cases, to decompensation of psychiatric problems.

Thus, faced with an apparent growth in the phenomenon, it would seem necessary to provide the appropriate tools to healthcare professionals for detecting, preventing and treating the potential problems linked to such practices. Treatment for people involved in such practices is complex and requires an integrated, multi-discipline approach.

### Objectives:

- Develop a solution based on combined prevention both for the challenge of reducing the sexual risks and for the reduction of risks associated with using psycho-active substances;
- Develop a solution based on the patients' needs (overall health approach, access to basic rights, psychological support, etc.) and supported by their peers;
- Ensure all healthcare professionals involved are aware of the treatment available.

### Milestones

- ▶ 2021: Mission undertaken by Prof. Amine Benyamina to qualify and quantify the phenomenon, identify the persons concerned, identify the products used and their interactions (particularly in the case of PrEP) and, above all, propose a prevention and risk reduction strategy;
- ▶ Insert into the instructions given to the CSAPA/SDCF the objective of networking with the other players in their territory, in particular the CeGiDDs;
- ▶ 2022: Capitalise on the projects supported by the fund for fighting addiction to develop skills among healthcare professionals working in the CeGiDDs and other front-line professionals in detecting addictive practices and in reducing the risks, in particular among those practising chemsex.

**Deliverables:** Training module.

### Indicators:

- Number of healthcare workers having used the training module;
- Number of CSAPAs/SDCFs offering delocalised consultations in CeGiDDs.

<sup>27</sup> <https://pubmed.ncbi.nlm.nih.gov/27788450/>

<sup>28</sup> <https://www.ofdt.fr/BDD/publications/docs/epfxmmx7.pdf>

<sup>29</sup> <https://www.ofdt.fr/BDD/publications/docs/epfxmmx7.pdf>

## Using knowledge for action

### Action no. 24: Create a document grouping all existing sexual and reproductive data, analyse them, and produce recommendations

Pilots: DGS/SPF

#### Challenges

France possesses considerable sources of data and an active research industry concerning sexual and reproductive health, particularly in the area of HIV (ANRS).

The sexual health topic covers a very wide spectrum: HIV, hepatitis, bacterial STIs, reproductive health – abortion, contraception, infertility –, sexual violence, gender, research into specific populations (migrants, prison population, prostitutes, etc.). The links with other topics are numerous (sexuality and addiction, STIs and vaccination policy, HIV and chronic afflictions, etc.).

The disciplines involved are thus quite diverse (medicine, epidemiology, demographics, social sciences, law, clinical research, etc.).

As a corollary, the data and their analysis come from an equally diverse set of organisations (Public Health France, INSERM: French National Institute of Health and Medical Research (*Institut national de la santé et de la recherche médicale*), INED: French National Institute for Demographic Studies (*Institut national d'études démographiques*), ANRS, DREES, CNAM, EPI-PHARE: A French scientific interest group independent from both public bodies and the pharmaceutical industry, IRDES: French Institute for Research and Information in Health Economics (*Institut de recherche et documentation en économie de la santé*), IREPS: Regional Instance for Education and Promotion of Health (*Instance régionale d'Éducation et de Promotion de la Santé*),

ARS, ANCIC: National Association of Abortion and Contraception Centres (*Association Nationale des Centres d'IVG et de Contraception*), associations, DGS, universities, etc.).

**Objective:** In such a complex ecosystem, it seems necessary to arrive at a complete picture of the available databases and knowledge banks in order to detect the synergies and complementary items, avoid redundancy, identify what information is useful and sometimes for which research would be needed, and to help with decision making.

#### Milestones

- ▶ Identify those organisations which produce sexuality-related data and interview the main protagonists (2<sup>nd</sup> half 2021);
- ▶ Construct a scoreboard which can help identify topics and populations for which there is a need to provide or update data or knowledge (2<sup>nd</sup> half 2021);
- ▶ Institute a Commission charged with:
  - Regularly updating and enriching the scoreboard;
  - Tracking the indicators from the SNSS;
  - Identifying research needs and reporting regularly to the Steering Committee.

**Produce a report by the end of 2023 with proposals for improving the system for obtaining data on sexual and reproductive health and epidemiological monitoring, as well as making proposals for surveys.**

**Deliverables:** Scoreboard, final report with proposals for improving the system for obtaining data on sexual and reproductive health.

**Indicators:** Progress in completing and updating the scoreboard.



## Action no. 25: Conduct a survey on the constraints surrounding permanent contraception, among both the medical profession and the general public

Pilots: DGS

### Challenges

Contraceptive sterilisation - vasectomy or tubal ligation - is legal in France since publication of law no. 2001-588 dated 4 July 2001<sup>30</sup> for adults who wish it.

This same law defines the specific conditions to be applied to people with disabilities.

Such practices are subject to certain conditions:

- an initial mandatory consultation with a doctor who is obliged to inform the individual of the risks and consequences surrounding the various methods of permanent contraception, and also to discuss alternative contraceptive practices;
- providing a declaration of free and informed consent, confirmed in writing during the 2nd mandatory consultation which follows after a 4-month period for reflection;
- to be carried out only in healthcare institutions.

The medical professional who, for reasons of conscience, prefers to refuse to carry out such an operation, must inform the applicant at the first consultation, and refer the person to another doctor.

Thus this method of contraception is part of the range of contraceptive methods available to all adult members of the population, in the same way as condoms, oral contraceptive pills, contraceptive implants and IUDs, for example.

However, according to the 2016 Barometer of Health published by Public Health France, only 4.5% of women concerned choose this method. The proportion increases with age from 0% for the under 30s to 11% for those aged 45 to 49.

The number of men having recourse to this method of contraception has increased fivefold in France between 2010 and 2018, but remains low: 9,240 men in 2018 according to the Social Security Departments.

In comparison with certain Anglo-Saxon countries, the practice remains marginal.

**Objective:** Conduct a survey for a better understanding of the constraints surrounding permanent contraception, among both the medical profession and the general public

Such a survey would serve mainly to uncover the level of ignorance both among potential users and among the members of the medical profession. This would enable measuring the need for such practices and identify the possible avenues to explore for action.

### Milestones

- ▶ 2021: Identify the appropriate organisation (INED, SPF, DREES, etc.) and define the scope of the survey;
- ▶ 2022: Launch the study;
- ▶ 2024: Publication of the results.

**Deliverable:** Publication of the survey results.

<sup>30</sup> Law no. 2001-588 dated 4 July 2001 concerning abortion and contraception (entered as article L. 2123-1 in the Public Health Code)

## Action no. 26: Refer to the HAS concerning male contraception

Pilot: DGS

### Challenges

There are three male contraceptive methods in addition to condoms and withdrawal;

- vasectomy (see action concerning permanent contraception);
- hormone-based methods: these are limited to 18 months (a restriction imposed in the absence of any trials lasting longer) and may provoke the same undesirable effects as contraceptive pills for women. This method of contraception, available up to the age of 45, involves weekly intra-muscular injections of testosterone. It has been validated by a protocol from the WHO;
- the thermal method, being tested solely in the Toulouse Teaching Hospital, which consists in wearing a pair of heated underpants for 15 hours a day. Although in test phase at the moment, preliminary results seem very encouraging.

However, at the moment there are no recommendations available on which to base any form of promotion of such techniques.

There is a bulletin on the subject issued by the HAS in 2013 and updated in 2019, but this only discusses vasectomy, condoms and withdrawal.

Thus, in the absence of sufficient conclusive knowledge, no male contraceptive method is promoted in France.

**Objective:** Promoting access to male contraception would enable the burden of responsibility, currently largely supported by women, to be more equitably shared and thus be a step towards greater equality.

### Milestones

- ▶ 2022: Request the HAS to establish the level of knowledge on the subject and to issue recommendations concerning all male contraceptive methods;
- ▶ If appropriate, promote those male contraceptive methods which are both scientifically validated and available.

**Deliverable:** Report from the HAS.

## Action no. 27: Carry out a survey concerning the health of sex workers and particularly of prostitutes:

Pilots: DGS

### Challenges

The 2016<sup>31</sup> report from the HAS states that female prostitution does not in itself constitute a factor of risk of HIV infection; it is only when it is associated with other factors, such as psychological vulnerability or social, economic or administrative insecurity, that such risks increase. In effect, such difficulties often lead the people concerned to submit to pressure from their family circle or from clients and, for example, to accept unprotected sexual relations. On the other hand, for men, the increased risk remains to be proved when one compares the incidence of HIV/AIDS among this sub-group and the prevalence of HIV/AIDS in men in the overall population having sexual relations with men.

Although the amount of information concerning HIV infection would seem to be satisfactory, the risks associated with STIs are much less widely understood. The HAS recommends distributing to the prostitution population suitable information concerning the means of protection from such infections, their detection and the recommended treatment paths in case of infection.

Finally, the HAS underlines that any changes in the law should be accompanied by measures whereby the impact of the new policies can be measured by sanitary indicators.

In effect, the absence of scientific studies concerning the health of the prostitution population deprives the public authorities of indicators the use of which would enable launching specific actions suitable to the situation of the people concerned. In passing, it should be noted that this absence of health-related data has been highlighted repeatedly in several reports<sup>32</sup>.

**Objective:** In the next three years, define the scope and then carry out the required study.

### Milestones

- ▶ October - November 2021: Carry out a scientific literature search of available studies and the tools used for consulting this population;
- ▶ Depending on the results of the literature search, recruit the people to define the scope of the study, the choice of sample and the feasibility (interviews with associations and building a working party of experts);
- ▶ 2022/2023: Launch and completion of the study;
- ▶ 2024: Publication of the results.

**Deliverable:** Study report.

<sup>31</sup>HAS - Sanitary situation of people involved in prostitution and other sex workers and identification of factors favouring a precarious health existence, 11 April 2016.

<sup>32</sup>IGAS-IGA: General Audit Office for Administration report (*Inspection générale de l'administration*), 'Prostitution, the sanitary challenges' 2012, HAS, report dated 11 April 2016, op. cit., IGAS-IGA-IGJ: General Audit Office for Justice (*Inspection générale de la Justice*), 'Evaluation of the law dated 13 April 2016 designed to strengthen the fight against prostitution and to help those people who prostitute themselves', December 2019.

## Action no. 28: Improve the information systems and epidemiological monitoring of HIV, STIs and hepatitis

Pilot: DGS

### Challenges

Today, in France, regular production on a national scale of epidemiological data concerning HIV/AIDS is based mainly on 2 sources:

- Public Health France, for data emanating from the mandatory declaration procedure for HIV/AIDS and for data concerning testing activity;
- The INSERM, for the data on the medical treatment in hospital for patients with HIV (the French Hospital Database on HIV).

The de-materialisation of the mandatory declaration procedure (e-DO), starting in 2015, has been fraught with problems, and there has been a disengagement by the medical profession such that the number of declarations is generally considered to be incomplete, estimated to be around 45% for clinicians and 60% for biologists<sup>33</sup> (which means that less than 1 in 2 of seropositive discoveries is declared by the clinician who prescribed the test). And a proportion of the declarations actually made is incomplete.

Acute hepatitis B is also one of the diseases subject to the mandatory declaration procedure but, here also, the latest estimation of the exhaustiveness of the DO, in 2016, was 27%.

And lastly, epidemiological monitoring of bacterial STIs relies on voluntary monitoring networks (RéslST, Rénachla, Rénago and LGV) since mandatory declaration was abolished in 2000 as a result of insufficient exhaustiveness and representativeness.

Thus, two avenues should allow for the improvement of such epidemiological monitoring of HIV, STIs and hepatitis.

The first is regional monitoring, in association with the ARSs and the COREVIHs, the missions for which should be redefined.

The second is the SI-DEP: Computerised system for Screening (*Système d'Informations de DEPistage*) tool deployed in 2020 to capture the data for the Covid-19 pandemic. This tool enables real-time collection of the results of all Covid-19 tests from all the laboratories carrying out such tests in France, both private and public. The objective of the SI-LAB project is to widen the scope of the tool to other data, thus providing a national depository of biological medical data, and this to be independent of any health crisis. These data would be accessible by the various parties involved, each with differentiated access rights, and fully in compliance with the requirements of data protection (GDPR).

**Objective:** Improve epidemiological monitoring of sexual health.

### Milestones

#### Improve epidemiological monitoring by region:

- ▶ In conjunction with the reform of the missions of the COREVIHs and their relations with the ARSs and Public Health France, a revision of the regional epidemiological monitoring procedures.

#### With regard to SI-LAB:

- ▶ Start of 2022: tender launched;
- ▶ Progressive widening of the scope of data to be collected.

**Deliverable:** HIV, STIs and hepatitis included in the SI-LAB project.

**Indicator:** HIV, STIs and hepatitis data received in real-time.

<sup>33</sup>Public Health France, data concerning mandatory declaration of HIV as at 30/06/2021

## Overseas territories

### Action no. 29: Improve actions for sexual health within the SMA: Adapted Military Service (*Service Militaire Adapté*)

Pilot: Ministry for Overseas

#### Challenges

The SMA is a military programme reporting to the Overseas Director General within the French Ministry for Overseas Territories. It is designed for socio-professional insertion of young people, aged 16 to 25, who are generally unskilled and unemployed. 60 % of those in this age bracket are without qualifications and 40% are illiterate. The majority of those in the SMA come from an underprivileged background. The programme is designed to provide a targeted approach to combatting unemployment, de-socialisation, exclusion and illiteracy in the French overseas territories.

In 2021, the programme will have had some 6,000 beneficiaries (4,590 voluntary trainees, 1,200 technical volunteers, 210 volunteer minors aged 16 to 18), divided into the 7 regiments and the SMA training centre in Périgueux in the south of France: Martinique, Guadeloupe, French Guiana, Reunion Island, Mayotte, New Caledonia and French Polynesia.

The importance of the programme can be measured by the presence of a higher proportion of the young and vulnerable overseas population compared with the national average, and by the specific characteristics of those in the SMAs:

- young people mainly from underprivileged backgrounds suffering from a lack of sexual health knowledge and therefore more exposed to the risks;
- a generally unschooled population which has therefore had little or no education in school concerning social or sexual behaviour.

A medico-psycho-social support centre, comprising 1-3 doctors, a clinical psychologist and a social worker, is now operational in each territory. The youngsters generally sign up for a commitment of 6 to 12 months. During the first few months of training in the SMA regiment they will have already received some 10 hours of health prevention education.

Some of these SMA trainees will become team leaders (technical volunteers) and sign up for 4 years in order to be able to take charge of newcomers.

They may be assigned the role of ‘ambassador’.

The 5 priorities concerning health identified by the Ministry for Overseas are:

- alcohol
- violence towards women
- HPV vaccination and potential vaccine boosters
- contraception
- nutrition

#### Objectives:

- Reinforce sexual health prevention among the young people recruited into the SMA through certain topics focusing on developing psycho-social skills, risk reduction and inter-gender violence;
- Integrate HPV booster vaccination into the programme at the start of the training and offer STI and hepatitis screening.

#### Milestones

- ▶ 2022: Identify local partners for prevention, screening and vaccination, and jointly build an action programme by analysing the local situation and identifying the needs of each territory so that the programme becomes specific to each one;
- ▶ Share prevention tools;
- ▶ 2023: Roll-out of each local programme;
- ▶ 2024: Evaluate the programme.

These actions are the responsibilities of the SMA personnel, or jointly with other local players (e.g. the CeGIDDs), in association with the ARSs and the COREVIHs.

**Deliverables:** one action programme per territory.

#### Indicators:

Number of screening and vaccination acts carried out;

Number of youngsters who become ambassadors;

Number of ambassadors trained.

## Action no. 30: Reinforce regional integration of French overseas territories with their neighbouring countries and with the existing regional cooperation instances

Pilot: MEAE

### Challenges

The French overseas territories live a double life as they are both French and, at the same time, part of a geographic area distinct from that of metropolitan France (the Caribbean, the Indian Ocean, and the Pacific Ocean).

These are frequently territories where immigration is significant and the cultures, health situation, access to treatment and prevention are many and varied, which underline the importance of health and language interpretation mediation.

The French overseas territories, in their entirety, would greatly benefit from a better integration with geographically local health organisations and with local cooperation projects with their near neighbours, as the population pools are often cross-border, and the problems and interests generally similar.

As epidemics do not respect administrative boundaries, such integration would enable coordinated action and a better response to urgent health-related issues & challenges. This regional integration would also enable a more effective operational system of epidemiological monitoring and more comprehensive collection of pertinent data.

**Objective:** develop cross-border/transnational projects concerning common regional sexual and reproductive health problems and priorities.

### Milestones

- ▶ For Martinique and French Guiana, take the necessary steps to request participation in the Pan Caribbean Partnership against HIV and AIDS (PANCAP);
- ▶ Relaunch the request to become a member of the Caribbean Public Health Agency (CARPHA);
- ▶ Relaunch the request to belong to the Caribbean Public Health Agency (CARPHA) as an associate member;

- ▶ For Guadeloupe and Saint-Martin, organise a clear political demand to become an associate member of the OECS (Organisation of Eastern Caribbean States) in the same way as Martinique, which already has that status;
- ▶ Reinforce France's involvement within the Indian Ocean Commission (COI);
- ▶ Encourage and promote operational and scientific research projects (quantitative and qualitative) involving cross-border, transnational and/or interregional cooperation;
- ▶ Promote bilateral international agreements for cross-border cooperation involving the promotion of sexual and reproductive health;
- ▶ Strengthen the actions of the existing cross border joint cooperation committees by ensuring that sexual health matters are on their agendas;
- ▶ In association with the local authorities, use the ARSs to encourage soliciting funds from the European Regional Development Fund (Interreg type).

### Indicators:

- The health systems in neighbouring countries are known and understood by each French overseas territory, and potential actions have been identified;
- A minimum of one research or operational project run between 2021 and 2023 in cooperation with the neighbouring region and covering common sexual and reproductive health priorities;
- Cross-border treatment paths in place, both for screening/detection and disease treatment.

## Actions for French Guiana: Implementation of a pilot project for a mobile sexual and reproductive health unit

Pilot: ARS French Guiana

### Challenges

French Guiana covers an immense geographical area. The vast majority of the economy and administration is located in the coastal areas where most of the healthcare establishments are also situated. In contrast, the populations living in the Amazonian interior live on the banks of the various bordering rivers. The territory is characterised by significant inequalities, both social and in the health domain. Access to prevention and treatment, notably in screening for uterine cancers and for STIs, is limited by several factors:

- ▶ geographic and administrative barriers; the remoteness of many communes, long and arduous journeys;
- ▶ limited medical implantation and long delays for obtaining results for blood and complementary tests: one or two months for a cervical smear, a fortnight for gonococcal/Chlamydia PCR tests, etc.;
- ▶ cultural and linguistic barriers: around 30% of the population was born outside the territory. Multiculturalism and ethnic languages proliferate throughout the territory, especially in the Amazonian interior;
- ▶ people concerned about essential survival priorities before thinking about health issues & challenges.

In addition, child pregnancy (under 18 year-olds) represents 8% of all pregnancies, recourse to abortion is one of the highest in France, and gender-related violence and discrimination are frequent

In such a context, the 'reaching out' strategy and health mediation are essential tools for improving the prevention-detection-treatment path for sexual health among the most vulnerable.

**Objective:** For the priority population<sup>34</sup>, increase access to screening for bacterial STIs, HIV, viral hepatitis and pre-cancerous and cancerous lesions of the uterus, as well as access to contraception and abortion.

### Milestones

- ▶ 2022: Evaluate the possibility of implementing local cooperation protocols in French Guiana enabling augmenting the skills for nurses, midwives and sexual and reproductive health mediators;
  - ▶ 2023: Implement joint intervention for screening for bacterial STIs, HIV, viral hepatitis and pre-cancer lesions of the uterus, as an entry leading to access to contraception and abortion.
- In the field: use a mobile unit for providing consultations and offers of screening and first intention treatment in sexual and reproductive health. This unit would consist of nurses/midwives and mediators specifically trained in the rights pertaining to sexual and reproductive health;
- Orientation towards identified resource centres taking account of the specific needs of the vulnerable populations. This could ensure continuity and the quality of essential sexual health treatment: a medical reference team and/or partners in a recognised network;
- Focus on short lead-times: rapid turnaround for test results and referrals, favouring where possible the delocalised 'point-of-care' approach.

Depending on the territory and the local skills available, the operational roll-out could be done in several phases, for example, an initial phase targeting the STIs and uterine cancer, with a second phase tackling the area of sexual and reproductive health in its entirety.

#### **Indicators:**

- Rate of recourse to screening for the main STIs, HIV and hepatitis;
- Rate of recourse to contraception.

<sup>34</sup> Vulnerable populations, far from medical help Maroni Valley and the Far West Sector of French Guiana, St. Georges of the Oyapock and the isolated villages of the Oyapock, people living a precarious existence and working-class coastal districts

## Actions for Martinique: Improve protection against HPV by vaccination

Pilot: ARS Martinique

### Challenges

Uterine cancers constitute a public health problem in Martinique, both by the number of cases and their seriousness. It is the third most frequent cancer in women after colorectal cancer and breast cancer. There are around 12 new cases per year. About 2 women in every 100 are at risk of uterine cancers before the age of 75. The main cause of uterine cancers is the persistence of the HPV infection, the most frequently occurring STI in the world.

And yet, 90% of such cancers can be avoided. In addition to screening for precancerous or cancerous lesions, recommended for women between the ages of 25 and 65 (using cervico-uterine cytology between ages 25 and 29 and then the HPV test from 30 to 65), vaccination is an aid in reducing the occurrence of this particular cancer.

We should remind ourselves that since 1 January 2021, vaccination using Gardasil 9, the vaccine against the human papillomavirus (HPV), has been extended to males between the ages of 11 and 14.

And yet the vaccination against HPV situation in Martinique is a cause for serious concern. In 2018, according to Public Health France, although the incidence of uterine cancers in Martinique is comparable with the average in metropolitan France, the vaccination coverage against HPV is particularly low. In 2018, the full vaccination coverage for young girls at age 16 in metropolitan areas varied between 15.1% in the Corse-du-Sud department and 39.9% in Seine-Maritime, against 8.2% in Martinique.

**Objective:** Increase HPV vaccination coverage in Martinique

### Milestones

- ▶ 2022: Campaign for HPV vaccination among children in 5<sup>ème</sup> (12 year-olds), in close collaboration with the ARS, the regional vaccination centre and the local education management team.
- ▶ 2022: Communicate with the 15-16 year-olds concerning the vaccine booster;
- ▶ 2022: Information and training campaign for the medical profession (general practitioners, midwives) within the post-qualification training programmes organised by the local non-hospital doctors' professional body (URML), with their posters and leaflets destined for patients, general practitioners and pharmacists;
- ▶ 2022-2023: Campaign to promote vaccination against HPV:
  - on social networks, the radio and other communication media;
  - in places frequented by the young: evening meeting places, Defence and Citizenship day, adapted military service (MDA), in the MECS: Temporary homes for Minors in Difficulty (*Les Maisons d'Enfants à Caractère Social*), in the university, in local missions, etc.;
  - on on-line dating applications.

**Indicators:** Rate of HPV vaccination coverage.



## Actions in Guadeloupe: Run a diversified campaign to promote prevention and information concerning contraception

Pilot: ARS Guadeloupe

### Challenges

This action will consist of an innovative common communication campaign using social marketing or the 'nudge' type prompting. The aim here is to create, with the local players, a joint prevention campaign specific to Guadeloupe and its requirements, in close liaison with Public Health France and action no. 1 in the roadmap:

a) First, there is the need to inform the population about the full range of prevention tools available - internal and external condoms, regular screening availability, pre-exposure prophylaxis (PrEP), treatment as prevention (TasP), vaccination against HPV and hepatitis B, and the risk reduction policy, etc. The aim here is to allow people to choose the methods best suited to their desires and way of life for combatting the epidemics of HIV, viral hepatitis, and STIs.

b) So as not to segment sexual and reproductive health, it is best to present the situation in a positive manner and not focus only on the risks. Thus, the communication needs to inform about the numerous contraception methods, beyond the simple oral pills, so that people can make their choice based on their own situation and the advantages and disadvantages of each method.

This action is linked to action no. 8, but requires special adjustment to include the epidemiology and the specific geographic and socio-cultural specifics in Guadeloupe.

The target comprises 4 priority populations:

- Young people aged between 12 and 25, including those who do not speak the official languages;
- Disabled people including the deaf and those in the various types of mental institution;
- Non-hospital medical practitioners/family doctors (especially concerning contraception and abortion);
- Heterosexual men with little access to screening

(especially concerning PrEP and TasP), relying on company occupational health departments.

### Objectives:

- Increase knowledge and understanding of prevention tools (ESL) and existing contraception methods, and how to take advantage of them;
- Create an overall communication programme including sexual and reproductive health;
- Promote sexual and reproductive health not solely based on the risks.

### Milestones

- ▶ Take an inventory of existing communication tools to see what is missing;
- ▶ Training in social marketing planned for October 2021;
- ▶ 2021: Identify the main campaign messages, social marketing, distribution channels etc.;
- ▶ 2022: Galvanise partners: workplace health departments, medical profession representatives, appropriate mental institutions;
- ▶ 2023: First widespread campaign launched.

**Indicators:** Number of unwanted pregnancies, number of abortions, young people's knowledge about contraception, number of new PrEP starters, number of condoms distributed, rate of recourse to contraception.

## Action for Mayotte: carry out a campaign to promote, and improve access to, contraception suited to the needs of the territory

Pilot: ARS Mayotte

### Challenges

According to a survey carried out by the INED, entitled 'Contraception and parenthood' dated October 2020:

- 40% of Mahorans do not practise contraception;
- 33% of women who wish either not to have children - or no more - do not use contraception;
- Recourse to contraception is heavily linked to the first child;
- A high incidence of under-age pregnancies and abortions.

Several contraceptive methods are available and free of charge on the island: oral contraceptive pills, various types of IUD, hormonal injections. Despite this, there are several factors that render effective access to contraception difficult on the ground:

- Heavy influence of religion on the island;
- Difficulties in moving around - no public transport meaning getting to treatment centres is problematic;
- Insufficient medically trained personnel - just one non-hospital gynaecologist and a dozen or so non-hospital midwives.
- 40% of the Mahoran population are illegal immigrants who therefore have no standard rights;
- The Mayotte Hospital Centre and the PMIs: Centres for the protection of mother and child (*Protection maternelle et infantile*) are under pressure and are the main distributors of free contraceptives.

**Objective:** Strengthen information on, and access to, contraception in the territory.

### Milestones

- ▶ September 2021: Launch a communications campaign concerning contraception, driven by the ARS and the REPEMA: Mayotte's Perinatal Network (**R**éseau **P**érinatal **M**ayotte): reach out, distribution in colleges and lycees and among appropriate associations.
- ▶ 2022: Strengthen access to contraception in the territory;
  - Organise half-day contraception sessions in the PMIs;
  - Set up contraception consultations in colleges and lycees and in community centres;
  - Organise training for midwives in IUD and implant insertion;
  - Improve territorial coverage of non-hospital gynaecologists and midwives;
  - Strengthen access to condoms across the territory.
- ▶ 2023: Create a resource and distribution centre for tools in the area of sexual health (IREPS);
- ▶ 2023: Create at least one family planning centre in Mayotte;
- ▶ 2023: Implement a contraceptive PASS for minors.

### Indicators:

- Strengthen access to contraception in the territory;
- Increase in the number of contraception access points in the territory;
- Number of training sessions carried out for healthcare workers;
- Number of tools created and distributed by the IREPS;
- Reduction in the number of abortions.

## Action for Reunion Island: Implement a programme to reduce gender and sexuality risks among young people in difficulty

Pilot: ARS Reunion Island

### Challenges

Reunion Island is the French region with the third largest proportion of young people - 175,000 people between the ages of 15 and 29 (21% of the total population).

For the under 25s, **fertility** is three times higher than in metropolitan France. Recourse to abortions among the 15-17 year-olds is double the national average (13.7% versus 6.7% in 2019), and the proportion of live births among women aged under 20 is almost five times higher than in metropolitan France (5.7% vs. 1.2% of all births in 2018).

Among young people aged 15-29, 34.5% are NEETs (Not in Education, Employment or Training) (2015) versus 12.9% in metropolitan France (2019). NEETs are in the majority in surveys of STI incidence.

Among the under 30s, those living in poverty represent 55% versus 23% in metropolitan France and 27% of such young people do not claim the social rights to which they are entitled, increasing the risk of not having recourse to treatment, particularly in the area of sexual and reproductive health.

Social inequalities exist on the island, with less availability of services in the Grand Sud and greater precariousness among young people in the Eastern zone, compared with the North and West which are relatively better served in the area of health treatment.

#### Objectives:

- Reduce at-risk behaviour among the targeted populations 'invisible' to the health system (NEET, MSM, Trans, SW);
- Enable an equal local accessibility to the available resources concerning sexual and reproductive health, in particular by raising such access capability in the Eastern and Southern zones;
- Contribute to positive development of social relationships among young people with specific difficulties and limited access to prevention actions concerning sexual and reproductive health.

### Milestones

A three-year programme, either culminating in a final external evaluation,

\* Category of young people between 16 and 25 years old who are neither in employment, nor in education or training

or being assimilated into the experiences/experiments in health prevention and promotion offered by the French Society for Public Health.

#### ► 2022: Call for tender for developing the means of identifying and mobilising the 'invisible' population concerning gender and sexuality risks with:

- content definition with the street-wise educators involved in specialised prevention, part of the responsibilities of the Departmental Council;
- extension of physical screening to the use of digital screening suited to the young NEET, MSM, Trans, SW populations;
- developing the skills of those involved in prevention among the festival community;
- direct involvement of health workers in the locations/establishments frequented by young people.

#### ► 2022: Strengthening of the sexual and reproductive health offerings on the island with:

- setting up of a centre in the East zone;
  - an extension of the offerings to the Grand Sud;
  - connecting the sexual health players (CeGIDDs, associations) with the MDA teams to achieve an overall reception and health offering (somatic and psychological);
  - inciting the medical profession, hospital and non-hospital, to treat the trans population in an inclusive manner;
- 2022: Adapt the workshops on social and sexual relations to young disabled people, to those following apprenticeships (technical schools, SMAs); in E2Cs (Ecoles de la 2<sup>ème</sup> chance) or living in child protection centres.

**Indicators:** Rate of STI incidence in young NEETs, MSMs, trans and prostitutes after 1 year, 2 years and at the end of the programme in each of the

proximity zones, Rate of recourse to abortion among minors and the percentage of women under 20 giving birth before and after the programme, Number of sexual and reproductive health offering centres installed in the East and Grand Sud zones, percentage of beneficiaries of the social and sexual relationship awareness programme compared with the total targeted populations, by category.

## Actions for Wallis and Futuna: Promote prevention and sexual and reproductive health treatment.

Pilot: Health Agency

### Challenges

Because of the absence of any information system for health-related information, epidemiological data for sexual and reproductive health in Wallis and Futuna is deficient.

Despite this, local players highlight the population's lack of sexual health knowledge and the extensive need in the subject, including that for contraception.

Promotion, education or prevention activities in the area of sexual and reproductive health are rare in Wallis and Futuna. It is therefore essential that prevention, promotion and education sessions concerning sexual health be carried out particularly with the younger generation. It is equally important to enable access to screening and to improve treatment in the area of sexual health.

Wallis and Futuna is an isolated territory with numerous institutional and cultural specifics which require the standard health prevention model to be suitably adapted.

It is imperative to implement, after appropriate discussions with local players, a public health prevention centre equipped with the necessary means to carry out the actions in an appropriate manner.

#### Objectives:

- Organise screening for the main bacterial STIs in the territory and develop epidemiological monitoring of such infections;
- Prevent unwanted pregnancies;
- Uncover and treat sexual violence;
- Fight against gender-based or sexual orientation discrimination.

### Milestones

#### Organise monitoring and screening for STIs:

- ▶ Organise screening in the 3 Wallis districts according to the current HAS recommendations, and ensure anonymity;
- ▶ Implement epidemiological data collection;
- ▶ Inform the young generation about the means of prevention and screening for SDIs, and about vaccination against HPVs.

#### Prevent unwanted pregnancies:

- ▶ Organise consultations by midwives in secondary schools, as well as in the various dispensaries, for facilitating access to contraception;
- ▶ Improve the confidentiality of consultations concerning abortion;
- ▶ Implement epidemiological monitoring of abortions taking account of the patients' profiles.

#### Improve the detection and treatment of sexual violence:

- ▶ Improve the treatment for victims of sexual violence;
- ▶ Implement sexual violence prevention actions in secondary schools

#### Indicators:

- Number of HPV vaccines delivered
- Number of contraceptives delivered
- Number of STI screenings carried out
- Number of promotion/prevention actions carried out

## Actions for Saint Pierre and Miquelon: Promote prevention and sexual and reproductive health treatment.

Pilot: Territorial Health Agency

### Challenges

Education surrounding sexuality is currently handled by midwives in Saint Pierre and Miquelon. It is strongly oriented around abortion and contraception, with other related sexual and reproductive health subjects left to one side.

By training youngsters in a global view of sexual health, so that they may pass the information on to their friends and peers, one achieves an effective promotion of an overall and positive view of sexual health.

**Objectives:** Promote a global view of sexual health among the young using actions involving their peers.

It would be possible to extend the existing young ambassador programme in French Guiana set up by the French Family Planning Association, and already successfully exported to Guadeloupe, either in situ or through on-line training, to develop young sexual health ambassadors in Saint Pierre and Miquelon.

### Milestones

- ▶ Implement a partnership between the Territorial Health Agency in Saint Pierre and Miquelon and the French Family Planning Association;
- ▶ Implement a sexual health training programme led by local territorial peers.

**Indicators:** Number of young ambassadors in the territory.

# APPENDICES



# 1. Reference points

Sexual and reproductive health should be addressed from multiple points of view, for which information sources and indicators are many and varied. Here we present the most important reference points, in order to place the problem developed in this roadmap (FDR) No. 2 in the National Strategy for Sexual Health (SNSS).

## ► HIV Infection

In 2016, it was estimated that some 172,700 people in France were infected with HIV (Marty, Lise, *et al.* Nouvelles estimations de la prévalence de l'infection à VIH. (Latest estimates of HIV infection in France), 2018), of which 23,950 were unaware of their seropositivity. In 2018, the undiagnosed population was stable at around 24,069 persons (ANRS. *Epidémiologie de l'infection VIH France 2013-2018* (Epidemiology of HIV infections in France 2013-2018)).

The number of HIV seropositive discoveries was estimated to be 6,200 in 2018, the last year for which an estimation has been possible as a result of the preoccupation of clinicians and biologists with SARS-CoV-2 since the beginning of 2020 (Public Health France. *Surveillance du VIH et des IST bactériennes*. ("Monitoring HIV and bacterial STIs") Bulletin de Santé Publique, December 2020).

Therefore, the number of HIV-positive diagnoses could not be estimated for 2019 and the only information available is on the characteristics of new diagnoses reported between January 2019 and September 2020:

- Heterosexuals and men who have sex with men (MSM) represent 51% and 43%, respectively, of HIV-positive diagnoses reported in 2019-2020 (percentages similar to those seen in 2017-2018) (Santé Publique France, mandatory declaration of HIV (DO VIH), raw data as at 30/09/2020):
  - Of heterosexuals who were diagnosed as HIV-positive in 2019-2020, 73% were born abroad, primarily in sub-Saharan Africa;
  - With regard to MSMs, 32% were born abroad (vs 26% in 2017-2018), primarily in the Americas.
- Transgender individuals who have been infected through sexual relations and injecting drug users (IDU) both represent 2% of diagnoses (Santé Publique France, mandatory declaration of HIV (DO VIH), raw data as at 30/09/2020). These percentages are similar to those seen in 2017-2018. The proportion of those born abroad reaches 69% for IDUs and 83% for transgender individuals.

The epidemic in metropolitan France is concentrated in Île-de-France (40% of new diagnoses in 2018) and the PACA region.

With regard to overseas territories, while Réunion appears to be less impacted than metropolitan France, the rate of HIV-positive reports is much higher in French Guiana and, to a lesser extent, in the Antilles (Santé Publique France. *Découvertes de séropositivité VIH et diagnostics de sida* (HIV-positive reports and AIDS diagnoses), France, 2018. Bulletin de Santé Publique, October 2019). In addition, the majority of new HIV infections in overseas territories are attributed to heterosexual relations.

With regard to HIV screening:

- Screening activity continued to increase in 2019: 4.119 million serology tests were carried out and reimbursed in the private sector in 2019, equalling 67% of serology tests according to LaboVIH (Cazein F, Sommen C, Moutengou E, Laporal S, Ramus C, Bruyand M, *et al.* Focus. *Dépistage du VIH : état des lieux en 2019 et sur les sept premiers mois de l'année 2020*. (HIV screening: situation in 2019 and the first 7 months of 2020.)) Bull *Epidémiol Hebd.* 2020; (33-34):685-7.). The rate of positive results was 1.9 per 1,000 serology tests carried out, which shows a decreasing trend (2.1 in 2014);
- HIV screening activity in CeGIDDs has remained consistent for three years, with 322,000 tests carried out in 2018 (ANRS. *Epidémiologie de l'infection VIH France 2013-2018* (Epidemiology of HIV infections in France 2013-2018)). The rate of positive results for tests in CeGIDDs was 3.9 per 1,000;



- Screening activity outside hospitals using rapid diagnostic tests (RDT) has also remained stable, with around 65,000 tests in 2018 (ANRS. *Epidémiologie de l'infection VIH France 2013-2018* (Epidemiology of HIV infections in France 2013-2018)) and 15,547 free RDTs issued by 41 associations. This method of screening targets key groups in particular, which have a rate of positive results of 8.4 per 1,000;
- Lastly, 79,500 HIV self-tests were sold in pharmacies in 2019 (Cazein F, Sommen C, Moutengou E, Laporal S, Ramus C, Bruyand M, *et al.* Focus. *Dépistage du VIH : état des lieux en 2019 et sur les sept premiers mois de l'année 2020.* (HIV screening: situation in 2019 and the first 7 months of 2020.)) Bull *Epidémiol Hebd.* 2020; (33-34):685-7.).

In 2019-2020, 21% of HIV-positive results were early-stage diagnoses and 26% were diagnoses at an advanced stage of the infection (Santé Publique France. *Surveillance du VIH et des IST bactériennes.* (“Monitoring HIV and bacterial STIs”) Bulletin de Santé Publique, December 2020).

Screening remains the weak link of the “HIV wave”, as in 2018, only 87% of those infected with HIV were aware of their positive status (of this number, 95% were taking antiretroviral drugs and of these PLWHIV taking treatment, 96% had an undetectable viral load) (ANRS, *La stratégie VIH visant l'arrêt de la transmission du virus en 2030 est limitée par la crise Covid* (The HIV strategy aiming to stop virus transmission in 2030 has been limited by the COVID crisis), information notice to Ministry of Solidarity and Health, 2021).

### ► Bacterial sexually transmitted infections (STIs)

Between 2017 and 2019, screening activity for the most common bacterial STIs in the private sector increased (national and regional estimates of the number of diagnoses of chlamydia and gonococcus infections in France in 2016-2018) by 22% for syphilis, 20% for *Chlamydia trachomatis* and 58% for gonococcus infections.

In 2016, 49,628 people were diagnosed with a gonococcus infection, with the vast majority of cases involving men and the 15-24-year-old age group. The number of gonococcus diagnoses then increased by +21% between 2017 and 2019 in cases declared using the RésIST network (national and regional estimates of the number of diagnoses of chlamydia and gonococcus infections in France in 2016-2018). This increase largely concerned MSMs.

In 2016, 305,535 screenings for gonococcus infections were carried out in CeGIDDs (according to activity reports), equalling a 75% increase compared to 2016 (national and regional estimates of the number of diagnoses of chlamydia and gonococcus infections in France in 2016-2018). On the other hand, the rate of positive results, 2.9%, has remained stable compared to 2016, although it is higher among men than among women (3.8% versus 1.2%).

In addition, in 2019, 2.2 million gonococcus screenings were carried out in the private sector, which again represents a +58% increase compared to 2017.

In 2016, 267,097 *Chlamydia trachomatis* infections were diagnosed, primarily among women. The age group most often concerned was 15-24 years. From 2017 to 2019, the number of *Chlamydia trachomatis* infections diagnosed in the private sector increased by 29% (rate of screening for *Chlamydia trachomatis* infections in the private sector (for 1,000 people aged 15 years old and above), France, 2012-2019. Source: SNDS). This increase is more noticeable among women aged 15 to 24 years old (+41%) and men aged 15 to 29 years old (+45%).

Lastly, with regard to syphilis, we see a fall in the number of recent syphilis diagnoses that concerned MSMs and heterosexual men reported in 2019 in the RésIST network compared to 2017 (*Évolution du nombre de cas de syphilis récente selon l'orientation sexuelle* (Evolution of the number of recent cases of syphilis according to sexual orientation), RésIST network, France, 2012-2019. Source: Santé Publique France). At the same time, we see an increase in the number of syphilis cases among heterosexual women of childbearing age over recent years, especially in overseas territories, despite relatively low numbers. In 2018, 1.2 million syphilis screenings were carried out in CeGIDDs (+11% compared to 2016) and 2.6 million syphilis screenings were carried out in the private sector in 2019.

Antibiotic resistance to gonococcus and *Mycoplasma genitalium*, bacteria that are particularly prevalent in STIs, must be closely monitored due to the risk of treatment “dead ends”.

For this reason, it is relevant to limit resistance by both reducing the occurrence of STIs, thus effectively reducing antibiotic treatments, and investing in the development of fundamental research into second-line treatments. The “Antibiorésistance” (Antibiotic resistance) priority research programme by INSERM therefore stipulates in pillar 3 that there is a need to “accelerate R&D into new antibiotics through chemistry to revive the collection of drugs available” (objective 7) and to optimise effectiveness and efficiency of antibiotics that have already been commercialised (objective 8).

### ► Viral hepatitis

The number of people who have a chronic hepatitis C infection fell strongly, taking into consideration that it was estimated at 133,500 in 2016 versus 192,700 people in 2011 (Santé Publique France. BEH n°24-25, 2019). The latest prevalence estimate for chronic hepatitis C (extrapolation using the Baro Test) confirms this decrease: 100,600 people on 1 January 2019 (equivalent to a hepatitis C prevalence of 0.15%) (Santé Publique France. National day to combat hepatitis B and C. DGS. September 2019.).

In 2019, the incidence rate was estimated at 5,500 new chronic hepatitis C infections per year, 80% of which involved drug users (HAS. Evaluation des stratégies de dépistage des personnes infectées par le VHC. (Evaluation of screening strategies for people infected with hepatitis C.) September 2019).

In 2016, 81% of carriers of chronic hepatitis C were aware of their infection, 26% of them were treated and 12% were undergoing treatment with antiviral drugs. Although these figures from the wave of treatment for chronic hepatitis C have improved compared to those from 2011, they highlight the need to strengthen screening actions and access to healing treatments.

With regard to hepatitis B, in 2016 in France, we counted a total of 0.30% of chronic hepatitis B carriers among adults aged 18-75 years old (equalling 135,706 people) (Baromètre Santé 2016, Santé Publique France). In the same year, the total number of new infections (symptomatic and asymptomatic) were estimated at 822 [696-948], equalling a rate estimated at 1.23 [1.04-1.42] for 100,000 inhabitants. Despite a considerable and continuous increase in screening activity, we see a delay in diagnosis, as it was estimated that only 17.5% of those with chronic hepatitis B in 2016 were aware of their infection.

### ► Sexual health and health crisis linked to COVID-19

The health crisis has heavily impacted screening activity: we saw a 55% fall in the number of HIV serology tests carried out in the private sector between February and April 2020 and a 59% fall in the number of screenings for three bacterial STIs over the same period. These decreases were not fully offset at a later stage and therefore, between 2019 and 2020, we saw a 10% drop in HIV serology tests carried out in the private sector and a 6% drop in screenings for three bacterial STIs, against a backdrop of regular increases in annual screening activity up to 2019. (Santé Publique France, LaboVIH 2019; SNDS, Extraction Santé Publique France, February 2021).

According to Santé Publique France, the sale of self-tests in dispensaries fell by 22% in 2020.

On the other hand, for PLWHIVs, prescriptions for antiretroviral drugs did not fall over any period and increased by 3.1% overall, which leads us to think that there has not been a negative impact on access to treatment for those already diagnosed and monitored for a HIV infection, and there has thus been no negative impact on the conditions of their treatment.

Lastly, with regard to issuing PrEP, while there was an upward trend since its actual start in 2018, the deficit compared to expected numbers was 17% for the period March 2020 to April 2021 (Epi-Phare).

### ► Reproductive health

In 2016, 71.9% of women in France reported using a means of contraception (Baromètre Santé 2016, Santé Publique France). The pill remains the most commonly used contraceptive (36.5%), followed by intrauterine devices (IUD) (25.6%) and condoms (15.5%).

Since 2013, use of the pill has been falling among women aged 15-49 years old in favour of IUDs, condoms and the implant. However, these overall results conceal very different trends depending on the age of women.

Since 2018, the distribution of use between 3rd and 4th generation contraceptive pills (14%) and 1st and 2nd generation pills (86%) has stabilised. Women and prescribers prefer contraceptive pills that have the lowest risk of venous thromboembolism (phlebitis, pulmonary embolism) (1st or 2nd generation oral contraceptives containing levonorgestrel associated with a low dose of oestrogen (20 µg)).

Sales of copper IUDs have seen a clear increase over recent decades with sales doubling over the 2010-2019 period.

With regard to levonorgestrel intrauterine devices and etonogestrel implants, sales figures have stayed stable for 10 years.

232,000 abortions were carried out in 2019 (+3.5% compared to 2018), 70% of which were medical and 30% of which were surgical. There is significant variety in the rate of usage depending on the region. One woman in three will have at least one abortion in her life.

A significant drop in births was noted nine months after the start of the COVID-19 pandemic: -7% in December 2020 (vs December 2019) and -13% in January 2021 (vs January 2020), equalling a decrease of 8,280 births (INSEE, February 2021).

## 2. Exhaustive composition of working groups in the steering committee

### ► WG 1 “Information, education on emotional and sexual life, promoting sexual and reproductive health”

**Sophia Badoud, Directorate General for Education (DGESCO)**

**Anna Prado de Oliveira, Federation of General Student Associations (*Fédération des Associations Générales Étudiantes, FAGE*)**

Nadia Rachedi, Assembly of French Departments (*Association des Départements de France, ADF*)

Romain MBiribindi, Afrique Avenir

Sophie Biacabe, ARS French Guiana Sophie Florence, CeGiDD

Florence Orsini, National Health Insurance Fund

Marina Salomé, French National College for Midwifery (*Collège National des Sage-Femmes de France, CNSF*)

Michel Celse, National AIDS and Viral Hepatitis Council (CNSHV)

Florence Thibaut, National University College of Psychiatrists (*Collège National Universitaire des Psychiatres, CNUP*)

Julie Vanhecke, Directorate General for Social Cohesion (*Direction Générale de la Cohésion Sociale, DGCS*)

Franck Feuillatre, Directorate General for Education and Research (*Direction Générale de l'Enseignement et de la Recherche, DGER*)

Corinne Locatelli-Jouans, Directorate General for Overseas Territories (*Direction Générale des Outre-Mer, DGOM*)

Christine Salomé, Directorate General for Higher Education and Professional Integration (*Direction générale de l'Enseignement supérieur et de l'Insertion professionnelle, DGE-SIP*)

Yohann Roszéwitch, Interministerial Delegation Against Racism, Antisemitism and Anti-LGBT Hate (*Délégation*

Catherine Fohet, French National Federation of Colleges in Gynaecological Medicine (*Fédération Nationale des Collèges de Gynécologie Médicale, FNCGM*)

Marranick Lambert, France Assos Santé

Marie France d'Acremont, High Council for Public Health (HCSP)

Marie Lussier, Médecins du Monde (MDM)

Marion Athiel, French Family Planning Movement (*Mouvement Français du Planning Familial, MFPPF*)

Pierrine Aly, Department for the Legal Protection of Young People (*Direction de la Protection Judiciaire de la Jeunesse, DPJJ*)

Céline Poulet, Secretariat General for the Interministerial Committee for Disability (*Secretariat General du Comité Interministerial du Handicap, SG CIH*)

Nathalie Lydié, Santé Publique France (SPF)

Pierre Montaudon, Department for Youth, Popular Education and Community Work (*Direction de la Jeunesse, de l'Education Populaire et de la Vie Associative, DJEPVA*)

## ► WG 2 “Pathways: screening and biomedical prevention”

**Sophie Florence, CeGIDD**

**Franck Barbier, Association AIDES**

Marie-Hélène Certain, College of General Medicine (*Collège de Médecine Générale, CMG*)

Florence Thibaut, National University College of Psychiatrists (*Collège National Universitaire des Psychiatres, CNUP*)

Sophie Rattaire, Secretariat General for the Interministerial Committee for Disability (*Secretariat General du Comité Interministerial du Handicap, SG CIH*)

Hélène Delaquaize, SOS Hépatites

Florence Lot, SPF

Najat Lahmidi, MDM

Pascal Pugliese, French Society Against AIDS (*Société Française de Lutte contre le Sida, SFLS*)

Michel Celse, French National AIDS and Viral Hepatitis Council (CNSHV)

Béatrice Tran, Secretariat General for Ministries of Social Affairs (*Secrétariat Générale des Ministères Sociaux, SGMAS*)

Marion Athiel, French Family Planning Movement (*Mouvement Français du Planning Familial, MFPPF*)

Frédéric Goyet, ARS Île de France

Michèle Morin Surroca, French National Authority for Health (HAS)

Eric Billaud, COREVIH

Rosa Carballeda, Interdisciplinary University Association of Sexology (*Association Interdisciplinaire Universitaire de Sexologie, AIUS*)

Véronique Dore, National Agency for Research on AIDS and Viral Hepatitis - Emerging Infectious Diseases (ANRS-MIE)

Sébastien Fouere, French Society of Dermatology (*Société Française de Dermatologie, SFD*)

Romain Mbiribindi, Afrique Avenir

Isabelle Vincent, CNAM

Pascale Dhote-Burger, Directorate General for Healthcare Provision (*Direction Générale de l'Offre de Soins*, DGOS)

### ► **WG 3 “Care pathway: treatment”**

**Marina Salomé, CNSF**

**Pascal Pugliese, SFLS**

Christine Salomé, DGESIP

Maurice Benssoussan, Regional Union of Healthcare Professionals (*Union Régionale des Professionnels de Santé*, URPS)

Marie Hélène Certain, CMG

Florence Thibaut, CNUP

Céline Poulet, SG CIH

Najat Lahmidi, MDM

Béatrice Tran, SGMAS

Chloé Le Gouez, AIDES

Eric Billaud, COREVIH

Rosa Carballeda, AIUS

Sébastien Fouere, SFD

Julie Vanhecke, Directorate General for Social Cohesion-Service for Women's Rights and Gender Equality (DGCS-SDFE) Pascale Dhote-Burger, DGOS

### ► **WG 4 “Using knowledge for action”**

**Florence Lot, SPF**

**Elisabeth Delarocque-Astagneau, AP-HP university hospital centre**

Florence Thibaut, CNUP

Najat Lahmidi, MDM

Pascal Pugliese, SFLS

Michel Celse, CNSHV

Sébastien Fouere, SFD

Catherine Lesterpt, DGCS-SDFE Annick Vilain, Department for Research, Studies, Evaluation and Statistics (DREES)

### ► **WG 5 “Overseas territories”**

**Corinne Locatelli-Jouans, DGOM**

Ilona Joubert, DGOM

Sophie Biacabe, ARS

Guyane Florence Thibaut, CNUP

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Caroline Rebhi, MFPP

Julie Vanhecke, DGCS-SDFE

François Klein, Mission Outre-Mer Sophie Rhodes, MDM

### 3. External interviews carried out

- √ COREVIH: Brittany, Guadeloupe, French Guiana
- √ Maternité consciente de Guadeloupe (Guadeloupe family planning association)
- √ French Federation of Networks in Perinatal Health (*Fédération française des réseaux de santé en périnatalité*)
- √ Centre gratuit d'information de dépistage et de diagnostic/Centre de planification et d'éducation familiale (CeGiDD/CPEF) in Pau
- √ Association Acceptess-T
- √ National Association of Abortion and Contraception Centres (*Association nationale des centres d'IVG et de contraception, ANCIC*)
- √ Regional Union of Healthcare Professionals (*Union régionale des professionnels de santé, URPS*) Biologists of Nouvelle Aquitaine
- √ Association Cabiria
- √ Association Comede
- √ Public Sexual Health Network (*Réseau de Santé Sexuelle Publique, RSSP*)
- √ Association Kap Caraïbes
- √ Association Sidaction
- √ Le STRASS trade union organisation for sex workers
- √ National Association of Maisons des Adolescents (ANMDA)
- √ French National Centre for Training in Public Function in Territories (*Centre national de formation de la fonction publique territoriale, CNFPT*)

## 4. Overview table

N°	Action	Milestones and timescales		Operational actors	Budget items	Indicators
1	<b>Promoting combined methods of prevention</b>	<ul style="list-style-type: none"> <li>– From 1 December 2022: Santé Publique France will launch a campaign to promote combined prevention aimed at the general public (TasP, internal and external condoms, HPV and hepatitis B vaccination, contraception, PrEP);</li> <li>– Launching studies on search optimisation for internal condoms with a goal of having them covered by Assurance Maladie insurance, as is the case for external condoms, by the end of the roadmap;</li> <li>– Ensuring the large-scale circulation of prevention tools for women who have sex with other women (e.g., the SPF booklet “<i>tomber la culotte</i>” (“dropping knickers”)) and equipping professionals to address prevention in sexual health with this group.</li> </ul>		<b>Santé Publique France</b>	CNAM, SPF, professional networks and representatives  €2.5 million p.a. + €850,000 p.a. (CNAM)	Understanding different means of prevention
2	<b>Designing and distributing tools for promoting sexual health that can be accessed by those with disabilities and those whose first language is not French</b>	<ul style="list-style-type: none"> <li>- 2021: Listing existing tools with the support of the Secretary General of the Interministerial Committee for Disability (SG CIH) and regional resource centres for “emotional, intimate and sexual life and parenthood for those with disabilities”. Identifying needs that are not covered.</li> <li>- Thinking intuitively about the accessibility of each new communication on matters of sexual health: using QR codes on flyers in Braille taking the user to an audio message or one in French Sign Language, the General Accessibility Standards for Administration (RGAA), Easy to Read and Understand, promotional campaign, etc.</li> <li>- Ensuring the communication is delivered within a territorial proximity grid (pharmacies, town halls, schools, medico-social services and institutes, local facilities for people with a disability, etc.)</li> <li>- Supplying resources on the website <a href="http://refugiés.info">refugiés.info</a> in various different languages</li> </ul>		<b>SPF DGS</b>	SG CIH, Regional resource centres for “emotional, intimate and sexual life and parenthood for those with disabilities”, pharmacies, town halls, schools, MSIs, MDPH, Interministerial Delegation for Welcoming and Integrating Refugees, French Office for Immigration and Integration (OFII)  No additional cost	Number of tools that have been adapted, designed or updated  Number of tools downloaded



3	<p><b>Reinforcing knowledge of sexual health among young people under the French Universal National Service (Service National Universel, SNU)</b></p>	<ul style="list-style-type: none"> <li>- From the 2022 SNU residential project: Training/raising awareness among SNU supervisors about questions regarding sexual and reproductive health, via contributions from partnerships and/or resource videos produced by SPF;</li> <li>- From the 2022 SNU residential project: Distributing paperless targeted information referring to the Santé Publique France websites, in addition to a QR code referring to the Santé.fr directory for sexual and reproductive health (action 9). These are aimed at young people and the content will be determined by a working group;</li> <li>- The 2023 residential project: Distributing a “backpack” of prevention tools (e.g. condoms, violence scales) to young people;</li> <li>- The 2023 residential project: Incorporating matters of sexual and reproductive health in the (global) health promotion Escape Game, produced and financed by the CNAM, adapted for the public by the SNU in line with the DGS and the DJEPVA.</li> <li>- 2024: Evaluating the provision of a “backpack” of prevention tools</li> </ul>	<p><b>DJEPVA DGS</b></p>	<p>CNAM All actors involved as part of SNU, SPF</p>	<p>3.5 million p.a. (national government loans) + Budget Escape Game (CNAM/FLCA)</p>	<p>Number of young people who have received prevention tools Number of video resources produced for supervisors Proportion of SNU centres that have incorporated the escape game into the health promotion module</p>
4	<p><b>Turning the screening week into a week for promoting sexual health</b></p>	<ul style="list-style-type: none"> <li>- Launch in each region of the first sexual health week, held in May, on the theme of “fighting discrimination and serophobia”;</li> <li>- From 2023: annual launch of a new campaign on one aspect of sexual and reproductive health decided within a governance framework bringing together the ARS:</li> </ul>	<p><b>SPF DGS</b></p>	<p>ARS, local associations, COREVIH, Departmental councils, CRIPS, CNAM, CeGIDD/ CPEF/EVARs, multidisciplinary health centres (MSP), CPTS, National education, etc.</p>	<p>€900,000 p.a. (regional intervention fund, FIR)</p>	<p>Number of regions that have put in place the sexual health week Number of people screened on this occasion Third indicator to adapt depending on the theme used</p>
5	<p><b>Improving sex education in schools for all pupils</b></p>	<p><b>In the agricultural establishment:</b></p> <ul style="list-style-type: none"> <li>- Constructing a common culture in matters of sexual health by professionalising multidisciplinary voluntary staff through establishing, in September 2022, a national support group, which is steered by the national leader of the national nursing staff network.</li> <li>- This mechanism will enable the teams in educational institutes to call upon this group, via the academic authorities, in situations where a student is in serious difficulty (while respecting confidentiality).</li> </ul>	<p><b>DGESCO (MENJS) DGER (MAA)</b></p>	<p>All educational institutes in national education and MAA, SG CIH</p>	<p>€25,500 dedicated to continuing education in 2021-2022 (MENJS)</p>	<p>Quality evaluation of the activity by the national organiser of the network of nursing staff (MAA). Number of academic educational sessions dedicated to sex education and the prevention of gender-based and sexual violence.</p>

		<p>More broadly, this group will provide tools and resources for health promotion and prevention, and will ensure a multidisciplinary professional look at violent situations.</p> <ul style="list-style-type: none"> <li>- This action will be in line with the activity of the “education network for the health and development of the adolescent and to be a listening ear” (RESEDA) and the “equal opportunities inclusion” network in the agricultural network.</li> <li>- February 2022: Training sessions for the professionals in this future group will be organised in advance by the partner association “Colosse aux pieds d’argil” (Colossus with feet of clay): one on sex education and another on sexual violence.</li> </ul> <p>In national education:</p> <ul style="list-style-type: none"> <li>- 2021-2022: Continuing to develop initial and continuous training of national education staff in matters of sex education: “equality” module, registration in PNF</li> <li>- 2021-2022: Enriching available resources in sex education: publication of three new guides</li> <li>- 2022: Producing resources aimed at families to explain school sex education using the “Mallette des parents” (“Parents’ schoolbag”, a website devoted to helping parents).</li> <li>- Designating one contact person for sex education in each directorate of the departmental services of national education (DSDEN), to improve teaching support for the actions carried out in schools and other establishments and to disseminate information.</li> <li>- 2021: Strengthening measures for academic steering teams for sex education by revising their roadmap</li> <li>- 2022: Improving accessibility to sex education for all students with a disability (in collaboration with the Interministerial Committee on Disability (CIH)).</li> </ul>				<p>Number of academic education sessions on sex education that include the issue of disability and promote accessibility.</p>
6	<p><b>Training health information students (ERS) on questions regarding sexual health in higher education</b></p>	<ul style="list-style-type: none"> <li>- 2021: To identify sexual health training resources that can be used by the ERSs;</li> <li>- 2021: To identify sexual health campaigns that have been constructed by and for the ERSs;</li> <li>- 2022: Supporting the national organisation of the ERSs: a minimum of one national meeting per year, sharing good practices and resources and materials, running social networks, etc.</li> </ul>	<p><b>DGESIP</b> (MESRI)</p>	<p>Universities, associations, SUMPPS, etc.</p>	<p>MESRI</p>	<p>Number of national materials circulated</p> <p>Number of universities that have put in place an ERS system</p> <p>Number of students who have attended training</p>

		<p>2023: Setting up a national framework with the aim of supporting the ERSs in their missions of communication and prevention in sexual health. This national framework will enable joint structuring of health content with universities and under the aegis of MESRI and its partners (DGS, MILDECA, etc.), as well as harmonising legal, administrative and financial procedures and contracts.</p>				
7	<p><b>Training and raising the awareness of all professionals working in the social, medico-social, health and legal fields in terms of sexual and reproductive health</b></p>	<ul style="list-style-type: none"> <li>- Basing the CNFPT on constructing and creating content approved by experts in sexual and reproductive health, and supporting the circulation of this content, especially within the framework of the “network of public health schools”</li> <li>- Including a sexual health module in the training for the directors of social, health and medico-social establishments (D3S, CAFDES) deployed by the EHESP;</li> <li>- Including a sexual health module aimed at the directors of prisons and directors of penal inclusion and probation services in training organised by the French National School for Prison Administration (ENAP);</li> <li>- Including in the training organised by ENPJJ a module on “emotional and sexual life” in a global and positive manner: statutory training for directors, and adapted training to be used by those responsible for educational units;</li> <li>- Making sexual health resources available to professionals and future professionals in the social sector, within the framework of the national centre for social work resources (CNRTS);</li> </ul>	<p><b>DGCS</b> <b>DAP</b> <b>DPJJ</b></p>	<p>CNFPT CIH Education authorities EHESP CNRTS</p>	<p>No additional cost</p>	<p>Number of people undergoing this training/following these modules</p>
8	<p><b>Broadening the skills of healthcare professionals in matters concerning sexual and reproductive health</b></p>	<ul style="list-style-type: none"> <li>- 2022: Consultation and development of the decree pertaining to the use of registered nurses to incorporate missions and skills in terms of education and preventative sexual health</li> <li>- 2022-2023: Drafting texts to authorise all nurses to prescribe emergency contraception (modifying art. L 4311 and art. L5134-1 of the French Public Health Code)</li> <li>- After publication of the recommendations by the HAS and, if necessary, extending the competencies of midwives to the vaccination of partners for hepatitis B/HPV – modification of art. L 4152-1 of the French Public Health Code (CSP) and following</li> </ul>	<p><b>DGOS</b></p>	<p>Representatives of midwives, representatives of nurses, expert organisations, etc.</p>	<p>No additional cost</p>	<p>Number of registered nurses trained to treat PLWHIV Number of STI treatments prescribed by midwives Number of infected people who have received treatment for an STI</p>

		<ul style="list-style-type: none"> <li>- 2022: Publication of the decree allowing midwives to treat STIs in women and their partners.</li> <li>- Evaluating the benefit of extending the competence area of midwives in matters of screening and treatment for STIs to all men and not just the partners of the women being treated.</li> </ul>				
9	<p><b>Making Santé.fr the reference directory for finding nearby sexual and reproductive health services</b></p>	<ul style="list-style-type: none"> <li>- 2021: Setting up a working group (SPIS, ARS, DGOS, DGCS, expert societies, etc.) so as to define the parameters and methods of implementation: which prevention structures? Which healthcare professionals? Which research filters? etc.</li> <li>- 2022: Identifying databases already in existence (e.g., Sida Info Service, IVG.gov) and missing directories</li> <li>- 2022: Building up substantial databases in each region</li> <li>- 2023: Combining all these data and directories, setting up the map embedded on the Santé.fr website</li> </ul>	<p><b>DNS</b> <b>ARS</b></p>	<p>SPIS DGOS DGCS ARS AIDS INFO Service, MFPP (IVG.gov)</p>	<p>€200,000 p.a. (National Objective of Assurance Maladie Spending, ONDAM)</p>	<p>Number of unique visitors to this field</p> <p>Number of partnerships formed with players already involved in this field to share sources of information.</p>
10	<p><b>To guarantee a clear, accessible and coordinated offer of sexual and reproductive health services at territorial level</b></p>	<ul style="list-style-type: none"> <li>- 2021: Referral of the IGAS to the territorial organisation of the sexual health offer. This referral will also involve reviewing the aims of the coordination structures (COREVIH) and their role in the organisation of a comprehensive network of professionals in sexual health in line with prevention structures and primary care professionals;</li> <li>- 2022: Removing the regulatory barriers to the rapprochement of the CeGIDD/CPEF/EVARs and identifying the main elements facilitating or hindering these rapprochements;</li> <li>- 2022: Based on IGAS recommendations, encouraging arrangement of networks of sexual health professionals under the aegis of the ARSs and the COREVIHs, in line with structures;</li> <li>- 2022-2023: Rewriting the specifications of these structures, in particular by encouraging full “test and treat”;</li> <li>- 2024: Implementation of the IGAS recommendations according to the scenarios of the proposed regroupings.</li> </ul>	<p><b>DGOS</b> <b>DGS</b></p>	<p>IGAS, COREVIH, prevention structures, ARS, professionals in sexual health, etc.</p>	<p>No additional cost</p>	<p>Number of networks of sexual health professionals formed in the region</p>

		<p>- 2021-2024: Supporting the rapprochement of the structures and professionals and the development of their roles: development of “Formaprep.org” that is working towards a comprehensive approach to sexual and reproductive health. These online training courses are therefore offered to all members of the network</p>				
11	<p><b>To reinforce the accessibility of the CeGIDDs through the use of virtual consultations in sexual health</b></p>	<p>- 2022: Prior implementation of a directory and a map of sexual health resources, allowing the patient to be guided towards an identified pathway (in line with action 9 relating to Santé.fr)</p> <p>- 2022: At the same time, evaluating all the conditions to be fulfilled to enable a virtual consultation with a CeGIDD to take place: necessary legal developments, secure, ready-to-go information systems, financing model and/or flat fee for clinical pathology labs and city dispensaries (so medicines or prescribed clinical tests can be free);</p> <p>- Early 2023: Promoting, encouraging and supporting the setting up of virtual consultations in the CeGIDDs that have volunteers;</p> <p>- 2024: After evaluating and, if necessary, allowing users to have a free virtual consultation with the CeGIDD, regardless of the location of the centre and the user. This virtual consultation will be part of an organised sexual health pathway.</p>	<p><b>DGOS</b> DGS</p>	<p>Professionals, CeGIDD, CNAM, etc.</p>	<p>To be estimated</p>	<p>Number of virtual consultations carried out</p>
12	<p><b>To develop a platform aimed at young people and vulnerable and at-risk groups offering screening to people far removed from treatment services</b></p>	<p>- First two-year pilot phase of implementing this electronic screening mechanism by self-swabbing for STIs (“MontestIST”) via an ordering platform. This phase will be followed by an evaluation of the results in the second half of 2022, in collaboration with Santé Publique France.</p> <p>- Mid-2022: Launch of the logistics and postal market of the communication campaign to make young people aware of the project;</p> <p>- The mechanism will be designed and developed to expand, if necessary, the possibilities of this ordering platform to include ordering self-tests for HIV or other types of orders.</p> <p>- It could also be opened up to those aged 16-18 in its second phase (early 2024).</p>	<p><b>CNAM/</b> <b>DGS</b></p>		<p>€12.5 million p.a.</p>	<p>Number of kits ordered</p> <p>Number of young people who have benefitted from the mechanism</p>

		<ul style="list-style-type: none"> <li>- 2022: Publication of the decree allowing midwives to treat STIs in women and their partners.</li> </ul>				
13	<p><b>To diversify screening opportunities: ensuring free screening without prescription in clinical pathology labs, improving access to HIV self-tests</b></p>	<ul style="list-style-type: none"> <li>- 2021: Final evaluation of the ALSO trial, then inclusion in PLFSS 2022 to be made widespread;</li> <li>- 2021: Setting up a working group that includes primarily biologists, infectious disease specialists, and publishers of clinical pathology software, the mission of which will be to propose statements adapted to situations occurring in clinical pathology labs;</li> <li>- 2022: Prior training of biologists in the strategies of combined prevention, as well as in sexual health counselling, with knowledge of the treatment pathway and the territorial resources;</li> <li>- From 2022, making available appropriate communication tools (flyers, TV adverts, etc.) in the waiting rooms of clinical pathology labs;</li> <li>- 2022: Making progress in the number of self-tests available to authorised associations;</li> <li>- 2022: Progressing the texts to widen the number of actors who can distribute self-tests and shaping the conditions to support making them available</li> <li>- 2023: Testing the integration of STIs into the ALSO mechanism</li> <li>- 2024: Evaluating the test and making it widespread, if necessary</li> </ul>	CNAM/ DGS	Clinical pathology laboratories, representative s for biologists	€6 million in 2022 – €13 million in 2023 (excluding STIs) (CNAM)	<ul style="list-style-type: none"> <li>Number of departments where the mechanism has been implemented</li> <li>Number of biologists trained in counselling</li> </ul>
14	<p><b>Testing a “long-term prevention” (LTP) pathway for populations on PrEP at a high risk of catching HIV</b></p>	<ul style="list-style-type: none"> <li>- 2022: Introduction of an article 51 project allowing a trial of the long-term prevention pathway for users of PrEP</li> <li>- 2023: Evaluation of the trial that enables the long-term prevention pathway for users of PrEP</li> <li>- 2024: Registering on the HAS programme the definition of a “long-term prevention” pathway based on its own recommendations and the results of the trial</li> </ul>	DGS/ DSS	CNAM Clinical pathology laboratories	€6 million p.a. (Article 51)	<ul style="list-style-type: none"> <li>Reduction of the number of STIs</li> <li>Reduction of PrEP prescriptions in CeGIDDs</li> </ul>

15	<p><b>Enhancing accessibility to post-exposure prophylaxis (PEP)</b></p>	<ul style="list-style-type: none"> <li>- Training and raising awareness among professionals working in prison treatment units.</li> <li>- 2022: In addition to including biomedical prevention in the DPC 2023-2025, development of a PEP training module aimed at professionals authorised to issue PEP and provision of a decision tree redirecting to CeGIDD. For example, when issuing a PEP starter kit, systematically offering emergency contraception and identification of potential sexual violence;</li> <li>- 2022: Enabling primary care physicians and school doctors to issue PEP, either as a starter kit or in full;</li> <li>- Early 2024: Continuing access to PEP by allowing pharmacists and school nurses to give out a PEP starter kit, as these professionals are authorised to issue emergency contraception;</li> </ul>	<p><b>DGS</b> DGOS</p>	<p>Representatives of professionals and expert societies, ANSM, EMA, etc.</p>	<p>€30,000 (training )</p>	<p>Volume of PEP issued by a professional prescriber</p>
16	<p><b>To guarantee access to contraception</b></p>	<ul style="list-style-type: none"> <li>- 2021: Extending coverage by mandatory Assurance Maladie health insurance and AME fees for contraception for women up to 25 years old to 100%, in addition to a systematic third party payer (PLFSS 2022).</li> <li>- 2022: Extending coverage by Assurance Maladie to pay for external condoms in full;</li> <li>- 2022: Expanding the criteria for free issuing of emergency contraception to adults (art. L 5134-1 of the French Public Health Code), instead of limiting this to CPEFs;</li> <li>- 2022-2023: Authorising all nurses to prescribe emergency contraception (modifying art. L 4311 and art. L 5134-1 of the French Public Health Code).</li> <li>- Promoting to the general public and professionals advance prescription of emergency contraception on a case-by-case basis in accordance with HAS recommendations.</li> </ul>	<p><b>DGS/</b> <b>DSS</b></p>	<p>General practitioners, in-house pharmacies and dispensaries, nurses, HAS, etc.</p>	<p>Contraception €21 million p.a. (CNAM) Emergency contraception: €700,000 p.a.</p>	<p>On contraception: monitoring the number of exemption recipients by system  On emergency contraception: monitoring the number of issuances (CNAM)</p>
17	<p><b>To improve access to abortion</b></p>	<ul style="list-style-type: none"> <li>- Including abortion as a priority measure in continuing professional development (CPD) for the 2023-2025 period.</li> <li>- 2022: Implementing a trial of allowing midwives to carry out surgical abortions (article 70 of LFSS 2021).</li> <li>- Including an offer of free STI screening in the flat cost for abortion</li> </ul>	<p><b>DGOS</b> <b>DSS</b></p>	<p>URPS ARS Health centres Representatives of midwives, etc.</p>	<p>€5-15 million p.a. (CNAM)</p>	<p>Rate of progression for institutes offering surgical abortion on a departmental scale  Number of complete regional directories on IVG.gouv</p>

		<p>- Supporting and guiding the roll-out of surgical abortions in health centres thanks to a theoretical and practical training plan for professionals. A national evaluation of the approach may be planned in two years to study the opportunity to extend it to other actors (CPEF, health centres).</p> <p>- Updating and enhancing the IVG.gouv website and its search engine optimisation in order to improve the offer's readability, including the creation of an exhaustive directory of services for each region in particular.</p> <p>- Encouraging communication and sharing good practice on late-term ("fast-track") abortions between regions;</p> <p>- Under the management of ARS and URPS, organising communication on a regional scale on abortion eligibility at urgent care facilities (DSUV) for foreign women without available rights.</p> <p>- 2021: Making the extension of medical abortions outside hospitals from 5 to 7 weeks of pregnancy viable in line with HAS recommendations of April 2021, in addition to the use of telemedicine for all consultations relating to the medical abortion pathway in communities.</p> <p>- 2022: To ensure equal treatment in cases of abortions carried out in hospitals, working to remove obstacles, notably of a legislative and financial nature, currently not allowing telemedicine to be offered for medical abortions in hospital, etc.</p>				Percentage of abortions accompanied by screening
18	<b>To improve education about sexuality and gynaecological treatment for those with disabilities being treated in medico-social services and institutes (MSI)</b>	<p>- Inventory of regions having already implemented programmes similar to the HANDIGYNECO programme</p> <p>- Inventory by the ARSs of private practice health professionals volunteering to work with the MSIs in their regions and to take part in the proposed remunerated training</p> <p>- 2022: Implementing a HANDIGYNECO programme in half of regions:</p> <ul style="list-style-type: none"> <li>• Raising awareness among the targeted population and health professionals</li> <li>• Gynaecological consultations (screening and prevention) in place: access to a sex specialist, a midwife, and an identified peer, in order to receive appropriate references and advice</li> </ul>	ARS	MSI, SG CIH	No additional cost	<p>Number of regions having implemented the programme</p> <p>Number of professionals trained</p> <p>Number of women beneficiaries</p>



		<ul style="list-style-type: none"> <li>Sexual violence taken into account</li> </ul> <p>- 2023: Widespread roll out of the HANDIGYNECO programme in all metropolitan and overseas territories in coordination with any existing complementary programmes</p>				
19	<b>To improve access to sexual healthcare for first-generation immigrants</b>	<p>- 2022: Use the assessment reports concerning the establishments carrying out health check-ups for first-generation immigrants as a knowledge base for improving care pathways for the migrant population.</p> <p>- 2022: Developing an online learning module for first-generation immigrant health check-ups based on the recommendations of the French Language Society for Infectious Pathologies (SPILF) and the French AIDS Society (SFLS) and on training programmes and information provided by Comede (the French Committee for the Health of Exiles) (in partnership with DGS/Public Health France);</p> <p>- 2022: Integrating sexual health into the assessment of the needs of unaccompanied minors and encouraging the availability of prevention tools, such as condoms, at all stages in their follow-up;</p> <p>- 2022-2023: Ensuring that the migrant population is included in all online health-related spaces, so that the tests carried out and their results can be traced digitally so as to guarantee proper follow-up to their treatment and prevention activity.</p>	DGS DSS	OFII, CLAT, prevention organisations, SFLS, SPILF, Comede, etc.	€40,000 (SFLS) for online learning	<p>Acceptance rate for appointments offered as part of the health check-up trials carried out by the territorial department of the OFII</p> <p>Numbers of users for the online learning module put in place in the first-generation immigrants health check-up</p> <p>1st half of 2023: Share of health guidance interviews focused on the subject of “sexual health” during the provisional emergency acceptance period for unaccompanied minors (flash survey to be designed after the distribution of the Unaccompanied Minor Instructions and Guide)</p> <p>2022/2023: Availability of an adapted version of the digital health environment that is accessible for first-generation immigrants</p>
20	<b>To improve the treatment path for transgender people in the overall health programme</b>	<p>- 2021: Training for doctors is to be made part of the 2023-2025 Continuing Professional Development programme so as to develop a global understanding of and support for transgender people in a comprehensive approach to health (screening, reproductive and contraceptive health, mental health, cancer detection, the transition pathway);</p>	DGOS DSS	HAS, relevant healthcare professionals	No additional cost	<p>Including training modules concerning trans identity in both initial and continuing training for healthcare professionals;</p>

		<p>- 2021: Task to be led by Dr Hervé Picard to identify the principal health needs of transgender people, to quantify and qualify any treatment discrimination or refusal of which they may be victims, and to present a clear picture of the current status of treatment;</p> <p>- 2022: In close cooperation with the national action plan for equal rights, combatting hate and combatting LGBT+ discrimination by DILCRAH, devising tools and sessions for generating awareness of trans identity among the reception staff in health establishments and Assurance Maladie offices;</p> <p>- Early 2023: Developing the transition pathway by applying the HAS recommendations</p>				<p>The number of tools and training modules addressing trans identity aimed at reception staff at Assurance Maladie offices and health institutes</p> <p>Modification of the transition pathway</p>
21	<b>To support the Maisons des Adolescents (MDA) in identifying and managing any questions concerning sexual health</b>	<p>- 2021: Implementing a national working party by theme that is charged with defining the best way to achieve these objectives: training, guides aimed at healthcare professionals, reinforcement of partnering schemes, strengthening of specialised consultations within MDAs, etc.</p> <p>- 2022: Distributing the working party's recommendations to all MDAs, using the conclusions from this working group.</p> <p>- 2022: Listing and working on improving partnerships between CeGIDD/CPEF/EVARs and MDA</p>	DGS	<p>ANMDA MDA Prevention structures, local missions, CPTS/MSP</p>	No additional cost	<p>Number of MDAs committed to implementing these recommendations</p> <p>Number of inter-organisation partnerships involved</p> <p>Number of MDAs involved in implementing the recommendations</p>
22	<b>To reinforce the actions for reducing risks for sex workers</b>	<p>- 2022: Identify associations running risk reduction projects on the ground;</p> <p>- 2022: Guarantee the conditions that are required for implementing such actions;</p>	DGS	Community associations	€320,000 p.a. (204 programme)	<p>Number of risk reduction projects financed</p> <p>Number of people who have benefitted from these actions</p>
23	<b>Improve the detection and treatment for people practising chemsex (also known as Party &amp; Play)</b>	<p>- 2021: Mission undertaken by Prof. Amine Benyamina to qualify and quantify the phenomenon, identifying the groups concerned, identifying the products used and potential interactions (particularly with PrEP) and, above all, proposing a prevention and risk reduction strategy;</p>	DGS DGOS	CeGIDD, CSAPA, CAARUD, research bodies, community associations, etc.	No additional cost	<p>Number of healthcare professionals having followed the training module</p> <p>Number of CSAPAs/CAARUDs offering delocalised consultations in CeGIDDs</p>

		<p>to identify addictive practices and reduce risks among those practising chemsex;</p> <ul style="list-style-type: none"> <li>- Incorporating into the instructions given to the CSAPA/CAARUD the objective of networking with the other actors in their territory, in particular the CeGIDDs;</li> <li>- 2022: Capitalising on the projects supported by the fund for fighting addiction to develop skills among healthcare professionals working in the CeGIDDs and other primary care professionals in detecting addictive practices and in reducing risks among those practising chemsex;</li> </ul>				
24	<p><b>To create an overview of all existing data on sexual and reproductive health, to analyse it and to draw recommendations</b></p>	<ul style="list-style-type: none"> <li>- Identifying organisations that produce data and interview them (2<sup>nd</sup> half of 2021);</li> <li>- Constructing an overview that makes it possible to identify topics and populations for which there is a need to provide or update knowledge (2<sup>nd</sup> half of 2021);</li> <li>- Institute a Commission charged with: <ul style="list-style-type: none"> <li>• Regularly updating and adding to this overview</li> <li>• Following the SNSS indicators over three years (2021-2024) – Identifying research needs and reporting regularly to the Steering Committee</li> </ul> </li> <li>- Producing a report by the end of 2023 with proposals for improving the system for producing data on sexual and reproductive health, as well as making proposals for surveys.</li> </ul>	DGS/SPF	Identifying actors that produce data on sexual and reproductive health	No additional cost	Progress in completing and updating the overview
25	<p><b>To conduct a survey on the constraints surrounding permanent contraception, among both the general public and healthcare professionals</b></p>	<ul style="list-style-type: none"> <li>- 2021: Identify the appropriate organisation (INED, SPF, DREES, etc.) and define the scope of the survey;</li> <li>- Study period: 2<sup>nd</sup> quarter of 2022</li> <li>- Late 2024: Publication of the study</li> </ul>	DGS		€200,000 (204 programme)	
26	<p><b>Refer to the HAS with regard to male contraception</b></p>	<ul style="list-style-type: none"> <li>- Referring to HAS to establish the level of knowledge on the subject and to issue recommendations</li> <li>- If appropriate, promoting male methods of contraception that are both scientifically validated and available.</li> </ul>	DGS		No additional cost	

27	To carry out a survey on the health of sex workers	<ul style="list-style-type: none"> <li>- October - November 2021: Carrying out a scientific literature review of available studies and the tools used for surveying this group</li> <li>- Depending on the results of the literature review, recruiting people to define the needs and scope of the study, the choice of sample and its feasibility (interviews with associations and building a working group of experts)</li> <li>- 2022/2023: Launching/carrying out the study</li> <li>- 2024: Publication of the results</li> </ul>	DGS	DREES DGS	€200,000 to €300,000 (204 programme)	
28	To improve information systems and systems for epidemiological monitoring of HIV, STIs and hepatitis viruses	<ul style="list-style-type: none"> <li>- In conjunction with the reform of COREVIH missions and in collaboration with ARSs and Santé Publique France, a revision of the regional epidemiological monitoring procedures</li> <li>- SI-DEP/SI-LAB: market launch in 2022, then gradually widening the scope of the data collected</li> </ul>	DGS	COREVIH, ARS, CIRE, Santé Publique France	No additional cost	HIV, STIs and hepatitis data received in real time
29	To improve sexual health actions within the Adapted Military Service (SMA)	<ul style="list-style-type: none"> <li>- 2022: Identifying local partners for prevention, screening, and vaccination and jointly build an action programme by analysing the local situation and identifying the needs of each territory so that the programme becomes specific to each;</li> <li>- Sharing prevention tools;</li> <li>- 2023: Rolling out the programme built;</li> <li>- 2024: Evaluating this programme</li> </ul>	DGOM	All actors in SMA	No additional cost	<ul style="list-style-type: none"> <li>Number of screenings and vaccinations carried out</li> <li>Number of young people who became ambassadors</li> <li>Number of ambassadors trained</li> </ul>
30	To strengthen regional integration of overseas territories with their neighbouring countries and in existing instances of regional cooperation	<ul style="list-style-type: none"> <li>- Integration of international organisations for promoting regional/local health: Pan Caribbean Partnership against HIV and AIDS (PANCAP) on behalf of Martinique and French Guiana, Caribbean Public Health Agency (CARPHA) on behalf of the Antilles-Guyane region and the Organisation of Eastern Caribbean States on behalf of Guadeloupe and Saint-Martin.</li> <li>- Strengthening France's involvement within the Indian Ocean Commission (COI)</li> <li>- Improving access to European funding programmes like INTERREG</li> <li>- Encouraging and promoting operational and scientific research projects involving cross-border, transnational and/or interregional cooperation</li> </ul>	MEAE	Relevant international organisation, ARSs and prefectures of the relevant overseas territories, MEAE partners	No additional cost	<ul style="list-style-type: none"> <li>The health systems in neighbouring countries are known and understood by each French overseas territory, and potential actions have been identified</li> <li>A minimum of one research or operational project run between 2021 and 2023 in cooperation with the neighbouring region and in accordance with common sexual and reproductive health priorities</li> </ul>

						Cross-border treatment pathways in place, both for screening and treatment
<b>OVERSEAS TERRITORIES</b>						
	<b>In French Guiana, supporting the implementation of a pilot project for a mobile sexual and reproductive health unit</b>	<p>- 2022: Studying the option to implement local cooperation protocols that make it possible to augment competencies of nurses, midwives and sexual and reproductive health mediators in French Guiana;</p> <p>- 2023: Implementing joint intervention for screening for bacterial STIs, HIV, viral hepatitis and precancerous and cancerous lesions of the cervix and focusing on access to contraception and abortion:</p> <ul style="list-style-type: none"> <li>In the field: use of a mobile unit run by nurses/midwives and mediators for providing consultations, offers of screening and primary care in sexual and reproductive health</li> <li>Orientation towards identified resource centres: medical reference team/partners in a recognised network</li> <li>Short lead times: rapid turnaround for test results and referrals, favouring the delocalised “point-of-care” approach where possible</li> </ul>	<b>ARS CORE VIH</b>	Centres Hospitaliers de Cayenne, St Laurent du Maroni, Kourou (EMS-PEC, CeGIDD of the West Guiana General Hospital (CHOG), PASS, etc.), Réseau Kikiwi association, Réseau Périnatal Guyane network, CARUUDs, IDSanté, OCS, CPEF, medical-psychology centres (CMP), PMI centres, Entraides Guyane association, AIDES, DAAC Guyane association, MDM, ADER, L’arbre au Fromager association, French Red Cross Health Prevention Centres, registered nurses and midwives in private practice, neighbourhood associations, town halls, etc.	€250,000 p.a. (regional intervention fund, FIR)	<p>- Usage rate for screening for the main STIs, HIV and hepatitis</p> <p>- Usage rate of contraception</p>
	<b>To improve protection against HPV by vaccination in Martinique</b>	<p>- 2022: Campaign for HPV vaccination among children in primary 5 (12-year-olds), in close collaboration with the ARS, the regional vaccination centre and the local education authority;</p> <p>- 2022: Telling 15-16-year-olds about vaccine boosters during appointments</p> <p>- 2022: Information and training campaign aimed at healthcare medical professionals (general practitioners, midwives) in the context of continuing training, with their posters and leaflets created by the regional union of private practice doctors (URML) and aimed at patients, general practitioners and pharmacists;</p>	<b>ARS</b>	Local education authority, media, professionals, etc.	€150,000 (on their current regional intervention fund (FIR) – no additional cost)	Rate of HPV vaccination coverage

		<ul style="list-style-type: none"> <li>- 2022-2023: Campaign to promote vaccination against HPV <ul style="list-style-type: none"> <li>√ on social networks, radio and other communication media;</li> <li>√ in places frequented by the young: evening meeting places, Defence and Citizenship weeks, adapted military service (SMA), in the temporary homes for at-risk minors (<i>Les Maisons d'Enfants à Caractère Social</i>, MECS), in university, in local missions, in MDAs, etc.</li> </ul> </li> <li>√ on online dating applications</li> </ul>				
	<b>To run a campaign promoting various methods of prevention and information concerning contraception in Guadeloupe</b>	<ul style="list-style-type: none"> <li>- Making an inventory of existing communication tools to see what is missing</li> <li>- Training in social marketing planned for October 2021</li> <li>- 2021: Identifying the main campaign messages, social marketing, distribution channels, etc.</li> <li>- 2022: Mobilising partners</li> <li>- 2023: Launching first widespread campaign</li> </ul>	ARS	Occupational medicine, representatives for healthcare professionals, medico-social institutes (IMEs, IMPros), etc.	€250,000 (regional intervention fund, FIR)	<ul style="list-style-type: none"> <li>Number of unwanted pregnancies,</li> <li>Number of abortions</li> <li>Young people's knowledge of contraception</li> <li>New introductions to PrEP</li> <li>Number of condoms distributed</li> <li>Usage rate of contraception</li> </ul>
	<b>To carry out a campaign to promote, and improve access to, contraception suited to the needs of the territory in Mayotte</b>	<ul style="list-style-type: none"> <li>- September 2021: Launching a communications campaign on contraception in the regions, driven by the ARS and Mayotte's Perinatal Network (<i>Réseau Périnatal Mayotte</i>, REPE-MA): reach out, circulation in secondary schools and among appropriate associations.</li> <li>- 2022: Improving access to contraception in the territory: <ul style="list-style-type: none"> <li>• Organising half-day sessions on contraception in PMI centres</li> <li>• Setting up contraception consultations in secondary schools and in community social action associations (CCAS)</li> <li>• Organising training for midwives on IUD and implant insertion</li> <li>• Improving territorial coverage of private practice gynaecologists and midwives</li> <li>• Improving access to condoms across the territory</li> </ul> </li> <li>- 2023: Creating a Regional Body for Health Education and Promotion (IREPS) in Mayotte to act as a resource and distribution centre for tools in the area of sexual health</li> <li>- 2023: Establishing at least one family planning centre in Mayotte</li> <li>- 2023: Implementing a contraception PASS for minors</li> </ul>	ARS	REPEMA, PMI, CHM, prefecture, departmental council	€1.7 million (regional intervention fund, FIR)	<ul style="list-style-type: none"> <li>Strengthen access to contraception in the territory</li> <li>Increase the number of locations to access contraception in the territory</li> <li>Number of training sessions provided to healthcare professionals</li> <li>Number of tools created and distributed by the IREPS</li> <li>Reduction in the number of abortions</li> </ul>
	<b>Réunion: Programme to reduce risks related to gender and sexuality among young people in difficulty in Réunion</b>	<ul style="list-style-type: none"> <li>- 2022: Call for tender that develops innovative means of identifying and mobilising "invisible" populations with regard to gender and sexuality risks</li> <li>- 2022: Strengthening the sexual and reproductive health services on offer on the island</li> </ul>	ARS	COREVIH, Departmental council, participating municipalities	€345,000 over three years (national government loans)	<ul style="list-style-type: none"> <li>Rate of STIs occurring among young NEETs, MSMs, transgender people and sex workers after 1 year, 2 years and at the end of the programme in each of the proximity zones,</li> <li>Rate of abortion use by minors</li> </ul>

		<p>- 2022: Adapting awareness workshops on relationships and emotional and sexual relations to young people with disabilities, to those following apprenticeships (technical schools, SMAs) ; in E2Cs (second chance schools) or living in child protection centres.</p>				<p>and the percentage of women under 20 giving birth before and after the programme, Number of sexual and reproductive health service centres installed in the East and Grand Sud zones, percentage of beneficiaries of the social and sexual relationship awareness programme compared with the total targeted populations, by category</p>
	<p><b>Wallis and Futuna: promoting prevention and sexual and reproductive health treatment</b></p>	<p>Organising monitoring and screening for STIs:</p> <ul style="list-style-type: none"> <li>Organising screening in the 3 Wallis districts according to the current HAS recommendations and ensuring anonymity;</li> <li>Implementing epidemiological data collection;</li> <li>Informing young people about the means of prevention and screening for STIs and about vaccination against papillomaviruses;</li> </ul> <p>Preventing unwanted pregnancies:</p> <ul style="list-style-type: none"> <li>Organising consultations by midwives in secondary schools, as well as in various dispensaries, to facilitate access to contraception;</li> <li>Improving the confidentiality of consultations concerning abortion;</li> <li>Implementing epidemiological monitoring of abortions taking account of the patients' profiles;</li> </ul> <p>Identifying and addressing sexual violence:</p> <ul style="list-style-type: none"> <li>Improving treatment for victims of sexual violence</li> <li>Putting in place violence prevention actions in schools</li> </ul>	<p><b>Health agency</b></p>		<p>€350,000 p.a. (204 programme)</p>	<p>Number of HPV vaccines delivered</p> <p>Number of contraceptives delivered</p> <p>Number of STI screenings carried out</p> <p>Number of promotion/prevention actions carried out</p>
	<p><b>In Saint Pierre and Miquelon, supporting the implementation of an education programme on sexuality among peers</b></p>	<ul style="list-style-type: none"> <li>Implement a partnership between the Territorial Health Agency in Saint Pierre and Miquelon and the French Family Planning Association;</li> <li>Implementing a sexual health education programme led by local territorial peers.</li> </ul>	<p><b>Territorial Health Agency</b></p>		<p>€50,000 p.a. (204 programme)</p>	



**MINISTRY  
FOR SOLIDARITY  
AND HEALTH**

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Égalité  
Fraternité*