

French Guiana, Guadeloupe and Martinique



Guadeloupe and Martinique, which form part of the Lesser Antilles, and French Guiana, located in northeastern South America, between Suriname and Brazil, constitute the French Overseas Departments in the Americas. In 2007, Saint-Barthélemy and the French part of Saint-Martin became two new overseas entities (*Collectivités d'outre-mer*) and ceased to be part of Guadeloupe. Guadeloupe has a surface area of 1,628 km²—this includes Basse-Terre, Grande-Terre, and other islands. Martinique covers 1,128 km² and French Guiana, 83,534 km². The political and administrative organization of these territories reflects that of mainland France.

The economies of the French Departments in the Americas share the problems common to microeconomies: low export competitiveness and a reliance on natural resources and tourism, among others. They also depend greatly on mainland France. Their environmental fragility and vulnerability to natural disasters also are important factors.

MAIN ACHIEVEMENTS

HEALTH DETERMINANTS AND INEQUALITIES

Although the international crisis affected all three Departments and social programs shrank, the fact that France kept the active solidarity income program in place softened the effect somewhat. This program gives people over age 25 basic financial resources, access to certain social services, and help integrating into society or finding work. In 2009, there were 71,000 recorded beneficiaries (146 per 1,000 population 20 to 59 years old in Guadeloupe, 103 in French Guiana, and 141 in Martinique).

THE ENVIRONMENT AND HUMAN SECURITY

Guadeloupe and Martinique have good access to potable water and sanitation. Given their heightened susceptibility to natural disasters, these two territories have risk-prevention plans in place to cope with earthquakes, hurricanes, and volcanic eruptions.

HEALTH CONDITIONS AND TRENDS

Some 10 imported cases of malaria were reported annually in Martinique and Guadeloupe. In 2006–2008, the incidence of tuberculosis was roughly 4 cases per 100,000 population in Martinique, 6 in Guadeloupe, and 22 in French Guiana.

Leprosy continues to decline in the Departments, thanks to widespread access to medicines. Between 2006 and

2010 there were no reported cases of acute flaccid paralysis, poliomyelitis, diphtheria, or neonatal tetanus, but there were whooping cough cases documented. Between 2005 and 2010, there were eight measles cases.

HEALTH POLICIES, THE HEALTH SYSTEM, AND SOCIAL PROTECTION

In 2010 the Regional Health Agencies (ARSs, from their name in French) were created. Guadeloupe’s ARS has established three territorial subdivisions, including one for the newly constituted Overseas Collectivities of Saint-Martin and Saint-Barthélemy. Martinique’s and French Guiana’s ARSs have opted to handle their two territories in a single ARS.

Hospital care is provided in public hospitals and private clinics. In 2010, excluding surgical beds in Guadeloupe and French Guiana, two-thirds of beds for short-term hospital stays in these two territories were covered by the public sector. There are 62 private medical laboratories in the Departments and a government or public blood bank in each Department. There are 349 drug dispensaries (160 in Guadeloupe, 38 in French Guiana, and 151 in Martinique).

KNOWLEDGE, TECHNOLOGY, AND INFORMATION

Telemedicine has begun to be implemented in French Guiana, and it could begin to make up for a shortage of health workers. The Pasteur Institute of French Guiana is part of the National Reference Laboratories for Dengue in the Americas, and is also connected to the Amazon

Selected basic indicators, Guadeloupe, French Guiana, and Martinique, 2006–2010.

Indicator	Value		
	Guadeloupe	French Guiana	Martinique
Population 2010 (thousands)	404.4	232.2	399.6
Poverty rate (%) (2006)	17.8	26.5	19.8
Literacy rate (%)
Life expectancy at birth (years) (2010)	79.7	76.4	80.4
General mortality rate (per 1,000 population) (2008)	6.9	3.4	7.0
Infant mortality rate (per 1,000 live births) (2005–2007)	7.5	11.8	8.8
Maternal mortality rate (per 100,000 live births) (2008)	14.3	28.2	13.3
Physicians per 1,000 population (2010)	2.7	1.8	2.6
Hospital beds per 1,000 population (2008)	5.5	2.7	4.1
DPT3 immunization coverage (%)
Births attended by trained personnel (%) (2008)	99.3	...	99.9

The New Regional Health Agencies

Between 2006 and 2010, under the Regional Public Health Plan (PSAP) system, each region of France could set its own health priorities. With the creation of the Regional Health Agencies (ARSs, from their name in French) in the latter year, however, significant health system reforms were ushered in. The ARSs administer government funding and health insurance at the regional level, including in the Departments, with a view to making public health services more effective and sustainable. Each ARS brings together all agencies in charge of health policy in a region or department (offices and regional health and social welfare bureaus, hospitals, public health groups, health insurance unions and health missions, as well as inpatient health insurance).

The ARSs are able to pursue a comprehensive approach to health, guaranteeing simpler procedures for health professionals and equal access to care for patients. These agencies have been granted a broad mandate that includes public health (disease prevention, health promotion, health and safety monitoring, and watching for and monitoring epidemics), health care organization, and delivery of certain medical and social services (housing for the elderly and facilities for the disabled).

Network for the Surveillance of Antimalarial Drug Resistance (RAVREDA).

MAIN CHALLENGES AND PROSPECTS

In 2010 21.0% of the economically active population of French Guiana was unemployed. In Guadeloupe the figure was 23.5% and in Martinique 21.0%. Un-

employment is higher among young people (62% of people younger than age 25 were unemployed in Martinique in 2010) and in women (in 2009, 49.3% of women in Martinique and 54.9% of men were working). In 2007, Guadeloupe and Martinique suffered the effects of Hurricane Dean, and in that same year an earthquake in Martinique caused structural damage to one of the three main hospitals. Guadeloupe regularly receives ash clouds from the volcano of nearby Montserrat.

The three Departments share such ongoing health problems as cardiovascular diseases, certain types of cancer, obesity, diabetes, alcoholism, and unlawful homicides. That said, some diseases affect one territory more than another, such as falciform cell anemia in Guadeloupe and Martinique and malaria and yellow fever in French Guiana.

In 2008, the general birth rate was 13.3 births per 1,000 population in Martinique, 14.3 in Guadeloupe, and 28.2 in French Guiana. The Departments' infant mortality rates are similar. The average annual rate in 2005–2007 was 7.5 deaths per 1,000 live births in Guadeloupe, 8.8 in Martinique, and 11.8 in French Guiana. In 2008–2010 the average was 7.6 in Guadeloupe, 8.3 in Martinique, and 11.6 in French Guiana.

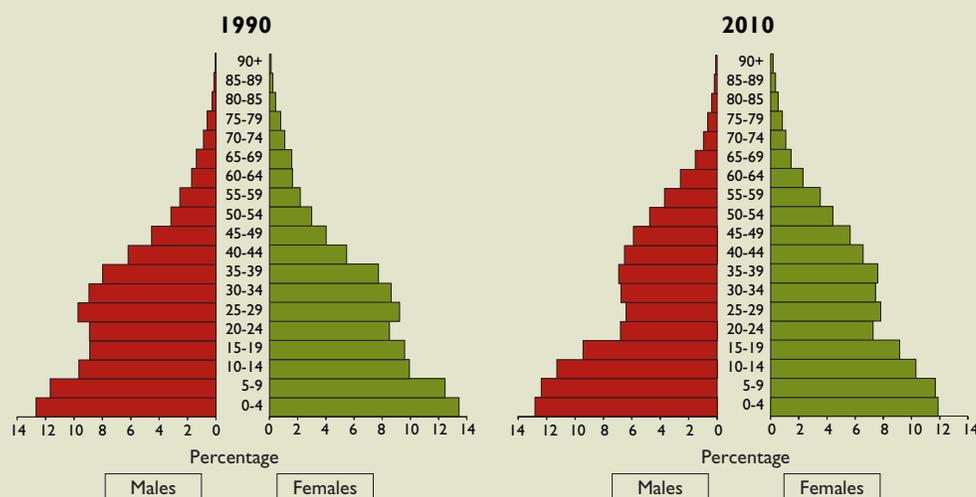
More than 6,300 deaths per year were reported between 2007 and 2009. The main causes of death are cardiovascular diseases, cancer, and trauma.

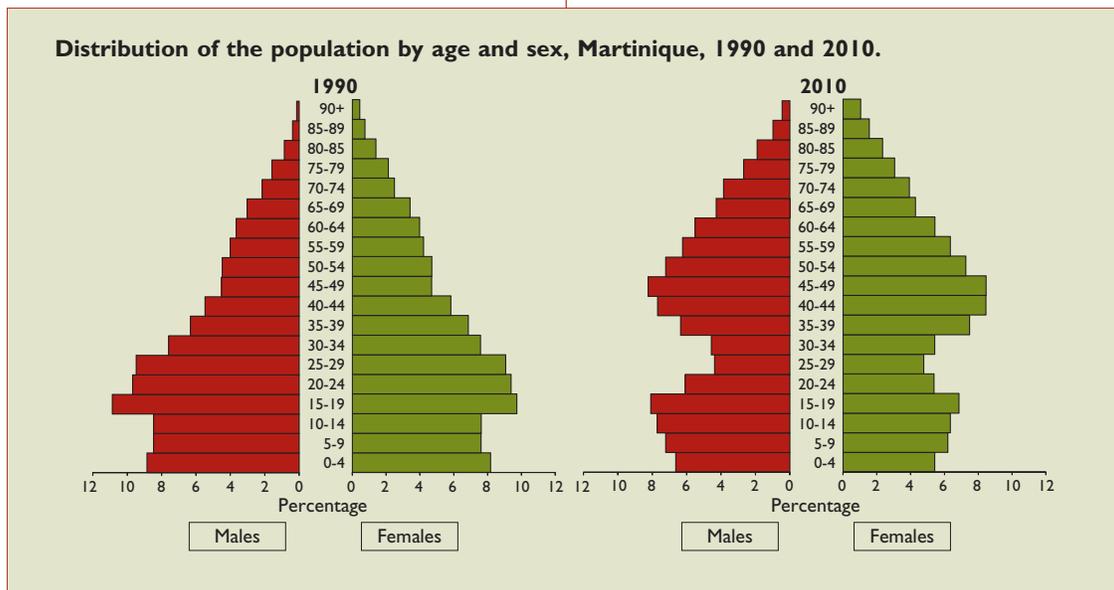
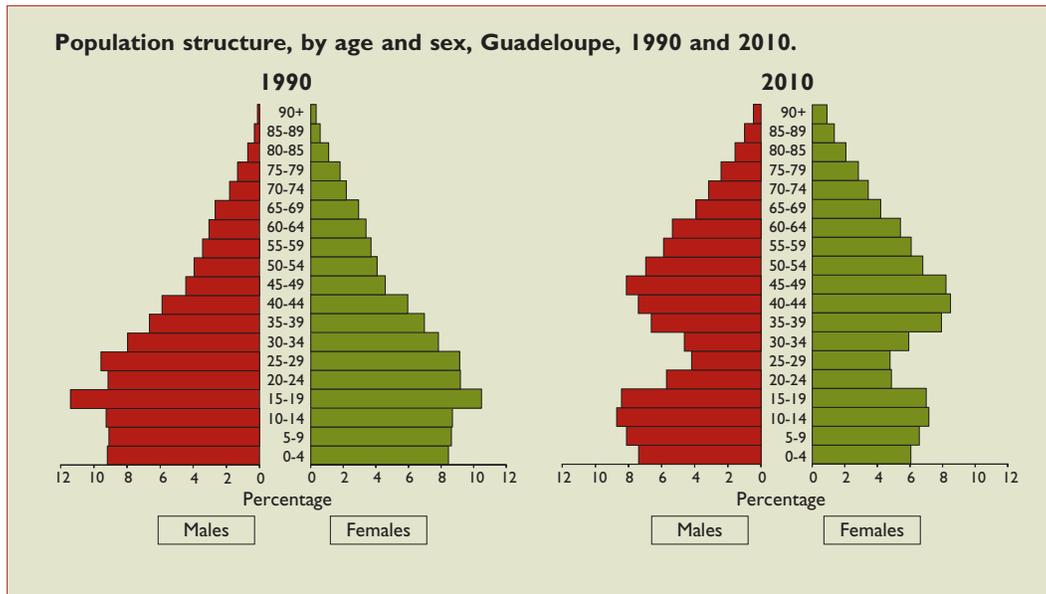
Dengue is endemic and epidemic in Martinique and Guadeloupe, showing with marked seasonal variations. In the last 10 years, the incidence of clinical cases has ranged between 3,650 and 10,000 cases per 100,000 population, with a rate of severity between three and 12 serious cases per 1,000 cases. Dengue is also endemic and epidemic in French Guiana, although it does not have marked seasonal variations.

Malaria is endemic in French Guiana, although it has declined since 2005. There were 3,345 reported cases in 2009.

The Departments are among the four regions of France most affected by HIV/AIDS. As of 31 March 2010, the rate of AIDS cases was 180 per 1,000,000 population in French Guiana, 117 in Guadeloupe, and 39 in Martinique. The rate of HIV-positive diagnoses in 2010 was 1,124 cases per 1,000,000 population in French Guiana, 517 in Guadeloupe, and 160 in

Population structure, by age and sex, French Guiana, 1990 and 2010.





Martinique. The three Departments have access to the same antiretrovirals that are available in mainland France.

The most frequent chronic diseases are cardiovascular disease (especially cerebrovascular accidents, due to the high prevalence of hypertension) and cancer (which is the main cause of death among men). One out of every two cancer cases in men is prostate cancer, while the main type in women is breast cancer (one of every four cancer cases). Diabetes is very common in the Departments, and the proportion of those affected doubles the national average. In 2009, the French Departments in the Americas had the highest prevalence of persons with diabetes undergoing treatment.

Although French Guiana, Guadeloupe, and Martinique have similar institutional frameworks, their

geographical, demographic, social, economic, and health characteristics pose different challenges for each. The populations of Guadeloupe and Martinique are aging, while that of French Guiana is younger and faces a higher level of avoidable events (e.g., maternal mortality and communicable diseases such as dengue, malaria, tuberculosis, and HIV/AIDS).

While all of the Departments have unmet health care needs, the shortage of health workers is particularly acute in French Guiana. It is anticipated that the new regional health agency structure established in 2010 and the adoption of a geographically appropriate public health policy should enable Guadeloupe, French Guiana, and Martinique to better meet their people's health needs.