

## French Polynesia

### 1. Background information

French Polynesia is a multi insular country extending on an important maritime surface, with 2800 km from north to south and 1500 km from east to west. The population was estimated at 254 600 inhabitants in 2006. Seventy per cent of the population lives in the urban zone of the capital Papeete. The remainder of the population lives in rural areas or in the remote islands. French Polynesia was a French overseas territory from 1946 to 2005, when it became a French overseas country. The representatives of the French Polynesia assembly elect the president of French Polynesia.

French Polynesia has reached a high level of socioeconomic development (per capita GNP = US\$15 063). An important part of the GNP is the result of direct or indirect financial transfers from the French government. About 10% of the GNP is currently spent on health.

French Polynesia is experiencing an epidemiological transition, where communicable diseases are decreasing while noncommunicable diseases are increasing. Immunization coverage is over 90%, with low infant mortality rates (6.3 infant deaths per 1000 live births), a low maternal mortality ratio, and a high life expectancy at birth of 71.7 years for men and 76.8 years for women.

While morbidity due to acute respiratory infections remains fairly high, especially in rural or remote areas, or in poor urban districts, improvements in medical care have resulted in very low mortality for these conditions.

The three leading causes of mortality are diseases of the circulatory system, neoplasm, and injuries. Nearly all of the population has ready access to quality primary health care, and quality emergency pre-hospital care.

### 2. Public policy and legislation

#### (a) Commitment at the highest levels of government

The principal commitment of the government of French Polynesia in favour of the prevention accidents and violence relates to road accidents. A government agency for road safety was created in 2003 (Délégation à la sécurité routière: DSR). This was supplemented recently by the establishment of an inter-ministerial committee for the fight against road accidents.

Collaboration between the road police force, which is a service of the French government, and the French Polynesia government agency for road safety, is of good quality and very effective.

#### (b) National laws

Since 2003, several regulations were voted by the assembly of French Polynesia; mandatory wearing of safety belts, mandatory wearing of helmets on motorcycles, and mandatory child seats in the cars.

(c) Enforcement of laws

These regulations and other older laws, like speed limits or driver alcohol blood content laws, are better enforced since 2003.

3. National programme development and implementation

(a) Priority types of injury and violence

In 2004, the road accident mortality rate was 15.6/100 000 (39 deaths), the drowning mortality rate was 8.4/100 000 (21 deaths), and the mortality rate by suicide was 7.2/100 000 (18 deaths).

A descriptive study of family violence among a sample of 1000 women was carried out in 2003 by the department of health. During the previous year of the study 30% of women underwent psychological violence from their partner, 16% physical violence and 7% sexual abuse.

In all of these violence and accidents, alcohol was an important risk factor. In 2005 41% of road accidents deaths were related to alcohol. The descriptive study of family violence shows that 40% of physical violence and 70% of sexual abuse was related to alcohol.

In the population of 15 years old and above, the consumption reaches a level of 8.8 litres of straight alcohol per year. The most consumed alcohol among adult population is beer and heavy intake of alcohol on WE is the most usual mode of consumption

(b) National report on injury and/or violence

No information available

(c) National strategy/action plan/implementation plan

The department of health decided to set up the WHO START study at the request of the association S.O.S suicide, which is an NGO chaired by a psychiatrist; Dr Amadeo. The START study design is probably too complex to be applied in its totality and a reduced protocol was drawn up. This study was scheduled to start in 2007 in the main emergency services of the hospitals of the country. From this descriptive study, the department of health will be able to work out a specific plan of prevention

Following the report of the investigation carried out among women in 2003 by the Department of health, the government decided to set up a programme of prevention of family violence. This programme is being prepared and was entrusted to the ministry for the family and social affairs. Several French laws and regulations regarding repression of violence against women are applicable in French Polynesia but are not yet completely enforced.

Prevention and control actions against alcohol in French Polynesia are coordinated by the Department of Health, particularly by the centre de consultation spécialisé d'alcoologie et de toxicomanie (CCSAT).

Several regulatory texts on the fight against alcohol have been introduced in French Polynesia. The last one is the 2002 decision to ban direct and indirect advertisement of alcoholic beverages in sports venues and sports events.

Police control measures and sanctions against drunk driving and excessive alcohol consumption have been reinforced in recent years. On the other hand, laws prohibiting the sale of alcohol to minors in the market or in bars are not always respected.

A considerable amount of taxes have been imposed on alcoholic drinks: 38% on beers, 41% on wines and 63% on strong drinks.

#### Priority areas for action

Improve knowledge of accidents to act effectively by improving the quality of the official database: the Bulletin of Analysis of Accident with injuries of Circulation (BAAC). Use this knowledge to define a relevant action plan: new regulations, choice of the actions on the field, orientations of communication plan, detect at-risk roads.

Improve road safety by improving infrastructure.

Inform the community through institutional communication campaigns and actions of proximity.

The agency will develop a strong partnership between the different actors working against road accidents: French Polynesian departments, French government agencies, local communities, NGOs and private sector.

(d) National targets/goals set

No information available

(e) Provincial (sub-national) level strategies and plans

No information available

(f) Current or recently completed major intervention programmes

The island of Moorea is located 25 km on east of Tahiti, the population is 17 000 as far as 25 000 on WE.

A road accidents prevention programme has been carried out by the medical district of Moorea since 1999. This programme is based on actions of behavioural education, especially towards young people, and community information.

It originated due to the existence of a local committee for preventing road accidents, gathering all of the institutional and associative partners of Moorea concerned with the issue, including health workers, paramedics, the police force, schools, churches, road workers, NGOs, and the local media. This committee is chaired by the Mayor of Moorea.

A collection of data was established at the emergency department of the hospital of Moorea since January 1999 in order to measure the frequency of road accidents in Moorea and describe their characteristics.

The number of road victims from 1999 to 2006 is stable, in spite of an important increase of traffic in the same period. The number of deaths decreased and there is a significant reduction in the number of seriously injured.

- (g) Evaluation of interventions in terms of implementation and outcomes

An evaluation of START activities was carried out recently by Dr C. Goss, WHO consultant, and an update of the programme is in progress.

- (h) Dissemination of results of programmes

No information available

4. Coordination, leadership, administration and capacity

- (a) National agencies, institutes, lead agencies that coordinate multisectoral actions.

The coordination of road accident prevention is carried out by the DSR road safety agency.

- (b) Nongovernmental organizations involved

No information available

- (c) Coordination within health, between sectors, between NGOs and with donors

The coordination of injury and violence prevention in the health sector is carried out by the non communicable disease office of the health department.

- (d) Human resources, number of full-time staff in health and other relevant ministries

The DSR road safety agency has six full-time workers, and among them two coordinators trained by consultants from French road safety agencies.

- (e) Knowledge and skills of full-time staff for administration and coordination

No information available

- (f) Allocation of funds by Ministry of Health and other government agencies

The main origin of funds for injury and violence prevention is the EPAP (établissement pour la prevention) which is a French Polynesian government agency in charge of the collection of taxes for actions of prevention in the sector of health, youth, sports and social affairs. Most of these taxes are from sweet and alcoholic drinks sales.

- (g) Capacity-building activities (training, education, research, others)

No information available

5. Data collection systems

No information available

6. Pre-hospital and hospital care

No information available

7. Critical Issues and Challenges in Injury and Violence Prevention

The main issue regarding injury and violence prevention is how to change behaviour and especially alcoholic abuse which is the leading risk factor. Another issue is our ability to manage and coordinate a good quality data collection system in the field of injury and violence.