2016 ANNUAL REPORT

Santé publique France

A YEAR IN THE SERVICE OF PUBLIC HEALTH

CONTENTS

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AN EXPERT AGENCY IN THE SERVICE OF PUBLIC HEALTH NEEDS

Santé publique France was founded on 1 May 2016. What a long way covered to create this national public health agency, which provides health services for all.

By merging the *Institut de veille sanitaire* [French Institute for Public Health Surveillance] (InVS), the *Institut national de prévention et d'éducation pour la santé* [French National Institute for health prevention and education] (Inpes), the *Établissement de préparation et de réponse aux urgences sanitaires* [Health Emergency Preparedness and Response Agency] (Eprus),and the public interest group *Addictions Drogues Alcool Info Service* [Drug and Alcohol Addiction Information Service] (Adalis), the Agency has created the conditions for a continuum between its divisions and its various functions.

This annual report, which is based on three overall objectives— "Anticipating", "Understanding", and "Taking Action"— is designed to the highlights of the agency's first year in operation, while illustrating the diversity of our missions, the breadth of our scope of intervention, and the expertise of our teams.

"MEETING HEALTH PROMOTION AND DEVELOPMENT CHALLENGES"

A YEAR AFTER *SANTÉ PUBLIQUE FRANCE*'S CREATION, FRANÇOIS BOURDILLON, THE MANAGING DIRECTOR, AND LIONEL COLLET, CHAIRMAN OF THE BOARD OF DIRECTORS REVIEW THE PROGRESS MADE AND THE CHALLENGES THAT STILL LIE AHEAD.

LIONEL COLLET AND FRANÇOIS BOURDILLON.

"THE AGENCY IS CRITICAL TO THE SUCCESSFUL COMPLETION OF OUR AMBITIOUS PROJECTS."

LIONEL COLLET, CHAIRMAN

How would you evaluate *Santé publique France*'s first year of existence?

François Bourdillon: The creation of the new public body enabled our country to establish, like all industrialized countries, a national public health agency which is competent in all areas, including health prevention and promotion, , monitoring and surveillance, and health emergency alert and response. This first year saw the implementation of an integrated programme that not only allows the Agency's various divisions to work effectively in synergy, but also gives our activities greater visibility.
One of our first tasks was to prove that the continuum brought efficiency gains, and I think it is safe to say that this objective has been achieved.

Lionel Collet: The results are undeniably positive. The functional and geographic merging of the three agencies and the public interest group Adalis contributed to the development of anticipated synergies between vigilance, prevention, and health emergency activities to improve public health. The publication of epidemiological studies and the deployment of extensive prevention campaigns—in particular, No Smoking Month (see p. 28) and the information initiative on new HIV prevention strategies (see p. 29)—have quickly given the Agency optimal visibility. While prevention remains a health policy priority in both France and other large countries, Santé publique France now appears to be critical to the successful completion of ambitious projects in this area. This positive outcome was achieved thanks to the commitment of the management team and the Santé publique France staff who we would like to greet and thank for all their hard work.

4

FOUNDING VALUES

PUBLIC INTEREST ADVOCACY

POPULATION HEALTH EQUITY

REACTIVITY AND SUSTAINABILITY

INNOVATION

What have been the main advantages of merging the four agencies?

F. B.: *Santé publique France*'s strength lies in having access to all the essential functions for public health interventions, from diagnosis to response, and in being able to coordinate and adapt them to the objectives and challenges faced, within a collaborative strategic approach. Only by merging these organizations could their functions be opened up, their information circuits be streamlined, and their interactions become more fluid. We have made significant necessary headway, but continued progress is needed if we are to bring our ambitious plans to full fruition. The potential is definitely there and the professionalism of our highly motivated staff is serving our objectives well. With this substantial work under our belt—although it must be said we did not start from scratch, the foundations were already there—we are now embarking on an improved consolidation and structuring phase.

What were the initial impacts of this transformation?

F. B.: Obviously, the first impact was felt by the staff, who have had to adjust their working methods and adapt to a new organization, although they quickly recognized the new possibilities offered by our extended scope of expertise. However, the impact has also been clearly visible externally, and the first health crises we have had to face have proven our effectiveness. Our commitment to the Zika virus epidemic, for instance, is a perfect illustration of this. We mobilized all our national and local epidemiological resources to organize surveillance, including the monitoring of newborns; we devised prevention messages and targeted recommendations; and we supported the healthcare system by marshalling the Health Reserve (reinforcements of midwives, paediatric nurses, and laboratory technicians).

In terms of governance, what is the Board of Directors' role and how does its actions relate to those of the other three bodies (p. 06)?

L. C.: The Board of Directors sets the agency's policy guidelines, thereby acting as its deliberation and decision-making body. Their initial meetings laid the foundations for *Santé publique France*'s operations and showed the investment of the administrators, irrespective of their background. During board meetings, discussions are always focused on Santé publique France's missions, anticipation, understanding, and action.

"2016 WAS A YEAR OF MAJOR MOBILIZATION ON NUMEROUS ISSUES, INCLUDING THE ZIKA VIRUS EPIDEMIC."

FRANÇOIS BOURDILLON, MANAGING DIRECTOR

Within this framework, the new participation of association representatives is fuelling discussions. The board's relationships with the Scientific Board, the Ethics and Deontology Committee, and the Committee for Orientation and Dialogue with Society are very positive and were in fact, highly anticipated for their ability to shed light on decisions made by the Board of Directors.

What do you consider to be the highlights of 2016?

F. B.: Obviously the Agency's inauguration on 1 May 2016, after two years in the making. But, throughout the year, many themes have required the constant mobilization of teams: the Zika virus epidemic; the anti-smoking campaign with the launch of No Smoking Month; a first large-scale social marketing operation; the measurement of air pollution's impact; the publication of cancer survival reports; the hearing of *Santé publique France* before the *Assemblée Nationale* (National Assembly) on the subject of burn-out; the considerable mobilization of the Health Reserve, particularly to deal with the consequences of the attacks; and the consolidation of remote-assistance systems. To fulfil their entrusted missions as effectively as possible, the *Santé publique France* teams strive to promote healthier living environments on a daily basis.

What work, tools, and optimizations does the Agency still need to better achieve its objectives?

F. B.: After this first year of operation, it is important to adopt a medium-term vision and therefore a multi-year strategy: we must rise to the challenge of a five-year programme. We therefore need to continue working on efficiency, by implementing more rigorous procedures, from decision to action, and by better coordinating our approaches, particularly in the event of a crisis. Relationships at the local-level, as close to the issues as possible, the deployment of long-term initiatives, the corrective evaluation of our interventions, and the use of evidence-based data are guiding our thinking and represent key issues that will enable us to build on encouraging initial results which show that *Santé publique France* has established itself as a major player in our public health system.

GOVERNING BODIES

THE AGENCY'S GOVERNANCE IS ORGANIZED AROUND FOUR BODIES: THE BOARD OF DIRECTORS, THE SCIENTIFIC BOARD, THE ETHICS AND PROFESSIONAL CONDUCT COMMITTEE, AND THE ADVISORY AND DIALOGUE COMMITTEE.

The Board of Directors (BD)

Composed of 28 members (including nine State representatives), appointed for four years, renewable once, the BD is responsible for determining the Agency's major strategic guidelines, its activity programme, and the human and financial resources needed to carry out its missions.

The Ethics and Professional Conduct Committee (EPCC)

Composed of 7 members, this committee contributes to the conflict of interest prevention policy, implemented by the Agency, and to the evaluation of the staff independence system, which comes into play when employees express themselves at public events, particularly in private businesses, professional unions, learned societies, etc.

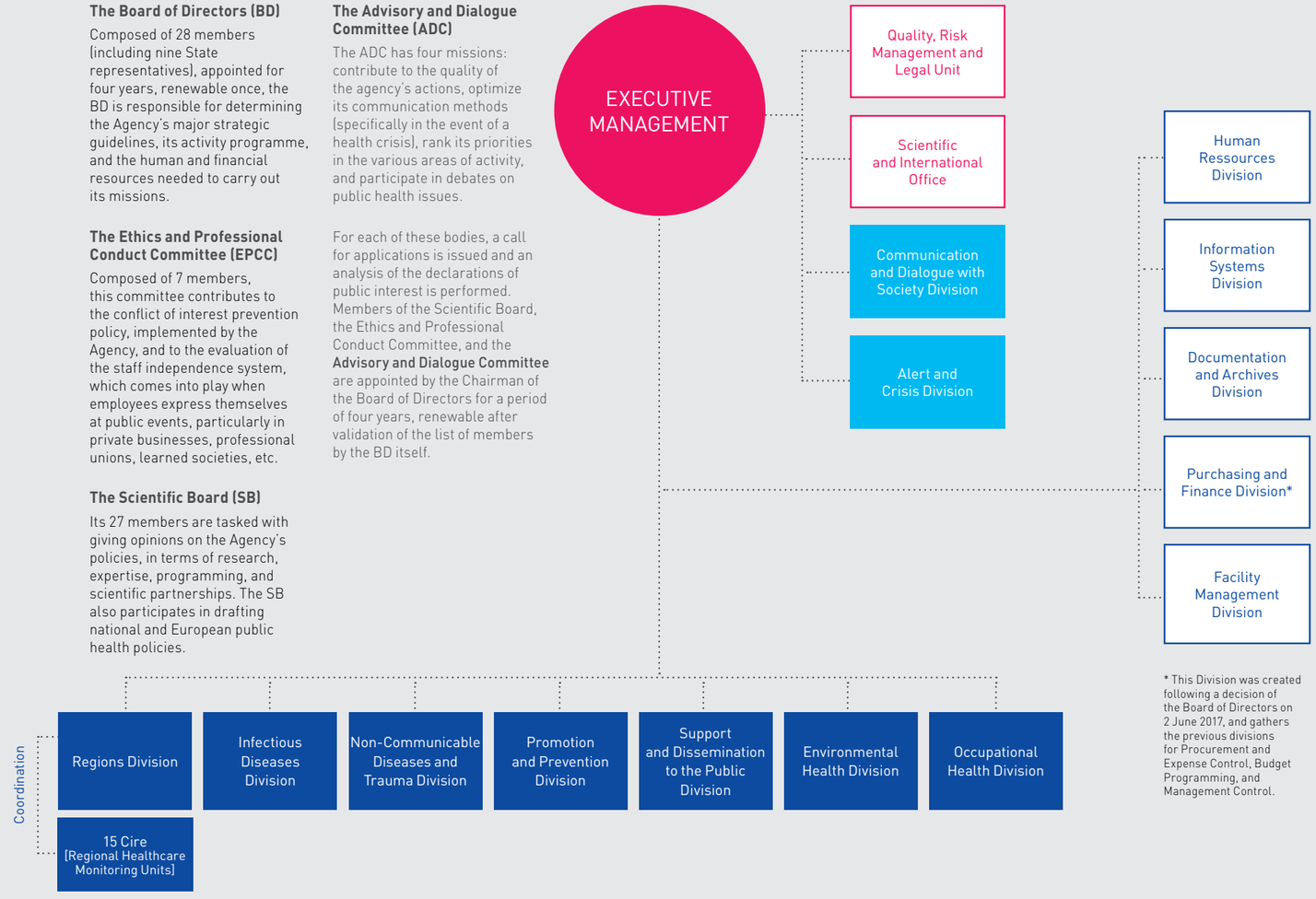
The Scientific Board (SB)

Its 27 members are tasked with giving opinions on the Agency's policies, in terms of research, expertise, programming, and scientific partnerships. The SB also participates in drafting national and European public health policies.

The Advisory and Dialogue Committee (ADC)

The ADC has four missions: contribute to the quality of the agency's actions, optimize its communication methods (specifically in the event of a health crisis), rank its priorities in the various areas of activity, and participate in debates on public health issues.

For each of these bodies, a call for applications is issued and an analysis of the declarations of public interest is performed. Members of the Scientific Board, the Ethics and Professional Conduct Committee, and the **Advisory and Dialogue Committee** are appointed by the Chairman of the Board of Directors for a period of four years, renewable after validation of the list of members by the BD itself.



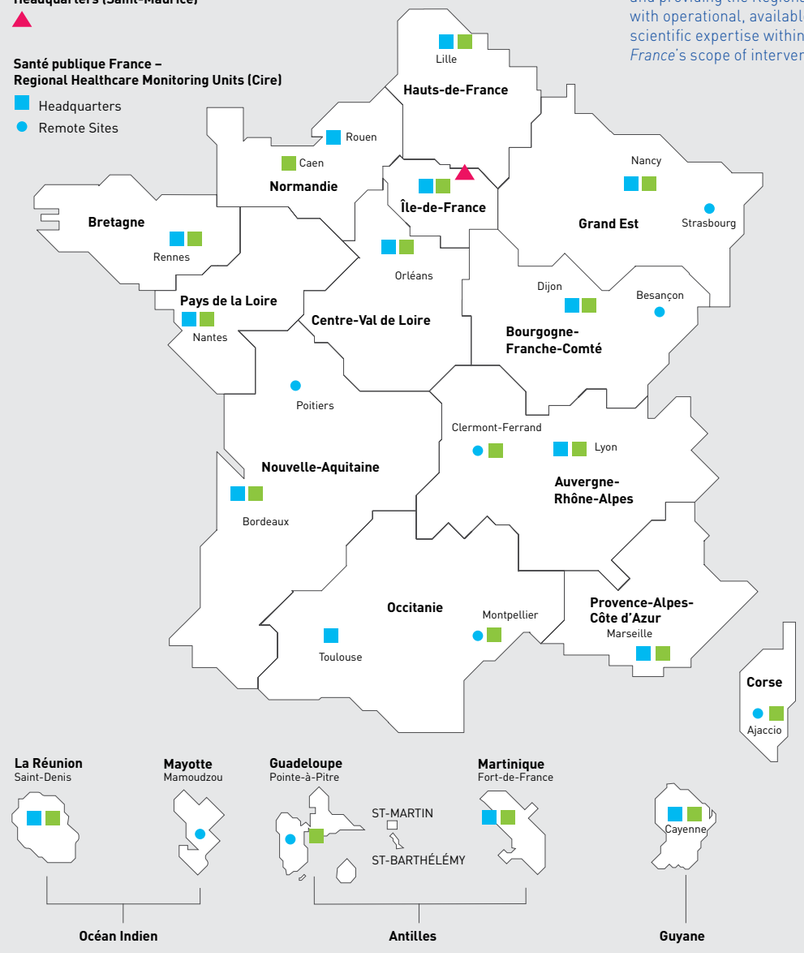
* This Division was created following a decision of the Board of Directors on 2 June 2017, and gathers the previous divisions for Procurement and Expense Control, Budget Programming, and Management Control.

TERRITORIAL ORGANIZATION OF *SANTÉ PUBLIQUE FRANCE* AND THE REGIONAL HEALTH AGENCIES

Agences régionales de santé (ARS)
- Headquarters

Santé publique France – Headquarters (Saint-Maurice)

Santé publique France – Regional Healthcare Monitoring Units (Cire)
- Headquarters
- Remote Sites



15 CIRE

Regional Healthcare Monitoring Units (*Cellules d'intervention en région [Cire]*) are tasked with evaluating regional signals, alerting, investigating, and contributing to the development of prevention and control measures; creating, coordinating and mobilizing networks of regional health surveillance partners; managing and developing regionalized surveillance systems; and providing the Regional Health Agency with operational, available, and reactive scientific expertise within *Santé publique France*'s scope of intervention.

SANTÉ PUBLIQUE FRANCE: A CONTINUUM APPROACH

THE CREATION OF THE NEW NATIONAL PUBLIC HEALTH AGENCY REQUIRED AN INTENSE CONVERGENCE PROCESS BETWEEN THE THREE AGENCIES AND ONE PUBLIC INTEREST GROUP, INVOLVING THE FOLLOWING KEY STEPS.

Santé publique France **headquarters, in Saint-Maurice, Val-de-Marne**

On 19 June 2014, in line with the National Health Strategy presented in September 2013, the Minister of Social Affairs and Health announced the creation of a national public health agency, merging three agencies (the *InVS*, the *Inpes*, and the *Eprus*) and one public interest group (*Adalis*). The objective was to equip France with an agency of "sufficient critical size" capable of carrying out the Ministry of Health's public policies. In September 2014, François Bourdillon was officially appointed to prepare for and lead this newly created agency.

A PREPARATORY COMITOLOGY

As soon as he was appointed, François Bourdillon established a close-knit comitology, made up of a "project team", led by the Deputy Managing Director, and a Project Executive Committee, chaired by François Bourdillon himself. From the very beginning of the process, fifteen thematic working groups were created to promote maximum staff contribution with respect to discussions. *"After evaluating the existing situation"*, explains Martial Mettendorff, Deputy Managing Director; *"the groups carried out analyses to elaborate the key operating principles of the new agency, specifying the resource pooling, synergies, and integrations needed to create overall coherence and shared values."* François Bourdillon used the reports written by these working groups to develop his preliminary report, which he submitted to the Minister on 2 June 2015.

A COMMON PROGRAMME AND ITS STEERING MECHANISMS

Further collective work helped create the new agency's 2016 annual programme, based on 28 programmes involving five strategic areas. This key milestone helped create a shared identity and resulted in the implementation of a multi-disciplinary approach. To achieve the established operational objectives, each program is led by a functional department and assisted by several others. The aim of these steering mechanisms is to better integrate prevention activities within a continuum approach, while developing the agency's expertise.

CONVERGENCE IMPLEMENTATION

In addition to establishing this programme, convergence was also implemented through the configuration of the agency's bodies, including the Board of Directors (see p. 06). Moreover, *"since the three establishments and the public interest group Adalis were located in four different geographical areas, and governed by different management rules"*, explains Martial Mettendorff, *"it was necessary to collaborate with support functions to develop an operational convergence plan for the new agency as early as 2015. Seventeen projects were implemented to maintain normal operating conditions at the three agencies, and to prepare for their transition to the new agency, once it was created."* The support functions—Information Systems Division, Budget Planning and Control Division, Human Resources Division, etc.—actively participated in this operational convergence and played a decisive role, despite the difficulties raised by the public accounting and budget management reform (which required a number of adaptations pending the deployment of new software enabling its implementation).

28

PROGRAMMES INVOLVING FIVE STRATEGIC AREAS

UNINTERRUPTED SOCIAL DIALOGUE

All the teams committed themselves to this process, while continuing to carry out their public service activities without interruption throughout the entire process.

With regard to social dialogue, *"We held negotiations with all the unions from the onset"*, explains the Deputy Managing Director. *"We signed an initial agreement to determine a negotiation method, then a second agreement related to organizing staff-related functions and rules."*

HIS ISSUE OF THE PREMISES

Once the Minister had announced that the three bodies would be merged together in Saint-Maurice, several feasibility studies were carried out, specifically for a provisional set-up within the hospital. Finally, the decision was made to build a new facility, and install modular buildings to be used during the entire construction period (the new building will be completed in late 2018). This was the fastest, most economical solution, as it enabled all teams to be together by February 2017. In 2019, the teams will move to their new, permanent building with its renovated large-scale restaurant facilities.•

THE OBJECTIVE WAS TO EQUIP FRANCE WITH AN AGENCY OF "SUFFICIENT CRITICAL SIZE", CAPABLE OF CARRYING OUT THE MINISTRY'S PUBLIC POLICIES.

ANTICIPATE

THE NATIONAL SURVEILLANCE SYSTEMS IMPLEMENTED BY *SANTÉ PUBLIQUE FRANCE*, TOGETHER WITH THE IMPACT STUDIES, HEALTH BAROMETERS, AND MICROBIOLOGICAL EXPERTISE OF THE NATIONAL REFERENCE CENTRES, CONTRIBUTE TO BETTER ANTICIPATE HEALTH CHALLENGES AND DETERMINE THE INSTRUMENTS AND ACTIONS NEEDED TO ADDRESS THEM.

DIGITAL

THE MANDATORY E-DO REPORTING PLATFORM GOES ONLINE

→ **INFECTIOUS DISEASES**

Whenever any of the thirty or so mandatorily notifiable (MN) diseases are diagnosed, clinicians and biologists were until now to complete a *Cerfa* form and send it to *Santé publique France* by postal mail. In April 2016 a digital platform called e-DO went live, creating a simplified reporting process using an online form. Currently, it can only be used to report HIV-AIDS, but other diseases are gradually being integrated, the next being tuberculosis.

All stakeholders were involved in this project's implementation, including the Regional Health Agencies and the clinicians and biologists who drew up the specifications. The steering committee is made up of representatives from the Ministry of Health, the associations, the French National Board of Physicians.

CALL FOR APPLICATIONS

RENEWAL OF THE NATIONAL REFERENCE CENTRES NETWORK

→ **INFECTIOUS DISEASES**

The National Reference Centres (NRCs) for the control of communicable diseases are laboratories that provide *Santé publique France* with the necessary microbiological expertise to monitor infectious diseases in human health. Financed, organized, and coordinated by the agency, this network is made up of very high-level laboratories, each specializing in a theme or group of specific microorganisms: viruses that cause respiratory infections, including influenza, arboviruses, sexually transmitted infections, measles, mumps and rubella viruses, infectious transfusion risks, antibiotic resistance, etc.

The list of these themes or groups of microorganisms, which are all considered public health priorities, is regularly updated to meet public health needs. This network is renewed every five years so it can be tailored to any changes in the epidemiology of infectious diseases in France.

In 2016, *Santé publique France* launched a call for applications to renew this network; it assessed the applicants' files with the help of its NRC Committee and selected 44 NRCs representing a total of 75 laboratories. The list of new NRCs was submitted by the agency to the Ministry of Health and published by an Order dated 7 March 2017. The current network's mandate will cover the period from 1 April 2017 to 31 March 2022.

SURVEILLANCE

THE OVERHAUL OF THE NATIONAL SURVEILLANCE SYSTEM FOR MESOTHELIOMAS AND ASBESTOS EXPOSURE

→ **OCCUPATIONAL HEALTH**

The epidemiological surveillance of mesotheliomas has become increasingly complex since 1998; it was therefore necessary to unify, modernize, and optimize the national surveillance mechanism for mesotheliomas. Moreover, the asbestos problem has evolved with occupational exposure shifting from industries that process and use asbestos towards those that demolish buildings which contain asbestos or process contaminated materials. Other situations likely to lead to asbestos exposure must also be taken into account, especially the environmental exposure of populations living near former industrial sites, where asbestos was once used, and exposure resulting from handiwork activities.

After a year of discussions (2015) between *Santé publique France*, experts from the *Programme national de surveillance du mésothéliome* [National Mesothelioma Surveillance Programme] (*PNSM*), and various key players, the structure for the future *Dispositif national de surveillance des mésothéliomes* [National Mesothelioma Surveillance System] (*DNSM*) was defined and will be overseen by the agency. It will be organized around three pillars: a specialized mesothelioma register within a restricted area, a unique identification portal to better detect cases of mesothelioma and improve knowledge pertaining to asbestos exposure, and, finally, the continued practice of mandatory notification. In 2016, the agency finalized its recommendation reports on the future mesothelioma surveillance system (DNSM) and made plans to deploy the surveys in two regions that were not previously covered: Hauts-de-France and Île-de-France.

PSYCHO-TRAUMATIC IMPACT

IMPLEMENTATION OF POST-ATTACK IMPACT STUDIES

ALERT AND CRISIS

One of *Santé publique France*'s missions is to assess the impact that exceptional events have on the population's physical and mental health. After the *Charlie Hebdo* shooting and the *Hyper Cacher* siege in Porte de Vincennes in January 2015, an *IMPACTS* study (investigation into post-attack traumatic stress and the therapeutic care and support provided to individuals involved in the attacks of January 2015 in Île-de-France) was launched. This initiative involved meeting with people who experienced these events—witnesses, police, health professionals, the bereaved, i.e. 190 civilians and 232 responders—to evaluate, with psychologists, their post-traumatic stress levels, identify individuals likely to develop serious mental health problems, and obtain information pertaining to their care.

The collected data was being analysed when the November 2015 attacks occurred. They gave rise to a second study, *ESPA 13 Novembre* (public health survey following the attacks of 13 November), but because the number of individuals affected by this event was much larger, face-to-face interviews would have been difficult. This survey was therefore carried out over the internet. A questionnaire was developed and posted online, guaranteeing maximum data security. Several channels were used to inform affected individuals about the survey. Responders were mainly notified by their chain of command, while civilians were informed by the media, various victim support associations, and hospital services and mailing campaigns targeting local residents. This questionnaire was completed by 1,400 respondents who are undergoing treatment. A third study is under way following the Nice attack.

190

CIVILIANS AND 232 RESPONDERS WERE INTERVIEWED AS PART OF THE IMPACT STUDY

SURVEY

THE 2016 HEALTH BAROMETER AND BAROTEST

HEALTH PREVENTION AND PROMOTION

The Health Barometer is a system of periodic surveys whose objectives are to gain a better understanding of French behaviours and opinions pertaining to health, and to monitor these indicators over time. For the 2016 edition, 15,216 telephone interviews were conducted between January and August, among people 15 to 75 years of age living in metropolitan France. All collected data is currently being analysed. The main themes addressed by this Health Barometer were:

- vector-borne diseases, specifically Lyme disease, chikungunya, and dengue fever;
- vaccinations, particularly with respect to the population's vaccine adherence, perception of specific vaccines, and the diseases they help to prevent, and vaccine hesitancy data;
- sexual health, particularly sexual and preventive behaviours adopted at different stages of life, contraception, and unplanned pregnancies;
- hepatitis B & C and HIV testing, particularly the dates and circumstances of these tests and knowledge of/interest in the HIV self-test.

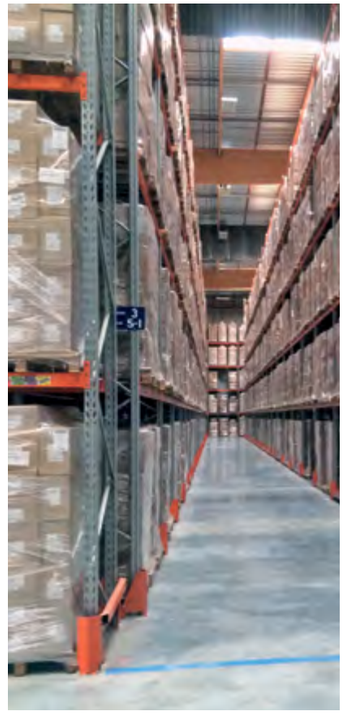
A biological component called the "Barotest" was used for the first time in conjunction with the Health Barometer. Combined hepatitis B, C and HIV testing was offered to all adults interviewed in the 2016 Health Barometer, by means of a self-testing kit sent to their homes. The blood sample (on blotting paper) was then sent by postal mail to partner laboratories; the latter performed the tests and provided the results. This initiative was implemented to estimate the feasibility and acceptability of this testing method in the general population, the prevalence of these three infections in the general population, and the proportion of people who are unaware of their seropositive status.

ANTICIPATION OF HEALTH CRISES

SANTÉ PUBLIQUE FRANCE'S PHARMACEUTICAL AGENCY

ALERT AND CRISIS

On behalf of the government, Santé publique France's Pharmaceutical Agency manages the strategic reserves of health products required to protect the population in the event of a serious health threats. Such reserves include masks, antivirals, antidotes, and vaccines. The agency purchases, imports, and stores health products for exportation and distribution, to be used in the event of exceptional heath situations involving epidemics, natural disasters, or terrorist attacks. In 2016, the Zika virus epidemic required the purchase of equipment, including respirators and ultrasound scanners, and warranted the deployment of preventive antidotes in ten organizing UEFA European Championship cities.



A portion of this stock is centrally located at the National Platform of Strategic Health Stocks (PN3S), which has been fully operational since April 2016. Regionally, medico-pharmaceutical allocations (mobile health stations) are stored in 120 mainstay health facilities, and are used locally for exceptional health situations. A shared information system was developed to optimize tactical resources and inventory management, and ensure the visibility of the Health Agency-/Regional Health Agency/*Santé publique France* Directorate-General. In addition, an expert committee amended mobile health station requirements to include exceptional health situations (collective attacks), and proposed the creation of paediatric health stations to further improve the treatment of victims.

UNDERSTAND

SANTÉ PUBLIQUE FRANCE
CONDUCTS EPIDEMIOLOGICAL STUDIES AND SURVEYS, PUBLISHES REPORTS, AND ORGANIZES CONFERENCES TO IMPROVE KNOWLEDGE ON THE POPULATION HEALTH STATUS, BEHAVIOURS, AND ENVIRONMENTAL IMPACTS, AND TO DESIGN HEALTH PREVENTION AND PROMOTION STRATEGIES.

CONFERENCE

WOMEN AT THE HEART OF CARDIOVASCULAR RISK

→ **NON-COMMUNICABLE DISEASES AND INJURIES**

Co-organized on 10 March 2016 by the Ministry of Social Affairs and Health and *Santé publique France*, in cooperation with the *Fédération française de cardiologie* [French Federation of Cardiology] (FFC), this conference was scheduled following troublesome epidemiological developments concerning cardiovascular risk among women, particularly those under 65 years of age. Indeed, over the past decade, these women's hospitalization rate has been steadily rising due to cardiovascular disease, particularly heart attacks and strokes (+20% and +14% respectively between 2002 and 2013). Multiple causes are cited, including individual behavioural changes and various risk factors (smoking, stress, a sedentary lifestyle, poor eating habits, etc.) within the context of a major societal change in women's living conditions. Furthermore, a lack of awareness with respect to symptoms, which are sometimes atypical, can lead to an underestimation of their severity, resulting in diagnosis and treatment delays. Nevertheless, a prevention strategy is achievable. It must be a life-long process, and health professionals should be mobilized to raise women's awareness.

This conference, which was held two months after the agency's creation, foreshadowed the link that must be created between epidemiological surveillance and prevention. Thus, this awareness-raising day, targeting all health and prevention healthcare providers and—through them—the general public, had the following objective:

- to conduct a joint assessment of women's cardiovascular health based on worrying reports and analyse the main determinants, notably behavioural;
- to promote new preventive means and strategies adapted to women, e.g. the development of a multi-modal communication system to promote physical activity or the "sport & health prescription" an initiative being tested in Strasbourg;
- to highlight the specificities of treatment for women;
- to encourage all stakeholders to address this issue.

EPIDEMIOLOGICAL SURVEILLANCE

THE ZIKA VIRUS EPIDEMIC IN GUYANA AND THE FRENCH WEST INDIES

→ **INFECTIOUS DISEASES**

Since 2013, after the epidemic that struck French Polynesia, *Santé publique France* has been preparing itself for the risk of the Zika virus—which was little known at the time—owing to its relationships with local public health services. At the time of this first major epidemic, the French Polynesian teams demonstrated that this reputedly benign virus could cause neurological complications such as Guillain-Barré syndrome, and that it could also be transmitted sexually (the virus can remain active in sperm for six months) and not exclusively by mosquito bites.

When the epidemic was reported in Guyana and the French West Indies in January 2016, the surveillance system the agency had set up was operational. Collaboration with the National Reference Centre for arboviruses and its associated laboratories was close and constant so that surveillance methods could be adapted to knowledge about the virus (in particular its responsibility in cases of serious foetal complications) and diagnosis tool development. Daily monitoring, performed by the Antilles-Guyana *Cire*, was used to assess the extent and dynamic of the epidemic. The weekly publication of data in the epidemiological bulletins guaranteed that information was shared with the population, as well as all partners involved in fighting this epidemic.

Lastly, *Santé publique France* shared its expertise on Zika virus in the working groups of the *Haut Conseil de la santé publique* (High Council for Public Health), as well as those set up by the *Agence nationale de sécurité du médicament et des produits de santé* (French National Agency for Medicines and Health Products Safety) (*ANSM*). It also participated in international work, particularly in cooperation with the European Centre for Disease Prevention and Control (ECDC).

EPIDEMIOLOGICAL SURVEILLANCE

HEALTH SURVEILLANCE OF MIGRANT POPULATIONS IN CALAIS AND GRANDE-SYNTHE

→ **REGIONS**

Between January and October 2016, the number of migrants at the new "Jungle" camp in Calais tripled from 2,000 to 6,000. This situation led to a significant deterioration in living conditions, particularly in terms of access to drinking water, sanitation, and care. Following the recommendations given after the camp was visited by the inter-ministerial mission to evaluate health care, the Hauts-de-France *Cire*, in partnership with the Regional Health Agency, set up an epidemiological surveillance system in Calais for one year (November 2015-October 2016). The system was extended to Grande-Synthe in December 2015. Its objectives were to identify any signs of epidemic early, so as to facilitate rapid intervention, and to monitor target pathology trends, so as to adapt care accordingly.

These measures have been supported by the strengthened system for reporting notifiable diseases to the Regional Health Agency, as well as the transmission of syndromic surveillance data by the Accident and Emergency Departments, the *Permanences d'accès aux soins de santé* [24-hour healthcare clinics] (*PASS*), and the health centers managed by NGOs (specifically *Médecins sans frontières*/Doctors without Borders, *Médecins du monde*/Doctors of the World and the *Croix-Rouge*/Red Cross). Three epidemic episodes—influenza A (H1N1), measles. and chicken pox—were thus detected and required vaccination campaigns, organised by the Regional Health Agency, the NGOs, and the *Hôpital de Calais* with the support of the Health Reserve and the *Santé publique France* Pharmaceutical Agency. Despite contextual constraints and difficulties (a highly variable migrant population, a multitude of participants, information systems, etc.), the involvement of all hospitals, associations, and administrative stakeholders enabled the system to be quickly adapted so that an appropriate and reactive response to public health alerts could be implemented.

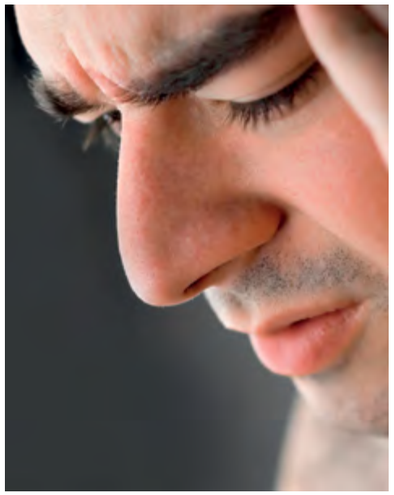
EPIDEMIOLOGY

BURN-OUT

→ **OCCUPATIONAL HEALTH**

Santé publique France has been running the work-related diseases (WRD) surveillance programme (MCP – Maladies à caractère professionnel), in collaboration with the Occupational Health Inspectorate, since 2003. Work-related illness is defined as any illness (or symptom) that is considered by occupational physicians to be related to a person's work, but is not recognized as an occupational illness by the social security schemes. The primary objective of this programme, which relies on a network of voluntary occupational physicians, is to describe and quantify *WRDs* in France, including their associated occupational exposure factors.

Since the creation of the *MCP* programme, psychological distress has been the second most commonly reported pathologic group by occupational physicians after musculoskeletal disorders. In this programme, psychological distress covers psychiatric disorders as well as other problems falling



within the scope of mental health, but which are not considered illnesses in the reference classifications (e.g. burn-out): between 2007 and 2012, the prevalence of work-related psychological distress increased from 2.3 to 3.1% among women and from 1.1 to 1.4% among men, and the distribution of the disorders it encompasses has changed, with a likely increase in the proportion of burn-out.

Although work-related psychological distress is becoming increasingly prevalent among occupational diseases, it is not included in any occupational illness table recognized by the various social security schemes.

In this context, the National Assembly's Social Affairs Commission, which carried out an informational mission on burn-out in 2016, consulted *Santé publique France* on 11 October 2016 and questioned the agency's representatives on arrangements for epidemiological surveillance and the methodology that would be implemented. The Commission's information report, published in February 2017, can be consulted on the websites of the Parliament and *Santé publique France*.

BIOSURVEILLANCE

PUBLICATION OF VOLUME 1 OF THE BIOSURVEILLANCE PROGRAMME'S PERINATAL COMPONENT

→ **ENVIRONMENT**

The National Biosurveillance Programme, resulting from the Grenelle II law, is based on the implementation of two studies, carried out by *Santé publique France*, and aim to describe the population's exposure to environmental pollutants: the first, entitled Esteban[1], covers the general population from 6 to 74 years of age, and the second covers a sub-sample of 4,145 pregnant women who gave birth in 2011 and are included in the *ELFE*[2] *cohort*.

99.6%

OF THE SAMPLE WAS EXPOSED TO AT LEAST ONE PHTALATE

The objective of Volume 1 of the National Biosurveillance Programme's perinatal component is to use urine and serum samples, taken at the time of delivery, to describe these women's level of exposure to certain organic pollutants present in the environment: bisphenol A, phtalates, pesticides, dioxins, flame retardants, and perfluorinated compounds—a whole host of endocrine disruptors that can have repercussions on pregnancy and the health of the child, some of which can be carcinogenic.

The results of Volume 1 show that these organic pollutants were measured at quantifiable concentration levels in almost all pregnant women. The results also show that while food represents the main source of exposure, other sources are present, particularly in indoor and outdoor air.

1. Health study on the environment, biosurveillance, physical activity, and nutrition.
2. French Longitudinal Study of Children.

STUDY

PUBLICATION OF THE QUANTITATIVE EVALUATION OF THE HEALTH IMPACT ASSOCIATED WITH AIR POLLUTION

→ **ENVIRONMENT**

This new quantitative evaluation of the health impact falls within the scope of the air and health programme coordinated by *Santé publique France*. It is the first study carried out on the 36,219 communes of continental France (and not purely in large urban centers). Based on "common" data, it uses fine particles smaller than 2.5 micrometres ($PM_{2.5}$) as a representative marker for overall air pollution. According to the study, these particles are responsible for 48,000 deaths a year (i.e. 9% of the French death rate), and a 30-year-old individual can lose up to two years' life expectancy in the most polluted cities and up to nine months in small cities and rural areas. This health impact is the result of daily exposure to fine particles.

To support this work, four scenarios were studied in order to evaluate, in each of them, the number of deaths that could be prevented and the increase in life expectancy that could be gained if:

- the $PM_{2.5}$ level of all the communes was equivalent to 5%, as it is in the least polluted communes;
- the $PM_{2.5}$ value recommended by WHO (10 µg/m^3) was respected;
- the $PM_{2.5}$ value recommended by the Grenelle de l'environnement (Environmental Forum) (15 µg/m^3) was respected;
- the $PM_{2.5}$ "target value recommended by European regulation" (20 µg/m^3) was respected.

The results obtained indicate that the most ambitious scenarios reduce the number of deaths by up to 34,000 and increase life expectancy by an average of nine months. The authors of this study conclude that decreasing particle matter levels in the air would play a decisive role in preventing cancers, cardiovascular and respiratory diseases, and neurodegenerative diseases in France.

PROGRESS REPORT

REPORT ON REQUESTS RELATED TO POLLUTED SITES AND SOILS

→ **ENVIRONMENT**

***Santé publique France* responds,** through the *Cire*, to local environmental health requests from the population or its representatives. At the request of the Directorate General for Health, an evaluation of the investigations carried out around polluted soils and industrial sites between 2010 and 2015 was performed and provides information on:

- the type of pollution, its origin, and the suspected pollutants;
- the circumstances surrounding exposure;
- the populations concerned and the diseases reported;
- the actions taken by *Santé publique France*.

In total, over six years, 116 requests related to polluted sites and soils required the active participation of *Santé publique France* teams on site, as well as assistance from internal and external experts. The deliberations that these investigations elicit contribute to better regulate the health safety of these sites, where the population and workers are exposed to old or recent pollution.

Simultaneously, *Santé publique France* designs new methods and tools to improve the response to local requests. Discussions are being held on the feasibility of setting up health surveillance around major industrial areas and, more broadly, on defining the scope of environmental health missions at local level.

SURVEY

NUTRITION: SURVEY ON OVERWEIGHT IN SCHOOLCHILDREN

→ **NON-COMMUNICABLE DISEASES AND INJURIES**

The third edition of the survey on overweight schoolchildren ages 7-9-years was launched in 2016; this survey was first initiated in 2000, and repeated in 2007. It was conducted in the primary schools of 90 (of the 96) metropolitan departments and spread between priority and non-priority areas, in order to obtain results that are representative of pupils from the 7-9 year age bracket. The weight and height of over 5,000 children were measured by school nurses, and parents completed a questionnaire to provide information on their socio-economic and family situation.

The previous surveys carried out in 2000 and 2007 had shown that the increase in overweight and obesity rates had stabilized for this age bracket. This had also been noted in Switzerland, Denmark, and Sweden. Unlike the previous editions, this survey was part of the WHO European Office Childhood Obesity Surveillance Initiative (COSI), which addresses childhood obesity within this same age bracket in approximately fifteen European countries. The challenge of this study, which is currently undergoing analysis, is to determine whether the overweight and obesity curve is rising, falling, or remaining steady, and to compare results with those of other European countries.

SURVEILLANCE

RISK FACTORS ATTRIBUTABLE TO SMOKING

→ **NON-COMMUNICABLE DISEASES AND TRAUMA**

Among the world's developed countries, France has one of the highest tobacco consumption rates, with almost 30% of the population being smokers (adolescents and adults). Since smoking is a leading cause of illness and death, public authorities launched the national smoking reduction programme in 2014. This programme aimed to reduce the number of smokers by 10% over five years and decrease the proportion of daily smokers to below 20% by 2024. This is the context within which the guidelines for the epidemiological surveillance, implemented by *Santé publique France*, were established. Indeed, the agency's work in 2016 evaluated the impact of smoking on the population in terms of mortality and its evolution between 2000 and 2013.

Some 73,000 deaths were attributed to tobacco consumption in 2013, equating to 13% of all recorded deaths in metropolitan France that year. While the number of smoking-related deaths seems to have slightly decreased in men between 2000 and 2013, it has risen sharply in women. This number has, in fact, doubled in the female population, rising from 3% of all deaths in women in 2000 to over 6% in 2013, indicating an extremely worrying trend.

SURVEY

DETAILED ANALYSIS OF INJURY-RELATED DEATHS IN CHILDREN UNDER 15 YEARS OF AGE

→ **NON-COMMUNICABLE DISEASES AND TRAUMA**

Each year in metropolitan France, 450 children under the age of 15 die from injury-related deaths. They are victims of road accidents (120), home and leisure injuries (250), and intentional injuries (80). Epidemiological surveillance of these deaths is carried out using mortality data collected by the *Centre d'épidémiologie sur les causes médicales de décès* [Epidemiological Centre on the Medical Causes of Deaths] (*CépiDc*). However, this data does not provide the chronology of the injury, nor does it give any information about the circumstances under which it occurred.

In 2009, the *InVS* had conducted a feasibility survey in three French regions on "mortality due to home and leisure injuries in children under 15 years of age". The goal was to collect information from certifying doctors about the circumstances that had led to the accidental death of 76 children. Because this survey was both conclusive and well received by health professionals, in 2015, it was decided to systematically collect the detailed circumstances surrounding injury fatalities in children under 15 years of age throughout France. The objective is to evaluate the extent to which these deaths can be avoided in order to adapt prevention messages to high-risk circumstances and populations. This survey entered its routine phase in January 2016.

EPIDEMIOLOGY

SURVIVAL REPORTS OF CANCER PATIENTS IN METROPOLITAN FRANCE

→ **NON-COMMUNICABLE DISEASES AND TRAUMA**

Included in various cancer plans, the measure of survival is one of the main indicators used to guide and evaluate public health policies on cancer. In 2016, two reports were dedicated to this theme (one on 37 solid tumours, the other on 16 haematological malignancies) as a result of the partnership between four entities: *Francim*, the French network of cancer registries, which provides epidemiological data and expertise to estimate survival rates; the biostatistics department of the *Hospices Civils de Lyon*, which carries out analyses; and *Santé publique France* and the *Institut national du cancer*, which provide funding, optimize partnership work, and participate in the production of reports and their subsequent use.

Two types of indicators are presented in these reports: "observed survival", which refers to the proportion of people surviving several years after diagnosis, regardless of the cause of death (cancer or another pathology), and "net survival", which is theoretically observed if the studied cancer was the only possible cause of death.

The latter is the only indicator that can be used to compare survival between two different periods or between different countries. Despite disparities linked to age, gender, and the cancer site, the results of these two studies demonstrate that improvement, for the majority of cancers, is attributable to therapeutic progress and earlier detection through screening. For the first time in France, survival estimates at fifteen years post-diagnosis are also provided.

EPIDEMIOLOGY

SUICIDE AMONG FARMERS

→ **OCCUPATIONAL HEALTH**

In collaboration with the *Caisse centrale de la mutualité sociale agricole* [Central Agricultural Social Insurance Mutual Benefit Fund] (*CCMSA*), *Santé publique France* generates regular suicide mortality rate indicators for its member population. This partnership is part of a plan to prevent suicide in the farming industry. It was launched in 2011 by the Ministry of Agriculture, and its implementation was entrusted to the *Mutualité Sociale Agricole*.

The study on farmers, implemented from 2007 to 2009 and repeated in 2010-2011, calculated standard mortality ratios (SMR[1]), revealing an excess mortality ratio due to suicide among male farmers in 2008, 2009 and 2010. This excess ratio is statistically significant compared to that of the general male population of similar age, whereas this was not the case in 2007 and 2011. By calculating the SMRs for the agricultural sectors, as well as the age brackets, it appears that male cattle farmers, meat and milk producers, were the most affected, as were men 45-65 years of age.

+20%

WAS THE EXCESS SUICIDE MORTALITY RATE BY SUICIDE AMONG MALE FARMERS COMPARED TO THE GENERAL MALE POPULATION OF SIMILAR AGE IN FRANCE IN 2010.

Although it is impossible to demonstrate a causal link between an occupation and suicide, it may nevertheless be noted that the observed excess mortality rate coincides with periods of financial hardship, linked to the economic crisis suffered by the agricultural industry since 2007.

As a reminder, the *CCMSA* operates a telephone hotline for farming industry workers (farm owners and employees), as well as their families, to help those who are suffering from psychological distress. Calls are handled by representatives from *SOS Amitié* and *SOS Suicide Phénix*. *Santé publique France* supports these two associations financially.

1. The SMR is obtained by dividing the number of deaths observed in a given population by the number of deaths that would be expected if this population presented the same mortality characteristics as the general French population.

TAKE ACTION

THE SURVEILLANCE OF PREGNANT WOMEN DURING THE ZIKA VIRUS EPIDEMIC, THE FIRST EDITION OF NO SMOKING MONTH, THE HEALTH RESERVE MOBILIZATION, AND THE STUDY ON POPULATION EXPOSURE LEVELS AROUND FORMER MINING SITES ARE ALL INITIATIVES AIMED AT PROMOTING HEALTH, RESPONDING TO HEALTH CRISES, TAKING ENVIRONMENTAL ACTION, AND DESIGNING PREVENTION PROGRAMMES.

EPIDEMIOLOGICAL MONITORING

ZIKA VIRUS EPIDEMIC IN THE FRENCH WEST INDIES AND GUYANA: A NEW SURVEILLANCE SYSTEM FOR PREGNANT WOMEN

REGIONS – THE ANTILLES-GUYANA *CIRE*

After hitting South America and Brazil in particular, the Zika virus emerged in the French Overseas Departments in December 2015 (in Guyana and Martinique) and in January 2016 (in Guadeloupe). While the causal link between the infection of pregnant women and the incidence of cerebral malformations in their children was not formally confirmed, the Antilles-Guyana *Cire* implemented specific antenatal and postnatal epidemiological surveillance with respect to congenital malformations. The objective is to determine the epidemic's health impact on children and detect any new phenomena, including other malformations, delayed defects, sequelae, etc.

This protocol mobilized sampling laboratories, analysis laboratories, level 2 ultrasound centres—including two *"Centres pluridisciplinaires de diagnostic prénatal"* [Prenatal diagnosis multi-disciplinary centres] (*CPDPN*)—, hospital paediatricians, paediatric neurologists, and research teams dedicated to the Zika virus. The collected data was then centralized and processed by the Antilles-Guyana *Cire*.

EXPOSURE LEVEL STUDY

POPULATION EXPOSURE LEVEL STUDY AROUND FORMER MINING SITES IN LE GARD

REGION – OCCITANIE *CIRE*

Environmental impact measurement campaigns conducted on former mining sites in Carnoulès and La-Croix-de-Pallières have shown very high contamination levels of lead, arsenic, and cadmium. To respond to local population concerns, the Occitanie Regional Health Agency set up a mechanism allowing affected populations (approximately 2,800 people targeted) to find out the level of these substances in their bodies. Exposure measurements were taken on 651 volunteers, including 87 children under the age of 15. Initial results indicate that 22% of participants had higher arsenic levels in their bodies as compared to the reference value established in the general population, whereas 13% had higher cadmium levels. Despite high contamination levels of lead in the soils, no cases of lead poisoning were detected.

Based on these biological measurements, *Santé publique France* conducted a study to better understand the population's modes of exposure and to formulate recommendations to protect it. To this end, the agency provided participants with questionnaires on their eating and lifestyle habits, as well as environmental measures taken at home (with respect to soil and dust). The results of this study will be available in 2017.

HEALTH EMERGENCY

AN EXCEPTIONAL YEAR FOR HEALTH RESERVE MOBILIZATION

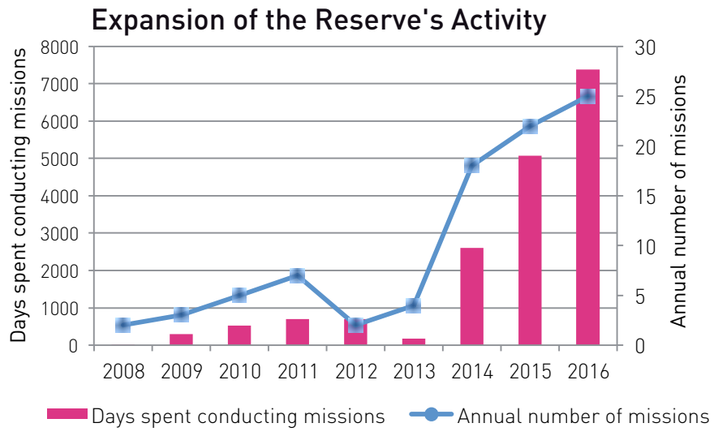
WARNING ALERTS AND CRISES

The Health Reserve is represented by 2,000 health sector professionals including doctors, nurses, nursing assistants, midwives, psychologists, laboratory technicians, administrative staff, and hospital directors.

The Health Reserve was created to provide back-up support in healthcare and medico-social facilities, regional health agencies, embassies, or international organizations when an exceptional health situation requires human resource reinforcements. The reserve is mobilized by *Santé publique France* at the request of the Minister of Health, and also, since the law on the modernization of our health system was adopted (January 2016), at the request of a Regional Health Agency.

In 2016, the Health Reserve's mobilization reached an exceptional 7,379 men/women days (compared to 5,071 in 2015) owing to three major interventions that represented 90% of its activity: a reinforcement of doctors, nurses, and midwives at the *Centre Hospitalier de Mayotte*, a reinforcement of laboratory technicians, epidemiologists, and midwives during the Zika virus epidemic in the French Overseas Territories, and lastly, a reinforcement of medical secretaries, psychiatrists, and psychologists for several months in Nice following the attack.

Furthermore, it provided support during the exceptional vaccination campaigns in Dijon, following a meningitis epidemic in migrants' reception centers, and temporarily supported two Haitian hospitals after Hurricane Matthew.



REPORT

THE 2016 REPORT

SUPPORT AND DISSEMINATION TO THE PUBLIC

The Support and Dissemination to the Public Division (*DADP*) provides a direct service to the public via remote assistance or the distribution of prevention tools.

With respect to remote health assistance, *Santé publique France* has three internal systems for addiction: *Drogues Info Service*, *Alcool Info Service* and *Joueurs Info Service* (for gambling) with helplines and websites. In 2016, the helplines located in Lille, Marseille, Toulouse, and Strasbourg, responded to over 98,000 requests for help and information (calls, chats, or questions/answers). The websites have had a total of 5,8 million visitors. Work is also carried out to produce informative or interactive content in the form of forums, chats, and FAQs.

In addition, the Agency funds eleven non-profit prevention associations including *Sida Info Service*, *Fil santé jeunes* and *SOS Amitié*. It also provides *Tabac Info Service*, which is run by external operators.

In total, these services handled over a million calls in 2016, and there were 19 million visitors to their websites.

With respect to printing and dissemination, the *DADP* must ensure that the posters, brochures, and educational tools designed by *Santé publique France* reach their intended recipients. The most disseminated documents include the leaflet *"En novembre, on arrête ensemble"* ["In November, we stop together"] (1.5 million leaflets), emblematic of the No Smoking Month campaign, and the postcard *"Vaccination : êtes-vous à jour ?"* ["Vaccinations: are you up-to-date?"] (1 million postcards). The *DADP* also purchases and distributes free condoms (5.8 million male condoms).

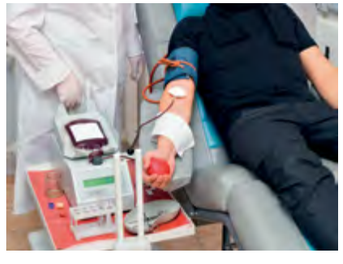
EPIDEMIOLOGICAL MONITORING

SUPPORT FOR THE AUTHORISATION OF MSM BLOOD DONATION

→ **INFECTIOUS DISEASES**

The Decree of 5 April 2016 amended blood donor selection criteria. Since July 2016, men who have sexual relations with men (MSM) are now authorized to donate their blood under certain conditions. For whole blood donation, sexual relations with another man must have taken place over twelve months ago. For the donation of plasma secured by quarantine, these men must have had only one partner in the last four months (this criterion is the same for heterosexuals). The quarantine means that an initial bag of donated plasma is only authorized for use once the donor returns and provides a second donation whose screening tests come back negative.

For many years, the *InVS* and then *Santé publique France* have carried out epidemiological surveillance on blood donors in collaboration with the *Établissement français du sang*, the *Centre de transfusion sanguine des armées*, and the *Institut national de la transfusion sanguine*. This collaboration was intensified while preparations were being made to amend the blood donor selection criteria and anticipate its impact.



To determine whether or not these changes will increase the risk of HIV transmission by transfusion—it is currently estimated that one in three million donors is infected—more comprehensive epidemiological monitoring must now be carried out. Implemented by *Santé publique France*, there are four aspects to this monitoring:
- monitoring epidemiological surveillance indicators of blood donors, as has been carried out for several years now;
- specific monitoring for donations of plasma secured by quarantine;
- a sociological study on donors found to be HIV-positive at the time of their blood donation, to discover how they failed to meet the selection criteria;
- a large sample study of donors will be launched in September 2017 to evaluate their adherence to the new selection criteria.

MOBILISATION

FIRST EDITION OF THE NO SMOKING MONTH CAMPAIGN

→ **HEALTH PREVENTION AND PROMOTION**

In 2016, *Santé publique France* proposed that all smokers commit to the stop smoking campaign from 1 to 30 November 2016. This campaign was deployed throughout the territory thanks to a dual-management approach: on the national level, it was carried out by the agency and co-managed by the Directorate-General for Health, the *Secrétariat général des ministères chargés des affaires sociales* [General Secretariat for the Ministries of Social Affairs] (*SGMAS*), the *Caisse nationale de l'assurance maladie des travailleurs salariés* [French National Health Insurance Fund for Salaried Employees] (*CNAMTS*), the *MSA*, the *Institut National du Cancer* [French National Cancer Institute]

(*INCa*), the *Mission interministérielle de lutte contre les drogues et les conduites addictives* [Interministerial Mission for Combating Drugs and Addictive Behaviours] (*Mildeca*), the *Société francophone de tabacologie* [French-speaking society for tobacco studies], and the *Alliance contre le tabac* [Tobacco Control Alliance]; at the regional level, it was carried out by the Regional Health Agency, supported by "ambassador" organizations recruited following a call for proposals, as well as local stakeholders involved in smoking prevention and management.

To promote the No Smoking Month campaign, a large-scale multi-media communication campaign was launched via television, radio, internet, mobile phone, and posters. This was further bolstered by press relations and a social media presence, through the creation of a Facebook page and Twitter account. Tools created for No Smoking Month include a new smartphone application, in collaboration with *Assurance Maladie*, a stop smoking help kit, a web series in partnership with *France Télévisions* and *Plus belle la vie*, and a wide variety of documents.

The following key figures attest to this operation's success: 180,113 people signed up for No Smoking Month; 118,265 downloaded the app; 640,000 kits were distributed; the number of people making use of *Tabac Info Service* doubled for the 39 89 helpline, and tripled for the website; the Facebook page received almost 70,000 likes; and over 100 national partnerships and 3,200 regional partnerships were formed for the event. Initial assessments on the perception of No Smoking Month and the campaign's motivational nature confirm these highly positive figures as well as the public's involvement in the operation, which has now become an annual event.

COMMUNICATION

"DIVERSIFIED PREVENTION" CAMPAIGN FOR MSM

→ **HEALTH PREVENTION AND PROMOTION**

HIV prevention methods have become considerably diverse. In addition to the provision of condoms and PEP (post-exposure prophylaxis) emergency treatment following high-risk sexual relations, PrEP (pre-exposure prophylaxis) is now also provided together with TasP (treatment as prevention) strategies among HIV-positive couples. Testing services have also been extended with TROD (a rapid diagnostic test), self-testing, and the creation of *Centres gratuits d'information de dépistage et de diagnostic* [Free Information, Testing, and Diagnosis Centres] (*CeGIDD*).

While the epidemiological situation of men who have sex with men (MSM) is currently a cause for concern, due to a resurgence of HIV and other STIs, the range of existing protective measures is little known to the MSM population.

Santé publique France has therefore implemented a communication campaign whose message highlighted the diversity of prevention tools and their use with respect to various MSM life stages. This initiative was scaled up in the third quarter of 2016 and included the creation of the *Sexosafe.fr* website, which presents information on prevention tools. The message was disseminated by means of posters displayed in urban areas (bus shelters) and community centers (gay bars), in the gay press, and on the internet (social networks, dating apps, and community websites). The campaign's impact may be evaluated based on its media coverage (188 press mentions), the 276,064 visits to the website between 8 November and 31 December 2016, and the 2,744 new Facebook users counted over this period.

DIGITAL

NEW SPACE ON THE *MANGERBOUGER.FR* WEBSITE

→ **HEALTH PREVENTION AND PROMOTION**

The *"Bouger plus"* ["Move more"] website has been greatly expanded and supplemented with new content. T he sub-section *"Bouger plus à tout âge"* ["Move more at any age"] incorporates new recommendations, as well as specific recommendations for certain groups such as menopausal women. To increase individual motivation, a range of tools has been designed including a "Test of physical activity levels", a "Catalogue" of 80 activities, a "Planner" to help people incorporate exercise into their schedules, and "Move near you", which provides details of local activities for people to get involved in. A report by *Anses*, the French Agency for Food, Environmental, and Occupational Health and Safety, published in February 2016, provided recommendations on physical activity. To stay healthy, it is advised to complete thirty minutes of moderate and vigorous exercise at least five days a week, and endurance activities (walking, cycling) should be done in conjunction with muscle-strengthening activities (swimming, etc.) as well as those that promote flexibility (gardening, dancing, housework). For individuals over 65 years of age, balance exercises are also recommended. A whole host of objectives accompany the exercises on the *"Bouger plus"* space. Illustrations are provided for each exercise (which target every part of the body), making them easier to achieve. In addition, it is advised to limit inactivity by spending less time seated or lying down.

CROSS-CUTTING ACTIVITIES

Reporting to the Directorate-General, the *Mission scientifique et internationale* [Scientific and International Office] (*MiSI*) leads and coordinates *Santé publique France*'s scientific and international strategy, as well as its interactions with research. It is therefore responsible for all cross-cutting functions and implements:
- conflict of interest prevention and management;
- scientific training;
- supervision of the appraisal process;
- creation of the conditions to develop the re-use of existing data;
- prioritization of the Agency's programmes and projects.

It also serves as the secretariat for two governance bodies: the Scientific Board and the Ethics and Deontology Committee (see p. 06).

SCIENTIFIC FACILITATION

Scientific facilitation is deployed through the design and implementation of training programmes and the organization of seminars.

Trainings

Since *Santé publique France* stems from the merging of four entities, which carry out very different functions, it was essential to create scientific reference documents and field experiences, but also to share a common culture.
The *MiSI* therefore designed several modules, including:
— intervention and field epidemiology training, developed in partnership with the *École des hautes études en santé publique* (*EHESP*) and the European Centre for Disease Prevention and Control (ECDC);
— the *CIMAs* (*cours d'introduction aux métiers de l'Agence*) [introductory courses on the Agency's functions], with the participation of 253 staff members;
— awareness raising on collective ethics, run by two Quebec scholars.

"*Santé publique France* Thursdays"

These monthly scientific seminars are in place since September 2016, to enhance the sharing of experiences and scientific approaches within the Agency.

THE AGENCY'S INVESTMENT IN LEGAL DEVELOPMENTS RELATING TO HEALTH DATA

The agency joined forces with working groups focused on certain legal texts published in 2016. This has led to major advances, notably with the creation of a *Système national de données de santé* [National Health Data System] (*SNDS*), which *Santé publique France* and all institutions with public service missions can access.

INTERNATIONAL COMMITMENT

Whether it is hosting the chief secretariat of the International Association of National Public Health Institutes (IANPHI), renewing a collaboration agreement with China, or taking action in Africa where *Santé publique France* made, and continues to make, significant investments during the 2014-2015 Ebola epidemic (see opposite)—the Agency continues to multiply its international collaborations.

PROJECTS IN WEST AFRICA

The objective of the first project, called *PREPARE*, is to train a rapid response team in eight Guinean districts, whose contributors are *Santé publique France* staff members. The aim is to provide trainees with basic knowledge and tools in the field of epidemiological surveillance, early warning detection, and epidemiological investigation.

In West Africa, the *RIPOST* project, run by the *Agence de médecine préventive* [Preventive Medicine Agency] (*AMP*) and supported by Santé publique France, will enable national public health capacities to be strengthened in French-speaking countries. It will also allow national institutions to network in the fields of surveillance, warning alerts, and response to epidemics.

ENGAGING STAKEHOLDERS

For the past ten years, all scientific and sociological studies have confirmed the French people's growing mistrust of vaccination. This "vaccine hesitancy", as public health doctors have termed it, is being fuelled by concerns that are often unfounded as well as rumours spread by social networks. Ultimately, this hesitation could lead to a decrease in vaccine coverage and pose a risk to public health.

THE CREATION OF AN ADVISORY COMMITTEE CHAIRED BY DR. ALAIN FISCHER

Against this context (in a letter dated 3 February 2016), the Minister of Social Affairs and Health, Marisol Touraine, addressed Dr Alain Fischer—paediatric immunologist, researcher, chair in experimental medicine at the *Collège de France*, and member of the *Académie des sciences*— and appointed him chairman of an Independent Advisory Committee responsible for citizen consultation on vaccination, tasked with issuing proposals to restore confidence. In her letter, Marisol Touraine stated: *"To succeed in this task, you will receive the necessary organizational and logistics support from the national public health agency."*

THE COMMITTEE'S CREATION AND INITIAL CONSULTATIONS

Within this citizen consultation advisory committee, Dr Fischer gathered together five health professionals, five civil society representatives, and five human and social science researchers. Initially, they held 29 consultations with associations, doctors, journalists, learned societies, pharmaceutical manufacturers, public institutions (*Haute Autorité de santé*, *Agence du médicament*), and researchers. They also commissioned Santé publique France to carry out two qualitative studies, one with the general public and the other with health professionals, to better identify the drivers and impediments of vaccination. The committee was also provided with the figures extracted from the 2016 Barometer (see p. 15).

Pr ALAIN FISHER

THE CITIZEN REVIEW BOARDS AND ONLINE PARTICIPATORY SPACE

Two review boards also convened, one comprised of twenty health professionals and the other of twenty citizens. During an initial three-day session, each group was given information on vaccination and its challenges, and could ask as many questions as they wanted on the subject. They were also given the opportunity to consult as many individuals as they wished: manufacturers, multiple sclerosis prevention associations, scientists, etc. Fortified with this new knowledge; they produced a report two months later during another session. The report detailed their proposals for building confidence in vaccination.

On the website dedicated to this consultation, a space was created so that internet users could express their opinions and expectations concerning vaccines and vaccine policies. Almost 11,000 people made contributions in this space.

REPORT SUBMISSION

Drawing on all the information collected—consultations, qualitative studies, texts produced by the two review boards, internet contributions—. Dr Alain Fischer submitted a comprehensive 450-page report to Marisol Touraine on 20 November 2016 at a public conference, where he delivered all of the Steering Committee's proposals.

SANTÉ PUBLIQUE FRANCE IN 2016:

27

NISSUES OF THE *BEH*

(WEEKLY EPIDEMIOLOGICAL BULLETIN)

40,000

FOLLOWERS ON TWITTER

625

STAFF MEMBERS

57

MILLION PAGES VIEWED

(ACROSS ALL THE WEBSITES)

185,9

MILLIONS EUROS

(CONSOLIDATED BUDGET OF THE 3 AGENCIES)

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