

STRATEGY 2022



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AN INTEGRATED SERVICE OFFER FOR BETTER EFFICIENCY

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This brochure provides an overview of Santé publique France’s general strategic directions, its agenda for the coming years, its responses to major public health challenges, and the targets it has set for itself to improve the health of the French population, and reduce social and regional inequalities. The twenty-seven programmes presented below combine both strategic and operational targets. They are part of a regional framework and are designed to be implemented over the long term.

In the respect of the principles of independence and transparency which found the agency, it elaborates its programming based on public health plans and strategies as well as on the performance agreement set forth by the Ministères des solidarités et de la santé (Solidarities and Health Ministry). To do so, the agency implements an epidemiological monitoring and surveillance system, creates disease prevention and health promotion programmes, produces indicators, and collective and pluralistic assessments... It also prepares for the future by designing tools and systems capable of addressing tomorrow’s public health challenges.

OUR GOVERNANCE



ORGANISATION

The General Management of Santé publique France is organised around a General Director, a Deputy General Director, a Director for Science-Deputy to the General Director, and a Chief of Staff. As a scientific and field expertise agency, Santé publique France oversees:

- **epidemiological observation and monitoring the health status of populations;**
- **the monitoring of health risks that threaten populations;**
- **the promotion of health and reduction of health risks;**
- **the development of health prevention and education;**
- **the preparedness and response to exceptional health situations;**
- **the launch of health alerts.**

The agency includes nine scientific and cross-cutting divisions, and six support and business divisions. It oversees the Regional Offices, which provide support to the General Directors of the Regional Health Agencies.

P. 04

EMPLOYEES



659

AGENTS

597
FULL-TIME EQUIVALENT
EMPLOYEES IN 2017

27
TRAINEES

44 YEARS
AVERAGE AGE

211
TELEWORKING
STAFF

17
MEDICINE
AND PHARMACY
RESIDENTS

INCLUDED
11
REGIONAL

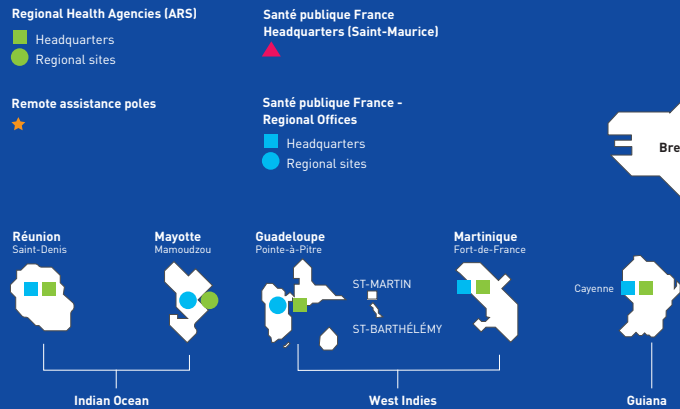
11
APPRENTICES

71.2%/28.8%
WOMEN/MEN

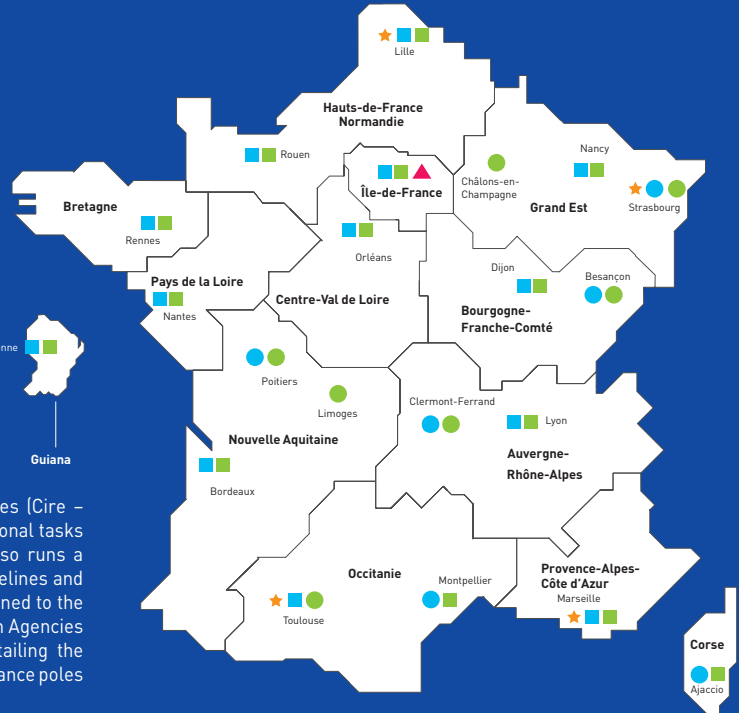
3 000
RESERVISTS RECRUITED

Data as of 31 December 2017

REGIONAL ORGANISATION



To carry out its missions, the agency acts through its Regional Offices (Cire – Cellule d’intervention en region). The Regional Offices carry out operational tasks related to monitoring, surveillance, and health alerts. The agency also runs a national health monitoring and surveillance system. It establishes guidelines and leads and coordinates its actions in accordance with the missions assigned to the Regional Health Agencies. The agency partners with the Regional Health Agencies to conclude agreements aimed at carrying out its missions and detailing the operation of the Regional Offices. The agency also has four remote assistance poles that respond to solicitations from the public 7/7.



INTERNATIONAL RELATIONS

Santé publique France is a member of the International Association of National Public Health Institutes (IANPHI), the International Union for Health Promotion and Education (IUHPE), and Eurohealthnet. The main

office of the IANPHI secretariat is overseen by Santé publique France’s Scientific and International Office.

GOVERNING BODIES

Management Board (MB)

The Management Board is made up of 33 members, including nine government representatives, who are appointed for a four-year term that can be renewed once. The Management Board issues rulings on the agency’s major strategic decisions, business plan, and the human and financial resources needed to fulfil its missions.

Ethics and Professional Conduct Committee (EPCC)

The EPCC includes seven members appointed for a four-year term by the chair of the Management Board. It contributes to the agency’s conflict of interest prevention policy and helps evaluate the system that guarantees the independence of employees when they speak at public events, including those organised by private companies, professional unions, and learned societies...

Scientific Board (SB)

The 27 members of the SB are appointed by the General Director and serve a four-year term that can be renewed by decision of the chair of the Management Board. The SB’s missions include issuing an opinion on the agency’s strategies in terms of research, expertise, programming, and scientific partnerships, and support to develop public health policies on both the French and European level.

Openness and Dialogue Committee (ODC)

The members of this committee are selected as part of a call for applications and are appointed for a renewable four-year term. The ODC carries out four missions: helping to improve the agency’s actions, optimising its communication methods (especially in the event of a health crisis), ranking the agency’s priorities in its various fields of activity, and enabling the agency to take part in public health debates.

SANTÉ PUBLIQUE FRANCE'S FOUNDATIONS

Santé publique France's actions in terms of epidemiological surveillance, disease prevention, health promotion, and public evaluation is underpinned by a code of ethics and professional conduct and the principles of excellence, independence, and transparency.

Santé publique France works to improve the health of populations in every aspect of healthcare, from producing knowledge to preventing disease and responding to a health threat. The agency was created to give new impetus to prevention, surveillance, and interventions in public health as well as to continue to consolidate the national mo-

onitoring and surveillance system and improve public expertise in the field of public health (epidemiology, prevention, and evaluation). Since its inception, the agency has worked within a regional and territorial framework, including in France's overseas territories.

Santé publique France helps prevent the consequences of health risks and improve the population's health, both of which play a key role in current changes and future challenges, by focusing on excellence, ethics, and openness.

The processing of personal data is at the heart of the activity of the agency. The compliance with the recent General Data Protection Regulation (GDPR) and national evolutions of the rules for the protection of these data is thus vital.

THE THREE KEY VALUES OF SANTÉ PUBLIQUE FRANCE

Serving the common interest is at the core the agency's values. To do so, the agency bases its credibility on strict, shared, and transparent rules of ethics and professional conduct.

Equity. The agency promotes health in all policies, in a spirit of social and territorial equity. It is a question of taking into account in its priorities and its recommendations, as a structuring value, the fight against the territorial and social inequalities of health and striving, in parallel, to promote the health in all the life environments with particular strong interaction with the legislator to promote health in public policies.

Responsiveness and a long-term approach. Responsiveness, whether to alert or to intervene. Long-term enrolment is essential because health is built throughout life, exposures of today being the risks or diseases of tomorrow. Thus Santé publique France is committed to ensuring the sustainability of health information and the consistency over time of public health interventions as well as responsiveness to threats or crisis situations.

¹ General Data Protection Regulation of the European Union

THE FOUNDING PRINCIPLES THAT STRUCTURE THE AGENCY

Scientific excellence and collective expertise. The agency's teams possess a high level of scientific knowledge and are capable of producing health-related reports, opinions, assessments, studies, and interventions based on verified, convincing, research-based, and scientifically reliable data. The agency's assessments must be collective or even pluralist in nature and conducted in accordance with the Expertise Charter² as often as possible.

Independence and transparency. The agency's independence is based on its transparency and its policy of publicising its opinions and recommendations. Santé publique France operates under a protocol negotiated with the General Directorate for Health that ensures the independence of its expertise, opinions, and recommendations. This involves structured and recognised evaluation processes as well as an approach to ethics and professional conduct that is driven by general management team and the Ethics and Professional Conduct Committee.

Openness. The composition of the Management Board and the Openness and Dialogue Committee reflect the agency's commitment to openness. Openness is defined in its broadest sense given that the agency's missions, deliverables, and services affect all of civil society.

Regional approach (presence within territories, regions, and overseas departments). The regional organisation was at the heart of the reflections at the creation of the agency. The Regional Offices are also fully under the authority of Santé publique France and accompany the scaling up of its missions at the regional level, in close cooperation with the Regional Health Agencies (ARS). Particular attention is paid to the overseas territories in a logic of better taking into account the numerous inequalities of health and their singularities (status, geographical position, demography).

Networking and partnerships. Santé publique France's action is based on networks and structured partnerships. They are valuable sources of information and expertise relays, of implementation, and allow the agency to fully achieve its missions on the territory.

Operationality: to be able to fulfill its mission of public service. The new agency is structured to respond to a high level of operationality and efficiency.

PRINCIPLES APPLIED TO SEVERAL FIELDS:

- the *reliability* of its information systems;
- the *ability* to proactively detect public health threats without triggering false alarms;
- the *security of information systems* and data access;
- the *responsiveness*. Through its organisation and the skills of its teams, the agency must be responsive enough to provide the best level of health safety possible and to intervene in the event of health crises;
- the *capacity for innovation*;
- the *constitution of critical masses* in order to have a sufficient level of internal, profession-specific skill and experience and ability to take effective action in terms of both analysis and interventions.

¹ Order no. 2013-413 of 21 May 2013 granting approval of the health assessment charter according to article L. 1452-2 of the French Code of Public Health. <http://legifrance.gouv.fr/eli/decret/2013/5/21/AFSP1306657D/jo/texte>.

THE CONTRACT OF OBJECTIVES AND PERFORMANCE

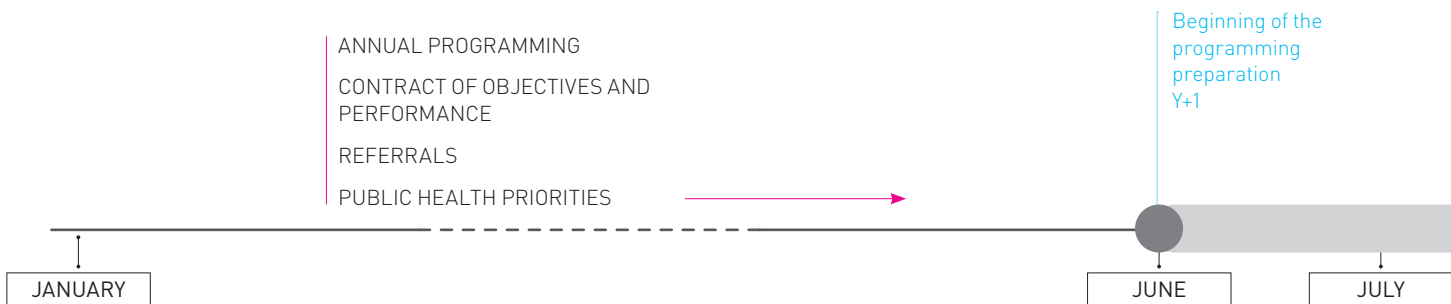
Santé publique France is a national agency supervised by the Minister of Solidarities and Health whose strategic goals are set by the government through a five-year contract of objectives and performance.

The first performance contract was signed in February 2018 by Mrs Agnès Buzyn after it was approved by the Management Board and covers the period from 2018 to 2022. It aims at strengthening the agency's role as a national expert and public health reference that serves both the general population and public authorities.

The agency, whose actions protect the population in a variety of ways, incorporates the strategic goals set forth by the minister in charge of health into its multi-annual agenda and interventions. By drawing on its scientific expertise, it implements an epidemiological surveillance strategy, disease prevention and health promotion systems, and produces data, opinions, and recommendations that let it measure the health of populations.

P. 08

INITIAL ANNUAL PROGRAMMING CYCLE



THE CONTRACT OF OBJECTIVES AND PERFORMANCE STRATEGIC GOALS

The action of Santé publique France is determined by public health plans and strategies, referrals, new knowledge and improvements to existing knowledge, relationships with stakeholders, and the contract of objectives and performance. It includes six strategic goals and twenty-two operational goals that determine the agency's missions and the scope of its action. The purpose of these goals is to improve the level of service provided to public authorities, decision-makers, and the population. These strategic goals are formulated as follows:

- improve and optimise epidemiological surveillance and health risk monitoring;
- improve and guarantee the effectiveness of the agency's disease prevention and health promotion actions;
- prepare for and respond to threats, alerts, and health crises;
- contribute in terms of expertise to the regional and international public health policies;
- ensure efficient management and steering;
- develop institutional partners, links with research, and an openness towards civil society.

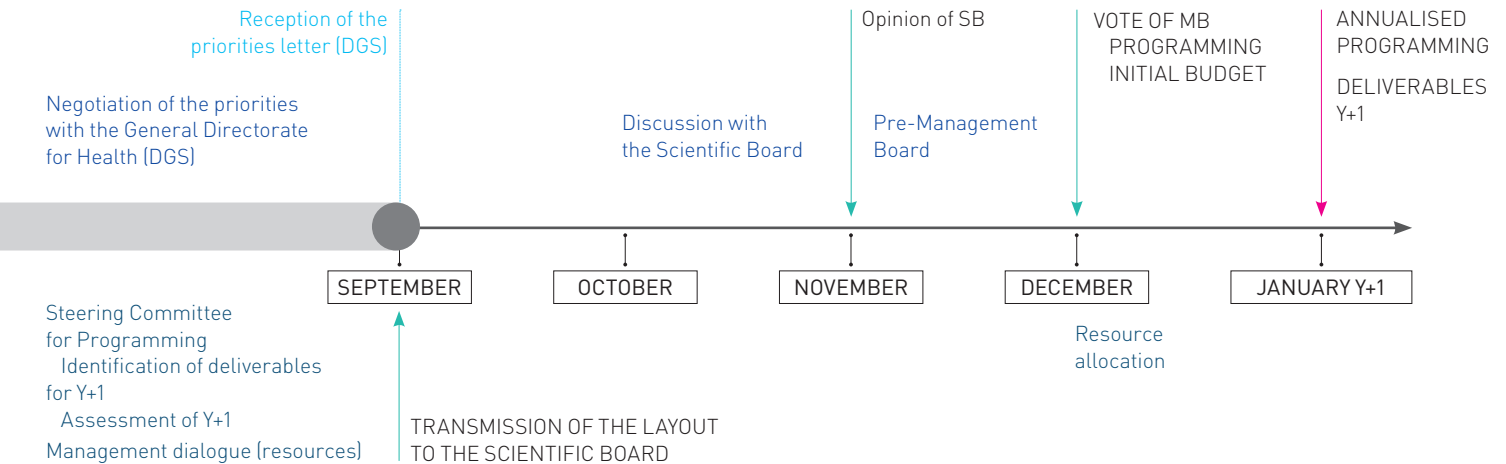
THE AGENCY'S MULTI-ANNUAL PROGRAMMING

Using this data, Santé publique France created a multi-annual agenda based on five areas of focus, namely «Determinants and environment», «Populations», «Major pathologies», «Regions and interventions», and «Infrastructure», and 27 programmes, which are submitted to the Scientific Board (see chapter on governance, pg. 7), who in turn issues a formal opinion. The way the Contract of Objectives and Performance is implemented in the multi-annual programme and the yearly goals established by the ministry serve as the basis for the agency's yearly guidelines, which are written by the General Director and approved by the Management Board every year in November.

Lastly, the agency has added indicators to its programming to track changes in the health of populations and evaluate public policies.

As a result, the evidence, experiments, evaluations, assessments, surveillance, and investigations that Santé publique France implements lead to interventions, responses to emergency situations, and alert processes. All of these processes ultimately yield scientific reports, health indicators, opinions, recommendations, and disease prevention and health promotion actions that are underpinned by social marketing, societal dialogue, and international collaborations.

For each programme, key deliverables, including indicators, opinions, recommendations, studies, and reports, are proposed to monitor its implementation every year and make sure Santé publique France is fulfilling its missions. The agency adopts a population health approach that addresses every stage of life.



THE AGENCY'S PRINCIPLES OF ACTION

A certain number of principles, all of which comply with the agency's approach to ethics and professional conduct, guide its programming and interventions. The first consists of basing the agency's assessments and actions on evidence. The goal is to also add to all programmes the idea of a continuum between the major functions of public health, starting from knowledge production and ranging to prevention plans and responses to crisis situations.

In addition, the agency prioritises disease prevention and health promotion in its agenda and promotes democracy by opening itself up to society. Lastly, the local and regional dimension of the work, which is particularly important, is developed through the presence of the Regional Offices throughout the different territories.

THE PRIORITIES OF SANTÉ PUBLIQUE FRANCE

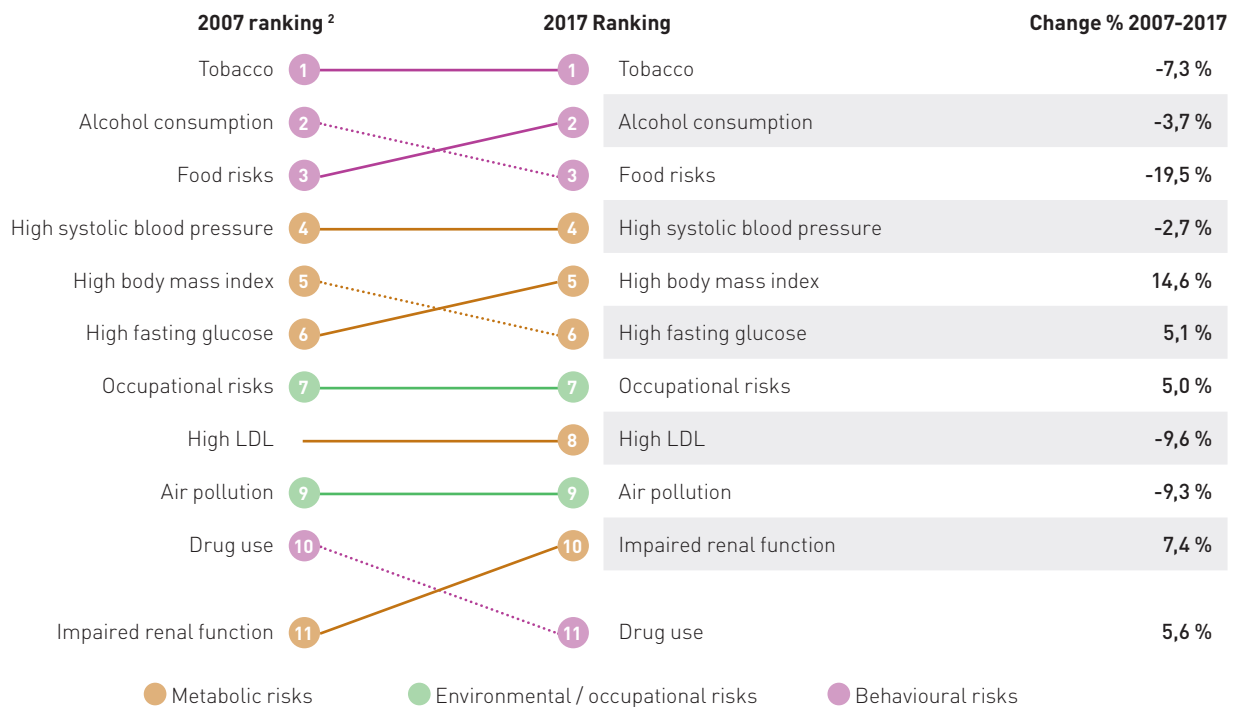
Santé publique France has identified a set of priorities that guide its actions, projects, interventions, and recommendations. These priorities focus on the following:

- modernise the structure of its approaches by going paperless, manage its databases and software, ensure data security, and communicate through social networks and social marketing;
- systematically take regions into account in its studies;
- cultivate internal expertise
- improve its dialogue with society along the same lines as what was achieved with vaccinations and polluted sites and soils;
- take into account the concerns of the overseas territories;
- develop a head-end partnership strategy to support and promote Santé publique France's agenda.

RANKING DETERMINANTS OF HEALTH

This conceptual, strategic, and operational «architecture» is based on a ranking of the main determinants of health. The principles and methods used to establish this ranking are included below:

- drawing on the agency’s expertise and proven strategies to optimize the effectiveness of its actions;
- combining prevention with surveillance, an approach that uses epidemiological data to create and evaluate prevention guidelines;
- take into account social and territorial health inequalities - with particular emphasis on the overseas territories - in order to reduce them by developing literacy so that information produced by the agency are accessible to all;
- carry out evaluations to measure the developments achieved;
- consider means and operability.



The agency relies on the Global Burden of Disease method, which can be used to rank pathologies using an indicator known as disability-adjusted life years (DALYs).

DALY : a unit used to measure the global morbidity burden within a population and the effectiveness of health interventions, which is expressed through the reduction of the morbidity burden. DALYs, as they are related to disease or accidents, are calculated by taking into account the number of years lost due to premature mortality and the number of years affected by disability compared to new disease or accident cases. One DALY is defined as a year of good health.

¹ LDL (Low Density Lipoprotein) is known as the «bad cholesterol».

² Source : IHME - Institute for Health Metrics and Evaluation.

PROGRAMME 5 THEMES AND 27 ACTION-BASED PROGRAMMES*

1 DETERMINANTS - LIVING ENVIRONMENTS ... 15

This strategic area covers the main determinants of health—tobacco, alcohol, addictions, nutrition, mental and sexual health, vaccination, the environment and occupational health—as well as living environments. It includes programmes that predominantly revolve around social marketing strategies. These programmes: encourage individuals to stop smoking, support initiatives to reduce alcohol-related risks, promote diversified HIV and sexually transmitted infection (STI) prevention, champion the appropriation of new nutritional benchmarks, etc. With respect to health and the environment and occupational health, surveillance and biomonitoring activities are prevalent, enabling the agency to estimate the impact of health determinants and generate indicators.

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2 POPULATIONS24

The agency’s population-based approach primarily concerns perinatal/early childhood and the elderly, with the understanding that “children and young people” and “adults” are the preferred targets when dealing with certain key determinants (e.g. tobacco/alcohol, nutrition, sexuality, etc.). All the programmes in this strategic area are grounded in a strategy to reduce social and territorial health inequalities.

One of the agency’s challenges is to make our information websites more cohesive, as they are currently quite topical: tabac-info-service, mangerbouger, onsexprime.fr, etc. The agency would like to organise them using a population-based approach similar to Public Health England’s “One You” website in the United Kingdom. This approach would allow the agency to organise information, by age group and specific topic, under one unified trade name: that of Santé publique France.

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*The data and percentages used are the most recent (based on existing studies, surveys and monitoring mechanisms).

3 PATHOLOGIES27

Regardless of whether the pathology in question is a communicable or non-communicable disease, a vector-borne disease or the result of trauma, the goal is to consolidate major advances in the field, implement new actions and initiate formative projects. The agency thus develops disease burden evaluation methods within cross-functional projects and adapts its surveillance systems in concert with prevention activities. As regards vector-borne diseases, the agency pays particular attention to Lyme borreliosis.

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4 TERRITOIRES AND INTERVENTIONS32

At the regional level, the challenge is to develop an integrated approach to Santé publique France's missions: expertise, monitoring, surveillance, alerts, investigations, evaluations of public health interventions, partnership development, etc. The twelve Regional Offices (Cellules d'intervention en région or Cire in French) work alongside the Regional Health Agencies (agences régionales de santé or ARS) to cover the entire national and overseas territories. This makes it possible to better identify expertise (in order to pool resources and share skills between teams), particularly through topical networks.

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This strategic area is the agency's structural component, allowing us to pursue operational optimisation and modernisation.

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PROGRAMME 1 • TOBACCO



CONTEXT AND CURRENT CHALLENGES

Smoking, the leading cause of preventable death in France, contributed to 73,000 fatalities in 2013. It is a leading cause of cancer, chronic illness and cardiovascular disease, with an estimated cost of €120 billion. Tobacco consumption in France has stabilised since 2010. Its use sharply decreased (for the very first time) between 2016 and 2017 (with a reduction of one million smokers). Currently 26.9% of 18- to 75-year-olds smoke on a daily basis (29.8% of men and 24.2% of women). While this decrease is also observed among the most disadvantaged populations, smoking remains a marker of social inequalities: in 2017, 36.3% of daily smokers did not have a diploma while 19.8% had a degree beyond the baccalaureate.

Five-year objectives

- To develop anti-smoking social marketing campaigns, encouraging smokers to quit and dissuading young people from ever starting.
- To curb increased smoking among disadvantaged populations.
- To better target women in social marketing and partnership campaigns.
- To actively inform women about the risks of foetal tobacco exposure and encourage smoke-free pregnancies.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Developing policy-relevant knowledge

In order to develop and evaluate public tobacco control policies, studies to measure smoking behaviour and monitor its consequences are needed. This involves:

- continuously measuring tobacco-related morbidity and mortality;
- providing a national/regional measurement of consumption every year/three years (respectively);
- evaluating the impact of prevention efforts.

It is also a question of putting at the disposal of the regional partners the data of monitoring of the related pathologies to adapt control policies at the regional level.

Design and implementation of prevention interventions to prevent starting smoking:

The strategy aims at encouraging smokers to quit, offer assistance and support, and reduce young people's attraction to tobacco so that they do not become smokers.

Our strategy is primarily based on:

- the creation of online digital tools to help reduce tobacco consumption;
- a service offer: Tabac-info-service (consisting of a website, the 3989 hotline and a coaching application to help people quit smoking); the implementation of a communications and social marketing strategy (each year in November, Santé publique France organises the extensive Tobacco-Free Month [Mois sans tabac] initiative);
- actively inform women about the risks of foetal tobacco exposure and promote smoke-free pregnancies.

Collaborating with relevant partners

The goal is to create a network of public and private partners, capable of targeting individuals in vulnerable situations and interacting with communities to optimise the impact of the agency's actions. The involvement of healthcare professionals (doctors, pharmacists, midwives, nurses, etc.) via a regional partner network is essential. This includes providing professionals with information about the agency's campaigns and equipping them with all necessary tools.

PROGRAMME 2 • ALCOHOL



CONTEXT AND CURRENT CHALLENGES

Although the consumption of alcoholic beverages has sharply decreased since the 1960s, it is the second leading cause of preventable death (41,000 deaths per year), and its social cost is estimated at €120 billion per year. France ranks sixth among the 34 OECD countries with a consumption rate of 11.7 litres of pure alcohol per capita in 2017 (for individuals 15+ years of age). It is one of the leading preventable risk factors for cancer, cirrhosis of the liver, cardiovascular disease, mental illness, trauma and accidents, etc. Consumption patterns, based primarily on age and generation, are also changing. Between 2005 and 2014, the percentage of 18- to 25-year-olds who became drunk during the year rose from 33% to 46%, an increase that is also marked among young women.

Five-year objectives

- To promote a level of alcohol consumption associated with reduced health risks.
- To raise awareness about the short- and long-term dangers of alcohol consumption among young people and adults.
- To develop communications and social marketing strategies to reduce episodes of binge drinking among young people.
- To actively inform women about the risks of foetal alcohol exposure and encourage alcohol-free pregnancies.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Generating reliable indicators

- organising the ongoing collection of consumption data (levels, trends, modalities, determinants);
- continuously monitoring alcohol-related morbidity and mortality;
- conducting a situational analysis of the most effective modes of intervention/action;
- evaluating prevention and communications measures.

Designing and implementing interventions targeting young people and regular drinkers

The goal is to delay and limit young people's initial alcohol consumption and encourage individuals to reduce hazardous consumption. This strategy relies on:

- the development of communications initiatives and social marketing campaigns to reduce the risks of alcohol use for the general public and for young people and pregnant women;
- service offer: Alcool-info-service (consisting of website, a hotline and a chat service) to inform, support and assist individuals having problems with alcohol;
- the promotion of Consultations jeunes consommateurs (CJC) [alcohol consultations for young users].

Promoting a public and private partnership network

To reach the programme's various targets, particularly young people, it is necessary to develop and equip a network capable of relaying and implementing interventions throughout the entire territory, especially interventions targeting vulnerable populations.

PROGRAMME 3 • ILLICIT DRUGS AND NON-SUBSTANCE ADDICTIONS



CONTEXT AND CURRENT CHALLENGES

This programme covers cannabis, injectable and sniffable drugs and gambling/games of chance (non-substance addictions).

- *Cannabis* is the most widely abused illicit product in France: in 2016, 42% of 18- to 64-year-olds reported using it at least once in their lives and 11% of individuals in the same age group, mostly men, reported using it during that same year.
- *Injectable drugs*: there are approximately 105,000 injectable drug users in France. This consumption is an important vector for the transmission of HIV, hepatitis B and hepatitis C (nearly 80% of current hepatitis C cases are attributable to injectable drug use).
- *Gambling and games of chance*: on the rise since 2010 due to the deregulation of the online market, these activities may lead to addictive behaviours and thus have adverse effects on both individuals and society. In 2014, there were 200,000 problem gamblers and 100,000 moderate-risk gamblers.

Five-year objectives

- To reduce cannabis consumption among young people.
- To maintain high-quality remote support services (Drogues-info-service for drugs, Écoute cannabis for cannabis use, Joueurs-info-service for gambling).
- To strengthen partnerships with addiction stakeholders: the OFDT¹, the ANRS², the Cermes³, the Csapa⁴, the Caarud⁵, etc.
- To evaluate interventions by monitoring changing population trends.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Developing policy-relevant knowledge

The studies and surveys conducted by the agency are based on the following objectives:

- to understand the determinants and prevalence trends associated with each one of these three addictions;
- to monitor the evolution of infectious risks related to injectable drug use and other risky behaviours (particularly by means of the Poppy Survey);
- to evaluate new interventions as well as communications and social marketing mechanisms.

Designing interventions to delay and reduce consumption

The goal of this strategy is to denormalise consumption, help young people reduce their consumption, overcome preconceived ideas and promote solidarity between peers. It relies on:

- information made available on our remote support sites: Drogues-info-service, Écoute cannabis, Joueurs-info-service;
- counselling for parents of young drug users via a support hotline;
- the development of parenting skills and children's psychosocial skills.

Designing and deploying interventions to promote reduced consumption

This programme relies on collaborative actions between the agency and numerous partners and involves observation, surveillance, alerts and intervention deployment efforts.

¹ Observatoire français des drogues et des toxicomanies [French Monitoring Centre for Drugs and Drug Addiction]

² Agence nationale de recherche sur le sida et les hépatites virales [French National Agency for Research on AIDS and Viral Hepatitis]

³ Centre de recherche médecine, sciences, santé, santé mentale, société [Research centre for medicine, science, health, mental health & society]

⁴ Centres de soin, d'accompagnement et de prévention en addictologie [Specialised Addiction Treatment, Support and Prevention Centres]

⁵ Centres d'accueil et d'accompagnement à la réduction des risques pour usagers de drogues [Risk-Reduction Support and Reception Centres for Drug Users]

PROGRAMME 4 • NUTRITION



CONTEXT AND CURRENT CHALLENGES

Diet, physical activity and nutritional status are major determinants of cardiovascular disease, certain cancers, diabetes, obesity and osteoporosis. This programme falls under the auspices of the PNNS¹ and contributes to the implementation of the Cancer Plan. The results of the Esteban studies and the CE1-CE2 school survey show that excess weight and obesity have stabilised but remain high in both children and adults (49% of 18- to 74-year-olds and 17% of 6- to 17-year-olds are overweight; 17% of 18- to 74-year-olds and 4% of 6- to 17-year-olds are obese). In addition, there has been an unsettling decline in physical activity levels, particularly among women and children 6 to 10 years of age, with social inequalities remaining a major factor.

Five-year objectives

- To generate national and regional nutritional indicators, including indicators for the French Overseas Departments, to support public policy development.
- To develop social marketing campaigns to promote nutritional recommendations (diet and physical activity).
- To promote Nutri-Score labelling.
- To better take social and territorial inequalities into account when generating surveillance indicators and developing prevention/health promotion interventions and actions.
- To adopt a product life cycle approach that prevents outbreaks of non-communicable foodborne illnesses.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Developing policy-relevant knowledge

The programme's surveillance component will regularly provide information on the status of nutrition in France (surveys for the general population and specific populations) in order to:

- monitor changes in nutrient intakes, physical activity and the nutritional status of both the general population and vulnerable members of society and analyse their determinants;
- improve upon the nutritional surveillance of children, particularly in terms of territorial coverage.

Designing, deploying and evaluating interventions

The goal is to create environments that are conducive to the consumption of nutrient-dense foods. Key actions include:

- the development of social marketing initiatives and communications campaigns to promote new dietary recommendations and various types of recommended physical activity;
- the development of Nutri-Score;
- advocacy for the supervision of advertising aimed at children;
- the creation and dissemination of health messages to promote new PNNS benchmarks;
- skill development initiatives to help the population prepare healthy meals (as well as plan meals and make food purchases);
- the establishment of nutritional education activities for children, adolescents and their parents.

Collaborating with relevant partners

In terms of nutrition, action and surveillance related to economic, political, public health and social issues, as well as operational partnerships (institutional, scientific and academic), are essential to set up studies, develop research projects and pool means and resources.

¹ Programme national nutrition santé [French National Nutrition and Health Programme]

PROGRAMME 5 • SEXUAL HEALTH



CONTEXT AND CURRENT CHALLENGES

This programme, which falls under the auspices of the «National Strategy for Sexual Health - Agenda 2017-2030» (Stratégie nationale de santé sexuelle or SNSS in French), is structured around three strategic areas: promoting sexual health for all, regardless of age; increasing knowledge of diverse prevention methods to fight STIs and HIV; and improving reproductive health, which includes advocating for the most appropriate contraception methods and emergency contraception, which is underused. The context in France is one of active HIV transmission, with roughly 6,000 HIV infections diagnosed each year. STIs are on the rise, and there is a need for sex education covering contraception, consent, STI prevention, etc.

Five-year objectives

- To consolidate the generation of epidemiological indicators at the national and regional levels, through HIV and other STI surveillance systems and behavioural surveys.
- To establish a sex education programme adapted to the French context.
- To develop, design and coordinate "sexual health" services capable of disseminating information tailored to individual needs and concerns.
- To promote access to contraception that is tailored to individual needs.
- To advocate for an HIV/STI screening policy that includes home-based self-sampling techniques.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Developing policy-relevant knowledge

The agency's epidemiological surveillance of HIV and STIs makes it possible to develop prevention initiatives. This surveillance enables the agency to generate screening and diagnostic indicators and model epidemic dynamics (incidence estimates). Several surveys targeting the general public or specific groups are carried out, including:

- the "Sexual Health" Barometer for the general population;
- community surveys: Prévagay and the Afrobarometer, as well as the "Rapport au sexe" survey (in partnership with the ANRS) whose general objective is to measure the appropriation of diverse prevention methods by MSM;
- an evaluation of the effectiveness of new HIV and STI screening strategies based on self-sampling.

Designing and deploying interventions to support public health policies

The agency develops sex information and education resources that are adapted to the characteristics of each intended audience:

- The onsexprime.fr website is intended for young people. Its design is continuously evolving to adapt to this population's media consumption habits;
- The "sexosafe" mechanism, intended for the MSM community, combines a strong digital presence (website, Facebook page, paid listings) and community partnerships, thus giving visibility to prevention at the grass-roots level;
- The mechanism in place for migrants prioritises oral communications, via radio partnerships.
- A sexual health website intended for all audiences contains sexual health information tailored to individual needs.

Working with a network of partners

This programme involves collaborative efforts between the agency and a network of institutions, scientific organisations, clinical departments, prevention services and associations. Network members participate in various interventions and work closely with priority populations.

PROGRAMME 6 • MENTAL HEALTH



CONTEXT AND CURRENT CHALLENGES

Epidemiological data provide a measure of the health, economic and social burden of mental illness and its impact on physical health. In France, mental illness is the leading cause of disability. Not only is it responsible for a 10% loss in healthy life years, it also accounts for 35-45% of work absenteeism. Furthermore, nearly one in five people will experience a major depressive episode (MDE) during their lifetime; women are two times more likely to be affected than men. The 9,000 suicide deaths recorded annually in France are the third most preventable cause of death, all ages combined, and the leading cause of preventable death among 25- to 34-year-olds, with men being three times more affected than women.

Five-year objectives

- To strengthen surveillance systems.
- To implement and evaluate programmes intended to strengthen the psychosocial skills of children, young people and parents.
- To develop, deploy and evaluate measures to prevent suicidal behaviour.
- To increase public and professional awareness and fight against stigmatisation.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Developing policy-relevant mental health surveillance data

This involves:

- pursuing and expanding the scope of surveillance to better measure and characterise suicidal behaviour and mental illness related mortality and morbidity while improving our knowledge of social and territorial inequalities;
- establishing reliable indicators to evaluate public prevention policies.

Designing, deploying and evaluating interventions

The agency develops and evaluates strategies for:

- suicide prevention: the Vigilans system (follow-up calls to people who were admitted to emergency due to suicidal ideation);
- the psychosocial skill development of children and their parents, particularly through the production of evaluation data (primarily for the PSFP¹, Unplugged² and GBG³ programmes and the AdaliS⁴ support hotline.

Collaborating with relevant partners

The mental health field is quite vast. Given the diverse sectors of intervention (health, social, labour, education, etc.), the agency has entered into various institutional, scientific and academic partnerships⁵. The intent is to:

- produce surveillance and observation data concerning suicide, serious disorders, mental health issues in the workplace and adolescent mental health;
- implement, deploy and evaluate prevention and health promotion initiatives.

¹ Programme de soutien aux familles et à la parentalité [Family and Parenting Support Programme]

² This programme serves as a tool to prevent addictive behaviours in schools

³ Psychosocial skill development programme for elementary school children

⁴ Addictions Drogues/Alcool-Info-Service [Drug/Alcohol Addiction Info Service]

⁵ The agency's partners are too numerous to list here.

PROGRAMME 7 • VACCINATIONS



CONTEXT AND CURRENT CHALLENGES

The agency helps evaluate France's vaccination policy (by monitoring vaccination coverage and the impact of vaccines on targeted diseases) and develops tools to disseminate information and promote vaccination. In addition to monitoring vaccine-preventable diseases, it also produces data on vaccine perception and practice as well as public adherence. These activities are all the more important in that they support and provide a framework for evaluating the impact of the law on mandatory vaccinations for children 0-2 years of age. Santé publique France is becoming the authoritative information source on vaccination for both the general population and health professionals.

Five-year objectives

- To support the mandatory vaccination programme and evaluate its impact.
- To improve tools for measuring immunisation adherence and coverage.
- To boost immunisation rates among young children, teenagers (HPV vaccine) and senior citizens (flu vaccine).



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Developing policy-relevant knowledge

In this sphere, the agency's mission is to support and evaluate public policy by:

- monitoring vaccination perception trends among the general population and health professionals;
- conducting epidemiological vaccine-preventable disease surveillance;
- participating in expert bodies tasked with national and European vaccination policy oversight.

Designing and implementing information and communications campaigns

To support new vaccination policies, including mandatory vaccination, the agency:

- provides vaccination information, particularly through the Vaccination-Info-Service website;
- employs communications and social marketing strategies to promote vaccination adherence among the general public and health professionals.

Collaborating with relevant partners

The agency has initiated partnerships with institutions, national reference centres, learned societies, the Regional Health Agencies and various associations (comprised of elected officials, public health employees and regional workers).

PROGRAMME 8 • HEALTHY LIVING ENVIRONMENTS IN THE CONTEXT OF CLIMATE CHANGE



CONTEXT AND CURRENT CHALLENGES

According to the WHO estimates published in 2016, 12.6 million people worldwide died in 2012 due to an unhealthy living or working environment. In France, 48,000 premature deaths are attributable to air pollution each year. This programme aims to objectively assess the health impact of various populations' living environments in order to develop preventative measures and support public policies at the national and territorial levels. In some areas, chemical, air and industrial pollution (combined with smoking, occupational exposures and poor nutrition) lead to major environmental and health inequalities.

Five-year objectives

- To optimise health status, environmental exposure/risk and risky behaviour monitoring in order to better document their health impacts.
- To work with affected populations to conduct studies evaluating the health impacts of high-pollution areas (industrial sites, polluted soils, agricultural zones, etc.) and substantial territorial inequalities.
- To implement the most suitable prevention strategies in light of the data acquired—particularly data concerning the most vulnerable populations—as well as methods for assessing the health benefits of public policies.
- To involve stakeholders in the agency's work (participatory approach) and communicate/share results while ensuring that target audiences take ownership of them.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Developing policy-relevant knowledge and opinions

To support the development of prevention strategies, the agency's priorities are as follows:

- to assess exposure levels and characterise the health impacts of pollutants (bisphenols, phthalates, polybromines, chlordecone, etc.) and pesticides on people living near agricultural plots;
- to objectively assess, through field investigations, the health impacts of environmental exposures to pesticides, endocrine disruptors and pollutants from industrial basins, polluted sites and soils, especially heavy metals and chemical pollutants;
- to monitor and evaluate climate risks and their impact on health (heat waves), in coordination with Météo France, to limit their consequences;
- to draft opinions and recommendations, based on collective expertise, for the public authorities' use and communicate/disseminate the results of this work.

Designing and deploying interventions to support public health policies

The development of quantitative health impact assessment procedures will ultimately make it possible to better estimate and characterise the public health burden of environmental exposures and debate public policy at the national, regional and local levels.

The data collected through this programme will be published on a website, primarily intended for women of childbearing age: it will inform them about environmental exposures harmful to human health, particularly the health of unborn children.

Collaborating with relevant partners

This programme involves the collaboration of many partners at the national level (e.g. ANSES, Météo France, research teams, the EHESP, etc.) as well as the European and international levels. We should also mention the agency's collaboration and coordination with the Regional Offices (Cire), whose work supports the Regional Health Agencies.

¹ Agence nationale de sécurité sanitaire de l'alimentation, de l'environnement et du travail

² École des hautes études en santé publique

PROGRAMME 9 • OCCUPATIONAL HEALTH



CONTEXT AND CURRENT CHALLENGES

In this sphere, the agency's mission is to monitor health events related to occupational risk factors and exposure to them. This work is all the more important given the avoidability of exposure through job-related preventative, technical and/or organisational measures. According to our data:

- 42,000 workers have been diagnosed with an occupational disease and the estimated cost of these diseases is €2 billion/year;
- 530 fatal workplace accidents occur each year;
- 75% of mesothelioma cases and 6% of lung cancers are due to occupational asbestos exposure;
- 7% to 8% of new cancer cases per year are work-related and, in the workforce, 10% of employees are exposed to at least one chemical carcinogen.

Five-year objectives

- To improve knowledge about the health impact of workers' occupational exposures to chemical products, particularly pesticides, carcinogens and endocrine disruptors.
- To monitor current exposures to occupational risk factors.
- To expand the scope of the Occupational Disease (OD) Surveillance System and the Regional Occupational Health Alert Groups (Groupes d'Alerte en Santé Travail or GAST in French) to the national level.
- In terms of surveillance, to better take into account:
 - the health of vulnerable populations (temporary workers, the unemployed, women of childbearing age, etc.);
 - changes in the workplace and their consequences (chronic illnesses, work-related fatigue, increased organisational and psychological constraints, job insecurity, loss of employment);
 - emerging risks (manufactured nanomaterials).
- To develop an advocacy plan to address risk exposures and their consequences in order to promote prevention.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Developing policy-relevant knowledge

In order to characterise evolving occupational exposures, working conditions and morbidity/mortality, the agency has implemented:

- a system of prospective multi-risk and multi-sector cohorts (COSET);
- a surveillance programme of workplace accidents and work-related diseases (WRD), including occupational diseases (ODs), to target major work-related pathologies and guide prevention efforts;
- strategies for identifying high-risk sectors and jobs and epidemiological tools for estimating occupational exposures (job exposure matrix).

To provide public authorities with a concerted response to reports of exceptional health events (alerts, crises), the agency has set up an Occupational Health Alert Groups (Groupes d'Alerte en Santé Travail or GAST in French), which brings together, in each region, a group of occupational health and intervention epidemiology specialists.

Supporting occupational health and safety policies

The agency supports public policies intended to improve occupational health by making the results of its work available to the General Directorate of Labour.

Collaborating with relevant partners

The Occupational Health Services, whose mission is one of monitoring and prevention in the field, are favoured partners: they are both data providers (by participating in collection), and users of the data generated by the agency (to direct preventative actions) and as operators of the monitoring programmes implemented by the agency.

The agency also maintains a strong relationship with university research teams to optimise prevention efforts and available resources.

PROGRAMME 10 • PERINATALITY AND EARLY CHILDHOOD



CONTEXT AND CURRENT CHALLENGES

Pregnancy may be marked by the resurgence of pre-existing conditions or the appearance of new ones, the consequences of which may be detrimental to the mother's health and/or the child's development. For example, 10.4% of pregnant women have gestational diabetes, 4.3% have gestational hypertension (2016 figure), 12% are obese and the percentage of preterm births has increased from 5.4% in 1995 to 7.9% in 2016. These situations can lead to long-term chronic illnesses as well as social and territorial health inequalities.

As regards the birth of newborns and the developmental care provided to them until they reach three (and soon six) years of age, the indicators generated by various actors lack perspective in terms of epidemiology and public health.

Five-year objectives

- To expand and strengthen perinatal and early childhood health data sources and enhance collection methods.
- To generate health status monitoring indicators for the first 1,000 days and make them available to professionals, decision-makers and the public.
- To better inform the population about environments and behaviours conducive to perinatal health.
- To reduce the incidence of smoking and alcohol consumption during pregnancy.
- To promote breastfeeding.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Developing policy-relevant knowledge and opinions

The goal is to provide solid evidence and help evaluate the efficacy of prevention and health promotion interventions. This requires:

- generating key indicators for the perinatal and early childhood periods and making them visible/available so that health determinants, including their social and territorial dimensions, can be defined;
- monitoring and coordinating various actors and pooling resources;
- conducting a situational analysis of birth-preparedness and eliciting parents' expectations in terms of the health information provided during pregnancy in order to establish necessary preventative actions.

Deploying perinatal health strategies in different living environments

This strategy aims to reduce social and health inequalities in the territories. It revolves around the needs of populations in various environments (family, territorial, occupational, etc.) and is carried out using a partnership-based approach. It relies on:

- the establishment, promotion and maintenance of a website, primarily intended for women of childbearing age. The website explains how various aspects of a living environment (e.g. emotional, social, dietary, chemical and physical characteristics) can affect unborn children;
- the deployment of population-based interventions at the territorial level, including the provision of expertise and support to assist the PMI¹ and Regional Health Agencies, train and advise various actors, and promote breastfeeding.

Collaborating with relevant partners

A multidisciplinary "Perinatal/Early Childhood Interface Committee"² has been set up with the aim of establishing a dynamic partnership network to address the programme's key priorities and challenges.

¹ Protection maternelle et infantile [Mother and Infant Care Centres]

² This committee includes numerous partners who are experts in perinatal health promotion and surveillance (there are too many to list here).

PROGRAMME 11 • ACCESSIBILITY AND VULNERABLE POPULATIONS



CONTEXT AND CURRENT CHALLENGES

The existence of social and territorial health inequalities and vulnerable populations are major public health issues for Santé publique France. The populations targeted by this cross-functional programme can be characterised as having poor health indicators and difficulties accessing both healthcare and preventative care: examples include disabled persons, individuals from precarious socio-economic backgrounds, prisoners, migrants, etc. In France, many programmes or actions are juxtaposed and target subgroups. The agency is moving away from this strategy in favour of an inclusive approach, based on universal access. The agency is thus establishing new prevention and health promotion tools, developed according to criteria that make it possible to reach as many people as possible.

Five-year objectives

- To integrate prevention and health promotion resources that are accessible to all into our communications and social marketing tools.
- To develop resources for social and medico-social sector professionals (1.7 million employees) who work closely with these populations, thus providing a powerful lever for good practice dissemination.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Developing policy-relevant knowledge and opinions

The goal is to integrate a population-based approach into study designs. Not only would this allow the agency to collect data on vulnerable populations, it would also enable the agency to create survey methods that take literacy¹ into account and facilitate its measurement. This approach necessitates:

- broadening our knowledge about the health status of vulnerable populations;
- methods for better understanding and measuring health literacy in France (in partnership with Canadian and Belgian research teams).

Designing, deploying and evaluating interventions

In order to achieve these goals, the agency works to:

- Promote prevention and health promotion accessibility through a universal design approach;
- design new materials and tools for target groups.

To facilitate access to health and preventative care for migrants, a practical guide for professionals is being updated. Bilingual health booklets, available in 15 languages, will also be distributed. Communications for the populations of sub-Saharan Africa include a weekly radio programme on Africa No.1 as well as the magazine Et la santé on dit quoi?

Collaborating with relevant partners

The agency initiates numerous institutional², research³ and formal partnerships, financed by network heads (mostly professional) in the food aid, poverty and disability sectors.

¹ Health literacy is an individual's ability to find, understand, evaluate and use health information to make decisions.

² The agency's institutional partners include the Caisse nationale de solidarité pour l'autonomie or CNSA [French National Solidarity Fund for Autonomy], the Direction générale de la cohésion sociale or DGCS [General Directorate of Social Cohesion], the Caisse nationale d'allocations familiales or CNAF [French National Family Benefits Fund] and the Agence de lutte contre l'illettrisme [French National Agency for the Fight Against Illiteracy].

³ The agency's research partners include La Chaire Interdisciplinaire de Recherche en Littératie et Inclusion or CIRLI [The Interdisciplinary Research Chair in Literacy and Inclusion] (Quebec) and the Institut national de la santé et de la recherche médicale or INSERM [French National Institute of Health and Medical Research].

PROGRAMME 12 • THE ELDERLY



CONTEXT AND CURRENT CHALLENGES

Individuals over 60 years of age will represent approximately one-third of the French population by 2040. This constitutes a major social and public health challenge. Although, in France, life expectancy after 50 years of age is the highest in the European Union, the number of healthy life years remains lower than in many other countries. With increased age, the number of people diagnosed with multimorbidity (cardiovascular and cerebrovascular diseases, malignant tumours, diabetes, Alzheimer’s disease, etc.)—affecting their functional capabilities and increasing their dependency—increases significantly. According to certain estimates, 2.3 million people will be in a state of functional dependency in 2060 (compared to 1.2 million in 2012). The challenge is to improve older people’s quality of life and prevent the loss of autonomy rather than prolonging life at all costs.

Five-year objectives

- To improve the visibility of the agency’s monitoring work to better influence public policy and further develop relevant knowledge in this area.
- To generate surveillance indicators assessing overall health, particularly from medico-administrative databases, in order to predict dependence.
- To integrate prevention and health promotion activities into a «whole life» approach, so as to act in a manner adapted to each life stage.
- To enhance communications methods and support mechanisms for interventions addressing health determinants for the elderly (e.g. the pourviennellir.fr website) and to update them according to the new practices of those concerned, the needs of caregivers and prevention requirements.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Developing policy-relevant knowledge

Priorities include developing and generating:

- global health status indicators for the elderly, including methods for integrating global disease burden estimates (multimorbidity, fragility, etc.) based on medico-administrative data, prior to the loss of autonomy;
- new knowledge pertaining to health determinants and behaviours:
 - a better understanding of the circumstances and factors leading to falls;
 - interventions to effectively prevent the loss of autonomy.

Promoting healthy ageing and autonomous living determinants

Programme objectives concern the elderly as well as professionals.

With respect to the elderly, goals include enriching, monitoring and promoting the pourbiennellir.fr website, an authoritative source on healthy ageing. The agency also works to:

- develop and monitor social networks;
- create new sources of topical information.

With respect to professionals, the agency is working to expand the pourbiennellir.fr website’s professional space. New content related to falls, as well as professional tools, will be provided.

Collaborating with relevant partners

The development of partnerships between health and social policy stakeholders is crucial if we are to support a public policy agenda oriented towards healthy ageing.

European partnerships are also needed, particularly for international projects such as the “European Advantage Joint Action” initiative, whose goal is to promote a common understanding of frailty among Member States.

PROGRAMME 13 • INFECTIOUS DISEASES



CONTEXT AND CURRENT CHALLENGES

Strategic and operational objectives for infectious diseases are deployed via five programmes: Vaccination, Healthcare-Associated Infections and Antimicrobial Resistance, Vector-Borne Diseases, Sexual Health and Drugs and Other Addictions. This “Infectious Disease” programme establishes common strategic priorities for the entire infectious disease field, particularly those related to monitoring and surveillance with a view to issuing alerts.

Five-year objectives

- To maintain the agency’s surveillance, monitoring and alert capacity for the entire infectious disease field in order to develop, with the Regional Offices (Cire), reactive expertise for decision-making and risk management at the national and regional levels.
- To evaluate, revise and modernise monitoring/surveillance systems and tools, in particular by dematerialising surveillance systems and boosting their interoperability with “partner systems”.
- To generate health indicators that are useful to decision-makers in order to advocate for prevention and evaluate the interventions undertaken.
- To improve knowledge of infectious disease determinants so as to strengthen prevention.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Developing policy-relevant knowledge

Surveillance system modernisation depends on the dematerialisation of data collection tools, easier access to laboratory data and increased use of the French National Health Data System (SNDS). In operational terms, this requires:

- an internal or external evaluation of at least one surveillance system per year and a reassessment of the list of notifiable diseases (NDs);
- the modernisation of tools for collecting and compiling surveillance data (continued deployment of the e-DO mandatory reporting system for HIV/AIDS and its roll-out for tuberculosis, ND dematerialisation, studies, surveys, etc.);
- increased use of the French National Health Data System (SNDS) as a relevant alternative to traditional surveillance systems;
- the definition and deployment of an integrated strategy for microbiological support for infectious disease surveillance (National Reference Centres).

Designing, deploying and evaluating interventions

The agency’s mission is to contribute to the objectives of the National Health Strategy. To this end, it:

- provides the expertise required to respond to alert situations;
- develops and disseminates messages to prevent infectious risks and raise awareness about health-promoting behaviours adapted to the populations concerned;
- raises awareness about health-promoting behaviours via a solid understanding of infectious risk determinants.

Collaborating with relevant partners

The goal is to maintain quality surveillance systems for infectious diseases. Such systems must be based on research studies and partnerships with external teams. It is therefore necessary to develop formative partnerships (with the National Reference Centres, Support Centres for the Prevention of Healthcare-Associated Infections, ECDC, etc.) and collaborate with other learned societies and agencies (ANSES, EFS, ANSM, etc.) as well as research teams in the field.

PROGRAMME 14 • HEALTHCARE-ASSOCIATED INFECTIONS (HCAIS) AND ANTIMICROBIAL RESISTANCE (AMR)



CONTEXT AND CURRENT CHALLENGES

Each year in France, nearly 430,000 patients hospitalised in short-term care facilities contract at least one healthcare-associated infection (HCAI). In 2017, this represented one in twenty hospitalised patients and one in four patients in intensive care. Furthermore, one in six hospitalised patients received antibiotic treatment on any given day. In residential care homes for the elderly, approximately 3% of residents contracted an HCAI in 2016. Finally, while antibiotic consumption in France is very high compared to other European countries, it is estimated that 160,000 multidrug-resistant (MDR) bacterial infections occur each year—including 16,000 invasive infections—and 12,500 deaths are attributable to them.

Five-year objectives

- To meet priority objectives as defined by Propias¹.
- To pursue the actions initiated by the Nosocomial Infection Alert, Investigation and Surveillance Network (Réseau d'alerte, d'investigation et de surveillance des infections nosocomiales or Raisin in French), as part of the new work organisation and collaboration with the CPias² for a broader scope of prevention.
- To ensure that the CPias comply with their mission statements and undergo annual CMNIAS³ assessment.
- To consolidate Santé publique France's position and expertise in synergy with CPias activities.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Developing policy-relevant knowledge

The agency participates in data generation and dissemination. To this end, it:

- monitors HCAIs, to evaluate and adapt prevention policies as needed, and transmits its data to the ECDC⁴;
- monitors AMR and antibiotic consumption, consolidates data gathering and dissemination activities and captures data via the GEODES tool (see p. 42);
- evaluates the knowledge and practices of healthcare professions in matters concerning hygiene and the proper use of antibiotics;
- coordinates HCAI alerts and reports with the agency in charge of responding to these situations, through reports, signal analysis, alerts, knowledge transfer and the development of expertise.

Designing, deploying and evaluating interventions

The agency's primary goals consist of enhancing the information intended for healthcare professionals and raising public awareness of the risks associated with HCAIs and AMR.

Collaborating with relevant partners

The agency oversees the scientific steering of national missions delegated to the CPias, monitors their implementation efforts and ensures that they undergo annual CMNIAS assessment. It is also necessary to strengthen ABR partnerships by pursuing the annual appraisal of antimicrobial resistance and consumption data and by broadening knowledge through the study of urban antibiotic consumption data generated via SNDS analysis.

¹ The French National HCAI Prevention Programme

² Support Centres for the Prevention of Healthcare-Associated Infections

³ Comité des missions nationales des infections associées aux soins [Committee dedicated to National Missions regarding Healthcare-Associated Infections]

⁴ European Centre for Disease Prevention and Control

PROGRAMME 15 • VECTOR-BORNE DISEASES (VBDs)



CONTEXT AND CURRENT CHALLENGES

Mosquitoes and ticks are responsible for infectious diseases in both humans and animals. Infectious diseases transmitted by mosquitoes have a high epidemic potential and pose a threat to public health. Their spread worldwide is primarily due to globalisation, the movement of people and goods, global warming, urbanisation, deforestation and resulting imbalances to ecosystems. While the overseas territories are highly affected, the epidemic risk has recently spread to certain metropolitan territories in connection with the presence or absence of one or more transmission vectors. Although the VBD spectrum is quite large¹, Santé publique France's focus is on:

- arboviruses with epidemic potential (chikungunya, dengue, zika, West Nile virus infections) in metropolitan France and the overseas territories;
- Lyme borreliosis transmitted by ticks², with a heterogeneous regional distribution.

Five-year objectives

- To detect all VBD cases early on and to be extremely reactive in their investigation so as to quickly contain transmission outbreaks and epidemics.
- To optimise surveillance systems and tools for tick-borne disease prevention and improve Lyme borreliosis prevalence assessments.
- To support procedures for eradicating malaria in French Guyana and Mayotte and schistosomiasis in the French West Indies.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Developing policy-relevant knowledge

The goal of VBD surveillance is to estimate the burden of these diseases and their impact on health, monitor their rapid progression and detect emerging issues as quickly as possible in order to control their spread. To accomplish this, Santé publique France:

- develops reactive, efficient, sustainable surveillance strategies and systems and adapts them to epidemiological developments;
- generates and disseminates reactive, policy-relevant data through field investigations, carried out in collaboration with our partners (National Reference Centres, entomologists, research teams, etc.);
- produces knowledge on the perceptions and attitudes of the population and professionals in order to better adapt information, prevention and health promotion campaigns;
- sets up Lyme borreliosis seroprevalence surveys.

Designing, deploying and evaluating interventions

Interventions mainly consist of:

- contributing to the implementation of national plans and guides (tick-borne disease control, anti-dissemination plan for arboviruses transmitted by Aedes mosquitoes, etc.);
- supporting procedures to eradicate malaria in French Guyana and Mayotte and schistosomiasis in the French West Indies;
- developing and disseminating VBD prevention and information tools, for the public and professionals, and regularly updating them in accordance with new knowledge and recommendations;
- evaluating these measures and interventions through monitoring activities and surveys.

Partnerships

VBD surveillance and prevention requires a multidisciplinary approach that includes epidemiologists, entomologists, microbiologists, ecologists and multiple reference partners and bodies, including the National Reference Centres.

¹ VBDs include tropical parasitic diseases such as malaria and schistosomiasis.

² Other diseases are also transmitted by ticks, including tick-borne encephalitis (TBE) and Crimean-Congo haemorrhagic fever.

PROGRAMME 16 • NON-COMMUNICABLE DISEASES



CONTEXT AND CURRENT CHALLENGES

It is estimated that non-communicable diseases are responsible for 71% of premature deaths worldwide (2015 figure). In 2014, France ranked second among European countries for life expectancy (LE), but it did not make the top ten in healthy life expectancy. Coronary heart disease, lung cancer, stroke, Alzheimer's disease and breast cancer are the top five causes of premature death. Major risk factors include tobacco use, high blood pressure, alcohol consumption, diet and physical inactivity. They constitute an important part of the non-communicable disease public health burden. Social and territorial inequalities are pronounced for all non-communicable diseases: there are marked territorial differences in terms of incidence rates and mortality.

Five-year objectives

- To generate valid and reproducible non-communicable disease indicators, enabling the agency to monitor their public health burden in terms of pathologies and preventable determinants.
- To systematically consider social and territorial inequalities when analysing non-communicable disease indicators.
- To contribute to a better understanding of health indicators at the national, regional and territorial levels.
- To optimise methods for generating indicators via the SNDS.
- To continue to develop formal and operational partnerships.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Developing policy-relevant knowledge

The population-based, or determinant, approach enables the agency to produce summaries on the health status of each population group (perinatal, early childhood and adolescence, the elderly etc.). This requires:

- favouring a regional approach in the production of indicators for non-communicable diseases, their risk factors and their determinants;
- contributing to a better understanding of health indicators at both the European and international levels, particularly by investing in the work being done on the "global burden of disease" (GBD) and efforts to develop the «Joint Action InfAct» European data platform;
- developing investigation guides that integrate specific methodologies and expertise in order to formulate recommendations;
- implementing methods and tools to streamline surveillance while strengthening and improving the quality of the indicators generated.

Designing, deploying and evaluating interventions

Health policies in the field of prevention and health promotion must be based on reliable indicators and solid evidence tailored to real-life situations. The agency prioritises the evaluation of:

- colorectal, breast and cervical cancer screening programs, by regularly producing performance indicators;
- public policies, through its surveillance and survey data (e.g. diabetes).

Collaborating with relevant partners

There are many stakeholders in the field of non-communicable diseases. The agency thus needs to maintain and strengthen its partnerships in the sphere of health monitoring and research while continuing to be a health policy actor at the European and international levels.

PROGRAMME 17 • TRAUMAS



CONTEXT AND CURRENT CHALLENGES

Traumas are characterised as being intentional (these are responsible for 6.5% of deaths in France and include suicides, assaults, homicides, etc.) or non-intentional (traffic, workplace and domestic accidents, etc.). This programme involves the epidemiological surveillance of non-intentional traumas, especially domestic accidents, and specifically targets two population groups: the elderly and children. Each year, domestic accidents are responsible for 21,000 deaths, 500,000 hospitalisations and 5 million emergency service calls.

Five-year objectives

- To optimise surveillance activities in order to estimate the incidence, identify the causes and determine the circumstances surrounding domestic accidents.
- To systematise the analysis of serious or deadly accident avoidability in order to prioritise prevention efforts.
- To develop prevention efforts and evaluate them in collaboration with our partner network.
- To participate in the work being carried out (mainly by our partners) on domestic violence and the cost of accidents and traumas.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Developing policy-relevant knowledge

In order to monitor traumas and prioritise prevention efforts, specific investigations (whose scope must be expanded) are being carried out. This makes it necessary to:

- generate surveillance indicators for traumas, their risk factors and their determinants and to develop a regional approach to trauma;
- improve knowledge about the circumstances surrounding domestic accidents and episodes of drowning and defenestration in order to establish ad hoc preventive measures;
- document certain skills via the Health Barometer (e.g. the percentage of the French population that can swim).

Designing, deploying and evaluating interventions

Detailed accounts of the agency's actions and deliverables are provided in the "Early Childhood, Children and Youth Programme" and "Programme for the Elderly" sections. The agency also develops:

- educational tools for professionals that focus on domestic accident prevention (including defenestration);
- communications and social marketing campaigns;
- prevention effort proposals.

Collaborating with relevant partners

There are many stakeholders involved in this work. The agency seeks to maintain a network of institutional partners: some these bodies specialise in accidents and their consequences while others have surveillance and/or prevention expertise.

PROGRAMME 18 • ALERT COORDINATION AND EXCEPTIONAL HEALTH SITUATIONS



CONTEXT AND CURRENT CHALLENGES

By virtue of its cross-functional nature, this programme serves to coordinate the alert process with the business lines (from the initial signal until the situation has returned to normal), anticipate preparation and response, implement necessary field investigations, conduct risk evaluations to support the decision-making process, launch appropriate communications during alerts and exceptional health situations and contribute, as needed, to the mobilisation of health reserves required to respond to such events.

Five-year objectives

- To optimise, monitor and coordinate the alert, evaluation, consultation, signal and health event management processes (which all have repercussions in terms of public health).
- To prepare, maintain and develop the operational capacity of the health reserves and secure the projection, remote support and payment processes.
- To optimise all processes in order to better manage strategic and tactical stocks.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Preparing the agency to manage health events that pose risks to the population's health

Faced with exceptional health situations, preparation mainly consists of anticipation, the use of tools and procedures, and training. To this end, the agency:

- adapts and updates employment policies, plans, methodologies and internal tools;
- improves availability while maintaining and strengthening skill sets;
- sizes up and maintains logistics plans [equipment, purchasing, storage, deployment, reintegration];
- optimises information and quality systems.

Managing alerts and projecting resources

The agency has a system in place to detect and characterise alerts posing a potential threat to the health of various populations. It also formulates recommendations to support the decision-making process. The agency's work in this sphere entails:

- optimising coordination tools;
- managing and coordinating the entire process from alert signal analysis to response;
- adjusting organisation, means and methods during the ramp-up phase;
- organising projection tool use and communications throughout the event;
- adjusting support service resources in order to absorb the massive influx of reservists' compensation requests.

Improving our ability to return to normal and capitalise on feedback

Feedback is an essential element of the learning process. It often gives rise to new prevention efforts and promotes resilience. Cross-functional debriefing and feedback processes are thus being developed and coordinated under this programme. Such work includes the creation of a strategy and feedback manual to rapidly replenish stocks and revise alert, preparation and response procedures as needed.

PROGRAMME 19 • INTEGRATED REGIONAL PUBLIC HEALTH PROGRAMME



CONTEXT AND CURRENT CHALLENGES

The Regional Offices (Cellules d'intervention en région or Cire in French) ensure monitoring, alert and surveillance functions. They analyse reported signals as needed and carry out necessary investigations. These units also assist the Regional Health Agencies in regional/territorial indicator generation. They implement initiatives with proven effectiveness, support the quantitative evaluation of various actions and contribute to the assessment of prevention interventions as necessary.

This expansion of the regional teams' mission, to include all public health functions, positions the agency as an expert in territorial health.

New methods for organising work are thus being implemented. This will enable the agency to better take regional needs into account when making use of national databases, designing and carrying out national surveys and generating health indicators.

Five-year objectives

- To contribute to local and regional health policies by sharing agency-produced data that helps characterise the population's health status and its determinants at the appropriate territorial levels.
- To provide the expertise and skills necessary to develop and evaluate public health interventions at the regional level.
- To initiate regional collaborations to consolidate missions and foster innovation.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Developing policy-relevant knowledge and analyses

The goal is to make epidemiological observation data, produced by the agency, available at the regional public health policy level, thus enabling us to:

- describe and monitor the population's health and its determinants, over time, at the regional level;
- conduct action-oriented studies that meet local knowledge acquisition needs and take the specificities of each territory into account;
- consider the regional dimension when preparing national studies;
- prioritise and develop regional surveillance systems, to complete and simplify coverage.

The Regional Health Agencies: sharing knowledge, supporting prevention policies and promoting health To meet these objectives:

- support for local health policies is organised by relaying evidence to guide strategies and participating in the evaluation of public health interventions;
- necessary skills are deployed to support public action in emergency situations, with a focus on monitoring activities (when processing unusual or complex signals), risk assessment and field investigations;
- training programmes to strengthen prevention and health promotion skills are developed for Regional Offices professionals.

Collaborating with relevant partners

This approach requires bolstering the agency's collaboration with all the Regional Health Agencies in order to build on local expertise and foster innovation. It also means developing a network of partners outside the health sector to promote the agency's missions and ensure that all policies take health into account.

PROGRAMME 20 • OVERSEAS POPULATIONS



CONTEXT AND CURRENT CHALLENGES

The French Overseas Communities differ from the metropolitan area and from each other due to their geographical location, natural environment, demographic disparities (12,000 inhabitants in Wallis and Futuna, 850,000 in Reunion Island, etc.), age pyramids, population density, etc. Nevertheless, these territories share a socio-economic and health situation that is less favourable than in metropolitan France, with lower life expectancies, higher fertility rates, increased infant mortality, a high prevalence of excess weight and obesity, etc. The fight against excessive alcohol consumption, lack of physical activity, poor diet, diabetes, STIs, arboviruses and social/territorial inequalities are just a few of the agency's priorities.

Five-year objectives

- To implement the knowledge-to-action continuum in territorial practices.
- To compare the health indicators of these territories with those of Metropolitan France.
- To include an overseas component in every new action implemented by Santé publique France.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Developing policy-relevant knowledge and opinions

In addition to the Regional Offices coordination of surveillance systems, particular attention is paid to social and territorial health inequalities, which will be systematically taken into account in studies and analyses. To accomplish this, it is important:

- to disseminate agency-produced data that make it possible to characterise the health status of overseas populations, as well as health determinants, at the territorial level;
- to conduct studies and surveys (supervised by the Regional Offices and/or business lines) that are adapted to the local context and to develop and use variations of national surveys;
- to develop a common IT platform for epidemiological surveillance for the Overseas Regional Offices.

Designing, deploying and evaluating interventions

The goal is to provide local health authorities with evidence to guide strategies based on scientifically evaluated actions whose expected impact can be demonstrated and quantified. This includes supplying the Regional Health Agencies with expertise and providing:

- training, to help public health actors in the French Overseas Territories improve their skill sets;
- health need and impact assessment tools, to better prepare responses to exceptional health situations;
- new ways of structuring expert committees on infectious and emerging diseases, to comply with the framework imposed by the Health Expertise Charter.

Collaborating with relevant partners

The goal is to develop networks of border partners involved in epidemiological surveillance, population health status monitoring and prevention/health promotion and to create bridges and synergies with the following Overseas Collectivities: French Polynesia, New Caledonia, Saint Pierre and Miquelon, Wallis and Futuna.

PROGRAMME 21 • MODERNISING DATA COLLECTION, ANALYSES AND RESTITUTION



CONTEXT AND CURRENT CHALLENGES

In the face of major technological developments, the agency must adapt its methods of data collection, processing, analysis and capture. Thus, in 2017, the Support, Processing and Data Science Division was created. Thanks to the data collected via the National Health Data System (SNDS), syndromic surveillance, specific surveillance systems and population surveys, the agency now has a unique data set. This programme's challenges are technological, organisational and scientific in nature. They necessitate the appropriation of new tools and methods so that the agency can pursue its monitoring and surveillance missions to support the decision-making process while maintaining a high level of scientific and technical quality and strict respect for data confidentiality.

Five-year objectives

- To organise the use of SNDS data, at all territorial levels, in accordance with regulatory developments.
- To modernise, optimise and develop data access and processing techniques, analysis methods and automated capture in order to produce reliable and accurate estimates within a controlled time frame.
- To contribute to the design, implementation, analysis and valorisation of all studies and surveys.
- To create a portal to capture indicators produced by the agency.
- To schedule and implement the Santé publique France Barometer in collaboration with the business lines. The Barometer will include various topics supported by the agency.
- To introduce all staff members to analytical methods and statistical software as part of a multi-year training plan.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Supporting the business lines

The primary mission of the Data Science Division is to support the business lines in project preparation and implementation, including urgent investigations. To do this, it must:

- organise access to/use of SNDS data, which is the cornerstone of surveillance for certain diseases;
- support the implementation of surveys initiated by the business lines and regional departments (particularly the French Overseas Departments);
- ensure data management for extractions, complex database manipulation, file merging and data matching;
- implement geomatics to more accurately map health indicators at the territorial level;
- scale up relevant IT data processing applications.

Visualising agency-generated indicators

A portal has been created so that agency-generated indicators can be captured at the relevant territorial levels. It will be supplemented by the development of tools to assist in the decision-making process. This entails:

- the implementation and administration of a modern reporting tool (GEODES) enabling access to indicators at various levels: internally, for partners, health professionals and the general public (see pp. 42-43);
- the development of web applications to support the decision-making process (e.g. to report winter epidemic outbreaks or view reported cases of notifiable diseases).

Research and development

Data processing techniques are constantly evolving. Collaboration with French and international university research teams and other public health institutes thus helps shed light on the technological and methodological orientations to be adopted in coming years. The agency welcomes and supervises students, particularly those working on their theses, thus contributing to the agency's data processing development plan.

PROGRAMME 22 • SYNDROMIC SURVEILLANCE



CONTEXT AND CURRENT CHALLENGES

In France, syndromic surveillance is carried out using the SurSaUD® system (Emergency and Mortality Health Surveillance System or Système de surveillance sanitaire des urgences et des décès). It consists of two components: "epidemiological surveillance" and the "information system".

Three key activities are associated with the first component:

- daily monitoring and non-specific epidemiological surveillance, at the national and regional levels, to track alerts and the impact of health events;
- the maintenance, development and enrichment of epidemiological expertise and methodologies, which are required by this type of system;
- networking, mainly in collaboration with national and regional partners. This activity is essential if we are to develop a quality database entirely managed by Santé publique France.

Five-year objectives

- To promote the SurSaUD® system's integration with other public health policy decision-making tools by strengthening the surveillance system's epidemiological component and adapting the information system.
- To contribute to public health campaigns, at national and regional levels, through the use and appraisal of SurSaUD® system data.
- To deploy the syndromic surveillance epidemiological analysis strategy to the national and regional levels.
- To implement new methods of analysis, particularly in the realm of big data and for the routine analysis of electronic death certificate data.
- To modernise the technical tool so that it is capable of meeting new needs (stability, security, capture, etc.).



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Developing policy-relevant knowledge and opinions

To maintain and develop syndromic monitoring skills and ensure that the Regional Offices use a common analysis strategy, it is necessary to:

- stabilise and strengthen the common framework for routine syndromic surveillance and alerts at all geographical levels;
- improve the monitoring and surveillance system by: assessing the sensitivity and specificity of priority syndromic groupings, continuing to implement statistical methods, and defining the best geographical level(s) of analysis;
- expand the agency's use of SurSaUD® beyond the field of monitoring and alerts and to use it supplement other sources;
- collaborate with research teams to develop decision-making support tools based on SurSaUD® data.

Designing, deploying and evaluating interventions

The agency's primary goal is to provide expertise

- to the Regional Health Agencies and the French Health Directorate. This expertise pertains to:
 - the transmission of electronic death certificates;
 - public governance, to help guide decisions and actions, especially in the context of seasonal epidemics, heat waves, injuries, etc.
- to support regional and national public policies, by providing relevant analyses in the context of exceptional health events.

Collaborating with relevant partners

The development and further enhancement of epidemiological work on SurSaUD® system sources requires collaboration with a number of partners, including the Fédération des observatoires régionaux des urgences or Fédoru (Federation of the Regional Observatories of Emergencies), the Direction générale de l'offre de soins or DGOS (General Directorate for Healthcare Provision), Inserm-CépiDc (the National Institute of Health and Medical Research's Epidemiological Centre on the Medical Causes of Death), ASIP Santé (French Digital Health Agency) and Samu Urgences de France (emergency medical aid service).

PROGRAMME 23 • SCIENTIFIC AND INTERNATIONAL STRATEGY



**CONTEXT AND
CURRENT
CHALLENGES**

The Scientific and International Office (Mission scientifique et internationale or MiSI) coordinates and supervises this programme, which brings together several cross-functional operations in support of scientific activities and programming.

Five-year objectives

- To conduct scientific work and provide health expertise while respecting the principles of excellence, independence and transparency.
- To develop internal scientific training initiatives and programmes for national public health network actors.
- To coordinate collaborative actions with researchers and agency contacts at the European and international levels.



**OUR RESPONSES
TO THIS PUBLIC
HEALTH
CHALLENGE**

Developing policy-relevant knowledge and opinions

The Scientific and International Strategy contributes to this objective by:

- governing the agency's policy on ethics and collective expertise;
- promoting scientific exchange and future-oriented debate within the agency, thanks to Santé publique France's bi-monthly seminars programme and annual conferences (Les Rencontres de Santé publique France);
- strengthening the staff's scientific skills.

Supporting French positions at the European and international levels

This programme serves as a vehicle to mobilise the agency's divisions in support of French positions at the request of the French Health Ministry.

Collaborating with relevant partners

This programme makes it possible to implement collaborative actions with partners, particularly in terms of scientific training, research interfacing, and European/international strategy development. It also contributes to the development of the International Association of National Public Health Institutes (IANPHI) and the development of the capacities of its members.

PROGRAMME 24 • PREVENTION AND HEALTH PROMOTION EXPERTISE



CONTEXT AND CURRENT CHALLENGES

One of the agency's missions is to help improve the quality and efficacy of prevention and health promotion initiatives, particularly those implemented in the regions and territories. Many of these interventions have never been evaluated in terms of their efficacy, efficiency and/or adaptation to the context of their deployment in France. Indeed, intervention research developed late in France (approximately a decade ago) and the design of prevention/health promotion initiatives was mainly carried out by practitioners in the field, without adequate upstream advice from national bodies or recommendations based on previously evaluated interventions.

To address these issues, the agency requires prevention and health promotion expertise in the form of:

- an expert committee, to recommend promising or previously sanctioned interventions;
- a national reference portal, facilitating access to promising or previously sanctioned intervention programmes;
- partner networks, composed of national and international network heads;
- a support system to promote the (mainly) regional deployment of previously sanctioned actions modelled after 'cap' interventions.

Five-year objectives

- To oversee an expert committee or a committee of prevention and health promotion.
- To develop a prevention and health promotion portal to present evidence-based interventions in line with key priorities of the National Health Strategy.
- To draft opinions and recommendations pertaining to priority interventions (e.g. strategies for reducing social and health inequalities).
- To develop a national and international partner network, to support strategy implementation efforts.
- To initiate research partnerships in economics of prevention to estimate the return on investment associated with prevention activities.



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Developing policy-relevant knowledge and opinions

To assist the Regional Health Agencies in implementing their regional prevention plans and respond to their expertise requests, the agency is developing a register of evidence-based actions in order to provide a formal framework for selecting, promoting and disseminating effective French interventions within France.

The agency's second operational goal is to continue to develop its capacity to produce prevention/health promotion expertise in fields not yet covered by other institutions. To do so, it must rely on the prevention and health promotion expert committee [created in 2018], which assists the agency with its opinions and recommendations in the design, production, evaluation and testing of prevention and health promotion methods, strategies and actions.

Collaborating with national and international partners

The agency develops strong partnerships with national and international entities, particularly with the French National Education Ministry to support and prioritise the National Health Strategy for Children. It also coordinates intermediary partnerships in prevention/health promotion to implement actions at the territorial level and respond to the Regional Health Agencies' support needs. Finally, the agency uses benchmarking to compare experiences and develop new forms of innovative action. This is the focus of our partnership agreements with European and international associations.

¹ Innovation conception et accompagnement pour la pédagogie [Pedagogical Innovation, Design and Support]

PROGRAMME 25 • PREVENTION THROUGH REMOTE HEALTH ASSISTANCE



**CONTEXT AND
CURRENT
CHALLENGES**

Remote health assistance is an essential tool for prevention and health promotion policies. It makes it possible to reach a large number of people (in 2017, more than one million telephone calls were processed and there were 29 million visits to the various remote assistance websites). It allows the agency to offer a range of services through call centres, social networks, mobile applications, chat windows, etc. This programme enables messages to be targeted and personalised and allows the agency to experiment with new approaches to remote support and prevention.

It also serves as a tool in the fight against social and territorial health inequalities since affected populations are able to access these services in large numbers. Nevertheless, many people are unfamiliar with remote health assistance mechanisms, and some health professionals misunderstand their role in care pathways.

Five-year objectives

- To raise awareness about remote health assistance mechanisms, their place in care pathways and the ways in which they supplement other support mechanisms, thus giving them greater legitimacy and boosting their effectiveness.
- To implement assessment and response monitoring techniques based on approaches that have proven effectiveness and good practice benchmarks—both necessary vectors of legitimisation.



**OUR RESPONSES
TO THIS PUBLIC
HEALTH
CHALLENGE**

Defining the scope of remote assistance services and their optimisation

Remote health assistance services—public, parapublic, private, for-profit—are heterogeneous and are based on paid work, voluntary work, associations and service providers (at the national or local levels). It is thus necessary:

- to make them more visible by identifying their perimeters (missions, field coordination, financing and supervision) and their place in users' care pathways;
- to develop good professional practice standards in the field of remote assistance in general and suicide prevention in particular;
- to promote an evaluative approach.

Experimenting with innovative methods of providing remote assistance

The agency's internalisation of remote assistance services for addiction (with the exclusion of tobacco) makes it possible to experiment with new offerings and evaluate them. Thus, analysing the needs of Drogues-Info-Service, Alcool-Info-Service and Joueurs-Info-Service callers demonstrated various needs (particularly the need for parent support), to which the agency responded, to help deter the risky behaviours of young people.

Digital tools have proven their effectiveness in reducing addictions, although certain addictions (e.g. those that are alcohol-related) require adapting intervention methods to current widespread practices, especially the public's use of smartphones.

Collaborating with relevant partners

Although remote assistance services are internalised in the field of addictions, they are administered by various associations in other sectors (including sexual health, youth services, chronic illnesses and mental health). Prevention through remote assistance is therefore largely based on partnerships.

PROGRAMME 26 • COMMUNICATIONS, SCIENTIFIC VALORISATION AND SOCIETAL DIALOGUE



**CONTEXT AND
CURRENT
CHALLENGES**

By placing expertise at the heart of its actions, the Communications and Societal Dialogue Division aims to establish Santé publique France as a sustainable part of the institutional landscape and to position it as a major reference in public health.

Five-year objectives

- To establish Santé publique France as a key actor in public health.
- To share public health knowledge with different audiences, using targeted information vectors.
- To strengthen the agency's institutional image.



**OUR RESPONSES
TO THIS PUBLIC
HEALTH
CHALLENGE**

Supporting the agency's digital shift

The goal is to rethink Santé publique France's digital ecosystem in order to create a favourable context for the promotion of the agency's scientific work, advocacy and dialogue with civil society. To this end, the Communications Division is working to:

- create a new Santé publique France website (delivery is scheduled for the first half of 2019), install it in its digital environment and make it the home portal for all of the agency's topical sites and internet applications;
- reorganise and strengthen the agency's presence on social networks to build a coherent and targeted offering;
- invest in the digital sphere to learn more about citizens' public health expectations, anticipate societal issues that could impact health, drive programming, etc.

Enhancing the value of scientific productions

The goal of this strategic objective is to promote Santé publique France's expertise, disseminate knowledge and results, and enable decision-makers and opinion leaders to appropriate this knowledge, all within a science-to-action continuum. This involves:

- using science as an advocacy tool and disseminating knowledge to a wider audience;
- placing the Bulletin épidémiologique hebdomadaire [Weekly Epidemiological Bulletin] and Santé en action [Health in Action] at the heart of the valorisation system by expanding their dissemination and strengthening their impact on the public health decision-making process;
- ensuring that the "Rencontres de Santé publique France" conference is an essential event.

Disseminating public health knowledge

This goal requires strong coordination efforts with information sources, prescribers and other actors in the field. It requires:

- strengthening media relations to expand the reach of public health knowledge;
- developing a "client" relationship with information sources, by disseminating messages and deliverables in a more targeted manner, with a rigorous evaluation of the return on investment.

PROGRAMME 27 • DOCUMENTATION, DOCUMENTARY INTELLIGENCE MONITORING, ARCHIVES



CONTEXT AND CURRENT CHALLENGES

The management of scientific information is vital to the agency’s missions. Its purpose is to control information and make it available in an appropriate and responsive manner so as to support public health action. This programme integrates several complementary activities: documentation, documentary intelligence monitoring, information systems administration, support to divisions, in particular for literature reviews. Furthermore, the archiving and management of documentary heritage is becoming increasingly important. Documentation practices must regularly adapt to the agency’s changing technologies, professional practices and business models for accessing information, as well as evolving public health needs.

Five-year objectives

- To adapt documentary intelligence monitoring and research activities to the agency’s strategic challenges by:
 - Prioritising information needs and requests from the divisions
 - Contribution to scientific expertise activities undertaken by the agency in particular by its expert committees, or by partners such as HCSP¹



OUR RESPONSES TO THIS PUBLIC HEALTH CHALLENGE

Adapting documentary intelligence monitoring and research to the agency’s challenges

Adapting documentary intelligence monitoring and research must be adapted to urgent as well as long term activities. This involves:

- increasing the autonomy of the agency’s teams for documentary monitoring and establishing a collaborative network of “information watchers” within the divisions;
- establishing a strategic document surveillance system that requires coordination and the prioritisation of information monitoring choices;
- focusing the activities of the programme to supporting scientific expertise work.

Enhancing the value of the agency’s productions

Capitalising on the agency’s intellectual production contributes to the preservation of its heritage. In order to enhance its value, the referencing of all scientific productions has been centralised within the documentary information system, which requires:

- the deployment of a unified portal;
- the establishment of an archives management tool.

Information management training and recommendations

The goal is to design a range of specific training offers, redefine the format of induction sessions for newcomers, and set up a network of contact points in the regional offices. This approach entails the implementation of an information management strategy, which will involve:

- asset and data security recommendations;
- the definition of procedures in collaboration with the Data Protection Officer;
- participation in projects to develop cross-functional tools;
- the development of documentary tools within the framework of interagency partnerships, etc.

¹ Haut conseil de la santé publique [French Public Health Council]

CHALLENGES AND PERSPECTIVES

The agency must contend with major public health challenges. It anticipates these problems and designs tools, systems, and methods of action that allow it to roll out the most suitable interventions for each situation. The agency's strategic challenges from now until 2022 are detailed below.



LIVING AND WORK ENVIRONMENTS

Over the next few years, the effect of the environment on health, especially exposure to chemical, atmospheric, and soil pollution, will become a key public concern. Whether they occur in a living or work environment, these situations, just like major health determinants like tobacco, alcohol, and food, cause significant social and regional inequalities.

RESOURCES AND METHODS

- The aim is to appreciate the impact and the exposures on the health of the population and to promote healthy environments. The programmes "Healthy Living Environments" and «Occupational Health» will be led by a division bringing together these two areas of expertise of the agency.
- Biomonitoring studies on environmental exposure will have a significant impact in terms of preventing disease and promoting health with respect to the environment.
- It will also be important to adapt prevention strategies to the data and encourage the involvement of stakeholders.



STRENGTHENING EXPERTISE WITH EVIDENCE

The agency's expertise takes the form of opinions and recommendations on a national, European, and international scale to support institutional stakeholders, risk management, etc. It is also governed by principles of excellence, independence, transparency, and good professional conduct. The goal is to consolidate its assessments in the future. The expertise produced must be collective, pluralist, and, as often as possible, produced according to the Expertise Charter¹.

RESOURCES AND METHODS

- To help optimise the agency's ability to publicise its expertise, a national reference portal will list its disease prevention and health promotion intervention programmes that have been already approved or that are promising.
- Intervention deployment centers in the regions will be developed just like what is done about Icaps (Intervention with secondary students centered on physical activity and sedentary lifestyle), a mechanism designed to promote physical activity among young people.
- Evidence must allow within the agency itself to build prevention and intervention programmes and systems (even in emergency situations) based on science: this continuum of actions around the population axis is at the heart of Santé publique France's mission.



CLIMATE CHANGE

Climate change has a significant effect on populations, not only because of warmer temperatures and heat waves, but also due to increased atmospheric pollution and a rise in vector-borne diseases. It represents a major challenge for the future for Santé publique France.

A specific program will be dedicated to all issues related to climate change and all public health functions.

¹ Order no. 2013-413 of 21 May 2013 granting approval of the health assessment charter according to article L. 1452-2 of the French Code of Public Health.



MAINTAINING THE AGENCY'S ABILITY TO RESPOND

Maintaining the agency's critical skills, workforce, ability to have high-performance information systems, respond in exceptional health situations, and monitoring abilities are just a few of the key challenges the agency will face in the coming years.

Responsiveness, whether to alert or to intervene. Long-term engagement is essential because health is built throughout life, exposures of today being the risks or diseases of tomorrow. Thus Santé publique France is committed to ensuring the sustainability of health information and the consistency over time of public health interventions as well as responsiveness to threats or crisis situations.

RESOURCES AND METHODS

- The agency will continue to optimise its organisation in order to maximise the benefits of integrating its professions while also actively pursuing a training and human resources management strategy.
- Santé publique France will be managed efficiently through the optimisation, modernisation, and pooling of its information systems, which in turn will be made possible through the development of digital tools and the improved use of databases.
- The new Santé publique France website, which is aimed at the general public, is designed to function as a resource centre for professionals.
- The framework of the health reserve will be updated.



SOCIAL MARKETING

Brands turn to advertising to grow their reputation, increase purchases, expand their market share, and generate revenue. In public health, advertising is used not to generate value, but instead to raise awareness, challenge assumptions, change representations, alter norms, and promote positive values and services that encourage health behaviour.

The agency's social marketing campaigns are aimed at developing disease prevention and health promotion strategies and expanding their reach as much as possible. The agency draws on scientific theories and knowledge as well as specific skill sets and specialities to create campaigns for the media (press and television) and online, run social media profiles, edit brochures, and create events like #Moissans-tabac. It also includes over twenty prevention websites.

The principles that govern this strategy are as follows: adopting a discourse that is founded on science and evidence; working with experts to develop systems that take into account the literature, studies, and past experiments; and creating campaigns to promote support systems and tools. The goal is to reach all populations, especially groups with the least access to the message.

RESOURCES AND METHODS

- The agency's social marketing efforts rely on a variety of partners, including institutional bodies, associations, and even the private sector, as was the case for the creation of the Nutri-Score brand. As part of its five-year strategy, Santé publique France is working to develop, structure, and consolidate its partnerships and position itself at the head of this network to support and promote public health programmes and leverage its impact.



THE AGENCY'S REGIONAL APPROACH TO ITS PROJECTS AND ACTIONS

Adopting a more regional approach is one of the key challenges for Santé publique France in the next five years. The agency is working to strengthen the ties between national and regional action to implement effective, evidence-based interventions. The goal is to systematically include the regional dimension into every study and report produced by the agency.

RESOURCES AND METHODS

- The work of the agency's regional delegates (regional Offices) is crucial for reaching this goal. They provide regional authorities with the epidemiological observation data produced by the agency. This information describes the determinants and state of health of a population for any given region. It can also be used to create custom studies that are adapted to the regional specificities and improve local surveillance systems.
- GEODES, a data restitution tool set to be launched in early 2019, will also play a key role by providing the best information available on a regional scale, thereby improving data transparency and helping this information be incorporated into public policy. This tool will grant all parties, including scientists, institutional stakeholders, journalists, partners, associations, and the general public, access to indicators regarding syndromic surveillance, infectious disease, chronic disease, injuries, environmental health, and health at work. Using GEODES, users will be able to submit requests on specific pathologies and determinants throughout France in real time and compare data from multiple regions.

¹ Geodata in epidemiology and public health

AN INTEGRATED SERVICE OFFER FOR BETTER EFFICIENCY

By anticipating challenges, understanding risk factors, and taking steps to promote health, Santé publique France uses an integrated approach to public health to better protect the health of populations. From monitoring and disease surveillance to implementing prevention and intervention strategies, it bases each and every one of its actions on its scientific expertise.

This continuum between science and action results in a service offer aimed at both intermediaries, such as institutions, partners, and professionals working in the field, and the general public.

As part of its institutional brand, which supports scientific development and maintains ties with partners, intermediaries, and stakeholders, Santé publique France runs a number of programmes for the general public designed to help people adopt healthy behaviours. This offer includes an ecosystem of brands and services created to meet users' needs. They can be accessed via topic-specific websites, and some feature remote help services and interactive spaces.

1. **The agency's website, santepubliquefrance.fr**, includes all scientific and institutional information regarding the organisation and offers access to all content and publications available to the public. It is primarily aimed at professionals, including partners, intermediaries, elected officials, decision-makers, journalists, etc.

2. **The agency's general public service** covers the main areas involved in health prevention and promotion, including vaccination, addictions, sexual health, nutrition, mental health, and ageing. Most of these services include a website, an online interactive space, and a toll-free number. These services are designed to improve health-related representations and behaviours, and are promoted by intermediary stakeholders through prevention tools provided to professionals and social marketing campaigns aimed at our priority audiences.

To cope with exceptional health situations, the agency makes available its skills to facilitate the health reserve, which can be mobilized by the State and / or the Regional Health Agencies. With 3,000 qualified reservists covering most of the health professions, the reserve can be mobilized in a very short time and can be deployed anywhere in the world.

THE SANTÉ PUBLIQUE FRANCE BRAND

The identification of the Public Health France brand as that of a reliable transmitter serving the population is the active principle of its communication. It is the recognition of this expertise by its public which bases the legitimacy and the effectiveness of its interventions. Three values are at the heart of the brand Santé publique France:

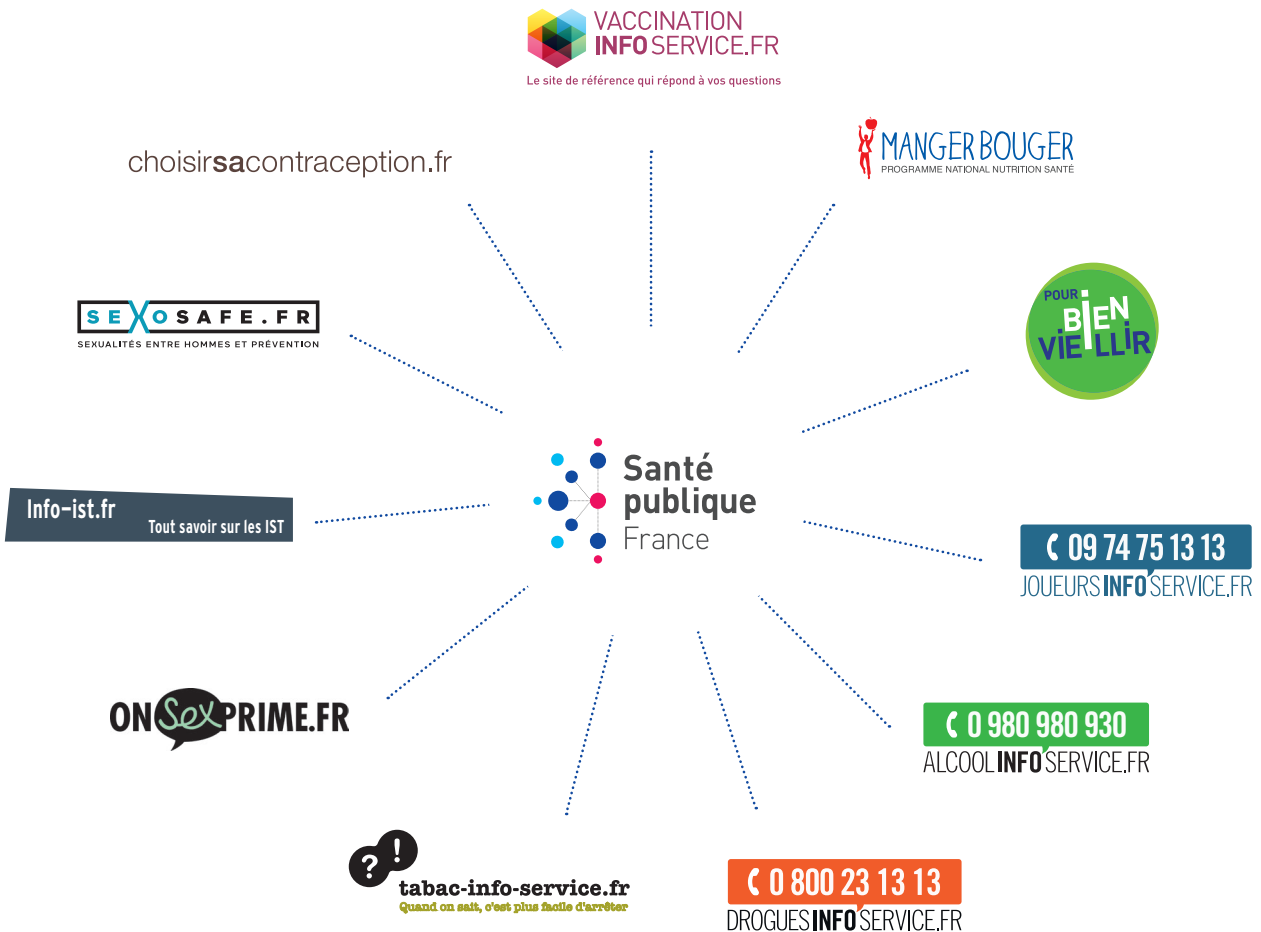
- Public service
- Scientific expertise
- Networking of public health stakeholders

Because one of Santé publique France’s missions is to help improve the quality and effectiveness of the actions aimed at preventing disease and promoting health in our regions, the agency commits itself to make available the recommendations and interventions that have already been approved in order to create the most effective and efficient prevention strategy possible and support their implementation. To do so, the Santé publique France website includes a **national reference portal that lists promising or evidence-based intervention programmes**. This work is made possible by the support of partners within local, national, and international network.

Partnerships play a key role in our ability to roll out and scale up our systems and programmes. This is why the Santé publique France website includes a **dedicated space for our partners that gives them access to all the resources they need to act**.

Lastly, to achieve our goal of transforming knowledge into effective action, we base our **approach on the economics of prevention to estimate the return on investment of our disease prevention programmes**.

SANTÉ PUBLIQUE FRANCE BRANDS



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