



COMMITTED

**TO IMPROVING
HEALTH FOR ALL**

2020 ANNUAL REPORT

We would like to
thank
our 734

*employees and our partners
who take action on a daily
basis to improve health for all.*



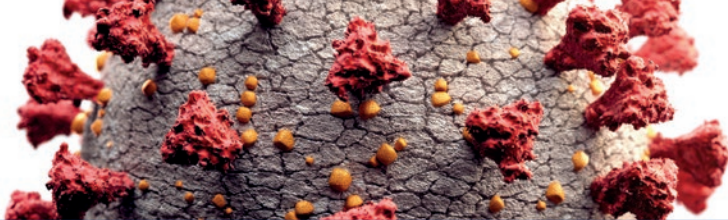
Santé publique France takes action against the SARS-CoV-2 coronavirus

S

ince the emergence of COVID-19 in January 2020, all of the staff at Santé publique France has been fully committed.

To support decisions in the management of this exceptional crisis, Santé publique France is mobilising all its specialist departments, in synergy, from analysis of threats to response preparation and expertise. Feedback on actions implemented during 2020.





FEEDBACK ON THE MILESTONES OF FULL MOBILISATION



“Santé publique France has used its expertise to produce knowledge about the disease, its modes of transmission and its impact on the general population or on specific groups. This knowledge has been used to inform public decision-making in real time.”
—● Lætitia Huiart, Scientific Director, Santé publique France.

10/01
2020

Santé publique France publishes first case definition of COVID-19

and implements specific surveillance at territorial level in collaboration with all its partners. The objective is to identify all the signals and strengthen the coordination capacities essential to crisis management by analysing threats and preparing responses.

Implementation of the real-time epidemic surveillance system

In collaboration with all healthcare stakeholders [ministries, *Caisse nationale de l'assurance maladie* (French national health insurance fund – CNAM), *Agence nationale de sécurité du médicament et des produits de santé* (French national agency for medicines and health products safety – ANSM), *Haut Conseil de la santé publique* (high council for public health – HCSP)], Santé publique France arranges centralised field data feedback (contamination levels, hospitalisation levels, contact tracing, etc.). This flexible and responsive system is continuously adapted to each stage of the epidemic and supports scientific expertise. On this basis, Santé publique France **produces a daily epidemiological report**: every day, the key figures of the epidemic are analysed, updated and published on the website. National and regional epidemiological situation and analysis updates are also published on a weekly basis.



“Santé publique France has developed individual and population surveillance for COVID-19, continuously adapting to changes in knowledge. This made it possible to detect and investigate the initial cases, then to monitor the dynamics of the epidemic and assess its impact. The crisis has accelerated the integration of epidemiological, microbiological and clinical data, for more comprehensive, more responsive and territorialised surveillance.”

—● Bruno Coignard, Director of the Infectious Diseases department.

Operational centre
On 13 January 2020, the agency set up Santé publique France’s crisis centre (known as the “operational centre”), which helps with the internal coordination of the response to the health crisis. It involves all of the employees and scientists from several departments that are required to work in a cross-disciplinary manner within the context of crisis organisation.



"Throughout the crisis and within a very short space of time, Santé publique France was able to rally human resources with the Health Reserve, working on behalf of the state to strengthen existing structures. In addition, the pharmaceutical establishment was involved in all areas, providing inclusive and effective support for the health system."

—● Marie-Anne Jacquet,
Deputy Chief Executive,
Santé publique France.

At the Ministry's request, Santé publique France places the first order for masks

**30/01
2020**

to supplement the state's strategic stock. The agency bought, imported, stored and distributed masks, personal protective equipment and health products to protect the French population and healthcare professionals. Throughout France, numerous logistics platforms facilitated the storage and distribution of four billion masks.

91



contracts tendered

for goods and services linked to COVID-19 (masks, personal protective equipment, logistics, etc.).

Development of tools to prevent virus transmission

by promoting preventative measures and publications intended for healthcare professionals and the general public. Educational videos to support the population in managing this crisis were also specifically designed and made available, in addition to tools to promote continuity of care. These tools won an award at the 2021 TOP/COM Corporate Business Grands Prix.



"DATA has been strongly involved in overseeing the monitoring of the COVID-19

epidemic. It has contributed to the development of information systems for the collection of data. It has analysed this data and produced more than 120 epidemiological indicators on a daily basis, with a precise geographical breakdown. It ensured that these indicators were made available as open data via the Géodes platform and data.gouv.fr website, feeding into numerous dashboards and the TousAntiCovid app."

—● Yann Le Strat,
Director of the Data Support, Processing and Analysis department.

120+



indicators

were developed using data collected by surveillance systems; they enable daily monitoring of the circulation of SARS-Cov-2 and its main variants, etc. These indicators show, for example, the proportion of people hospitalised, admitted to emergency departments, deceased, etc. with reported COVID-19, by age group and sex. They are freely accessible on the Géodes platform.





“The agency’s expertise has been based more than ever on active partnerships it maintains with all institutional and operational healthcare stakeholders: the French Ministry for Solidarity and Health [Directorate-General for Health (DGS), the French national health insurance fund, regional health agencies (ARS)], agencies, bodies such as the *Haut Conseil de la santé publique* [French high council for public health – HCSP], and research bodies [French National Institute of Health and Medical Research (Inserm)]. The objective being to work with all stakeholders to improve knowledge of the disease, share good practices and even promote support, assistance and guidance systems for the population in terms of preventive healthcare and health education.”

—● **Alima Marie-Malikité**,
Cabinet Director for Communication and Dialogue with Society, Santé publique France.

48,000

mission days

dedicated to the exceptional health situation across 16 regions: strengthening of teams in healthcare and medical-social institutions thanks to the Health Reserve.

Health Reserve enlisted to respond to the first repatriates from China

In February, 115 health reservists provided support to citizens returning from China and their 24-hour medical monitoring in the three accommodation centres located in: Carry-le-Rouet (13), ENSOSP in Aix-en-Provence (13), Branville (14).

Health Reserve intervention



“Infrastructures have adapted to the requirements of the widespread adoption of remote working while taking into account specific characteristics and the need for an agency such as Santé publique France to continue its activity. Employees were quickly able to communicate via videoconference, while taking into account the security level of sensitive data. In addition, we accelerated the development of online training as well as preventive healthcare and quality of life at work.”

—● **Éric Amaudry**,
Director of Human Resources,
Santé publique France.

17/03
2020

National lockdown

Individualised support systems such as crisis lines (*Drogues Info Service, Tabac Info Service, Alcool Info Service and Joueurs Info Service*) remain open during lockdown and adapt practices to provide information, support, listen and respond to the specific care needs that emerged during this period.



“We very quickly implemented the tools and equipment to ensure that the teams could respond to the demands of the crisis while working remotely. More than 500 people from the Saint-Maurice site (94), as well as the regional units, were able to work remotely and continue to hold meetings thanks to the implementation of videoconferencing tools. Another tool, put in place on 13 May 2020, was the SI-DEP platform which made it possible to receive screening data to provide the Data Support, Processing and Analysis department (DATA) with the necessary bases to produce the agency’s daily indicators. At the same time, we supported the Alert and Crisis department by implementing ordering and delivery systems for masks and vaccines. We adapted to the challenge of managing flows disproportionate to what had previously been the norm. For example, at the peak of the crisis, the Géodes site, which was designed to accommodate 400 visitors per day, received 2,000 visitors per minute!”

—● **Paul-Henri Lampe**,
Director of Information Systems,
Santé publique France.

Launch of SI-DEP, a centralised management system for COVID-19 tests

13/05
2020

Launch of the SI-DEP information system which records all RT-PCR tests performed in hospital and non-hospital laboratories for SARS-CoV-2 research. The use of this database feeds into epidemiological indicators, the analysis of which guides decisions for managing the epidemic. It also produces the key figures published every evening since the start of the epidemic. Since 16 November, all the results of antigen tests carried out by medical biology laboratories, pharmacies, nurses and doctors also appear in SI-DEP.

Support for the screening strategy



“The epidemiological surveillance carried out in the regions has been adapted to each phase in the management of the COVID-19 crisis. This flexibility was made possible by the expertise of the 16 regional units of the Regions department (DiRe) which work as close to the field as possible. Their work supported decision-making for authorities, ARS, Prefects and elected officials. Indeed, continuous expertise, contextualised analyses for alert purposes, monitoring of at-risk clusters (SI-MONIC), support for contact tracing, response to media requests, links with stakeholders, production of Epidemiological Updates are all contributing factors in the management of the epidemic”

—● **Patrick Rolland**,
Leader of Scientific Coordination,
Regions department.

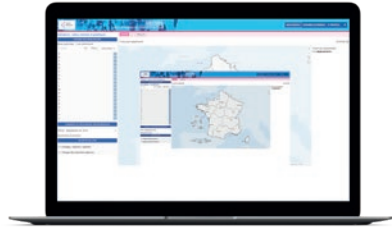
Clusters

Since lockdown measures were lifted, the SI-MONIC (cluster MONIToring) reporting system has been monitoring clusters throughout France. The identification of clusters and the management measures implemented help to break the chains of transmission. SI-MONIC also makes it possible to identify situations at risk of cluster occurrence and to alert the authorities.

80+
surveys

launched by Santé publique France and its partners in 2020 to better understand the dynamics of the epidemic, the impact of slowdown measures on the epidemic, the impacts of COVID-19 on mortality, but also to monitor the change in behaviours (preventative measures) and mental health. These long-term or one-off surveys are launched rapidly in the field on a wide range of themes and feed into the agency’s expertise and recommendations.





31 million

visits to Géodes

Santé publique France systematically publishes the data on which its indicators and expertise are based. The main indicators are made available as open data on Géodes in the form of tables, summaries, as well as interactive maps allowing users to track the evolution of the pandemic at several geographical levels, from national level to municipal level, to provide an overview of the situation that resembles the reality in the field as closely as possible.

over 70,000

trips

by road in temperature-controlled vehicles

20,000+ delivery points served

23 logistics platforms in France
(13 of which remained open during the crisis)

Long-term commitment from the pharmaceutical establishment

Upon referral from the French Ministry for Solidarity and Health, it purchases and maintains in operational condition the State's strategic stock of health products likely to be needed by the population in the event of an exceptional health situation. It enabled the sourcing, purchase and supply of masks and, more broadly, all personal protective equipment, as well as tests, equipment and hospital materials such as respirators and resuscitation drugs, and then facilitated the redistribution of the millions of vaccines received from health institutions.

Equipment ordered as of 31/12/2020

- 4.5 billion masks
- 1.3 billion gloves
- Almost 700 million other items of personal protective equipment



“CoviPrev, which has been monitoring changes in mental health since the start of the epidemic, was designed as a tool to manage the preventive response and intervention. This survey contributed to the alert on the increase in anxiety and depressive disorders in the general population and the advocacy for strengthening preventive healthcare and care systems. One of the important issues in a crisis situation is to facilitate access to mental health resources and to disseminate information that enables access to them.”

— Enguerrand du Roscoät,
Head of the Mental Health Unit in the Preventive Healthcare and Health Promotion department, Santé publique France.

Implementation of a national vaccine information system, in partnership with the national health insurance fund

**04/01
2021**

Data from the COVID vaccine information system (Vac-SI) makes it possible to count, in near real-time (D-1), the people who have received a COVID vaccine, taking into account the number of doses received, age, sex, as well as the geographical level (national, regional and departmental). This data is made public.

160+

.....
opinions in response to referrals

Preventive healthcare and promotion of preventative measures

Throughout the epidemic, we witnessed a real race against time: producing tailored prevention messages in a particularly unpredictable situation in real time, as knowledge about the disease becomes available.

Support for the vaccination strategy

Within the context of vaccination against COVID-19, Santé publique France:

- Purchases on behalf of the state and ensures the distribution of vaccines pre-reserved by the European Commission with pharmaceutical laboratories.
- Carries out actions to assess the vaccination policy in France, such as monitoring vaccination coverage and the impact of vaccination on the dynamics of the epidemic.
- Makes reference information available to all, both healthcare professionals and the general population, via the vaccination-info-service.fr website and information relayed by those working in the field.



62 million

.....
vaccine doses

sent as of 05/07/2021

AN AGENCY FULLY MOBILISED DURING THE HEALTH CRISIS

An operational centre to manage the epidemic

On 13 January 2020, the agency set up an operational centre, responsible for responding to the health crisis and bringing together professionals from across France. Their role: to organise the epidemiological surveillance system, train mediators in contact tracing, develop communication and prevention tools, assess the risk and contribute to scientific expertise, deploy the Health Reserve and manage the pharmaceutical establishment's strategic stock.



PROCUREMENT

At the request of the French Ministry for Solidarity and Health, Santé publique France bought, imported, stored and distributed masks, equipment and health products to protect the French population and their healthcare professionals.



REMOTE ASSISTANCE

Crisis lines, chat services and websites (*Drogues Info Service*, *Tabac Info Service*, *Alcool Info Service* and *Joueurs Info Service*) immediately adapted to inform, support, listen and respond to the specific needs that emerged during this period.



1,500 HEALTH RESERVISTS ENLISTED

From January, the Health Reserve provided medical follow-up for French nationals returning from China. From March, the unit took action to support teams in health and medico-social institutions, as well as in other structures such as regional health agencies (ARS) in metropolitan France and overseas. In total, this represents nearly 48,000 mission days spent in 16 regions.



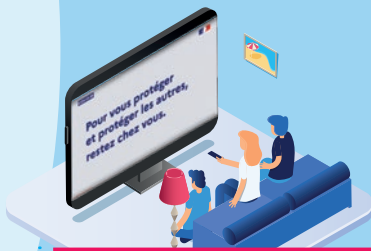
POPULATION SURVEYS

Santé publique France has initiated or participated in the implementation of several studies, using its expertise help produce knowledge on the disease, its modes of transmission and its impact, to better understand the modes of circulation of the virus. It has also set up impact studies on the mental health of the French population.



CLUSTERS/TERRITORIAL RISK ANALYSIS

To support regional health agencies (ARS), Santé publique France provides contextualised monitoring of all indicators, risk assessments as close as possible to the territories, and support for investigation and level 3 contact tracing (cluster control).



PREVENTIVE HEALTHCARE, HEALTH PROMOTION, AND SOCIAL MARKETING

Based on the observation of epidemic circulation linked to individual behaviours, Santé publique France developed tools to prevent the transmission of the virus by adopting preventative measures, documents intended for healthcare professionals and the general public (posters, flyers, TV and radio adverts) available to download from the website. Educational videos to support the population in managing this crisis were also produced, as well as materials promoting continuity of care. The agency took into account the specific needs of vulnerable populations and inequalities in order to provide the best response to everyone's needs.



SURVEILLANCE AND EXPERTISE

Using data collected by various information systems, Santé publique France produces a daily epidemiological report sent to the crisis centre of the French Ministry for Solidarity and Health. Every day, the key figures are updated on the agency's website. Every week, national and regional epidemiological updates are published to monitor, on the one hand, the circulation of SARS-CoV-2, the morbidity and mortality associated with COVID-19 and, on the other hand, the impact of this circulation on the health system. This flexible system is responsively adapted at each stage of the epidemic and continuously contributes to scientific expertise.

VACCINE STRATEGY

Santé publique France is particularly involved in the national vaccination strategy at different levels. The agency made its scientific expertise, operational skills and communication tools available to decision-makers in order to plan, organise and support the COVID-19 vaccine campaign.



COMMUNICATION WITH THE FRENCH POPULATION AND HEALTHCARE PROFESSIONALS

PROVIDING PREVENTION TOOLS

Throughout the year, Santé publique France has produced recommendations and tools relating to health education and preventive healthcare aimed at various audiences.

To prevent epidemic circulation, strongly linked to social interactions, Santé publique France developed tools to prevent the transmission of the virus through the adoption of preventative measures. These materials (posters, flyers, TV and radio adverts), available to download via the online catalogue, were intended for:

- Healthcare professionals to help them support their patients.
- The general public.
- Precarious populations.

Videos to support the population with the management of this crisis were also produced, as well as materials promoting continuity of care.



EMPHASIS ON ACCESSIBILITY TO INFORMATION

Prevention messages were developed to target all populations, including the most vulnerable. These include people staying in hostels or drop-in centres, in precarious accommodation or with no fixed abode.

These tools were made available in formats that take into account a person's ability to understand information, particularly for the benefit of their health, and translated into 24 languages. In addition, and in order to address the closure of certain care facilities and isolation, the agency carried out a census and provided details of crisis lines and remote assistance systems for all health issues which remained accessible during lockdown.

Santé publique France used its expertise, and more generally the new knowledge produced, for the direct benefit of health promotion.



INFORMING TRANSPARENTLY

Santé publique France remains committed to making data on the pandemic available in real time.

Using data collected by various information systems, the agency produces a daily epidemiological report sent to the crisis centre of the French Ministry for Solidarity and Health. Every day, the key figures are updated on the website. Every week, national and regional epidemiological updates are published to monitor:

- The circulation of SARS-CoV-2, morbidity and mortality associated with COVID-19.
- The impact of this circulation on the health system (hospital bed occupancy).

The data and methodologies on which they are based are shared via the website www.santepubliquefrance.fr, as well as on the Géodes platform. This makes them accessible as open data, for the territory's most precise indicators.

This flexible system is responsively adapted at each stage of the epidemic and continuously contributes to scientific expertise. It is a complete multi-source system that routinely measures 83 indicators, making it possible to monitor the circulation of SARS-CoV-2 and its main variants.

The media's interpretation of the epidemiological update, every Friday since September 2020, is also part of the duty to educate, which is one of the agency's missions.

The publication of weekly epidemiological bulletins (*Bulletins épidémiologiques hebdomadaires – BEH*), then rapid *BEH*, has made it possible to share knowledge.

FOCUS

HEALTH MEDIATION FOR TRAVELLERS

A health mediation action plan for Travellers has been implemented by the Nouvelle-Aquitaine regional health agency (ARS) in collaboration with local partners (prefecture, local authority and associations). A specific care pathway adapted to living conditions, while strengthening the individual skills of Travellers, has been put into place: adaptation, awareness and research around health measures, screening, management of COVID-19 cases, medical care, etc.

The involvement of various field operators has contributed to improved acceptance of health measures.

Viewpoint

Alima Marie-Malikité,
Cabinet Director
for Communication and
Dialogue with Society,
Santé publique France.



“Our objective was to provide reference information that provides everyone with a comprehensive understanding of the epidemic and its dynamics, to identify individual and collective issues in order to allow individuals to adapt their behaviours and therefore contribute to the collective endeavour. The real challenge associated with communication campaigns has been constantly adapting them to evolving knowledge and different audiences. We have designed campaigns for the general public and tools for the healthcare professionals who support them. We have also carried out work in partnership with communities, NGOs and field associations aimed at the most vulnerable populations. The pandemic has also reinforced the need to make all available information accessible in real time. Everything that we know at any given moment is made publicly available, so that everyone can have access to unfiltered information, apart from that of scientific rigour.”



COMMITTED

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HEALTH FOR ALL***

2020 ANNUAL REPORT

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“FULFILLING THE REQUIREMENTS OF SCIENCE AND SCIENTIFIC EXCELLENCE IN NEAR REAL-TIME”

The Chair of the Board of Directors and the Chief Executive of Santé publique France look back on an unprecedented year which required the agency to mobilise all its capacities. An agency that has continuously adapted to respond to the crisis while continuing its efforts to accomplish its mission: taking action to improve health for all.

The year 2020 was marked by the COVID-19 pandemic. How did the agency respond to this unprecedented crisis?

Geneviève Chêne. We have adapted our processes and our working methods in a very short space of time, in favour of a more cross-disciplinary approach, producing new scientific knowledge every day to improve health, inform public decisions

and support all populations on the long journey of fighting the virus. Temporality has therefore been completely disrupted and the virus meant that we were faced with a dual requirement: that of science in near real-time, whilst maintaining processes that make it possible to guarantee scientific rigour. In record time, we have been able to design, and also make operational and adaptable, real-time monitoring systems. Over time, the teams have shown a level of commitment that none of us would have thought was achievable a year ago.

Marie-Caroline Bonnet-Galzy. Santé publique France has served as an expert and a front-line operator since the start of the pandemic. Throughout the period, the Board of Directors was able to assess:

- The importance in terms of volume and sensitivity of the requests submitted to the agency.

- The urgency of resources required on a short-term basis to be strengthened for organisational purposes in light of the pandemic.
- Lastly, the paradox of front-line operations, which must still respond to tighter reporting requirements – which is reasonable – as well as questions, criticism, and even legal challenges – which are less so.

I would like to thank Geneviève Chêne and all the Santé publique France teams for their tremendous commitment and I assure them that they have the full support of the directors who have shown their commitment, in great numbers, at every board meeting. There were more than eight in a year, not including informal information and discussion meetings and the thirty or so select Board of Directors meetings, despite limited prior notice.

“Our goal is to change behaviour in order to increase prevention, and we are taking on the challenge of understanding, informing, and communicating in order to achieve this...”

Marie-Caroline Bonnet-Galzy,
Chair of the Board of Directors.

Dialogue with stakeholders, openness to society, remaining as close to the field as possible... How do you feel about the approaches that underpin the Santé publique France model?

G. C. The monitoring and management of this pandemic, characterised by very rapid dynamics and heterogeneous spread at territorial level, relied on the close coordination between the national and regional levels. It is thanks to our regional units, which support each of the regional health agencies (ARS), that we were able to rapidly call upon fine-meshed scientific expertise, to serve local and national decision-makers.

M.-C. B.-G. Tested by the pandemic, we assessed how the merging of the institutions that created Santé publique France made sense. Linking observation, monitoring, health promotion, alert and crisis management certainly contributed to the quality of the response to the situation, in particular through the continuous adaptation of information systems and the ability to carry out territorial analyses on the evolution of the pandemic, with the assistance of the regional units. We also need to learn the necessary lessons, particularly with regard to the decision-making process, the nature, level and management of strategic stock, as well as to the coordination of skills across central

and local administrations and national or regional agencies. We must also develop our capacity to anticipate crises.

What role does a scientific expertise agency play within the French public health system?

G. C. Our role as an expertise agency is to continuously monitor the health status of the French population, identifying determinants that have an impact on health, such as behaviour, the environment or living conditions, as well as exposure to chronic or communicable diseases, and then sharing this knowledge and providing tools to enable action for better health, in all aspects, at individual or collective level.

This involves making this data accessible, communicating on the basis of actionable deliverables, explaining our results, and the way in which they were produced. This is how we will strengthen the credibility and ownership of our expertise within populations. This objective must be central to our dialogue with decision-makers and with society as a whole. The analyses and recommendations that we produce may be aimed at everyone in their day-to-day lives, they must be clear and accessible, and thus serve the public interest.

M.-C. B.-G. Being a scientific expertise agency that serves everyone also requires skills in scientific reporting. We have made enormous progress in the collection and provision of data and the coordination of information systems.

There is still room for progress in relation to expert communication in language that is accessible to all. Indeed, our goal is to change behaviour in order to increase prevention. We are taking on the challenge of understanding, informing, and communicating in order to achieve this.

What approach will Santé publique France take in the future?

G. C. One of our projects for 2021 is to consolidate the actions already undertaken to further strengthen the agency's visibility.

Our objectives:

- To gain influence in public debate thanks to an advocacy strategy, on all subjects that form the basis of our engagement.
- To remain committed to the pandemic in the long term, while stepping up our actions as part of a comprehensive health approach, particularly in favour of the most precarious and vulnerable populations.

We must also share the results of our surveys and experiments with our stakeholders and decision-makers in a more effective manner, as well as strengthening our dialogue with society.

M.-C. B.-G. In my opinion, the short and the medium term hold two challenges for us. Although the priority in 2021 necessarily remains the fight against the pandemic, Santé publique France is also concerned with maintaining monitoring and preventive healthcare in all areas of public health, despite and outside of COVID-19: mental health, stroke prevention, malnutrition, isolation, sedentary lifestyle, etc. The crisis has also highlighted gaps or areas for improvement within the French system in terms of research, logistics coordination, local dialogue, etc. These are not new to us, as they are among the levers for effectiveness in any public health policy. It is up to us to put them back at the forefront of our proposals for development and reform.

“Over the months, the teams have shown a level of commitment that none of us would have thought was achievable a year ago.”

Geneviève Chêne,
Chief Executive.

A SCIENTIFIC EXPERTISE AGENCY SERVING PUBLIC POLICIES AND POPULATIONS



SERVING PUBLIC HEALTH VALUES

The meaning
of public interest.

Strict, shared and transparent
rules of ethics and professional
conduct.

Social and
territorial equity.

Taking into account territorial
and social inequalities in health
in order to promote health for all,
in all walks of life.

Responsiveness
to alert and
intervene,

and long-term involvement,
as building good health
is a lifelong endeavour.

OUR MISSIONS

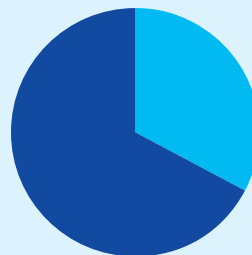
- Epidemiological observation and monitoring population health status, using new data processing tools.
- Monitoring health risks to populations.
- Issuing health alerts.
- Promoting health and reducing health risks.
- Developing preventive healthcare and health education by implementing social marketing strategies.
- Preparing for and responding to health threats, alerts and crises.

734

employees throughout France

72%

women



28%

men

5,000

reservists recruited to the Health Reserve

16

regional units to support each ARS

36

interns in public health, communications, social marketing, biostatistics

47

interns

11

apprentices

494

training initiatives

IMPROVING KNOWLEDGE



As in other large countries, Santé publique France fulfils the need for a reference centre delivering expertise in public health. Because any health policy requires reliable and up-to-date knowledge to protect against risks and improve health for all. By fulfilling this need, the agency also contributes to the provision of reference information to counter the circulation of false or inaccurate health information.

THE CHALLENGE OF SERVING PUBLIC HEALTH

As preventive healthcare and health promotion are among our priorities, this involves identifying, measuring and understanding the major determinants of health.

OUR INTERVENTION

- Detecting health risks and providing information for decision-making to the public authorities to reduce these risks
- Improving knowledge on the health status of the population, behaviours and health risks
- Taking into account the social and contextual determinants of health status in order to tailor policies as closely as possible to different areas
- Designing preventive healthcare programmes, in collaboration with local and national partners

OUR SPECIALISTS

- Expertise/studies
- Health surveillance: pathologies, living environments and lifestyle
- Health promotion and social marketing

EDUCATION

PUBLIC HEALTH CHAIR AT THE COLLÈGE DE FRANCE

The public health chair was created in 2018 as part of a partnership between the Collège de France and Santé publique France.

By inviting an individual to come and teach at the Collège de France each year, the faculty aims to encourage both research and intellectual debate in this field.

In 2020, Professor Didier Fassin was appointed visiting professor to the public health chair. He taught at the Collège de France on the subject "Public health: a political and moral anthropology".

Visit www.college-de-france.fr to watch the inaugural lecture.

OPINIONS AND RECOMMENDATIONS

SCIENTIFIC PUBLICATIONS IN 2020

Scientific integrity is based, in particular, on the transparency and publicising of the opinions and recommendations issued.

920
regional epidemiological bulletins and updates

67
reports and summaries

30
scientific posters

151
articles in external international English and French journals

31
issues of the BEH (weekly epidemiological bulletin) including 10 themed issues, 9 special COVID-19 accelerated publications and 2 special editions, with 97 articles published

4
issues of *La Santé en action* with 80 articles published

TYPES OF TOBACCO CONSUMED

AND TAX INCREASE OBSERVED BY THE FRENCH POPULATION



To mark the fifth #MoisSansTabac [tobacco-free month], Santé publique France published new data on smoking in France from the Santé publique France Health Barometer survey conducted in 2018.

What are the different types of tobacco smoked by the French population? What do citizens think about the tax increase on tobacco?

Have successive price increases had an impact on the motivation to stop among the French population?

This data is essential in order to assess the effect of action taken by the French Government to combat smoking and to better adapt future preventive action.

In 2018, almost half of the French population (48.3%) believes that the increases in tobacco taxes are justified. 43.6% of smokers say that the tax increases encourage them to quit. And among former daily smokers, 39.8% even state this as one of the reasons why they quit smoking.

Three quarters of smokers aged 18-75 use manufactured cigarettes (74.0%), more than a third smoke rolling tobacco (35.7%) and one in ten smokers say they smoke shisha (9.4%). The proportion of cigarette smokers who only use rolling tobacco has more than doubled in recent years (8.1% in 2010, 15.2% in 2014, 20.5% in 2018).

Implemented as part of the 2018-2022 *Programme national de lutte contre le tabac* [French national anti-smoking programme], the increase in tobacco taxes is one of the key measures that is effective in reducing consumption and protecting public health.

France is one of the European countries in which the price of a pack of cigarettes is highest. For smokers, price is an important factor when choosing the type of tobacco to consume, but it can also be a real trigger to quit smoking.

WHAT IS THE PREVALENCE OF SMOKING IN FRANCE? WHO ARE THE SMOKERS?

To mark World No-Tobacco Day, 31 May, new data on the prevalence of smoking in France was published in the *BEH*, as it is every year.

In 2019, three in ten French people aged 18-75 stated that they smoked (30%) and a quarter smoked daily (24%). A significant decrease among women was observed between 2018 and 2019. The experts also set out to define the profile of French smokers, a particularly useful exercise for better developing and targeting prevention messages.

Although the prevalence of smoking and daily smoking among men does not vary significantly between 2018 and 2019, conversely, the change is more favourable among women. In one year, the prevalence of smoking among women fell from 28.9% to 26.5% and that of daily smoking from 22.9% to 20.7%.

Social inequalities, which have not increased since 2016, remain very marked. In particular, there is a 12-point gap in the prevalence of daily smoking between the lowest and highest incomes, and a 17-point between employed and unemployed people.

The fight against social inequalities with regard to smoking remains one of the major challenges for future years.

According to data from the Santé publique France Health Barometer in 2019, people aged 76-85 were also surveyed. In this age group, the prevalence of smoking was 5.4% and 4.8% for daily smoking.

PASSIVE SMOKING STILL AFFECTS TOO MANY PEOPLE

New data from the Santé publique France Health Barometer showed that exposure to second-hand smoke among the French population has decreased in the home, but remained stable in the workplace, despite being prohibited by regulations.

Santé publique France has launched a digital campaign to promote the Tabac Info Service. Its objective: to encourage smokers to use this service to help them quit smoking. Four messages were circulated in the form of banners

to give Internet users a better understanding of how this system operates and to make them aware of its principles:

→ **Free of charge:** free service + cost of a standard call.

→ **Flexibility:** option to book a telephone appointment with a tobacco addiction specialist who will call you back.

Recognised efficacy: 87% of service users believe that the telephone support provided by Tabac Info Service helped them with the process of quitting smoking.

Finally, to supplement this system aimed at the general public, the agency has created a poster and a video which are available for businesses to raise awareness among employees about quitting smoking and to promote the Tabac Info Service tools.

ESTEBAN

2014-2015, FOCUS ON PHYSICAL ACTIVITY AND SEDENTARY LIFESTYLE

The 2014-2015 Esteban study supplements the information collected during the French national nutrition and health study (*Étude nationale nutrition santé - ENNS*) conducted by Santé publique France in 2006 and 2007.

Main learnings:

- Physical inactivity and a sedentary lifestyle are increasing among the French population.
- Women are the most affected: in ten years, the proportion of physically active women has fallen by 16%.
- More than one in five women is both physically inactive and has a sedentary lifestyle.
- Physical activity levels are still low and sedentary behaviour was higher among children in 2015.

For example:

- 51% of boys and 33% of girls aged 6-17 met the World Health Organization (WHO) recommendations for physical activity in 2015.
- Younger children (aged 6-10) were more active and there is a marked decline in physical activity after the age of 10, more marked in girls.
- No significant change in this indicator has been observed since 2006, despite the trend towards an improvement in the level of physical activity among adolescents aged 15-17 over the period.
- At the same time, screen time has increased considerably. The proportion of young people who spend three or more hours in front of a screen each day was 45% among 6-10 year olds, 70% among 11-14 year olds, 71% of girls and 87% of boys aged 15-17.

These results highlight the need to promote physical activity and reduce sedentary behaviour among the population, in all age groups. It should be noted that every seven years or so, the Esteban study provides us with an opportunity to monitor changes in many long-term health parameters and to identify certain emerging phenomena.



STUDY

ARE CHILDREN AND HEALTHCARE PROFESSIONALS BEING VACCINATED?

Santé publique France has published new estimates relating to vaccination coverage among children and healthcare professionals.

This indicator makes it possible to monitor and evaluate the impact of a vaccination programme with incidence and mortality data and seroepidemiological data. The key results show no decline in relation to the COVID-19 health situation. Coverage is increasing for most vaccines but for many of them it is still at an insufficient level. After a vaccine is included in the vaccination schedule, vaccination coverage data helps to ensure that this inclusion has been followed up in practice. This data is therefore useful in establishing whether a vaccination programme is being properly implemented. It is essential because maintaining high vaccination coverage is a key element in controlling vaccine-preventable infectious diseases.

Santé publique France is closely associated with the vaccination policy established by the French Minister for Solidarity and Health through its expertise in vaccination, which mainly relates to three areas: monitoring vaccination coverage and generating epidemiological data for vaccine-preventable diseases; producing knowledge on vaccination acceptance among healthcare professionals and the general public; information on vaccination and promotion to restore confidence in vaccination, in particular through the website [vaccination-info-service.fr](https://www.vaccination-info-service.fr).

The agency contributes to the development of vaccination policy through its contribution to the work of the Commission technique des vaccinations [technical committee on immunisation - CTV] of the *Haute Autorité de santé* [French national authority for health - HAS].

WEEKLY EPIDEMIOLOGICAL BULLETIN

PHYSICAL ACTIVITY AND PREVENTIVE HEALTHCARE IN THE TREATMENT OF CHRONIC DISEASES

The September issue of BEH examines the effectiveness of first-line prescription of adapted physical activity in chronic diseases such as type 2 diabetes, obesity and depression.

It demonstrates the effectiveness of some adapted physical activity programmes as second-line therapy, as in the case of cancer.

The issue is intended to be practical, as it presents different examples of programmes depending on the conditions in question. It also discusses public policy issues and research perspectives, as well as barriers to physical activity. It places physical activity back at the heart of public health and demonstrates the effectiveness of providing specific training for professionals in order to develop an effective motivational strategy with patients and to support them with a programme adapted to their capacities.



STUDY

ADAPTING CITIES TO REDUCE THE HEALTH IMPACT OF HIGH TEMPERATURES

To establish the links between town planning, heat and mortality, a study was carried out on 1,300 municipalities: the risk of heat-related mortality is lower in municipalities with more vegetation, more trees and fewer artificial surfaces.

Adapting to hot temperatures is a public health priority. As defined by the French national heatwave plan, heatwaves caused nearly 38,000 deaths in metropolitan France between 1973 and 2019. With climate change, they are becoming increasingly frequent and intense. In urban areas, there is a particular focus on actions to reduce the urban heat island (UHI), this microclimate generated by the concentration of human activities, resulting in increased temperatures in urban areas compared to neighbouring rural areas. The study conducted by Santé publique France and the Institut Paris Region explored the influence of certain urban characteristics conducive to the formation of UHIs

on the relationship between temperature and mortality in the municipalities of Île-de-France between 1990 and 2015. The analysis focused on Île-de-France, given the significance of the heat islands in this region, the size of the exposed population and the resulting statistical power. The region also benefits from numerous studies aimed at identifying the urban characteristics likely to lead to heat islands. It is also a highly mineralised environment with tall buildings, new multi-unit dwellings and old city centres with little vegetation, green spaces of various sizes, and collective and individual housing, etc. In Paris and the inner suburbs, the risk of dying from exceptional heat is 18% higher in municipalities with fewer trees than in areas with more tree coverage. Interventions, particularly those involving urban greening and soil sealing, could therefore reduce the health impacts of high temperatures. They must be combined with other measures to prevent the effects of heat.



38,000

deaths caused by
heatwaves in metropolitan
France between 1973
and 2019.



Viewpoint

Sébastien Denys,
Director of Environmental
and Occupational Health,
Santé publique France..



“The introduction of vegetation-covered and permeable surfaces as attenuators of high temperatures is well known and this is becoming an increasingly popular approach. From a public health perspective, it has many advantages, since vegetation has an impact on heat, but also on air pollution, noise, incentive to engage in physical activity, development of social connection, etc. However, this greening process must be designed to take into account possible negative effects (for example, avoiding allergenic varieties). In order to tackle extreme heat, action on the urban environment must be combined with other preventive measures (for example those linked to the thermal comfort of buildings), public information, identification of vulnerable people, and adoption of appropriate individual behaviours.”



ALERT SYSTEM

HEATWAVE AND HIGH TEMPERATURES IN THE CONTEXT OF THE COVID-19 EPIDEMIC

As is the case every year, from 1 June to 15 September, Santé publique France coordinated the heatwave and health alert system in close cooperation with Météo France. The epidemic was taken into consideration as an aggravating factor in the heatwave vigilance, knowing that some of the populations vulnerable to COVID-19 are also vulnerable to high temperatures (elderly people, those suffering from chronic diseases, obesity, etc.). The national communications plan was also revised. Heatwave prevention messages were adapted to the context of the epidemic and supplemented by reminders about preventative measures against COVID-19. In the context of the epidemic, France experienced three heatwaves during the summer of 2020, one of which was particularly severe in the north of France. The departments affected by at least one heatwave are home to over 50 million residents, or 77% of the metropolitan population. 1,924 excess deaths (+18%) were observed during periods in which the alert threshold was exceeded in the affected departments. While the over-75 age group is the most affected (1,377 excess deaths), an increase in relative mortality was observed from the age of 45 during the second heatwave (+18%; 202 excess deaths among those aged 45-64).

BIOMONITORING: AN ESSENTIAL PUBLIC HEALTH TOOL

The population is exposed to a multitude of chemicals through the air, water, soil, food, consumer products or during professional activities. Human biomonitoring of exposure makes it possible to measure the concentration of these substances in the body using different matrices (blood, urine, hair, exhaled air, etc.) and to produce data which is useful for the assessment of health risks and impacts.

“
Biomonitoring is a powerful tool because its results remind employees and employers or the general population of the reality of exposure to chemical substances at any given time.
”

Source: BEH no. 18-19 - 7 July 2020

Environmental and occupational biomonitoring

The two types of biomonitoring, environmental (in the general population) and occupational (among workers), make it possible to assess levels of exposure to chemical substances. However, occupational biomonitoring is generally part of a project to monitor exposure to dangerous chemical agents required by law. As part of the *Plan santé au travail* (occupational health plan), the French Ministry of Labour, Employment and Economic Inclusion has entrusted Santé publique France with the development of occupational biomonitoring for prevention purposes.

In order to accomplish this, the agency relies on a network comprising field operators (occupational physicians, nurses and analysis laboratories) as well as on the organisations involved: the *Institut national de recherche et de sécurité pour la prévention des accidents du travail et des maladies professionnelles* [French national research and safety institute for the prevention of occupational accidents and diseases – INRS] for research and the *Agence nationale de sécurité sanitaire de l'alimentation, de l'environnement et du travail* [French national agency for food, environmental and occupational health & safety – ANSES] for biological limit values.

European-level involvement of Santé publique France

HM4EU (Human Biomonitoring for Europe), a research programme initiated by the European Commission over the 2017-2021 period, aims to develop biomonitoring in Europe and standardise existing practices.

For general environmental exposures, rather than conducting an ad hoc European biomonitoring study, the decision was taken to build on existing national initiatives. Consequently, the French Esteban study, conducted in 2014-2016, which dealt with more than a hundred different biomarkers, has been offered the option to carry out additional analyses, using biological samples stored in a biobank, for substances that were not initially included. All of the data from the Esteban study will feed into analytical work that will be carried out at European level by various project partners.



NEW DATA

SURVIVAL OF CANCER PATIENTS (1989-2018)

This new data updates the estimates published in 2016. The summary documents for each location will be published as they become available.

Santé publique France, the biostatistics-bioinformatics department of the Hospices Civils de Lyon, the Francim network of cancer registries and the *Institut national du cancer* [French national cancer institute] have published new survival data for 12 cancers. The publications will be spaced out until the end of the first quarter of 2021 and will present survival estimates for 73 cancer types and subtypes in total.

The first publication referred to cancers with a poor prognosis: lung, pancreas, oesophagus, liver, central nervous system, acute myeloid leukaemia, ovary, lip-mouth-pharynx; the most common cancers: breast, prostate, lung, colon and rectum; and cancers for which there is an organised national screening programme: breast, colon and rectum, cervix.

For each of these cancers, the publications detail the five-year survival of those diagnosed between 2010 and 2015, the trends in one-five- and ten-year survival of those diagnosed between 1989 and 2015, and the 20-year survival rate

for those aged under 75 at the time of diagnosis made between 1989 and 2000, with follow-up of individuals until 2018 for each of the three indicators.

The results highlight situations of concern with regard to the cancers with a poor prognosis studied: a net five-year survival rate that has shown little improvement (for cancers affecting the central nervous system in particular) or insufficient improvement in a context of increased incidence (lung, pancreas, etc.).

In addition, cancers of the colon and rectum, cervix, breast and prostate remain cancers with a good or even very good prognosis, with an estimated net five-year survival rate of 63% for cancers of the colon, rectum, and cervix, 88% for breast cancer and 93% for prostate cancer among people diagnosed between 2010 and 2015.

73

cancer types and subtypes presented in publications (until the end of the first quarter of 2021)



“

For the first time, thanks to data from metropolitan cancer registries and a new method, we can estimate 20-year survival of cancer patients. We will produce general population survival estimates for 73 cancer types and subtypes, compared to 53 in the previous study. The next step will be to produce overseas survival data.

”

Camille Lecoffre-Bernard,
Head of Scientific Studies
in Public Health,
Santé publique France.

PROGRAMME

CERVICAL CANCER SCREENING: NEW DATA AND METHODOLOGICAL GUIDE

Each year in France, cervical cancer affects approximately 3,000 women and causes approximately 1,100 deaths. The national organised cervical cancer screening programme set up in 2018 aims to increase screening coverage to 80%, reduce inequalities in accessing this screening and reduce the incidence and mortality due to cervical cancer by 30% within ten years.

As part of its mission relating to the epidemiological evaluation of cancer screening programmes, Santé publique France has published a methodological guide with standardised performance indicators in order to monitor the achievement of programme objectives.



REPORT

AUTISM SPECTRUM DISORDERS: ESTIMATING PREVALENCE

In France, published prevalence of autism spectrum disorders (ASD) is rare and limited to data collected by the two French childhood disability registries, regarding specific geographical areas and children aged 8 years old.

To supplement the available data, Santé publique France published a report and a weekly epidemiological bulletin (BEH). The report presents the results of the analysis conducted by the agency using the *Système*

national des données de santé [French National Health Data System – SNDS] which includes the *Recueil d'information médicalisée en psychiatrie* [psychiatric hospital discharge database – RIM-P]. The objective of this analysis was to explore the SNDS to estimate the prevalence of these disorders, at national and regional level, for the entire population.

Conducted between 2010 and 2017, this analysis made it possible for the first time in France to provide

prevalences based on the healthcare use of affected individuals, to describe them according to age, sex, region of residence, diagnostic subtype or type of treatment, and to study the frequency of certain comorbidities. The comparability, among children aged eight years old, of the rates estimated in the SNDS with the prevalences obtained by the registries, shows that most children of this age are supported by the health system. After the early years, it seems that this becomes less frequent and that, gradually, institutional care becomes mainly medico-social.

As it stands, the SNDS does not include data on medico-social care. Consequently, analysing healthcare use data to estimate the prevalence of these disorders appears to be more appropriate for children than for older patients.

Overall, current epidemiological knowledge of ASD is still very fragmented. It is essential to develop the work required to improve knowledge both on the frequency of these disorders and the methods of medical and medico-social care for children, as well as for adolescents and adults.

STUDY

ANTIBIOTIC RESISTANCE: A MAJOR PUBLIC HEALTH ISSUE

To mark World Antimicrobial Awareness Week and European Antibiotic Awareness Day, Santé publique France and its partners published 2019 data on antibiotic consumption and resistance.

Over time, the use of antibiotics leads to an increase in bacterial resistance, which ultimately threatens the effectiveness of these treatments. This resistant bacteria spreads among living organisms and in the environment.

Two pillars for effectively combating antibiotic resistance:

- Preventing infections and limiting the transmission of bacteria and resistance genes.
- Using antibiotics wisely (the right ones at the right time).

Since 2016, in France, an interministerial roadmap for the control of antibiotic resistance has coordinated actions on human health, animal health and the environment from a “One Health” perspective.

In 2020, the publication of this summary must be viewed within the context of the COVID-19 epidemic: although viruses are not sensitive to antibiotics, numerous prescriptions for antibiotics are issued for viral respiratory infections, most of which are unnecessary, contributing to the selective pressure on resistant bacteria. Preventing viral respiratory infections helps control antibiotic resistance, as does the prevention of all infections.

GAMBLING

BAROMETER

AN INCREASE IN PROBLEM GAMBLING IN FRANCE

According to data from the Santé publique France Health Barometer, the proportion of French people who gamble and play games of chance is declining, but problem gamblers are more numerous.

For the third time, after exercises conducted in 2010 and 2014, the Santé publique France Health Barometer included a section on French practices related to gambling and games of chance. Carried out on a sample of 10,000 individuals aged over 18, this survey estimates the prevalence of these activities by describing profiles of players, reports on changes, and addresses the issue of problem gambling.

All of the results are presented in an issue of *Tendances*, the publication of the *Observatoire français des drogues et des toxicomanies* (French drug and drug addiction monitoring centre – OFDT), as well as in a note from the *Observatoire des jeux* (gambling monitoring unit – ODJ) which specifically addresses the most problematic practices.

In 2019, nearly one in two people aged 18 to 75 (47.2%) said that they had gambled or played a game of chance during the last year. Women are slightly less likely than men to have done so (44.2% vs 50.4%). Compared to the 2014 survey, the proportion of the French population stating that they gamble or play games of chance has decreased overall. The prevalence of moderate risk gambling increased from 3.8% to 4.4%

Men more at risk

There is nevertheless a significant increase in excessive gambling: 1.6% of players compared to 0.8% in 2014. In total, 6% of players have problematic practices. Expressed as a percentage of the entire population, these levels are equivalent to one million individuals who are moderate risk gamblers, and 370,000 excessive gamblers. These gamblers alone generate nearly 40% of the turnover of the various activities. These excessive or moderate risk gamblers are more likely to be male, younger than their counterparts, come from low-income backgrounds, have a lower level of education and income than those of other gamblers. Less professionally active than all players and less often retired, they are more frequently unemployed.



www.joueurs-info-service.fr provides gamblers and their loved ones with help, information, support and guidance either online or by phone.

JOUEURS-INFO-SERVICE.FR

7j/7 de 8h à 2h. Appel anonyme et non surtaxé 09 74 75 13 13

“

L'analyse conduite montre qu'un faible niveau de diplôme et de revenu, la pratique des paris sportifs et hippiques, des machines à sous, des autres jeux de casino, ainsi que la multi-activité sont des facteurs de risque significatifs du jeu problématique.

”

Jean-Baptiste Richard,
Head of Scientific Expertise in Health Promotion,
Santé publique France.

MAINTAINING CLOSE CONTACTS OUT IN THE FIELD TO UNDERSTAND AND IMPLEMENT SYSTEMS



Santé publique France also serves as an expert and advisor on preventive healthcare, health education and health promotion. The agency's communication, social marketing and remote assistance skills help to change the behaviour of the French population in relation to health by adapting its preventive healthcare and health promotion actions according to population characteristics and emerging priorities.

THE CHALLENGE OF SERVING PUBLIC HEALTH

Thanks to its strong regional presence, Santé publique France is able to assess health status and implement systems adapted to communities, constantly striving to disseminate knowledge and offer appropriate responses for all populations, especially the most precarious and the most vulnerable.

OUR INTERVENTION

- Implementing a national epidemiological surveillance system
- Monitoring and investigating, in collaboration with regional units working with regional health agencies
- Designing and rolling out health promotion campaigns

OUR SPECIALISTS

- Creating tools, methods and standards
- Communication, social marketing, remote assistance
- Network coordination, deployment, mobilisation



CAMPAIGN

LIVING WITH HIV IS LIVING, FIRST AND FOREMOST

In December 2020, Santé publique France used World AIDS Day as an opportunity to remind people that, with treatment, an HIV-positive person can now live a full, healthy life and even start a family without transmitting the human immunodeficiency virus (HIV). This campaign aims to change the public perception of HIV-positive people, who are still too often discriminated against in their sex lives because of their HIV status, despite the accumulation of scientific evidence in favour of treatment as prevention (TasP).

Much of this discrimination can be explained by the fact that there is a lack of awareness about TasP. It is also a barrier to screening, an activity which has been impacted this year by the COVID-19 pandemic. It is essential to remember the importance of screening in order to reduce the time between infection and diagnosis, and so that people can gain access as early as possible to treatments that allow them to simply live.

This campaign won an award at the 2021 TOP/COM Corporate Business Grands Prix.



SURVEY

LIMITING CHILDREN'S EXPOSURE TO ADVERTISING OF FOODS HIGH IN FAT, SALT AND SUGAR

Santé publique France recommends limiting commercial communications for products of low nutritional value during the hours that most children watch television.

Seventeen per cent of French children aged 6 to 17 are overweight, 4% of whom are obese, and this remains greatly influenced by social inequalities in health. In October 2018, the Directorate-General for Health (DGS) entrusted Santé publique France with assessing health messages accompanying the advertising of certain foods and drinks, as provided for by the decree of 27 February 2007. Combating excess weight and obesity is a public health issue that demands action targeting all determinants. Limiting children's exposure to an obesogenic environment, including strong and repeated incentives to consume, is one of them. However, advertisements for products with a Nutri-Score of D and E

represent 53.3% of food advertising seen by children and 52.5% of advertising seen by adolescents, according to the survey conducted by the agency in 2020 on 2018 data. In addition, of all the television advertisements for products with a Nutri-Score of D and E seen by children and adolescents, half of them are broadcast between 7:00 p.m. and 10:00 p.m., when more than 20% of children and adolescents are watching television.

RECOMMENDATIONS

Consequently, Santé publique France recommends limiting commercial communications on television and the Internet for products of lower nutritional value, with a Nutri-Score of D and E, as well as communications for the brands associated with these products during the hours that most children will be watching. These two media represent 80 to 90% of food advertising investment.



CAMPAIGN

"2-2": A CAMPAIGN TARGETING 18-25 YEAR OLDS

Despite the daily constraints (lifestyle habits before the onset of the pandemic), 88% of students say they want to change their eating habits.

To help them, the agency launched the "2-2" campaign, a colloquial French expression used by young people which means "quickly". The objective of this new campaign is to encourage 18-25 year olds to prepare quick, cost-effective meals by enhancing the perception of eating healthily without compromising on enjoyment or making them feel guilty. This campaign illustrates that it is still possible to eat healthily on a low budget, even if you lack time, skills or equipment. Six delicious, healthy and easy-to-make recipes can be accessed by visiting mangerbouger.fr/recettes-en-2-2 or the Instagram account @mangerbougerfr. From 2-29 November a video clip introducing the concept of 2-2 recipes was circulated via the social networks used by 18-25 year olds: Snapchat, Instagram, YouTube and Twitch. French YouTuber Squeezie, who has more than 6.5 million followers on Instagram, got involved by making the recipes from the campaign. The recipes, which cost €2 and take 2 minutes to make are all available on mangerbouger.fr, which offers tools and tips to eat more healthily and exercise more.

Viewpoint

Anne-Juliette Serry,
Head of the Nutrition
and Physical Activity Unit,
Santé publique France.



“The food environment has changed dramatically in the last 40 years, offering increasingly processed foods that are more energy dense, less expensive, better distributed and better marketed. An ambitious policy must aim to take action on the obesogenic environment in which consumers make their food choices, targeting food marketing in particular.

A summary of experimental studies assessing the short-term effect of exposure to advertising of unhealthy foods on the behaviour of adults and children showed that exposure resulted in a 56% increase in consumption among exposed children in comparison with unexposed children.

This difference, along with many other studies establishing the influence of food marketing on children’s food preferences, requires specific measures to be taken to protect children and adolescents.

Food advertising investments across all media amounted to €1.1 billion and in 2018, were mostly made on television (60%) and on the Internet (between 20% and 30%).

This information calls for the supervision of food marketing for products of lower nutritional value, not only on television, during the hours when most children and adolescents are watching, but also on the Internet, the usage of which is increasing.”

STUDY

ENTRED: A NEW EDITION TO IMPROVE KNOWLEDGE ABOUT THE NEEDS OF PEOPLE WITH DIABETES

Santé publique France, in partnership with Assurance Maladie [French national health insurance fund], HAS, and the *Agence nationale de sécurité du médicament et des produits de santé* [French national agency for medicines and health products safety – ANSM], launched the third edition of the Entred study (French national representative sample of people with diabetes), involving 13,000 people with diabetes in metropolitan France and overseas departments.

This national study on diabetes aims to improve knowledge of the needs and follow-up of people with diabetes in France. The objective is to improve the quality of care and therefore the health and quality of life of these individuals. Previous Entred studies have highlighted in particular a significant improvement in the control of vascular risk factors for people with type 2 diabetes between 2001 and 2007. These studies have also shown that certain screening programmes and treatments for complications of diabetes, in particular ophthalmic, podiatric or even kidney disease, should be improved.

The results of the Entred 3 study will be compared with those of 2007 and 2001 in order to highlight the progress made, but also what remains to be achieved in order to better treat people with diabetes and avoid the onset of complications. This new study will also explore new topics, such as health literacy, healthcare use and treatment compliance.



13,000

people with diabetes
in metropolitan France
and overseas departments





VIDEOS

ASKIP, A CAMPAIGN AIMED AT 12-15 YEAR OLDS

This series of educational videos addressing common misconceptions about sexuality is aimed at an audience whose main source of information has become the Internet.

"Askip, can the pill make you infertile?"... "Askip, can you get pregnant on your first time?" Adolescents have a lot of questions about sex.

The "Askip" (derived from a French phrase meaning "apparently") educational videos from Santé publique France are designed to answer them.

The SEXI survey shows that in adolescence, and the years that follow, the Internet is a significant source of information on sexuality. It is also a medium characterised by wide variation in the reliability of information sources. Rumours, home remedies, urban legends, misleading information: adolescents can sometimes struggle when it comes to separating truth from fiction.

Yet their knowledge of sexuality and contraception is still limited. For example, more than half of those aged under 30 think that emergency contraception should be taken

This campaign won an award at the 2021 TOP/COM Corporate Business Grands Prix.

no later than 24 hours after unprotected intercourse, whereas the maximum period is five days, which represents a major loss of opportunity.

15 X 1 MINUTE 30 SECOND VIDEOS

To improve adolescents' understanding of their sexuality, Santé publique France has produced a series of fifteen videos addressing a range of subjects such as reproduction, screening, pornography, as well as masturbation, desire, social networks, LGBT people, and consent. These videos lasting approximately 1 minute 30 seconds, broadcast from September 2020 to May 2021, feature questions from adolescents and answers from experts. Posted on YouTube, Snapchat and TikTok, which are the social networks currently favoured by young people, or on LinkedIn and Facebook, they are also available on the website [OnSEXprime.fr](https://www.onsexprime.fr), and on Santé publique France's Facebook and YouTube pages.



OnSEXprime.fr, DEDICATED TO ADOLESCENTS

With two to three million hits per year, the site attracts a wide audience of adolescents. The website discusses all aspects of sexuality and topics such as the first time or pleasure in a playful and positive way, mainly using audio, video and interactive tools.



ONLINE QUESTIONNAIRE

MAKING MORE INFORMED CONTRACEPTION CHOICES

To help women prepare for their contraception consultation and provide them with personalised information on contraception, Santé publique France has launched a new tool, available on the website [choisirsacontraception.fr](https://www.choisirsacontraception.fr).

This website aims to improve access to information and mitigate fears about certain contraceptives.

As a result, women will be prepared for the questions that will be asked during the consultation.

Designed to be viewed on a mobile device, this tool is easy to use.

Users simply answer fifteen questions that are divided into three sections: "Me" concerns sex, age, number of partners, methods of contraception previously used and satisfaction; "My preferences" refers to effectiveness, regularity and method of administration, side effects, etc.; "My health" refers to personal and family medical history, medication, tobacco use, etc.

Once the questionnaire is complete, the tool sorts contraceptives into three categories: "most suitable", "possible" or "likely contraindicated" - based on the information provided.

Viewpoint

Nathalie Lydié,
Preventive Healthcare
and Health Promotion
department,
Santé publique France.



“Santé publique France is a key player in the field of sexual health, through epidemiological and behavioural surveillance, preventive healthcare systems and the development of innovative actions. The agency’s approach to sexual health is both positive and comprehensive. It is aimed at all audiences (young people, adults, men who have sex with men, etc.) and tackles many subjects, ensuring regular consultation with field operators and associations. Santé publique France is particularly interested in four areas of sexual health: sexually transmitted infections including HIV, contraception, the fight against discrimination, and violence. Through its various actions, the agency seeks to deliver information that is tailored to individual needs. The actions carried out aim to improve the level of knowledge of individuals and also to change attitudes, beliefs and behaviours, to enable everyone to make informed decisions about their sexual health.”

IMPACT STUDY

PARIS ATTACKS: LAUNCH OF “ESPA 13 NOVEMBER – PHASE 2”

Five years after the Paris attacks of November 2015, the second phase of the “ESPA 13 November” survey was launched in November 2020 to determine the evolution of the psychotraumatic impact and the use of care systems.

In 2016, following the attacks of 13 November 2015, Santé publique France launched the first phase of a major epidemiological survey: the *Enquête de santé publique post-attentats de novembre 2015* [post-terrorist attack public health survey] (ESPA 13 November) involving people affected by the events (injured people, people targeted, threatened or witnesses, law enforcement or emergency responders and bereaved people). The ESPA 13 November survey aims to shed light

“

According to the results of the first wave carried out a few months after the attacks, nearly 37% of the civilians who responded suffered from post-traumatic stress. Some did not seek treatment, especially witnesses. With this second wave, we will be able to see if the use of care systems has increased over time and we will be able to describe the change in their mental health. This refers to civilians as well as responders. For participants in both phases of the survey, it will be important to establish the change in mental health status between these two periods.

”

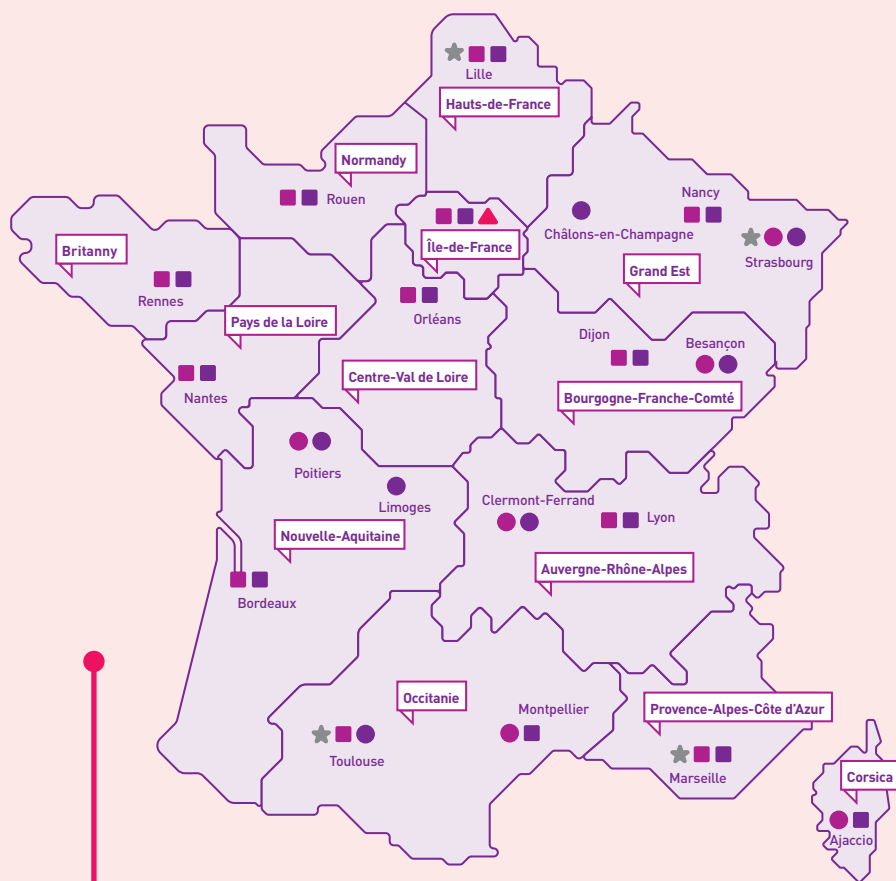
Philippe Pirard,

Communicable Diseases and Trauma
department, Santé publique France.

on the medium- and long-term consequences, in particular on post-traumatic stress disorder, a pathology that can appear or persist in the years following the traumatic event, and to find out which support and care systems have been used by the people involved. It is part of a larger research programme funded by the French Secretary-General for Investment via the *Agence nationale de la recherche* (French national research agency – ANR) and scientifically supported by the *Centre national de la recherche scientifique* (French national centre for scientific research – CNRS) and the French National Institute of Health and Medical Research (Inserm): the 13 November programme. More than 1,400 people took part in the first survey. The results show a significant impact on the mental health of the people involved and suggest interesting approaches for improving care for the victims, workers and volunteers who intervened in the wake of these events.

ASSESSING THE PSYCHOTRAUMATIC IMPACT FIVE YEARS ON

Five years on from the attacks, it is important to find out how this impact has changed. For this reason, Santé publique France launched the second phase of the survey in November 2020, in collaboration with the Université Paris 13. The objective of the study is to assess the psychotraumatic impact five years after the attacks of 13 November 2015, as well as how this impact has evolved between phase 1 and phase 2; to describe and compare the use of care systems since the attacks; for people who agree to provide their social security number, to monitor their health data with the French health insurance fund five years before the attacks and ten years after. The Espa study is an open cohort study. Besides the people who participated in the first phase, this second wave is also open to all those who meet the inclusion criteria, whether or not they participated in the first wave.



OUR REGIONAL ORGANISATION

Santé publique France covers the entire French territory by means of its 16 regional units, supporting each of the regional health agencies (ARS). Each regional unit carries out an operational mission in the field of monitoring, surveillance and alert. Through these units, the agency coordinates the national health monitoring and surveillance system, for which it defines orientations and oversees actions, in partnership with the ARS. These partnerships are subject to agreements with each of them.

Regional health agencies (ARS)

- Head offices
- Remote sites

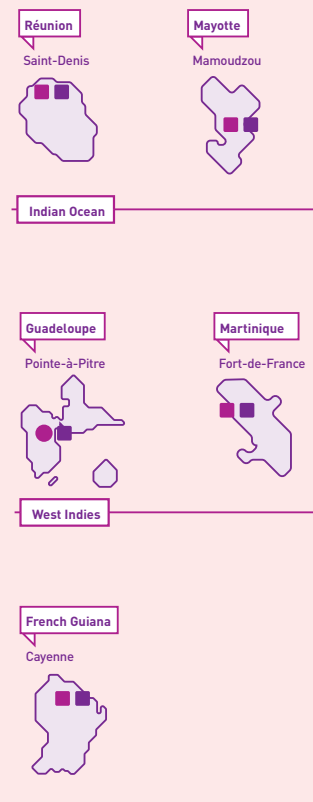
Santé publique France's head office (Saint-Maurice)



Santé publique France in the regions

- Head offices
- Remote sites

Santé publique France's remote assistance units





EPIDEMIOLOGICAL SURVEY

LUBRIZOL: DESCRIBING THE HEALTH AND QUALITY OF LIFE OF THE POPULATION

Following the fire at the Lubrizol and NL Logistique warehouses in Rouen in September 2019, Santé publique France launched a health and quality of life study entitled “Une étude à l’écoute de votre santé” [listening to your health].

The industrial accident that took place in Rouen on 26 September 2019 on sites owned by the companies Lubrizol and NL Logistique was a significant public health event in terms of its scale, and the pollution and disruption it caused. As part of the agency’s assessment of the health consequences of the event, a study was launched in September 2020.

This epidemiological survey is carried out on a representative sample of the inhabitants of the 122 municipalities of Seine-Maritime affected by the incident.

4,000 adults and 1,200 children, selected at random by the French National Institute of Statistics and Economic Studies (Insee), were interviewed. For the purposes of data analysis and interpretation, the study also includes 1,000 adults and 250 children selected at random in the city of Le Havre and its surrounding areas, defined as a control area.

This study gathered information from affected individuals on their perception of this industrial disaster and their exposure to the disturbances and pollution it generated, on symptoms and health problems that may have been experienced during the incident and its aftermath, as well as their current health status.

A preliminary survey was conducted in February in four municipalities affected by the fire, presenting contrasting situations.

One-to-one and group interviews were carried out with mayors, doctors and individuals.

This preparatory work made it possible to take into account the population’s expectations and main areas of concern. The study was developed as part of a participatory approach with a “health group”, composed at local level of people from the transparency and dialogue committee that was set up in Rouen by the Prefect of Seine-Maritime. It received advice from a “thematic support committee” which brings together, at national level, independent scientific figures.

“

This survey makes it possible to collect and analyse information about the health events experienced by the inhabitants at the time of the incident and its consequences – symptoms, complaints, perceptions – which are not recorded in any available health information source.

”

Pascal Empereur-Bissonnet,
Scientific Adviser to the Regions department,
Santé publique France.

EPIDEMIOLOGICAL SURVEY

PAEDIATRIC CANCER IN THE SAINTE-PAZANNE AREA: ACTIVE SURVEILLANCE AND PREVENTIVE ACTION

Between 2015 and 2019, several cases of child cancer were reported in an area comprising seven municipalities in Loire-Atlantique.

The Pays de la Loire regional health agency (ARS) contacted Santé publique France on 28 March 2019 to investigate these new reports.

After months of investigation, an epidemiological survey of families, collection of over 600 samples, on-site measurements and more than 80,000 environmental analyses, involving dozens of regional and national experts, it was not possible to identify a common cause that could explain the occurrence of paediatric cancer in the Sainte-Pazanne area.

Investigations carried out in the main living environments of children with cancer and the main industrial sites in the area did not reveal critical risk levels, based on current knowledge. The Pays de la Loire ARS, the regional environmental department, the department for housing and spatial planning (DREAL) and Santé publique France remain involved in both active surveillance and preventive actions to be rolled out for the entire local population.

600+

samples collected and on-site measurements performed



80,000+

environmental analyses



Viewpoint

Anne Laporte,
Director of the
Regions department,
Santé publique
France.



“In the regions, Santé publique France executes its missions as closely as possible to different geographical areas and their populations, in partnership with the regional health agencies. The investigations carried out lead to public health actions to improve population health. For example, an investigation of 28 cases of legionnaires’ disease in Strasbourg implicated collective heating systems. This finding led to a change in the legislation on facilities subject to restrictions relating to environmental protection [*installations classées protection de l’environnement* – ICPE] in January 2021. Another example, an epidemic of pneumococcal pneumonia among workers at a shipyard in Marseilles revealed difficult working conditions, significant overcrowding and a polluted environment with workers (3,200) of 86 different nationalities. After a mass vaccination campaign, this investigation caused us to consider preventive healthcare measures for certain categories of workers.

Another study carried out in Doubs to understand the methods of lead poisoning among people in shooting clubs led to an analysis of member practices and the provision of recommendations for screening and awareness of preventive healthcare.

Staying on the topic of lead poisoning, surveys carried out in French Guiana revealed the significance of lead exposure in comparison with mainland France and the role of hunting with lead ammunition, lead kitchen utensils and the consumption of tubers with a high concentration of lead. These studies lead to work being carried out in order to reduce risks while respecting lifestyles and taking into account the financial resources of the affected populations.

We also launched a study in Nouvelle-Aquitaine on the health status of Travellers. Developed in collaboration with the affected population, this study had to be put on hold.

Nevertheless, it allowed us to analyse how Travellers protected themselves against COVID-19.”



SURVEY

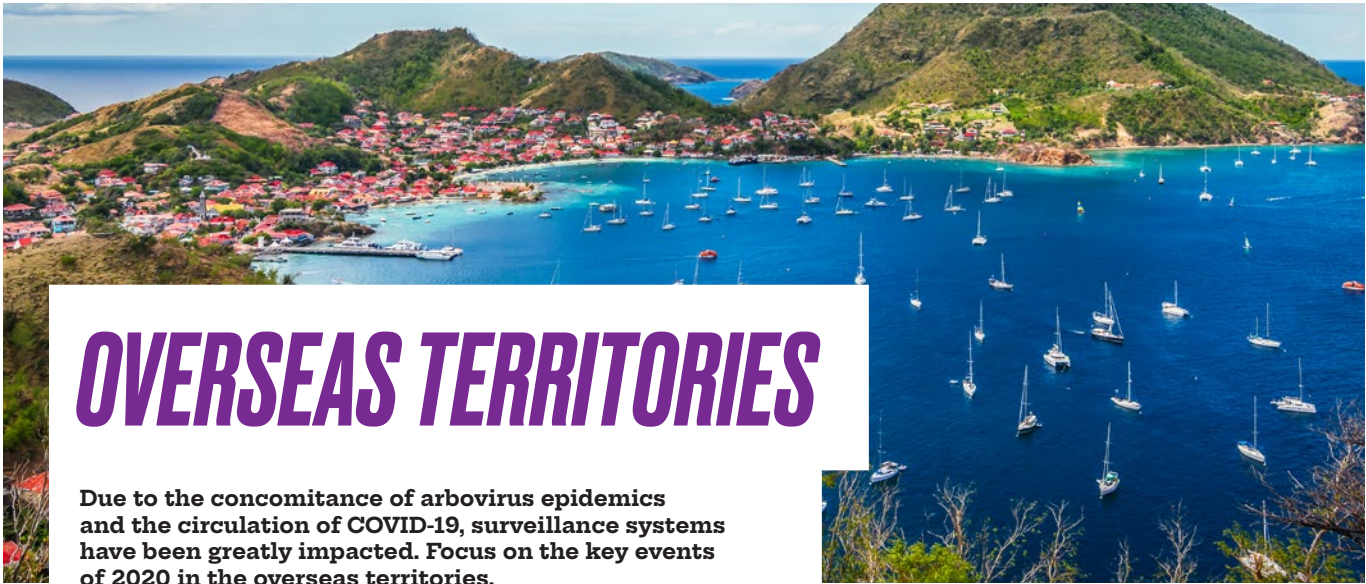
CHUPADOM RESULTS : PROFILES OF FALLERS

The hospitalisation component of the 2018 ChuPADom survey has been published. It analyses the characteristics of people who fall and the circumstances of the fall.

Falls among elderly people at home are the cause of significant morbidity and mortality, thus representing a major public health issue. ChuPADom is a prospective multi-centre study consisting of two components. The first, the hospitalisation component, has been published. Its objectives were to describe the characteristics and circumstances of falls at home among hospitalised people aged 65 and over and to establish profiles of fallers. The average age is 84.5 years. Almost 80% of patients fell during the day.

The most frequently cited activities carried out at the time of the fall were hygiene/washing (15%) and walking (14%); the place where the fall occurred in 20% of cases was the bedroom, and in 43% of cases the fall was from their own height or a low height. More than half of the patients had already experienced a fall in the twelve months preceding the survey.

Almost 45% of the patients in the sample suffered a fracture from the fall and 26% had a wound. Approximately 16% suffered head trauma, 14% had rhabdomyolysis (painful muscle cell breakdown) and only 4% experienced post-fall syndrome. Five profiles of fallers were established: younger seniors taking risks and falling from great heights; seniors who live in a house and fall down the stairs; autonomous seniors who fall after losing their balance or from their own height; dependent seniors who fall during low-intensity activities; and very old people, limited in day-to-day activities, for whom the declared information was often missing. These results may contribute to the implementation of targeted preventive action and will be supplemented by the sequelae component, which will consist of describing the consequences one year after the fall according to the profiles.



OVERSEAS TERRITORIES

Due to the concomitance of arbovirus epidemics and the circulation of COVID-19, surveillance systems have been greatly impacted. Focus on the key events of 2020 in the overseas territories.

EPIDEMIOLOGICAL SURVEILLANCE

DENGUE AND EMERGING ARBOVIRUSES

Dengue is the most common arbovirus in the world where it continues to progress. Summary of a year of epidemiological surveillance adapted to the specific characteristics of the overseas departments.

RÉUNION: THIRD WAVE

Since 2017, dengue has circulated uninterrupted in the department, after more than 40 years of sporadic cases or very limited epidemic episodes. 2020 was marked by a third epidemic wave, following those of 2018 and 2019.

- More than 16,000 confirmed cases and twice as many clinically suggestive cases.
- Significant increase in secondary dengue infection: people immunised against one dengue serotype and re-infected with another serotype to which they are not immune. These secondary dengue infections are potentially more severe, especially when the infection occurs some time after the first.

Until 2019, of the four existing dengue serotypes, only the DENV2 serotype was present, then in 2019 the DENV1 and DENV3 serotypes appeared.

In 2020, the serotypes DENV1 and DENV2 continued to circulate throughout the island, the beginnings of a new epidemic wave in 2021.

FRENCH GUIANA: EMERGENCE OF NEW ARBOVIRUSES, MAYARO AND OROPOUCHE

Between September and October 2020, the *centre national de référence Arbovirus* [national arbovirus reference centre – CNR] at the Institut Pasteur in French Guiana detected 14 confirmed cases of Mayaro virus infection, compared to 1 to 3 cases annually in previous years. Santé publique France's unit in French Guiana carried out an investigation. The number and urban location of the cases detected between July and October 2020 reflect a circulation of the Mayaro virus which has never been described at this level in French Guiana and which could indicate a local change in the ecology of the transmission of the virus. Also in French Guiana, an emergence of Oropouche virus (OROV) infections was discovered among the inhabitants of an isolated village in the middle of the forest: Saül.

Between 11 August and 15 October 2020, a total of 41 cases were reported including 11 confirmed cases, the others being possible cases. This is the first time that this virus has been identified in French Guiana. No cases have been detected since in Saül or in the rest of French Guiana. However, the risk of a new epidemic elsewhere in French Guiana cannot be ruled out.

ARBOVIRUS

SANTÉ PUBLIQUE FRANCE'S MISSIONS

- Defining, managing and coordinating the epidemiological surveillance of arboviruses in France.
- Adapting surveillance to regional risks and specific characteristics: reinforced surveillance systems in metropolitan departments colonised by the vector mosquito and specific systems in the various overseas departments with regional units in collaboration with regional health agencies.
- Helping to improve knowledge and raise awareness among healthcare professionals, local communities and the general public with regard to the disease and preventive measures.

IN THE WEST INDIES REDUCING CHLORDECONE EXPOSURE

Chlordecone is an organochlorine insecticide used intensively in the French West Indies from 1973 to 1993.

Due to persistent soil pollution and contamination of the food chain, the population is currently still exposed to chlordecone, especially through food.

As part of the new 2019-2020 interministerial roadmap for the Chlordecone III plan (2014-2020) and following the 2018 scientific symposium to protect and raise awareness among populations, Santé publique France has undertaken two actions which have been included in the new strategic plan to combat chlordecone (2021-2027 Chlordecone IV plan).

KEY MESSAGES TO REDUCE FOOD EXPOSURE

In order to develop health messages aimed at the population to reduce exposure to chlordecone through food, the *comité d'appui thématique* [thematic support committee – CAT] carried out work to identify the obstacles to be removed and the measures to be taken. The CAT is managed by Santé publique France's West Indies regional unit, with support from the Preventive Healthcare and Health Promotion department. It brings together local stakeholders:

- decentralised state departments (Department of Food, Agriculture

and Forestry [Daaf], the French regional department of Enterprise, Competition, Consumer Affairs, Labour and Employment [Direccte], Directorate for marine affairs, ARS and IREPS;

- researchers from universities, from the *Institut national de la recherche agronomique* [national institute for agricultural research – Inra], the French national centre for scientific research (CNRS);
- representatives of healthcare users, and the economic sphere (fishers, etc.).

A NEW EDITION OF THE KANNARI STUDY

After an initial study on the level of exposure of populations carried out in 2013 in Guadeloupe and Martinique, the Kannari 2 study will seek to assess the evolution of this exposure among the general population and among specific populations such as women of childbearing age, children, fishers and communities living in contaminated areas.

In 2020, the Antilles regional unit, together with the agency's specialist departments (Data Support, Processing and Analysis department, Environmental and Occupational Health department), contributed to the design of the study. It has initiated collaborative exchanges with local partners (ARS and *Caisse générale de Sécurité sociale* [general social security fund], as well as Martinique and Guadeloupe ARS, etc.), which will be formalised in 2021.

"HEALTH BAROMETER" LAUNCHED IN SAINT PIERRE AND MIQUELON

The Santé publique France Health Barometer surveys are the most important national surveys which, since 1992, have covered more than 30 topics such as smoking, nutrition, well-being, sleep, living conditions, vaccination practices, etc.

This survey provides valuable regional and national information which will be used to develop legitimate and effective interventions. Strictly speaking, this survey does not seek to assess the health status of the population as such, but the health practices and portrayals examined partly determine this status. Available in the overseas departments and regions since 2014, this survey was conducted in an unprecedented way in Saint Pierre and Miquelon in 2020.

Almost 1,000 of the 6,000 people who live in this 242 km² area were invited to respond.

The people were contacted by the Ipsos survey institute using telephone numbers (landline or mobile) dialled at random to answer a 30-minute questionnaire, designed in partnership with the Territorial Health Administration of Saint Pierre and Miquelon.

COVID-19: CONTACT TRACING AND SUPPORT FOR POPULATIONS

Besides the surveillance activity carried out at local level, the teams were strongly involved in contact tracing.

- In French Guiana: sharing the first 4,000 cases with the regional health agency (ARS) then transferring to the national health insurance fund.
- In Réunion: managing case investigation from March to May then participating in contact tracing alongside the ARS and the national health insurance fund in a unified platform.

- In Mayotte: implementing the contact tracing platform and supporting the population to acquire a greater understanding of the issues (sociocultural context favouring beliefs and stigmatisation of patients).

In addition, the regional teams carried out or contributed a great deal of work on COVID-19 and hundreds of documents were produced to support the crisis units.

RELYING ON EVIDENCE-BASED METHODS AND COLLECTIVE EXPERTISE IN DIALOGUE WITH STAKEHOLDERS



Because the continuum between knowledge and intervention is a founding principle of Santé publique France, the agency relies on independent expertise, open to societal issues in collaboration with research structures. By means of its position at the centre of a vast network of regional, European and international partners, the agency is adapting its practices and showcasing French expertise.

THE CHALLENGE OF SERVING PUBLIC HEALTH

Detecting health risks, providing the keys to understanding complex health phenomena and identifying levers for action requires the implementation of a multidisciplinary approach and a variety of skills.

OUR INTERVENTION

- Providing tools for processing data and sharing information
- Producing scientific knowledge in the form of publications, opinions and recommendations
- Cooperating with a national, European and international scientific network

OUR SPECIALISTS

- Health data analysis
- Surveys, studies, contracts and protocols related to research
- Knowledge transfer and partnerships

ALGORITHM

ARTIFICIAL INTELLIGENCE TO DIFFERENTIATE IN DIABETES

An artificial intelligence algorithm, developed within the agency, has made it possible to differentiate with a 97% accuracy rate between people with type 1 and type 2 diabetes using data from the French national health insurance fund.

To mark World Diabetes Day, Santé publique France is making available on Géodes the prevalence rates of pharmacologically treated diabetes from 2010 to 2019, at a departmental level. In 2019, 5.2% of the French population was pharmacologically treated for diabetes. But differentiating between people with type 1 and type 2 diabetes is not always easy. Indeed, insulin injections are administered in the case of type 1 diabetes but also in some cases of type 2 diabetes.

The research carried out by Santé publique France looked into the issue of “typing” diabetics using an artificial intelligence algorithm.

EPIDEMIOLOGICAL COHORT

With the Constances epidemiological cohort, it was shown that it was possible to classify patients according to their type of diabetes with 97% accuracy thanks to a machine learning algorithm defined without bias using 3,000 variables from the French National Health Data System (SNDS): drugs, self-monitoring systems, medical procedures performed in outpatient facilities, number of hospitalisations, etc. Applied to the entire SNDS, i.e. 66 million adults registered for social security purposes, the artificial intelligence algorithm estimated, for the first time, the prevalence of type 1 and type 2 diabetes in the adult population. Coupled with big data sources like the SNDS, machine learning algorithms offer new perspectives for population-based studies.

PRINCIPLES

GOVERNED BY THE ASSESSMENT CHARTER

To guarantee their independence, the assessments produced by Santé publique France are aligned with the principles established by the Assessment Charter, namely:

- Impartiality;
- Examination;
- Transparency;
- Plurality.

Governed by the French public health code, this charter states the principles for selecting experts and defines the process that the assessment must follow, as well as, and in particular, its relationships with the decision-making authority. It establishes the ethical framework and also sets out declarations of interest and the terms of their management.

Viewpoint

Christophe Bonaldi,

Data Support, Processing and Analysis department, Santé publique France.

DATA: STRATEGIC SUPPORT FOR DECISION-MAKING

“The Data Support, Processing and Analysis department (DATA) supports the entire agency with regard to the processing and analysis of data. The department’s main activities are data management, statistical analysis, geomatics, metrology and support for IT applications. The department also carries out syndromic surveillance and supports the design, implementation and use of surveys.

It is also responsible for managing the agency’s cartographic monitoring tool (Géodes), enabling the visualisation of indicators that aid decision-making and action in public health. In 2020 the data was particularly strategic to support the decision-making process due to the COVID-19 epidemic. Since 13 May 2020, Santé publique France, in collaboration with its partners, has been automating the new national system for collecting screening information on which all the results of virological tests (and antigen tests since 8 December) performed in hospital facilities and non-hospital laboratories are systematically recorded. This system has been adapted according to the volume of data to be analysed, which is disproportionate to that usually studied. It is a complete multi-source system that routinely measures 83 indicators, making it possible to monitor the circulation of SARS-CoV-2, its main variants, as well as associated syndromes such as hospital-acquired infections, paediatric inflammatory

multisystem syndrome (PIMS), etc. This makes it easier to identify alert zones and particularly vulnerable populations. These indicators show, for example, the proportion of people hospitalised, admitted to the emergency department, or even deceased with reported COVID-19, by age group and by sex. At the same time, we continued our work programmes, with surveys on the prevalence of antibiotic (ATB) use in residential care homes for the elderly (Ehpad) or results relating to vaccination coverage for measles, whooping cough and chickenpox among healthcare professionals in healthcare facilities.”



FORUM

NATIONAL COLLABORATION FOR A "ONE HEALTH" APPROACH

Today, the health of ecosystems and living organisms must be considered as a whole, in accordance with the one health approach advocated by the World Health Organization (WHO).

The SARS-CoV-2 epidemic reminds us that pressure on ecosystems and loss of biodiversity increases the risk of animal-to-human transmission and the onset of epidemics.

In addition, the clinical characteristics of COVID-19 show greater vulnerability in people with chronic non-communicable diseases such as obesity, kidney failure, hypertension, etc. The severity of the disease will therefore be due to the viral infection but also patients' risk factors, linked to their past exposures and behaviours. In order to deal with major risks in future years such as extreme climatic conditions, chemical contamination

or the emergence of new epidemics, it is necessary to maintain an ambitious public health policy and allow significant scope for environmental health issues and the protection of resources. Santé publique France is working to better understand the impact of environmental factors such as air quality on the incidence of COVID-19. It has also adapted surveillance systems in order to assess the impact of lockdown measures on worker health. This work is based on national collaborations and has been shared with international partners such as the WHO.

EUROPEAN AND INTERNATIONAL COOPERATION

The year 2020 has demonstrated the importance of European and international collaboration in the response to the COVID-19 crisis.

Beyond formal activities and discussions, particularly with the European Centre for Disease Prevention and Control (ECDC), Santé publique France relied on its network of European and international partners to better understand the epidemiological situation, scientific opinions and the impact of the measures taken in different countries, and to exchange views on screening and vaccination strategies, and ongoing studies.

SANTÉ PUBLIQUE FRANCE'S INVOLVEMENT WITH THE INTERNATIONAL ASSOCIATION OF NATIONAL PUBLIC HEALTH INSTITUTES

In 2020, Santé publique France was actively involved in several of the association's activities, in particular by hosting and jointly

organising the annual European meeting in the form of three webinars which brought together the directors of the institutes of the European region of the World Health Organization (WHO). As part of this event, Santé publique France and the Dutch National Institute for Public Health and the Environment (RIVM) organised a session on the role of national public health institutes in the development of public policies and national plans to address climate change. At the agency's instigation, an initiative bringing together several members of the association was established in connection with the work of the WHO and in preparation for COP 26.

As early as March 2020, the agency proposed that IANPHI initiate a collective discussion on the response of national institutes to the COVID-19 crisis at both European and global level, and allocated resources within the agency to contribute to this. During IANPHI's annual global meeting, organised with the

Oswaldo Cruz Foundation (Brazil), an initial assessment of these learnings led to a declaration by IANPHI which underlined the impact of the crisis on the most precarious and vulnerable populations, the crucial role of institutes in tackling the COVID-19 epidemic and its wider consequences on population health, on the importance of the institutes' fundamental principles of scientific excellence and independence in the response to a crisis such as COVID-19. This initiative continues in 2021 and will be the subject of a report. Throughout 2020, the agency was involved in various events organised by the association. For example, the agency presented its CoviPrev survey on behaviours and mental health during the COVID-19 epidemic at a webinar on harnessing behavioural science.

FOCUS

HBM4EU (2016-2021): BIOMONITORING AT EUROPEAN LEVEL

Santé publique France is involved in the European HBM4EU project (2017-2021) which aims to develop biomonitoring in Europe. Santé publique France led the development of a strategy for calculating European exposure reference values. These values make it possible to compare exposure levels between populations and to identify overexposed vulnerable groups. They are also very useful for assessing the effectiveness of public policies for reducing exposure.

CREATION OF A EUROPEAN DATA INFRASTRUCTURE FOR POPULATION HEALTH

The objective of Information for Action (Inf-Act) 2018-2021, the European Joint Action on Health Information, is to set out the conceptual and operational framework for a metadata infrastructure. Santé publique France played an active role in the project by managing all the activities dedicated to innovations related to health information (new data sources, new indicators, new methods).

As a continuation of Inf-Act, Santé publique France will contribute to a European infrastructure project named Distributed Infrastructure on Population Health (DIPoH), an operational stage of a metadata structure aimed at better integrating and strengthening health information networks within the European health data space. The current crisis has given rise to a pilot project for this infrastructure, the Population Health Information Research Infrastructure, 2020-2023 (PHIRI) project, dedicated to the impact of COVID-19 on health. Its objectives are to provide a health information portal for COVID-19; promote the interoperability of networks and tackle health information inequalities.

TRANSPARENT GOVERNANCE: OPENNESS TO SOCIETY



Openness to stakeholders and civil society is one of the founding principles of Santé publique France. Since its creation, serving public health values has meant, for the agency, working in the public interest.

Today, a commitment to a strong public health system means establishing lasting relationships with all stakeholders, and chiefly those of civil society.



DIALOGUE WITH SOCIETY

The agency's governance is based on a founding principle of openness and dialogue. It is structured around four boards: the Board of Directors, the Scientific Board, the Ethics and Professional Conduct Committee and the Committee for Orientation and Dialogue.

The Board of Directors (CA)

28 members (including nine government representatives), who are appointed for a four-year period, renewable once.

This board is responsible for giving a verdict on the agency's main strategic orientations, its activity programme and the human and financial resources required to carry out its missions. In 2020, the full Board of Directors met or deliberated eight times, organised three informal meetings of its members to keep them informed and hold discussions, and held 27 select Board of Directors meetings. In June, the seminar (the third since the start of the term) was devoted to the liability of the directors of a public institution such as Santé publique France and the role of the Board of Directors in crisis management.

Marie-Caroline Bonnet-Galzy, Chair of the Board of Directors. "The commitment required this year from the Board of Directors must not distract us from the subjects that go beyond the crisis, such as tobacco-free month and the Nutri-Score, which are real public health issues and the result of scientific thinking. To continue this approach, I hope that the next term will be an opportunity to explore the issue of alcohol in greater depth. We also need to make progress with subjects such as disease burden management."

THE CHALLENGE OF SERVING PUBLIC HEALTH

The credibility of an expertise agency and the construction of new dynamics of trust are an integral part of an open and pluralist approach.

OUR INTERVENTION

- Structured assessment process
- Strict, shared and transparent rules of ethics and professional conduct
- Commitment charters
- Open governance

Lists of members and substitutes as of 31 December 2020: Marie-Caroline BONNET-GALZY, Martine BERTHET, Albane GAILLOT, Joël AVIRAGNET, Véronique GUILLOTIN, Jérôme SALOMON, Danielle METZEN, Timothée MANTZ, Béatrice TRAN, Amel HAFID, Anne AUDIC, Benoît LAVALLART, Anne PAOLETTI, Karine BOQUET, Emilie HILLION, Benoît ROGEON, Brigitte MOLTRECHT, Philippe ROUANET, Sandrine DURON, Rayan NEZZAR, Marie CHANCHOLE, Mikael QUIMBERT, Corinne LOCATELLI-JOUANS, François-Xavier BROUCK, Saïd OUMEDDOUR, Jean-Jacques COIPLÉ, Aurélien ROUSSEAU, Florence CONDROYER, Gilles BLOCH, Rémy SLAMA, Jean-Louis BENSOUSSAN, Thierry ARNAUD, Elisabeth ELEFANT, Catherine BERNARD, Catherine AUMOND, Gérard RAYMOND, Marie-Pierre GARIEL, Nicolas BRUN, Katia BAUMGARTNER, Alain CHABROLLE, Alain PRUNIER, Nadine HERRERO, Isabelle MAINCION, Martine JOLY, Jean-Paul LOTTERIE, Dominique POLTON, Roger SALAMON, Mathilde PASCAL, Aymeric UNG, Isabelle POUJOL de MOLLIENS, Sandrine BROUSSOULOUX.

The Scientific Board (CS)

27 members appointed at the proposal of the executive management for a four-year period, renewable by decision of the chair of the Board of Directors.

Its mission is to monitor the quality and consistency of Santé publique France's scientific policy. In 2020, it participated, in particular, in the implementation of the cross-disciplinary COVID-19 programme with a strong regional base, allowing the agency to render the concept of continuum operational in the conduct of public health functions. Also worth noting is the creation of a cross-disciplinary programme dedicated to social and territorial inequalities in health, designed to generalise and guarantee systematic integration into ad hoc data monitoring systems, including a scientific coordination and monitoring unit, and the strengthening of collaboration with the research teams involved.

Philippe Quenel, Chair of the CS.

"Today, the agency represents genuine added value for the public health of our country: the results obtained by the Nutrition and Tobacco programmes are an illustration of this. However, there are three elements that have also played a key role in these two successes, which the agency must consider in its programming for the future:

- Strong, long-term interaction with research.
- A favourable socio-political context allowing advocacy work to attract a positive response and intermediaries in society.
- The use of logical intervention models, including both individual behaviours and collective action.

Furthermore, with the lessons to be learned from the management of the COVID-19 epidemic, in particular regarding the role and consequences on social and territorial inequalities in health, the agency must now focus on responding to public health issues linked to climate change."

Ethics and Professional Conduct Committee (CED)

Seven members appointed for a period of four years by decision of the Chair of the Board of Directors.

This committee is responsible for monitoring compliance with the rules of ethics and professional conduct that apply to the agency, its staff and occasional contributors. The committee wanted, through consultation with all Santé publique France employees, to obtain an overview of perceived ethical concerns, needs in terms of support for ethical reflection, and how to better mobilise the CED to respond. This was designed to better integrate the ethical dimension into the agency's practice, through action.

Martine Bungener, Chair of the CED.

"The Ethics and Professional Conduct Committee has promoted the choice of a deliberative practice for its opinions and recommendations ranging from practical ethical reflection to professional conduct. The professional conduct approach aims to ensure the credibility of the agency's work and expertise by analysing declared links of interest and preventing potential conflicts of interest arising from the external activities of employees or private funding. These also raise ethical questions regarding the establishment of public-private partnerships, with the case of Nutri-Score and the increasing use of social marketing in preventive healthcare, the scientific assessment of which has yet to be consolidated. The CED was interested in the ethical risks in crisis and emergency situations in the face of ageness clusters and in the face of COVID-19, in the tension between ethics in public health and bioethics. The CED affirmed the need for a scientific integrity policy, proposing methods to fulfil this need. The remaining task is to support the dissemination of an ethical culture in public health to all staff."

Committee for Orientation and Dialogue (COD)

19 members from civil society have been appointed for four years, renewable once by decision of the Chair of the Board of Directors.

This committee dedicated to openness and dialogue with civil society is responsible for giving the agency guidance on its activity programme, according to its four missions: providing the agency with its view of current and future public health issues and the societal issues they raise; proposing priorities in the agency's areas of activity; contributing to improving the agency's methods of communication during crisis situations; enabling the agency to contribute to public debates on public health issues. In 2020, the Committee issued an orientation and dialogue note on preventive healthcare in mental health and psychiatry and another on trust and the health crisis.

Gilles-Laurent Rayssac, Chair of the COD.

"The creation of a Committee for Orientation and Dialogue within Santé publique France is an important step forward which should make it possible to improve the links between science and expertise and non-expert civil society. For four years, the first COD has tried to establish a unique practice in an environment unfamiliar with this new approach. It is a strong attempt but a transformation has yet to take place. It will be the agency's new management and the new COD's responsibility to demonstrate the usefulness of this dialogue and to put into practice health democracy in the field of public health in order to improve and protect population health. It is a major project which must also take into account the experience of the COVID-19 health crisis."

CHARTER

SIGNING AN OPENNESS TO SOCIETY CHARTER WITH SEVEN OTHER PUBLIC INSTITUTIONS

On 27 November 2020, Anses, the France's public reference institution for earth science applications (BRGM), the *Institut français de recherche pour l'exploitation de la mer* [French research institute for exploitation of the sea - Ifremer], the French National Institute for Industrial Environment and Risks (Ineris), France's National Research Institute for Agriculture, Food and Environment (Inrae), the *Institut de radioprotection et de sûreté nucléaire* (French institute for radiation protection and nuclear safety - IRSN), *Université Gustave Eiffel* and *Santé publique France* signed an Openness to Society Charter.

Through their research, expertise or scientific and technical assessment activities, these eight public institutions share the same ambition: to provide

a better understanding of risks as well as the means to prevent and reduce them. They also share the same conviction that this ambition must respond to the growing concerns of citizens, anxious about health and environmental risks, to take an active part in the knowledge and assessment of risks. By adopting this Charter, they renew their commitments in a process of openness and transparency towards society in the interest of debate and public decision-making.

THREE SHARED OBJECTIVES AND COMMITMENTS

Strengthened, regular dialogue is one of the fundamental pillars of society's confidence in research and scientific expertise. Adopted by several public institutions in 2008, the Openness to Society Charter was extended to new signatories in 2020: Ifremer, Inrae and the Université Gustave Eiffel. By signing this Charter, they confirm their desire to continue this process of openness and make three commitments with regard to the outside world:

- Support civil society actors in acquiring skills.
- Share the available scientific knowledge.
- Increasing the transparency of the work.



Openness with society between establishments for public research, expertise, and the evaluation of health and environmental risks.

To do this, each organisation is committed to implementing specific and sustainable internal systems in order to establish a productive dialogue with society by means of three shared objectives:

- Strengthen staff and students' capacities for dialogue with society.
- Identify and mobilise the resources required for societal involvement.
- Develop management tools and report publicly on the process.

United in their support for this Openness to Society Charter, the signatories share best practices, feedback and standardise their actions towards a common goal: to increase the quality of their contributions to public policies and to society.

ETHICS

IN PRACTICAL TERMS, WHAT DOES HEALTH PROMOTION INVOLVE ON A DAILY BASIS?

Ethical reflection supports the meaning and quality of the work of professionals involved in health promotion.

Health promotion is an intervention for the population, working for and with the people: how do we get it right?

Thinking about it is not a theoretical exercise in the sense that professionals in the healthcare, education, social sector and all other fields are practically confronted with problematic situations that require actions and call for responses.

This sometimes leads them to question the purposes (the objectives) and the methods (the means) of their practices in order to establish whether they meet the requirements of what they think is good.

Consequently, alongside the "ethics that is said" in books, conferences or seminars, in the field there is the "ethics that is done".

As in medicine, therefore, where there are medical rules of professional conduct which standardise practices, and medical ethics used to analyse situations in which there is no apparently obvious answer, health promotion can claim to be developing its own practical ethics.

Professionals are faced with problematic situations involving actions and values, which require answers.

Based on a concrete problem, they can carry out individual or collective ethical reflection to determine how to "do the best" in relation to a context, objectives, resources and values.

In the field of preventive healthcare and health promotion, this ethics relates to various forms:

- Surveillance, protection against epidemic threats.
- Promotion of healthy living conditions.
- Protection of personal data.
- Prevention of the risks of stigmatisation and respect for privacy.
- Education, empowerment.
- Listening to the voices of people involved and their expectations.
- Development of "healthy living" activities or behaviours.

OUR ABILITY TO CARRY OUT A PUBLIC SERVICE MISSION

The agency is structured to effectively protect population health. By disseminating the knowledge it produces, it contributes to the public debate on all subjects affecting the health of the French population.

84 referrals

including:

35 referrals

→ to the Directorate-General for Health (DGS)

34 referrals

→ to the French Ministry for Solidarity and Health

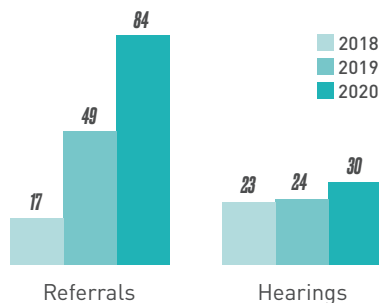
7 referrals

→ to regional health agencies (ARS)

8 referrals

→ to other organisations and institutions

Change in the number of referrals and hearings between 2018 and 2020



30 hearings

including:

French National Assembly and Senate

- Proposed law on health security – January
- Lyme disease – February
- COVID-19 - February, March, April, May
- COVID-19 OPECST – May
- Polluted soils – March
- Farmers in distress – March
- Combating the spread of Aedes mosquitoes and vector-borne diseases – June
- Evaluation of public environmental health policies – September
- PLF 2021 – September
- Committee of inquiry on the evaluation of public policies relating to major pandemics in light of the COVID-19 health crisis and its management – October
- PLFSS 2021 verdict – October
- Food safety – November
- PPL public drug hub – November
- Parliamentary mission on feeding young children – November

Court of Auditors (*Cour des comptes*)

- Prevention-evaluation – September
- Medical biology – September
- Intensive care and resuscitation – November
- Preventive healthcare in chronic diseases – November
- Public expenditure during the health crisis and operational review of usage – December

Inspectorate-General of Social Affairs (*Inspection générale des affaires sociales*)

- Plan K evaluation – February
- Lubrizol – February
- 2020 management of strategic mask stock – May
- Eric Bothorel's parliamentary mission – data policy and source codes – October

Others

- Assessment of the health service for health students by the *Haut Conseil de la santé publique* (High Council for Public Health – HCSP) – February
- National independent mission on the assessment of the management of the COVID-19 crisis and on the anticipation of pandemic risks by the *Inspection générale des finances* (Inspectorate-General of Finance – IGF) – September
- Uses and proper use of the quality of life and perceived health measure in France (HCSP) – September
- National registry policy (HCSP) – September

ORGANISATION CHART

**BOARD
OF DIRECTORS**

**SCIENTIFIC
BOARD**

**ETHICS AND
PROFESSIONAL
CONDUCT COMMITTEE**

**COMMITTEE
FOR ORIENTATION
AND DIALOGUE**

ACCOUNTING OFFICE
ACCOUNTANT: VIRGINIE DUBOIS

COORDINATION

**REGIONS
DEPARTMENT**

DIRECTOR:
ANNE LAPORTE

**16 REGIONAL
UNITS**

West Indies,
Auvergne-Rhône-Alpes,
Bourgogne-Franche-
Comté, Brittany,
Centre-Val de Loire,
Grand Est, French
Guiana, Hauts-de-
France, Île-de-France,
Mayotte, Normandy,
Nouvelle-Aquitaine,
Occitanie, Indian Ocean,
Pays de la Loire,
PACA-Corsica

**INFECTIOUS
DISEASES
DEPARTMENT**

DIRECTOR:
BRUNO COIGNARD

- Healthcare-associated infections and antibiotic resistance unit
- Enteric, food-borne and zoonotic infections unit
- Respiratory infections and vaccination (REV) unit
- HIV/AIDS, Hepatitis B and C, STIs and tuberculosis unit

**ALERT
AND CRISIS
DEPARTMENT**

DIRECTOR:
STÉPHANE COSTAGLIOLI

- Health reserve unit
- Pharmaceutical establishment unit
- Alert and crisis unit

**NON-COMMUNICABLE
DISEASES AND
TRAUMA DEPARTMENT**

DIRECTOR:
ANNE GALLAY

- Trauma and advanced age unit
- Cancer unit
- Perinatal, early childhood and mental health unit
- Cardiovascular, respiratory, metabolism and nutrition unit

**ENVIRONMENTAL
AND OCCUPATIONAL
HEALTH
DEPARTMENT**

DIRECTOR:
SÉBASTIEN DENYS

- Exposure surveillance unit
- Unit for monitoring pathologies linked to the environment and work
- Quality of living and working environments and population health unit
- Development, structuring and partnerships unit

EXECUTIVE MANAGEMENT

CHIEF EXECUTIVE:
PROF. GENEVIÈVE CHÈNE
SCIENTIFIC DIRECTOR:
PROF. LAETITIA HUIART
DEPUTY CHIEF EXECUTIVE:
MARIE-ANNE JACQUET
CABINET DIRECTOR:
ALIMA MARIE-MALIKITÉ

HUMAN RESOURCES DEPARTMENT
 DIRECTOR: *ÉRIC AMAUDRY*

INFORMATION SYSTEMS DEPARTMENT
 DIRECTOR: *PAUL-HENRI LAMPE*

ADMINISTRATION AND FINANCE DEPARTMENT
 DIRECTOR: *ANGÉLIQUE MORIN-LANDAIS*

LEGAL/ QUALITY AND RISK MANAGEMENT UNIT

PREVENTIVE HEALTHCARE AND HEALTH PROMOTION DEPARTMENT

DIRECTOR:
FRANÇOIS BECK

- Addictions unit
- Diet and physical activity unit
- Elderly and vulnerable populations unit
- Perinatal and early childhood unit
- Prevention of infectious and environmental risks unit
- Mental health unit
- Sexual health unit

DATA SUPPORT, PROCESSING AND ANALYSIS DEPARTMENT

DIRECTOR:
YANN LE STRAT

- Applications, big data and syndromic surveillance unit
- Support and methods for studies and investigations regarding surveillance unit
- Support with the design, implementation and use of investigations unit

SUPPORT AND DISSEMINATION TO THE PUBLIC DEPARTMENT

DIRECTOR:
VÉRONIQUE BONY

- Information and training unit
- Health and distribution telephone strategies unit
- Lille unit
- Strasbourg unit
- Marseilles unit
- Toulouse unit

SCIENTIFIC AND INTERNATIONAL DEPARTMENT

DIRECTOR:
ANNE-CATHERINE VISO

- Scientific coordination
- Ethics and professional conduct
- Building skills for international public health coordination
- Social inequalities and territorial vulnerabilities in health
- Documentation
- Archives

COMMUNICATION AND DIALOGUE WITH SOCIETY DEPARTMENT

DIRECTOR:
ALIMA MARIE-MALIKITÉ

- Institutional relations unit
- Press relations unit
- Scientific promotion unit

OPERATING EFFICIENTLY

€4,379.4

million

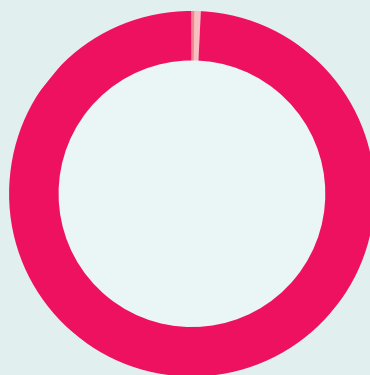
2020 budget spent (payment appropriation)

2020 REVENUE

Operating grant from the national health insurance fund

99.4%

of the budget



Tax revenue

0.11%

Other revenue

0.51%

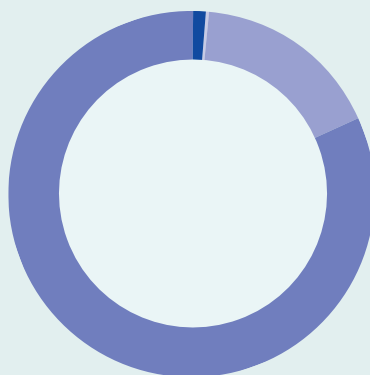
2020 BUDGET SPENT

Investment

€4 M

Intervention

€729.8 M



Staff

€58.6 M

Operation

€3,587 M

SUPPORT AND DAY-TO-DAY OPERATIONS (AE)

€24.98 million

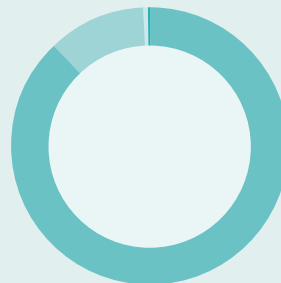
- Staff **€7.98** M
- Operation **€11.89** M
- Intervention **€1.97** M
- Investment **€3.14** M



INTERVENTION IN EXCEPTIONAL OR EMERGENCY HEALTH SITUATIONS (AE)

€6,085.41 million

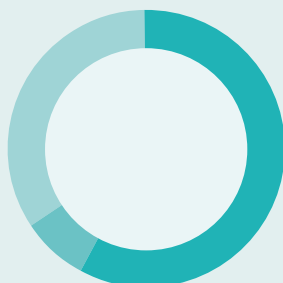
- Staff **€9.14** M
- Operation **€5,373.33** M
- Intervention **€700** M
- Investment **€2.93** M



MONITORING AND SURVEILLANCE (AE)

€49.81 million

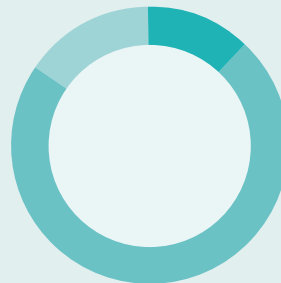
- Staff **€28.97** M
- Operation **€3.90** M
- Intervention **€16.95** M
- Investment **€0** M



PREVENTIVE HEALTHCARE AND HEALTH PROMOTION (AE)

€69.52 million

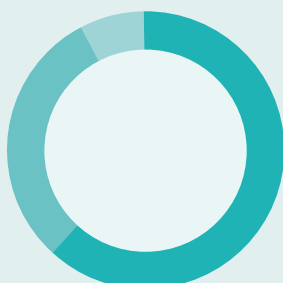
- Staff **€8.68** M
- Operation **€50.30** M
- Intervention **€10.54** M
- Investment **€0** M



CROSS-FUNCTIONAL EXPENSES (AE)

€6.21 million

- Staff **€3.83** M
- Operation **€1.90** M
- Intervention **€0.45** M
- Investment **€0** M



OUR PREVENTION WEBSITES



[santepubliquefrance.fr](https://www.santepubliquefrance.fr)

45.3 ——— **85.8**

million visits

million page views

[mangerbouger.fr](https://www.mangerbouger.fr)

4.2 million visits
11.9 million page views

[mangerbouger.fr/pro](https://www.mangerbouger.fr/pro)

79,871 visits
299,310 page views

[pourbienvieillir.fr](https://www.pourbienvieillir.fr)

440,324 visits
924,473 page views

[vaccination-info-service.fr](https://www.vaccination-info-service.fr)

3 million visits
4.5 million page views

[professionnels.vaccination-info-service.fr](https://www.professionnels.vaccination-info-service.fr)

276,484 visits
385,961 page views

[tabac-info-service.fr](https://www.tabac-info-service.fr)

4.9 million visits
8.5 million page views

[drogues-info-service.fr](https://www.drogues-info-service.fr)

5.1 million visits
8.1 million page views

[alcool-info-service.fr](https://www.alcool-info-service.fr)

3.3 million visits
5.4 million page views

[joueurs-info-service.fr](https://www.joueurs-info-service.fr)

8.5 million visits
16 million page views

[choisirsacontraception.fr](https://www.choisirsacontraception.fr)

1.6 million visits
6.9 million page views

[onsexprime.fr](https://www.onsexprime.fr)

839,943 visits
1.6 million page views

[info-ist.fr](https://www.info-ist.fr)

294,447 visits
848,575 page views

[sexosafe.fr](https://www.sexosafe.fr)

887,272 visits
1.4 million page views

[questionsexualite.fr](https://www.questionsexualite.fr)

(available online since 2021)

FOCUS ON 3 PUBLICATIONS

La Santé en action

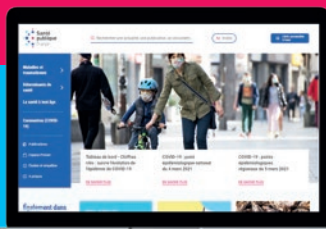


La *Santé en action* is a quarterly journal providing information, reflection and support for action on preventive healthcare, health education and health promotion.

Published by Santé publique France, this 52-page magazine is aimed at healthcare, social care and education professionals.



To read or review
all our publications:
visit our website



santepubliquefrance.fr

The *BEH* – Weekly epidemiological bulletin



The *BEH*, released on Tuesdays, is a peer-reviewed journal edited by Santé publique France, which publishes articles submitted by all public health stakeholders. An editorial committee, made up of members of the agency and external members, defines the editorial approach, guarantees the scientific quality of the content and ensures the consistency of the topics addressed. It also ensures compliance with the ethical, legal and regulatory provisions governing the studies presented. The journal is published under the moral and legal responsibility of the publication director, the Chief Executive of Santé publique France.

Article of the month

Santé publique France uses multiple channels for disseminating knowledge and international scientific journals in particular. The agency publishes more than 200 scientific articles every year, from general public health, preventive healthcare and health promotion journals, to journals specialising in its areas of intervention. Each month, an article is highlighted, whether this is due to the new knowledge it provides, its originality or its connection with current issues.

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