



**RÉPUBLIQUE
FRANÇAISE**

*Liberté
Égalité
Fraternité*



2024

DECEMBER 2023

WORK PROGRAMME

Abbreviations

AIS	Alcohol helpline <i>Alcool Info Service</i>
Albane	Health, Biomonitoring, Food and Nutrition Survey
ANRS-MIE	ANRS-Emerging Infectious Diseases
ANSES	National Agency for Food, Environmental and Occupational Health and Safety <i>Agence nationale de sécurité sanitaire de l'alimentation, de l'environnement et du travail</i>
ANSM	National Agency for the Safety of Medicines and Health Products <i>Agence nationale de sécurité du médicament et des produits de santé</i>
ARI	Acute respiratory infections
ARS	Regional health agency <i>Agence régionale de santé</i>
ASV	Community health workshop <i>Atelier ville santé</i>
AT-MP	Workplace accidents and occupational illnesses <i>Accidents du Travail et des Maladies Professionnelles</i>
BEH	<i>Bulletin épidémiologique hebdomadaire</i> (weekly epidemiological journal published by Santé publique France)
BSP	Bulletin de santé publique (public health bulletin published by Santé publique France)
CED	Ethics and Professional Conduct Committee <i>Comité d'éthique et de déontologie</i>
CEM	Crop-exposure matrices
CFTI	Collective food toxin infection
CLS	Local healthcare contract <i>Contrat local de santé</i>
CNAM	Conservatoire national des arts et métiers (National Institute for Industrial Design Technology)
CNDP	National Public Debate Committee <i>Commission national du débat public</i>
CNR	National reference centre <i>Centre national de référence</i>
COD	Guidance and Dialogue Committee <i>Comité d'orientation et de dialogue</i> (Santé publique France governing body)
COSET	Cohorts for work-related epidemiological monitoring
CoviPrev	Survey to monitor changes in behaviour and mental health during the COVID-19 epidemic
CS	Scientific Committee <i>Conseil scientifique</i> (Santé publique France governing body)
DALYs	Disability-adjusted life years
DGESCO	Directorate General for School Education <i>Direction générale de l'enseignement scolaire</i>

DGOS	Directorate General for Healthcare (Ministry of Health) <i>Direction générale de l'offre de soins (ministère de la santé)</i>
DGS	Directorate General for Health <i>Direction générale de la santé</i>
DIS	Drugs Info Service <i>Drogues Info Service</i>
DROM	French overseas departments and regions <i>Départements et régions d'outre-mer</i>
ECDC	European Centre for Disease Prevention and Control
ED	Endocrine disruptor
EFSA	European Food Safety Authority
EHESP	École des hautes études en santé publique (French School of Public Health)
EHPAD	Nursing home <i>Établissement d'hébergement pour personnes âgées dépendantes</i>
EHS	Exceptional health situations
EMERGEN	SARS-CoV-2 variant genome monitoring systems
Enabee	National study on child well-being
Enclass	National survey of adolescents in secondary schools and colleges on health and substance use
ENP	National Perinatal Survey <i>Enquête nationale périnatale</i>
ENTRED	National Representative Sample of Diabetic People <i>Échantillon national témoin représentatif des personnes diabétiques</i>
EPIFANE	National epidemiological study of the diet and nutritional status of children during their first year of life
ERAS	Health-sexuality-prevention survey <i>Enquête "Rapport au sexe"</i>
ERP	Enterprise resource planning
ESMS	Long-term care facility <i>Établissements et services médico-sociaux</i>
ESSPOL	Study on the health status and perceived health of populations living near a potentially polluted site in the Grand Est region
Esteban	Health study on the environment, biomonitoring, physical activity and nutrition
EU4Health	European Commission funding programme
Fideli	Files on housing and individual demographics
FNASAT	National Federation of Associations in Support of Gypsies and Travellers <i>Fédération nationale des associations solidaires d'action avec les Tsiganes et les Gens du voyage</i>
GD4H	Green data for health
Géodes	Dynamic web platform hosting most of the public health indicators produced by Santé publique France
HAS	National Health Authority <i>Haute Autorité de santé</i>
HCSP	French High Council for Public Health <i>Haut Conseil de la Santé Publique</i>

HERA	Health Emergency Response Authority
HL	Health literacy
HLIs	Home and leisure injuries
IANPHI	International Association of National Public Health Institutes
ICAPS	Interventions on physical activity and sedentary behaviour among adolescents
IDEA	International Applied Epidemiology Training Course <i>Cours international d'épidémiologie appliquée (EHESP)</i>
INCa	National Cancer Institute <i>Institut national du cancer</i>
INRS	National Research and Security Institute <i>Institut national de recherche et de sécurité</i>
INSERM	National Institute of Health and Medical Research <i>Institut national de la santé et de la recherche médicale</i>
JEM	Job-exposure matrices
JIS	Gambling helpline <i>Joueurs Info Service</i>
MEAE	Ministry for Europe and Foreign Affairs <i>Ministère de l'Europe et des Affaires étrangères</i>
MSA	Mutualité sociale agricole (social security organisation for agricultural workers)
MSD	Musculoskeletal disorders
NRBC	Nuclear, radiological, biological, chemical
NRBC-E	Nuclear, radiological, biological, chemical, explosive
OD	Occupational diseases
OECD	Organisation for Economic Cooperation and Development
OPG	Olympic and Paralympic Games
ORS	Regional health observatory <i>Observatoire régional de santé</i>
PARC	Partnership for the Assessment of Risk from Chemicals
PNACC	National Plan for Adaptation to Climate Change <i>Plan national d'adaptation au changement climatique</i>
PNNS	National Nutrition and Health Plan <i>Plan national nutrition santé</i>
PPS	Health promotion and disease prevention <i>Prévention et promotion de la santé</i>
PrEP	Pre-exposure prophylaxis
PreviST	National prevalence survey on sexually transmitted infections
PRS	Regional health plans <i>Plans régional de santé</i>
PS	Psychosocial skills
PST	Occupational health plan <i>Plan santé travail</i>
PUA	Proper use of antibiotics
QHIA	Quantitative health impact assessment

QIE	Quality of interior environments
RNSP	National public health network <i>Réseau national de santé publique</i>
RSV	Respiratory syncytial virus
SAGA	Active surveillance of persons exposed to an outbreak of highly pathogenic avian influenza in a professional context
ScoT	Territorial cohesion model <i>Schéma de cohérence territoriale</i>
SESSE	Epidemiological health surveillance of the unemployed <i>Surveillance épidémiologique de la santé des personnes sans emploi</i>
SESSTIM	Joint research unit for economic and social sciences in health & medical information processing <i>Unité mixte de recherche Sciences économiques et sociales de la santé & Traitement de l'information médicale</i>
SICAPRO	Surveillance of work-related cancer incidence <i>Surveillance de l'incidence des cancers en lien avec l'activité professionnelle</i>
SI-DEP	National Information System for Population Screening <i>Système d'Information de dépistage populationnel (national)</i>
SIH	Social inequalities in health
SI-SAMU	Medical Emergency Service Information System <i>Système d'information du service d'aide médicale urgente</i>
SNDS	National Health Data System <i>Système national des données de santé</i>
STI	Sexually transmitted infection
STIH	Social and territorial inequalities in health
SUM'EAU	Microbiological monitoring of wastewater
SurSaUD®	French surveillance system for medical emergencies and deaths <i>Système français de surveillance sanitaire des urgences et des décès</i>
TBE	Tick-borne encephalitis
TIS	Tobacco helpline <i>Tabac Info Service</i>
Unicef	United Nations International Children's Emergency Fund
VigilanS	Post-hospital surveillance scheme for suicidal people over a six-month period
WHO	World Health Organization
WOAH	World Organisation for Animal Health
YLD	Years lived with disability
YLL	Years of life lost

Work Programme 2024

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Introduction

The general goals of Santé publique France are reflected in the 2024 work programme, for which this document provides a summary and an illustration of the projects.

It aims to ensure **a reactive and appropriate response to the health threats** facing our fellow citizens throughout the country, **together with access to individual or collective mechanisms that promote more health-friendly environments and behaviours** for all.

This challenge falls within **a context of global climate, environmental and social changes** – those already visible and those on the horizon – requiring forward-planning in terms of their effects on health, with the aim of mitigating impacts and adapting populations to new risks.

Likewise, our principals, partners and stakeholders have high expectations, both at national and territorial level, which demands **Santé publique France to respond with an agile organisation**, while strengthening expertise and decision-making support capabilities, particularly in 2024, a year marked by the preparation and hosting of major sporting events.

Lastly, achieving these objectives requires **close collaboration between the different stakeholders**, data producers, decision-makers, health professionals, elected representatives, associations and citizens, at both national and international level. Therefore, this work as a whole will be carried out focusing on a public health continuum, in collaboration with the other stakeholders working in this field, following the principles of prioritisation, resource reallocation and pooling of knowledge.

The 2024 work programme is part of this global trajectory, and is being integrated into strong and cross-disciplinary strategic approaches: **excellence** in expertise, **openness** to all components of society and **innovation** in all its dimensions, including organisational aspects. Several major areas of development will thus be underway in 2024, in line with the work already initiated.

First of all, a strong commitment to **leading and strengthening monitoring and surveillance systems**, notably by pursuing an integrated surveillance approach for the prevention of winter epidemics such as influenza, RSV and COVID-19, coupled with a dynamic of innovation and partnership with research, such as with the EMERGEN Consortium, in close collaboration with ANRS-Emerging Infectious Diseases, and the roll-out of the Sum'EAU wastewater surveillance scheme, in conjunction with ANSES.

As part of a general modernisation strategy, the agency also undertakes to continue efforts to update its information systems in order to improve its operational efficiency and its responsiveness to health emergencies. This will notably concern the development of a new information system for the Healthcare Reserve emergency workforce.

With the aim of reducing risk factors and developing health-friendly environments, the agency has adopted a “One Health” approach. This will help achieve the objectives of major national or regional plans (PNSE4, PST4, PNNS, PNACC, Chlordecone Plan, regional health plans), within the context of close collaboration with numerous partners (CNAM, ANSES, INCa, ANSM, INERIS, ADEME, Météo France, etc.).

The year of 2024 will thus see the launch of the pilot phase of the **Albane survey**, a joint survey project on food, nutrition, health and biomonitoring, in collaboration with ANSES, together with the second edition of the **Kannari study** on population exposure to chlordecone in the Antilles, and the revised edition of the **Santé publique France Health Barometer survey**.

As part of the “One Health” perspective, the challenge of cross-referencing data is also crucial to having a more in-depth understanding of the links between exposures, including living environments, various risk factors and their health impacts. The methodological approaches promoted by the rise of digital technologies are, in this context, major drivers for innovation being adopted by the agency in order to improve its action, particularly through collaborations with partners such as *GreenData For Health* and *Health Data Hub* with a view to contributing to predictive analysis work in support of decision-making.

This involves accurately characterising exposures and assessing their impact on health, both at local and national level, with the aim of estimating the burden on public health, then ultimately making an active contribution to the roll-out of effective prevention strategies, adapted to the context and in line with the needs of the population, particularly the most vulnerable. Priorities for 2024 include specific actions to promote **mental health** and support families during their child’s **first 1,000 days**.

In 2024, with a view to changing knowledge, attitudes and behaviours, together with the social representations of populations, Santé publique France will roll out **social marketing** measures that will complement other forms of public health interventions, including the agency’s support for the development of **psychosocial skills** that are essential for decision-making, communication, relationship and emotion management, and thus contribute to better health. At territorial level, this approach will provide **support for territorial stakeholders** through knowledge sharing, skill strengthening, and the development of local actions as close as possible to the public, particularly the most vulnerable, thereby helping to reduce social and territorial health inequalities.

The agency will thus support the implementation of prevention assessments, notably by offering resources intended for vulnerable populations.

In 2024, Santé publique France will also continue working on contributions to the **evidence-based programme register**, with the aim of facilitating access for territorial decision-makers and project managers to a catalogue of evaluated health promotion and disease prevention interventions. This approach also contributes to the strategy for **assessing the economic health impact** of specific interventions by calculating the return on investment for registered projects, as was the case for tobacco and the Nutri-Score in 2023.

The provision of **reference scientific information that is accessible and relevant**, using its communication tools and by strengthening the **Open DATA** strategy, is also a major driver for the agency, which aims to better integrate population and geographical approaches while proposing reporting methods adapted to all user profiles. In 2024, this will result in the roll-out of a new open data platform, which aims to elicit greater public uptake of the agency’s indicators.

The implementation of this ambitious work programme will be based on the excellence and commitment of the men and women who make up the Santé publique France collective. I would like to thank them in advance.

Dr Caroline Semaille
Managing Director, Santé publique France

Challenge

Anticipation, preparedness and response to public health threats including epidemics

“Ensuring a reactive and appropriate response to health threats”

Anticipation, preparedness and response to large-scale health threats are the core missions of Santé publique France. Its combined capabilities for monitoring, alert and response allow the agency to anticipate and ensure a reactive and appropriate response to the health threats facing populations, at all territorial levels, whether in a singular health emergency, an exceptional health situation or a crisis.

These challenges take place in a context where partners and stakeholders have high expectations, both at national and territorial level, requiring agile organisation within Santé publique France in response. Several major areas of development will thus be underway in 2024, in line with the work already initiated.

The agency will first focus on **strengthening its surveillance and alert systems**, notably by pursuing an integrated surveillance approach for the prevention of winter epidemics such as influenza, RSV and COVID-19. This approach encompasses the development of vaccine coverage monitoring, continued work on vaccine efficacy and gaining a better understanding of vaccine hesitancy. The agency will also remain heavily involved in the distribution of SARS-CoV-2 vaccines. Anticipating the emergence of infectious diseases, including zoonotic influenzas, is also a priority objective, involving the development of *ad hoc* protocols and continued capability for reactive responses to various infections, such as arboviruses (West Nile, dengue) or foodborne and respiratory infections. This is particularly important given the significant increase in reports and clusters to investigate in line with new legislation.

At the same time, the agency will work to **strengthen its expertise with a view to supporting decision-making**. It will notably continue to review its surveillance systems that are designed to issue health alerts and produce the necessary data and expertise to develop and implement health policies. The agency is pursuing its partnership efforts, based on its ability to interact with all its partners and to rely on structured and efficient networks to carry out its missions. This includes partnerships with the network of national reference centres for microbiological expertise and the network of national missions for the surveillance and prevention of healthcare-associated infections and antibiotic resistance, both renewed in 2023.

In addition, redefining the terms for calling upon the Healthcare Reserve and the conditions for releasing health resources, in conjunction with the ministerial services, is a key priority to ensure the effective and rational use of available resources in the event of a health threat.

As part of a general modernisation strategy, the agency also undertakes to continue its efforts to **update its information systems** in order to improve its operational efficiency and its responsiveness to health emergencies. The overhaul of the Healthcare Reserve information system is an essential requirement to ensure optimal management of a major health crisis, by offering a centralised management tool covering the entire chain, from initial commitment to effective mobilisation on the ground.

The agency will also maintain its **dynamic for innovation by consolidating its surveillance and research partnership activities** via the EMERGEN Consortium, in close collaboration with ANRS-Emerging Infectious Diseases. This initiative aims to establish a national genomic surveillance system that actively supports surveillance and research activities in the field of emerging infectious diseases. Furthermore, Santé publique France will continue to develop wastewater surveillance by incorporating standard indicators from wastewater treatment plants. It will continue to expand this system on a national scale throughout the country, in conjunction with the relevant partners.

In the field of **mathematical modelling but also data processing**, the agency will draw on the lessons learned from the COVID crisis by pursuing a structural project for a modelling network to support public decision-making. The aim of this initiative is to cover a wide range of themes, starting with infectious diseases along with chronic diseases, and ultimately the cross-disciplinary sector on the evaluation of health promotion and disease prevention schemes.

Lastly, the supranational dimension is of paramount importance, marked by the agency's involvement in several structural projects such as the EU4Health programme, for strengthening our surveillance capabilities (see "Digital technology in public health" challenge) or the PARC project on the evaluation of risks related to chemical substances (see "Environmental health" challenge). The agency also works with international organisations such as WHO (World Health Organization), ECDC (European Centre for Disease Prevention and Control) and HERA (European Health Emergency Response Authority). Santé publique France is also an active member of IANPHI (International Association of National Public Health Institutes).

Lastly, the hosting of the Paris Olympic and Paralympic Games in 2024 will be a major event that will mobilise all the agency's skills, expertise and infrastructures, across the whole continuum from surveillance to prevention and response. A specific internal organisation has already been set up to coordinate all associated work and liaise with the stakeholders.

Objective 1. Contribute to assessing all risks, particularly through the coordination and strengthening of monitoring and surveillance systems

The agency contributes to risk assessment through its monitoring and surveillance systems aiming to anticipate threats and support the introduction of management measures necessary to protecting public health. It will notably continue its actions on the surveillance of acute respiratory infections. It will also focus its efforts on strengthening comprehensive and early surveillance of vector-borne diseases which warrant particular attention due to their unprecedented resurgence, including in European France.

Projects/Activities	Deliverables	Due dates
Surveillance, monitoring and alert activities in the field of infectious diseases	International monitoring reports	Dec.-24
	Daily alerts bulletin files	Continuous
	Publication of indicators online via Géodes	Dec.-24
	Routine surveillance via the syndromic surveillance system	Continuous
	Regular transmission of surveillance data from France to international partners (ECDC – TESSY, WHO, WOAH)	Dec.-24
Consolidation of the Laboratory Strategy for the surveillance of infectious diseases	Genomic surveillance of infectious diseases and associated microbiological expertise via the CNR network	Continuous
	Continuation of the EMERGEN project in conjunction with ANRS-Emerging Infectious Diseases	In 2024
	Monthly and regional EMERGEN newsletter and updating of the SpFrance website	
	Zoonotic influenza protocol	
Zoonotic influenza: surveillance and expertise	Automation of the production of monitoring indicators	June-24
	Investigation monitoring indicators (SAGA - Active surveillance of persons exposed to an outbreak of highly pathogenic avian influenza in a professional context)	June-24
Surveillance of diseases covered by the NRBC and threat agents	Transmission of data to the ECDC (Tessy), EFSA, WOAH and WHO, anthrax, tularaemia	May-24
	Publication of the results of the tularaemia seroprevalence study	Nov.-24
Surveillance and prevention of antibiotic resistance and healthcare-associated infections (HAI)	Management of national HAI-PUA missions	
	Summary of HAI reports	Feb.-24
	Contributions to Regional Infectious Risk Prevention Days and National Reporting Days	Sept.-24
	Surveillance of antibiotic consumption in community sector: articles and publication of indicators via Géodes	Nov.-24
	National surveys on the prevalence of HAI and AI treatments in healthcare institutions	In 2024
Food-borne infections	Bacterial infections	
	Analysis of sporadic cases of paediatric HUS 2012-2021	March-24
	Publication of data via Géodes	Oct.-24
	Documentation update on the SpFrance website: Listeria, paediatric HUS, typhoid and paratyphoid fever	Oct.-24
	Annual surveillance data report	Oct.-24
	Parasitic infections	
	Publication of the results of the study on hospital data for echinococcosis (alveolar and cystic)	March-24
	Publication of data on alveolar echinococcosis via Géodes	Sept.-24
	Publication of toxoplasmosis seroprevalence data in pregnant women (2021 National Perinatal Survey)	Oct.-24
Surveillance and detection of emerging diseases, risk assessment and prevention of vector-borne diseases in metropolitan France and French overseas territories	Vector-borne diseases transmitted by mosquitoes	
	Introduction of a Mayaro and Oropouche surveillance system in French Guiana	Feb.-24
	Tool kit for investigation of emerging diseases, update	June-24
	Publication of the dengue seroprevalence study in Mayotte	June-24
	Annual transmission of arbovirus indicators to Géodes	June-24
	Annual arbovirus surveillance report/summary	Dec.-24
	Surveillance, studies and expertise of vector-borne diseases transmitted by ticks and other vectors (excluding mosquitoes)	

Projects/Activities	Deliverables	Due dates	
	Tick-borne encephalitis (TBE) co-exposure study	Sept.-24	
	Updating of Lyme disease documentation	Sept.-24	
	Analysis of data from the 2024 Health Barometer survey (Lyme disease and ticks)	Dec.-24	
	Results of the Sentick study (tick bites in general practice)	Dec.-24	
	Vector-borne and emerging parasitic diseases		
	Article on the surveillance of indigenous malaria in metropolitan France	March-24	
	Annual revision of health recommendations for travellers (HCSP/DGS/Santé publique France)	June-24	
	Communication: Participation in African no. 1 radio show on tropical infectious diseases risk (malaria, arboviruses, bilharzia, etc.)	June-24	
	Guide to the epidemiological investigation of indigenous malaria	June-24	
	Malaria Epidemiological Updates Mayotte, French Guiana	Continuous	
	Surveillance of CFTI and investigation of food-borne epidemics	Transmission of CFTI mandatory report data to the European authorities (EFSA)	May-24
Publication of 2023 data online via Géodes		Nov.-24	
Annual report on CFTI		Nov.-24	

Projects/Activities	Deliverables	Due dates
Acute respiratory infections		
Surveillance and expertise	Responses to referrals concerning ARI	2024
	Contribution to ECDC projects on the surveillance of SARI (VEBIS studies): Annual report	May-24
	ARI assessment — Influenza/COVID and RSV season	June-24
	2023-2024 COVID-19 surveillance data vs. previous seasons	June-24
	Virological surveillance of ARI in community medicine: SurVSOS study report	June-24
	Annual review of the 2023-2024 influenza epidemic	Dec.-24
	Weekly reports of serious cases in intensive care	Dec.-24
	Weekly ARI reports in residential care facilities and services (ESMS)	Dec.-24
Burden of acute respiratory infections (SARS-CoV2, influenza viruses, RSV)	Modelling of mortality attributable to influenza, RSV and COVID-19 over the period 2013-2023	Jan.-24
	Estimated mortality avoided by influenza vaccination over the period 2013-2019 in France	Oct.-24
	Contribution to the work of the National Health Authority (HAS) on RSV, influenza and COVID-19	Dec.-24
	Estimates of the number of deaths attributable to influenza, RSV and COVID-19 in real time during the 2023-24 winter season.	Dec.-24
	Burden of RSV and RSV-associated bronchiolitis	Dec.-24
	Impact of monoclonal antibodies on the number of cases of bronchiolitis avoided	Dec.-24
	Impact of preventive treatments for RSV	Dec.-24

	Predictive model of bronchiolitis and influenza epidemics	Dec.-24
Microbiological surveillance of wastewater (SUM'EAU)	Continuation of investigations in connection with the Ministry and ANSES	2024
Prevention of ARI	Publication of the monthly newsletter on infections Creation of RSV prevention tools Updating of VIS pages related to ARI Continuation of COVIPREV and transition to "IRAPREV"	In 2024
Studies	<p>Estimation of the prevalence of long COVID in the general adult population in metropolitan France: report and article</p> <p>Estimation of the prevalence of post-COVID-19 disease and impact on healthcare use, mental health and quality of life in metropolitan France: articles</p> <p>Identification of the impact of the COVID-19 pandemic on people with chronic diseases:</p> <ul style="list-style-type: none"> • Use of the database and production of anxiety indicators among individuals with NCDs during the crisis 	2024

Objective 2. Review and strengthen the preparation and response mechanisms

Santé publique France oversees the revision and strengthening of the preparedness and response systems allowing it to be constantly ready to mobilise resources and adapt response strategies to changing threats. A continuous improvement process has been introduced, based on the analysis of feedback and the implementation of crisis exercises. This iterative approach aims to continuously optimise the agency's ability to face a variety of public health challenges, while maintaining a high level of preparedness and response.

2024 will include participation in the reform of the healthcare reserve employment framework and in the work to revise the policy on strategic stock creation, in collaboration with the Ministry.

Projects/Activities	Deliverables	Due dates
Improve Santé publique France's response to exceptional health situations (EHS)	Several deliverables are planned corresponding to tools that can be mobilised in the event of an EHS (e.g. definition of an inter-organisation operational unit and operating charter; lists of relevant health effects/indicators to be collected and associated extraction procedures; various investigation protocols and associated questionnaires)	2024
Produce daily indicators in response an alert and/or crisis situation	Knowledge summary	Dec.-24
	Daily and weekly morbidity and mortality surveillance reports, dashboards and SurSaUD® surveillance bulletins in the event of an exceptional event	Sept.-24
	Monthly epidemiological update on mental health	Sept.-24
	Daily summary of indicators during the 2024 OPG	Sept.-24

Projects/Activities	Deliverables	Due dates
Pharmaceutical establishment	Strategic stock management Participation in the review of the policy on strategic stock creation, in conjunction with the Ministry Creation of health product kits for the Ministry for Europe and Foreign Affairs (MEAE) Preparatory work for the acquisition of an ERP (Enterprise Resource Planning) system for the pharmaceutical establishment	In 2024
Healthcare reserve	Participation in work to reform the healthcare reserve employment framework, in conjunction with the Ministry Adaptation of the organisation and operation of the healthcare reserve – development of the information system Training system for healthcare reservists	In 2024

Objective 3. Strengthen expertise and decision-making capacity

In 2024, the agency will focus on strengthening its expertise and decision support capacity, aiming to provide decision-makers with reliable expertise to inform their choices in terms of public health. This initiative is part of a response adapted to the local context, taking into account specific territorial characteristics in the response to health events.

Projects/Activities	Deliverables	Due dates
Strengthening expertise and decision-making support	SpFrance's participation in the work of the SGDSN on national plans in conjunction with the Ministry of Health Contributions of the expert committee on territorial health resources in an exceptional health situation	In 2024

This strengthening objective will also focus on structuring a modelling network. This system will aim to define collaborations with modelling teams, to allow a reactive response to the needs of public health authorities. The first phase of this project will involve defining the outlines of an initial collaboration within the scope of infectious diseases.

Projects/Activities	Deliverables	Due dates
Structuring a modelling network aiming to promote the role of mathematical modelling work in public health decision-making	Creation of a first partnership	In 2024

Objective 4. Structure the agency’s actions to prepare for “major events”

“Major events”, although diverse in nature, are often recurrent and generally present similar issues. The agency has established a reference methodological framework to guide its actions from this perspective. This approach allows it to contribute to the operational preparedness, roll-out and feedback organised at the end of these major events.

Coordinated by the Alert and Crisis Division, a cross-disciplinary organisational system allows these efforts to be effectively coordinated, resulting in the production of varied deliverables located across the entire public health continuum, from surveillance to prevention. This work represents a collective mobilisation of all business and support divisions within the agency.

The hosting of the Olympic and Paralympic Games in Paris will be a particularly noteworthy event in 2024, representing a real challenge in terms of surveillance and response to health events, due to the large populations involved, their duration and the period in which the events take place.

Projects/Activities	Deliverables	Due dates
2024 Olympic and Paralympic Games (OPG)	Cross-disciplinary internal coordination	2024
	Strengthening or introduction of additional surveillance sources or systems, as required Adaptation of heat-wave prevention tools to the context of the Olympic Games Daily summary of indicators during the 2024 OPG Strengthening of international monitoring, in conjunction with the ECDC Mobilisation of the CNR network for infectious surveillance and coordination with the EMERGEN initiative New campaign on sports betting “ <i>Parier, c’est pas rien</i> ” and its assessment	In 2024
	Feedback	Dec.-24

Focus

Paris Olympic and Paralympic Games

An event of exceptional magnitude and a public health challenge

In the summer of 2024, France will host the Paris Olympic and Paralympic Games (OPG 2024), which will take place in France from 26 July to 8 September 2024. The competitions will take place in several regions, with a high concentration of events in the Île-de-France region.

During this event, a massive influx of visitors is expected on French territory, with – as of October 2023 – estimates of 15,000 athletes from 206 nations, 20,000 journalists, 50,000 seasonal or volunteer workers, together with several million spectators from France and other countries (10 million tickets for the Olympic Games and 2.8 million for the Paralympic Games, issued by the Organising Committee for the Paris 2024 Olympic Games).

According to Santé publique France, an international event of exceptional magnitude requires it to step up its health risk surveillance and monitoring activities for all populations present on French territory. Risk prevention, such as risks related to extreme heat and heat-waves, together with the dissemination of prevention messages, are also major challenges. Santé publique France can also provide an operational response through strategic stocks of health products or the healthcare reserve.

In this type of event, health risks may be increased due to:

- concentration of large crowds in the same place at the same time (promoting the spread of diseases with epidemic potential or the risk of injury related to crushes);
- creation of temporary collective reception/catering facilities which, if hygiene conditions are inadequate, could lead to CFTI (collective food toxin infections);
- exposure of more people to environmental risks;
- import of diseases usually not present in the territory;
- population movements, diversity of languages or healthcare practices, which can make it difficult to implement prevention/control measures within this population;
- potential occurrence of malicious actions targeting the event;
- increase in the population likely to use healthcare resources, with the risk of possible saturation of healthcare facilities potentially delaying treatment;
- possible shortage of certain medicinal products sold in community pharmacies.

Cross-disciplinary mobilisation

Convened by the Ministry of Health and Prevention on 26 January 2022, Santé publique France is mobilised to prepare, in collaboration with its partners, for a summer period that will require greater vigilance and responsiveness to health requests.

Santé publique France is organised based on coordination by the Alert and Crisis Division; however, all divisions within the agency are involved, on three dimensions:

- a strategic dimension combining general management, which validates the roadmap for the 2024 OPG with regard to all of the agency's activity programmes;

- a management dimension which includes all divisions within the agency, notably thanks to OPG advisers, allowing expert decision-making, monitoring of work carried out in connection with the OPG and information sharing;
- a technical expertise dimension which calls on experts from different fields:
 - health monitoring with a view to developing and revising the monitoring and surveillance protocol for the OPG and the definition of feedback;
 - prevention with a view to adapting our actions and messages to the specific challenges of the OPG and the population;
 - our information systems in order to analyse the potential risks arising and implement appropriate reinforcement measures;
 - communication to provide information on the agency's preparedness for the OPG and ensure the agency's response and role as a mouthpiece as required;
 - operational response, with pharmaceutical establishments increasing strategic stocks of health products, able to be mobilised at the request of the State, together with healthcare reservists able to be mobilised in the event of an exceptional health situation.

In order to ensure its response capability throughout the OPG period, Santé publique France has added 7 dedicated reinforcements to its teams. Mobilising an internal pool and training officers will also strengthen the agency's critical activities during the Games, together with its ability to detect, alert, analyse and investigate, while ensuring continuity of the agency's activities.

Strengthening expertise in public health

Preparation for surveillance during the OPG must draw on the experience of our predecessors, the agency's expertise in major gatherings (2023 Rugby World Cup, 2023 Rouen Armada, Euro 2016, etc.), together with customary and new partnerships.

As part of its missions, Santé publique France is thus involved in updating the health risk map in conjunction with the associated stakeholders. In collaboration with the Ministry of Health and Prevention and various stakeholders such as Paris 2024, it contributes to the continuum of health surveillance on the populations in its territory. The agency plays a role in strengthening existing surveillance systems, which will remain fully functional during the OPG (e.g. overhaul of the Sursaud information system – health surveillance system for emergencies and deaths – or work on the transition to electronic reporting of high-risk diseases with mandatory declaration in view of the OPG).

Santé publique France is also taking advantage of the hosting of the OPG to enhance public health surveillance, through partnerships such as with the Paris Fire Brigade and the ECDC for international monitoring, and via new data collection systems (such as with SI-SAMU and the opportunity to partner with approved civil security associations).

Since it can be mobilised at all times, Santé publique France is involved in identifying capability in terms of health resources (e.g. strategic stocks of health products or mobilisation of the healthcare reserve), together with discussions on identifying the necessary additional health resources and their territorial implementation, with events also taking place in the south of France and in overseas territories.

In the field of prevention, Santé publique France identifies the preferential themes and actions for 2024 (e.g. physical activity, sports betting, heat wave), notably based on the scientific literature. In collaboration with the Ministry of Health and Prevention and Paris 2024, Santé

publique France agrees on priority prevention messages, dissemination and alert channels, for example on risks related to heat waves.

Drawing on its experience from previous major gatherings, such as Euro 2016 or feedback from the 2023 Rugby World Cup, Santé publique France will help enrich scientific knowledge surrounding public health issues associated with this type of event, such as the 2024 OPG, which will leave a lasting legacy in the field of public health (knowledge, feasibility of new surveillance systems, partnerships).

Challenge

Digital technology in public health

“Enhance our efficiency and impact on public health by leveraging the possibilities offered by digital technology”

Digital technology in public health refers to the use of digital technology for data acquisition, processing, analysis and reporting. It also includes the use of computer applications allowing information to be transmitted to the general public and decision-makers (Géodes platform, for example). Some of the digital applications in health promotion and disease prevention are presented under the challenge “Prevention strategy, social marketing and population-based approach”.

Digital technology also incorporates innovative approaches to data processing, analysis, reporting and display, and provides modelling capabilities that are useful for decision-making.

While the COVID crisis has, in a way, been able to promote major improvements enabling a rapid and appropriate response to the early detection and monitoring of health risks, recent health events (monkeypox epidemic, heat waves, increase in the number of arbovirus cases in European France, clusters of non-communicable diseases) have also highlighted the population’s expectations of having reliable and transparent information allowing each citizen to better understand the scale of the phenomenon and its impact on health, and to access prevention measures based on the most up-to-date knowledge and data. For the agency, and for public health, this is a crucial challenge for understanding and, ultimately, acceptance among the general public of the measures implemented in response.

Hence, to meet these long-term surveillance and prevention challenges, the agency uses several action mechanisms.

With regard to the production of indicators useful for expertise and support for public decision-making, Santé publique France contributes to the roll-out of changes to information systems in order to support:

- the reporting of laboratory test results (SIDEPE extended to influenza and RSV tests, Laboé-SI project in conjunction with the Ministry of Health and Prevention);
- the strengthening of the IT application underpinning non-specific surveillance carried out by the agency (SurSaUD);
- the improvement in epidemiological surveillance in near real-time in hospitals (project covered by an EU4HEALTH grant);
- the matching of health data with socio-environmental data (collaboration with *Green Data for Health* [GD4H], use of EDP-Santé);
- advocacy for greater use of electronic death certification for near real-time surveillance of mortality.

In addition to adopting new technologies, **Open DATA** is also a major driver for the agency's action in the digital sector. The reflection process initiated in 2023, which aims to better integrate population-based and geographical approaches, to offer reports adapted to all user profiles and to improve their reporting methods (Géodes, InfoCovidFrance, data.gouv.fr). Discussions will therefore continue in 2024 with the roll-out of a new open data platform, aiming

for better uptake by the general public of indicators produced by the agency through more varied reports.

The methodological approaches promoted by the rise of digital technologies are also major drivers for innovation which the agency must seize upon in order to improve its action. Our collaborations with partners such as *GreenData For Health*, attached to the Ministry for the Environment, the *Health Data Hub*, etc. will be used along these lines for collective reflection on the application of artificial intelligence methods to generate hypotheses on the links between environment and health, for example, and to feed into predictive analysis work with a view to supporting decision-making.

Achieving these objectives requires close collaboration between the different stakeholders, data producers, decision-makers, health professionals, elected representatives, associations and citizens, at both national and international level. This is illustrated, for example, by the agency’s involvement in the response to ECDC European grants and the European project EU4HEALTH which aims to help Member States to: 1) improve and strengthen national surveillance systems in line with the results of the UNITED4Surveillance Joint Action; 2) improve national capacities required for the development of modern, reliable and interoperable national surveillance systems.

Lastly, the Olympic Games in Paris will be a noteworthy event in 2024 which, due to their scale and duration, will require the agency to set in place strengthened and reactive surveillance at all geographical levels. The mobilisation of all surveillance networks and systems, together with the use of new data sources (SAMU, mobile telephone data), will constitute a full-scale test to trial this multi-source surveillance expanded with new collected data.

Objective 1. Strategic roll-out of new information systems to improve epidemiological surveillance in near real-time in France

Santé publique France works to set up information systems in France to collect real-time data from hospital departments (notably intensive care), laboratory data (public and private laboratories), data from residential care facilities and services and general practice data.

Projects/Activities	Deliverables	Due dates
Support the introduction of new national information systems	Analytical protocol and scope of services agreement for the integration of SAMU data: (OPG perspective) – subject to national policy on the use of SI-SAMU	June-24
Develop and implement innovative methods and tools	Application for reporting indicators on the medical causes of death	Dec.-24
	Transition to production of the application for detecting unusual events based on data from <i>Oscour</i> and <i>SOS Médecins</i>	Sept.-24
	Updating of automatic classification programs for cause of death	Dec.-24
Develop and maintain IT applications	Production launch for the new SurSaUD IT application	Sept.-24
Develop and maintain tools and processes for producing indicators on a daily basis in response to an alert and/or crisis situation	Weekly emergency department activity dashboard for the DGOS	Sept.-24

Projects/Activities	Deliverables	Due dates
Use and development of geographical exposure indicators mobilised in environmental health and occupational health studies	Seminar on AI applied to environmental health	Oct.-24

Objective 2. Improve data collection and analysis for a large number of surveillance systems, surveys and medical/administrative databases to improve the quality, precision and responsiveness of our output

To meet this strategic objective, the agency will continue its efforts on the transition to electronic surveillance systems, aiming to improve the efficiency, acceptability, responsiveness and robustness of the results produced, and on the development of data collection and analysis in near real-time. At the same time, innovative initiatives will need to be rolled out for methods and tools (algorithms, data visualisation).

Projects/Activities	Deliverables	Due dates
Develop and implement innovative methods and tools	Small domain method based on survey data: production of indicators Estimation of sub-departmental incidence based on the SNDS: production of indicators Automatic language processing: production of indicators	In 2024
Ensure data management and statistical analyses	Application of data collection and analysis: articles	In 2024
Provide support and developments in geomatics	Reference document on good practices in geocoding and fine-scale reduction	Dec.-24
	Introduction of a geographical database (administration and updating of the geographical reference systems used at the agency)	Dec.-24

Objective 3. Improve communication with citizens (open data, mobile applications, personalised prevention)

The agency's goal in this area is to introduce an open data strategy based on an in-depth understanding of the needs of the population and the scientific community. From this perspective, identifying the information needs of the population, notably through consultation with citizens, and improving literacy are priorities in the coming years. Identifying the most suitable communication channels according to the specific characteristics of each segment of the target population should also ultimately improve the relevance and effectiveness of the information made available

Projects/Activities	Deliverables	Due dates
Open the indicators and scripts produced by Santé publique France (Open data)	New instrument for reporting indicators produced by the agency	Dec.-24
Development of GIS tools for the surveillance of epidemic outbreaks of dengue and other arboviruses in French Guiana	Geocoding tools	Jan.-24
	Automated tools for detecting dengue outbreaks in French Guiana	Dec.-24

Challenge

Environmental health, climate change and working environment

“Reduce exposure and promote the development of health-friendly environments in the context of climate change”

When it comes to visible and future global climate, environmental and social changes, we need to anticipate their effects on health if we are to mitigate the impacts and adapt the population to the new risks. On a global scale, it has recently been shown that, over the past two decades, deaths associated with environmental pollution have risen by 66%¹. The main risk factors responsible for this increase are climate change, biodiversity loss and exposure to chemicals. At the European level, 1.4 million deaths per year², equivalent to at least 15% of all deaths, are caused by environmental exposures that could have been avoided or eliminated.

The SARS-CoV-2 epidemic, a zoonosis the emergence of which may be associated with the impacts of human activity on the environment, also highlights the importance of offering an integrated version of health that requires consideration of the complex interactions between the various components of our environment.

To address these challenges, Santé publique France assesses and quantifies exposure to environmental and occupational risk factors. Its goal is to estimate their burden on public health, propose interventions designed to reduce their health impacts, promote health-friendly environments following the “One Health” principle and assess the effect of the actions undertaken to achieve these objectives. In close connection to the different territories, the agency implements these objectives according to the exposure of each population, particularly in the French overseas territories, which are more vulnerable to environmental risks than metropolitan France.

As such, in 2024, Santé publique France will contribute to expanding knowledge and generating indicators concerning exposure and the health impacts of priority or emerging risk factors, in both general and work environments. The agency will attach particular importance to vulnerable populations and to the impacts of climate change. With the increasing intensity and frequency of heat waves observed in recent years, there is an unprecedented demand for greater protection and prevention to cope with such extreme episodes, which will only worsen. Beyond heat-related effects, prospective studies will be conducted to anticipate and mitigate the consequences associated with climate hazards (floods, storms, coastal erosion, fires, swelling and shrinkage of clay soils, etc.) and with their effects on overall health, including assessment of the impacts of these global changes on professional activity and the possible consequences in terms of occupational health and safety.

These studies will be carried out focusing on a public health continuum, in collaboration with the other stakeholders working in this field, following the principles of prioritisation, resource reallocation and pooling of knowledge.

Lastly, using the knowledge gained, whether internal or external, Santé publique France will develop a strategy to influence and advocate for the use of health-friendly environments at the various territorial levels of decision-making and intervention. It will also act as an interface for

¹ Fueller *et al.*, Lancet Planetary Health 2022

² WHO Europe, declaration at the conferences on the European Environment Process in Ostrava (Czech Republic), June 2017.

multi-sector, territorial, national and international alliances, particularly through the national public health network and its collaborative work with WHO or IANPHI.

The action taken by Santé publique France in response to this challenge will contribute to achieving the objectives of the 4th National Environmental Health Plan (PNSE4, *Plan national santé-environnement*) and the 4th Occupational Health Plan (PST4, *Plan santé au travail*) through various areas of action. The agency is also applying its action to other sector or theme-based plans, such as the National Plan for Adaptation to Climate Change (PNACC), the Chlordecone plan and regional health plans.

For example, in the field of surveillance, the agency maintains close links with the main producers of environmental data at national level (ANSES, Ineris) and at territorial level (approved air quality measurement associations), the *Health Data Hub* and French Biomedicines Agency, and contributes to GD4H governance. It also maintains relations with the main stakeholders in the environment and occupational health sectors at national level (Ademe, INRS, CNAM Occupational Risks Division, MSA). At international level, Santé publique France has close links with the WHO Regional Office for Europe and coordinates certain work on climate change and health within IANPHI. At European level and on the issue of chemical substances, the agency is actively involved in the PARC project (managing a work package focused on human and environmental exposures) and will be involved in the European Best-Cost project on estimating the environmental burden of chronic diseases.

Objective 1. Characterise exposure and health impacts to contribute to prevention strategies on a European, national or local level

The agency will continue to focus on gaining knowledge on environmental and occupational exposures and understanding their impact on health. In 2024, Santé publique France plans to publish several quantitative health impact studies in the field of environmental health, focusing on: 1) morbidity associated with exposure to ambient air pollution at national, regional and local level; 2) the impact of transport noise on the health of the French population; 3) exposure to air pollution near schools in connection with the Lyon and Paris communities; 4) an integrated approach to assessing health impacts for health-friendly environments (temperature, noise, air pollution, physical activity, green spaces) in connection with the Lille, Rouen and Montpellier communities.

Furthermore, Santé publique France, under the PNSE4, is responsible for an action on the assessment of the environmental burden of diseases, taking place within the scope of the challenge “Burden of diseases, effectiveness and return on investment of prevention”.

Type of studies/topics	Title (non-exhaustive list)	Due dates
Local studies on the health status of populations near industrial sites and polluted soils	Industrial sites: feasibility report for epidemiological surveillance of resident populations, protocol if applicable	June-24
	Orbiel Valley - Health study: report	April-24
	Ecological morbidity study around the Lacq industrial site (64): report	June-24
	State of health and perceived health of populations living near a potentially polluted site in the Grand Est region (ESSPOL)	2024
	Health impact of the Altéo Gardanne industrial site: Opinion	Sept.-24
Quantitative assessments of the health impact related to exposures	Quantitative health impact assessment (QHIA) on morbidity associated with exposure to air pollution in France and the Hauts-de-France region, 2017-2019: report	June-24
	Support for the implementation of an interventional QHIA for the Lyon city mobility plan: report	Feb.-25
	Environmental noise and health: QHIA Transport noise: report	Nov.-24

Type of studies/topics	Title (non-exhaustive list)	Due dates
	Quality of interior environments (QIE) and health: Pilot QHIA "Pollution near schools": local pilot study	Sept.-24
Study of the link between temperature and health	Temporal study on the link between temperature and morbidity	August-24

In the field of occupational health, Santé publique France is actively working to acquire data on occupational exposure in France, through the Matgéné and Matphyto programmes. In this context, in 2024 the agency will propose a matrix on noise exposure in the work environment, and will organise a day seminar for the 20th anniversary of the Matgéné programme, which will bring together partners who use the data produced (researchers, prevention officers and institutional stakeholders).

	Projects/Activities	Deliverables	Due dates
Matgéné	Exposure indicators in the general labour population based on job-exposure matrices (JEM)	Day seminar for the 20th anniversary of Matgéné and article on the use of matrices in public health	March-24
	Occupational exposures to noise	International article on exposure to noise	Sept.-24
	Occupational exposures to pesticides	Executive report and articles on occupational exposure to biocidal products	Oct.-24
		Publication of biocidal indicators online via Géodes	Oct.-24
		Executive report and article on occupational exposure to pesticides	Dec.-24
		Pesticides JEM accompanying guide	Dec.-24
	Occupational exposures to wood dust	Wood dust matrix accompanying guide	Dec.-24
	Occupational exposures among construction workers	Executive report and article on occupational exposure among construction workers	Sept.-24
Revision of job-exposure matrices on solvents	Oxygenated solvent JEM accompanying guide	Sept.-24	
	Publication online via Géodes and note on the revision of indicators	Nov.-24	
Matphyto	Exposure indicators in the agricultural worker population based on crop-exposure matrices (CEM)	Article: Matrix design method	March-24
		CEM cross-referencing reports: cereals/corn, potato, beetroot	June-24
		Ecophyto Glyphomat report (prevalence of exposure among agricultural and non-agricultural workers)	Sept.-24

Furthermore, the results of discussions to establish a network of partners, consisting of both matrix producers and users, will be presented. The objective behind this initiative is to identify the extent to which it is possible and relevant to pool resources and coordinate efforts around common objectives and shared needs for the production and use of matrices.

Projects/Activities	Deliverables	Due dates
Proposed scenarios for the development of a “national network of exposure matrices for workers in France”	Internal final report on the status of the matrices in France and abroad, definition of the objectives of the scheme, detailed analysis of the needs and expectations of relevant stakeholders (including feedback from key external stakeholders)	March-24

In terms of assessing exposures among the general population, the agency will launch the pilot phase of **the Albane survey, a joint survey project on diet, nutrition, health status and biosurveillance**, in collaboration with ANSES. This ambitious scheme will help achieve the missions of the two agencies and objectives of the national plans, while offering innovations allowing the use of data and production of indicators useful for monitoring the effectiveness of public policies in the fields of health, nutrition and the environment. In addition to biosurveillance and studying the links between exposure and health effects, this cross-disciplinary study will also aim to estimate food consumption in the French population and measure obesity, certain biological markers for nutritional status, attitudes and behaviours, sedentary lifestyle and level of physical activity. Certain chronic diseases and risk factors (diabetes, allergies, respiratory diseases, high blood pressure, high cholesterol, etc.), will also be covered in connection with the work conducted in the context of the “Burden” challenge.

Projects/Activities	Deliverables	Due dates
Survey on health, biosurveillance, diet and nutrition (Albane)	Implementation of the pilot study to test all dimensions of the survey	July-24

Regarding post-accident situations, Santé publique France will publish a methodological guide on the introduction of a post-accident biosurveillance study intended for decision-makers

Projects/Activities	Deliverables	Due dates
Biosurveillance system in the event of a technological accident	Publication of the final methodological guide (comprising practical information sheets)	March-24

The agency will also continue its work in overseas territories, aiming to better characterise exposures to substances such as metals or chlordecone in the West Indies.

Projects/Activities	Deliverables	Due dates
Measure Martinique and Guadeloupe population exposure to chlordecone and other environmental pollutants of interest. (KANNARI)	Report and presentation of preliminary results	June-24

Lastly, at the European level, Santé publique France will coordinate the work module of the PARC project (*Partnership for the Assessment of Risk from Chemicals*), which focuses on improving assessment methods for environmental and human exposure (WP4), in partnership

with the German Environment Agency, for submission to the European Commission. Additionally, Santé publique France will hold meetings of the national network of PARC partners, made up of a hundred or so French partners, including representatives of central administrations, scientific teams and stakeholders relevant to PARC.

Projects/Activities	Deliverables	Due dates
PARC: European project on the assessment of exposures and risks related to chemical substances	Second periodic report on standardised materials for biosurveillance surveys	May-24

Objective 2. Strengthen and modernise the systems used for monitoring, observing and preventing risks related to general and/or work environments

Santé publique France has developed several systems for monitoring diseases related to general and work environments. These systems produce indicators that are useful in prevention for general and working populations; furthermore, they contribute to estimating the environmental and occupational burden of diseases (refer to “Burden” challenge). In this respect, the agency will notably continue to develop various mechanisms for estimating the health impact of exposures to endocrine disruptors or occupational cancers (SICAPRO).

Santé publique France has also been appointed to head up an action in the PNSE4 on estimating the environmental burden of diseases. In this context, a report will be produced in the last quarter of 2024 on the feasibility of this estimate.

Projects/Activities	Deliverables	Due dates
Roll out and implementation of the surveillance strategy of the health effects and impacts of endocrine disruptors (ED)	International article: PEPS'PE results	Jan.-24
	Note on the agency's strategy on surveillance in connection with ED,	May-24
	Report: Surveillance of testicular cancer related to ED	Dec.-24
Prevention of health risks related to heat waves and extreme heat	plan for rolling out measures for preventing and adapting to extreme heat	Apr.-24
	characteristics of emergency healthcare use in connection with extreme heat	Oct.-24

Additionally, Santé publique France will continue its efforts to strengthen its surveillance systems by rolling out an experimental phase of data collection in collaboration with software publishers for the occupational diseases (OD) system. This project more broadly falls under Action 10.2 of the PST4, oriented by Santé publique France, with the Directorate for Research, Studies and Statistics (DARES) and the ANSES, towards the development of surveillance systems based on occupational medicine. Lastly, a new strategy on the mesothelioma surveillance scheme (DNSM) will be drawn up in response to the need for reorientation of this scheme.

Projects/Activities	Deliverables	Due dates
Occupational disease (OD) surveillance programme	Revision of the 2019-2022 national data report	Dec.-24
	Publication of 2020-2021 national indicators online in the WRI file and via Géodes	Dec.-24

The agency will continue its work on the surveillance of musculoskeletal disorders based on the results of the Constance and COSET cohorts. As for work-related traffic accidents, Santé publique France will again contribute to the General Directorate of Labour's annual publication on road risks.

Projects/Activities	Deliverables	Due dates
COSET: Cohorts for work-related epidemiological monitoring	Article on cardiovascular health in agricultural and self-employed workers	March-24
	COVID report on health status and socioprofessional consequences (COSET-MSA and COSET- <i>Indépendants</i>)	March-24
	Report: <i>COSET-Indépendants</i> and MSA baseline epidemiological assessment	Oct.-24
	Descriptive report on the health status of employees based on data from the Constances cohort	Sept.-25
Surveillance of musculoskeletal disorders (MSD) and environmental and work-related determinants to guide prevention	Report: Risk fractions attributable to professional risk factors in Constances, COSET-MSA and COSET- <i>Indépendants</i>	Dec.-24
	Report: Prevalence of MSD (symptoms) and professional risk factors for MSD in Constances, COSET-MSA and COSET- <i>Indépendants</i>	Dec.-24

Lastly, all the work carried out in the field of occupational health will be included in the deliberations of the committee created on the basis of Article L. 176-1 of the French Social Security Code, aiming to estimate the sum to be paid by the workplace accidents and occupational illnesses (AT-MP) branch to the sickness, maternity, invalidity and death branch of the general scheme, in order to take into account expenses borne by the latter due to occupational accidents and diseases not covered by the branch.

Projects/Activities	Deliverables	Due dates
Surveillance of work-related traffic accidents based on the centralised analysis of workplace accidents and occupational illnesses (AT-MP)	Contribution of Santé publique France to the work of the 2024 AT-MP under-reporting committee	2024
	Dashboard and "Key aspects of work-related traffic risks - 2023" planned for publication at the end of 2024	Dec.-24

Objective 3. Build strategies that advocate and appeal for health-friendly planning and development

Inspired by initiatives led abroad, the agency is working to develop a nationwide advocacy strategy for the themes of occupational and environmental health. Using a reproducible method, divided into four stages, it involves “persuading people or bodies with the necessary power to provide support for change regarding human health”. The first theme investigated for this type of work is heat adaptation in the context of climate change.

Projects/Activities	Deliverables	Due dates
Advocacy: Adapting to heat in the context of climate change	A working day bringing together different sectors, focused on key stakeholders and network heads to raise awareness of the subject among project managers and contracting authorities in the construction and urban planning sectors.	2024
Integrated approaches to health impact assessment for health-friendly environments	Quantitative assessments of health impacts of urban green spaces, active mobility, heat, air pollution and noise - Pilot study on three metropolises: report and feedback of results to the metropolises	April-24
Monitoring of the occupational and environmental health ecosystem and development of cross-disciplinary partnerships of interest	Seminar on the methods for dialogue with civil society in terms of environmental health	Dec.-24
International advocacy in environmental health	Chair of the IANPHI committee on climate change and health	2024

Challenge

Burden of diseases and their determinants, effectiveness of interventions, and return on investment of prevention

“Reduce the burden through our actions and by optimising public policies based on our indicators”

The agency's activities, carried out over several years in connection with this challenge, endeavour to define, develop and regularly offer decision-makers and stakeholders a range of robust and up-to-date indicators by promoting a cross-disciplinary approach, with the aim of effectively informing public policies. Burden of disease (BoD) is a scientific method which aims to systematically and comparatively quantify the extent of deterioration or loss of health due to disease, trauma and risk factors by age, gender and geography at a given time.

This involves developing and allowing access to reliable health metrics, including various aspects relating to burden of disease, notably mortality (years of life lost due to premature death), morbidity (years of healthy life lost), DALYs (addition of years of life lost and years of healthy life lost) and quality of life, paying particular attention to adapting them to specific populations. The challenge therefore lies not only in the ability to produce and allow access to these indicators on a regular basis, but also in mobilising and updating the data necessary for producing these indicators. These data, possibly generated by other producers, cover both mortality, life expectancy, prevalence and incidence of disease, severity or disability related to each disease, the burden of deterioration in quality of life for each disease status, and also the prevalence of exposure to risk factors. This range of indicators should ultimately be presented at regional level, or even sub-regional level where possible and relevant, or for specific populations, such as vulnerable populations, with a view to reducing social and territorial health inequalities.

In the context of the “One Health” approach, the challenge of cross-referencing data is also crucial to having a more in-depth understanding of the links between exposures, including living environments, various risk factors and their health impacts. This approach is part of a desire to precisely characterise exposures and assess their health impact, both at local and national level, and thus ultimately make an active contribution to the roll-out of effective prevention strategies, adapted to the context and in line with the needs of the population.

Regarding burden indicators, several actions will be undertaken or continued in 2024. Thus, **an international partnership with the IHME** will be set in place ultimately to produce, on a regular and automated basis, a range of burden indicators and attributable fractions for a significant number of diseases and risk factors (metabolic, behavioural, environmental and socioeconomic), at national and territorial level.

Steps will also be taken to **continue to improve and revise the knowledge necessary in order to facilitate the assessment of the burden and its changing nature**. The development of new algorithms for identifying diseases (particularly when limited data are available) in SNDS medical/administrative databases, or providing a more in-depth understanding of their severity, will thus be continued. The implementation of a "hybrid" strategy combining the pairing of data from registries (cancer, congenital anomalies) and large surveys with SNDS medical/administrative data will also be pursued with a view to optimising costs. Several **large surveys** will be conducted among the general population, notably to allow

risk factors to be characterised more effectively. An updated edition of the Santé publique France Barometer surveys will therefore be launched with randomly selected demographic files on housing and individuals (Fideli), together with the pilot national survey comprising the Albane health review and its sections on biosurveillance (refer to “Environmental health” challenge), nutrition (diet and physical activity), notably within the scope of the National Nutrition and Health Plan, and surveillance of chronic patients and their risk factors. At the same time, the work will involve **structuring and leading, at national level, a committee of data producers** essential to producing burden indicators. Lastly, steps will be taken to prepare the **advocacy** measures required in order to share burden indicators at all operational levels, with a view to defining, managing and evaluate public health policies.

Furthermore, in 2024, the agency will continue its work in terms of developing, identifying and assessing interventions resulting from French research or helping to adapt effective foreign interventions to the French system. This work will contribute to the **evidence-based programme register**, with the aim of facilitating access for territorial decision-makers and project managers to a catalogue of interventions that have already been evaluated. This approach also contributes to the strategy for **assessing the health economic impact** of specific interventions by calculating the return on investment of projects in the register.

Objective 1. Produce scalable territorial-level indicators for disease burden in France

In addition to the production and use of traditional indicators for the various conditions or risk factors and determinants, or for each population, the work will aim to continue developing indicators for years of life lost adjusted to disability (YLD or disability-adjusted life years - DALYs) within the framework of an international partnership with the IHME.

Furthermore, 2024 will mark the launch of the pilot phase of the Albane national survey (biosurveillance, diet and nutrition) jointly conducted with ANSES. The agency will also implement the schedule for the Santé publique France Barometer population surveys with an updated format based on a randomly selected empirical sample of INSEE demographic files on housing and individuals (Fideli).

Burden in the general population

Themes	Deliverables	Due dates
Years of healthy life lost	Memorandum of understanding (MoU) with the IHME	Jan.-24
	Years of life lost (YLL) due to all causes of death, by age and gender, at regional and national level in France in 2017: article	March-24
	Executive report and article: contribution of health inequalities linked to COVID-19 DALYs at sub-national level in 2020	March-April 24
Surveys on the general population	Institutional report on the overhaul of the Santé publique France Barometer surveys	Apr.-24
	Opening of access to Santé publique France Barometer survey databases	June-25
Surveillance of non-communicable diseases	Cancer monitoring	
	Agency contribution to the 2024 Strategy Progress Report: summary of our main achievements in 2024	Dec.-24
	Report on the correlation between the mapping of contaminated soils and the geolocation of cancer cases based on data from the general cancer registries	Jan.-24
	Changes in central nervous system tumours in children in metropolitan France: report	Dec.-24
	DGS referral on the increased incidence of histologically confirmed glioblastomas between 1990 and 2018: Expert report including recommendations V1 and V2	Sept.-Dec.-24
	Feasibility study on the development of algorithms for identifying skin cancer in the SNDS	Jan.-June-24
	Application of skin cancer surveillance results derived from the SNDS, in the form of articles	In 2024
	Diabetes monitoring	
	Revision and availability of epidemiological monitoring indicators for diabetes in different formats (Géodes, executive reports, article)	In 2024
	Collaboration for diabetes surveillance data collection with medical biology laboratories in Reunion Island and French Guiana (Jacardi European project)	Dec.-24
	Surveillance of cardioneurovascular diseases	
	Development of an algorithm characterising stroke severity and sequelae in registry-matched SNDS data that could help estimate YLD for stroke in the Burden project	June-24
	Estimation of the burden of cardiovascular disease attributable to cholesterol in France in 2017	Dec.-24
	Revision and availability of cardiovascular health indicators at national and territorial level	Dec.-24
	Estimation of the burden of dementia and cardiovascular disease attributable to high blood pressure in France in 2017: article	Dec.-24
	Surveillance of neurodegenerative diseases	
	Development of an algorithm identifying dementia in the SNDS based on pairing of data from the 3 Cités (3C) study with the SNDS	Dec.-24
	Surveillance of chronic respiratory diseases	
	Prevalence of asthma and allergies in children (Esteban): article	June-24

Surveillance of mental health	Application of the study on the well-being and mental health of schooled children from the first year of nursery until CM2 (age 10) (Enabee), in the form of articles	In 2024
	Application of survey and surveillance data: <ul style="list-style-type: none"> - Mental health in adult and adolescent populations (Santé publique France Barometers, CoviPrev and Enclass) - Surveillance of mental health of women during the perinatal period (ENP-EPIFANE-SNDS) 	In 2024
	Results of analyses of prison suicide data: article	June-24
	Revision and availability of mental health indicators based on SNDS data (hospitalisation for attempted suicide/psychotic episodes/bipolar disorder) and development of new indicators (e.g. eating disorders) at national and territorial level	Dec.-24

Infectious disease surveillance	Monitoring, studies and expertise for vaccine prevention diseases	
	Estimation of the impact of the pneumococcal vaccine strategy - report	Dec.-24
	Results of the vaccine coverage survey based on the 24-month health certificate sent to the ministry and updated via Géodes	June-24
	Application of survey and surveillance data: <ul style="list-style-type: none"> - Vaccine coverage for pertussis in pregnant women, tuberculosis in children at risk (ENP) - Vaccine coverage in adults, influenza in the elderly, meningococcal vaccine in adolescents, DTP in adults - Vaccine coverage for monkeypox in MSM, Eras 2023 	Jun.-Dec. 24
	Surveillance of diphtheria, enterovirus infections and pneumococcal, meningococcal, <i>Streptococcus A</i> , Hib (<i>Haemophilus influenzae</i> type b) invasive infections (II): reports, articles and production of indicators for Géodes	Jun.-Dec.-24
	Production of generic indicators for evaluating the HPV vaccination campaign in schools	In 2024
	Annual report on measles	May-24
	Surveillance of HIV and bacterial STIs	
	Application of STI surveillance data (articles): STIs in general practice, STIs in individuals born abroad, results of the national survey on the prevalence of sexually transmitted infections (PrévIST)	Jun.-Dec. 24
	BSP on HIV and STIs (incidence of HIV, indicators for screening and diagnosis of bacterial STIs)	Nov.-Dec.-24
	BEH on HIV/STIs	Dec.-24
	Hepatitis B, C and delta surveillance	
	BEH on hepatitis B, C and delta	July-24
	Infectious disease surveillance in drug users	
	First Coquelicot Survey indicators	Jan.-24
	Blood donor epidemiological surveillance	
	Blood donor epidemiological surveillance report	July-24
	Pneumococcal and <i>Streptococcus</i> group A invasive infections	
	Articles and executive report	Dec.-24

Home and leisure injuries (HLIs) and trauma	Introduction of the permanent survey on home and leisure injuries in Mayotte - EPAC: Reported intended for the ARS and CHM	Dec.-24
	Application of surveillance home and leisure injury associated mortality: article	June-25
	Application of survey data: <ul style="list-style-type: none"> - Analytical report and changes in data from the EPAC survey over the period 2015-2020 - Analysis of the HLI module in the 2021 and 2024 Santé publique France Barometer survey 	March-June-24
	Application in the form of articles: 1/ Identification of deaths due to falls, using an algorithm on death certificates 2/ Sequelae among individuals aged 65 and over, hospitalised after a fall, 1 year after the fall.	March-24 July-24
	Sharing of work assessing measures to prevent falls, with regional units and regional health agencies	Dec.-24
	Analysis of pooled data from all NOYADES surveys	Dec.-24
Surveillance of risk factors linked to lifestyles	Revision and availability of indicators for obesity measured in children and for physical activity among children and adults (data from merged Esteban-INCa3 data)	Dec.-24

Targeted surveillance by population

Themes	Deliverables	Due dates
Perinatal and early childhood health surveillance in France	Literature review on investigations and transferability of MBCP	March-24
	Protocol and tools: feasibility, acceptability and acculturation study on the MBCP programme	June-24
	Collection of data from the national parenting survey alongside parents with children aged 0 to 2 years	Sept.-24
	Application of the National Perinatal Survey (ENP), ENP-French overseas departments and regions, Épipane in the form of articles validation of the algorithm for ENP-SNDS paired perinatal health indicators	In 2024
	Application of the surveillance of tobacco, alcohol and cannabis use in pregnancy in the form of articles	In 2024
	Development of indicators on infant mortality	Sept.-24
	Summary of congenital anomaly reports sent by the registries to regional health agencies	Sept.-24
	Changes in prevalence of congenital anomalies over the last 10 years - article	Dec.-24
	Application of the results of gestational diabetes surveillance in the form of articles: - Social inequalities in screening for gestational diabetes - Changes in screening: attributable fractions	In 2024
	Application of epidemiological surveillance of perinatal health in France in the context of COVID, in the form of articles	March-24
	Report on "Surveillance of perinatal health in France: regional application of the first national report"	Dec.-24
	Surveillance of high blood pressure and hypertensive disorders in pregnant women: general results - Article	Dec.-24
Adult population (middle-aged > 45 years) and the elderly (> 65 years)	Report on the survey on the incidence of infections among nursing home residents (H4LS)	Apr.-24
	Revision and availability of indicators for the prevalence of frailty with ageing at departmental level	Apr.-24
	Report on hospitalisation due to falls, mortality and risk of institutionalisation linked to frailty in the SNDS	Dec.-24
	Multimorbidity surveillance: articles on the epidemiological surveillance of osteoarticular diseases	June-24

Objective 2. Evaluate and promote the most effective and efficient health promotion and disease prevention interventions

In 2024, the agency will continue to develop the evidence-based programme register to enable public health professionals to adopt tangible evidence-based approaches, thereby increasing the effectiveness and equity of local prevention mechanisms. An intervention evaluation committee was appointed in June 2022. This committee will continue its analysis of the projects already documented in the database, as well as upcoming projects identified in the scientific literature or subject to evaluation by local project leaders.

Projects	Deliverables	Due dates
Evidence-based programme register	Evaluation of new projects by the expert committee	Continuous
Intervention evaluations	BEH: Study on exclusions from the organised screening programme for colorectal cancer.	Feb.-24
	Publication of 2023 participation indicators in the organised screening programme for colorectal cancer (<i>Mars Bleu</i>) and breast cancer	March-April-24
	Publication of monitoring indicators for individuals having taken part in the organised screening programme for colorectal cancer in 2020-2021 (<i>Mars Bleu</i>)	March-24
	Publication of the coverage of cervical cancer screening in 2020-2022 (SNDS) and assessment indicators for the DOCCU programme (regional coordination centres for cancer screening)	June-24
	Changes in the performance indicators of organised screening programme for colorectal cancer since it was implemented (2010-2021)	Dec.-24
	Unplugged: Program implementation follow-up report	March-24
	VigilanS: Evaluation of the programme after 3 years, analytical report	August-24

Objective 3. Incorporate the calculation of health gains from prevention actions, along with the financial reductions or gains generated by these interventions (health expenditure or societal expenditure)

It can be some time before the impact of health promotion and disease prevention interventions can be seen. It is therefore necessary to perform medium- and long-term modelling of what could happen based on the changes measured in the short term according to different scenarios.

In order to conduct this work, a partnership was established with the OECD prevention economics team. Two studies were carried out in close partnership, one on smoking prevention (funded by Santé publique France) and the other on the Nutri-Score (funded by the European Commission), which made it possible to model return on investment in terms of finances and years of healthy life.

The Unplugged programme will be assessed in 2024. This programme, funded by the European Commission, has already been assessed in 7 European countries, but not in France.

Projects	Deliverables	Due dates
Economic assessment of the impact of the Unplugged programme in France over the medium term with different roll-out/scale-up scenarios	Calculation of return on investment + training of the team in the product model (transfer of skills).	June 2024

Challenge

Prevention strategy, social marketing and population-based approach

“Preserve and improve population health from the proportionate universalism perspective”

Santé publique France is rolling out social marketing mechanisms which draw on information from behavioural sciences and links up with the provision of remote health services, with a view to changing knowledge, attitudes and behaviours along with social representations of populations. **Social marketing** complements other forms of public health interventions, including those aiming to develop psychosocial skills (PS), which are essential for decision-making, communication, relationship and emotional management, and thus contribute to better health. In its quest for efficiency, Santé publique France is supporting the implementation and roll-out of early prevention interventions and, in 2024, will continue its awareness-raising actions in the context of the **First 1,000 days** (*1 000 premiers jours*) campaign aimed at the general public, future and young parents and professionals working in the field of early childhood. This strategy for taking early action from pregnancy and the beginning of life is consistent with the life course epidemiological approach advocated by the WHO, aiming to reduce burdens in adulthood and strengthen protective factors in health throughout life.

Taking this burden into account is essential in Santé publique France's approach to health promotion and disease prevention. In 2024, the agency will therefore pursue an ambitious strategy on the major risk factors in terms of burden: tobacco, alcohol, nutrition/physical activity, mental health (mental disorders and suicidal behaviours). It will also maintain a health promotion and disease prevention scheme for heat waves and will pursue the creation of the scheme for extreme heat.

In 2024, Santé publique France will also step up its action with a view to **advocacy** alongside decision-makers and different stakeholders to act on structural determinants and environments, and improve regulations protecting health. The agency will also step up its capability for measuring **return on investment** for its main actions (refer to “Burden” challenge).

At territorial level, this global approach should be reflected in the **way support is provided to territorial stakeholders**³ as regards the evidence-based actions selected for implementation in their territories (refer to “Burden” challenge), and in the choice of criteria selected to support and evaluate new interventions. The objective is, by sharing knowledge and strengthening the skills of stakeholders and decision-makers, to develop actions as close to the target populations as possible, and to achieve more effective contact with vulnerable groups, thus helping to reduce social and territorial inequalities in health.

The action mechanisms adopted by Santé publique France can be examined from the perspective of “integrated health promotion” which offers a continuum of actions ranging from individual approaches to population approaches (early childhood, young people, adults and vulnerable populations). All of these actions are part of a **proportionate universalism** perspective for progressive prevention according to the population, in order to reduce social and territorial inequalities in health (STIH). In 2024, Santé publique France will continue to take the social gradient into account in studies, interventions and assessments. It will conduct

³ ARS, local authorities, territorial healthcare professional communities (CPTS), etc.

actions focusing on **vulnerable populations** and will continue its efforts in terms of accessibility and literacy (refer to “Inequalities” challenge). It will also ensure that health promotion and disease prevention messages are adapted in the **workplace** and for **job seekers**.

The agency has a long-standing history of developing **dedicated websites on health promotion and disease prevention**, which it tailors to meet user expectations and become more effective. It supports the implementation of prevention assessments, notably by offering resources intended for vulnerable populations.

The promotion of **mental health**, prevention of malaise, psychological disorders and associated at-risk behaviours, along with their management (health care, rehabilitation, etc.), are major public health challenges. The economic emergency linked to the COVID-19 crisis has required rapid responses in terms of prevention and support to encourage early management of mental distress before disorders set in, worsen and become chronic. It is now crucial to consolidate the work undertaken in the aftermath of the 2021 Mental Health Conference. From this perspective, Santé publique France prioritises its work on population mental health, particularly children and young people. For this purpose, the agency mobilises the continuum of its missions from knowledge to action: production of health indicators based on continuous surveillance systems and regular population surveys (refer to “Burden” challenge), prevention tools for populations and health professionals, support for professionals, communities and networks involved in mental health prevention.

The objectives of this challenge are built upon three major population-based targets broken down into sub-objectives described below.

Objective 1. Allow everyone to have a healthy start in life

Giving each child a good start in life is a major determinant of health from a life course perspective. It is also an effective way to reduce health inequalities, with a high return on investment. The agency offers effective support interventions for families with young children and in situations of socioeconomic vulnerability. This strategy, launched five years ago within the agency, aims to raise awareness among the general public, future and young parents and professionals working in the field of early childhood about the challenges of the **First 1,000 days** (*1 000 premiers jours*).

Projects	Deliverables	Due dates
Social marketing campaigns on the First 1,000 days (1 000 premiers jours)	Launch of the communication system on social networks	June-24
	Campaign repeated	Dec.-24
Information tools on the First 1,000 days (1 000 premiers jours)	Fully accessible brochures Final assessment report Improved/redesigned site	Dec.-24
Developing educational skills among professionals and parents on the nutritional education of children and adolescents	Report - Assessment of changes over time in knowledge of new recommendations on dietary diversification together with awareness and use of the different existing tools	Dec.-24
	Design and distribution of information resources on diet and physical activity for pregnant and breast-feeding women	Dec.-24

Objective 2. Acquire formative skills to prepare for entry into adulthood

To allow everyone to acquire formative skills for entry into adulthood, the agency is rolling out interventions aiming to develop psychosocial skills among young people. In an approach based on determinants, Santé publique France will develop a digital tool to help reduce or stop

cannabis use, a new campaign on sports betting and a campaign to encourage young people to exercise. In terms of sexual health, the agency will rely on the *OnSEXprime* initiative, which aims to promote a positive initiation into sexuality and the adoption, over the long term, of behaviours conducive to sexual health in adolescents.

Projects	Deliverables	Due dates
Cannabis App: Digital tool for reducing or stopping cannabis use	Development and online release of the application	Apr.-24
	Preparation, launch and implementation of the assessment of the effectiveness of the application	2024-2025
Developing the psychosocial skills (PS) of children, young people and adults in education	Knowledge transfer seminars on PS	Feb.-24
	Practical reference system on PS	July-24
	Minifilms on PS	Dec.-24
Developing educational skills among professionals and parents on the nutritional education of children and adolescents	Design of the brochure on dietary recommendations and parental advice for children aged 4 to 11 years, incorporation of practical content on mangerbouger.fr	March-24
Social marketing on sexual health for adolescents (<i>OnSEXprime</i>)	Drafting of assessment protocol for the scheme	Dec.-24
	Participation in the analysis of the ENVIE survey on sexuality among young adults: articles	June-24
	Participation in the analyses of the Enclass study (conducted in secondary schools/colleges)	May-Jul.-24
	<i>OnSEXprime</i> brochure-secondary schools	Sept.-24
	<i>OnSEXprime</i> launch campaign	Sept.-24
Promoting physical activity and reducing sedentary behaviour in young people	Further roll-out of the social marketing scheme for parents and teens	May-Sept.-24
	Continued support for the roll-out of the ICAPS project	Dec.-24
	Application of the report on the first roll-out of the social marketing scheme (for parents)	Dec.-24
Preventing, limiting or delaying addictive behaviours among young people and reducing the associated risks.	Subject to the assessment results for the first roll-out: further roll-out and assessment of the recreational-based harm reduction campaign " <i>C'est la Base</i> "	Sept.-24
Actions advocating regulations for marketing of products high in fat, sugar and salt aimed at children and adolescents	Study on children's and adolescents' exposure to commercial marketing on the Internet (following contract renewal and according to technological advances on the subject).	Dec.-24
Promoting health within sports clubs: pilot test and tests on effectiveness and conditions of effectiveness (process) for the programme	Assessment of support for the development of a living environment promoting health (PROSCeSS support)	June-24

Objective 3. Healthy ageing

Santé publique France implements prevention/promotion measures in numerous fields with a view to allowing all individuals to age healthily. Therefore, in 2024, the agency will strengthen its mental health prevention/promotion strategy by launching a campaign to identify signs of mental disorders or distress and by creating a website dedicated to mental health.

Due to the increased number, earlier onset and longer duration of heat waves together with the ongoing lack of perception of the associated risks, Santé publique France is introducing a social marketing scheme aiming to adapt behaviours to extreme heat in the climate change context.

In order to improve the nutritional quality of food consumption and support the development of the Nutri-Score algorithm, the agency will carry out a publicity campaign in early 2024.

Lastly, the agency will also contribute to supporting the implementation of prevention assessments at key ages, which will be launched by the Ministry of Health and the French health insurance scheme in 2024. This notably involves developing and disseminating tools for populations in vulnerable situations.

Projects	Deliverables	Due dates
Implementation of ADALIS remote assistance tools for addictions (TIS, AIS, DIS, JIS)	Launch of a study to improve access rates for ADALIS schemes	Sept.-24
Redesign of the “Aide en santé” (health support) label	New version of the “quality” label for remote support services and sites	June-24
Measure the prevalence of smoking, study its determinants and the health impacts of smoking	Revision of estimated mortality attributable to smoking: article	March-24
	Application of Santé publique France Barometer survey data: Articles on social inequalities, denormalisation of smoking, opinions of smokers on tobacco prices, reasons to stop smoking, vaping, regional indicators	Dec.-24
Advocacy for public policy evidence-based interventions for the prevention of smoking	Scientific articles applying the health economic assessment of public policies against smoking conducted by the OECD, including the <i>Mois sans tabac</i> (Smoke-Free Month) campaign	June-24
Social marketing encouraging and helping smokers to quit.	Report on the investigation of interventions by healthcare professionals to manage tobacco use, based on behavioural sciences	March-24
	2023 <i>Mois sans tabac</i> (Smoke-Free Month) assessment reports	March-24
	Further roll-out of the 2021-2023 campaign to step up the denormalisation of smoking	June-24
	2024 <i>Mois sans tabac</i> (Smoke-Free Month) campaign	Dec.-24
	<i>Employeurs pour la santé</i> (Employers for Health) scheme: Extension of the scheme to other themes with the creation of a page on the SpFrance institutional website	Dec.-24
Advocacy for evidence-based public policy interventions for the prevention of harmful alcohol consumption	Organisation of an international seminar on indicators for low-risk consumption	Dec.-24
Social marketing to encourage and help consumers to reduce their alcohol consumption	Promotion of the <i>Alcool Info Service</i> tool	Jun.-Nov.-24
	Report on the use of the alcohol meter	Dec.-24

Projects	Deliverables	Due dates
Measure levels of alcohol consumption, study their determinants and their health impacts	Work to estimate alcohol-related morbidity (hospitalisations) in France	March-24
	Articles or reports from the 2021 Santé publique France Barometer survey: SIH and alcohol, classification of at-risk alcohol users based on Audit-C score, methods for measuring alcohol consumption	Dec.-24
Measure levels of drug use excluding alcohol and tobacco, study their determinants and impact in terms of morbidity and mortality	Feasibility study of an assessment of mortality/morbidity related to cannabis use	Dec.-24
Support the implementation of prevention assessments at key ages	Number of tools produced and rolled out, notably for outreach professionals and populations in vulnerable situations	Dec.-24
Communication and social marketing for the promotion of mental health and the prevention of mental disorders	GP/tracking campaign content	Oct.-24
	Tools identifying signs/professionals	Oct.-24
	Content of campaign promoting beneficial behaviours	Oct.-25
Survey on the representations, needs and practices of the general public concerning mental health	Quantitative survey report	Dec.-24
Partnership – mental health information and communication	Information and communication schemes (Psycom)	Dec.-24
Improving the nutritional quality of food through the roll-out of Nutri-Score	Design, distribution and assessment of a new communication campaign to show that the Nutri-Score is changing	March-24
	Monitoring the perception and declared use of the Nutri-Score	Dec.-24
Improving knowledge and strengthening the skills of the (adult) general population in nutrition	Changes in mangerbouger.fr and <i>La Fabrique à menus</i>	June-24
	Development of dietary recommendations for over-75s	Dec.-24
Measure knowledge on dietary recommendations relating to physical activity and sedentary behaviours and the determinants of this knowledge	Application of data from the Santé publique France Barometer survey: Articles on knowledge of National Nutrition and Health Plan dietary recommendations and knowledge of recommendations relating to physical activity and sedentary behaviours	Jan.-24
Reduce sedentary behaviours in the work environment, particularly in the office environment	Qualitative survey alongside employers on sedentary behaviours in the office environment	Apr.-24
	Article on the effectiveness of interventions to reduce sedentary behaviours in the workplace	Dec.-24
	Publication and distribution of advocacy resources with a view to implementing actions to reduce sedentary behaviours	Dec.-24
QuestionSexualité website - Social marketing on sexual health for adolescents	Resources on missed pills (card and site)	May-24
	“Sexual Health Week” campaign	May-24
	Revision of the brochures on Birth Control Issues and STI Issues	June-24
	Production of a “Diversified Prevention” digital tool complementing the 1 st December campaign on choosing the right tool for HIV and STI protection	Nov.-24
	Analysis of data from the Sexosafe.fr PrEP tool	Feb.-24

Projects	Deliverables	Due dates
Sexosafe - Sexual health social marketing tool for men who have sex with men	Analysis of awareness and use of the Sexosafe tool and user characteristics (ERAS 2023)	July-24
	New field strategy in community settings	May-24
	New screening campaign	Sept.-24
	Further roll-out of PrEP campaign	Nov.-24
Behaviour monitoring among men who have sex with men	Article "Changes in the use of PrEP 2017-2021"	Feb.24
	Report on the 2017-2021 editions of the ERAS survey	Feb. 24
	Application of the 2023 ERAS survey	Dec.-24
	Participation in the drafting and submission of a research protocol for the implementation of an E-cohort of individuals taking part in chemsex (SESSTIM)	Sept.24
	BEH on the theme of "Chemsex"	Dec.24
	<i>MémoDépistages</i> (Screening Memo) study: scientific application	Dec.24
	Changes in initiation into sex life among MSM between 2011 (EPG) and 2021 (ERAS)	Dec.-24
	Article "What methodological lessons can be drawn from four editions of online surveys?"	Dec.-24
Development of core messages intended to be rolled out in all communication actions aiming to reduce food exposure to Chlordecone	Trialling of messages in the general population (understanding and acceptability)	March-24
	Messages made available to decision-makers	June-24
Monitoring and promotion of vaccination	Assessment of GP/PRO VIS for optimisation	June-24
	Vaccination section of the 2024 Santé publique France Barometer survey	June-24
	Qualitative study on vaccine compliance among healthcare professionals	Dec.-24
Information campaign on antibiotic resistance for the general public and for professionals working in health and early childhood	Further roll-out of the media campaign on the proper use of antibiotics	March-24
	Design of the new campaign on preserving the efficacy of antibiotics	Nov.-24
	Application in the form of articles: <ul style="list-style-type: none"> - analysis of data from the 2024 Santé publique France Barometer survey - literature review on communication/prevention of antibiotic resistance "One Health" - differences between 2022 and 2024 post-test 	Dec.-24
Roll-out to professionals working in health, social and education fields of printed versions of health promotion and disease prevention tools designed by the agency	Financial report on roll-out of the tools	Jan.-25
Assessment of the HIV-Test tool	Report	Sept.-24

Challenge

Social and territorial inequalities in health

“Promote greater equity in health”

Social inequalities in health result from the unequal distribution of a multitude of social determinants that shape the living conditions in which people are born, grow up, live and age. These socioeconomic and territorial determinants of health interact and influence a person's health status throughout their life. Childhood (including the perinatal period) is a vulnerable period but also an opportunity to take action. Limiting the worsening of social inequalities from an early age and throughout life remains a major public health challenge in France.

Santé publique France aims for the agency to document social inequalities in health in its health surveillance schemes and for its action to be based on a proportionate universalism perspective in order to adapt health promotion and disease prevention actions according to the social gradient and modulate them with regard to the populations concerned and situations of social vulnerability. The initiatives supported are also part of an equity rationale, understood as the absence of avoidable or remediable differences between different groups of individuals, whether defined according to socioeconomic, demographic or geographical criteria, met when everyone can reach their full potential for health and well-being.

These inequalities are gradually taken into account in the different projects implemented by the agency through awareness-raising actions by the coordination and leadership team on this challenge, with methods able to document social inequalities in health, notably highlight more effectively the social determinants behind these inequalities and the methodological support provided.

In addition to understanding these inequalities, the challenge also aims to **provide stakeholders in the field and decision-makers with indicators and drivers for action** to guide their actions to promote greater equity in health.

With the aim of prioritising and optimising the use of its resources, Santé publique France has considered it a priority to mobilise these drivers for action in two populations particularly affected by social inequalities in health: early childhood and individuals who are most isolated from the health system, based on:

- 1) **health mediation** to encourage the use of health services (beyond the healthcare system) for those isolated from the healthcare system,
- 2) **mobilising knowledge** to bring together practical knowledge of stakeholders in the field and decision-makers and the knowledge of researchers in order to foster advocacy and collectively produce avenues for action; this includes a proactive policy of opening up and mediating our data alongside local authorities (local public health policies) and other intermediary stakeholders (unions, associations, etc.);
- 3) **health literacy** which encompasses the motivations and abilities of individuals to access, understand, assess and use information on their health and to adapt social marketing mechanisms to make them accessible to all.

This ambitious strategy on a subject with complex interdependencies should also be based on solid partnerships including the academic world, the decision-making sphere and, above all, stakeholders in the field. Taking into account all these stakeholders is an essential condition

for identifying, monitoring and measuring the impact of social inequalities on health in a relevant manner, revealing the underlying mechanisms of the social, and notably structural, determinants of health, and identifying or assessing tools to promote greater equity and better inform public policies.

Objective 1. Shed more light on the mechanisms of social inequalities in health using relevant indicators to measure social and environmental determinants in studies and surveillance schemes

The role of the agency is to raise awareness and mobilise knowledge for public health advocacy in order to promote cross-disciplinary responses for developing environments conducive to health and health equity. In order to address social disparities as a whole, it is essential not to limit action to the health sphere, but to consider all social factors that impact health, whether structural (environment, housing, employment, education and social status), behavioural (alcohol use, tobacco use, nutrition) or linked to access to health care and prevention (vaccination and screening).

In response to these challenges, two priority areas of work will be pursued in 2024.

First of all, this will involve **more effectively identifying and defining the social indicators relating to the structural determinants of health to be included as a priority in Santé publique France surveys**. After identifying the most relevant social indicators to be included in the agency's surveys in 2023 (housing, origins and employment), in 2024, the agency will produce a summary of its needs in terms of collecting and using indicators on these determinants so that these can be routinely incorporated into its studies.

Projects	Deliverables	Due dates
Development of indicators that better integrate the main social determinants of health into SpF's actions	Job variable sheet	March-24
	Housing variable sheet	March-24
	Origins variable sheet	March-24
	Application of work on the social deprivation index in French overseas departments and regions	March-24
	Article on the social determinants of tuberculosis	August-24

Exploratory analyses of social deprivation indices initiated in 2023, including those on the specific characteristics of overseas territories, will be published in 2024. Following on from work carried out before 2023, numerous studies and surveys conducted by the agency now include social deprivation indices in their analyses. Other studies, conducted by Santé publique France or jointly constructed with national partners (DGS, DGESCO) or local partners (ARS, ORS, etc.), already incorporate these socioeconomic characteristics individually.

Projects	Deliverables	Due dates
Surveillance of social inequalities in health (SIH) in perinatal health	International article "territorial social deprivation index"	Jan.-24
	Changes in the level of health literacy: statistical analysis and drafting of summary document	Jan.-24
	Articles: potential mediating effect of health literacy on the relationship between socioeconomic characteristics and social inequalities in health and the occurrence of prematurity/SGA and gestational diabetes.	Dec.-24
	Changes in the level of health literacy and related characteristics: international article	Dec.-25
Epifane: Survey on infant nutrition in connection with the National Perinatal Survey	Publication of the report on the Epifane survey on infant nutrition (breast-feeding and dietary diversification) in their first year	March-24
	Determinants and duration of breast-feeding	Dec.-24
Integration of social inequalities in health and territorial vulnerabilities from the perinatal care and early childhood programme	Review of interventions aiming to improve early interactions among the most deprived populations in developed countries	Feb.-24
	Protocol for an interventional research to promote early interactions among families in situations of social vulnerability	Apr.-24
First 1,000 days (1 000 premiers jours) project – Promotion of early prevention interventions in the home (IPPAD)	Practical guide for the implementation of IPPAD at territorial level	Dec.-24

The ENTRED-3 study also made it possible to describe the health status and access to care among individuals with diabetes in France according to the level of social deprivation, including in overseas territories. Based on a social deprivation index, the results made it possible to analyse the impact of socioeconomic inequalities on type 2 diabetes in France from 2010 to 2020. These conclusions, sent to public decision-makers, will help guide the development of regional health programmes in French overseas departments and regions.

Projects	Deliverables	Due dates
Surveillance of social and territorial health inequalities with regard to diabetes	Reflection on the introduction of a pilot intervention in terms of health literacy	Jan.-24
	International article: SIH among individuals with T2DM (characteristics, health status, healthcare use) based on data from the ENTRED-3 study	Dec.-24
	International article: literacy scores in T2DM and their determinants	Dec.-24
	Changes in overall mortality and excess mortality, by cause according to SIH	Dec.-24

The second priority objective aims to study populations in situations of social vulnerability not covered by the usual surveillance schemes. In 2024, particular attention will be given to individuals excluded from employment, with an in-depth review of their profile and health status, based on EDP-Santé and Santé publique France Barometer surveys. These data will be shared with the health authorities in order to develop targeted strategies in response to the health needs identified by Santé publique France.

Projects	Deliverables	Due dates
Epidemiological surveillance of health in the unemployed (SESSE)	Report: Changes in practices and the declared general health of the unemployed in France based on Santé publique France Barometer surveys	March-24
	Report: Profile and health status of the unemployed in France, based on EDP-Santé	Apr.-25

The results of the study conducted in 2023 on travellers, considered a deprived population in terms of housing, will be applied. The use of these results aims to promote preventive actions related to specific health issues, such as lead poisoning, and to guide town and country planning policies taking into account issues related to health-friendly environments.

Projects	Deliverables	Due dates
Travellers study	Article: Study on the determinants for healthcare use among traveller populations	June-24
	Article: vaccine coverage among traveller populations	Oct.-24

Lastly, the analyses relating to nutritional surveillance as part of the Unono Wa Maore survey conducted in 2023 in Mayotte will also continue in 2024.

Projects	Deliverables	Due dates
Nutritional surveillance (food intake, nutritional status) – processing of data from the Unono Wa Maore survey on chronic diseases and nutrition (Mayotte)	Food insecurity in Mayotte, cross-referencing with data from metropolitan France	Dec.-24

Objective 2. Ensure that health promotion actions are effective for the most disadvantaged people and those most remote from the health system

Health mediation and health literacy are mechanisms for acting on the determinants of health, developing the power of individuals to act, but also for fighting the structural causes of inadequate prevention. The agency aims to provide a methodological framework for health mediation, developed with research teams.

With regard to health mediation, a methodological framework explaining how its operations with a view to promoting the use of healthcare resources (screening, vaccination) was developed in 2023 in collaboration with a research team at the University of Bordeaux and proposed to the collective of health mediators, led by FNASAT (appointed by the DGS for the National Plan for Health Mediation).

In 2024, the aim will be to gather knowledge and data to document the conditions for effective health mediation with a network of stakeholders offering health mediation for individuals in highly vulnerable situations, in order to propose (collectively between stakeholders, decision-makers and researchers) action mechanisms to promote the use of healthcare services. The agency will also trial this theoretical framework in regional study projects in conjunction with its partners, such as the CNAM, ARS or associations working with extremely vulnerable populations. This is evidenced by the agency's involvement in the evaluation of the "13 en

santé" programme in Marseille, which aims to encourage the uptake of organised cancer screening and vaccination in priority neighbourhoods.

Projects	Deliverables	Due dates
Health mediation intended for vulnerable populations	Conceptual framework for health mediation: methodological guide to assessment	Apr.-24
	Methodological report on supporting the assessment and implementation of key functions of health mediation	Oct.-24
Assessment of health mediation actions among vulnerable populations in Marseille ("13 en santé" study)	T1 - Summary of results intended for the ARS	March and Sept.-24
	Scientific application of the results	Dec.-24

For several years now, the agency has applied the principles of **health literacy** to its communication and social marketing schemes and takes into account the digital skills of the target audiences (digital health literacy) to improve uptake among the most socially deprived populations. This work will continue in 2024.

Projects	Deliverables	Due dates
Inclusion of health literacy (HL) in the agency's different activities, from communication and social marketing actions to survey projects	Internal health literacy training	May-24
	Santé publique France Barometer survey digital HL analytical report	June-24
	Surveys: use of Santé publique France Barometer survey digital HL data and inter-institutional reflection on HL measurement tools	Dec.-24
	Publication of HLS19 report	Dec.-24
	Scoping review on diabetes (Jacardi project contribution)	Sept.-25

Furthermore, the agency is developing the assessment and monitoring of its activities to ensure that prevention measures are properly used by the most deprived populations and to inform ARS, stakeholders in the field and the DGS of this fact. As an example, the Vigilans suicide recurrence prevention scheme, rolled out in 2023, for which the agency will be designing the database, will produce monitoring indicators from 2024, integrating social data intended for decision-makers, in order to measure the effectiveness of this scheme and its roll-out among the most vulnerable populations.

Projects	Deliverables	Due dates
Creation of a national database of suicidal patients managed by the suicide relapse prevention system Vigilans, and production of monitoring indicators	Vigilans national database	July-25

Objective 3. Ensure the most disadvantaged people are taken into account and included in crisis situations

The role of Santé publique France is to properly document and analyse the structural social determinants of health, and highlight, in conjunction with the research teams, their mechanisms of action in order to bring them to the attention of public health stakeholders and promoters, so that they can be incorporated more effectively in the action taken. For this purpose, the need to work with decision-makers and local authorities in the preliminary stages to jointly construct actions/projects remains essential, but also with the populations themselves, associations and authorities.

For more effective advocacy, two mechanisms have been used until now: participation of deprived populations in the studies conducted and partnership with associations working with vulnerable populations.

- Since 2021, **deprived populations in studies conducted by Santé publique France have taken part in actions proposed by the agency, and partnerships have been established with associations representing these populations.**

Hence, the work carried out among the traveller population has allowed talks to be initiated with associations (FNASAT) and DIHAL on the health impacts of the location of the traveller sites, and will be continued in 2024.

- In 2023, a second driver was the **development of a partnership with the charity sector working with vulnerable populations.** Hence, the contribution by Santé publique France to UNICEF's advocacy measures for paying greater attention to child poverty in public policies (whether in plans to reduce air pollution or housing policies to adapt them to the specific requirements of homeless children) has had a strong media impact and has made it possible to raise these points requiring special attention with decision-makers (French National Assembly). Coordination with these stakeholders, whether at local, regional or national level, is a prerequisite for any approach, together with users and associations involved in these issues. This work will continue in 2024.

The partnership with health sector institutions will be further strengthened in 2024. National, regional and local strategies and policies are highly intertwined on this issue, with the regional health agencies (ARS) drawing up the regional health plans (PRS) in keeping with the National Health Strategy, comprising a strategic policy framework, a regional health plan and a regional programme for access to prevention and health care for the most deprived populations.

It is also in the context of these documents that the ARS fund local healthcare contracts (CLS) with the local authorities, concerning health promotion, disease prevention, healthcare policies and medical/social support together with community health workshops (ASV) in their territories, which are health promotion initiatives for the benefit of residents living in urban policy priority neighbourhoods.

At local level, municipalities and intermunicipalities define a certain number of plans which influence environmental factors, such as the ScoT (territorial cohesion model) which is a reference framework for various sector-based policies (town planning, housing, mobility, environment, commercial development, etc.). These approaches are relevant for taking action on health issues, whether environmental and/or social, and different studies on the structural determinants of health could support advocacy with a view to contributing to these different schemes.

Challenge

Support for the agency's scientific programme and expertise in public health and health security

The scientific programme stems from the implementation of six thematic challenges, together with the different strategies adopted by the agency. Examples notably include: the scientific strategy (strengthening the agency's expertise in public health), the European and international strategy, the open data strategy, the strategy for openness and dialogue with society and stakeholders, the strategy for developing skills in public health among officers and members of the National Public Health Network (RNSP).

The Scientific Committee (CS), Guidance and Dialogue Committee (COD) and the Ethics and Professional Conduct Committee (CED) contribute their opinions and advice to these strategies and their operational implementation.

2024 will see the completion of work launched in 2021 in key areas for the agency, likely to increase public confidence in its work and expertise.

The formalisation of the internal and external expertise process, with a view to producing opinions and recommendations for public health and health security decision-making pursuant to the Charter for Expertise in Health, is accompanied by the desire to clarify the expertise process and allow greater visibility of expertise deliverables for all.

The aim is to increase the recognition of Santé publique France as a key stakeholder in expertise in public health and health security at national level, in keeping with the applicable ethical principles.

Analysis of the recommendations of the “**Ethics in public health**” seminar in November 2023 will aim to facilitate the implementation of a deliberative approach to ethics in public health adapted to the agency's missions. Reference will be made available to officers to facilitate the ethical analysis of the agency's projects and improve the incorporation of ethical challenges into the design of surveillance and social marketing schemes, in the design of protocols and the analysis of the results of investigations and surveys, in the resulting scientific output, together with the opinions issued by the agency.

The development of collective skills **in public health within the agency and for members of the National public health network will be continued** with the agency's preferred partners (ISPED, EHESP, ECDC, etc.). The changes in training on field epidemiology with the EHESP for the field epidemiology training course (IDEA) will be continued.

European and international activities are in line with previous years, particularly with the work carried out in connection with the ECDC the mandate of which was extended in 2021, and involvement in European projects funded by EU4Health. The agency's hosting of the IANPHI (International Association of National Public Health Institutes) secretariat contributes to the recognition of SpFrance as a stakeholder recognised by its international peers and international organisations. The agency also contributes to the activities of the association, particularly those in connection with the WHO on the development of collaborative surveillance, climate change and health, and on the development of guides for the operational implementation of key public health functions by the institutes. This network of

institutes facilitates benchmarking exercises in different fields and exchanges between institutes.

The strategy for openness and dialogue with society and stakeholders will be formally defined and presented as a two-year action plan (2024 and 2025).

The actions carried out as part of this strategy will notably aim to anchor working processes within the agency, open to contributions from stakeholders and civil society, to forge closer links with structures in charge of organising public debates and consultations, and with research teams specialising in this field. This is notably the case for the National Public Debate Committee (CNDP), with which an advisory mission on the methodology to be followed to include civil society in the agency's guidelines and work is envisaged for 2024.

The Guidance and Dialogue Committee has undertaken observation missions for regional participatory mechanisms according to a protocol jointly defined with the agency and reaching out to regional units. These observation missions will continue in 2024.

A guide on the participation of stakeholders in Santé publique France studies, surveys and investigations, based on regional experiences, will be made available to officers in order to facilitate sharing of experiences.

Several key actions in the field of communication should be mentioned:

- **in order to strengthen the position and influence of Santé publique France, a survey on the public perception of the agency** will be finalised in early 2024. The aim is to identify areas in which Santé publique France is expected to operate by its stakeholders and how the agency's work and tools are perceived. This survey will identify priorities in terms of communication, and assess and identify the added value offered by the agency in terms of public health tools and messages, both for citizens and stakeholders;
- **the dissemination of knowledge and data to public health stakeholders** is an essential step. Apart from conventional scientific publications, which guarantee the quality of scientific expertise, two new agency publications: the new "*Paroles d'experts*" collection summarises many of the discussions from scientific seminars organised by the agency on specific challenges and themes, bringing together external experts from diverse backgrounds. Ethics in public health will be one of the deliverables for 2024. This collection also contributes to Santé publique France's YouTube channel, with these seminars being filmed and shared almost in full;
- in addition, **the publications *Point épidémiologique*, *Bulletin de santé publique* and *Le Point sur* will be updated**, as their diverse content and format complicate the role and actions of the agency for readers, particularly on a regional level;
- in June 2024, a new edition of the ***Rencontres de Santé publique France*** will showcase the agency's expertise and know-how: sharing experiences and good practices, placing major challenges in perspective, and important lessons learned in terms of public policies supporting a health-friendly environment particularly for the most vulnerable populations.

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