

Public Health Institutes of the World

**IANPHI**

**FOLIO**

Public Health Institutes  
of the World

APRIL 24, 2019

Santé publique France

PEER-TO-PEER REVIEW AND  
RECOMMENDATIONS

Final Report

Part 1	Introduction
Part 2	IANPHI
Part 3	National Public Health Institutes
Part 4	Evaluation Process
Part 5	Background, Key Accomplishments and Terms of Reference
Part 6	Findings of the review team: observations and recommendations
Part 7	List of Recommendations
Appendix I	IANPHI Review Team Members
Appendix II	List of Documents Submitted to the Review team
Appendix III	Interviewees

## Part 1 | Introduction

This evaluation was conducted January 28 through 31, 2019 at the request of Santé publique France (SpFrance) Director General François Bourdillon. The Review Team (bios appear as Appendix 1) was selected based on its professional expertise in the areas stated in the Terms of Reference and was comprised of:

- Tracey Cooper – Chief Executive, Public Health Wales ;
- Walter Ricciardi –President (2014-2019), ISS, Italy ;
- Jose Montero, Director Center for State, Tribal, Local, and Territorial Support, US CDC ;
- John Newton – Director Health Improvement, Public Health England ;
- Nicole Damestoy – President and Director General, INSPQ, Québec, Canada ;
- Grzegorz Juszczyk – Director, National Institute of Public Health, Poland ;
- Courtenay Dusenbury – Director, Global Partnership for Zero Leprosy and former Director, IANPHI US OFFICE.

The IANPHI [Framework for the Creation and Development of National Public Health Institutes](#)<sup>1</sup> and the [IANPHI Evaluation Tool](#)<sup>2</sup> were used to support the evaluation. Strong preparation by the Public Health France team led by Mili Spahic, and Anne-Catherine Viso, with the assistance of Veronique Comby, contributed greatly to the team’s work. The review team was especially grateful that many key documents had been translated into English for the purpose of the review.

## Part 2 | IANPHI

IANPHI ([www.ianphi.org](http://www.ianphi.org)) was launched in 2002 and chartered in 2006. It is an association of directors from the world’s 108 National Public Health Institutes (NPHIs) representing national organizations, and regional organizations such as the Public Health Institute of Quebec, spread across all continents and varying in size and scope from the most comprehensive and historically well established to those recently created and starting with a few key functions. With oversight from an Executive Board, IANPHI is managed by a Secretariat based at Public Health France and an office at Emory University in the United States. IANPHI’s mission is to improve health outcomes by building capacity within and between its member NPHIs. IANPHI provides technical assistance and grants, develops policy and fosters its community through annual meetings, a website and other communications, benchmarking and advocacy in support of strong NPHIs.

## Part 3 | National Public Health Institutes

Numerous countries have established national public health institutes to coordinate and lead public health systems. Some, such as the U.S. CDC, South African NICD, Brazilian FIOCRUZ, and China CDC, have developed over time while

---

<sup>1</sup> <http://ianphi.org/documents/pdfs/frameworkfornphi>

<sup>2</sup> <http://www.ianphi.org/documents/pdfs/evaluationtool>

others—including Public Health England—were created more recently. While NPHIs vary in scope and size—from institutes focusing only on infectious diseases to those with comprehensive responsibility for all public health matters (including research, public health programs, and policy support and development)—they share a national scope of influence and recognition and focus on the major public health problems affecting the country (or a political jurisdiction, as it is the case for Quebec). NPHIs use scientific evidence as the basis for policy development, program implementation and resource allocation and are accountable to national governments and the public. Their key functions—including disease surveillance, detection, and monitoring ; outbreak investigation and control ; health information analysis for policy development ; research ; training ; health promotion and health education ; and laboratory science—are particularly critical in low-resource nations.

#### Part 4 | IANPHI NPHI Evaluation Tool

In 2007, to provide its members with policy guidance and a roadmap for strengthening NPHI capacity, IANPHI drafted and approved a [Framework for the Creation and Development of National Public Health Institutes](#)<sup>3</sup>. The IANPHI Framework includes Core Attributes and Essential Functions for NPHIs and has been used by NPHIs from around the world to plan for and undertake capacity strengthening activities. The [IANPHI Evaluation Tool](#)<sup>4</sup> was developed by a group of IANPHI members and key experts from 2012-2014. It has been used in more than five countries, usually as part of a process leading to strategic planning.

#### Part 5 | Background, Key Accomplishments and Terms of Reference

##### Background

Santé publique France was created in May 2016 by merging four national organizations under the Ministry of Health: the public health surveillance institute (InVS), the prevention and health education agency (Inpes), the agency responsible for preparation and response to health emergencies (EPRUS), and a public structure in charge of providing distance support and assistance to persons with addiction problems (Adalis).

To prepare for the merger, the *IANPHI Framework for the development of National Public Health Institutes (NPHIs)* was used to analyse how the four organizations contributed to the implementation of the essential public health functions (EPHFs) in the country. Complementary areas as well as overlaps and gaps were outlined in order to inform the development of a new, efficient and comprehensive agency for implementing public health functions at the national level and through regional offices.

---

<sup>3</sup> <http://ianphi.org/documents/pdfs/frameworkfornphi>

<sup>4</sup> <http://www.ianphi.org/documents/pdfs/evaluationtool>

The new agency was approved by the Ministry of Health and the Parliament and was signed into law by the President in 2016. Prof. François Bourdillon was appointed to lead the process for developing SpFrance (pre-figuration) and to serve as its first director. A draft structure and functions for SpFrance was created, discussed and modified through a wide round of consultations.

In addition to SpFrance, there are several other national agencies active in the health domain including those in charge of drugs and medical devices (ANSM), the food, environmental and occupational health and safety agency (ANSES), Agence de la Biomédecine (ABM) which deals with organ transplants, Autorité de santé nucléaire (ASN), a national agency dedicated to cancer (INCA), an agency in charge of blood safety (EFS) and an independent authority for health care quality and efficiency and patient safety (HAS).

The issue of synergies with these other health agencies was recognized as an important challenge. SpFrance's relationship with these agencies are well established. Given their own remit, Prof. Bourdillon felt that it was essential for the new agency to be strongly and unambiguously orientated toward population health. His ambition was that SpFrance would become a national centre of excellence to support public health programs based on the best available and timely scientific evidence. Its strong focus on population health would be complementary to the missions of the other agencies and authorities, particularly those with regulatory mandates.

Regional and territorial efforts are essential dimensions of the agency's work. Regional offices of Santé publique France (CIRE) build on the Regional Offices of the former Public Health Surveillance Institute. When SpFrance was established, the existence of the CIRE were formally recognised and placed next to the Director General of each of the 15 regional health agencies to support in their implementation role of health policies at regional and territorial levels (including the French overseas territories) in the area of surveillance

Since the agency was created, several new policies were initiated by the French Ministry of Health including the national strategy for health (2018-2022), adopted in December 2017, and the national plan for public health adopted, in March 2018 with 25 priority measures with a focus on prevention and health and social inequalities. These new policies, along with other national plans (environment and health, nutrition and health, occupational health, etc.) influence, within its core missions, the planning of the activities of the Agency.

The Management Board of the Agency approved in November 2017 its first multi-annual work plan (2018-2022), which is structured in 28 programs that are structured along five cross-cutting areas of work:

- Determinants of Health
- Pathologies
- Populations
- Interventions and Territories

- Infrastructure

In February 2018, the first framework agreement (2018-2022) between the Minister in charge of Health and the Director General of SpFrance was signed. In this framework, 22 operational objectives were established, along with associated key performance indicators.

### Key Accomplishments

Key accomplishments of SpFrance since its inception include the successful implementation and execution of the “prefiguration” report authored by Dr F. Bourdillon. The development by the director general of a continuum of actions between disease surveillance and interventions, grouped into a well-focused number of programs, has brought integration and efficiency to operations as a reduction in the number of programs (less than 30 compared to nearly 300 in the past). Efforts to evolve the Regional Offices (CIRE) to play a new role in addition to surveillance and threat detection (including the evaluation of interventions at the local levels) has added value to the organization. The development of one campus for the four agencies only a few months after the merger, and a new permanent building to be open in June 2019 (only 3 years after the merger), are great accomplishments.

The agency’s successful social marketing campaigns to stop smoking (“Moi(s) sans tabac”) (2016, 2017, and 2018) with the involvement of major national and regional stakeholders, as the adaptation of Stoptober in France, saw measureable results. The creation of the DATA science division, which brings together all data scientists under one roof, has increased efficiency and experience-sharing. Launch of the Geodes portal, with data at the regional and sub-regional level, <https://geodes.santepubliquefrance.fr/#c=home>, is very important.

The initiation of the web portal of evidence-based and promising interventions in 2018 <http://www.santepubliquefrance.fr/Sante-publique-France/Interventions-probantes-ou-prometteuses-en-prevention-et-promotion-de-la-sante/> is a crucial link between evidence and action.

SpFrance also added value as the secretariat of the public consultation on vaccination and the vaccination info-service website to promote vaccination in the public and among health professionals <https://vaccination-info-service.fr/>.

The first scientific advice of the agency on alcohol <https://www.santepubliquefrance.fr/Actualites/Avis-d-experts-relatif-a-l-evolution-du-discours-public-en-matiere-de-consommation-d-alcool-en-France-organise-par-Sante-publique-France-et-l-Inca> (2017) and the first campaign against alcohol consumption during pregnancy (2018) were important milestones. The acceptance and use by many food corporations and retailers of a new front of pack labelling system (Nutri-Score) in France (2018) is also an important accomplishment for the Agency. <https://www.santepubliquefrance.fr/Sante-publique-France/Nutri-Score>. The trademark for Nutri-Score is owned by SpFrance.

Lastly, a new website planned for June 2019 will be a unifying and comprehensive source of information for key stakeholders, including employees, partners and the public.

#### **Terms of reference for the review:**

Through the IANPHI peer to peer evaluation, Santé publique France is seeking a high level, strategic appraisal of the Agency from an international panel of peers. The aims are to identify key achievements of the Agency since 2016 (in particular to which extent the merge was successful compared to what existed before, and the initial ambitions), to provide a critical appraisal of the way it operates, identify limitations and propose suggestions and recommendations to develop further the Agency organization and synergies to gain in effectiveness and efficiency and improve its impact on public health.

#### **Terms of Reference**

The IANPHI team was asked to address the relevance and effectiveness of SpFrance since 2016 and to look ahead to 2025 through the following questions:

1. To which extent the Agency has been able to integrate the relevant public health functions and build an effective “continuum of actions” through its multi-annual programs to improve population’s health in a context of constraints in resources ?
2. Are there major public health issues that the Agency should tackle in a different way or that the Agency does not address sufficiently ?
3. Assess the balance between activities related to health protection and health improvement ;
4. How much the agency can be considered as a matured and trusted public health adviser to decision makers at the national level and regional/local level ?
5. To which extent the best knowledge/data are used to deliver evidence informed policy advice, recommendations, and communication ?
6. To which extent the agency has the (or will have in the future) the appropriate skills, competences and expertise (in-house or through, partnerships) to fulfill its mandate ?
7. To which extent partnerships with stakeholders are balanced and fruitful ? What could be improved ?
8. Is the agency innovative with regards to deployment of interventions, use of new methods, concepts and digital technologies, social marketing, interaction with research and international partnership ?

In preparation for the visit, the team was given comprehensive and thorough background information including SpFrance's multi-annual work plan, annual work programme, finances, organizational structure and its interaction with key stakeholders and partners.

A comprehensive program of interviews (please see Appendix III) took place during the visit including meetings with SpFrance leadership, department directors or their deputies, human resources and financial management officers, and others. Meetings also took place with the presidents of SpFrance governing bodies: its Management Board, Scientific Board, Public Health Ethics Committee, and Orientation and Dialogue with Society Committee. In addition, meetings were held with the Director General for Health (Ministry of Health), and a representative of SpFrance's partners, Anses (the agency for food, environmental and occupational health and safety), and representatives of the Paris regional health agency. At the request of the panel, additional meetings were scheduled during the evaluation visit including meetings with the IT director, Director of Communications, the lead auditor and approximately 21 newly appointed staff and a discussion with two SpFrance regional office heads : Stéphanie Vandentorren (Cire Nouvelle Aquitaine) and Philippe Malfait (Cire Provence-Alpes-Côte d'Azur et Corse).

## Part 6 | Findings of the Review Team: observations and recommendations

### **1. To which extent the agency has been able to integrate the relevant public health functions and build an effective “continuum of actions” through its multi-annual programs to improve population's health in a context of constraints in resources?**

#### *Observations:*

SpFrance has achieved an incredible transformation in just two years. A strong leadership team, led by Prof. Francois Bourdillon, has shown vision, wisdom and courage in decisively leading the merger and transition to SpFrance. The review team is not aware of any country that has established a new institute so quickly and so effectively ; SpFrance serves as a model for the world. SpFrance has been very active in supporting other NPHIs that are engaged in the merger process.

Under the SpFrance leadership team, disparate organizational systems were swiftly brought together and their functions stabilized and jointly managed in a short period of time. More than a merger, SpFrance's leadership accomplished the creation of a new institution, with new and more efficient administrative processes (a budgetary framework, standardized job descriptions and a competency-based framework for workforce development, among other things). The team was not afraid to make difficult choices to restructure and to regroup public health work more efficiently. In three years, SpFrance has integrated public health functions at the merged organization through 28 cross-cutting programs and the establishment of a management and operational structure to implement

its core mission. Good movement forward toward creating performance measurement indicators has begun.

It has done so in an increasingly challenging financial climate : since 2010, the agency has been required to decrease its staff by about 20% as part of national policies to improve the efficiency of public agencies. Such reductions continue to be required in 2019. As a result, in 2018, Santé publique France identified 45 measures that it will undertake to cope with decreased staff ; these have been integrated into the 2019 work program. While constraints in resources have been challenging, also challenging has been a cap on the number of employees that SpFrance can employ. This lack of flexibility limits the agency's ability to hire staff when needed to address emergencies or emerging needs, to bring in new skills to best equip it in newly developing functions (for example, health improvement, and economics of prevention) and to compete for international funding that requires the hiring of additional personnel. The panel felt that the uncertainty surrounding the Brexit negotiations, the continued need for public health spending limitations, could result in the need for further staff reductions or funding limitations.

The new organizational structure has provided many opportunities for cross collaboration within and outside the agency, including in the areas of emergency coordination and communities of practice like GEPP (collaboration between national and regional teams, including on the effective use of surveillance data and health improvement). Other examples include the creation of the DATA Division and the upcoming merger of environmental health and occupational health Divisions – an interesting way to innovate scientifically by exploiting the collective assets and making the most in spite of administrative constraints. These are extremely promising and additional such initiatives could be considered to achieve synergy and the exchange of ideas between individual topic groups.

Now that SpFrance has successfully completed its integration over its first two years and effectively consolidated the pre-existing agencies into one organization, it is poised for its next phase of evolution and transformation to more fully take on the comprehensive role of other NPHIs around the world – to lead public health across all domains to ensure an efficient, well-organized and effective national program. An example of how this can be done comes from the U.S. CDC, which in March 2019 convened a multi-sectoral discussion on strengthening community-clinical linkages to improve health outcomes. This meeting showcased examples of innovative collaborations between public and private insurers, clinicians and the public health sector.

It was recognized by the agency's sponsors that a period of reflection was needed before expanding the agency's remit further, to allow employees and partners to absorb the rapid pace of change in the past two years. A key next step in this is to assess and closely link agency capacities with the public health needs of the citizens of France. Building on its successful first two years, the time is right for SpFrance to undertake comprehensive, unified visioning and strategic planning that prioritizes actions. This will allow it to leverage its potential leadership role

across France and more strongly link individuals and capabilities between and across divisions within SpFrance and collaborators to help achieve this.

*Recommendations:*

Recommendation 1: SpFrance should embrace its role as the national advisor on health priority-setting and inter-sectorial best practices to achieve public health goals. Ministerial and regional actors expect SpFrance to play this role fully while pursuing its own mandate, which is to provide evidence based knowledge on how to achieve better population health. To do so, SpFrance should nurture an ongoing relationship with stakeholders and decision-makers, listen to their needs, work as a collaborative partner and embrace the role of a knowledge broker and mentor on developing best practices. To anticipate and plan for the future, SpFrance should undertake a “horizon scanning” and visioning process that includes soliciting inputs from staff and stakeholders. Based on this, SpFrance should develop an institute-wide, integrated five-year strategy based on a logic model approach clearly tied to health indicators for major causes of death and disability in the population in order to achieve the maximum benefit and impact to population health.

Recommendation 2: Based on the integrated strategy, with inputs from staff, department heads and stakeholders, and analysis of quantitative evidence, SpFrance should develop a multi-year integrated strategic plan that allows for the prioritization and mobilization of agency resources through a clear and transparent system that links funds to desired population health outcomes. This will ensure that decisions about prioritizing agency funding are linked to the anticipated future needs and priorities for public health, rather than to longstanding or historical ways of structuring and funding programs. Evaluating existing programs and considering additional investment, or disinvestment, should be considered as a part of this. Initiatives that promote collaboration across teams and with stakeholders and partners should be included as a priority.

**2. Are there major public health issues that the agency should tackle in a different way or that the Agency does not address sufficiently?**

*Observations:*

SpFrance manages a wide variety of public health issues with an impressive technical and scientific scope. Merging four institutes into one has led to new opportunities for cross-departmental teams and approaches. Such approaches can be further stimulated with the visioning outlined under recommendation #1. In addition, it would add impact and value if SpFrance’s work was positioned more broadly within a framework of the social determinants of health. This will allow the development of partnerships with other stakeholders, including other government ministries, to work together on some of the challenges facing urban and rural populations in France. As part of this, there should be a comprehensive approach to data including social, behavioural and economics science components to ensure the ability to calculate the return on investment of health

interventions as well as the social determinants of health. Evidence-based decision-making on resource allocation is one way to work within workforce caps. It will also help to identify and embed into the strategic plan more focus on inequalities, including vulnerable groups such as the socially deprived, jobless, migrants and refugees and the homeless. Systematising SpFrance's evidence approach, and identifying population health demographics on inequalities, can then inform action

Recommendation 3: Position SpFrance's work within the broader perspective of the social determinants of health, moving beyond health education and campaigns and using data to yield new insights and generate more resources. Ensure that these discussions include a focus on inequalities, including marginalized populations. It is well recognized that working simultaneously on different levels, using multiple strategies that are within the reach of inter-sectorial partners has the most durable effect on public health problems. Health education and social marketing are part of this, but are not sufficient on their own. For example, the Public Health Institute of Quebec (please see figure below) frames its work within determinants on all levels to link with existing frameworks and knowledge, as intervention at the system level is important. This approach would also enable SpFrance to establish the types of relationships that can deliver significant impact in improving health and well-being by providing the evidence-base to agree priorities with partners to deliver collective action (for example: housing, education community organisations and employers).



Figure 1: Social determinants framework / Quebec

### 3. Assess the balance between activities related to health protection and health improvement

#### *Observations:*

The balance between investing in activities that support health protection versus those focused on health improvement is one faced by every member of IANPHI. The need to be prepared for public health emergencies, to monitor the health of the population and respond quickly to outbreaks and other threats, is a very visible and important one.

At the same time, the burden of disease of non-communicable diseases, and its risk factors including tobacco and alcohol use, increasingly consumes public resources and leads to a less healthy population with reduced health outcomes. Given resource constraints and the political inclination in many countries to support shorter-term, high-impact approaches rather than prevention, health improvement and health education, making the case for increasing funds to health improvement/health education can sometimes be a challenge.

Fortunately, in France it seems that stakeholders at all levels of government and the public favor an increased investment in health improvement, which is an ideal environment for SpFrance to further develop this expertise. Successful anti-tobacco campaigns have demonstrated that such activities add value. There is strong political recognition of the need to move toward prevention and health improvement and the complex role of the social determinants of health in achieving this. SpFrance can play an important role in this as it is developed and should explore how it can assist Government in moving the focus of the French health care system, and other cross sector key partners, away from the dominance of clinical care and toward prevention, within the overall framework of the social determinants of health and with an eye to health inequities. More data collection and analysis, cost-benefit models, benchmarking and economic policy guidance is needed to prepare recommendations and inform decision-making ; these activities should be undertaken by SpFrance. The key for SpFrance, based on the experience of other NPHIS, will be to provide the evidence for prevention that draws other sectors in by using understandable, accessible and clearly presented ways to portray this in order to effectively influence policy and galvanise its partners in a focused way. It may be useful to look for synergies between health protection and health improvement functions as well.

Recommendation 4: Build the case for a national investment in prevention. Expand SpFrance capacity in health economics to be able to assess and advise on the return on investment (ROI) of health interventions, including campaigns, and to present evidence, interventions and guidance in a simple, understandable and accessible way that is tailored to the different players. It may be useful to look for synergies between health protection and health improvement functions, and to include health inequities, as part of this discussion. It may be useful to discuss the development of these skills with other NPHIs including Public Health Wales which is a designated World Health Organization (WHO) Collaborating Centre on Investment for Health and Well-being with a strong base focused on economic modelling and return on investment for prevention interventions.

#### **4. How much the agency can be considered as a matured and trusted public health adviser to decision makers at the national level and regional/local level**

##### *Observations:*

SpFrance has a world-class reputation for its scientific work and public health expertise ; in general, public and political trust and support are high. SpFrance has very strong professional technical and scientific expertise, including some of the world's top experts, and an excellent reputation in the country and globally. Every external stakeholder interviewed thought the creation of SpFrance had been a positive idea that had resulted in positive outcomes. SpFrance's regional offices are beginning to develop strong, trusted relationships in support of local public health goals. Regional authorities such as the one in Paris appreciate the value of SpFrance and want to work more closely with it. Its active and robust advisory boards, including a strong scientific board, bring together multiple audiences and

provide excellent guidance to the agency. The Ministry of Health is supportive of the agency and encouraging it to move to the next level. Important lessons in communication were learned from a 2018 inquiry into limb reduction anomalies in France.

However, it was acknowledged by some partners that there is a space that SpFrance could occupy more firmly in relation to providing the type of support and leadership for partners across the breadth of the domains of public health – both locally and nationally, rather than an impression that its particular focus is mainly on providing data and surveillance. The shift towards turning evidence into supporting actions at all levels would be welcomed by partners, and is further outlined under Question 5. One of the key facets of Public Health Wales' WHO Collaborating Centre, referenced above, is to provide evidence for a wide range of partners and the public in an easy to read and understandable way to inform action, decisions and planning. It may be helpful to engage with them to share experience in this area.

**5. To which extent the best knowledge/data are used to deliver evidence informed policy advice, recommendations, and communication ?**

*Observations:*

At SpFrance, a culture of moving from data to action has been recognized as a need. The leadership of SpFrance had a strong vision to increase capacity in key areas, including creating and developing the data group. SpFrance's surveillance platform is strong and new data work and collaboration between data science and infectious diseases is encouraging. A good cycle of scientific production is being considered – embedding the research program into the scientific program. Moving toward fully integrated efforts to move data to practice will be the result of the strategic planning outlined in recommendations 1 and 2. For example, Public Health England used results from the global burden of disease study to successfully make the case for prevention alongside care in [national health service planning](#) and also to increase effort in PHE on addressing the burden due to musculoskeletal diseases and mental health problems. It used data from the national Diet and Nutrition Survey to monitor delivery of reformulation work on sugar and calorie reduction. PHE uses the [Fingertips](#) tool to support local public health and produce an [annual Health Profile for England](#) to inform national policy making across Government. As outlined in Recommendation 4, to move to the next level, SpFrance should recruit, build or access new expertise in social and behavioural science and health economics. Multiple data sources across the country should be mapped to ensure coordinated, accurate data in France. To better communicate the agency's recommendations and work, appreciation for the role of external communications in sharing policy and guidance to the public should be fostered at all levels of the organization. Such a system becomes urgent during times of crisis, particularly with key stakeholders such as the Ministry of Health. A unified website and communications strategies led by a central communications entity is

critical to the success of national public health institutes' efforts to share, with a unified and aligned approach, policy and other information with stakeholders.

*Recommendations:*

Recommendation 5: Multiple data repositories in France could be used more efficiently and effectively. Undertake a mapping of public health data and evidence resources at the regional and national levels with a view to reducing duplication and optimizing effectiveness and impact.

Recommendation 6: Ensure communications management systems are in place, particularly during times of crisis, with the Ministry of Health and other key partners. Support for the development of a standardized, outward-facing communications platform, and a unified and aligned communications strategy housed in a central location, should be a priority. As part of this, proactive engagement with the public should be a priority.

**6. To which extent the agency has the (or will have in the future) the appropriate skills, competences and expertise (in-house or through, partnerships) to fulfill its mandate ?**

*Observations:*

SpFrance has great depth in technical expertise and now needs to build breadth in strategic leadership (strategic thinking and a global perspective) at the division director and deputy levels, and to actively encourage professional development in leadership amongst individual members of the organization. A succession plan is also needed: several key leaders, including highly skilled and internationally-recognized experts, are close to retirement or planning to retire over the next 18 months. This capacity-building will foster the organization's stability and interconnectedness. In addition to leadership development, capacity in change management, to transition/adapt to the continued changes needed, will be necessary. Strategic planning that eliminates "silos" and fosters working together across departments will reduce territorialism and competition for resources.

The labour market is competitive, particularly for IT and communications functions, and government service is not competitive compared to the private sector. SpFrance should ensure that attracting and retaining the most talented staff possible is a core component of its mission. It is important to note that cutting disproportionately the number of "foundational" or administrative staff in order to meet national caps can undermine the structure of the newly-developed organization. To ensure that the organization grows, a robust and resilient operating and administrative (managerial) platform is needed. Where gaps need to be strengthened, decision-making needs to be deliberative in the context of staffing caps and further cuts in order to not overturn the operational progress on the first 2 years. Developing a workforce strategy and planning to build the capacity and capability needed within the resource constraints faced by SpFrance

requires exploring innovative methods and a culture of new ideas. This needs to be undertaken with a strong strategic and future-focused lens that considers how technology can be exploited and the skills needed in this environment, together with the new skills required for strong collaborations as SpFrance expands further into the health improvement domain. Many NPHIs are in the process of developing similar workforce strategies and this provides an opportunity to share experience. In January 2019, the CDC established a Workforce Task Force to define the workforce of the future and develop an agency-wide strategy and implementation plan. Among the programs it will examine is the Public Health Associate Program (PHAP)- a competitive, two-year, paid training program. Associates are assigned to public health agencies and nongovernmental organizations in the United States and its territories, and work alongside other public health professionals in a variety of settings. PHAP was developed to give entry-level college graduates hands on experience, and to foster partnerships between CDC and public health agencies, and tribal and non-governmental organizations to develop the next generation of public health professionals. It serves as the pipeline for the next generation of Public health advisors. Associates have been deployed for public health threats such as Ebola, hurricane response, and other emergent issues.

*Recommendations:*

Recommendation 7: Implement an agency-wide strategy to attract and retain the best talent - and a succession pipeline and planning for all staff in critical positions. Tactics/training to be considered include: mentoring; management training; leadership for current and future leaders; training in communicating with the public/stakeholders; and, a more participatory internal communication/change management effort for all employees. Other NPHIs can share best practices in this area.

Recommendation 8: Implement a health and wellbeing program for employees. Other NPHIs can provide examples and benchmarking for this.

Recommendation 9: continue to encourage a culture of embracing new ideas, innovation, cross-fertilization and nimbleness. Develop training, structures and systems to ensure strategic thinking across program directors and a governance structure to incorporate them more fully into decision-making. Develop strategies that lead to cross-pollination of groups rather than “silos” including staff fluidity (joint training or exchanges internal and both ways with regions) and communities of practice.

**7. To which extent partnerships with stakeholders are balanced and fruitful ?  
What could be improved ?**

*Observations:*

In general, the stakeholders interviewed reported that partnerships are going well and that SpFrance adds value to their work. Continuing to strengthen relationships with the High Council for Public health and providing strategic leadership support to guide its agenda will be useful. SpFrance has done a good job of building outside partnerships and should continue to do so, including those with the cancer institute and the Ministry of Health. Globally, there is increasing recognition of the concept of place-based decision-making and the increasingly important role of civil society. SpFrance's community participation efforts are an important start, including the committee for societal participation, and this effort can be expanded. Likewise, SpFrance's strategic engagement with regions, and its effort to develop supporting and helpful relationships at the regional and territorial levels – are a base on which other efforts can be built over time. There is great interest in working with SpFrance from the health authority of the Paris region; a joint project could be piloted there or elsewhere.

While relationships with the Paris regional authorities are good, engagements with regional public health teams seem less well developed. A strong effort is needed to develop mutually-beneficial partnerships with regional directors and their teams to ensure good working relationships that add value. More efforts to proactively “open its doors” and engage with the public would also be valuable. Other NPHIs can provide best practices on public engagement.

*Recommendations:*

Recommendation 10: develop and implement an overall partnership strategy with regional directors and their teams to develop and work together on mutual goals that add value on the regional and national levels. Regional “centres of excellence” could be considered to ensure more decentralized expertise around the country and build capacity in outlying areas. Ensure dedicated staff time to ensuring that the SpFrance is optimizing its contribution to regional stakeholders, so that trusted and ongoing communication between SpFrance and the regional leaders can be further fostered. Task forces on surveillance or other topics that bring together national-regional or regional-regional groups will add value. Joint appointments or exchanges could help to build trusted relationships. A “model” partnership could be implemented to improve specific health outcomes with one or more of the regional health authorities, such as Paris, by agreeing a number of shared and complementary evidence-based priority areas ; nurture a relationship with them and give them the tools needed to help meet local priorities such as explaining health inequalities in different areas. One potential area of joint work is developing new competencies for ROI and economic evaluation of interventions.

Recommendation 11: Take a more proactive approach to engaging with the public : expand strategies, including strategies to “open the doors” of the institute as some other NPHIs have done and the translation of technical knowledge to

societal engagement. As outlined in recommendation 6, proactive outreach to citizens and, unified website with searchable information for the public, and communications in laypersons' terms, are important.

**8. Is the agency innovative with regards to deployment of interventions, use of new methods, concepts and digital technologies, social marketing, interaction with research and international partnership?**

*Observations:*

SpFrance's work is innovative, particularly its efforts in the creation of the DATA team, the GEODES work and the way it is making data available. The systematic sequencing of whole genome to identify potential infectious diseases outbreaks earlier is impressive. The GEPP community of practice is innovative and needs to be nurtured. The Ethics and Democracy committees attached to the Board are quite innovative and a daring concept. The development and deployment of the front of pack food labelling system, Nutriscore, and convincing food producers and retailers to apply it, has been cutting-edge. The system has already been adopted in Belgium and Spain, and Portugal and Germany are considering its implementation.

Given the continued emergence of infections and environmental global threats, and the need for countries to contribute to achieving the Sustainable Development Goals (SDGs), it is a core role of every NPHI to engage actively internationally and also increase their scientific and operational capacities in particular in the area of health improvement. NPHIs must establish strong international links and ways of working, in the context of the global public health system and global preparedness and response, in order to effectively safeguard the health of their own population and support the health of others. International partnership is an area where additional SpFrance investment in staff and recognition of the importance, and benefit, of global engagement is needed. For example, about 80 staff work in Public Health England's Global Health Division. Like Public Health England, most of IANPHI's members play a very strong role in this arena including participating in the European CDC activities, sharing technical expertise and training, joint work on policy and best practices, and joint projects in developing nations. Such efforts not only strengthen the NPHI and its national government's role in global fora, they are very appealing to employees for building and sharing their scientific and leadership skills. SpFrance has engaged in several important activities, including the GBD project, along with other NPHIs in the region.

*Recommendations:*

Recommendation 13: SpFrance should make clear and promote the importance of an institute-wide culture of international engagement as a key function of a national public health institute that cuts across all departments. It should become a full participant in global affairs such as, for example, the Sustainable Development Goals or Global Health Security Agenda, to learn from others, share

expertise and take on expertise from others in an efficient way. SpFrance can build upon existing exchange programs and explore new programs with other NPHIs – these add value, and build expertise, for staff. It should provide the training and skills for staff (including language skills) to share expertise with, and learn from, others in global settings. And, it should increase the presence and engagement in or with international organizations e.g.: ECDC, WHO and others on a technical level. Lastly, SpFrance should ensure sufficient dedicated staff time to global partnership and contributing knowledge and expertise to global efforts within the European community.

## Appendix I | IANPHI Review Team Members

Title	Dr
Last name	Cooper
First name	Tracey
Position	Chief Executive of Public Health Wales
Photo	
Short Bio	<p>Tracey Cooper is Chief Executive of Public Health Wales. This is a national organisation within the NHS in Wales and its main purpose is to protect and improve the health and wellbeing of the people of Wales and to reduce health inequalities. It does this through a diverse range of functions that include delivering screening, vaccination and immunisation programmes; providing microbiology services; leading on health protection; providing strategic leadership in healthcare associated infections; delivering health and healthcare improvement programmes and providing a health observatory resource.</p> <p>Prior to joining Public Health Wales, Tracey had been the Chief Executive of the Health Information and Quality Authority (HIQA) in the Republic of Ireland since 2006. Its functions include the setting of standards, regulating health and social care services, undertaking Health Technology Assessments and providing advice on, and developing technical standards for improvements in health information.</p> <p>Tracey qualified as a doctor at Southampton University in 1990. Her career has included working clinically in emergency medicine, emergency care services and health system reform. She has worked in, and advised on, a variety of different health systems in different parts of the world.</p>

Title	
Last name	Damestoy
First name	Nicole
Position	Chief Executive Officer of the Institut national de santé publique du Québec
Photo	
Short Bio	<p>Nicole Damestoy is Chief Executive Officer of the Institut national de santé publique du Québec (Québec PHI since 2015). She manages a 750 employees and physicians team, including the Provincial Public Health Laboratory and the Provincial Toxicology Laboratory. She has been in the field of public health for almost three decades.</p> <p>Previously, she held various executive positions in public health as a regional medical officer of health from 2004 to 2012. She then collaborated at the provincial level in elaborating a Health in All Policies Program for Québec which was released in October 2016. She also contributed to upgrading the Programme national de santé publique du Québec 2015-2025 (Québec National Health Public Policy).</p> <p>Dr Damestoy also continues academic involvement in public health since 2002 at Université de Montréal where she has been appointed associate professor in 2012. She has been a member of the examination board in Public health and preventive medicine for the Royal College of Physicians and Surgeons of Canada for 12 years and has chaired this board between 2001 and 2003.</p> <p>Nicole Damestoy, graduated from McGill University medical school in 1988, completed a master degree in epidemiology and biostatistics and is a fellow of the Royal College of Physicians of Canada (public health and preventive medicine).</p>

Title	PhD
Last name	Juszczuk
First name	Grzegorz
Position	Director of National Institute of Public Health – National Institute of Hygiene in Poland
Photo	
Short Bio	<p>Doctor of medical science, Director of National Institute of Public Health – National Institute of Hygiene. Since 2003 he is the scientist at Public Health Department at Warsaw Medical University.</p> <p>He co-operated with Medicover and LUX MED Groups, where he was responsible for planning and implementing health-benefited activities at work place. In LUX MED Group he led Health Education Office. He represented the Polish employers at the Advisory Committee of European Commission in relation to Health and Safety at work place.</p>

Title	Mrs.
Last name	Dusenbury
First name	Courtenay
Position	Director, Global Partnership for Zero Leprosy
Photo	
Short Bio	<p>Courtenay Dusenbury is the Secretariat Director of the Global Partnership for Zero Leprosy. From 2006-2017 she was the Founding Director of the International Association of National Public Health Institutes' (IANPHI) U.S. office where she helped increase the organization from 39 to 110 members, developed and executed plans for long-term sustainability, and oversaw operations, partnership, policy and projects, including IANPHI's public health system strengthening partnerships in over 55 countries. Prior to coming to IANPHI, she served as the Director of Federal Affairs for Emory University. She worked in the U.S. Congress as a legislative director, senior health policy advisor and budget negotiator. From 1988 to 1991 she was special advisor for federal policy to the director of the Puerto Rico Economic Development Agency in San Juan and from 1991 to 1994 was the federal health policy advisor to the Governor of Puerto Rico and assistant director of his office in Washington, D.C. She was graduated from the Pennsylvania State University and earned a masters degree in public health, with a focus on health economics, from Emory University in 2007.</p>

Title	MD, MHCDS
Last name	Montero
First name	José
Position	Director, Center for State, Tribal, Local and Territorial Support
Photo	
Short Bio	<p>José T. Montero, MD, MHCDS, is the director of the Center for State, Tribal, Local, and Territorial Support, where he oversees support to the US health departments and those serving tribal nations and insular areas. He provides leadership for key activities and technical assistance designed to improve the public health system's capacity and performance to achieve the nation's goals in population health. With his team, Dr. Montero leads efforts to create communities of practice where CDC's senior leaders work with the executive leaders of the public health jurisdictions, key partners, and stakeholders to identify new, improved, or innovative strategies to prepare the public health system to respond to changing environments.</p> <p>Previously, Dr. Montero served as vice president of population health and health system integration at Cheshire Medical Center/Dartmouth-Hitchcock Keene, where he helped the healthcare system advance its population health strategy. He also served as director of the Division of Public Health Services at the New Hampshire Department of Health and Human Services.</p> <p>Dr. Montero holds a medical degree from the Universidad Nacional de Colombia. He specialized in family medicine and completed his residency at the Universidad del Valle in Cali, Colombia. He also holds an epidemiology degree from Pontificia Universidad Javeriana in Bogotá, Colombia, received his certification of field epidemiology from the Colombia Field Epidemiology Training Program and a master's of healthcare delivery science from Dartmouth College.</p>

Title	Professor
Last name	Newton
First name	John
Position	Director of Health Improvement
Photo	
Short Bio	<p>Professor John Newton is Director of Health Improvement at Public Health England and Honorary Professor of Public Health and Epidemiology at the Universities of Manchester and Exeter. As well as being an academic epidemiologist in the University of Oxford, he has been Director of Research and Development in two large teaching hospitals, the first Director and CEO of UK Biobank and a Regional Director of Public Health.</p> <p>John has a long-standing interest in the use of knowledge to drive public health practice. He currently directs the information, intelligence and research functions of Public Health England and has responsibility for health improvement functions including screening, alcohol tobacco and drugs, diet and obesity and health equity. He has led England's contribution to the Global Burden of Disease project and is Chairman of the WHO European Burden of Disease Network.</p>

Title	Professor
Last name	Ricciardi
First name	Gualtiero
Position	President of Istituto Superiore di Sanità, Rome (Italy), WFPHA President, Professor of Hygiene and Public Health at the Catholic University of the Sacred Heart (Rome)
Photo	
Short Bio	<p>Professor of Hygiene and Public Health at the Catholic University of the Sacred Heart in Rome, in August 2015 Walter Ricciardi was appointed President of the Italian National Institute of Health (Istituto Superiore di Sanità) where he was Commissioner from July 2014 to July 2015. In 2010 he was elected President of the European Public Health Association (EUPHA) and in 2011 he was re-elected for a second term up to 2014. Since 2014 he is Past President of EUPHA. In 2011 he was appointed Member of the European Advisory Committee on Health Research to the WHO European Regional Director and from 2011 to 2014 he was Member of the Executive Board of the National Board of Medical Examiners of the United States of America. He manages several undergraduate and postgraduate teaching activities including a Master of Science programme and International Courses in Epidemiology. In Italy he was member of the Higher Health Council of the Ministry of Health in the years 2003/2006 and the Italian Minister of Health appointed him Chair of the Public Health Section of the Council itself from 2010 to 2014. In May 2013 he was appointed Member of the Expert Panel on effective ways of investing in Health (European Commission, DG – SANTE) and in December 2016 he has been awarded a three-year second mandate. He was appointed Member of the Steering Committee of the Center for Global Health Research and Studies of the Medical School, Catholic University of the Sacred Heart, Rome for the years 2015/2016 -2018/2019. In December 2015, he was appointed Director of the WHO Collaborating Centre for Health Policy, Governance and Leadership at the Institute of Public Health, Medical School, Catholic University of the Sacred Heart – Rome. In 2016 he was appointed Principal Investigator of the EC Grant N° 733274 “TO REACH” for the period of December 2016 – November 2019. In June 2017 he was appointed “Commendatore” of the Italian Republic by Decree of the President of the Republic. In November 2017 he was appointed Italian Representative in the Executive Board of WHO. He is Editor of the European Journal of Public Health, of the Oxford Handbook of Public Health Practice and Founding Editor of the Italian Journal of Public Health and of Epidemiology, Biostatistics and Public Health. In May 2018 he has been elected President of the World Federation of Public Health Associations (WFPHA) by the General Assembly of the WFPHA.</p>

## Appendix II | List of Documents Submitted to the Evaluation Team

### Peer to peer review – ToRs, Bios, Contact details

1. Introductory presentation
2. Terms of reference
3. Bios of the review panel members
4. Programme of the peer to peer review
5. Contact details of the panel members
6. Contact details at SpFrance

### National Health Policy

7. National Health Strategy 2018-2022
8. National Public Health Plan : Priority on prevention – Staying healthy for life

### Santé publique France

9. Overview of the health, medico social and social system in France
10. Santé publique France in brief
11. Strategy 2022
12. SpFrance organization chart
13. Description of SpFrance Divisions
14. Workplan 2019
  - 14.1. Letter from the Director General of Health (Ministry of Solidarities and Health) to the Director General of SpFrance
  - 14.2. Letter from the Director General of SpFrance to the President of the Scientific Board
  - 14.3. Opinion of the Scientific Board on the workplan 2019
15. Scientific outreach process
16. Annual report 2016
17. Annual report 2018
18. Other documents (in French only)
  - 18.1. Opinion of the Scientific board on the COP (contractual agreement with the Ministry of Health on objectives and performance)
  - 18.2. Opinion of the Scientific board on the multiannual programme 2018-2022 (in French only)
19. Acronyms



## Appendix III | Interviewees

## IANPHI Peer to Peer Review

### 27 - 31 January 2019

### Sunday 27 January

18.00	Meeting of the panel		Hotel
19.00 - 20.30	Welcome reception		Hotel

### Monday 28 January

8.15 – 9.00	Transfer hotel/ SpFrance		
9:00 – 12.30	<b>Welcome and meeting with DG</b> <b>1. Expectations for the Director General</b> <b>2. Introduction to SpFrance:</b> Vision and ambition, missions Political and internal issues, the national health strategy, the national public health plans. Relation with the Administration, the Parliament Governance, organisation, resources, intervention logic, multiannual programmes Health in all policy approach and its translation at SpFrance <b>3. Q&amp;A session between the review panel DG and CODIR</b>	DG, CODIR, Review panel	PATIO
12.30 – 13.30	Lunch		Patio 3
13.30 – 14.00	Meeting with the President of the Management Board	C. Bonnet Galzi	PATIO
14.00 – 14.30	<b>Monitoring and evaluation (Key performance indicators, “COP”....)</b> <b>Relations with MoH and decision-makers</b>	DG	PATIO
14.30 – 15.30	Intervention logic of the agency and indicators	JC Desenclos	PATIO
15-30 – 16.00	<b>Scientific strategy</b> , role of the Chief Scientist, role of the scientific board. Scientific training	JC Desenclos D. Antoine	PATIO

<b>16.00-17.00</b>	<b>Human and Financial resources : challenges</b> Recruitment, selection and employment policy and characteristics of the workforce Training and career development for staff Budget and financial reports Financial schemes and perspectives	DRH, DAF Mili Spahic	PATIO
<b>17.00 – 18.00</b>	<b>Closed session of the review panel</b>	Review panel	PATIO
<b>18.00 - 19.00</b>	<b>Meeting with Prof. Gérard Lasfargue, Director of Science, Deputy DG, Anses</b>		PATIO
<b>19.00 - 19.30</b>	<b>Transfer to hotel</b>		Navette SpF
<b>20.00</b>	<b>Diner</b>		Hotel

<b>Tuesday 29 January</b>			
8.15– 9.00	<b>Transfer to SpFrance</b>		Navette SpF
9.00 - 10.30	<b>Environmental Public Health and Occupational Health:</b> Pesticides, Polluted sites, risk assessment, field investigation (self-reported health, social appraisal...), human biomonitoring Cohorts, occupational exposures,... Relations with regional authorities, stakeholders relationship management Collaboration with ANSES	DSE DST	Conférence 1 & 2
9.00 - 10.30	<b>Side meeting with Virginie Dubois, Director of Accounting Office</b>	Virginie Dubois Director of Accounting Office	V. Dubois office
10.30 – 10.45	Break		
10.45 – 12.15	<b>Working at the regional level</b> Organization, role of the regional offices in the context of SpFrance Changes since 2016 and for the future to meet new needs and expectations Deployment of interventions and examples of integration of public health functions (principles) Collaboration with other divisions : DSE/DIRE; DMNTT DIRE DST/DIRE DMI/DIRE for cluster investigations, recommendations to ARS supporting risk management and policy measures	DiRE with all relevant divisions	Conférence 1 & 2
12.15 – 13.15	<b>Lunch</b>		Réunion 1
13.15 – 14.30	<b>Data strategy and its implementation:</b> Objectives, products and services (indicators, SNDS, Sursaud, surveys, support to population studies...) Added value of the strategy and organization for SpFrance Geodes Partnerships (internal and external) and collaboration with IT Division	DATA with all relevant divisions, in particular IT (DSI)	Conférence 1 & 2
14.30 15.30	<b>Transfer to the MoH (Taxi) Panel +Mili et ACV + Interpreters and material</b>		Navette SpF
15.45 – 16.45	Meeting with Aurelien Rousseau, Director General, Regional Agency Paris Region	Aurelien Rousseau, DG ARS IdF	MoH 1413 R Room (Lowendal)
16.45 – 18.00	<b>Closed session</b>	Review panel	MoH 1413 R Room (Lowendal)
18.00 – 19.30	Meeting with Prof. Jérôme Salomon, Director General of Health, MoH		MoH
19.30 – 20.15	Transfer to hotel		Taxi
20.15	<b>Diner</b>		Hotel

<b>Wednesday 30 January</b>			
9:00 - 9.45	<b>Transfer to SpFrance</b>		Navette SpF
9.45 – 11.30	<b>Health Improvement</b> Supporting health improvement of populations Model(s) of deployment Social marketing, websites, digital tools, campaigns... Evaluation of actions and interventions Exemples : ü Moi(s) sans tabac ü HIV Prevention ü Vaccination ü Nutri-Score	DPPS with all relevant divisions	Conference 1 & 2
11.30 – 12.30	<b>Meeting with :</b> - the President of the public health ethics and deontology Committee - the President of the scientific board	Martine Bungener Philippe Quenel	Conference 1 & 2
12.30 – 13.30	Lunch		Mezzanine 1
13.30 – 14.15	<b>Working in overseas territories</b> - interaction with populations and local authorities - vaccination (Mayotte) - chloredacone (Antilles)	DiRE DAC with DMI, DiRe, DirCOM DES with DiRe, DirCOM	Conference 1 & 2
13.30 - 14.15	<b>Side meeting with David Heard (Director of Communication)</b>	David Heard Director of Communication	Communication meeting room
14.15 – 15.45	<b>Infectious Diseases programmes: from data to health protection &amp; improvement</b>	DMI with DPPS and DAC	Conference 1 & 2
15.45 – 16.15	<b>Upper limb reduction birth defects in France</b>	Jean-Claude Desenclos Anne Gallay	
16.15 – 16.45	<b>Meeting with Martial Mettendorff, Chief Of Operations</b>	Martial Mettendorff	Conference 1 & 2
16.45 - 17.15	Possible additional meetings or extra time for discussion for the review panel		
17.15 – 18.30	<b>International activities :</b> Strategy, priorities, main targets and partners Key achievements, challenges and perspectives Institutional dimensions (ECDC, bilateral, WHO, IANPHI...)	MiSI	Conference 1 & 2
18:30 – 19.30	<b>Transfer to Social Diner</b>		Navette SpF
19 .30 – 22;30	<b>Social Diner</b>		ACCENTS, table Bourse - 24, rue Feydeau (2e)
22.30	<b>Transfer to Hotel</b>		Taxi

<b>Thursday 31 January</b>			
<b>8.30 – 9.15</b>	<b>Transfer to SpFrance</b>		Navette SpF
<b>9.15 – 10.45</b>	<b>NCD surveillance challenges</b> Prioritization (BoD and other criteria), working with health professionals, partnerships (INCA,DREES, CNAM), serving national and regional needs, Main tools, Outputs Internal collaborations through the different programs	DMNTT	Conference 1 & 2
<b>10.45 – 11.30</b>	<b>Preparedness, Alert and Response</b> Epidemic intelligence Risk assessment and field investigations Coordination of alerts Health corps and strategic stockpiling Interventions : IRMA as an example	DAC	Conference 1 & 2
<b>10.45 - 11.20</b>	<b>Side meeting with Paul-Henri Lampe, Director of Information Systems Division</b>	Paul-Henri Lampe Director of Information Systems Division	PH Lampe office
<b>11.30 – 12.30</b>	Meeting with young staff or who joined recently		Conference 1 & 2
<b>12.30 – 13.30</b>	<b>Lunch</b>		Réunion 1
<b>13.30 – 16:00</b>	<b>Preparation of the conclusions by the panel</b>  Presentation of the conclusions to DG Presentation of the conclusions to CODIR Questions from the CODIR to the panel	Panel  DG DG & CODIR	Conference 1 & 2
<b>16 00</b>	<b>End of the review</b>		
<b>16:00 – 17.00</b>	<b>Farewell cocktail at SpFrance -</b>	CODIR	Cafeteria Villermé
<b>17.00 - 17.30</b>	<b>Transfer to Airport by Taxi (Walter) and Transfer to Hotel (other members).</b>		Navette SpF
<b>19.00</b>	<b>Diner</b>		Hotel or tbd