

# 2024 Annual Report

Scientific knowledge serving  
better health for all





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# Objective insight for better protection

**For Sylvie Lemmet, Chair of the Management Board of Santé publique France, the agency's major role in the health ecosystem — amid a global health landscape that is rapidly and constantly evolving — must be strengthened in both disease prevention and population protection.**

**Growing health risks, increasing inequalities, a weakening healthcare system... What role should Santé publique France play to address these changes?**

Climate change, ecosystem disruption, and social inequality are driving profound social, technological, and environmental transformations. Exposure to chemicals, heat, and health and environmental threats—which will become more frequent and more severe—will take on growing importance. With this in mind, an agency like Santé publique France must generate scientific data to objectively assess the impact of these phenomena on human health. The agency's role in these areas is all the more pivotal because it has developed cutting-edge expertise through its work in the overseas departments and regions (DROM).

estimated to increase employment and work productivity, equivalent to 2,800 full-time jobs per year, with a value of €85 million. This data is essential for informing public policy decisions and increasing public acceptance, a key condition for effective implementation.

**What challenges lie ahead for the agency in 2025?**

We aim to continue engaging with civil society and sharing our knowledge with both the general public and our partners. This outreach is essential for increasing acceptance of prevention policies designed to raise awareness. Since 2024, the agency has had an Objectives and Performance Contract (COP), signed with the Ministry of Health, to which the Management

**“The mission of Santé publique France is more essential than ever, as it provides public authorities with objective information for decision-making.”**

**SYLVIE LEMMET**

CHAIR OF THE MANAGEMENT BOARD OF SANTÉ PUBLIQUE FRANCE

It is therefore already well prepared to address certain risks, notably by monitoring vector-borne diseases and waterborne pathogens.

**What role does Santé publique France play in the health landscape?**

Santé publique France demonstrates the value of preventive healthcare. It is able to accurately assess the impact of certain measures on healthcare spending. For example, a health and economic assessment of the Tobacco-Free Month campaign showed a positive return on investment: for every euro invested in the campaign, more than €7 are saved in healthcare spending due to smoking cessation. Tobacco-Free Month is also

Board contributed, honoring my commitment to do so. It includes quantified indicators that aim to improve assessment of the scope of actions in terms of both surveillance and prevention. This tool is essential for building a stronger and more effective public health system.



# A Continuum from Expertise to Action

**Santé publique France is built on a unique model that produces data, analyses it, translates it into health promotion and prevention initiatives, and takes action to protect populations in the event of a threat. It is an efficient and agile model that has proven its effectiveness, as explained by Dr Caroline Semaille, Chief Executive of Santé publique France.**

**The agency is reaffirming its positioning and core principles. What should we take away from this?**

In a health landscape undergoing profound change, we have a distinctive and unique model that is an asset in meeting current and future public health challenges. Our mission is clear: to provide leading scientific expertise in support of prevention, protection, and the improvement of health for all. The agency can achieve this because we work with a wide range of expert professionals: epidemiologists, data scientists, biostatisticians, disease prevention specialists, pharmacists, logistics specialists, physician, social scientists, and more. We use a model based on a continuum from data production, surveillance, and prevention to action. Combined with a strong regional presence, this model makes it possible to anticipate and adapt responses to health threats, as well as to identify, implement, and support effective prevention initiatives and campaigns. For example, during the mpox

Island. The other major challenge was health surveillance during the Olympic and Paralympic Games, which involved producing over 300 epidemiological bulletins and, through process automation, handling millions of data points to ensure heightened daily vigilance across the country.

**What are the main priorities of the 2025–2030 strategy?**

First, we need to strengthen our ability to anticipate and respond in order to better address health threats, which are set to intensify. We will further develop modelling of infectious disease dynamics and ensure epidemiological follow-up after major events. Next, we will assess the burden of chronic illnesses, which are set to increase as the population ages, better define the key drivers and risk factors, and measure the effects of environmental exposures. Finally, one of the main strategic priorities will be to strengthen our influence on health-related public policies, encourage

**“The continuum of our missions is what makes us unique and strong.”**

DR CAROLINE SEMAILLE CHIEF EXECUTIVE OF SANTÉ PUBLIQUE FRANCE

crisis, the agency handled epidemiological surveillance, targeted communication efforts, and vaccine logistics.

**How do you look back on 2024?**

Two events of unprecedented scale stand out. The situation in Mayotte perfectly illustrates this continuum of our missions and our ability to provide essential support in managing health crises. The agency was active on multiple fronts, working closely with the regional health agency (ARS) to monitor and control diseases linked to the water crisis, particularly cholera, throughout 2024. Following Cyclone Chido, we implemented exceptional measures: strengthening surveillance within local communities, mobilising the Healthcare Reserve and the pharmaceutical unit, and setting up a support base on Réunion

healthful behaviours, develop advocacy for more healthful environments, and promote the factors that support good mental health. My aim is to make the agency a driver of change within the healthcare system by helping to integrate health into all public policies, across all regions, and throughout every stage of life. Our agency has “the three Cs,” to achieve these objectives: the Objectives and Performance Contract (COP), designed to measure the effectiveness of our actions; the CAP 2030 plan, which allows us to look ahead to the future; and very strong sense of cohesion among agency staff, who is motivated to work to serve the public good.



# 2024 Key Figures



## Alerts and crises

# 1,832

healthcare reservists mobilised.

Over

# 3 billion

items of personal protective equipment distributed and 339 million COVID vaccines administered to the public since 2020.

# 87

health alerts handled.



## Health promotion and disease prevention

# 59

communication and health promotion campaigns in 2024, including:

- Tobacco-Free Month
- Promoting physical activity
- Alcohol Info Service campaign
- Sexual health risk prevention
- Heat-related hazards
- Young people's mental health

# 2

awards received for the sexual health risk prevention campaign and the campaign promoting physical activity among teenagers.

# 7.7 million

educational resources distributed to healthcare professionals, decision-makers, local authorities, associations, and the general public.



## Remote support

# 5

remote listening and support services from Santé publique France: Tobacco, Alcohol, Drugs, Cannabis, and Gambling Info Services.

# 20.9

million visits across these five websites.

# 241,214

responses provided (calls, chats, and Q&A sessions).

# 62,573

consultations with a tobacco dependency specialist.

# 53 million

visits across all health promotion websites.

### VISITS AND PAGE VIEWS ON SANTÉ PUBLIQUE FRANCE'S DISEASE PREVENTION WEBSITES IN 2024:

#### Smoking Info Service

4,001,918 visits  
6,586,252 page views

#### Alcohol Info Service

3,935,935 visits  
5,888,935 page views

#### Drugs Info Service

4,178,827 visits  
6,200,454 page views

#### Gambling Info Service

8,161,396 visits  
84,235 page views

#### Vaccination Info Service

5,432,074 visits  
6,257,698 page views

#### Alcoometre.fr [alcohol use quiz]

606,862 visits

#### Coping with heat

590,662 visits  
1,011,543 page views

#### Sexual health questions

7,199,600 visits  
14,933,001 page views

#### Onsexprime [sex education site]

2,407,963 visits  
3,128,353 page views

#### Sexosafe [safe sex information]

709,305 visits  
1,021,852 page views

#### The First 1,000 Days

3,512,911 visits  
546,787 page views

#### Mangerbouger [healthy eating and active living]

12,010,532 visits  
40,520,475 page views

# A Scientific Agency for Knowledge and Action

**As the national public health agency, Santé publique France provides leading scientific expertise to support prevention, protection, and the improvement of public health.**

Against a backdrop of major trends (ageing, social and regional inequalities, climate change, health crises) that are making health challenges increasingly complex, Santé publique France helps build a more sustainable health system by integrating health into all public policies, across all regions, and throughout every stage of life.

The agency addresses all dimensions of health – both physical and mental – with a wide scope that covers chronic and infectious diseases, determinants linked to health behaviours, and the impact of environmental and occupational factors.

## **Making Prevention a Pillar of Health System Sustainability**

Through its 16 regional units, the agency extends its missions and actions to all populations, taking into account social health inequalities and territorial specificities.

It contributes to improving population health by advancing prevention and promoting behaviours and environments conducive to good health (urban planning, education, diet, mobility, etc.). In practice, the agency collects, analyses, and interprets data, producing robust information that helps describe health events, assess the burden of diseases, and understand their determinants and causes. The results of its work and recommendations, founded on scientific expertise, help public authorities make decisions and guide public health management, control and prevention measures.

When there is a health threat to the population, the agency supports the response by providing healthcare professionals, medicines, and equipment on the ground.



## **What is the burden of disease in public health?**

The burden of disease describes the extent of health deterioration or loss of health linked to disease and injury in a population.

The burden of disease, as defined by the World Health Organization (WHO), is measured in a single unit called disability-adjusted life years, which combines the number of years lived in good health and the number of years lived with disability into a single metric.

“Santé publique France works to secure population health and a sustainable, safe and healthy environment for the generations of today and tomorrow.”

**Dr CAROLINE SEMAILLE**

## The continuum of our missions

### MONITOR AND ALERT

- Epidemiological surveillance of the health of populations
- Monitoring health risks threatening populations
- Alerting public authorities to threatening health events

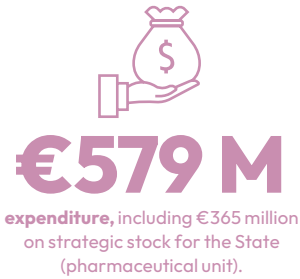
### PREPARE AND PROTECT

- Anticipating and preparing the response to threats
- Responding to health threats and crises

### PREVENT DISEASE AND PROMOTE HEALTH

- Health promotion
- Reducing health risks
- Promoting disease prevention and developing health education

## Key Figures



**20** apprentices hosted in 2024-2025.

**30** public health and pharmacy interns hosted each year.

**4**

major health surveys in the general population per year (on average)



### Healthcare reserve

**46,460** reservists registered (+10,800 in 2024).

**216** roles covered.

### Pharmaceutical unit

**1** national platform.

**29** distribution platforms (17 in mainland France, 12 in the DROM).

**455,000 m<sup>3</sup>** of medicines and equipment.



Over **100**

diseases monitored, including 36 with mandatory declaration 57 to be reported at the European level.



including **30**

areas monitored by non-infectious disease surveillance systems (non-communicable diseases and injuries/occupational and environmental health).

# Three principles at the heart of our model

The work carried out by Santé publique France and the conditions for its success are based on three principles: expertise, openness and innovation.



## Expertise

Using scientifically grounded methodologies ensures that we produce reliable knowledge that informs public debate and helps public authorities make decisions.



## Openness

Santé publique France maintains ongoing dialogue at national and regional levels with its stakeholders, partners and representatives of civil society. We publish our data in open formats to ensure it can be freely accessed and used by all.



## Innovation

Our ambition is to integrate new methods and technologies to improve anticipation and response. By modernising our tools and experimenting with new approaches, we are preparing to meet the public health challenges of tomorrow.

**“Santé publique France teams play an essential role in strengthening prevention, combating social and regional health inequalities, and responding to health crises. Their commitment and scientific excellence deserve recognition.”**

CATHERINE VAUTRIN, MINISTER FOR LABOUR, HEALTH, SOLIDARITY AND FAMILIES



## 2024–2028 Objectives and Performance Contract (COP): A solid commitment

Santé publique France has signed an Objectives and Performance Contract (COP) for the period 2024–2028 with the French State, represented by Catherine Vautrin, minister of Labour, Health, Solidarity and Families, and Frédéric Valletoux. This COP was designed to support the new national health strategy and take into account changes in knowledge about the health of the population. It addresses interactions between living environments, lifestyle habits, the emergence of infectious and chronic diseases, as well as lessons learned from the COVID-19 crisis, particularly through the “One Health” principle. This reflects the desire to develop the agency in line with its ambition for a strengthened, effective and responsible public health system, working closely with populations and regions.

# “2024 has seen the efforts of several years of innovation take shape”

**Innovation at Santé publique France aims to make the best use of data and create new monitoring and prevention tools.**

## What are the challenges and objectives of innovation within the agency?

**Yann Le Strat:** Innovation is fundamental to creating the tools we need to adapt to the profound changes in the health sector, whether it involves detecting diseases earlier, addressing the consequences of climate change, or the challenges of an ageing population. It is also essential to foster the development and sharing of scientific knowledge and to improve the transmission and collection of information. Innovation also enables us to communicate more effectively with our audiences, moving towards targeted prevention. This culture of innovation is embedded in all our activities: surveillance systems, surveys, disease prevention and health promotion.

For example, we have reviewed the methodologies used in our surveys, particularly the Santé publique France Barometer, to improve the quality of the statistics produced. For the microbiological surveillance of wastewater (SUM'EAU system), we expanded the number of wastewater treatment plants from 12 (in 2023) to 54 (in 2024), in order to improve the spatial resolution of viral circulation monitoring. We also worked with partners to coordinate the consolidation and expansion of the EMERGEN consortium, which was set up during the COVID-19 pandemic

to monitor the genetic evolution of the SARS-CoV-2 virus. This consolidation has turned it into a long-term project that will be extended to other diseases.

## What are the stand-out projects of 2024?

**Y.L.S.** In September, we launched Innovation Lab, which brings together around a hundred contributors, with the aim of catalysing our ideas and transforming them into projects. Managing complex situations, improving communication, and collaborative working are some of the topics covered. Another innovative source of tangible progress is artificial intelligence. We are introducing it into various fields, such as health monitoring and surveillance. This includes identifying causes of death in death certificates and plans to use it to search for comorbidities in medical reports, analysing document corpora from surveys, assisting with script generation, etc. The Orchidée\* monitoring system project is also a good example. It is based on data from 25 teaching hospitals and aims to integrate, for the first time, data collected from medical reports in order to enrich epidemiological indicators. A similar approach has been introduced to collect data from electronic death certificates to identify and analyse causes of mortality in near real time.

## What is your roadmap for 2025?

**Y.L.S.** 2024 has seen the efforts of several years of work take shape; in 2025 we will continue on this trajectory. We will continue our experiments within the Innovation Lab, collect the first data from Orchidée, and launch new projects, such as the Odissé open data site, which uses AI to improve access and the quality of research results. The objective remains the same: to increase efficiency and agility and, ultimately, to optimise the sharing of our data and knowledge.

\*Organisation d'un réseau de centres hospitaliers impliqués dans la surveillance épidémiologique et la réponse aux Emergences [Network of hospitals delivering epidemiological surveillance and response to emerging events].

**“Innovation enables us to communicate more effectively with our audiences.”**

**YANN LE STRAT, CHIEF SCIENTIST OF SANTÉ PUBLIQUE FRANCE**



# A synergistic strategy for public health

Santé publique France maintains dialogue and collaborates with a wide network of partners, both in France and internationally, to pursue its three missions: monitoring population health and raising alerts; preparing for and protecting against health threats and risks; preventing disease and promoting health. This network is made up of institutional and scientific partners, healthcare stakeholders, members of civil society, and the media.

## INSTITUTIONS

The agency is in constant contact with the authorities and partners from the national public health network to provide its expertise to support decision-making and public health action.

- The Ministry of Health and Access to Healthcare (which oversees the agency) and other ministries
- Regional Health Agencies (ARS)
- Prefectures, local authorities
- National and local elected representatives
- Public institutions: French blood donation service (Établissement français du sang, EFS), Directorate for research, studies, evaluation and statistics (Direction de la recherche, des études, des évaluations et des statistiques, DREES)
- Health agencies: French National Agency for Food, Environmental, and Occupational Health and Safety (Agence nationale de sécurité sanitaire de l'alimentation, de l'environnement et du travail, ANSES), French National Agency for the Safety of Medicines and Health Products (Agence nationale de sécurité du médicament et des produits de santé, ANSM)
- Public expert and scientific agencies and institutions: French National Health Authority (Haute Autorité de santé, HAS), French High Council for Public Health (Haut Conseil de la santé publique, HCSP) and French National Cancer Institute (Institut national du cancer, INCa)
- French National Health Insurance Fund (Caisse nationale de l'assurance maladie, CNAM) (funder and partner)
- National public health network

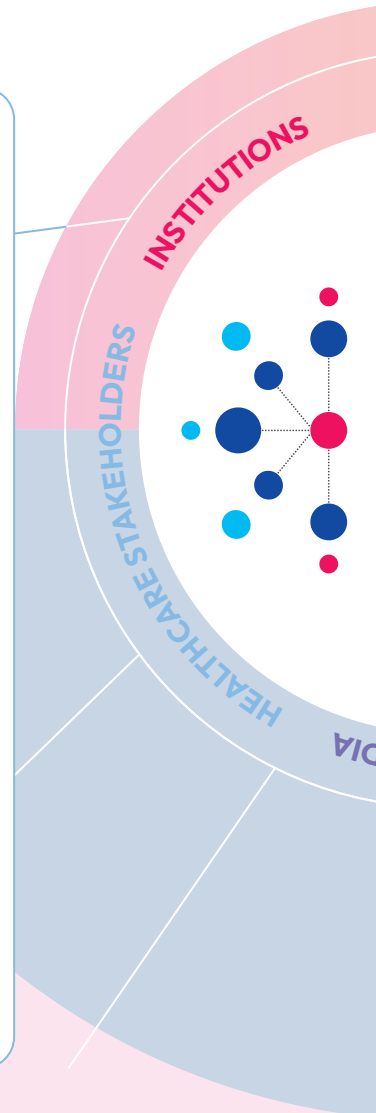
## HEALTHCARE STAKEHOLDERS

- National reference centres (Centres nationaux de références, CNR)
- Healthcare professionals (primary care and hospitals)
- Laboratories

## MEDIA

The agency shares its scientific results with the media. It analyses its methods, the purpose of its surveillance systems and prevention messages, as well as the indicators it produces.

- Press, journalists
- Social media
- Influencers, opinion leaders



# Santé publique France

TRAINING & RESEARCH

STAKEHOLDERS

EUROPE & THE WORLD

## TRAINING AND RESEARCH

All of the agency's actions are founded on scientific excellence. It draws on strong collaborations with research and academic partners to expand knowledge, promote its dissemination, and advance systems for monitoring, prevention, and responses to health crises.

- Academic partners
- Research institutes and organisations: French National Institute of Health and Medical Research (Institut national de la santé et de la recherche médicale, INSERM), French National Research Agency for Emerging Infectious Diseases (ANRS Maladies infectieuses émergentes, ANRS-MIE)
- Learned societies
- Higher education and training: French School of Public Health (École des hautes études en santé publique, EHESP)
- Research community

## STAKEHOLDERS

The agency's governance is based on a principle of dialogue and openness to society. The agency participates in the work of the French National Health Consultations (Conférence nationale de santé, CNS) and implements dialogue mechanisms across its various areas, including locally, as part of participatory approaches with the relevant public.

- National Health Consultations (CNS)
- Regional Consultations on Health and Independence (Conférences régionales de la santé et de l'autonomie, CRSA)
- Networks of associations
- Civil society
- Trade unions
- Non-governmental organisations (NGO)
- Professionals
- Stakeholders in prevention

## EUROPE AND THE WORLD

The agency contributes to international networks such as those of the World Health Organization (WHO). It sits on the governing bodies of the European Centre for Disease Prevention and Control (ECDC), helped to lead the International Association of National Public Health Institutes (IANPHI) and works closely with counterpart agencies. This improves practices and enhances French expertise.

- International organisations (e.g., WHO)
- European Commission
- European Health Agencies and Authorities: ECDC, European Health Emergency Preparedness and Response Authority (HERA), etc.
- European and international associations: IANPHI, EuroHealthNet, International Union for Health Promotion and Education (IUHPE)
- National public health agencies in other countries
- Embassies and consulates
- Expertise France

# In the heart of the regions

**Santé publique France covers the entire national territory, including overseas regions, through 16 regional units that work alongside the 18 Regional Health Agencies (ARS) and local stakeholders. They provide ARS, prefectures, local authorities, and other local decision-makers with scientific expertise in public health, from epidemiology to prevention.**

Working in coordination with the national level, the regional units offer in-depth knowledge of local issues by producing health indicators, expert analyses, and recommendations. They also conduct epidemiological investigations during health emergencies and ad hoc studies designed to inform decision-making and better address population needs. Our 2024 field surveys illustrate this: surveys on arboviruses in Provence-Alpes-Côte d'Azur (PACA), invasive meningococcal infections in Brittany, chikungunya in Reunion Island, industrial pollution affecting residents of the Orbiel valley (Prior), the Kannari 2 study on exposure to chlordecone and other pollutants in the Antilles, and monitoring of local cancer prevalence. This data helps improve understanding of local risk factors, health determinants, and diseases—whether infectious, chronic, or linked to environmental and industrial exposure.

## **Working at the heart of populations**

Santé publique France oversees local studies, communication campaigns, and consultation initiatives aimed at responding to health alerts and public concerns.

In 2024, the agency shared the results of a consolidated study on suspected excess glioblastoma cases in Salindres and Rousson (Gard department), as well as findings on the over-incidence of legionellosis in certain areas of Hauts-de-France. Thanks to regional reporting of mandatory declarations, a sharp rise in tuberculosis cases in Occitania was confirmed, enabling

the authorities to implement targeted interventions. Working with the PACA regional health authority, the agency also presented the findings and outlook for health surveillance in the Fos-sur-Mer area and the Etang de Berre lagoon, based on work by an observatory established in 2012 to address local concerns about possible cancer clusters.

Also in 2024, consultations were carried out with various stakeholders (local residents, local bodies, etc.) in sensitive contexts. In Tarn, an epidemiological study in Lescout (1986–2015), which found no excess cancer but a trend towards an overall increase, led — at the agency's recommendation — to an extension and update of the analysis for the period 2016–2020. In the Orbiel valley, downstream from a mining complex, Santé publique France worked with local stakeholders to assess the need for a new health survey following

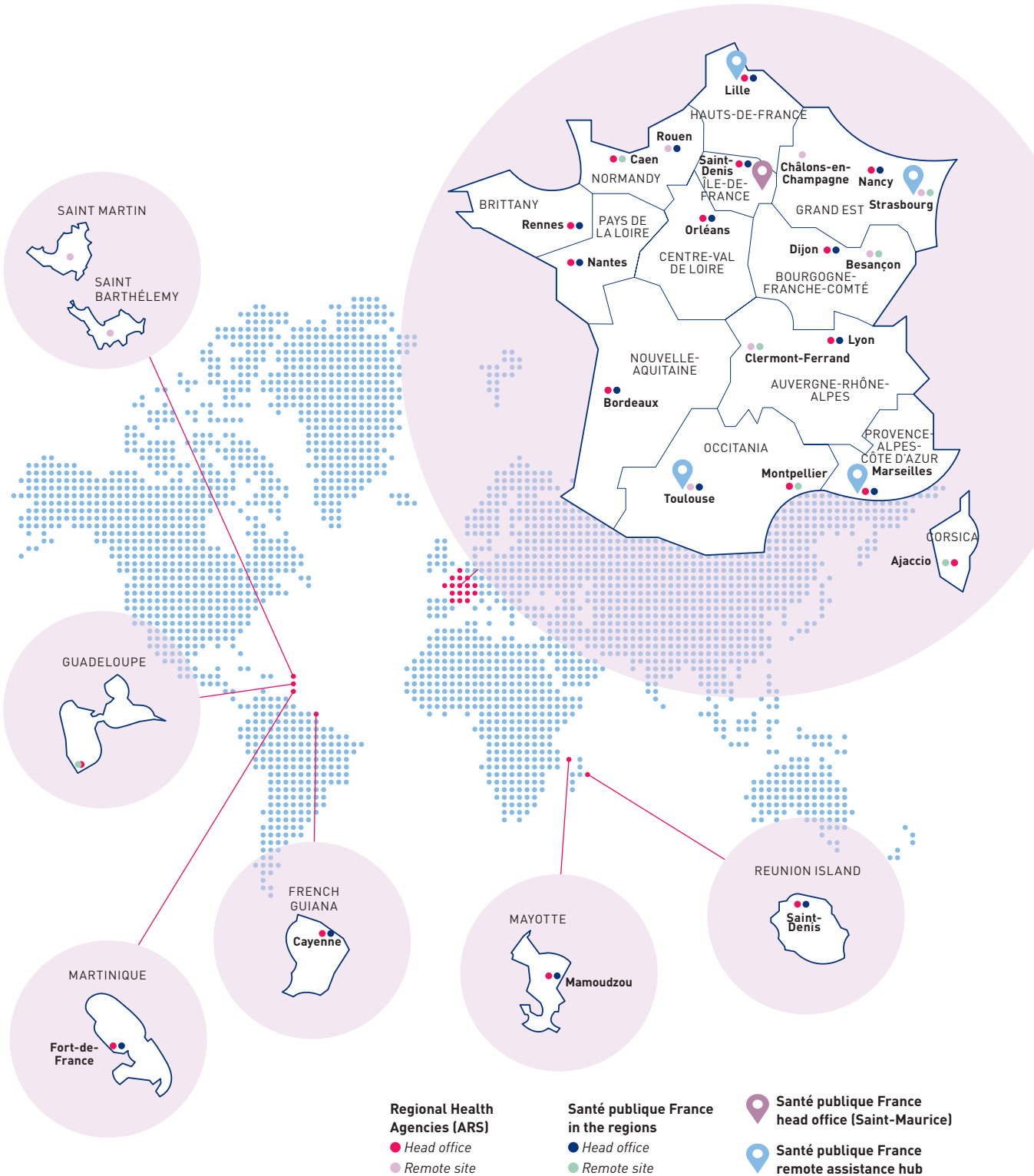
floods that displaced contaminated sediment. A study on mortality from cancer, circulatory system diseases, and Parkinson's disease was chosen, with results presented in a report.

The 2024 report on dengue fever, chikungunya, and Zika surveillance, based on mandatory declaration, recorded the highest number of outbreaks and indigenous cases since enhanced monitoring began in 2006. These episodes occurred mainly in PACA and Occitania. An indigenous case of chikungunya was reported for the first time in Île-de-France, one year after the region's first locally transmitted dengue fever outbreak. For each outbreak, entomological and epidemiological investigations are immediately launched on the ground, accompanied by vector control measures. Safety measures for human tissue and cell products are also implemented, in accordance with HCSP guidelines.

**“Santé publique France is present in all regions, including overseas, ensuring that local needs are fully considered: familiarity with the regions allows surveillance tools and prevention measures to be adapted to local issues while drawing on the resources and support of other regional bodies.”**

**Dr CAROLINE SEMAILLE**

# Local branches of Santé publique France



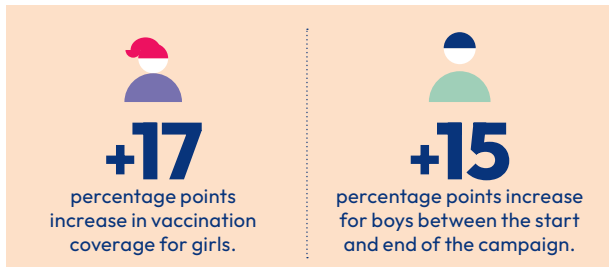
# Review of 2024

22 APRIL

## European Immunization Week: encouraging results for HPV vaccination

### Coverage is growing

According to an assessment carried out by the agency, the campaign for vaccination against human papillomavirus (HPV) infections among secondary school students aged 12 and 13 led to almost 192,000 of them being vaccinated free of charge and raised awareness among young people and their parents about the importance of this vaccination. The information campaign during this week likely also had a positive effect on vaccination in primary care. HPV causes 6,000 new cases of cervical cancer each year.



10 SEPTEMBER

## Nutritional recommendations for children guide published and campaign launched

### "The Eat and Move guide for parents of children aged 4 to 11"

The aim of this brochure is to help parents pass on the joy of eating well and staying active. It includes nutritional recommendations as well as tips, advice, and activities to do as a family. It has been distributed to more than 100,000 healthcare professionals, mother and child health centres (centres de protection maternelle et infantile, PMI), dietitians, pharmacies, charities, etc., and it is available for download on the agency's website.

## Key Dates

**23 January:** Partnership renewed with Paris public transport to monitor staff health and prevention/health promotion actions.

**29 January:** Kannari 2 study launched on the health impact of chlordane and other environmental pollutants in the Antilles.

**30 January:** First results of the quantitative health impact assessment (QHIA) on the health impact of air pollution in schools.

**February:** Assessment of mortality linked to heatwaves.

**29 February:** Results of the first study on cancer survival in the DROM for the period 2008–2018 with INCa, the network of French cancer registries (FRANCIM) and the Lyon public hospitals group.

**March:** Publication of the participation rate in the colorectal cancer screening programme, calculated for the years 2010 to 2023, with national, departmental and regional rates.

**8 March:** International Women's Day: Data published on the health inequalities that persist between men and women.

**24 March:** World Tuberculosis Day: Annual surveillance report published.

**30 April:** Data published evaluating the breast cancer screening programme for the 2022–2023 period.

**1 May–30 November:** Enhanced monitoring of arboviruses.

**21 May–9 June:** Dissemination of a prevention campaign and tool kit.

**22 May:** Study on health literacy focusing on the difficulties the French have with health information.

**31 May:** Study on tobacco purchasing habits of smokers between 2014 and 2022, with the French Observatory for Drugs and Drug Addiction.

**13 and 14 June:** Santé publique France conference is opened by the Minister of Sports and Olympic and Paralympic Games, Amélie Oudéa-Castera.

**20 June:** Objectives and Performance Contract for the agency signed by ministers Catherine Vautrin and Frédéric Valletoux.

**27 June:** Paris Olympic and Paralympic Games Reminder of the prevention measures to take and enhanced health surveillance.

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

OLYMPIC AND PAR

13 NOVEMBER

## 15 years of the Charter on making expertise accessible to society

Dialogue with stakeholders and civil society is one of the founding principles of Santé publique France. The agency is one of the eight signatories of the Charter on Openness of Expertise to Society, established by public research, expertise, and health/environmental risk assessment institutions.

The 15th anniversary of this charter, on 13 November 2024, was an opportunity to take stock of progress and discuss issues of democratic involvement in health and environmental matters. During a round table on participatory research, Santé publique France presented the study on the living conditions and health of Travellers in Nouvelle-Aquitaine, conducted in co-construction with the relevant communities.

1 DECEMBER

## World AIDS Day

National and regional data published on HIV surveillance and prevention and bacterial sexually transmitted infections (STI). Information campaign on the diversity and complementarity of protection and screening tools.

8 OCTOBER

## Causes of death

Study on the leading causes of death in France, with the Directorate for Research, Studies and Evaluation and Statistics (DREES) and the INSERM Centre for Epidemiology of the Medical Causes of Death (Centre d'épidémiologie sur les causes médicales de décès, CépiDc-INSERM).

18 NOVEMBER

## Antibiotic resistance overview

The fight against antibiotic resistance in France is based on the WHO's "One Health" approach, which involves integrating and harmonising surveillance data from three sectors: human health, animal health and environmental health. This fight is a global priority that requires close collaboration in all three areas.

11 OCTOBER

## Orchidée

Launch of the Orchidée hospital network (Organisation d'un Réseau de Centres Hospitaliers Impliqués Dans la surveillance Épidémiologique et la réponse aux Émergences) for epidemiological surveillance and response to emerging events.

Over **8**

million deaths projected by 2050.

**4.71**

million deaths associated with antibiotic resistance in 2021.

**9 August:** First indigenous cases of dengue fever, chikungunya, and West Nile virus reported in mainland France.

**16 August:** WHO declares a public health emergency of international concern, with the first mpox clade 1b case in Europe (Sweden). The WHO calls on all countries to fight it together. Santé publique France alerts the French health system.

**16 September:** Launch, with ANSES, of the pilot phase of the ALBANE survey (food, biomonitoring, health, nutrition, and environment), which will continuously assess the health status and chemical exposure of the French population to better understand links with food and the environment.

**18 September:** Launch of EVANE, a study on parental experience and practices for children aged 0 to 2 years, in partnership with the French National Family Allowance Fund (Caisse nationale d'allocations familiales).

**October:** Winter surveillance of acute respiratory infections (ARI) launched.

**7 October:** Cholera epidemic declared over in Mayotte, but the situation remains under surveillance.

**8 October:** Launch of the 9<sup>th</sup> Tobacco-Free Month

**15-18 October:** General meeting of the Joint Action on Cardiovascular Diseases and Diabetes (JACARDI) at Santé publique France.

**17 October:** First national study on industrial basins and population health launched.

**7 November:** Launch of the new alcohol information site alcool-info-service.fr

**14 November:** World Diabetes Day: 2023 surveillance data published.

**5 December:** Results of a GHIA published on the health benefits associated with the development of urban green spaces and encouraging mobility, as well as reducing exposure to pollution, noise and heat.

**10 December:** ENABEE study results published on the mental health of children aged 3 to 6 years.

**15 December:** Emergency response system implemented after Cyclone Chido hit Mayotte.

JULY

AUGUST

SEPTEMBER

OCTOBER

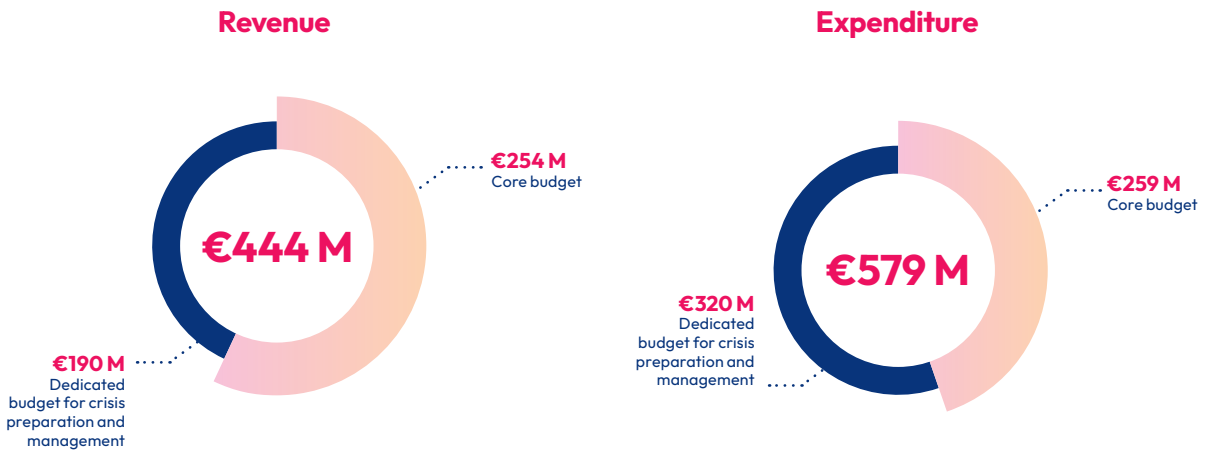
NOVEMBER

DECEMBER

# 2024 Budget

In 2024, to carry out its public health remit in full and prepare for crisis management, the agency committed €454 million and spent €579 million. It received €444 million in funding, mainly from national health insurance.

The budget consists of two parts: one part relating to core missions and one part relating to exceptional crisis management expenses due to COVID-19 (vaccines) or other response measures, such as personal protective equipment.



## Expenditure is broken down as follows:

### Anticipate and ensure a reactive response to health threats, alerts and crises: €452 M

With this budget, in 2024 Santé publique France provided continuous health monitoring for the early detection of health alerts or events posing a risk to human health and contributed to the management of health crises (continued deliveries of COVID-19 vaccines, acquisition of smallpox vaccines, renewal of mask stocks) by producing epidemiological surveillance indicators and prevention tools, coordinating and mobilising the Healthcare Reserve, and managing the State's strategic health product stocks.

### Monitoring population health in all regions: €35 M

The agency spent €34.6 million on collecting, analysing and interpreting data from surveys and surveillance systems, monitoring and describing the health status of populations living in France, and producing health, environmental, and social indicators to guide public health priorities.

### Developing disease prevention and promoting health: €92 M

As part of its disease prevention and health promotion remit, Santé publique France spent €91.7 million on producing and delivering public prevention campaigns, distributing prevention materials to the public and healthcare professionals, developing recommendations and tools for decision-makers, and providing remote telephone and online addiction support services.

# Referrals and hearings: Contributions and clarifications help with decision-making and evaluation of public health policies

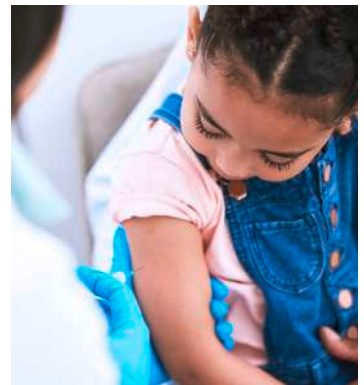
**The agency is regularly called upon to provide expertise to support decision-making in public health, health safety and the development of public policies. These referrals come mainly from the Ministry of Health and the regional health agencies.**

Santé publique France may receive a referral from the Minister of Health (sometimes at the request of other ministers or public institutions of the State) or from any body represented on its management board. It can also investigate. The agency's experts also contribute to the expertise of other institutions such as the HCSP, HAS and ANSES.

In response, the agency produces reports, summaries, notes, and recommendations to inform public decision-makers and support their health and health security positions. Opinions can be delivered in two ways: by using its in-house expertise, delivered

by its staff and, where applicable, by the agency's partners, or via external collective expertise within expert committees. These are available on the Santé publique France website. Referrals only account for a portion of these requests.

As part of defining and developing public policies, the agency frequently has hearings with the three French assemblies (National Assembly, Senate, and Economic, Social and Environmental Council), supervisory bodies (Inspectorate General of Social Affairs, Court of Auditors, in particular) and various advisory bodies.



## Vaccination referral

The agency issued a documented opinion based on the assessment and recommendations of the HAS on the simultaneous administration of vaccines against COVID-19 and influenza, the epidemiological surveillance data for both viruses on Reunion Island, the vaccine coverage data and the results of the 2021 Health Barometer. Its conclusions found that aligning the timing of the COVID-19 vaccination campaign with that of seasonal influenza would simplify the vaccination pathway and better protect at-risk populations.

“Every year, we respond to dozens of requests from the government, assemblies, and public health bodies. The resulting work supports the direction of public policies.”

Dr CAROLINE SEMAILLE

# List of parliamentary referrals and hearings in 2024

In accordance with Article L. 1413-5 of the French Public Health Code, any matter falling within its remit may be referred to the agency by the Minister of Health, if applicable, at the request of other Ministers or other public institutions of the State, and by any body represented on its management board.

In addition to other requests from the Ministry, this year's referrals were:

## January

- Referral on a possible extension of the seasonal influenza vaccination campaign beyond 31 January 2024 – Directorate General of Health (Direction générale de la santé, DGS)
- Referral relating to the launch of the seasonal influenza vaccination campaign in Reunion Island in 2024 – DGS

## March

- Referral on the introduction of communication actions concerning bed bug infestation – DGS

## April

- Referral for human health risk assessment of avian influenza H5N1 – DGS

## May

- Referral to set the start date of the 2024–2025 neonatal immunisation campaign against respiratory syncytial virus (RSV) bronchiolitis – DGS

## June

- Referral for vaccination coverage survey in the adult population of Guadeloupe and the Northern Islands – Guadeloupe ARS, Saint-Martin, Saint-Barthélemy

## July

- Referral on the epidemiological situation in French Guiana so that the HCSP could assess the conditions for the EFS to resume blood collection in this region – DGS
- Referral concerning the evaluation of the roll-out of the dual HIV-syphilis rapid diagnostic test (RDT) in French Guiana – French Guiana ARS

## August

- Referral relating to the regional estimate of vaccine coverage for infants aged 23 months – French Guiana ARS

## September

- Referral to define the procedure to be followed if polio viruses are detected in wastewater – DGS

## November

- Referral to update the Santé publique France, National Reference Centres and ANSES joint risk assessment on highly pathogenic avian influenza (HPI) – DGS

## Contributions to HCSP expertise

### January

- Safety of medical products of human origin with regard to the risk of transmission of the Usutu virus – member of a working group

### February

- Prevention and management of Crimean-Congo haemorrhagic fever – member of a working group

### April

- Vaccination and handling dead bodies in the Mayotte cholera outbreak – member of a working group
- Report on combating the mistreatment of people in vulnerable situations: analysis and proposals from the HCSP – hearing

### May

- List of countries at risk of transmission of the West Nile virus (WNV) for medical products of human origin, 2024 season – member of a working group
- 2024 health recommendations for travellers and professionals – member

of a working group

- Blood donation: prevention of West Nile virus and dengue fever during the Paris 2024 Olympic and Paralympic Games – member of a working group
- Breastfeeding – member of a working group and hearings

### July

- Prevention of pertussis transmission to people at risk of serious illness – member of a working group

### August

- Donors who have visited an area where there are indigenous dengue fever cases – member of a working group

### September

- Mpox prevention measures for travellers – member of a working group

### October

- State strategic stock of influenza antivirals – member of a working group
- Proposals to revise selection criteria that are contraindicated for blood donation due to infection risks – member of a working group

### November

- Preventive measures for travellers with regard to Oropouche virus disease – member of a working group

### December

- Measures to secure medical products of human origin with regard to the Oropouche virus – member of a working group
- Safety of products of human origin, particularly grafts, with regard to the dengue fever virus – member of a working group

## Contribution to opinions of the Health risk monitoring and anticipation committee

### April

- Assessment of the risks of exceptional health crises significant for human health in France for 2025–2030

### June

- West-Nile and Usutu virus monitoring in France and management of infections by these viruses
- Development, governance and access to human health databases in anticipation of health crises

## Contribution to the opinions of the National Council for AIDS and viral hepatitis

### July

- HIV post-exposure prophylaxis
- HIV pre-exposure prophylaxis

### September

- Screening and management of comorbidities in adults living with HIV

### October

- Epidemiology and social determinants of HIV infection in France

## Requests from the HAS

The agency contributes to HAS assessments by providing epidemiological data (producing and analysing specific data, reviewing opinions, etc.) as a member of the Vaccination Technical Committee (Commission technique des vaccinations, CTV) and working groups

8

hearings in Parliament  
in 2024**March**

- Herpes zoster vaccination recommendations. Place for the Shingrix vaccine
- Revision of the strategy against meningococcal serogroups ACWY and B

**Other contributions during exchanges with the teams at the HAS Public Health and Vaccine Evaluation Department (Service évaluation en santé publique et évaluation des vaccins, SESPEV) and presentation to the Vaccination Technical Committee and/or Vaccination Technical Committee office**

**May**

- Vaccination of people born from 1980 onwards who received one measles vaccine dose before the age of 12 months

**July**

- Pertussis vaccination strategy in the context of the 2024 epidemic

**September 2024**

- Updating the Mpox vaccination strategy

**December**

- Widening of eligibility criteria for pneumococcal vaccination in adults and vaccination recommendation

**Other requests****June**

- Hearing of the General Council for Food, Agriculture and Rural Areas on arbovirus and zoonosis vector control

Stéphane Pimbert, chief executive of INRS, and Dr Caroline Semaille, chief executive of Santé publique France, renew the partnership between the two organisations for five years.



# New partnerships

## A partnership with the RATP to monitor staff health

On 31 January 2024, Santé publique France and the Paris public transport company RATP signed a partnership agreement to support the company's occupational health and prevention department in carrying out epidemiological studies. This agreement follows on from a collaboration launched in 2002 and will complement the results already achieved. The subjects studied will include staff exposure to particles in underground railways, as well as high blood pressure and mortality by occupation. This partnership also aims to target disease prevention and health promotion campaigns at current and former RATP staff.

## Agreement with the INRS: towards a healthier and safer work environment

Santé publique France and the French National Research and Safety Institute for the Prevention of Workplace Accidents and Occupational Diseases (Institut National de Recherche et de Sécurité pour la prévention des accidents du travail et des maladies professionnelles, INRS) are continuing their partnership, begun

10 years ago, for another 5 years. The purpose of this partnership is to promote sharing expertise and to carry out joint studies on the links between health and work. The INRS has already received results of studies on chronic respiratory diseases by sector of activity and by profession. Projects that the two institutions are working on together include a biomonitoring assessment of exposure to chemical substances and projects on occupational cancers.

## Partnering with the INSPQ for a joint approach

In 2024, Santé publique France signed an agreement with the Quebec National Public Health Institute (Institut national de santé publique du Québec, INSPQ) to renew its partnership until 2027. Continuing a long-standing collaboration, this agreement has already led to sharing practices and standards, developing training modules and joint scientific productions. It will focus in particular on the different approaches to disease prevention and health promotion, social and regional health inequalities, climate change, biomonitoring and public health ethics.

# A year of exchanges and sharing knowledge

Every year, Santé publique France takes part in numerous key institutional, scientific and public health events to enrich and share its expertise. The agency participates in seminars and congresses that contribute to sharing knowledge nationally and internationally in numerous fields: addictions, sexual health, infectious and chronic diseases, crisis management, health surveillance, etc.



## Santé publique France conference awarded Great National Cause label

The Rencontres de Santé publique France conference took place on 13 and 14 June. With 70 speakers and nearly 1,400 attendees from the scientific community, civil society and public health, the event, consisting of two plenary sessions and nine sessions, provided an opportunity to share experiences of health monitoring, prevention actions and health interventions. A significant part of the discussions was on promoting physical activity, which was named France's Great National Cause for 2024 to tie in with the Paris Olympic and Paralympic Games. The focus was on policies to increase physical activity, particularly among teenagers, and on sports practice in the era of climate change. Other issues were addressed in the meetings and debates, such as health mediation, innovation in public health, open data, the rise of zoonotic diseases, epidemiological surveillance and behavioural sciences.

# 1,400

participants from the scientific community, public health and civil society.



## CHAIR OF PUBLIC HEALTH

## A five-year partnership

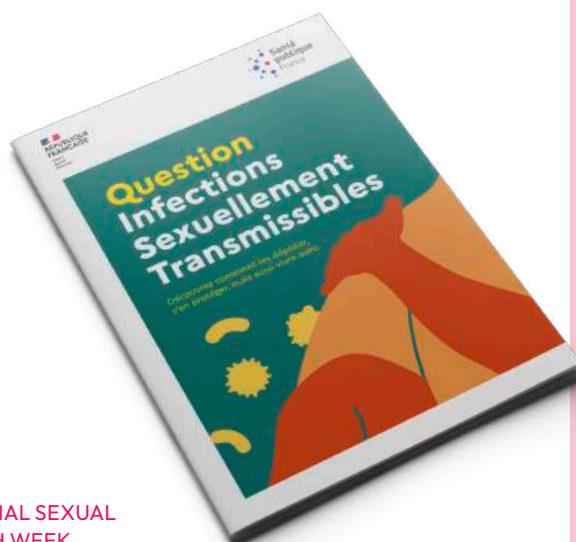
Created in partnership with the Collège de France and funded by Santé publique France, the Chair of Public Health supports excellence in research and intellectual debate on public health issues. Mathilde Touvier, research director at INSERM, was invited to hold this chair in 2023–2024. She led courses and seminars on the link between nutrition and chronic illness prevention.



## CONGRESS OF THE FRENCH SOCIETY OF ALCOHOL SPECIALISTS

## An active contribution to a multidisciplinary congress

On 26 and 27 March, Santé publique France took part in the French Alcohol Studies Society conference (Journées de la Société française d'alcoologie), on the theme "Alcohol in France: prevention, care, commitment." The session focused in particular on managing the interaction between alcohol and tobacco, smartphone apps to reduce consumption, and the burden of complications on the hospital system.



## NATIONAL SEXUAL HEALTH WEEK

## Support for partners

National Sexual Health Week was an opportunity to support the ARS and others in their local prevention initiatives and information campaigns. The agency reran its national awareness campaign covering a range of topics and highlighted the tools it provides for use in the field throughout France, reaching 55,000 contacts. The website [questionsexualite.fr](http://questionsexualite.fr) recorded 1,047,736 unique visitors during the campaign.

## FOCUS ON

## Weekly knowledge-sharing meetings

Each year, the agency supports its scientific staff and partners in developing their skills. The teaching approach it favours is based on training through practice, peer learning, and the exchange of knowledge and experience between professionals. In particular, Santé publique France contributes to increasing the professionalism and coordination of the public health partner network by providing its expertise and field experience to partners in initial and ongoing training: International Course in Applied Epidemiology (Cours international d'épidémiologie appliquée [IDEA], French School of Public Health), Institute of Public Health, Epidemiology and Development (Institut de santé publique, d'épidémiologie et de développement [ISPED], Bordeaux University).



WORLD MENTAL HEALTH DAY

## Talking about mental health - lifting taboos

To mark World Mental Health Day on 10 October, specific communication and awareness-raising actions were carried out, and epidemiological updates from surveillance data were published (see pages 26 to 31).

# 37<sup>th</sup>

NATIONAL CONGRESS OF OCCUPATIONAL HEALTH AND MEDICINE (CNMST)

## A compelling congress

From 4 to 7 June, in Montpellier, this congress (Congrès national de médecine et santé au travail, CNMST) gave the agency an opportunity to present updates on the work-related disease surveillance programme set up with the occupational health inspectorate and regional health observatories, which relies on the involvement of volunteer occupational health doctors. Working in conjunction with other stakeholders, such as CNAM, INRS, the Agricultural Social Mutual Insurance Fund, and the French Society for Occupational Health, Santé publique France strengthens the link between research and surveillance to improve the prevention of occupational risks. Its work is part of the overall strategy of the 2021–2025 Occupational Health Plan.



## World Physical Activity Day

On 6 April, to mark World Adapted Physical Activity Day, the agency shared its expertise, notably by publishing a dossier dedicated to the topic in its journal *Santé en action (Health in Action)*, which has nearly 22,000 subscribers, as well as providing guidance on the website [mangerbouger.fr](http://mangerbouger.fr), which receives nearly 12 million visits each year.



Santé publique France stand, CNMST June 2024.



EUROPEAN IMMUNIZATION WEEK

## A rallying cry to remind people that vaccination plays an essential role

In coordination with the Ministry of Health and delivered in the regions by the ARS, European Immunization Week took place from 22 to 28 April. Santé publique France marked the occasion by publishing data on national and regional vaccination coverage for 2023, as well as data on vaccination adherence among the general population. To promote prevention and dialogue, the agency circulated its information resources to 10,000 contacts and partners.

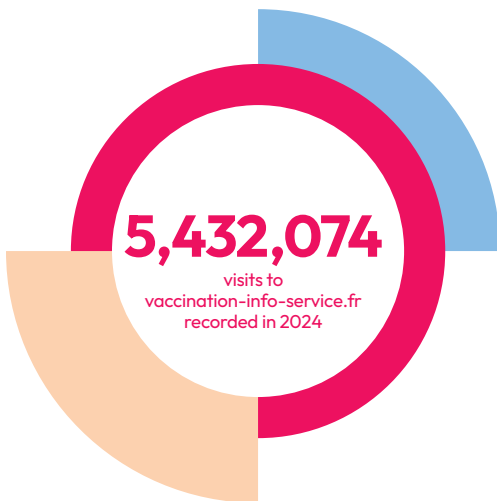


# 17<sup>th</sup>

GENERAL MEDICINE CONGRESS

## Sharing public health practices and challenges

General practitioners are key players in public health, with close contact with patients, their families and their environment: they are the agency's key partners for surveillance and prevention. At the French General Medicine Congress (Congrès de médecine générale France, CMGF) in March 2024, the agency shared its expertise with 4,000 participants (general practitioners, experts, and representatives of health and research institutes, etc.) during two plenary sessions on climate change and the Healthcare Reserve's role in crisis situations. It was also an opportunity for the agency to highlight its resources and tools to support doctors' practice and enhance their knowledge.



# Mental health

A priority for all sectors of society

The promotion of mental health and the prevention of psychological suffering are public health priorities, which is why the agency has been monitoring and documenting changes in mental health and its determinants across space and time for many years. Based on this scientific knowledge, it delivers information and prevention resources on mental health, helping to highlight the prevalence of psychological suffering in the general population or for specific populations: pregnant women, children, teenagers, etc., in order to guide public policies. These actions will continue and grow in 2025, with mental health named France's Great National Cause for the year.

# Providing a comprehensive overview of psychological disorders in France

*“Mental health is a fundamental part of people’s overall well-being. “When it deteriorates, this leads to a compromised ability to cope with adverse life events, psychological suffering, social difficulties and disabilities,”* explains Michel Vernay, director of the Non-Communicable Diseases and Injuries Department. *“Psychological disorders are a heavy burden for the people concerned, their families and the community.”* This is why Santé publique France has been working on mental health for many years and in the same way as it does for its entire remit: from surveillance to the creation of prevention tools and support for the relevant healthcare providers.

## Providing a comprehensive overview of mental health in France

Through its monitoring systems and surveys, the agency provides scientific data on all aspects of mental health of people living in France, including their determinants and how they change over

time. This work covers a wide variety of populations (children, teenagers, adults including working-age people, the elderly, pregnant or post-partum women, prisoners, etc.) and geographies (national, regional, overseas).

*“To obtain an overview of mental health in France, we combine population surveys and statistics from care delivery, emergency departments and healthcare facilities, in connection with mental health. This allows us to take into account the signs of uneasiness and the deeper psychological disorders that may result from it,”* continues Michel Vernay. The topics addressed concern both mental well-being and mental disorders. The agency primarily monitors suicidal behaviour and the most common disorders in the general population, such as anxiety and depressive disorders. Indicators of the prevalence of autism spectrum disorder, psychosis and mood disorders are also monitored.



KEY FIGURE

Data from the Santé publique France Barometer, available as open data, reveal that 13% of adults in France in 2021 had depressive episodes in the past 12 months.

Gaining an in-depth understanding of the state of mental health of the French people means that policies and services can be designed to prevent these disorders.





# Speaking up: a key to prevention and destigmatisation

“By showing that mental disorders are common and that those affected can be supported, the aim is to start to destigmatise them. In particular, we want to reach young people and the friends and families of those who are suffering.”

**MICHEL VERNAY**, DIRECTOR OF THE NON-COMMUNICABLE DISEASES AND INJURIES DEPARTMENT

Recent studies reveal generally poor mental health indicators over the past few years, and even a continuation of the deterioration observed since the COVID-19 pandemic in young women (15-24 years old). However, the increase in the prevalence of psychological disorders in the population could also be linked to destigmatisation, a positive trend that Michel Vernay highlights: “Mental health now enjoys better visibility: the French are probably finding it easier to report their disorders and are making more use of healthcare, which is a good thing. A report by the Court of Auditors also shows an increase in the activity of youth healthcare services.”

*“In 2024, Santé publique France continued its commitment to mental health prevention by promoting a positive approach to mental health prevention,” explains François Beck, director of the Prevention and Health Promotion Department. In this context, the Fil Good digital tool kit, aimed at young people aged 11 to 24, was circulated again in July and September to encourage practices that are good for mental health. In addition, the agency has launched the design of a mental health website for adults to raise awareness of ways to look after our mental health, from adopting mental health-promoting behaviours*



Ahead of mental health being the Great National Cause for 2025, Santé publique France started preventive actions in 2024 based on findings from long-standing surveillance. A new website dedicated to mental health will be launched in 2025.

“It’s about communicating with the general public to make it clear that we all have mental health, that it’s an integral part of health, and that certain behaviours take care of it, just like physical health.”

**MICHEL VERNAY**

*to speaking to a professional. The site will go live in 2025, when mental health is the Great National Cause of the year, and this will be backed by a large-scale communication campaign.”*

**Positive mental health**

In terms of prevention, the concept of positive mental health needs to be defined, so that it can be viewed in the same way as physical health. This is a prerequisite for actions to prevent and destigmatise mental disorders.



Each month, the agency’s *Mental Health Bulletin* provides an update on changes nationally in the mental health indicators based on data from the OSCOUR network for emergency surveillance showing emergency department visits and from SOS Médecins on their consultations in both adults and children: anxiety disorders, mood disorders, suicide attempts, alcohol intoxication, etc. The agency’s work enables decision-makers and health stakeholders to have both specific data according to age group and type of population and an overall view of mental health in France. This means they can guide public policies with a view to improving mental health prevention and intervention measures.

# Studies focused on young people

Surveys of children and teenagers were conducted to assess their mental well-being and the frequency of any psychological difficulties or disorders. The results of this work play a part in preventing illness and protecting of the mental health of tomorrow's adults.



to strengthen psychosocial skills from early childhood and one of the outcomes was the creation of tools to help local stakeholders take ownership of the fundamentals of these skills. ENABEE is repeated at regular intervals and will monitor changes in children's mental health and inform public decisions to create living environments conducive to their development.

### Teenage mental health has deteriorated

Young people face many challenges that can weaken their mental health. In 2024, Santé publique France published the results of the national survey on health and substances for young people (EnCLASS), conducted among 9,337 pupils in secondary education by the EHESP and the French Observatory for Drugs and Drug Addiction (Observatoire français des drogues et des tendances addictives, OFDT), in partnership with the National Education Department. In particular, it shows a deterioration in the mental health of middle and high school students over the period 2018–2022.

In 2024, new results from ENABEE, the first national epidemiological study on the well-being and mental health of children aged 3 to 11 in schools in France, were published. Comparing the views of parents and teachers, they reveal that just over 8% of children in pre-school settings have at least one likely difficulty with mental health impacting their daily lives, whether this is emotional, oppositional, inattention or hyperactivity. This study, conducted in consultation with stakeholders, highlighted the need

## Mental and perinatal health: a major public health challenge

In 2024, the agency continued to analyse data from the national perinatal survey (ENP) conducted in 2021 in collaboration with INSERM and others, by describing the risk factors for post-partum anxiety: low level of health literacy, history of medical termination of pregnancy or mental health care since adolescence, absent or minimal support from family during pregnancy, reporting feelings of sadness and/or anhedonia for at least two weeks during pregnancy, emergency consultation more than twice during pregnancy and dissatisfaction with pain management during childbirth. These are all events that have an impact on the psychological health of young mothers.



IN CHILDREN ENROLLED IN PRE-SCHOOL SETTINGS IN FRANCE

approximately

**1 in 12**

has at least one mental health problem.

nearly

**13%**

have been seen by a healthcare professional at least once for psychological or learning difficulties in the past 12 months.

IN CHILDREN IN MIDDLE AND HIGH SCHOOL IN FRANCE

In 2022

**21%**

of middle school students

**27%**

of high school students reported a feeling of loneliness.

**24%**

of high school students have reported suicidal thoughts in the past 12 months.



# Mental health **at work** on the agenda

In 2024, the theme of World Mental Health Day was mental health in the workplace. It is important to note that just like unemployment, psychological and social stresses at work can cause anxiety, depression and even suicidal behaviour. Two studies by the agency assessed work-related mental health in France.

## Work-related psychological suffering: a growing unease

The work-related diseases surveillance programme led by Santé publique France found that, in 2019, work-related psychological suffering was on the rise, and more common among women (nearly 6%) than among men (2.7%). Mixed anxiety and depressive disorders were the conditions most frequently reported by occupational physicians. The risk of psychological distress was highest in the property sector for women and in the education sector for men. Organisational, relational and ethical factors, which essentially mean how work is organised, relationships at work, the requirements of the job and its ethics, were associated with psychological suffering.

## Suicidal ideation and suicide attempts in people in work

Data from the Santé publique France Barometer in 2021 and previous years published in the *Bulletin épidémiologique hebdomadaire* showed that among employed people in France, suicidal thoughts were more common:

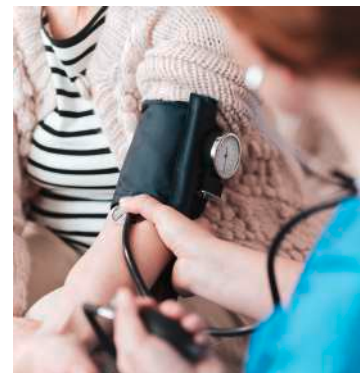
- in white-collar workers (for men);
- in the accommodation and catering sector in 2010, 2017 and 2021;
- in young people aged 18 to 24, an increase in the prevalence of suicidal thoughts was observed between 2020 and 2021.

These results suggest that workers who are more vulnerable to psychological difficulties due to their gender, socio-professional category and occupational sector should be prioritised when implementing preventive measures. They also confirm the deterioration in young adults' mental health observed since the COVID-19 pandemic.

## KEY FIGURE

**x2**

The prevalence of work-related psychological suffering doubled from 2007 to 2019 in both men and women.





# Alcohol consumption: informing and supporting

**Alcohol consumption is a major cause of morbidity and mortality and represents a considerable economic and social cost to society. To help reduce this burden, Santé publique France monitors alcohol consumption in France, as well as evaluating its effects on health. The agency also raises awareness of the impact of alcohol consumption through a prevention strategy focused on challenging its normalisation and reducing associated risks.**

## Health consequences

Research published in the 23 January 2024 issue of the *Bulletin épidémiologique hebdomadaire* (BEH) for healthcare professionals and public health stakeholders shows that, since 1992, alcohol consumption has been falling in France. Since 2017, the trend for significant occasional alcohol intake has evolved in opposite directions, decreasing in young men and increasing in women over the age of 35.

Alcohol is one of the leading risk factors for illness and death in France, with more than 41,000 deaths attributable to it in 2015 and an estimated social

cost of €102 billion in 2019. The impact of alcohol on health is still underestimated by the population, and yet:

- more than 650,000 patients have high blood pressure due to drinking more than two alcoholic drinks per day or not observing the two recommended alcohol-free days per week. Nearly one in ten cases of high blood pressure is thought to be attributable to alcohol consumption exceeding 10 drinks per week;
- an article published by the agency in the journal *Neurology* estimates that more than 4,000 haemorrhagic strokes in France each year (16%) could



## KEY FIGURES

**8%**  
of adults consumed alcohol every day in 2021, compared with 24% in 1992.

**55,000**  
adults are thought to have high blood pressure due to drinking more than 10 alcoholic beverages per week.

**16%**  
of haemorrhagic strokes are attributed to excessive alcohol consumption.

**“It is right to reflect on effective measures to collectively reduce the burden of alcohol on public health, which remains significant: 41,000 deaths attributable to alcohol each year in France and an overall social cost estimated at €102 billion per year.”**

Dr CAROLINE SEMAILLE

be attributable to chronic alcohol consumption or excessive occasional consumption, more among men than women;

- in addition to risks of cardiovascular disease and cirrhosis, drinking alcoholic beverages also increases the risk of certain cancers.

Although alcohol consumption among French people has fallen over the past thirty years, the levels remain very high. In 2021, nearly three in ten men (31%) and more than one in ten women (14%) reported drinking alcohol above the low-risk consumption guidelines.

The results of these studies show the changes in alcohol consumption patterns and the impact of alcohol on cardiovascular morbidity and mortality. Santé publique France is actively involved in exactly the kind of enhanced prevention of alcohol-related risks that these results highlight as appropriate.

Another article published in the BEH on 30 April demonstrated the effectiveness of its 2019 social marketing campaign, focused on alcohol-related risks and low-risk consumption guidelines.

#### Alcohol Info Service gets a new look

The Santé publique France Alcohol Info Service national remote assistance system provides answers to anyone wishing to find out more and make changes to their alcohol consumption or that of a loved one. In 2024, the site underwent a complete overhaul, both in form and content: more accessible information and advice, new content and formats (podcasts, personal stories, etc.), customisation via a search engine, improved mobile compatibility, etc. Its caring and engaging tone encourages reflection and change. A fully digital promotional campaign was also launched at the end of the year, to raise awareness of Alcohol Info Service among its target audiences.

#### Tobacco and alcohol during pregnancy: continued efforts needed

In addition to the data from the 2021 national perinatal survey, the 2021 French Public Health Barometer reveals that, among mothers of children aged 5 years or under:

- 93% said they did not drink alcohol at all during their last pregnancy once they knew they were pregnant;
- 45% of smokers completely quit smoking after finding out they were pregnant or during their pregnancy.

## Sharing scientific knowledge: a key lever for action

Organised by Santé publique France in partnership with EuroHealthNet, the scientific symposium “Reducing the Burden of Alcohol” (focused on scientific and public policy challenges) took place on 3 December in Brussels. The international experts in attendance shared their knowledge on two challenges: firstly, how to develop and promote low-risk alcohol consumption guidelines, and secondly, the impact of commercial determinants, in particular the influence of industry on prevention policies.



#### FIGURES

Alcohol Info Service in 2024:

**3,935,935**  
visits

**5,888,935**  
page views



**2,538**

consumers aged 18 to 75 were surveyed before and after the social marketing campaign

#### Results

A positive impact on knowledge and behaviours was seen immediately after the campaign:

- increased awareness of the “maximum 2 drinks per day” guideline, as well as of the risks of hypertension and haemorrhagic stroke;
- reduced risky alcohol consumption specifically among women.

These results vary in different socio-demographic groups, highlighting the importance of taking social inequalities in health into account.

Regular repetition of these messages could improve awareness of risks and guidelines and help change alcohol consumption behaviours.

# The fight against **smoking**: campaigns that deliver results

Causing over 75,000 deaths every year, tobacco remains a major public health problem in France. Through large-scale surveys and strong expertise in prevention, Santé publique France is at the forefront of the anti-smoking effort, leading several public-facing programmes.

## PURCHASING TOBACCO

### Little change in where smokers buy tobacco

A study by Santé publique France and the OFDT found that tobacco purchasing habits in France barely changed between 2014 and 2022. Almost 8 in 10 smokers bought their last pack of cigarettes or tobacco from a tobacconist, 15% purchased theirs in a neighbouring country, and 1.7% in *duty-free shops*. Street purchases accounted for less than 1% of recent transactions.

## 10<sup>th</sup> COP

Santé publique France took part in the 10<sup>th</sup> Conference of the Parties (COP) of the WHO Framework Convention on Tobacco Control, held in Panama from 5 to 10 February. As part of the French delegation, the agency presented the activities of the WHO Tobacco Control Knowledge Centre on public awareness and joined discussions and negotiations with other member delegations.

### Prevalence continues to decline in France

In 2023\*, daily tobacco use among 18–75-year-olds hit its lowest level since records began:

- just over 3 in 10 French adults aged 18 to 75 reported smoking;
- fewer than one in four smoked daily, a figure that has fallen since 2021;
- although social inequalities in smoking remain marked, prevalence fell between 2021 and 2023 in less advantaged groups.

\* Source: 2023 EROPP survey on opinions and perceptions of psychoactive drugs, conducted by the OFDT in partnership with Santé publique France.



## PSYCHOACTIVE SUBSTANCES

### New app and roadmap in Occitania

The Jeanne app, developed by Santé publique France for cannabis users, is currently being evaluated before its upcoming roll-out. It is designed to support users over a five-week period to help them cut down or quit. At the same time, the Occitania ARS and Santé publique France are continuing their joint strategy to combat addictions with a new 2023–2027 regional roadmap, which includes reducing the use of psychoactive substances.

# Tobacco-Free Month: the 9<sup>th</sup> national edition

Led by Santé publique France, Tobacco-Free Month is a proven and flagship initiative in the fight against smoking. The consumption indicators published by the agency in 2024 are encouraging and reinforce efforts towards a “smoke-free generation.”

Since 2016, more than 1.4 million people have taken up the Tobacco-Free Month challenge, which encourages smokers to quit for 30 days by registering online.\* The 2024 edition was backed by a major media campaign: television, radio, outdoor advertising, and social media. The campaign emphasised quitting tools and promoted the quitline (39 89). Magician and TV host Éric Antoine served as ambassador for Tobacco-Free Month, with coverage on the M6 show “La France a un incroyable talent” (France’s Got Talent), and two new radio ads were broadcast. Nearly 134,000 people registered on [mois-sans-tabac.tabac-info-service.fr](https://mois-sans-tabac.tabac-info-service.fr) to join the challenge.

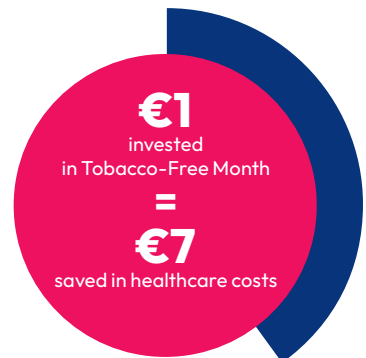
## First economic assessment of the national anti-smoking policy and Tobacco-Free Month.

Using an OECD simulation model, a study published in the journal *Tobacco Control* estimated that between 2023 and 2050, France’s anti-smoking measures could save €578 million per year in healthcare costs. Supported by Santé publique France, an OECD study published in the 12 November issue of the BEH confirmed that the return on investment for Tobacco-Free Month is highly favourable, with €7 saved in healthcare costs for every €1 spent.

\* It is estimated that roughly twice as many people attempt to quit during Tobacco-Free Month as those who formally register.

**“Since 2016, Tobacco-Free Month has become a key event for public health stakeholders and French smokers alike. Every year, the challenge is to refine the campaign while preserving the elements that make it effective. Inclusivity and attention to socially disadvantaged smokers remain core priorities for every edition.”**

VIET NGUYEN THANH, HEAD OF THE ADDICTIONS UNIT, PREVENTION AND HEALTH PROMOTION DEPARTMENT, SANTÉ PUBLIQUE FRANCE



## KEY FIGURES

By 2050, Tobacco-Free Month could prevent:

**241,000**  
cases of lower respiratory tract infections

**44,000**  
cases of chronic obstructive pulmonary disease (COPD)

**28,000**  
cases of cancer

# 2024 OPG

## Paris Olympic and Paralympic Games: health risks under close watch

**Hailed around the world as a crowd-pleasing sporting and logistical success, the summer Games also saw all the stakeholders involved working together to protect the health safety of the public.**

# Full mobilisation for an extraordinary event

**For the Games, Santé publique France was fully mobilised to carry out its core missions: monitoring, protecting and preventing. Drawing on its experience of mass gatherings and the support of all its partners, the agency implemented a tailored surveillance plan based on an analysis of potential risks and strengthened its preventive actions.**

“The country hosting the Olympic and Paralympic Games must do everything possible to ensure it can detect and respond to any health risks. Success depends on thorough preparation,” emphasises Yvan Souarès, head of the Santé publique France technical health monitoring committee. To prepare for the challenge of the 2024 Olympic and Paralympic Games (OPG), Santé publique France began its planning in 2021 across all areas of its remit: monitoring, surveillance, prevention, communication and operational response. Building on its own experience with major events and lessons from other Olympic host countries, the risk analysis and surveillance plan was developed with the Ministry of Health crisis centre, Paris 2024, and other partners.

## An organisation dedicated to preparation

The agency designed a set of preparatory tools to frame and launch event-specific measures, including:

- a literature review on health challenges at mass gatherings;
- a health risk map developed alongside the broader risk assessment led by the General Directorate of Health (DGS);
- prevention initiatives developed with the Ministry of Health and the Interministerial Delegation to the Olympic and Paralympic Games (DIJOP).

Ahead of the event, healthcare professionals, field actors (first aiders, firefighters, etc.), and doctors from foreign delegations were briefed on the importance of promptly reporting unusual health events and notifiable diseases (MDO) to the ARS. Guidance documents and protocols were made available on the Santé publique France website.

## Epidemiological surveillance at the heart of the system

Some of the agency’s resources were redeployed to ensure the success of the event and to respond to any exceptional health situations. To strengthen its operations, the agency introduced a dedicated health monitoring and epidemiological surveillance protocol for the OPG, complementing existing systems such as SurSaUD® (emergency and mortality surveillance), notifiable disease reporting, and the Sentinelles network.

International monitoring of infectious risks was conducted in partnership with the ECDC, while a tiered surveillance approach was applied across all competition regions. In Île-de-France, where most events took place, Santé publique France introduced additional systems for the OPG, including collaboration with the Paris Fire Brigade (BSPP), first aid associations, and expanded wastewater monitoring to include five pathogens in addition to SARS-CoV-2.

## Consistent information flow

Throughout the event, the agency collected and analysed epidemiological data, which were shared through:

- daily national and regional updates for health authorities, decision-makers, and partners (prefectures, ARS, AP-HP, emergency responders, and other public health surveillance actors);
- weekly national and regional bulletins published online, shared with the media, and accessible to the public.

For international stakeholders, all national bulletins were translated into English, and a dedicated English-language section of the website was created with prevention tools and relevant information.

The organisation and surveillance systems put in place ensured daily data reporting, enabling timely adjustments to local prevention and management measures.

### KEY FIGURES

**76**  
Santé publique France staff mobilised for preparation and operational actions during the 2024 OPG.

**321**  
scientific monitoring and surveillance bulletins produced.

**24**  
additional on-call lines set up.

**5**  
systems adopted and analysed daily (SAMU, EMR P2024, CépIDC, SOS Médecins, OSCOUR).

**2,687,962**  
emergency department visits recorded and analysed.

**555,254**  
SOS Médecins consultations recorded and analysed.

**50**  
syndromic monitoring indicators analysed daily and weekly.

# Strengthened surveillance systems

During the OPG, specific surveillance, information and prevention tools were set up to respond to the health challenges associated with this large-scale event.

## Mobile phone data analysed in real time

To contextualise the epidemiological findings during the Paris Games, the agency used daily population estimates based on mobile phone antenna connection data. Anonymised data was produced by a specialised mobile telephony partner between June and September 2024, covering each mainland French department. It included data on origin within France or 180 other countries/territories where SIM cards were registered, regardless of the owner's nationality. These denominators allowed the interpretation of data and trends, particularly during the Paralympic Games, which coincided with the end of the summer holiday period.

## Monitoring indicators enhanced for the event

For the 2024 OPG, epidemiological surveillance was adapted to fit the health risks specific to the context, which included influenza, arboviruses, foodborne illness outbreaks, injuries caused by moving crowds, heatwaves or potential industrial accidents. The agency's Île-de-France regional office also implemented

multi-source syndromic surveillance, covering twelve reasons for seeking care and the associated health risks, reflected in data from emergency services, SOS Médecins, the fire brigade and first-aid posts.

## SUM'EAU during the OPG: a chance to experiment

The wastewater microbiological monitoring system (SUM'EAU) principally monitors the circulation of SARS-CoV-2 in mainland France. The OPG provided an opportunity to pilot extended monitoring in Île-de-France for five additional pathogens of interest: influenza A and B, poliovirus, measles and mpox. This project involved two regional teams (Occitania and Île-de-France) and several partners, including the Paris Town Hall, the Paris metropolitan area sanitation association (Syndicat interdépartemental pour l'assainissement de l'agglomération parisienne, SIAAP), the ANSES and several national reference centres. Analysis of the results confirmed consistency between detections and the epidemiological situation, providing a complementary source of surveillance and enabling more robust analyses.

**“Surveillance in the Île-de-France region meant that we could monitor health trends and confirm that no major epidemics occurred. Certain monitoring tools will be made permanent in Île-de-France, with expertise shared nationally and internationally with new partners.”**

ARNAUD TARANTOLA, REPRESENTATIVE, ÎLE-DE-FRANCE OFFICE, REGIONS DEPARTMENT



### KEY FIGURES

0

Major alerts in connection with the 2024 OPG

600,000

patients treated by the Île-de-France emergency services, SOS Médecins and the BSPP over the period.

## Resources for healthcare professionals and travellers

Due to the resurgence of measles and imported dengue fever cases, a resource kit was provided to healthcare professionals to address risks during the OPG: two “Practice pointers” publications on measles and arboviruses, and a leaflet “5 good reasons to get vaccinated against measles.” In addition, the agency, along with the WHO, the Ministry of Health and the ECDC, distributed health advice for OPG visitors on recommended vaccines, heat protection and emergency numbers.



# Physical activity: Great National Cause 2024

GRANDE CAUSE NATIONALE  
**30 JOURS!**  
CHAQUE JOUR

To coincide with the OPG, promoting physical and sporting activity was designated as France's Great National Cause in 2024. Santé publique France signed a partnership agreement with the Ministry of Sports and the Olympic and Paralympic Games, reflecting its long-standing investment in promoting physical activity to all sectors of society. Throughout the year, the agency conducted campaigns to raise awareness of the health benefits of physical activity and provided scientific information on this subject.

## Teens get moving with @EnModeDeter (Snapchat campaign)

The summary of data on physical activity and sedentary behaviour in the French population, published by the agency in 2024, highlighted how few teenagers meet recommended activity levels.

To raise awareness among 13-17 year olds of the importance of physical activity, Santé publique France launched @EnModeDeter on Snapchat in 2024, aiming to:

- help them assess their level of physical activity using the evaluation tool available on Mangerbouger.fr;
- give them ideas on how to move more.

The campaign generated over 410,000 visits to the physical activity level test. The campaign will be run again on TikTok in 2025, in partnership with eleven influencers.



KEY FIGURES

**33%**  
boys aged 11 to 14

**25%**  
girls aged 11 to 14

**40%**  
boys aged 15 to 17

**15%**  
girls aged 15 to 17

do not meet physical activity guidelines.

# Scientific expertise and large-scale studies

**Santé publique France produces leading scientific expertise, drawing on complementary data sources. To better understand, anticipate and act, the agency incorporates innovative methods into its epidemiological surveillance systems and major surveys.**

Santé publique France's expertise is built on methodologies that ensure the reliability of the knowledge produced, whether from continuous surveillance systems or population surveys. This complementary, multi-source approach provides a detailed and comprehensive understanding of public health challenges.

This expertise enables anticipation, preparation, and adaptation of responses to threats in order to protect the population. It is also used to identify, develop, implement and support effective health interventions.

## **Orchidée: an innovative system for real-time epidemiological surveillance**

Launched in October 2024, the new Orchidée hospital surveillance network is coordinated by Santé publique France and co-funded by the European Commission as part of the EU4Health programme. As a complement to current surveillance systems, it provides an exhaustive, near-real-time view of the health situation in hospitals. This innovative project, based on hospital data warehouses, will offer a deeper

understanding of epidemic dynamics and a timely response to exceptional health situations, particularly those involving emerging diseases. More than 25 hospitals are participating alongside the Health Data Hub, the University of Bordeaux and the EHESP. The first indicators from this monitoring will be available in October 2025.

## **Avian influenza: enhanced surveillance for earlier detection of human cases**

In line with the "One Health" approach, the agency has intensified avian influenza surveillance in response to the unprecedented epidemiological situation involving poultry farms, wild birds, and numerous mammal species, both in France and worldwide, since 2021. The surveillance protocol for zoonotic influenza was strengthened in 2024 to account for recent developments in the epidemiology and understanding of zoonotic influenza viruses. In partnership with ANSES, a new active avian influenza surveillance protocol (Surveillance active de la grippe aviaire, SAGA) has been piloted since winter 2023–2024 in four regions. This protocol allows early detection of animal-to-human transmission events, helping to improve prevention strategies and reduce the risk of spread within the human population if a virus better adapted to humans were to emerge.

## **15<sup>th</sup> Santé publique France Barometer launched**

In 2024, the agency launched its 15<sup>th</sup> edition of its Barometer survey. A sample of nearly 80,000 people

aged 18–79 was invited to participate online or by telephone. The survey now uses a new methodology: participants are randomly selected by INSEE to ensure a representative cross-section of the population. The first results will be published at the end of 2025, with regional data available every two years. The Santé publique France Barometer has been granted the "general interest and statistical quality" label and holds mandatory status.

### SPOTLIGHT

## **Tuberculosis: evaluating to optimise surveillance**

The agency evaluated its mandatory declaration surveillance system for latent tuberculosis infection (LTI) in children. This analysis resulted in recommendations submitted to the Ministry of Health. The DGS then referred the matter to the HCSP, which will decide whether to maintain this monitoring or consider alternative approaches. The HCSP is expected to deliver its conclusions by the end of 2025.

# Infant feeding: encouraging progress



In 2024, results from the 2<sup>nd</sup> EPIFANE survey were published. Over one year, 3,534 women and their babies (born in March 2021) were monitored as part of the national perinatal survey. EPIFANE's main objective is to describe infant feeding practices in France during the first year of life—breastfeeding, formula use, and the introduction of solid foods—how these evolve over time, and how they relate to family and child characteristics. The first EPIFANE survey took place in 2012, making it possible to track changes over a decade. The third edition of the survey will take place in 2027–2028.

In the 2024 results, 77% of infants were breastfed in maternity wards, surpassing the 75% target set by the 4<sup>th</sup> National Nutrition and Health Programme (PNNS). In 2021, the median duration of overall breastfeeding (with or without formula) among infants breastfed in maternity wards was 20 weeks, exceeding the PNNS target of 17 weeks and representing an increase from the median of 15 weeks observed in 2012.

Among women who stopped breastfeeding between leaving the maternity ward and their child reaching 2 months, the most common reasons cited were the convenience of bottle-feeding (allowing co-parent participation) and the perception of insufficient milk supply. More than half of women also mentioned difficulties with latching and a lack of time. These reasons underscore the importance of support from trained professionals for mothers and families.

## EPIFANE KEY FIGURES

# 77%

of newborns were breastfed in maternity wards, up from 74% in 2012.

# At 6 months:

more than one-third of infants were still breastfed, compared with less than one-quarter in 2012.

# 91%

of children begin eating solids between 4 and 6 months, in line with updated recommendations issued in 2021.

## SPOTLIGHT

### ALBANE: a survey linking nutrition, environment and health

Santé publique France and ANSES launched the pilot phase of the ALBANE survey (Alimentation, biosurveillance, santé, nutrition et environnement). Every two years, this survey assesses the health of the population aged 0–79 living in mainland France and Corsica, examining chemical substance exposure, diet, physical activity, and sedentary habits. The analysis will help clarify links between certain diseases (e.g., diabetes, obesity, and high blood pressure) and nutrition/environment, with the aim of providing recommendations and guiding actions to improve health protection throughout life.

# Overseas France: responding to the needs of local populations

**Santé publique France delivers its remit both in mainland France and in the overseas departments and regions. In the field, the agency relies on its regional units to respond to health challenges that may be specific to an area.**

Arboviruses, water-borne diseases, climatic hazards and toxin exposures intersect with chronic illnesses and social inequalities in health, meaning the populations of the DROM face distinct health and environmental risks with pronounced regional characteristics.

This is why Santé publique France conducts studies on health risks and issues specific to these territories. Its surveillance and alert systems take the characteristics of overseas territories into account and coordinate the response in the event of a crisis (see Mayotte case study, pages 49 to 53).

The epidemiological knowledge that the agency provides for decision-makers comes from both continuous and reactive monitoring and offers methodological support for health promotion in these territories.

A hub for overseas France was created in 2021 by Santé publique France to coordinate cross-disciplinary actions common to these regions. The representatives of the four French overseas regional units\* are the focal points of the agency's local actions: they participate in the development of its local guidelines and monitor its initiatives on the ground.

**“Long-standing expertise in the field of infectious diseases and strong field knowledge inform the scientific support we provide to the ARS. These high quality regional collaborations play a part in protecting the populations of overseas France who are exposed to numerous risks, as well as anticipating the consequences of climate change that could encourage the emergence of some of these diseases in mainland France.”**

**Dr MATHILDE MELIN, DEPUTY TO THE REGIONAL REPRESENTATIVE, SANTÉ PUBLIQUE FRANCE ANTILLES**



“Thanks to the Kannari study, we will improve our understanding of how exposure to chlordecone occurs and the population’s contamination levels. We can refine our recommendations to the public based on the results.”

JACQUES ROSINE, REGIONAL REPRESENTATIVE, SANTÉ PUBLIQUE FRANCE ANTILLES

### Infectious diseases: enhanced surveillance and prevention

Arboviruses are an issue in overseas France: these infections are closely monitored in terms of epidemiology and potential emergence. In Guadeloupe, the circulation of the West Nile virus has been observed in horses and birds, prompting infection surveillance systems to be stepped up in line with a “One Health” approach. Dengue fever surveillance is also carried out in Martinique, Guadeloupe, Saint-Martin and Saint-Barthélemy, where the *Aedes albopictus* mosquito was first identified in October 2024. Finally, the risks of the emergence of the Oropouche virus (OROV) in French Guiana and the French Antilles have been assessed and are considered moderate to high in 2024, and management recommendations have been established.

Other infections present in these territories require surveillance and surveys of vaccine coverage. In French Guiana, in partnership with the ARS, wastewater surveillance of polioviruses derived from the Sabin type 3 vaccine strain was stepped up after detection in samples. This work led to a vaccine catch-up campaign being introduced on the island of Cayenne and the western sector of French Guiana in November 2024, with assistance from the Healthcare Reserve in January 2025. On Reunion Island, a survey showed that the recommended target of 95% of vaccine coverage had not been reached for

five diseases: measles-mumps-rubella (82%), meningococcus type C (51%) and pneumococcus (87%). This information can be used to adapt the regional vaccine strategy.

### Disparities in the survival rate of cancer patients

In collaboration with the network of French cancer registries (FRANCIM), INCa and the Lyon public hospital group, the first survival estimates for people with cancer (ten most common cancer sites) in Guadeloupe, Martinique and Reunion Island for 2008–2018 were published in 2024. They reveal significant disparities both compared with mainland France and between the overseas territories: in Guadeloupe, for example, the standardised net survival (SNS) at 5 years is lower than that of mainland France for several cancers, particularly for the uterus (55% versus 77%). This is also the case for mouth and oropharyngeal cancers in Reunion Island (37%, compared with 45%). These initial data mean that regional health stakeholders can be supported in adapting regional versions of the ten-year cancer strategy and implementing the regional health plan.

\* The four regional units cover five territories (the Antilles covers Guadeloupe and Martinique). Santé publique France also supports the health administration of the overseas collectivity of Saint-Pierre-et-Miquelon.



#### SPOTLIGHT

### Next stage of the Kannari chlordecone study

In 2024, the population of Guadeloupe and Martinique was invited to participate in the Kannari 2 study aimed at improving knowledge on exposure to chlordecone and other pollutants (glyphosate, heavy metals, etc.). The study will improve our understanding of the determinants of exposure to these pollutants, so we can adapt the prevention and support measures set up since Kannari 1. Together with all stakeholders and public actors, we will use these results to help define actions aimed at preventing and reducing chlordecone exposure in the Caribbean population.

# Taking action on green spaces, active mobility, heat, pollution, noise: what are the health **benefits?**

**Quantitative health impact assessments (QHIA) are used to identify environmental factors that have an effect on population health. A new observation has highlighted the major benefits of actions to improve the quality of urban environments, as part of a systemic approach to health.**

Studies show that public policies around urban planning, mobility, health, adaptation to and mitigation of climate change, and the protection of biodiversity must converge in order to strengthen or identify complementary and equitable solutions. They must also be based on an understanding and shared observations between stakeholders.

## **A study in partnership with French metropolitan areas**

While the QHIA approach is traditionally applied to air pollution, its scope has been extended for the first time to simultaneously include other environmental determinants of health. A multi-determinant QHIA was conducted in partnership with three French metropolitan areas (Lille, Montpellier Méditerranée Métropole, and Rouen Normandie). The goal was to estimate the health benefits associated with the development of urban green spaces and active travel, as well as the reduction of the population's exposure to air pollution, transport noise and heat.

## **Marked benefits for the most deprived populations**

Public policies aimed at increasing the number of urban green spaces, promoting active mobility (walking and cycling), improving air quality, and reducing transport noise and heat in cities would bring significant annual health benefits for all residents of each metropolitan area every year, taking into account mortality, morbidity, healthcare

use and discomfort. These benefits would be more pronounced for the most deprived populations.

**For example, based on data from the metropolitan areas, annual mortality could decrease by:**

- **3% to 7%**, if all districts had as many green areas as the greenest neighbourhoods;
- **3%**, if everyone aged 30 and over walked 10 minutes more every day of the week;
- **6%**, if every resident aged 30 and over cycled for 10 minutes more every day of the week;
- **7 to 12%**, if the PM2.5 fine particle level did not exceed the value recommended by the WHO.

Respecting the guiding values recommended by the WHO on transport noise could improve sleep for several thousand people each year.

Exposure to high temperatures was the cause of 1% of the mortality observed during the summer, i.e., between 35 and 90 deaths per year, depending on the metropolitan area.

The results of this study were presented to elected representatives and local authorities. They reinforce the need to strengthen these public policies and, beyond that, the need to promote healthy urban development, by integrating planting into populated areas, encouraging active travel, and adapting spaces to climate change and heat management.



### SPOTLIGHT

The QHIAs conducted by Santé publique France are based on a method initially developed by the WHO, combining knowledge from state of the art scientific research with local data on health and the environment. By estimating the benefits of changing an environmental factor on a population's health, this approach is intended to guide local policy decisions.

Additional work must be carried out with the scientific community in order to consolidate the QHIA approach and extend it to other local areas.



# QHIA at school: air quality and childhood asthma

**An unprecedented QHIA published in 2024 estimated the impact of exposure to two pollutants in classrooms on asthma in children aged 6 to 11.**

In France, the prevalence of asthma in children has been increasing over the past twenty years. This respiratory disorder, which has a strong impact on quality of life, currently affects 10% of school children. Yet observations have shown that school children in France are exposed to air pollutants in their classrooms that may have an effect on their health, particularly their respiratory health.

At a time when asthma and indoor air quality are major public health issues, in 2024 Santé publique France presented the first results of its QHIA on the impact of air pollution in primary school classrooms on asthma in children aged 6 to 11.

## **Tens of thousands of preventable cases**

This QHIA provides an estimate of the impact on childhood asthma of exposure to two pollutants present in classrooms: formaldehyde, as a marker for exposure to volatile organic compounds (VOCs), and mould.

## **Less polluted air in schools: from assessment to action**

The study highlighted the importance of continuing to improve air quality in schools, in particular by choosing less polluting furniture and continuing ventilation beyond the health crisis.

It is crucial for local authorities and the National Education Department to act in coordination and for awareness to be raised among all those involved locally in order to improve air quality in schools, for the benefit of children's health. The results of this QHIA also confirm the health benefits of regulatory monitoring of air quality, introduced in January 2023 by the Ministry of Ecological Transition and Regional Cohesion.

## **SPOTLIGHT**

### **Road traffic and pollution in schools: how can children be better protected?**

There are other QHIAs that aim to obtain more detailed health impact data, essential for local decision-making, and are applied in smaller areas, particularly to look at the impacts of road traffic near schools in urban areas. The results, expected for 2025, will set out the health benefits of actions to reduce air pollution and around schools and guide stakeholders in their planning or construction decisions.

## **KEY FIGURES**

Each year in children aged 6 to 11 nearly

**30,000**

cases of asthma could be avoided by reducing exposure to formaldehyde by airing and ventilating classrooms

nearly

**12,000**

cases of bronchial wheezing could be avoided by eradicating visible mould in classrooms.

# Chronic illnesses: better understanding to alleviate the burden

As major causes of disability and deterioration in quality of life, premature death and health expenditure, non-communicable diseases and chronic illnesses such as diabetes are a significant burden on the French population and on public healthcare resources. Through epidemiological studies that it carries out, the agency contributes its expertise to gaining a better understanding of the dynamics of these diseases and their links with various determinants and risk factors. It provides health indicators to predict their impact and optimise the design, implementation and evaluation of public policies, particularly in terms of prevention, access to care, and management.

## Progression under close surveillance...

Diabetes is increasing in France, particularly Type 1 diabetes (T1D) among young people. Today, T1D and Type 2 diabetes (T2D) affect several million people, with an increased prevalence in overseas France. The epidemiological surveillance strategy for diabetes developed by Santé publique France provides indicators on the frequency, severity and trends of the disease across France, as well as its complications and its impact on the lives of people affected.

## ...confirmed in 2023

The prevalence of all types of diabetes combined continued to increase in 2023, affecting 5.6% of the population, more commonly men. There were marked regional disparities, with a higher prevalence of diabetes in overseas France and in Seine-Saint-Denis. Consistent with this, when the ENTRED diabetes study was extended to include overseas France in 2019, the findings on T2D showed specific features in these regions: predominance in women, unlike in mainland France, low socio-economic

status of patients, potential genetic susceptibility, etc. These data make it possible to adapt public prevention and treatment policies in the overseas departments and regions.

## The need for early screening

T1D is also increasing in young people: in 2023, 31,400 people under the age of 20 were affected, as against 20,300 in 2012. In 2024, Santé publique France supported a campaign run by the charity for young people with diabetes, Aide aux jeunes diabétiques (AJD): "Together, let's identify the signs of Type 1 diabetes before it's too late."

It aims to raise awareness among parents and professionals about the signs of T1D and how early diagnosis is important to limit the risk of complications.

## Complications remain common

At an incidence of 981/100,000 people for foot ulcers and 589/100,000 for stroke, hospitalisations for diabetes complications remain common in people over the age of 45 who are on medication for diabetes.

## KEY FIGURE

# 3.8

million people on medication for diabetes in France in 2023.

## SPOTLIGHT

### Europe against diabetes and cardiovascular diseases

Santé publique France is involved in the Joint Action on Cardiovascular Diseases and Diabetes (JACARDI) to prevent and reduce the burden of cardiovascular diseases and diabetes in the European Union. Pilot actions that the agency has been involved in as part of JACARDI aim to improve documentation of gender inequalities, promote high blood pressure screening with patients encouraged to know their actual and target blood pressure (*know your numbers*) and map the prevalence of people at high risk of diabetes to encourage proactive outreach. France, with the participation and coordination of the agency, is involved in several JACARDI pilot projects covering the entire patient pathway, from strengthening health literacy and raising awareness among the public and healthcare professionals about cardiovascular diseases and diabetes, to improving data on surveillance and medical follow-up, including screening and prevention in high-risk populations.

## From pre-COVID to long COVID

An unprecedented study conducted by teams from the INSERM and the teaching hospital and University of Bordeaux in partnership with Santé publique France, the CNAM and collaborators from the Global Burden of Diseases Study (GBD), examines the health of the French population before the COVID-19 pandemic, and how it changed between 1990 and 2019. Published in 2024, the study shows, among other findings, that mental health disorders and musculoskeletal disorders are the main causes of years lived with disability. The agency was also a partner of ANRS-MIE for the conference on post-COVID diseases (long COVID) on 14 October 2024. Epidemiology, pathophysiology, and clinical trials related to this complex syndrome were discussed. The publication of a summary of knowledge on the epidemiology of long COVID in France has been announced for 2025.

# Occupational health: MSDs affect over half of all workers

**Santé publique France has published unprecedented data on the prevalence of musculoskeletal disorders (MSD) in France, among the general population and workers by socio-professional category and sector.**

MSDs are painful and/or limiting disorders of the musculoskeletal system that can be linked to work. They are the leading cause of work-related morbidity in France and account for three quarters of recognised occupational diseases.

## The back is often affected

The data published by Santé publique France in 2024 show that, among employed people aged 18 to 64, the prevalence of MSDs of the back and upper limbs is comparable to that of the general population: 60% in women and 54% in men. MSDs of the back are most common: 48% in women, 42% in men (upper limb MSDs: 31% in women, 28% in men). These are mainly accounted for by lower back pain (excluding sciatica), while the shoulder accounts for most upper limb MSDs.

## Poor workstation ergonomics is a top risk factor for low back pain

Data from multi-source epidemiological surveillance confirm the significant burden of MSDs in France and provide essential information to assist those involved in occupational health. In 2024, the results of the first projects estimating the environmental and occupational burden of disease in France were published. One of the disease-risk factor pairs identified was lower back pain related to poor ergonomics (repetitive movements, uncomfortable posture, static position, vibrations, etc.). This work identified priority sectors for prevention campaigns. These were manufacturing and construction for male workers and the human health and social action sector for women.

## Carpal tunnel syndrome and herniated disc: surgical rates remain stable

In 2022, the incidence of carpal tunnel syndrome (CTS), the second most commonly recognised occupational disease, and herniated lumbar disc were higher in the working-age population (20–64 years) than in the general population. The number of surgical procedures for these MSDs remained stable compared with 2018.

## Significant under-reporting

In 2016–2017 and 2018–2019, the under-reporting rate was between 50% and 75% for all MSDs considered (shoulder, elbow, lumbar spine, CTS), regardless of the sex of the employee. The main reasons for under-reporting is people being unaware of the procedures to follow, but other leading reasons are insufficient diagnosis and the employee refusing to report, mainly due to fear of losing their job. This means that under-reporting of MSDs remains considerable, and this highlights the importance of continuing to improve information provision on occupational accidents and diseases for workers, employers and doctors.

## SPOTLIGHT

### Santé publique France and the Occupational Health Plan

The actions taken by Santé publique France are part of the overall strategy of the fourth occupational health plan (plan santé au travail, PST4). The agency has been working in partnership with the Occupational Health Inspectorate and the regional health observatories of the participating regions to run the work-related disease surveillance programme since 2003. This programme has been developed as part of a multi-year collaboration between Santé publique France, the General Directorate of Health (DGS) and the General Directorate of Labour (Direction générale du travail, DGT). The agency supports public health actions in companies defined in the PST4 and helps improve knowledge to support occupational risk prevention. It carries out its remit in partnership with research teams and in conjunction with stakeholders in this field: the Occupational Risks Department at the CNAM, the INRS, the Agricultural Social Mutual Insurance Fund and the French Society for Occupational Health.

## KEY FIGURES

**60%** of women  
**50%** of men  
report pain related to MSDs.

Over  
**124,000**  
people had surgery for CTS,  
most of whom were women.

Nearly  
**21,000**  
people had surgery for a lumbar  
herniated disc, mostly men.

# Global engagement for large-scale impact

As a national public health body, the agency contributes to numerous European and international projects. These exchanges mean sharing and developing French experience and know-how in the field of epidemiological surveillance, prevention, health promotion, protection and improvement of the health of all.

## An unprecedented agreement with the European Society for Prevention Research

An agreement was signed on 27 June with the European Society for Prevention Research (EUSPR) to share the best scientific knowledge on evaluating and identifying prevention strategies. This agreement makes it possible to expand the network of partners beyond Europe, toward a robust, broader, and better-resourced international network (methodology of evaluation approaches, dissemination and implementation science). The aim is also to raise the visibility of the registry of effective or promising interventions in prevention and health promotion, run by the agency.



Visit from the Director of the ECDC

## Delegation from the European Centre for Disease Prevention and Control (ECDC)

On 25 November, Dr Caroline Semaille, Chief Executive of Santé publique France, met with Pamela Rendi-Wagner, director of the ECDC, to discuss the importance of the specific features of the French overseas departments and regions, national public health priorities and the methods of mobilization of the Healthcare Reserve. A meeting with ECDC staff was also organised to discuss the partnership and support provided to Santé publique France by the ECDC for the Rugby World Cup and the Olympic and Paralympic Games.

## Tobacco control at CLATT

At the 10<sup>th</sup> Conference of the Parties to the WHO Framework Convention on Tobacco Control, which took place in Panama from 5 to 10 February, Santé publique France presented the activities of the knowledge hub dedicated to public awareness. In 2022, the agency was entrusted with the management of one of the nine knowledge hubs of the WHO Framework Convention for public awareness, providing an opportunity to share its expertise in tobacco use control.

**In November 2024, a collaboration agreement was signed with the Institute for Health Metrics and Evaluation (IHME), of the University of Washington (USA), to work to produce the first national and regional disease burden indicators based on the most relevant and most recent data identified by Santé publique France. Publication target: autumn 2026, for the 2025 edition of GBD.**

## Strong commitment to IANPHI\*

Since 2015, the IANPHI secretariat, which has more than 110 members in more than 100 countries, has been hosted by Santé publique France. In 2024, the agency chaired the Climate Change and Public Health Committee.

\* See the final report at [ianphi.org](http://ianphi.org)



Signing of a collaboration agreement with the University of Washington to develop a range of national and regional indicators on disease burden.

## G20 Conference of National Institutes of Public Health

At this conference from 9 to 11 September organised by the Oswaldo Cruz Foundation, the International Association of National Public Health Institutes and the Africa CDC, Santé publique France presented its work on social inequalities and equity in health, and the impacts of climate change on health. The agency also delivered a presentation on community engagement, in particular the participatory epidemiological study conducted with Traveller communities, to illustrate the publication of an advocacy strategy developed with the affected populations, who were involved throughout the project.



## A symposium on multimorbidity with the European Union Public Health Association

On 26–27 June, a symposium was held in partnership with the European Public Health Association (EUPHA), on how to improve monitoring, prevention and management of multimorbidity, a major determinant of the resilience of the population and the health system to new threats. Speakers from across Europe, Canada and Singapore discussed the challenges of this vulnerability and the importance of a coordinated international response.

# Mayotte

Understanding and responding to crises and emergencies

**With a cholera epidemic and Cyclone Chido striking during a water shortage, Mayotte faced a dual crisis in 2024. By mobilising staff from the regional unit in Mayotte and Reunion Island, supported by epidemiologists from the head office, the Healthcare Reserve and the pharmaceutical unit, Santé publique France provided rapid support to health stakeholders such as the ARS and the already vulnerable population as quickly as possible, meeting their needs as closely as possible.**

# A multi-dimensional response

The agency's intervention in Mayotte is a prime example of the continuum of the agency's remit, covering surveillance, prevention, protection, and emergency response.

Testimony of Youssouf Hassani, regional representative of the Mayotte Unit

*"Santé publique France has been active in Mayotte for several years through its regional unit. We have put in place surveillance systems that enable us to raise alerts and take action in the event of an emerging epidemic. When the water crisis began in 2023, we knew there was a high epidemic risk, and we were on alert. This is why, from the moment that cholera cases were first confirmed on the island, the agency was able to immediately implement enhanced regional surveillance and conduct field investigations around infected individuals, supporting*

*the ARS. Our investigations enabled us, on the one hand, to establish epidemiological links between the cases in order to determine the origin of the contamination and trace the chain of transmission, and, on the other hand, to produce epidemiological bulletins on cholera in Mayotte every week to inform decision-makers, healthcare professionals and the population as soon as possible. Through these measures, the agency helped contain the epidemic by dispatching vaccines and mobilising the Healthcare Reserve.*



*And when Cyclone Chido crossed Mayotte in December 2024, it suddenly exposed the population to new, acute health risks. Santé publique France's response to this devastating climate-related event was also immediate.*

*This was supported by the long-standing surveillance efforts on the island, which over time have helped us identify structural vulnerabilities, particularly in terms of food insecurity. This 'go to' approach introduced during the water crisis meant that we could quickly reach out to vulnerable and isolated populations."*





## KEY FIGURES

**221**

cholera cases, including 7 deaths, were reported in Mayotte in 2024.

Nearly

**35,000**

vaccinations were administered by the ARS as part of a large-scale campaign in the most vulnerable areas.

**436**

health reservists were mobilised to fight cholera, representing 9,685 days of deployment.

### Monitoring the resurgence of typhoid

In Mayotte, typhoid is monitored as one of the infectious risks linked to water shortages. The regional unit undertakes investigations if new cases or clusters arise, which helps the ARS to plan vaccinations. In 2024, Santé publique France identified 57 cases on the island.

# Coordinated response threats

**Alongside sending vaccines, Santé publique France coordinated surveillance and deployed reservists on the ground, supporting the ARS, the Mamoudzou hospital, and the reference medical centres.**

With the help of its healthcare reservists and internal reinforcements, the Mayotte unit conducted surveys at patients' homes and within hospital units dedicated to cholera. These investigations meant that the origin of the infections could be determined and the chain of transmission traced, information that was crucial to controlling the epidemic. In conjunction with the ARS and the Infectious Diseases Department of Santé publique France, the Mayotte regional unit also assessed whether deaths could be attributed to cholera. A bulletin was published every week, providing indicators and analyses on the progression of the epidemic. Regular status updates were presented during meetings of the regional health support and steering unit and the ARS Health Emergency and Safety

Department. This information enabled the ARS to intervene quickly for home disinfection, prevention and vaccination operations.

### Pharmaceutical unit supports vaccination campaigns

Vaccination operations were supported by the pharmaceutical unit of Santé publique France, which delivered more than 35,000 cholera vaccine doses to the island, targeting an estimated 40,000 people.



# Cyclone Chido: enhanced surveillance and mobilisation

**The high winds caused major damage, affecting people's health, critical infrastructure, and healthcare access. On the ground, the Mayotte regional unit was able to rely on its knowledge of local risks and vulnerabilities to continue and adapt its surveillance, protection, and prevention work, with the help of the Reunion Island regional unit, the Santé publique France Healthcare Reserve and the local community.**

Chido left a heavy toll in Mayotte: 39 deaths, over 100 serious injuries, and nearly 5,000 minor injuries. Nearly 48% of households surveyed during community rounds reported psychological disorders (stress, fear) exacerbated by loss of housing and limited access to drinking water and food. There were also numerous reports of diarrhoea, fever, and cough. Not to mention the destruction of the energy networks, disrupting healthcare facilities and Santé publique France's usual surveillance systems. In these exceptional circumstances, the Mayotte regional unit took action to continue its role of epidemiological surveillance by analysing the consequences of the cyclone in real time. To this end, it set up a community-based surveillance system for field actors to collect the epidemiological information needed

to monitor the health status of populations, based on specific post-crisis indicators, including injuries, water-borne diarrhoea, decompensation of chronic illnesses due to difficulties in accessing healthcare, and psychological disorders.

As early as the week after the cyclone, a weekly bulletin presenting the main reasons for healthcare visits was published. The investigations on the ground meant that the situation could be analysed as quickly as possible and health interventions could be effectively organised. By escalating information provided by its regional unit to the national level, Santé publique France played a pivotal role in supporting State services to manage the health impacts of Cyclone Chido.

## Reinforcements from the Healthcare Reserve

Teams from Santé publique France and more than 1,000 healthcare reservists were deployed to assist with hospital emergencies and to support the populations of Mayotte, particularly those in isolated and precarious conditions, in partnership with the ARS and charities. The reservists mobilised by Santé publique France were drawn from various specialities and professions (general practitioners, emergency physicians, specialist emergency nurses, nursing assistants, logistics specialists, etc.). They consolidated the teams of the heavily affected healthcare facilities, the Mayotte regional unit and



### KEY FIGURE

# 1,074

Healthcare Reserve professionals volunteered in Mayotte in 2024, representing 23,184 days of deployment.

the ARS, assisting with surveillance, investigation, vaccination and primary care operations. The agency arranged secure accommodation near the Mayotte hospital for the reservists and, for the first time, set up a support base on Reunion Island to enable staff rotation.

Looking beyond the crisis, reservists will maintain a long-term presence in Mayotte as Philippe Segura, Head of the Healthcare Reserve, explains: *"The health situation of the Mayotte population and the succession of crises that have destabilised the health and public health services require significant investment from the public authorities, and from the Healthcare Reserve, to face the health challenges of the coming years."*



# Openness: a strength for the agency

Sharing knowledge and engaging in dialogue with stakeholders and citizens are among the founding principles of Santé publique France. They are put into action at several levels: in its organisation, in its working methodologies and in the development of participatory approaches.



Workshop on Prevention Messages Regarding Chlordecone.

## SPOTLIGHT

### Heat and health advocacy for healthier cities

The “Heat and Health Advocacy” discussion and strategy day, organised by the agency in partnership with the Ecological Transition Agency (ADEME), the Scientific and Technical Centre for Building (CSTB), the National Centre for Territorial Public Administration (CNFPT), and the EHESP, was held on 20 June. The aim was to raise awareness of the health risks of heat in the context of climate change among training organisations and key networks in the planning, urban development and construction sectors, to support them in adapting their professional practices.

Openness to society and stakeholder involvement are an asset: this co-construction process improves the quality of the agency’s scientific work while strengthening trust. It takes various forms (participatory approaches, consultations, surveys) that adapt to changing expectations and practices.

#### Engaging with the public in the regions and sharing data locally

The agency regularly participates in public meetings with its stakeholders in the regions where epidemiological investigations or specific projects have taken place. This method is generally well received by the public, particularly in certain sensitive contexts. This was the case, for example, in cancer incidence studies in the municipality of Lescout (Tarn) and mortality studies in the Orbiel valley (Aude), where dialogue

with civil society and consultation with local stakeholders enabled the participation of the affected residents, from the preliminary phase through to the communication of results.

#### Steering and Dialogue Committee: a connection to civil society

Among its governance bodies, Santé publique France has a steering and dialogue committee (SDC) to bring a societal vision to the agency’s work. Its members, drawn from civil society, represent all regions and are connected to the various audiences served by the agency. Through the SDC, the agency can better understand and take into account the needs and expectations of the public, while staying attuned to its environment to adjust its strategy and priorities.

“The agency’s openness allows it to stay directly in touch with the expectations of citizens and stakeholders, ensuring that its methods and outputs meet those expectations.”

**ALIMA MARIE-MALIKITÉ, CHIEF OF STAFF**

In 2024, the agency’s SDC sought to improve how the agency’s outputs and resources for decision-makers reached the “last mile” and were made truly accessible. The committee chose a practical case and examined the resources produced to help regions take preventive action for healthy ageing from mid-life, i.e., between ages 40 and 55. This work resulted in a summary of all available resources in a single document, written in conjunction with representatives of local authorities and potential users, with 20,000 copies distributed to local authorities.

#### **Towards a strengthened openness strategy**

In its 2024–2028 Objectives and Performance Contract, Santé publique France has committed to expanding dialogue and promoting information that is useful to citizens and stakeholders. From 2025, a strategic steering committee for openness and dialogue with society (ODS) will reinforce this approach, particularly by formalising its main priorities, strengthening its open-data policy with users, consolidating its regional network, and sharing its experience with partners.



#### **SPOTLIGHT**

### **A Participatory Study on the Health Challenges of Travellers**

The agency took part in an event hosted by the Institute for Radiation Protection and Nuclear Safety (IRSN) to mark the 10th anniversary of the charter of openness to society, presenting its community engagement actions, in particular the participatory study on Travellers. This study showed how living conditions impact the health of Travellers and was shared within the community via a documentary produced with the community. This advocacy strategy, based on rigorous scientific data and the early involvement of stakeholders and affected communities, allowed for stakeholder ownership. Following the survey, the Interministerial Directorate for Housing included environmental quality criteria and access to services for populations in its call for tenders to fund reception facilities. These results, published in the BEH on 20 February 2024, argue for targeted “go to” actions, such as health mediation, that take into account the difficult living conditions of Travellers.

#### **CHLORDECONE MESSAGES**

### **Co-constructing for Better Information in the Antilles**

The agency launched a participatory initiative to update the prevention messages and recommendations in Martinique and Guadeloupe on the risks associated with chlordecone in food. Working groups bringing together community representatives, healthcare professionals, scientists, and local members have co-created prevention messages that meet expectations and account for cultural and socio-economic specificities.



# Social and regional health inequalities: improved documentation for greater equity

**Social determinants play a major role in health: it is essential to take social and regional inequalities into account to understand their impact on the health of populations. The agency is committed to this approach for a more detailed and contextualised understanding of health challenges.**

In France, the health status of the population is on average fairly good, but social inequalities in health are greater than in other Western European countries. The social determinants of health, which relate to gender, origin, level of education, occupational category or income, place of residence and access to services, influence the health of populations. The COVID-19 epidemic revealed their impact starkly:

socially disadvantaged people — particularly young people and immigrant populations—were hit harder in France. The fight against social and regional health inequalities (SRHI) remains a key issue today. Through the SRHI programme, the agency is systematising the collection of social data for its major surveys in order to incorporate social determinants into certain surveillance systems, including at the regional level.

## SPOTLIGHT

**The 2024 edition of the Santé publique France Barometer**, which will be published in 2025, now includes the social position of the respondents. It already makes it possible to highlight, for example, single parenthood as a family structure, a determining factor in social health inequalities at the intersection of gender, employment, income, and housing disparities. Specific thematic modules, such as food insecurity and discrimination, have been added to this edition.

**“We need to consider all social determinants and their interactions in all our work to better understand the various health challenges in France: for example, some infectious diseases such as tuberculosis are not just contracted in endemic countries, but also locally, when living conditions such as poor housing lead to overcrowding, as was the case during the COVID-19 pandemic.”**

STÉPHANIE VANDENTORREN, COORDINATOR OF THE SRHI PROGRAMME

To measure social determinants, individual data and contextual data from a wide variety of sources are used: population surveys (by interview or health examination), data from continuously operating information systems, INSEE, etc. Partnerships are also being developed with researchers such as at the University of Toulouse and the National Institute of Demographic Studies (l'Institut national d'études démographiques, INED). Through the SRHI programme,

the agency is systematising the collection of social data for its major surveys in order to incorporate social determinants into certain surveillance systems, including at the regional level.

By using these tools and resources, Santé publique France can now systematically measure SRHIs and their impacts on health, better understand their underlying mechanisms, identify levers for better health equity, and take these SRHIs into account in its prevention measures.

### **“13 en santé”: a health mediation survey in Marseille’s priority neighbourhoods.**

At the request of the PACA ARS and with the support of Santé publique France in the PACA and Corsica regions, and joint research unit 1252 in economic and social sciences of health and medical information processing (SESSTIM) (Aix Marseille University, INSERM), the CORHESAN and SEPT associations launched the “13 en santé” project to promote screening for certain cancers to vulnerable populations in Marseille. Published in December 2024, the results of the pre-project survey showed:

- uptake of screening for breast cancer, cervical cancer and colorectal cancer was lower than the national average;
- significant hesitation regarding HPV vaccination (20% of the population in the northern districts and 10% in the central districts).

The survey provides data so that those responsible locally can take a more targeted and customised approach to offering information and raising awareness among the populations of these neighbourhoods. It will also mean that the impact of health mediation interventions can be assessed.

#### KEY FIGURES

### **Persistent gender inequalities**

Despite better life expectancy, only

**65%**

of women see themselves as having good or very good health, compared with 71% of men.

**17%**

of women have experienced a depressive episode in the past 12 months, compared with 10% of men. This gap can be explained in part by men under-reporting due to gendered perceptions of mental health, but also by unfavourable socio-economic conditions that impact women more heavily.

#### SPOTLIGHT

**The EVANE study**, conducted by Santé publique France with the support of the National Family Allowance Fund (Caisse nationale d'allocations familiales, CNAF), explores the social determinants of parenting experiences and practices among parents of children aged 0 to 2 in France. Launched in January 2024, the first results published in 2025 will provide information on the environments and living conditions of parents (work, housing, social support, resources, etc.) and on the impact of these social inequalities on early interactions between parents and children. EVANE will lead to a better understanding of the factors that protect against or contribute to parental stress and parenting practices that are beneficial to the child's development. These results will help us to identify the information needs of parents of young children, as well as their use of and interest in the services intended for them.



# Organisation and publications

# Our prevention tools



\* Number of visits to platforms (websites, social networks) in 2024

# Organisational chart

## EXECUTIVE MANAGEMENT

**Dr Caroline Semaille,**  
Chief Executive

**Marie-Anne Jacquet,**  
deputy chief executive

**Yann Le Strat,**  
Chief Scientist

**Alima Marie-Malikité,**  
Chief of Staff

### HUMAN RESOURCES DIVISION

Éric Amaudry, Director  
Claude Pinault Descombes,  
Deputy Director

### PURCHASING AND FINANCE DIVISION

Angélique Morin-Landais,  
Director

### INFORMATION SYSTEMS DIVISION

Adel Arfaoui, Director  
Cédric Barbieux, Deputy Director

### DATA SUPPORT, PROCESSING, AND ANALYSIS DIVISION

Matthieu Hanf, Director  
Céline Ménard, Deputy Director

### SCIENTIFIC AND INTERNATIONAL DIVISION

Anne-Catherine Viso, Director  
Grégoire Deleforterie,  
Deputy Director

### COMMUNICATION AND DIALOGUE WITH SOCIETY DIVISION

Peggy Goëtzmann-Magd,  
Director  
Vanessa Lemoine, Deputy  
Director

### INFECTIOUS DISEASES DIVISION

Bruno Coignard, Director  
Harold Noël, Deputy Director

### ALERT AND CRISIS MANAGEMENT DIVISION

Loïc Grosse, Director  
André de Caffarelli, Deputy  
Director

### NON-COMMUNICABLE DISEASES AND INJURIES DIVISION

Michel Vernay, Director  
Anne Moulin, Deputy Director

### PREVENTION AND HEALTH PROMOTION DIVISION

François Beck, Director  
Pierre Arwidson, Deputy Director  
Claudine Tanguy, Deputy Director

### SUPPORT AND DISSEMINATION TO THE PUBLIC DIVISION

Karine Grouard, Director  
Virginie Reginault, Deputy  
Director

### ENVIRONMENTAL AND OCCUPATIONAL HEALTH DIVISION

Sébastien Denys, Director  
Mélina Le Barbier, Deputy  
Director

### REGIONS DIVISION

Didier Che, Director  
Ami Yamada, Deputy Director

### QUALITY AND RISK MANAGEMENT OFFICE

### ACCOUNTING OFFICE

Virginie Dubois

### COORDINATES

16 REGIONAL UNITS

# Our governance bodies

**The governance of Santé publique France is based on the founding principles of scientific excellence, openness, dialogue and ethics which guarantee collective expertise and transparency. It is organised around four boards.**

## Management Board

Comprised of 33 members (including nine government representatives), the management board division approves the agency's main strategic directions, its work programme and the human and financial resources. The term of office of the members of the Board is 4 years and it can be renewed once.

**SYLVIE LEMMET**

## Ethics and Professional Conduct Committee

The Scientific Advisory Board is made up of 27 members responsible for overseeing the quality and cohesion of the agency's scientific policy. The members are appointed for a mandate of 4 years at the proposal of the Chief Executive, which may be renewed by decision of the Chair of the Management Board, following approval from the board.

**LOUIS-RACHID SALMI**

## Steering and Dialogue Committee

The Steering and Dialogue Committee, consisting of 10 to 20 members, is responsible for expressing society's expectations and questions concerning public health. Its members are appointed for a period of 4 years, renewable once, by decision of the chair of the management board.

**ÉRIC VINDIMIAN**

## Scientific Advisory Board

The Scientific Advisory Board is made up of 27 members responsible for overseeing the quality and cohesion of the agency's scientific policy. The members are appointed at the proposal of the chief executive for a mandate of 4 years, which may be renewed by decision of the chair of the management board, following approval from the board.

**JOHN NEWTON**

# Publications

## La Santé en action

*La Santé en action* (Health in action) is a journal published by Santé publique France on disease prevention, health education and health promotion. It is aimed at education, health and social care professionals.



### No. 465 - January 2024

#### *Sex education for young people: a holistic and positive approach*

Educating young people about sexuality remains a major challenge, not only to combat sexism and sexual violence, but also to give everyone the keys to a fulfilling emotional, relationship and sex life. This issue shows how sex education is no longer based solely on risk prevention, but it is also part of a holistic view of health.



### No. 466 - May 2024

#### *Supporting the earliest bonds between parent and child*

Recent studies have shown that the earliest years of a child's life, including time spent in utero, are a pivotal period in its development. Early life experiences impact the physical and mental health of individuals and their social and emotional well-being. This issue shares the latest scientific understanding, particularly in psychology and neuroscience.



### No. 467 - October 2024

#### *Preserving nature to protect human health*

Making biodiversity protection a public health issue is crucial. However, it is clear that contemporary societies, through their lifestyles and production models, are mistreating nature and becoming distanced from it. This issue sheds light on the multiple and complex links between nature and health in the light of scientific publications in recent years.

## Article of the month

Santé publique France publishes more than 200 scientific articles per year in general or specialised peer-reviewed journals. Every month, articles published in French and English international journals feature in a newsletter that is sent to 8,500 subscribers.

**BEH** → Bulletin épidémiologique hebdomadaire

## Weekly epidemiological bulletin (Bulletin épidémiologique hebdomadaire, BEH)

The BEH is a peer-reviewed journal edited by Santé publique France, which publishes articles submitted by a wide range of healthcare professionals and public health stakeholders. It is open access and free online. In 2024, twenty-one issues of the BEH were published, including four special interest editions.

*“Educating young people about sexuality remains a major challenge, not only to combat sexism and sexual violence, but also to give everyone the keys to emotional well-being, healthy relationships and a fulfilling sexual life.”*

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