2025-2030 Strategic Project

January 2025

HAS

The HAS in brief

The sphere of activity of the French National Authority for Health (HAS) is that of health, as defined by the World Health Organization as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" [1]. This definition provides an overall view of health, incorporating every aspect of an individual's life. In fact, an individual's health and their living circumstances (environment, access to healthcare system, financial resources, physical and mental capacities, etc.) go hand in hand. In the same way as medical care can impact individuals' day-to-day lives (patients, supported persons and their relatives), social and medico-social support is a key means to improve or protect health.

In this way, the aim of the HAS is to advance quality in the fields of health and social care services as a whole. It works alongside public authorities to inform policy decisions, and with healthcare professionals to optimise their practices and organisations, and for the benefit of individuals by reinforcing their decision-making capacity.

Since it was founded by the French Health Insurance Law of 13 August 2004, the HAS has fulfilled three missions:

- **assessing** the benefit of health technologies (medicinal products, vaccines, medical devices, professional procedures), with a view to their funding;
- **recommending** best practices to professionals in the health, social and medico-social spheres, and developing vaccination and public health guidelines;
- **measuring** the quality of care and patient safety in healthcare organisations and primary care, as well as the quality of support in social and medico-social establishments and services, with the aim of their continuous improvement.

The HAS fulfils these missions in accordance with three values:

- **scientific rigour**, to ensure that its output is relevant, valid and reliable;
- **independence**, from any parties with whom it comes into contact (government bodies, industrial firms, professionals, users, etc.), protecting public interests;
- **transparency**, in terms of objectives, methods, actions, and results.

Besides these fundamental values, the HAS bases its action on the principles of solidarity and fairness in the healthcare system.

The HAS Ecosystem

Care and support professionals

including learned societies, national councils for healthcare professionals, orders, unions, federations, etc..

Care and support establishments and services

including hospitals, clinics, residential care institutions, accommodation and social reintegration centres, federations, etc.

Patients, supported individuals and those close to them

including citizens, associations, etc.

Public decision-makers and funders

including ministries, parliament, auditing units, French National Health Insurance, CNSA, etc.

Participation in work and assessments, information

Professional guidelines

Measurement and improvement of quality and safety

HAS

HAUTE AUTORITÉ DE SANTÉ

As an independent public scientific authority, the HAS is part of a pluralistic ecosystem.

It cooperates with all these actors for the common and individual benefit.

Assistance with public decision-making

Collaborations and exchanges

Collaborations and exchanges

Local or national bodies and providers

including health agencies, Regional health Agencies, independent administrative authorities, advisory bodies, local authorities, CNCPH, CNLE, CNPE, SRA, CREAI, regional education authorities, etc.

Initial and continuous training actors

Research sector

Health technology assessment

Healthcare industries

including pharmaceutical firms, businesses, trade unions, etc.

European and international organisations and actors

including foreign or international healthcare organisations, European Union bodies, etc.

Addressing healthcare system challenges

Strategy for 2030

For the most part, the HAS achieved its objectives over the previous 2019-2024 strategic project period, marked by the COVID-19 health crisis. Mention can particularly be made of its extensive work for user engagement, the ramping up of early access to medicinal products and pathways for advance access to innovative medical devices, strengthening of its international influence, the new healthcare organisation certification standard, and the first standard for assessing the quality of social and medico-social establishments and services (SSME).

In line with these achievements, the institution has identified new priorities to focus on over the next five years. This strategic project is not intended to describe the institution's entire activity. It recounts the directions that the HAS plans to take in order to address certain priority challenges, heighten its intervention in certain areas, or adapt its methods. This five-year strategy is designed to guarantee the HAS' commitment to serve the healthcare system of the future.
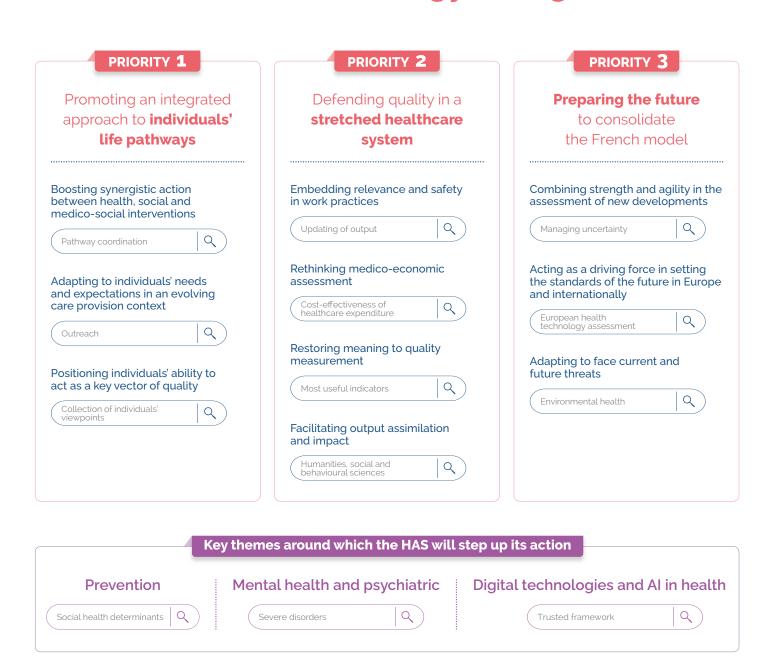
Health now and in the future: developments, challenges and opportunities

The 2025-2030 strategic project is based on the main developments in the healthcare system and on the ensuing challenges and opportunities.

— **Health innovation** is gaining pace and is multidimensional. It encompasses scientific, technological, organisational, and socioeconomic aspects. It impacts prevention, diagnostic, and treatment strategies and solutions for supporting individuals, in the aim of improving care. Innovation transforms work practices and fosters better pathway coordination, by facilitating teamwork and tracking personal information. It allows novel approaches, fostered by developments such as digital health solutions, medical device miniaturisation, next-generation genome sequencing, big data collection and analysis, and technologies collectively referred to as artificial intelligence. Its accelerated development represents a challenge in terms of planning and assimilation. While the HAS' role is to facilitate fast-tracked access for individuals to innovations with evidence of genuine progress, whether incremental or disruptive, the use of these innovations raises multiple questions in terms of methodology, ethics, environmental concerns, fairness and financial sustainability.

— **Demographic and epidemiological developments** give rise to need to restructure the delivery of care and support. As the French population ages, the proportion of people aged over 65 years is set to increase from 21% of the population in 2021 to 29% by 2070 [2]. While life expectancy among the French population is increasing and is one of the highest in Europe, the number of healthy life years at birth is stagnant and was ranked only tenth in Europe in 2022.3 The impacts of the needs of this ageing population can be felt in the healthcare system. Ageing has direct consequences on demand for medico-social services, in terms of capacity and recruitment in establishments and home care services. This ageing is also one of the causes in the increase in multiple health conditions and the prevalence of chronic diseases, which rose from 14.6% in 2008 to 17.8% in 2021 [4]. Among these chronic diseases, the challenges associated with cardiovascular diseases (over 13 million people receiving care in 2022) and mental health or psychiatric disorders (over 8.5 million people receiving care in 2022) are particularly striking [5].

— The healthcare system is characterised by **social and regional health inequalities**. For example, people with low incomes are more likely to be affected by the chronic diseases mentioned above.6 More generally, life expectancy remains largely correlated with a person's socioeconomic status (the wealthiest men live on average 13 years longer than the poorest) [7]. This analysis particularly resonates in a context of increasing vulnerability: in 2022, 9.1 million people were living under the monetary poverty line in Metropolitan France [8]. In addition, an increase in the proportion of single-parent families or large families in materially and socially deprived circumstances is being observed [9]. The rate of failure to seek care for financial reasons over the 2020-2022 period is approximately 2% (up to 4.3% among the lowest 20% of the population in terms of incomes) [10]. While the impact of inequalities is not specific to France, it is worth noting that the disparities between socio-economic categories are often wider in France than in other European countries [11]. Other societal challenges also need to be considered, particularly those associated with migrations and with the influx of separated foreign children (19,370 unaccompanied minors placed in social care in 2023) [12]. Sex and gender likewise have a non-negligible impact on factors of morbidity-mortality and care [13]. People with disabilities also exhibit degraded health indicators and living conditions compared to the rest of the population [14].

— **Individuals' expectations** of the healthcare system are moving towards better integration in decision-making processes. For the HAS, as for other actors, this aspiration has several implications: more effective participation in decision-making, boosting of the ability to act, growing demand for information and transparency, demand for free access to health data, recognition of experience-based knowledge, an outreach approach to increase referral for care and identify anyone whose opinion is not being considered adequately, etc. Health literacy and confidence in scientific expertise are, by extension, major challenges [15].

— The healthcare system is faced with **systemic problems affecting the delivery of care and support**. Professional demographic challenges are compromising access to care, in addition to pathway organisation, and are contributing to regional disparities. For example, while the numbers of practising doctors are increasing (in 2023, there were 8.5% more practising doctors than in 2010, including more locums and doctors working after retirement) [16]. some localities remain underserved. The lack of appeal of social and medico-social sector professions is also impacting care and support capacities in establishments (71% of establishments in the social care sector are encountering recruitment problems, 30,000 positions are reported as vacant, and professional organisations projected 150,000 retirements between 2019 and 2025) [17]. These trends, and their consequences on practising conditions, are leading to burnout among professionals [18-19] They heighten the need to encourage interdisciplinary cooperations, increase prevention actions and coordination of individuals' pathways. For instance, the choice of early-career health professionals to focus more on multidisciplinary practice [20]. represents an opportunity to be seized to improve professionals' quality of life at work and the quality of care. Broadening paramedical expertise, delegating tasks and reinforcing professional training are also possible means to improve the delivery of care and support.

— Finally, the 2025-2030 strategy needs to account for a major challenge in terms of **financial and environmental sustainability of the healthcare system**. Current strains mean that it is necessary to rethink the organisation of local care provision [21]. Tight human and budgetary resources necessitate an ongoing drive for cost-effectiveness, inseparable from relevance and quality concerns. Moreover, on account of environmental challenges, it is necessary to consider the environmental impact of the healthcare system (establishments and services, transport, waste, etc.) along with the impact of the environmental transition or environmental risks on the population's needs. In fact, the health and autonomy sectors are responsible for 8% and 1.3% of French greenhouse gas emissions, respectively [22-23] The harmful impacts of climate change on health are also proven [24]. Growing awareness of this reality has given rise to a series of initiatives from healthcare system actors; in this way, the HAS enacted a roadmap on this topic in 2023 2023.25 Economic sustainability and environmental transition are two closely linked challenges. In response, these two challenges call upon a particular focus on needs in relation to prevention and improving practices (adapting prescriptions, combatting misuse, defending the "right care" and the relevance of solutions proposed to individuals, avoiding risks of social exclusion, etc.).

2025-2030 strategy at a glance

PRIORITY 1

Promoting an integrated approach to **individuals' life pathways**

Boosting synergistic action between health, social and medico-social interventions

| Pathway coordination | 🔍 |

Adapting to individuals' needs and expectations in an evolving care provision context

| Outreach | 🔍 |

Positioning individuals' ability to act as a key vector of quality

| Collection of individuals' viewpoints | 🔍 |

PRIORITY 2

Defending quality in a **stretched healthcare system**

Embedding relevance and safety in work practices

| Updating of output | 🔍 |

Rethinking medico-economic assessment

| Cost-effectiveness of healthcare expenditure | 🔍 |

Restoring meaning to quality measurement

| Most useful indicators | 🔍 |

Facilitating output assimilation and impact

| Humanities, social and behavioural sciences | 🔍 |

PRIORITY 3

Preparing the future to consolidate the French model

Combining strength and agility in the assessment of new developments

| Managing uncertainty | 🔍 |

Acting as a driving force in setting the standards of the future in Europe and internationally

| European health technology assessment | 🔍 |

Adapting to face current and future threats

| Environmental health | 🔍 |

Key themes around which the HAS will step up its action

Prevention

| Social health determinants | 🔍 |

Mental health and psychiatric

| Severe disorders | 🔍 |

Digital technologies and AI in health

| Trusted framework | 🔍 |

Conditions for successful implementation of this strategy within the HAS

Ensure the quality of the working environment

Continually adapt tools and working methods

Strengthen ties with healthcare system stakeholders

Strategic Priorities

1. Promoting an integrated approach to individuals' life pathways

A. Boosting synergistic action between health, social and medico-social interventions

Thanks to its unique position, the HAS covers all the stages of individuals' pathways, i.e. health, social or medico-social cases, in establishments, primary care and at home. The aim is to place the life pathway approach at the centre of its work. This involves combining each sector's specific expertise and the intervention context with an overview in line with individuals' experiences, which disregards boundaries and perimeters. The HAS believes that linking sectors, in an integrated approach alongside the person and their relatives, is a means to generate cost-effective collective action.

The HAS is particularly determined to:

— continue and expand its cross-cutting approach in respect of individuals' pathways, in order to consider their health as a whole. It will particularly ensure that its work, regardless of the initial scope of the referrals received, will make it possible to meet all of individuals' needs in the health, social and medico-social spheres cohesively;

— take better account of coordination challenges within increasingly heterogeneous pathways. The primary care-hospital-SSME link must be fostered, along with coordinated practice methods (multidisciplinary health centres, local communities of healthcare professionals, etc.) facilitating multidisciplinary contact between care and support professionals. It particularly involves equipping professionals to promote access to healthcare when providing social support, and to facilitate referral for social support when providing healthcare to individuals in vulnerable situations;

— highlight the importance of social health determinants (housing, integration, etc.) to ensure better consideration in scientific expertise and in understanding a person's health;

— applying technological, digital and organisational innovations to improve pathway coordination.

B. Adapting to individuals' needs and expectations in an evolving care provision context

For several years, the health, medico-social and social spheres have been moving towards progressive deinstitutionalisation (shifts to home and outpatient care) This transformation requires a particular focus on the continuity of pathways, their variability over time and the link between care regimens. There are high risks of gaps in pathways, particularly among vulnerable populations. This suggests the need for a more preventive and locally-focused "outreach" approach, to reduce inequalities in access to care and support. By extension, this indicates a need for outreach mobility where people live. Moreover, individuals and their relatives are expressing increasingly high expectations concerning quality of life, both in the home and in establishments. This requirement must be addressed at each stage of the individual's pathway.

The HAS is particularly determined to:

— support professionals through critical periods of transition within pathways, to avoid gaps in pathways and degradation of individuals' situations (particularly among vulnerable populations). For example, there will be an increased focus on "outreach" and integrated system processes;

— set inviolable quality benchmarks, while continuing to ramp up SSME assessment, and adapting healthcare organisation certification to new challenges. The complementarity of these two standards will be honed, for the benefit of the quality of pathways beyond the confines of establishments and administrative boundaries;

— bolster the consideration of individuals' new expectations, including those relating to quality of life, particularly for establishment residents and those in end-of-life care;

— adapt its working methods by developing projects based on observing practices, by reaching out to organisations, professionals, and individuals.

C. Positioning individuals' ability to act as a key vector of quality

While the link between individuals' participation and the quality of care and support is now unanimously recognised, the real ability of individuals to play an active role in healthcare decisions is not always guaranteed. Their opinion about plans that concern them or about how the establishments supporting them operate remains underutilised. The HAS wishes to continue its proactive work to improve individuals' engagement and ensure the safety of care and support, within a partnership-based process.

The HAS is particularly determined to:

— improve the collection of feedback from individuals and their relatives on their experience and care outcomes, and lead a specific project to collect the opinion of residents in social and medico-social establishments;

— develop tools to measure the participation of individuals in its work, in order to establish an overview of this engagement and promote it. This will help show the benefit of participating in work and demonstrate the usefulness of this collaboration for the HAS, public decision-makers and citizens themselves;

— contribute to individuals' information and education, to boost their participation and facilitate their input to the work conducted by the HAS. The HAS will take care to adapt its output to the specific needs of the various audiences addressed.

2. Defending quality in a stretched healthcare system

A. Embedding relevance and safety in work practices

The work conducted by the HAS contributes to the relevance of interventions, which is understood to mean providing the right health intervention, at the right time, in the right place, by the right professional, for the right patient. It is necessary to avoid unnecessary or unsuitable interventions to conserve the human and financial resources of the healthcare system and safeguard its environmental sustainability. In the health sphere, misuse should be limited, and exposure to certain risks or adverse events prevented. In the social and medico-social sphere, there is a similar challenge of ensuring modular responses so as to address the individual's needs in the best possible way.

The HAS is particularly determined to:

— expand its work dedicated to the proper use of medicinal products and health technologies, and dedicated to the relevance of healthcare regimens;

— continue its work building pathways in the area of chronic diseases, in conjunction with public authorities tasked with supporting them locally;

— equip professionals to promote the scaling of social interventions;

— take action to improve patients' diagnostic safety;

— boost its capacity to update its output, in order to incorporate the latest data on a regular basis.

B. Rethinking medico-economic assessment

Since it was founded, the HAS has had the mission of informing public decision-makers, through medico-economic opinions, on the cost-effectiveness of health technologies, with a view to setting their price. The HAS is also responsible for the medico-economic assessment of public health interventions. However, these opinions must carry greater weight in public decision-making. The budgetary context in years to come and the growing cost of innovations mean that it is necessary to re-examine the current medico-economic assessment procedures in order to rise to challenges.

The HAS is particularly determined to:

— inject new momentum into economic assessments, to provide public decision-makers with the most useful information on the cost-effectiveness of health expenditure, including for prevention;

— work with all the actors concerned to redefine the principles of healthcare product cost-effectiveness assessments;

— trial partnerships with public research bodies to support medico-economic work, or to share such work.

C. Restoring meaning to quality measurement

The HAS is responsible for the methods and tools for measuring the quality and safety of care and support. This mission provides professionals with some perspective on their practices and allows them to recognise their successes. This also offers individuals the possibility of having reliable and transparent information and allows public authorities to regulate through quality by having a clear view of the critical points of the healthcare system. The HAS will play a pivotal role between providers involved in collecting and tracking relevance and quality measurement indicators. Its work will be aimed at shedding light on the blind spots of the current measurement system in relation to professionals' and individuals' needs and expectations, and at promoting data collection procedures better suited to the constraints of actors in the field.

The HAS is particularly determined to:

— support quality measurement knowledge with all of the actors concerned, by identifying the most useful indicators for the healthcare system, which are meaningful for professionals and individuals, in order to promote fairness and improve the quality and safety of care and support;

— enhance quality measurement tools, to take better account of certain stress points, new practice methods, and facilitate quality measurement by professionals themselves;

— initiate, alongside professionals and supported individuals, an analysis of social and medico-social support outcome measurement.

D. Facilitating output assimilation and impact

HAS guidelines and opinions are intended to be transferred into professionals' practices and contribute to public decision-making, but merely releasing them and ensuring methodological rigour are not enough to guarantee this. The HAS has commenced work on improving the assimilation of its output by target audiences, taking four assimilation conditions into consideration: awareness, intelligibility, acceptability, applicability of recommendations.26 It is particularly necessary to clarify the expected impact of work and take better account of the needs, expectations and specificities of the targets of each publication.

> The HAS is particularly determined to:
>
> — rely more on humanities, social and behavioural sciences, to enhance the scientific expertise produced (understanding of social trends, analysis of practice determinants, support for public decision-making, etc.) and develop a reflective view of its activities;
>
> — embed an assimilation approach in the output process over the long term. For example, the HAS wishes to improve the formats of publications and tools aimed at professionals, public decision-makers or citizens;
>
> — improve the release and promotion of its output, in concert with other healthcare system actors, including initial and continuous training actors, by facilitating integration in digital tools, for example;
>
> — measure and track the assimilation and impact of its output, based on varied quantitative and qualitative data.

3. Preparing the future to consolidate the French model

A. Combining strength and agility in the assessment of new developments

The HAS' role is to ensure the ability to recognise, among the new developments available to healthcare system actors (healthcare products, care or support regimens, etc.), those representing genuine innovations and benefits for individuals. In this way, it assesses the added value of health technologies and procedures with a view to their funding, and issues guidelines on the organisation of individuals' care.

This role as a trusted third party is more essential than ever in a context of accelerated health technology development, changes in clinical trial methods, and demand from citizens for more fast-tracked access to innovations. This context means it is necessary to combine methodological rigour and agility in respect of output, integrate fast-tracked availability with guaranteed quality of care, and support innovators in their pathways.

> The HAS is particularly determined to:
>
> — continually re-examine assessment methods and adapt them when needed, with the twofold aim of identifying innovations including "quiet" innovations, and providing public decision-makers and citizens with rigorous scientific expertise. This objective conveys a challenge concerning the management of uncertainty of presumed innovations. Any update to assessment principles will be made in accordance with the HAS' transparency values, particularly so that innovators can adapt smoothly;
>
> — develop organisational impact assessment methodologies which must help promote the development of new organisations on a national scale;

— communicate more with the health innovation ecosystem, by boosting outreach initiatives with innovators, for example by continuing the early meeting process around clinical study projects and pre-filing meetings, developing a feedback culture to support industry and individuals, devising partnerships with public actors supporting innovation or encouraging interactions with the research sector.

B. Acting as a driving force in setting the standards of the future in Europe and internationally

The European Union has developed its action, standards and resources in the social and healthcare sphere. The HAS now has a strong position on European programmes, relating to vaccination or integrated cancer centre quality certification, for example. Furthermore, the European regulation of 15 December 2021, which comes into force on 12 January 2025, marks a new milestone in health technology assessment, which will be shared as part of a network of national authorities in which the HAS plays a leading role. The priority is to consolidate this European scope of the HAS, in the healthcare, social and medico-social spheres. Beyond this commitment, the HAS intends to continue its influence strategy in Europe and internationally [27]. The challenge for the HAS is threefold: enhancing its expertise, boosting its ability to identify and integrate the innovations that the French healthcare system needs, and active presence in the fora where the standards and specifications of the future are prepared and drafted.

The HAS is particularly determined to:

— play an active role in building a Europe of Health and in consolidating European quality standards, within the realm of health technology assessment, but also through other initiatives in the health, social and medico-social spheres;

— promote its scientific expertise, to bolster its international reputation, through publications, participation in scientific events and an improved broadcasting strategy;

— step up discussions, cooperations and partnerships with other international institutions (equivalent agencies and partners, international organisations, networks, working groups, etc.) faced with similar challenges, with the aim of sharing experience and know-how.

C. Adapting to face current and future threats

Experience gained from previous healthcare system responses to socioeconomic, epidemiological and environmental challenges, particularly to the COVID-19 crisis, must be utilised to increase the resilience of the healthcare system to future shocks (emerging infectious threats and pandemics, climate change, cyberthreats, etc.). In this way, the HAS intends to use the lessons learned in the past to reinforce its responsiveness not only to crises, but also to structural changes affecting the health, social and medico-social spheres.

In particular, in 2022, it devoted a prospective analysis report to the utilisation of public health expertise in crisis situation [15]. Following on from this, the HAS wishes to continue to adapt and consolidate its methods in order to play, whatever the circumstances, its role as an effective independent health authority.

The HAS is particularly determined to:

— adapt and consolidate its working methods to increase agility in crisis situations, while consistently adhering to the methodological and ethical principles of expertise. In conjunction with the other public actors concerned, it will help plan and prepare responses to exceptional health situations;

— continue and intensify its work on the topic of environmental health [25] to take better account of the environmental impacts of health technologies and healthcare system operation.

Key themes

Among the healthcare system challenges identified when drafting this strategic project, the HAS has selected three topics that it considers to be especially critical and for which it particularly intends to increase its investment over the next five years.

Prevention

The HAS has invested substantially in the field of prevention and health promotion, through its population-level public health work (vaccination, screening), its work on modifiable risk factors (cardiovascular risks, addictions, etc.), and on social health challenges. In the aim of improving individuals' health, it wishes to restate the need to ramp up and actualise the preventive transition in France, to increase system quality and performance. It will enlist all of its expertise to advocate for this essential cultural change, which will have impacts on all of its activities (pathways, promoting quality, innovation, etc.).

The success of this preventive transition involves many actors, in accordance with WHO intersectoral principles [28], and an overall health approach accounting for all the social determinants of health, from living environment to socioeconomic factors (income, level of education, employment, location of residence, etc.) [29]. Taking better account of these determinants is critical, otherwise social health inequalities may worsen. It is necessary to "place disease prevention and health promotion within the scope of a social and collective relationship rather than as a purely individual and curative dimension" [7].

The HAS is particularly determined to:

— position itself as a key actor in prevention, by raising the profile of the public health and prevention work conducted, in line with an ecosystem with which it wishes to collaborate;

— conduct prospective work to identify needs and gaps in the healthcare system in terms of prevention development;

— build a multiannual work programme aimed at expanding its work on the primary, secondary or tertiary prevention component, where this work is needed most and most likely to have a strong impact;

— help highlight the medico-economic benefits of prevention, by reinforcing its medico-economic assessment methods, and developing tools and methodologies for assessing the efficacy and cost-effectiveness of interventions to assist other healthcare actors to assess what they are funding;

— help professionals in the health, social and medico-social spheres to grasp the social dimension of health problems, within a health promotion approach.

Mental health and psychiatric care

Mental health and psychiatric care represent a major public health challenge. In fact, the psychiatric sector is going through a serious crisis (vacant positions, local inequalities in care provision distribution, substantial economic cost, degraded inpatient care conditions, etc.) [5,30,31,32]. However, needs for mental health follow-up and care are growing, particularly among young people [33].

Aware of these challenges, the HAS set out to address this issue as early as 2013, with the drafting of its first multiannual work programme in the psychiatric care and mental health spheres. It intends to ramp up its commitment, with the aid of all its departments and committees, to help improve mental health in the population. Through its mental health and psychiatric care committee and its new 2025-2030 work programme [34] the HAS has powerful means at its disposal to guide and coordinate its actions.

The HAS is particularly determined to:

— achieve significant and long-lasting improvements in the detection, diagnosis and care of the most severe and debilitating disorders, such as schizophrenic and bipolar disorders. These disorders, which have numerous effects (reduced life expectancy, increased prevalence of physical conditions, repercussions on personal life and on relatives, etc.), will be the subject of professional guidelines based on evidence-based medicine (currently not in place in France). Pathways, care and pathway quality indicators, and tools to aid early detection, for care and support for psychotic prodromes or "initial psychosis" will also be drafted;

— improve the quality of care and social support for the most vulnerable: children and adolescents, the elderly, individuals liable to suffer or suffering from a mental disability, refugees and migrants. This work will be based on a multidisciplinary approach, where the participation of individuals and their relatives will be key. Quality monitoring, through indicators or within the scope of healthcare organisation certification and social and medico-social service establishment assessment, should move towards a life pathway approach;

— promote overall prevention strategies in terms of mental health, by fostering early detection of at-risk behaviours, particularly within the scope of work on the most common disorders in the general population (anxiety and depression disorders, suicidal behaviours). Multidisciplinary coordination of individuals' pathways should help destigmatise, restore participation in social life and improve the living conditions of those affected by psychiatric conditions or mental health disorders.

Digital technologies and AI in health

90% of French people have already used a digital health tool or service [35]. The omnipresence of digital health technologies and the upscaling of big data and artificial intelligence systems, with ambitious promises, are disrupting the organisation of the healthcare system, pathways and interventions. Digital technologies represent opportunities to improve quality, access and relevance of care and support, as well as challenges in structuring access to health data, framing the use of this data and guiding professionals in their practices [36].

The HAS reaffirms that this technological revolution must take place for the benefit of humans, by ensuring that health digitisation considers not only difficulties accessing digital environments (local disparities, the issue of the digital divide, etc.), but also for the impact of digital tools on the relationship between individuals and professionals. This development must not represent a loss of opportunity for individuals. The HAS will strive to inform users' choices and seek out the rightful place of technology, based on expertise in biomedical science, humanities and social sciences, as well as users' and professionals' needs and feedback.

The vast potential of digital health should also be analysed by incorporating the environmental impacts of proposed solutions [37]. The HAS will take care to promote prudent use of digital tools, in accordance with a broader aim of environmental responsibility of the healthcare system.

The HAS is particularly determined to:

— provide a trust framework around digital technologies and artificial intelligence in health, to support uses, facilitate assimilation of useful technologies and changes in practices. This framework will provide guiding principles to support the development of digital technologies, in keeping with professionals' needs. It will foster structuring of the sector and will particularly aim to make digital technologies a means of interaction between professionals, and of information distribution and access;

— structure new approaches for digital medical devices for professional use. The growing role played by these devices gives grounds to envisage new frameworks for guiding establishments and professionals in the choice of these tools, in view of the individual benefit for the patient, the collective benefit for organisations, and sustainability by the healthcare system;

— develop the use of data, particularly secondary use, for measuring the quality of care and support or the impact of output, but also for assessment, by exchanging with the ecosystem.

Conditions for successful implementation of this strategy

In order to achieve its aims, the HAS is committed to continuing to advance its internal organisation based on a proactive quality approach. This will help it steer its activity more effectively, for the benefit of its expertise, and adapt its resources to changes in its missions with agility.

This approach will be based on a cost-effectiveness logic, with the aim of simplifying and safeguarding processes, and of developing exchanges with its partners in accordance with the development area identified.

The HAS particularly wishes to:

— ensure the quality of the working environment, by working on:

- its employer brand, to retain staff and support them in their skills and career development, attract new expertise, and promote the role of experts with the HAS,

- quality of life at work, to guarantee a work setting that is conducive to its staff's well-being and health. For example, reorganising workspaces and removing partitions will help foster conviviality, cross-sector collaboration and exchanges of practices within teams. Social dialogue will also remain an essential component of collective well-being,

- the societal responsibility of organisations, by integrating in its locality of Seine-Saint-Denis and promoting an inclusive work culture, as part of an approach that is respectful for humans and the environment;

— adapt its tools and working methods, particularly focusing on:

- its continuous quality improvement approach. It particularly intends to encourage feedback and innovation in terms of working methods, processes, or organisation. Besides utilising lessons learned from departments' projects, this policy will help simplify and streamline work processes,

- strengthening its internal steering through operational and institutional indicators, in order to facilitate the interpretation of activity, prioritisation of needs and allocation of resources,

- selecting and developing computer and digital tools tailored to staff's needs, particularly by trialling generative artificial intelligence for office software purposes and knowledge processing;

— strengthening ties with its ecosystem, via partnerships and collaborations to:

- distribute a project load between stakeholders, to allow missions to be executed in a context of limited resources,

- facilitate sharing of information, knowledge and practices, feedback or trials in concert with other healthcare system actors,

- ensure cohesion of messages and promotion of HAS output, by forming a common vision of the objectives set.

Bibliography

[1] WHO, Preamble to the Constitution of WHO. 1946.

[2] Insee, "Population projections 2021-2070". 2021.

[3] Eurostat, "*Healthy life years by sex (from 2004 onwards)*". *European Commission*. Consulted on 12/12/2024.

[4] DREES, "Mieux connaître et évaluer la prise en charge des maladies chroniques : lancement de l'enquête PaRIS en septembre 2023". 2023.

[5] French National Health Insurance, "Améliorer la qualité du système de santé et maîtriser les dépenses - Propositions de l'Assurance Maladie pour 2025", 2024.

[6] DREES, "Les maladies chroniques touchent plus souvent les personnes modestes et réduisent davantage leur espérance de vie", Études et Résultats, n°1243, 2022.

[7] CNCDH, "Avis sur les inégalités sociales de santé", 2022.

[8] Insee, "Inequality and poverty on the rise in 202", Insee Prem., n°1973, 2023.

[9] Insee, "La privation matérielle et sociale en 2023". 2024.

[10] French Social Security, "Rapport d'évaluation des politiques de sécurité sociale (REPSS)", 2024.

[11] Insee, "France, portrait social", 2023.

[12] French Ministry of Justice, "Le tableau de suivi des mineurs non accompagnés". 2023.

[13] HAS, "Sexe, genre et santé", 2020.

[14] DREES, "Comment vivent les personnes handicapées". 2021.

[15] HAS, "L'expertise publique en santé en situation de crise", 2022.

[16] CNOM, "Atlas de la démographie médicale en France", 2023.

[17] HCTS, "Livre blanc du travail social", 2023.

[18] French Ministry of Health and Access to Care. "Rapport sur la santé des professionnels de santé", 2023.

[19] FHF, "Enquête de la FHF sur la situation RH dans les établissements en 2022". 2022.

[20] DREES, "Quatre médecins généralistes sur dix exercent dans un cabinet pluriprofessionnel en 2022", Études et Résultats, n°1244, 2022.

[21] Cour des comptes, "Accélérer la réorganisation des soins de ville pour en garantir la qualité et maîtriser la dépense", 2023.

[22] IRDES, "*The Environmental Sustainability of Health Care Systems*", 2023.

[23] The Shift Project, CNSA, et EN3S, "Planification écologique. Quel impact carbone pour la branche autonomie ?", 2023.

[24] WHO, "Climate Change and Health". WHO. Consulted on 12/12/2024.

[25] HAS, "Feuille de route santé-environnement". 2023.

[26] HAS, "Préconisations de la CIR concernant l'amélioration de l'impact des recommandations de la HAS", 2023.

[27] HAS, "Feuille de route Europe et international". 2023.

[28] WHO, "*Health in all policies: Helsinki statement. Framework for country action*". 2014.

[29] "*Fair Society, Healthy Lives: The Marmot Review*", 2010.

[30] Collège National des Universitaires de Psychiatrie, "L'état de la psychiatrie en France : mythes, réalités et enjeux". 2024.

[31] Contrôleur général des lieux de privation de liberté, "Les droits fondamentaux des mineurs en établissement de santé mentale", 2017.

[32] Contrôleur général des lieux de privation de liberté, "Rapport d'activité 2023", 2023.

[33] DGS, "La prévention en santé mentale", French Ministry of Health and Access to Care. Consulted on 12/12/2024.

[34] HAS, "Programme « santé mentale et psychiatrie » de la HAS". Consulted on 18/12/2024.

[35] Agence du numérique en santé, "Les Français et le numérique en santé". 2024.

[36] HAS, "Numérique : quelle (R)évolution ?", 2019.

[37] French Ministerial Delegation for Digital Health, "L'impact environnemental du numérique en santé", 2021.

Find out more about our work on
www.has-sante.fr

HAS
HAUTE AUTORITÉ DE SANTÉ

Advancing quality in the fields of
health and social care services