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European Social Charter

European Committee of Social Rights

Conclusions 2017

FRANCE

This text may be subject to editorial revision.

The following chapter concerns France, which ratified the Charter on 7 May 1999. The deadline for submitting the 16th report was 31 October 2016 and France submitted it on 7 December 2016.

In accordance with the reporting system adopted by the Committee of Ministers at the 1196th meeting of the Ministers' Deputies on 2-3 April 2014, the report concerns the following provisions of the thematic group "Health, social security and social protection":

- the right to safe and healthy working conditions (Article 3),
- the right to protection of health (Article 11),
- the right to social security (Article 12),
- the right to social and medical assistance (Article 13),
- the right to benefit from social welfare services (Article 14),
- the right of elderly persons to social protection (Article 23),
- the right to protection against poverty and social exclusion (Article 30).

France has accepted all provisions from the above-mentioned group.

The reference period was 1 January 2012 to 31 December 2015.

The conclusions relating to France concern 19 situations and are as follows:

- 14 conclusions of conformity: Articles 3§1, 3§4, 11§1, 11§2, 11§3, 12§2, 12§3, 13§2, 13§3, 13§4, 14§1, 14§2, 23 and 30.
- 5 conclusions of non-conformity: Articles 3§2, 3§3, 12§1, 12§4 and 13§1.

During the current examination, the Committee noted the following positive developments:

Article 3§1

- A framework agreement on the prevention of psychosocial risks in public service jobs was signed by all the employers' representatives and most trade unions and Prime Ministerial Circular on the implementation of the framework agreement was signed on 20 March 2014.
- The Law of 17 August 2015 on social dialogue and employment set up a system for the representation of employees and employers in companies with fewer than 11 employees through regional interoccupational joint committees (CPRIs) set up on 1 July 2017 whose task is to provide information, advice and co-ordination relating to the specific problems of very small companies, particularly with regard to working conditions and health.

Article 3§2

- Decree No. 2012-639 of 4 May 2012 on the risks of exposure to asbestos adds a requirement to Article R. 4412-100 of the Labour Code for employers to respect an occupational exposure limit value of 100 fibres/litre of air inhaled over eight hours of work and provides for this value to be lowered to 10 fibres/litre from 1 July 2015 onwards.
- Decree No. 2015-789 of 29 June 2015 on the risks of exposure to asbestos also adds a requirement to Article R. 4412-110 of the Labour Code for employers to provide workers with individual protection equipment ensuring that this exposure limit is respected and to assess the risks of exposure to asbestos.

Article 12§3

Improvement in 2014 in access to health care through the extension of supplementary universal health coverage (CMU-C) and assistance for the payment of supplementary health insurance (ACS); the number of recipients of these benefits grew by 6.5% and 3.9% respectively between 2013 and 2014, reaching a total of 6 million persons covered by the end of 2014.

Article 13

The Act of 17 August 2015 on social dialogue and employment introduced *the Activity Premium*. Financed by the State, the Activity Premium is a supplement to income for low-income workers. Young people between the ages of 18 and 24, whether employed or self-employed, are now eligible for this allowance.

Article 23

According to the report, France has implemented a secure information system which facilitates quantitative and qualitative analysis of reports received on the national listening and assistance hotline in order to respond to situations where elderly people, among other people, who are living at home or in institutions are being ill-treated.

Article 30

Numerous measures have been undertaken to combat poverty and exclusion, both on the prevention side and on accompanying people living in poverty, in particular within the Multi-annual Antipoverty and Social Inclusion Plan (2013-2017), which is overseen by the Government, has an inter-ministerial nature and was designed by a number of players, including individuals experiencing hardship. The Plan has led to decompartmentalising social policies.

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The next report to be submitted by France will be a simplified report dealing with the follow up given to decisions on the merits of collective complaints in which the Committee found a violation.

The report should also contain information requested by the Committee in Conclusions 2016 in respect of its conclusions of non-conformity due to a repeated lack of information:

- the right to work – vocational guidance, training and rehabilitation (Article 1§4),
- the right to vocational training – full use of facilities available (Article 10§5),
- the right of persons with disabilities to independence, social integration and participation in the life of the community – vocational training for persons with disabilities (Article 15§1),
- the right of persons with disabilities to independence, social integration and participation in the life of the community – employment of persons with disabilities (Article 15§2),
- the right of persons with disabilities to independence, social integration and participation in the life of the community – integration and participation of persons with disabilities in the life of the community (Article 15§3).

The deadline for submitting that report was 31 October 2017. The report was registered on 29 November 2017. Conclusions on the Articles concerned will be published in January 2019.

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Conclusions and reports are available at www.coe.int/socialcharter as well in the HUDOC database.

Article 3 - Right to safe and healthy working conditions

Paragraph 1 - Health and safety and the working environment

The Committee takes note of the information contained in the report submitted by France.

General objective of the policy

In its previous conclusion (Conclusions 2013), the Committee asked if occupational health and safety policy was regularly re-assessed in the light of new risks. In reply the report states that occupational health and safety policy is based on five-year plans and regularly adjusted in line with risks. The findings of these regular reviews form the basis for the next five-year plan.

The report states that Health at Work Plans 1 and 2, for 2005-2009 and 2010-2014, brought progress which resulted in a reduction in claims in major sectors of activity (construction and civil engineering, timber industries, garages and the chemistry sector) and made it possible to take account of risks that were specific to the geographical areas concerned. Furthermore, the third Health at Work Plan for 2016-2020 was adopted on 8 December 2015 by the Advisory Board on Working Conditions. It takes account of an improvement in prevention policy, which anticipates occupational hazards and secures employees' good health and quality of life at work. The Committee asks for information in the next report on the results of this plan.

In its previous conclusion (Conclusions 2013), the Committee noted the finding of the Court of Justice of the European Union that France had failed to properly transpose Directive 89/391/EEC (Commission of the European Communities v. French Republic, Case C-226/06 of 5 June 2008) into domestic law and asked what steps had been taken to remedy that situation. In reply, the report states that Decree No. 2010-78 of 2 January 2010 on information for employees on health and safety risks was published in the Official Gazette of 22 January 2010. This decree amends the Labour Code, adding minimum requirements on the information of employees in all establishments including those employing fewer than 50 persons. The European Commission closed the case at its College meeting of 18 March 2010.

As to the agricultural sector, the report states that a new project entitled Ecophyto II adopted in October 2015 provides for a 50% reduction over ten years in the use of phytopharmaceutical products in France. The measures in a plan relating to the agricultural professions were co-ordinated with those of Ecophyto II and the agricultural workers health and safety plan for 2016-2020 approved in December 2015. Furthermore, in co-ordination with the measures provided for in the third Health at Work Plan regarding the prevention of chemical risks in industry, it is planned to step up measures to evaluate occupational risks in companies, ensure that the impact of these products on workers' health is monitored and strengthen the state's oversight of scientific knowledge on these risks.

The Committee recalls that new technology, organisational constraints and psychological demands favour the development of psychosocial factors of risk, leading to work-related stress, aggression, violence and harassment. With regard to Article 3§1 of the Charter, it takes account of stress, aggression, violence and harassment at work when examining whether policies are regularly evaluated or reviewed in the light of emerging risks. The States parties have a duty to carry out activities in terms of research, knowledge and communication relating to psychosocial risks (Statement of Interpretation on Article 3§1 of the Charter, Conclusions 2013).

The report states that the framework agreement on the prevention of psychosocial risks in public service jobs was signed by all the employers' representatives and most trade unions. A Prime Ministerial Circular on the deployment of the framework agreement was signed on 20 March 2014 and provided a political framework for the launch of the national plan for the prevention of psychosocial risks in the three branches of the civil service. In the

state civil service, the prevention of psychosocial risks is clearly identified as one of the main priorities of the prevention policies run by government departments and is the subject of substantial social dialogue within health, safety and working conditions committees (CHSCTs) at both ministerial and local level. A review committee has also been set up by the agreement's signatories and it meets regularly to monitor the deployment of the plan in administrative departments.

The Committee notes from information published on Eurofound that according to the Ministry of Labour, measures to combat burn-out will be included in the health and safety plan for the beginning of summer 2015. The Ministry of Labour has set up a working group on this issue.

The Committee notes that there is a national policy to develop and preserve a culture of prevention in the occupational health and safety field.

Organisation of occupational risk prevention

In its previous conclusion (Conclusions 2013), the Committee asked for information on the participation of the Labour Inspectorate in the development of a health and safety culture among employers and workers and on the sharing of knowledge of occupational hazards and prevention acquired during inspection activities. The report states that state action to promote occupational health and safety is based mainly on the Health at Work Plans (for 2005-2010, 2010-2015 and 2015-2020), which the Labour Inspectorate was involved in devising and one of whose aims is to disseminate a culture of prevention in the workplace. Labour inspectors provide information and give advice both in the field (during visits to establishments and worksites and meetings of health, safety and working conditions committees) and in their own offices during conversations with users or in their informal relations with employers, employees and employer and trade union representatives. The report also states that the Labour Inspectorate is particularly vigilant in the area of chemical hazards (asbestos) and exceptionally arduous work, as defined by the law.

The report states that since the signature of the agreement on occupational health and safety in the civil service of 20 November 2009, fleshed out in 2013 by a framework agreement on the prevention of psychosocial risks, practically all the planned measures have been implemented: work begun previously has been taken a stage further thanks to several reports by the inspectorate general on the subjects of the reassignment of staff declared unfit for work for health reasons (2011), the accidents at work and occupational diseases scheme (2012), preventive medicine (2014), disability policy (2014) and preventing arduous working conditions (2016).

As to the competent bodies and staff working in the area of occupational health and safety, a monitoring body on health and safety has been set up for the civil service, the powers of CHSCTs have been extended and the operating methods of these bodies have been improved.

In addition, the network of staff responsible for advice on and assistance with the implementation of health and safety rules has been remodelled through the creation of two levels of authority, namely a local level (prevention assistants) and a co-ordinating level (prevention advisors). In 2014, these staff numbered 20 000 for the state civil service alone. The functioning of the network of occupational health and safety inspectors has been improved through the professionalisation of their initial training (in the state civil service, 150 inspectors working for the government departments' general inspectorates conducted 2 200 on-site inspections in 2014).

With regard to the prevention of various occupational hazards, the report states that priority was placed on the prevention of psychosocial risks. Risks connected to muscular and skeletal strain were the subject of a prevention guide disseminated in connection with a specialised training course in February 2015.

The report also states that under Article L. 4121-3 of the Labour Code, employers are required to assess risks to employees' health and safety and draw up a single risk evaluation document on the basis of this assessment.

The Committee notes that at federal and company level, there is a system for the assessment of occupational risks, preventive measures geared to the nature of the risks involved, and information and training measures for workers. It also notes that the labour inspection authorities participate in the development of a health and safety culture among employers and workers and share the knowledge acquired during inspection activities.

Improvement of occupational safety and health

The report states that efforts in the area of risks already identified such as falls from heights, muscular and skeletal strain and stress at work are the subjects of more targeted action forming part of the third Health at Work Plan for 2016-2020. However, knowledge gathering and research play a major role in the plan, particularly with regard to forecasts about newly emerging risks such as endocrine disrupters, nanomaterials, new forms of work, etc.

The report also states that the National Research and Safety Institute, which has been given the task of disseminating information and raising awareness by the Ministry of Labour, has published a document entitled "Integrating the 'electromagnetic radiation' risk into the single document for the assessment of occupational hazards" (2011), which identifies and lists machines producing radiation, presents the results of measurements taken for this type of equipment by a group of experts and identifies existing means of protection.

The Committee maintains its previous finding of conformity and asks for information in the next report on the participation of public authorities in training qualified professionals and in designing training modules and certification schemes.

Consultation with employers' and workers' organisations

In reply to the Committee's question on how consultation with establishments with fewer than 50 employees is organised (Conclusions 2013), the report states that there is no obligation to set up a health, safety and working conditions committee (CHSCT) in such companies, so employers are not required to take stock of the general situation as regards health, safety and working conditions in their establishment or to produce an annual programme for the prevention of occupational hazards and improvement of working conditions. On the other hand, it is a requirement for staff representatives to be appointed in companies with 11 employees or more. They are subject to the same obligations as members of CHSCTs, pursuant to Article L. 2316-16 of the Labour Code. Among their duties, they are required to help with prevention measures and the protection of workers' health and safety (Article L. 4612-1 of the Labour Code) and to assess occupational hazards and working conditions (Article L. 4612-2).

The report also states that the Law of 17 August 2015 on social dialogue and employment set up a system for the representation of employees and employers in companies with fewer than 11 employees, through committees intended to represent employees and employers at regional level and in sectors which have not set up, by agreement, joint committees with the same powers and the same geographical jurisdiction. These new regional interoccupational joint committees were set up on 1 July 2017 (outside the reference period) and are supposed to provide information, advice and co-ordination relating to the specific problems of very small companies, particularly with regard to working conditions and health.

The Committee also takes note of the functioning of the joint committees on health, safety and working conditions (CPHSCTs, 17 in 2013) which have been set up for every *département* and are tasked, among other things, with helping to improve health and safety conditions and assessing risks to the health and safety of the employees of farms and companies in the agricultural production sector.

The Committee notes the existence of effective social dialogue in the formulation, implementation and periodic review of policy.

Conclusion

The Committee concludes that the situation in France is in conformity with Article 3§1 of the Charter.

Article 3 - Right to safe and healthy working conditions

Paragraph 2 - Safety and health regulations

The Committee takes note of the information contained in the report submitted by France.

Content of the regulations on health and safety at work

In its previous conclusion (Conclusions 2013), the Committee noted that the current legislation and regulations met the general obligation under Article 3§2 of the Charter and asked for information on the measures taken to transpose Directive 2000/54/EC on the protection of workers from risks related to exposure to biological agents at work, and Directive 2004/40/EC of the European Parliament and of the Council of 29 April 2004 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields), as amended by Directive 2008/46/EC of the European Parliament and of the Council of 23 April 2008, into domestic law.

In reply, the report states that Directive 2000/54/EC has been transposed into French law by various provisions, particularly Articles L. 4421-1 and R. 4421-1 – 4427.5 of the Labour Code, the Order of 18 July 1994, amended, establishing the list of biological pathogens and the Orders of 4 November 2002, 24 November 2003 and 16 July 2007.

The report also explains that Directive 2013/35/EU of 26 June 2013 on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents, which repealed Directive 2004/40/EC, and the related practical guide published by the European Commission in December 2015, made it possible to begin the work of transposition needed to adopt specific provisions on the matter in the Labour Code. Between 2012 and 2015, the protection of employees liable to be exposed to electromagnetic fields was provided for in domestic law by the implementation of the general prevention principles laid down in Articles L. 4121-1 and L. 4121-2 of the Labour Code. The report also states that a working group set up in September 2015 by the Advisory Board on Working Conditions has worked on Decree No. 2016-1074 of 3 August 2016 on the protection of workers from risks caused by electromagnetic fields, which supplements the provisions of the Labour Code. The Committee asks for it to be stated in the next report whether the limit values specified in the Directive are actually in force and whether they are being adhered to.

The Committee points out that under the terms of Article 3§2 of the Charter, regulations concerning health and safety at work must cover work-related stress, aggression and violence specific to work, and especially for workers under atypical working relationships (Statement of Interpretation on Article 3§2 of the Charter, Conclusions 2013). The report does not provide any information on this point. The Committee accordingly reiterates its request. The Committee considers that if the requested information is not provided in the next report, there will be nothing to establish that the situation in France is in conformity with Article 3§2 of the Charter.

Levels of prevention and protection

The Committee examines the levels of occupational prevention and protection provided for by the legislation and the regulations in relation to certain risks.

Establishment, alteration and upkeep of workplaces

In its previous conclusion (Conclusions 2013), the Committee considered that the levels of prevention and protection in relation to the establishment, alteration and upkeep of workplaces were in conformity with Article 3§2 of the Charter and asked for information on steps taken to transpose Directive 2009/104/EC of the European Parliament and of the Council of 16 September 2009 concerning the minimum safety and health requirements for the use of work equipment by workers at work into domestic law. In reply, the report explains that as the transposition of Directive 2009/104/EC called only for the consolidation of

successive directives which had already been transposed into French law, it was not necessary to adopt national implementing measures.

The report also presents examples of measures to prevent falls from heights, and the maintenance of machines in service in line with standards designed to contribute to the implementation of existing regulations, and to encourage companies to pay more attention to the principles of prevention laid down in the regulations.

The Committee maintains its previous finding of conformity in this respect.

Protection against hazardous substances and agents

In its previous conclusion (Conclusions 2013), the Committee asked for information on the measures adopted to transpose Directive 2004/37/EC of the European Parliament and of the Council of 29 April 2004 on the protection of workers from the risks related to exposure to carcinogens or mutagens at work. In reply, the report states that this directive was transposed into domestic law through the Order of 13 July 2006 amending the Order of 5 January 1993 setting out the list of carcinogenic substances, preparations or processes within the meaning of the second paragraph of Article R. 231-56 of the Labour Code. This order adds activities exposing workers to formaldehyde to the list of substances, preparations and processes regarded as carcinogenic. According to the report, French law already complied with all the other provisions of this directive.

However, the Committee notes from EUR-Lex that Directive 2014/27/EU of the European Parliament and of the Council of 26 February 2014 amending Council Directives 92/58/EEC, 92/85/EEC, 94/33/EC, 98/24/EC and Directive 2004/37/EC of the European Parliament and of the Council, in order to align them to Regulation (EC) No 1272/2008 on classification, labelling and packaging of substances and mixtures was transposed into domestic law by Decrees Nos. 2015-612 and 2015-612 of 3 June 2015, and by Law No. 2016-1088 of 8 August 2016 (outside the reference period) on labour, modernisation of social dialogue and safeguarding of career paths.

Protection of workers against asbestos

In its previous conclusion (Conclusions 2013), the Committee noted that there had been a reform of the regulations on prevention and protection with regard to asbestos and decided to examine the impact of the reform during the next supervision cycle. The report states that the exposure limit value of 0.1 fibres per cm³ was introduced into French regulations by a Decree of 6 July 1992 on particular health measures applicable in establishments where the staff are exposed to the effect of asbestos dust. Decree No. 2012-639 of 4 May 2012 on the risks of exposure to asbestos adds a requirement to Article R. 4412-100 of the Labour Code for employers to respect an occupational exposure limit value of 100 fibres/litre of air inhaled over eight hours of work and provides for this value to be lowered to 10 fibres/litre from 1 July 2015 onwards. Decree No. 2015-789 of 29 June 2015 on the risks of exposure to asbestos also adds a requirement to Article R. 4412-110 of the Labour Code for employers to provide workers with individual protection equipment ensuring that this exposure limit is respected and to assess the risks of exposure to asbestos. These regulatory measures were also supplemented by those of the implementing order of 14 August 2012 on the arrangements for measuring dust levels, for monitoring compliance with the limit value for occupational exposure to asbestos fibres and for certifying bodies carrying out such measurements. The Committee notes from the report that the aim of this major reform was to significantly raise the prevention levels for workers against the risk of asbestos exposure and it was the subject of other implementing orders during the reference period.

In reply to the Committee's question on the implementation by private-sector property owners and employers of the technical asbestos assessments (Conclusions 2013 et 2009), the report states that the French authorities have taken various steps to improve information gathering. These include the annual activity reports by identification officers and hence the

implementation of an information system under the Interministerial Asbestos Action Plan for 2016-2019 (outside the reference period) and inspections by regional health inspectors (inspecting 312 establishments in 2014, and issuing 13 injunctions for breaches of the regulations). In addition, the Interministerial Asbestos Roadmap, validated by the Prime Minister's Office in 2015 and transformed into an interministerial plan, provides for the production of a map showing asbestos-containing materials in the current building stock.

The Committee concludes that prevention and protection levels for asbestos are in conformity with Article 3§2 of the Charter.

Protection of workers against ionising radiation

According to the report there has been no change in the situation which the Committee found previously to be in conformity with the Charter (Conclusions 2013). Given that no update has been provided, the Committee asks for information in the next report on any changes made with regard to the protection of workers against ionising radiation. It asks whether workers are protected up to a level at least equivalent to that set in the Recommendations by the International Commission on Radiological Protection (ICRP Publication No. 103, 2007).

Personal scope of the regulations

The Committee examines the personal scope of legislation and regulations with regard to workers in atypical employment.

Temporary workers

In reply to the Committee's question (Conclusions 2013) concerning the access of non-permanent, temporary or agency workers to information and training regarding occupational safety and health upon recruitment or when changing job, the report states that all agency workers must be given safety training under the same conditions as a company's permanent employees. Under Article L.4141-1 of the Labour Code, companies must provide temporary workers with practical and appropriate training on safety measures. Such training is compulsory, save for agency workers called in to carry out urgent work required by safety measures who already have the requisite qualifications for such work. In the latter case, the manager of the establishment concerned must ensure that agency workers receive all of the information needed for their safety. These provisions complement the general requirement to provide information on health and safety risks and the measures taken to counter them, pursuant to Article L.4141-2. In addition temporary workers assigned to posts exposing them to particular health and safety risks must be given extra safety training in the company by which they are employed (L. 4142-2 and L. 4154-2).

As to access for these types of worker to medical supervision (Conclusions 2013), the report states that under Decree No. 2012-137 of 30 January 2012 on the organisation and functioning of occupational health services, adopted in accordance with Article L.4625-1 (Law No. 2011-867 of 20 July 2011), the general provisions on the medical supervision of these types of worker (provided for in Chapters I-IV of Title II of the Labour Code) are applicable, subject to the special arrangements provided for by Articles D 4625-2 et seq. The occupational health services (SSTs) responsible for supervising these employees are independent or inter-company services which are certified by the Regional Director for Companies, Competition, Consumer Affairs, Labour and Employment (DIRECCTE) (D 4625-2). SST certification is subject in particular to the condition that the service undertakes to provide data for the joint file provided for by Article D 4625-17, which makes it possible to centralise records on the medical fitness of the employees concerned. It is specified that companies which make use of SSTs providing occupational health services for temporary employees may only access information showing that employees are fit for one or more jobs (D 4625-18).

In reply to the Committee's question (Conclusions 2013) on access for employees on fixed-term contracts to collective representation, the report states that their staff membership status is calculated on the basis of their presence over the last 12 months (L. 1111-2 of the Labour Code) and they may vote in elections for works councils or staff representatives if they have accumulated three months' service and may stand in such elections if they have accumulated six months' (L. 2314-17 and 18, L. 2324-16 and 17). With regard to the representation of agency workers, the report sets out the rules that apply within temporary work agencies (where they count as permanent staff and may vote in elections after three months of service and stand after 6 months of service) and those that apply in the company to which they are assigned (where they may neither vote nor stand). The Committee also takes note of the conditions of access of seconded staff to collective representation.

The report also states that ILO Convention No. 181 on private employment agencies was ratified on 28 October 2015 and came into force on 28 October 2016.

The Committee concludes that temporary workers, interim workers and workers on fixed-term contracts enjoy the same level of protection as workers on permanent contracts.

Other types of workers

In its previous conclusion (Conclusions 2013), the Committee found that occupational health and safety legislation and regulations did not afford protection for self-employed workers in conformity with Article 3§2 of the Charter. The report states that the Labour Code, which is intended to govern relationships between employers and employees, does not apply to self-employed workers. However, under Article L. 4535-1 of the Labour Code, self-employed workers and employers carrying out work directly on building or civil engineering sites are required to apply the general principles of prevention to other persons working on the site and to themselves. In the agricultural sector, this requirement for co-ordination between all the parties only applies in the forestry sector (L. 717-8 and 9 of the Countryside and Maritime Fishing Code). The report also states that Article 19 of Law No. 2014-1170 of 13 October 2014 on the future of agriculture, food and forestry and Decree No. 2015-756 of 24 June 2015 on co-operation on health and safety issues between employers and self-employed workers in the agricultural professions include provisions on such co-operation, except in the area of forestry work.

The Committee also asked for information on the way in which medical supervision of domestic employees is organised in practice. According to the report, there are no provisions in the Labour Code laying out any arrangements for the medical supervision of domestic employees. However, a judgment of the Court of Cassation (Cass. Soc 16 January 1997 No. 94-45086) has extended the rules of ordinary law of the Labour Code regarding medical supervision to domestic workers.

With regard to seasonal workers, the report states that supervision of their state of health is also provided for by Article L 4625-1 of the Labour Code, so they must enjoy equal protection to other workers. According to Article D 4625-22, the arrangements for this supervision include a compulsory medical examination on taking up employment for persons hired for 45 days or more except if they are hired for a job that is equivalent to one they have occupied before and they have not been declared unfit for work at a previous medical examination in the preceding 24 months. For employees who are hired for less time, a medical examination is not required. The SST organises training and prevention programmes, which can cover several companies.

The Committee notes from information provided to the Governmental Committee (Report on Conclusions 2013), that the Health at Work Plan for 2010-2014 (PST2) includes measures targeting self-employed workers, whose aim is to foster the development of activities to prevent occupational hazards. The lead agency for these activities is the Directorate General of Labour, working in partnership with the Professional Organisation for the Prevention of Accidents in Buildings and Public Works (OPPBTP), the National Agency for the

Improvement of Working Conditions (ANACT), the welfare scheme for the self-employed (RSI) and labour and management. The Advisory Board on Working Conditions (COCT), which is a national body for consultation between labour and management and the public authorities, monitors the results of this activity. In this context, the National Union of the Liberal Professions (UNAPL) is a member of the COCT and helps to monitor the PST2. The RSI has established a website which conducts a survey of occupational hazards by occupation and offers advice to professionals.

Reiterating that all workers, all places of work and all sectors of activity must be covered by the applicable legislation and regulations on health and safety at work, the Committee concludes that self-employed workers lack sufficient protection within the meaning of Article 3§2 of the Charter.

Consultation with employers' and workers' organisations

In its previous conclusion (Conclusions 2013), the Committee confirmed that a system for consulting employers' and workers' organisations existed at the level of the national and regional authorities and at company and civil service level. It asked how consultation on risk identification and the levels of prevention and protection required was organised in practice in establishments with fewer than 50 employees. In addition to the special provisions on the system for the consultation of employers' and workers' organisations at the level of the national and regional authorities, companies and the civil service (Conclusions 2013), the Committee notes from the report that in the agricultural sector, a specialist COCT committee in charge of issues relating to agricultural activities is consulted on all draft occupational health and safety legislation and on the national occupational health priorities arising from the occupational health and safety plan for agricultural activities for 2016-2020 in accordance with Article D 717-33 of the Code. This plan is co-ordinated with the Third Health at Work Plan (PST3), particularly with respect to very small businesses (with between 0.5 and 10 employees), which accounted for 100 663 establishments in the agricultural sector in 2014 with 217 144 full-time-equivalent employees. In addition, Regional Technical Committees (CTRs) are charged with assessing applications for assistance from companies with the management and promotion of occupational hazard prevention and giving their opinions on the occupational health and safety plan implemented by each of the funding offices of the agricultural mutual insurance fund (MSA) in their own region.

The Committee confirms that consultation of employers' and workers' organisations on questions relating to occupational health and safety is in conformity with Article 3§2 of the Charter.

Conclusion

The Committee concludes that the situation in France is not in conformity with Article 3§2 of the Charter on the ground that certain categories of self-employed workers are not sufficiently covered by the occupational health and safety regulations.

Article 3 - Right to safe and healthy working conditions

Paragraph 3 - Enforcement of safety and health regulations

The Committee takes note of the information contained in the report submitted by France.

Accidents at work and occupational diseases

The report states that the total number of accidents at work decreased by 3.5% between 2012 and 2013. The frequency of work accidents also decreased and reached a historic low of 33.8 per 1 000 employees in 2013. The seriousness of work accidents and the number of deaths also fell from 3.5% in 2012 to 3% in 2013. The Committee notes that these figures relate to just one year out of the reference period, and remains that figures should be given for the whole of the reference period.

The Committee takes note from EUROSTAT data that the number of non-fatal accidents at work increased from 587 090 in 2012 to 724 662 in 2014. The standardised rate of incidence of non-fatal accidents at work also rose from 3 047.86 in 2012 to 3 385.73 in 2014. The Committee notes that this is higher than the average rate in the EU-28 (1 717.15 in 2012; 1 642.09 in 2014). The Committee also notes that the number of fatal accidents increased slightly from 576 in 2012 to 589 in 2014. The standardised incidence rate of fatal accidents at work per 100,000 workers also increased from 3.48 in 2012 to 3.74 in 2014. The Committee notes that the standardised incidence rate in France is still higher than the average calculated for the EU-28 (2.42 in 2012; 2.32 in 2014).

In its previous conclusion (Conclusions 2013), the Committee asked for information on measures taken to contain the substantial increase in fatal accidents and the large number of cases of fatal occupational diseases. It also asked for information on the measures taken to stem the increase in cases of occupational disease other than muscular and skeletal disorders and emphasised that if this information was not provided in the next report, it would not have the information it required to establish that the situation in France is in conformity with Article 3§3.

The report states with regard to the distribution of deaths per category of accident in the agricultural sector, that the largest number of these are the result of cardio-vascular problems or the use of machines. These accidents and other particularly serious accidents are currently being investigated by labour inspectors. The Committee notes the changes in the tables of occupational diseases in the agricultural system, which are to be applied to agricultural employees and self-employed workers so as to prevent occupational diseases linked to the after-effects of chemical products including phytopharmaceutical products and to improve compensation for these diseases. Tables were drawn up by the Minister of Agriculture following the opinion of the High Commission for Occupational Diseases in Agriculture (COSMAP), which is also responsible for any question relating to the discovery of the occupational origin of pathologies and the link between compensation and prevention.

The report also states that the Professional Organisation for the Prevention of Accidents in Buildings and Public Works (OPPBTP), which gives advice to the building and public works sector on accident prevention and the improvement of working conditions in companies and on sites, provides a platform for exchange between the social partners. So as to help promote the prevention of accidents at work and improve working conditions in the companies involved, it takes part in the oversight of occupational hazards, conducts studies on working conditions and investigates the causes of occupational hazards.

According to the report the number of cases of occupational disease decreased by 4.7% between 2012 and 2013. This fall of some 2 500 cases can be accounted for among other things by a reduction in the number of cases of occupational disease linked to asbestos (the second cause of occupational diseases, accounting for 7.9% of all diseases for which compensation was granted in 2013). The report notes a major prevalence of periarticular

complaints, which represented 78.9% of occupational diseases. Lumbago has been the third cause of occupational diseases (5.6%) since 1999.

The Committee notes that the number of fatal work accidents is still too high compared to the average in the EU-28. It considers that the measures taken to reduce the number of fatal accidents are still inadequate and asks the next report to indicate what are the most common causes of work accidents and what prevention activities and other measures are organised to prevent them.

Activities of the Labour Inspectorate

The Committee points out that under Article 3§3 of the Charter, States Parties must implement measures to focus labour inspection on small and medium-sized enterprises (Statement of Interpretation on Article 3§3, Conclusions 2013). In reply, the report states that the Labour Inspectorate's central authority, the Directorate General of Labour, adopts national communication measures, whose aim is to inform and raise awareness among the general public about little-known or changing aspects of risk prevention, drawing attention to priority issues through various channels (meetings, colloquies, etc.) and, in particular, disseminating information through an internet portal entitled "*Travailler mieux*" ("Be Better at Work"), given over entirely to issues of health, safety and working conditions. This website gives access to practical tools for employers or employees to work with, particularly in small or very small businesses, in order to improve working conditions and reduce occupational hazards.

In its previous conclusions (Conclusions 2013 and 2009), the Committee asked for information on the proportion of the labour force covered by inspection visits made during the reference period. It also asked how many inspection visits were made in the civil service and how effective inspection and reports on the civil service were, including in the regional and hospital civil services, given that ISSTs had no coercive or punitive powers. It also pointed out that if this information was not included in the next report, there would be nothing to show that the situation was in conformity with Article 3§3.

In reply, the report states that the Labour Inspectorate's information system is not capable of providing figures for the number of workers covered by the inspection visits actually carried out each year and points out that the ratio between the part of the active population whose employment and working conditions the Labour Inspection is entitled to investigate (18 200 000 workers) and the number of inspections (103 650) is hardly significant in itself. The average number of establishments per inspector (856 in 2012, 814 in 2014 and 831 in 2015), the average number of employees per inspector (8 710 in 2013, 8 139 in 2014 and 8 500 in 2015) and the average number of inspections per inspector (145 in 2013 and 92 in 2015) all decreased during the reference period. The Committee notes from figures published by ILOSTAT that there were 2 101 labour inspectors in 2013 and 2 031 in 2014, and the average number of inspectors per 10 000 employees was 0.8 in 2013 and 2014.

The report also states that some of the provisions of the Labour Code are applicable to the civil service. The Labour Inspectorate does not, on the face of it, have any jurisdiction over labour relations in the civil service, whose staff's working conditions are governed by special regulations. Labour inspectors are responsible for checking compliance with Part IV of the Labour Code in public health establishments but their authority to report offences committed **in that context** is limited. However, the Labour Inspectorate does play a role in the non-hospital civil service as an advisor and a source of expertise and arbitration, albeit without taking any administrative decisions and only in cases expressly provided for by the law. Provision is made to refer to a labour inspector only if a prior intervention by a health and safety inspector has failed to resolve the disagreement (11 cases in 2013). The criminal liability of staff, particularly that of heads of department responsible for good working conditions, may be incurred. The Committee notes that, according to the report, data for the staff of local government and hospital services are not available.

In its previous conclusion (Conclusions 2013), the Committee also asked for information on the impact of regulations on the protection of labour inspectors from interference in the performance of their duties in practice. In reply, the report states that incidents affecting the performance of supervision and inspection duties can be identified both through the statistical and qualitative monitoring of activities and through management of the operational protection afforded inspection staff. In 2015 Article L.8114-1 of the Labour Code on obstacles to inspection work was referred to 1 198 times in written observations to employers (1636 times in 2014, 2 148 in 2013, 1 787 in 2012) and 156 times in reports of offences (221 in 2014, 316 in 2013 and 300 in 2012). Article L.8114-2 of the Labour Code on insults to officials was referred to 73 times in observations (93 times in 2014, 151 in 2013 and 117 in 2012) and 9 times in reports (respectively 20, 30 and 28). Applications for the protection of inspectors when performing their functions decreased slightly from 102 in 2012 to 46 in 2015. The Committee notes that during the reference period, the number of cases of insult, threats, verbal or physical violence and assault against inspectors during their work decreased but continues to be at a high level. The Committee asks for information in the next report on any changes in the situation and any measures taken to enhance the protection of labour inspectors.

The Committee notes that according to NATLEX, Decree No. 2014-359 of 20 March 2014 on the organisation of the labour inspection system came into force on 1 January 2015. This law has altered the internal organisation of the Labour Inspectorate at the local, regional and national levels. The Committee also notes from EUROFOUND that Decree No. 2013-875 of 27 September 2013 sets out the timetable for the progressive reclassification of inspectors from 1 October 2013 onwards and the redeployment of auditors to labour inspection posts. According to the Labour Inspectorate's report, in 2014, labour inspection sections and auditing units numbered 232 local units and 28 regional units.

In its previous conclusion (Conclusions 2013), the Committee requested information concerning criminal and administrative fines and, where applicable, their overall volume. With regard to the legal remedies at the disposal of the Labour Inspectorate to contribute to the prevention of accidents and health risks, the Committee notes that there has been a recent reform (Order No. 2016-413 of 7 April 2016 on the supervision of the application of labour law, adopted outside the reference period) relating to the system of powers and penalties. This has been complemented by a settlement procedure and the possibility of applying administrative penalties. However, the Committee decides to examine the impact of the reform during the next supervision cycle.

The Committee takes note of an assessment included in the report of the inspection campaign carried out in 2013-2014 by the Labour Inspectorate on logging and forestry worksites (focusing on safety on jointly worked sites, site organisation measures, measures to protect workers and site hygiene) and the follow-up measures taken.

The Committee notes from the Labour Inspectorate's report for 2014 that the Labour Inspectorate adopted a range of administrative measures during the reference period: written observations (163 000 in 2012; 131 639 in 2014); preliminary notices to comply, with or without deadlines (5 515 in 2012; 3 068 in 2014); full criminal proceedings (7 624 in 2012; 3 748 in 2014); orders to halt work or activities in the event of serious and imminent danger (6 223 in 2012; 4 498 in 2014); urgent civil applications in the event of imminent risks (31 in 2012; 63 in 2013 and 13 in 2014); and investigations concerning accidents at work or occupational diseases (59 665 in 2012 and 55 626 in 2014, compared with 6 797 in 2009).

The Committee asks that the next report include updated and detailed information on the activities and resources of the Labour Inspectorate during the reference period (including the number of inspections made) and on measures taken against employers who failed to comply with the rules on safety and training or who did not provide their employees with relevant training.

Conclusion

The Committee concludes that the situation in France is not in conformity with Article 3§3 of the Charter on the ground that measures taken to reduce the number of accidents at work are insufficient.

Article 3 - Right to safe and healthy working conditions

Paragraph 4 - Occupational health services

The Committee takes note of the information contained in the report submitted by France.

The Committee points out that under Article 3§4 States must promote, in consultation with employers' and workers' organisations, the progressive development of occupational health services for all workers, with essentially preventive and advisory functions. These services may be run jointly by several companies. They must be efficient and should be able to identify, measure and prevent work-related stress, aggression and violence (see Statement of Interpretation on Article 3§4, Conclusions 2013; also Conclusions 2003, Bulgaria). The Committee further notes that if occupational health services are not set up for all enterprises, the authorities must develop a strategy, in consultation with employers' and employees' organisations, for that purpose. Thus, the state concerned "must take measures that allow it to achieve the objectives of the Charter within a reasonable time, with measurable progress and to an extent consistent with the maximum use of available resources" (Conclusions 2003, Bulgaria, Conclusions 2009, Albania).

In its previous conclusion (Conclusions 2013), the Committee asked for information on the number of undertakings which, in practice, provide access to independent or intercompany occupational health services and the means of checking that the duty to use occupational health services is implemented in practice. In reply, the report states that in 2014, there were 1 033 occupational health services (SSTs) including 277 intercompany occupational health services (SSTIs) and 756 independent occupational health services (SSTAs). However, according to the report, there are no reliable, consolidated data on access to occupational health services because of the lack of a suitable computing system. Nonetheless, the data provided make it possible to identify the main trends: the number of employees supervised by the occupational health services was 15 674 100 in 2012 and 16 347 311 in 2013. In 2013, 93% of employees were supervised by SSTIs (according to data for 23 regions) and in 2012 the figure was 96%. The report explains that since the reform of the organisation of occupational medicine stemming from Law No. 2011-867 of 20 July 2011 on the organisation of occupational medicine and the Decrees of 30 January 2012 (Decrees Nos. 2012-137 of 30 January 2012 on the organisation and functioning of occupational health services and 2012-135 of 30 January 2012 on the organisation of occupational medicine, Conclusions 2013), the number of staff covered by SSTIs is calculated on the basis of numbers of employees supervised by each multidisciplinary team.

As to the number of undertakings offering access to occupational health services, the report states that there are no consolidated figures on this subject but it is possible to make an estimation based on various reports. According to information from the National Institute of Statistics and Economic Studies (INSEE), in 2012, there were 3 559 733 undertakings of all sizes (according to the INSEE's definition, undertakings include micro-businesses and self-entrepreneurs whose main activity is not agricultural and not in the public sector), including 3 416 182 micro-businesses, employing a total of 13 397 092 full-time-equivalent staff. According to the administrative and financial reports forwarded by SSTs and analysed by occupational health inspectors, some 1 235 000 undertakings in 20 of mainland France's 22 regions were given advice by SSTs in 2012. The report attributes the difference between these figures and the INSEE figures to the fact that a single worker could have been seen and counted more than once if he or she was employed by more than one undertaking in the course of the same year.

As to the means of checking use, the report states that under Article L. 8112-1 implementation of the provisions of the Labour Code is supervised by labour inspectors. Under Article 8123-1 on the application of the regulations on occupational health, labour inspectors work with occupational health inspectors, who have the same powers and duties as labour inspectors apart from the power to issue notices to comply or report offences (L. 8123-2). They check that undertakings have joined an SST and that the SST

operates in compliance with the licence issued by the relevant regional directorate (the DIRECCTE). The activities of occupational health inspectors relate in particular to the organisation and functioning of occupational health services; they are authorised to act alone in undertakings and SSTs and to issue written observations (L.8123-2). The Committee notes that according to the Labour Inspectorate's report for 2014, there were 35 occupational health inspectors in 2012 and 2013 and 31 in 2014.

The occupational health services in the agricultural sector are intercompany services run jointly in accordance with Article L. 717-3 of the Countryside and Maritime Fishing Code. According to the report these services are managed by the central body of the agricultural mutual insurance fund, particularly its national occupational health and safety tier, which co-ordinates the services' activities and draws up an annual national activity report in consultation with the social partners. In 2014, 293 455 check-ups were carried out on a total population of employees numbering 1 190 744, 15% of whom are under enhanced medical supervision.

In its previous conclusion (Conclusions 2013), the Committee also asked for information on access to occupational health services for self-employed, domestic and temporary workers. The report gives the definition of a domestic worker as outlined in Article L. 7412-1 of the Labour Code and states that no provision is made in the Labour Code for the medical supervision of domestic workers. As to access for temporary workers, the report states that their medical supervision varies from region to region. However, some occupational health inspectors have launched activities in their region to improve supervision of temporary employees' state of health (see also the considerations under Article 3§2, Conclusions 2017). In the agricultural sector, Decree No. 2012-706 of 7 May 2012 on occupational health services and the prevention of occupational risks in agriculture (Official Gazette of 8 May 2012) and Decree No. 2012-837 of 29 June 2012 on the organisation and functioning of occupational health services in the agriculture sector (Official Gazette of 30 June 2012) amended the organisation of occupational health services in the agriculture sector to enhance the medical supervision of employees who were most exposed to risks. The Committee asks the next report to provide any regulated framework on access to occupational health services for self-employed, domestic and agency workers.

Conclusion

Pending receipt of the requested information, the Committee concludes that the situation in France is in conformity with Article 3§4 of the Charter.

Article 11 - Right to protection of health

Paragraph 1 - Removal of the causes of ill-health

The Committee takes note of the information contained in the report submitted by France.

Measures to ensure the highest possible standard of health

The Committee notes from the World Health Organization (WHO) data that life expectancy at birth (average for men and women) was 82.4 years in 2015 (81.76 years in 2009). The Committee notes from Eurostat that life expectancy at birth in the EU-28 was estimated at 80.6 years in 2015.

The Committee requests that the next report contain updated information about the mortality rate (the number of deaths per 1,000 inhabitants), the most frequent causes of death and the measures taken to remedy them. It also asks updated information on the infant mortality rate (number of deaths per 1,000 live births).

The Committee notes from the World Health Organization (WHO) data that the maternal mortality rate was 8 per 100,000 live births in 2015. The report mentions that the fact that maternal mortality has not decreased is partly due to the continuingly high maternal age at birth. The Committee previously asked whether the measures taken have further reduced the maternal mortality rate (Conclusions 2013). The report states that a morbidity indicator has been developed and was first published in 2015; it is the rate of admission of women in a gravido-puerperal state (pregnant or up to three months after birth) to resuscitation or intensive care units. The report mentions that is too early to assess the relevance of this indicator for monitoring severe maternal morbidity. The Committee asks for information on the outcome of this last development and updated information on maternal mortality rate in the next report.

Access to health care

The report describes the main changes introduced by the Health System Modernisation Law, which was based on the National Health Strategy launched by the government in 2013 and enacted on 26 January 2016 (outside the reference period). This law has three main strands: prevention, access to care and patient rights and safety. The law revises the regional health project and creates a specific care organisation system for mental health based on a number of regional mechanisms.

The Committee requests that the next report contain updated information about the availability of mental health care services and treatment, including information about the prevention of mental disorders and recovery measures.

The report states that, in order to support access to care, in 2013 the government committed itself to improving the coverage of health care expenses, particularly for insured persons on the lowest incomes. The number of beneficiaries of the CMU-C (supplementary universal health cover) and ACS (help to pay for supplementary health insurance) continued to grow in 2014 and reached 6 million people, as stated in the 2014 activity report of the CMU Fund. This document states that 5.2 million people were benefiting from the CMU-C scheme at the end of 2014 (an increase of 6.5% in one year) and 1.2 million people (+ 3.9%) from the ACS.

With regard to the excessive strain on emergency services, the Committee asked to be informed about the implementation of the measures envisaged to improve the situation. It also requested that the next report provide updated information about how waiting lists are managed (Conclusions 2013). The report sets out the measures that have been taken since 2012 with regard to pre-emergency care, internal organisation and post-emergency care, such as the national bed management programme, in order to fluidify the onward movement of patients following emergency care. An action plan for emergency care was implemented in 2012 covering three aspects: guaranteeing access to emergency care within thirty minutes, dealing with the saturation of emergency care services, and dealing with strain or

risks of strain on emergency services. In addition, a meeting of the working group of the Conseil national des urgences hospitalières (CNUH, National Hospital Emergencies Council) was convened by its chairperson in the first half of 2013. This group produced “proposals for good practice recommendations to facilitate the hospitalisation of patients originating from emergency services” which were submitted to the minister in September 2013.

With regard to triage on arrival in emergency units, the report states that, in 2013, the Société Française de Médecine d’Urgences issued a report proposing recommendations for triage in emergency units. In 2014, over 75% of emergency units had a healthcare operator in charge of admissions and orientation (an admission and orientation nurse in 96% of cases and an admission and orientation doctor in 4% of cases). Emergency triage is therefore used to classify patients upon admission according to their “care needs”. The Committee asks for up-to-date information about waiting times in general (not only in emergency units) in the next report. The Committee outlines that if such information is not provided, there will be nothing to establish that the situation is in conformity with the Charter on this point.

In response to the question asked by the Committee about the availability of rehabilitation facilities and treatment for drug addicts (Conclusions 2009, 2013), the report states that various public-sector and private-sector facilities offer withdrawal courses for alcohol, illegal drugs and other addictions requiring medical treatment. The report sets out the types of treatment that are available at Centres de Soins, d’Accompagnement et de Prévention en Addictologie (CSAPA – Addiction Treatment, Support and Prevention Centres), which offer medical and psychological care including consultations with professionals, confidentially and free of charge, in all départements of France and at hospital addiction units.

The Committee asks that the next report contain information on dental care services and treatments (such as who is entitled to free dental treatment, the costs for the main treatments and the proportion of out-of-pocket paid by the patients).

With regard to the right to health protection for transgendered persons, the Committee asked in its previous conclusion whether legal recognition of the gender identity of transgendered persons requires them to undergo sterilisation. The report states that Article 56 of Law No. 2016-1547 of 18 November 2016 on the modernisation of justice in the 21st century provides, in the part entitled “change of sex in civil status documents,” that “the fact of not having undergone medical treatment, a surgical operation or sterilisation shall not be a ground for refusing to grant the request.”

The Committee recalls that in its decision of 11 September 2012 on the merits of *Médecins du Monde – International v. France*, complaint No. 67/2011, it held that there was a violation of Article E in conjunction with Article 11§1 of the Charter on the ground that the State Party breached its positive obligation to ensure that Roma migrants, regardless of their residency situation, including children, had adequate access to healthcare. The situation will be examined by the Committee as part of the follow-up given to this decision. It will therefore not be examined in the reporting procedure for this cycle.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in France is in conformity with Article 11§1 of the Charter.

Article 11 - Right to protection of health

Paragraph 2 - Advisory and educational facilities

The Committee takes note of the information contained in the report submitted by France.

Education and awareness raising

The report states that health promotion comprising the three strands of health education, prevention and protection, which takes place from nursery to upper secondary school, contributes to the gradual acquisition of the knowledge and skills, including psychosocial skills, which must enable students to make informed and responsible choices in health matters for themselves and others. In this regard, schools play a vital role in health education, identification, prevention, information and orientation. The social and health education policy is set out in Circular No. 2015-117 of 10 November 2015 and is in line with other public policies.

The Committee requests updated information in the next report about specific health promotion and disease prevention campaigns, and efforts to raise the awareness of the population as a whole about specific health problems in France.

Counselling and screening

The Committee had previously requested a description of the free counselling and screening available for pregnant women (Conclusions 2009 and Conclusions 2013). The report states that seven medical examinations, including tests for certain diseases (rubella, toxoplasmosis, etc.), are compulsory during pregnancy. Pregnancy must be reported after the first examination (before the end of the third month of pregnancy). The cost of these tests is covered by the national health insurance scheme. In addition, from the fourth month of pregnancy and until 12 days after birth, pregnant women can undergo a dental check-up without any costs having to be advanced.

The Committee also previously asked about programmes to screen for diseases which constitute the main causes of death for the population as a whole. The report states that there are two screening methods: (i) screening for two very common types of cancer: breast cancer (screening for women aged 50 to 74) and bowel cancer (screening is offered to women and men aged over 50); and (ii) individual screening for persons who have an above-average risk of developing a disease (for example, there is individual screening for three major types of cancer: cervical cancer, skin tumours and prostate cancer).

The Committee points out that in its decision of 11 September 2012 on the merits *Médecins du Monde – International v. France*, complaint No. 67/2011, it concluded that there was a violation of Article E in conjunction with Article 11§2 of the Charter on the ground that the possibilities for migrant Roma pregnant women and children to receive free and regular counselling and testing were inadequate. The situation will be examined by the Committee shortly as part of the follow-up given to this decision. It will therefore not be examined in the reporting procedure for this cycle.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in France is in conformity with Article 11§2 of the Charter.

Article 11 - Right to protection of health

Paragraph 3 - Prevention of diseases and accidents

The Committee takes note of the information contained in the report submitted by France.

Healthy environment

In its previous conclusion, the Committee took note of the Plan national santé environnement (PNSE2) [National Environmental Health Plan] for 2009-2013 and the actions envisaged in this regard (Conclusions 2013). The Committee requested that the next report contain information about the implementation of these actions and information about air pollution levels or cases of contamination of drinking water and food poisoning identified during the reference period.

The report states that the second Plan national santé environnement (2009-2013) was assessed by the Haut Conseil de la santé publique (HCSP) [High Council for Public Health] and several general inspection units. The HCSP noted an overall trend towards an improvement in tap water quality in relation to a very broad range of contaminants such as nitrates, pesticides, metals (including lead, mercury and arsenic) and an improvement in the situation with regard to exposure to lead in housing. No clear change since the beginning of the 2000s was found in the quality of external air (overall stagnation in the concentrations of several contaminants in ambient air at urban sites despite falling emissions at national level) or exposure to carbon monoxide and radon in housing.

Based on this evaluation under the PNSE2, a third Plan national santé environnement (PNSE 3) was drawn up and published on 12 November 2014 for the 2015-2019 period. In terms of themes, incorporation of the concept of the exposome, the link between health and biodiversity and climate change constitute advances in this PNSE. It now needs to be broken down at local level into the third regional environmental health plans (PRSE 3).

The Committee requests that the next report contain information on the implementation of this third environmental health plan and reiterates its request for information on air pollution levels or cases of contamination of drinking water and food poisoning which were identified during the reference period.

Tobacco, alcohol and drugs

With regard to efforts to curb smoking, the Committee takes note of the measures and campaigns implemented, such as the “Programme national de réduction du tabagisme” (PNRT) [National Smoking Reduction Programme], the ban on flavours and additives (such as menthol capsules) which are particularly attractive to young people, plain cigarette packets, and the creation of a smoking prevention fund, with a budget of EUR 32 million as of this year. The report states that regular smoking fell slightly in 2014 (from 29.1% in 2010 to 28.2% in 2014) according to the INPES Health Barometer. Between 2011 and 2014, daily use among adolescents continued to increase very slightly, rising from 31.5% to 32.4%.

The report states that alcohol consumption by people aged 15-75 remained steady overall from 2010 to 2014 according to the INPES Health Barometer. In 2014, 86% of persons aged 15-75 said that they had drunk alcohol over the past twelve months, with a declared number of glasses drunk per week estimated at 5.5 on average. In addition, alcohol consumption rose among young adults between 2010 and 2014 according to the INPES Health Barometer. Between 2010 and 2014, the proportion of young people aged 18-25 who stated that they consumed alcohol every week rose from 36% to 40%, and stood at 51% for men and 30% for women. The report adds that the ban on supplying alcohol to minors has been strengthened; it is now compulsory to require proof of age when selling alcohol, whereas this was optional in the past.

The Committee takes note of the statistics on the consumption of illegal drugs and the measures taken in this regard, such as the first government plan to combat drugs and

addictive behaviours, which was adopted on 19 September 2013. The new measures include lower-risk consumption rooms (SCMRs), which are intended to reduce the risks run by drug users. They are spaces where adult drug addicts who are in a vulnerable situation and are outside the health system can come and take their psychoactive substances in suitable hygiene conditions with sterile equipment and under the supervision of healthcare professionals.

The Committee asks to be informed of all developments with regard to alcoholism, drug addiction and smoking (updated figures on consumption levels and trends), in particular concerning young people.

Immunisation and epidemiological monitoring

The report states that, in relation to hepatitis B and C control, a “Report on recommendations for the treatment of persons infected with hepatitis B or hepatitis C”, the result of a collective approach led by the Minister of Health and pursued under the aegis of the Agence nationale de recherches sur le sida et les hépatites virales (ANRS) and the Association française pour l’étude du foie (AFEF), was produced in 2014. Through the measures that it promotes, this report sets out to: (i) relaunch hepatitis B and C prevention, which is considered to be lagging behind in several respects (particularly hepatitis B vaccination), (ii) coordinate the stages of treatment for hepatitis B and C patients for different care pathways and specific treatment strategies which are unique to them, and (iii) support, at all levels, the values of equity in care through concrete measures to combat social inequality. The Committee asks for information on how other infectious diseases are prevented in general.

The Committee requests updated information about the rate of vaccination coverage.

Accidents

A National Plan for the Prevention of Accidents in Everyday Life has been in place since 2007. It comprises ten actions divided into three areas: measures to prevent accidents in the home (burning and intoxication in the event of house fires) and the risks of falling and defenestration; actions designed to prevent outdoor accidents (head injuries and drowning); cross-cutting actions. The report states that the prevention of day-to-day accidents (DTDAs) is based on actions in relation to behaviours, products and the environment. It is structured around three areas: preventive communication; collection of epidemiological data; and the development and implementation of recommendations, standards and regulations. The Committee takes note of the evaluation report on actions to prevent accidents, both indoor and outdoor, and the cross-cutting actions. The Committee takes note of the data on mortality due to road accidents or day-to-day accidents. It requests updated data in the next report on the number of road accidents as well as domestic accidents and accidents during leisure time.

The Committee points out that in its decision of 11 September 2012 on the merits of *Médecins du Monde – International v. France*, complaint No. 67/2011, it concluded that there was a violation of Article E in conjunction with Article 11§3 of the Charter on the ground of a failure to prevent diseases and accidents within Roma communities. The situation will be examined by the Committee shortly as part of the follow-up given to this decision. It will therefore not be examined in the reporting procedure for this cycle.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in France is in conformity with Article 11§3 of the Charter.

Article 12 - Right to social security

Paragraph 1 - Existence of a social security system

The Committee takes note of the information contained in the report submitted by France.

With regard to **family benefits** and **maternity benefits**, the Committee refers to its conclusions concerning Article 16 and 8§1 respectively.

Risks covered, financing of benefits and personal coverage

The Committee refers to its previous conclusions (Conclusion 2006, 2009 and 2013) for a description of the French social security system and notes that it continues to cover the branches of social security corresponding to all traditional risks: medical care, sickness, unemployment, old age, employment injury, family, maternity, invalidity and survivors. The system continues to rest on collective funding: it is funded by contributions (employees, employers) and by the State budget.

As regards personal coverage, the Committee noted previously (Conclusions 2009 and 2013) that the entire resident population is covered for health care through Universal Health Coverage (CMU). It also noted that:

- all persons in employment or permanently and lawfully resident in France are entitled to family benefits as well as to maternity/paternity benefits;
- all persons in employment except for certain self-employed persons are eligible for sickness cash benefits and employment injury and occupational disease benefits (the report states that 78.7% of employees are protected in this respect);
- all persons in employment are eligible for invalidity, survivor's and old age pensions (the report states that 75.9% of employees are covered by the old age branch; according to INSEE, in 2014 there were 15 828 000 pensioners, 554 000 of whom were in receipt of the minimum old age pension); and
- all persons in salaried employment are eligible for unemployment benefits.

The Committee points out that, to be in conformity with Article 12§1 of the Charter, the social security system must cover a significant proportion of the population in respect of health insurance (health cover should extend beyond employment relationships) and of family benefits and the system must cover a significant proportion of the active population as regards sickness benefits, maternity and unemployment benefits, pensions and employment injury and occupational disease benefits. Insofar as the report does not provide the data requested (Conclusions 2013), the Committee again asks for more detailed information on the rate of coverage (percentage of persons insured out of the total active population) for unemployment, sickness, old age, maternity and invalidity benefits. In the meantime, it reserves its position on this point.

Adequacy of the benefits

According to Eurostat data, the median equivalised income in 2015 was €21 415 a year, or €1 785 per month. The poverty threshold defined as 50% of median equivalised income was therefore €10 708 a year, or €892 per month. The poverty threshold defined as 40% of median equivalised income amounted to €714 per month.

The report does not answer the questions put before (Conclusions 2013) concerning in particular the minimum level of social security benefits. In this connection, the Committee points out that when social security benefits are income-replacement benefits, their level should be fixed so as to stand in reasonable proportion to previous income and it should never fall below the poverty threshold defined as 50% of median equivalised income and as calculated on the basis of the Eurostat at-risk-of-poverty threshold value. When an income-substituting benefit stands between 40% and 50% of median equivalised income as defined above, account will also be taken of other supplementary benefits, including social assistance. Where the level of an income-substituting benefit falls below 40% of median

equivalised income, it is manifestly inadequate and its combination with other benefits cannot bring the situation into conformity with Article 12§1.

As regards **old age pension**, the Committee refers to its assessment under Article 23.

The Committee previously noted that, to be entitled to receive contributory **unemployment** benefit (assistance with return to work, ARE), insured persons must be involuntarily unemployed, registered as jobseekers and actively seeking work. Benefits are suspended in cases of refusal without legitimate reason to accept an offer of employment compatible with a person's qualifications, to undergo training or an apprenticeship or to search for a job; and fraud to the system. Appeals in cases of refusal to grant the benefit are possible at administrative and judicial level (Conclusions 2006). The Committee also noted the arrangements for the definition of a reasonable job offer and the procedure that could lead to the suspension of benefits in the event of refusal without legitimate reason of two reasonable job offers (see Conclusions 2013). According to MISSOC, entitlement to unemployment benefit is also subject to completion of an insurance period of four months (122 days) during the 28 months preceding the end of employment, and the length of payment is the same as the insurance period on which entitlement is based: from four months to two years (up to three years if the beneficiary is aged 50 years or over). The minimum amount of unemployment benefit in 2015 was €28.67 per day (approximately €860 per month), or between 40% and 50% of the median equivalised income. The Committee noted previously that this amount could be supplemented with other benefits such as the specific solidarity allowance (ASS), a means-tested non-contributory benefit paid to persons with five years of salaried employment during the 10 years preceding termination of employment, which is paid for renewable periods of six months. The maximum amount of the ASS in 2015 was €16.25 per day (€488 per month). The Committee requests that the next report indicate the minimum amount of the ASS and the minimum amounts of any other benefits which job seekers may receive simultaneously. In the meantime, it reserves its position on this point.

With regard to **sickness** insurance cash benefits, according to the information available (MISSOC, ISSA, CLEISS), the daily allowance amounts to 50% of the average daily wage for the three months before the illness for the first 30 days of sick leave; and 66.6% of that wage from the 31st day, if the insured person has at least three dependent children. The benefit is payable after a waiting period of three days and is limited to 1.8 times the national minimum wage (SMIC). As the report does not indicate the minimum level of the benefit, the Committee estimates on the basis of the minimum wage, which was €1 458 in 2015, that the monthly minimum level of sickness benefits was approximately €729, or between 40% and 50% of median equivalised income. The Committee requests that the next report indicate whether this estimate is correct and whether the amount is supplemented by employers or by other benefits which may be received simultaneously (except benefits for specific cases, such as the daily allowance for assisting terminally ill persons or the parental allowance for a sick child). In the meantime, it reserves its position on this point.

In the case of **invalidity** benefits, according to MISSOC, the guaranteed minimum amount in case of total incapacity for work (category 2) was €3 380 a year in 2015, or approximately €282 per month, which was supplemented with a means-tested non-contributory benefit, the supplementary invalidity benefit (ASI), which stood at €404 in 2015. The Committee notes that, even when the two benefits are combined, the minimum amount (€686) remains below 40% of equivalised median income and is therefore inadequate.

In the case of **employment injuries** and **occupational diseases**, insured persons are entitled to 60% of their basic wage for 28 days, up to a maximum of €190 per day, and 80% thereafter, up to a maximum of €254 a day. Taking the minimum wage as a reference, the Committee estimates that the minimum monthly amount in 2015 was approximately €875. The Committee requests that the next report indicate whether this estimate is correct and whether any other benefits may supplement this amount.

Conclusion

The Committee concludes that the situation in France is not in conformity with Article 12§1 of the Charter on the ground that the minimum level of invalidity pensions is inadequate.

Article 12 - Right to social security

Paragraph 2 - Maintenance of a social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security

The Committee takes note of the information contained in the report submitted by France.

France has ratified the European Code of Social Security on 17 February 1986 and has accepted parts II and IV-IX.

The Committee notes from the Committee of Ministers Resolution CM/ResCSS(2016)6 on the application of the European Code of Social Security by France (period from 1 July 2014 to 30 June 2015) that the law and practice in France continue to give full effect to the parts of the Code which have been accepted, subject to reviewing the method of determining the reference wage for the calculation of benefits.

Conclusion

The Committee concludes that the situation in France is in conformity with Article 12§2 of the Charter.

Article 12 - Right to social security

Paragraph 3 - Development of the social security system

The Committee takes note of the information contained in the report submitted by France.

Since France has ratified Articles 8§1 and 16 of the Charter, the Committee will assess the scope and impact of the changes noted in the area of maternity and family benefits when it next examines compliance with these articles.

As regards the other branches of social security, the Committee takes note of the legislative developments during the reference period. The report refers to the following improvements in particular:

- a major reform of the pension system (Law No. 2014-40 of 20 January 2014), aimed at ensuring its sustainability. The report states that the new system takes greater account of the arduousness of work (introduction in 2015 of measures facilitating access to early retirement among other things), diversity of careers and the situation of persons with “interrupted” careers (improvement from 2015 in the account taken for the calculation of pensions of vocational training courses by workers in precarious employment, periods of part-time employment, etc.). The reform was also applied to the special schemes;
- the improvement in 2014 in access to health care through the extension of supplementary universal health coverage (CMU-C) and assistance for the payment of supplementary health insurance (ACS); the number of recipients of these benefits grew by 6.5% and 3.9% respectively between 2013 and 2014, reaching a total of 6 million persons covered by the end of 2014;
- the increase in 2014 in the minimum solidarity allowance for the elderly (ASPA), the minimum contributory pension, the general basic pension scheme for employees (RGAV) and invalidity and employment injury and occupational disease benefits as well as the compulsory pay-as-you-go supplementary pension scheme for private sector employees (ARRCO);
- the relaxation of the entitlement conditions for sickness, maternity and invalidity cash benefits – all persons who worked for at least 150 hours (instead of 200) in the three months preceding the cessation of work are now entitled to these benefits.

At the same time, the Committee notes that in order to ensure the sustainability of the pension system, the length of the contribution period required for entitlement to a full pension is gradually being increased and employee and employer contributions have been increased. In addition, the report refers to the slowing down in upward adjustments of supplementary pension benefits.

The report also mentions the introduction of Universal Health Coverage (PUMA) on 1 January 2016, which was outside the reference period. The Committee requests that the next report provide information on the implementation and impact of the reform (categories and numbers of people concerned, levels of benefits before and after the reform).

With regard to the other changes mentioned in the report, the Committee points out that in order to assess their scope in relation to Article 12§3 and thus assess whether they involve improvements to the system or restrictions, it must be informed of their impact (categories and numbers of people concerned, levels of benefits before and after alteration). It therefore requests that future reports always provide corresponding information.

Conclusion

The Committee concludes that the situation in France is in conformity with Article 12§3 of the Charter.

Article 12 - Right to social security

Paragraph 4 - Social security of persons moving between States

The Committee takes note of the information contained in the report submitted by France.

Equality of treatment and retention of accrued benefits (Article 12§4)

Right to equal treatment

Equal treatment between nationals and nationals of other States Parties in respect of social security rights shall be ensured through the conclusion of bilateral or multilateral agreements or through unilateral measures.

The Committee recalls that, having regards to the EU legislation on the coordination of social security systems of the EU Member States, governed by Regulations (EC) No. 883/2004 and (EC) No. 987/2009, as amended by Regulation (EU) No. 1231/2010, the EU Member States are considered, as a matter of principle, to ensure equal treatment between, on the one hand, their nationals and, on the other hand, nationals of other EU Member States or member of the EEA, stateless persons, refugees resident in the territory of a Member State who are or have been subject to the social security legislation of one or more Member States, their families and their survivors, as well as nationals of third countries, members of their families and their survivors, provided that they are legally resident in the territory of a Member State and are in a situation which is not confined in all respects within a single Member State.

The Committee recalls that, in any event, under the Charter, EU/EEA Member States are required to secure, to the nationals of other States Parties to the 1961 and the Charter not member of the EU or EEA, equal treatment with respect to social security rights provided they are lawfully resident in their territory (Conclusions XVIII-1 (2006)). In order to do so, they have either to conclude bilateral agreements with them or take unilateral measures.

As regards the bilateral agreements concluded with States Parties which are not members of the EU or EEA, there is nothing in the report to indicate that France concluded, during the reference period, one or more agreements guaranteeing the principle of equal treatment with nationals of those States.

As regards unilateral measures undertaken by France, the Committee notes that the French legislation in force, and in particular Articles L 311-7 and L 816-1 of the Social Security Code, provides, in the absence of any bilateral agreement between France and a State Party, a strict equality of treatment between nationals and foreign nationals holding a residence permit or document justifying the regularity of their stay in France. The Committee notes that no condition of length of residence is required for the payment of social security benefits.

In respect of payment to family benefits, the Committee considered that the requirement for the child to reside in the territory of the paying State is in conformity with Article 12§4 (Statement of Interpretation on Article 12§4, XVIII-1 (2006)). However, since not all countries apply such a system, States Parties applying the 'child residence requirement' are under the obligation, in order to secure equal treatment within the meaning of Article 12§4, to enter, within a reasonable period of time, into bilateral or multilateral agreements with those States which apply a different entitlement principle (Conclusion 2006, Cyprus).

The Committee notes from MISSOC that France applies the rules whereby the payment of family benefits is conditional on the claimant's children being resident in France.

In this respect, in its previous conclusion (Conclusion 2013), the Committee requested whether France plans to conclude agreements with States Parties with which there are no such agreements (Albania, Armenia and Georgia), or unilateral measures and, if so, when.

The report provides no information in this regard, so that the Committee reiterates its request.

Right to retain accrued benefits

In its previous conclusion (Conclusion 2013), the Committee considered, in the light of the information provided in previous reports, that social benefits for nationals of States Parties are exportable whether or not they are bound by bilateral agreements. In this regard, the Committee asked whether its understanding is correct. As the report provides no information on this, the Committee reiterates its request and, in the meantime, reserves its position on this point.

Right to maintenance of accruing rights (Article 12§4b)

The Committee notes that the situation, which it was considered (Conclusion 2013) not to be in conformity with the Charter, remains unchanged, so that it is still not possible for nationals of States Parties that are not covered by EU Regulations or bound by bilateral agreements to aggregate periods of insurance or employment. It notes that information provided by the CLEISS (French Liaison Centre for European and International Social Security) confirm the situation. For these reasons, the Committee reiterates its conclusion of non-conformity on this point.

The Committee recalls that there should be no disadvantage for a person who changes his/her country of employment, where he/she has not completed the period of employment or insurance necessary under national legislation to be entitled to certain benefits. This requires, where necessary, the aggregation of employment or insurance periods completed in another territory and, in the case of long-term benefits, a pro-rata approach to the conferral of entitlement, the calculation and payment of benefits (Conclusion XIV-1 (1998), Portugal). To this end, States Parties may choose between the following means: multilateral convention, bilateral agreement or, unilateral, legislative or administrative measures.

Conclusion

The Committee concludes that the situation in France is not in conformity with Article 12§4 of the Charter on the grounds that:

- equal treatment with regard to access to family allowances is not guaranteed to nationals of all other States Parties;
- the right to maintenance of accruing rights is not guaranteed to nationals of all other States Parties.

Article 13 - Right to social and medical assistance

Paragraph 1 - Adequate assistance for every person in need

The Committee takes note of the information contained in the report submitted by France.

Types of benefits and eligibility criteria

The Committee has since Conclusions 2000 found that the situation is not in conformity with the Charter on the ground that the minimum age for entitlement to social assistance is 25 years. In this connection, the Committee takes note of the following complementary mechanisms designed to provide assistance to young persons under 25 who are not eligible for the Active Solidarity Income (RSA):

- Young people under the age of 25, including the unemployed and students, can benefit from the RSA on condition that they provide a proof of a minimum period of activity. *The Youth RSA* is funded by the State (RSA being, for the rest, financed by the Departments), through the National Solidarity Fund (FNSA). In June 2015, 7,710 young people under the age of 25 were beneficiaries of the Youth RSA. In this connection, the Committee also notes from the report of the Governmental Committee (GC(2014)21, § 248-259) that since September 2010, young people between the ages of 18 and 25 had been entitled to the active solidarity income (RSA), which amounted to €500 per month, provided that they had been in work for the equivalent of two years full-time over a reference period of three years preceding the claim.
- *The Youth Guarantee* is aimed at young people aged 16 to 25 years, who are neither in employment, nor in training. Under this mechanism, the beneficiary can follow an active career path with the assistance of public authorities and their partners, who will accompany him/her in identifying employment opportunities and provide financial support. Supervised by an adviser, the beneficiary will follow an intensive path to employment and training. He/she will benefit from a year-long intensive coaching and financial assistance of € 461,72 per month to facilitate his access to employment. The Youth Guarantee was initially set up as a pilot project in 10 territories (urban and rural) selected in 2013, involving 10,000 young people. In December 2015 46,000 young people had benefited from it. A new measure known as the Youth Guarantee, stemming from the Multi-Year Plan to Combat Poverty and Promote Social Inclusion, had been operational since the second half of 2013 and the main aim is to encourage young people in extremely vulnerable situations to establish themselves in the world of work. This measure was the follow-up to the recommendation of the European Council of 22 April 2013 on establishing a Youth Guarantee. France's operational programme entitled "An initiative for Youth Employment" had been validated by the European Commission on 3 June 2014.
- Furthermore, the Committee notes from the report that the Act of 17 August 2015 on social dialogue and employment introduced *the Activity Premium*, which replaces the former RSA Activity and the premium for employment as of January 2016. Financed by the State, the Activity Premium is a supplement to income for low-income workers. According to the report, young people between the ages of 18 and 24, whether employed or self-employed, are now eligible for this allowance. The report states that this allowance encourages professional activity and boosts the purchasing power of single persons earning less than € 1500 per month. The students and apprentices over the age of 18 may also be eligible if they can provide evidence of salary/income amounting to at least € 893.25 per month). As of April 20, 2016, more than 2.3 million households, representing more than 3.8 million persons were beneficiaries of the scheme. 400 000 persons under 25 years of age have received this premium. The Committee understands that the amount of this benefit depends on the individual

circumstances. It asks however what is the typical amount of benefit paid on average to persons aged 18-15 years.

The Committee understands that with all these measures that have been taken since 2010, young persons aged between 18 and 25 are now eligible for certain benefits, such as the Youth RSA for those unemployed who can prove a minimum period of activity, the Youth Guarantee for those who are unemployed, and the activity premium for those who are employed or self-employed but whose income is below a certain threshold. The Committee asks how these benefits interact and whether a refusal to grant them can be appealed. It also asks whether there still is a category of young persons, without resources, who would not be eligible for any of the above mentioned benefits. In the meantime the Committee reserves its position on this point.

Level of benefits

In its previous conclusion (Conclusions 2015) the Committee found that it had not been established that the level of social assistance was adequate. More specifically, the Committee had noted from the report that determining the amount of supplementary benefits in the abstract was difficult due to the fact that most social benefits depend on the personal circumstances of the applicant. The Committee asked the next report to specify as far as possible the combined (total) amount of basic and supplementary benefits available for a single person, if necessary, by providing information on/an/or examples of total amounts received by 'typical' single beneficiaries on a monthly basis.

- Basic benefit: the Committee notes from the report that in 2016 the amount of RSA paid to a single person stood at € 535,17, which is reduced by € 61,67 in case the person concerned is the owner of his housing or receives housing allowance. The Committee notes from MISSOC that in 2015 the amount of RSA was € 513.
- Additional benefits: in addition, according to the report, the persons concerned also receive housing aid, in the amount of either 231 (Aide personnelle au logement (APL)) or aide de logement sociale (ALS) at € 189. According to the report, taking into account the basic benefit and supplementary benefits, according to the research conducted by the Directorate of statistical research and evaluation (DREES) of June 2015, the beneficiaries of RSA have a median income of € 740 per month. Moreover, according to the report, the beneficiaries of RSA also receive other benefits, such as the universal medical coverage, the Christmas bonus (€ 152 in 2015) as well as reduction of electricity bill (in the range of € 71-140 per year) and the gas bill (in the range of € 23 and 123 per year). Furthermore, according to the report, social assistance is also provided by local authorities, such as communes, departmental and regional councils and in the form of special tariffs for transport, assistance for cultural and sports events and holidays. However, according to the report, it is not possible to produce statistics concerning the average amount of such assistance.
- Poverty threshold (defined as 50% of median equivalised income and as calculated on the basis of the Eurostat at-risk-of-poverty threshold value: it was estimated at € 892 in 2015).

The Committee considers that in the light of all the elements provided by the report, including the basic amount of assistance as well as any other applicable types of benefits, the overall level of assistance falls below the at-risk-of-poverty threshold of € 892. Therefore, the situation is not in conformity with the Charter on the ground that the amount of social assistance, consisting of basic assistance and any additional benefits that may apply is not adequate.

Right of appeal and legal aid

The Committee notes from the report that the reform of the procedure in the social welfare courts has not been adopted by the Parliament during the reference period. It asks the next report to provide updated information on this issue.

Personal scope

The Committee recalls that, under Article 13§1, States are under the obligation to provide adequate medical and social assistance to all persons in need, both their own nationals as well as nationals of States Parties lawfully resident within their territory, on an equal footing. In addition, with reference to its Statement of Interpretation of Articles 13§1 and 13§4 (Conclusions 2013) regarding the scope of Articles 13§1 and 13§4 in terms of persons covered, the Committee considers that persons in an irregular situation in the territory of the State concerned are also covered under Article 13§1, rather than under Article 13§4, which was previously its practice.

The Committee henceforth examines whether the States who have accepted Article 13§1 ensure the right to:

- adequate social and medical assistance for their own nationals and for nationals of other States Parties lawfully resident within their territory on an equal footing;
- emergency social and medical assistance to persons unlawfully present in their territory.

Nationals of States Parties lawfully resident in the territory

Since its conclusions XV-1(2000), the Committee found that the situation is not in conformity with the Charter on the ground of length of residence requirement of 5 years for non-EEA nationals to be eligible for RSA.

It notes from the report in this regard that non-EU nationals remain subject, for access to the RSA, to a requirement of five years of residence permit authorising work. It also for this reasons that eligibility for it is conditional on the evidence of stable and sustainable residence in the territory. According to the report, the condition of prior residence is therefore based on an objective justification and has a direct relationship with the objective pursued by the law.

The Committee recalls that under Article 13§1 equality of treatment must be guaranteed once the foreigner has been given permission to reside lawfully in the territory of a Contracting Party. The Charter does not regulate procedures for admitting foreigners to the territory of Parties, and the rules governing “resident” status are left to national legislation. Equality of treatment means that entitlement to assistance benefits, including income guarantees, is not confined in law to nationals or to certain categories of foreigners and that the criteria applied in practice for the granting of benefits do not differ by reason of nationality. Equality of treatment also implies that additional conditions such as length of residence, or conditions which are harder for foreigners to meet, may not be imposed on them.

The Committee further notes from the report of the Governmental Committee (GC(2014)21, § 260) that there had been no change to the situation: non-EU nationals were required to have lived in France stably, effectively and permanently and have held a residence permit entitling them to work for at least five years. The rule imposing a five-year residence requirement stems from a desire to be consistent with France’s obligations, particularly those deriving from Directive 2003/109/EC of 25 November 2003 concerning the status of third-country nationals who are long-term residents.

The Committee notes that there have been no changes to the situation which it has previously found not to be in conformity with the Charter. Therefore, it reiterates its previous finding of non-conformity.

As regards the violation of Article E taken in conjunction with Article 13§1 in the decision on the merits of 11 September 2012, *Médecins du Monde International c. France*, complaint No 67/2011, on the ground of the lack of medical assistance for migrant Roma lawfully resident or working regularly in France for more than three months, and the violation of Article 13§4 because of the lack of medical assistance for migrant Roma lawfully resident or working regularly for less than three months, the Committee will consider their follow up on the basis of the information that will be submitted by the Government in October 2017.

Foreign nationals unlawfully present in the territory

The Committee refers to its previous conclusion on Article 13§4 where it held that the situation was in conformity with the Charter as regards emergency medical and social assistance to unlawfully present foreign nationals. The Committee notes from the report that there have been no changes to this situation.

In this connection, the Committee recalls that persons in an irregular situation must have a legally recognised right to the satisfaction of basic human material need (food, clothing, shelter) in situations of emergency to cope with an urgent and serious state of need. It likewise is for the States to ensure that this right is made effective also in practice (*European Federation of National Organisations working with the Homeless (FEANTSA) v. the Netherlands*, Complaint No. 86/2012, decision on the merits of 2 July 2014, §187).

The Committee cannot accept the necessity of halting the provision of such basic emergency assistance as shelter, guaranteed under Article 13 as a subjective right, to individuals in a highly precarious situation. The Committee has considered that even within the framework of the current migration policy, less onerous means, namely to provide for the necessary emergency assistance while maintaining the other restrictions with regard to the position of migrants in an irregular situation, remain available to the Government with regard to the emergency treatment provided to those individuals, who have overstayed their legal entitlement to remain in the country (*Conference of European Churches (CEC) v. the Netherlands*, Complaint No. 90/2013, decision on the merits of 1 July 2014, §123).

The Committee asks the next report to provide updated information on how these requirements are met in law and in practice as regards unlawfully present foreign nationals.

Conclusion

The Committee concludes that the situation in France is not in conformity with Article 13§1 of the Charter on the grounds that:

- the amount of social assistance, consisting of basic assistance and any additional benefits that may apply is not adequate.
- non-EU nationals are subject to a length of residence requirement of five years to be eligible for RSA.

Article 13 - Right to social and medical assistance

Paragraph 2 - Non-discrimination in the exercise of social and political rights

The Committee takes note of the information contained in the report submitted by France.

The Committee notes that the situation which it has found to be in conformity with the Charter (Conclusions 2013) has not changed. The Committee reiterates its previous finding of conformity and asks the next report to provide updated information.

Conclusion

The Committee concludes that the situation in France is in conformity with Article 13§2 of the Charter.

Article 13 - Right to social and medical assistance

Paragraph 3 - Prevention, abolition or alleviation of need

The Committee takes note of the information contained in the report submitted by France.

The Committee notes that the situation which it has found to be in conformity with the Charter (Conclusions 2009) has not changed. The Committee asks the next report to provide updated information as regards the operation of social services offering advice and personal assistance specifically addressed at persons without adequate resources or at risk of becoming so.

Conclusion

The Committee concludes that the situation in France is in conformity with Article 13§3 of the Charter.

Article 13 - Right to social and medical assistance

Paragraph 4 - Specific emergency assistance for non-residents

The Committee takes note of the information contained in the report submitted by France.

The Committee refers to its conclusion under Article 13§1 (personal scope) and recalls that Article 13§4 from now on will cover emergency social and medical assistance for nationals of States Parties lawfully present (but not resident) in the territory.

The Committee recalls that States Parties are required to provide non-resident foreigners, without resources, with emergency social and medical assistance. Such assistance must cover accommodation, food, clothing and emergency medical assistance, to cope with an urgent and serious state of need (without interpreting too narrowly the 'urgency' and 'seriousness' criteria). No condition of length of presence can be set on the right to emergency assistance (European Federation of national organisations working with the Homeless (FEANSA) v. the Netherlands, Complaint No 86/2012, decision on the merits of 2 July 2014, §171).

The Committee refers to its conclusion under Article 13§1 where it found that the situation as regards emergency social and medical assistance to unlawfully present foreign nationals is in conformity with the Charter and considers that the situation is also in conformity with the Charter regarding lawfully present foreign nationals.

It asks the next report to provide updated information regarding emergency medical and social assistance to nationals of States Parties lawfully present in the territory.

Conclusion

The Committee concludes that the situation in France is in conformity with Article 13§4 of the Charter.

Article 14 - Right to benefit from social services

Paragraph 1 - Promotion or provision of social services

The Committee takes note of the information contained in the report submitted by France.

Organisation of the social services

In its previous conclusion (Conclusions 2013), the Committee requested that the report list those services for which a fee can be charged and indicate the average fee charged to users.

The report states that the social services receive advice, inform and provide assistance to all persons experiencing difficulties. These services are free of charge. There are multiple forms of social assistance, and those that entail financial contributions (such as school canteens, childcare, personal care, etc.) are mostly the responsibility of local or regional authorities, so there is no reference fees structure at the national level. In addition, they generally depend on people's income. The Committee understands that the cost of accessing social services varies according to the nature of the social service and the person's income.

The Committee reiterates that, under Article 14§1, it reviews rules governing the eligibility conditions to benefit from the right to social welfare services (effective and equal access) and the quality and supervision of social services, as well as issues of rights of beneficiaries and their participation in the establishment and maintenance of social welfare services (Article 14§2). Persons applying for social welfare services should receive any necessary advice and counselling enabling them to benefit from the available services in accordance with their needs (Conclusions 2009, Statement of Interpretation on Article 14§1). The Committee given the time that has passed since the last description of the organisation of social services, asks that the next report provides a new description updating or confirming the information as necessary, also with regard to the eligibility conditions to benefit from the right to social welfare services (effective and equal access).

Conclusion

The Committee concludes that the situation in France is in conformity with Article 14§1 of the Charter.

Article 14 - Right to benefit from social services

Paragraph 2 - Public participation in the establishment and maintenance of social services

The Committee takes note of the information contained in the report submitted by France.

In its previous conclusion (Conclusions 2013), the Committee requested that the report assessed the effectiveness of the measures for involving beneficiaries in the operation and assessment of the RSA [Active Solidarity Income].

The report states that Law No. 2008-1249 of 1 December 2008 generalising the RSA made provision for real involvement of beneficiaries in its operation. It provides, in Article L. 262-39 of the Social Welfare and Families Code, that *département* councils shall create multi-disciplinary teams made up of social and vocational integration professionals, representatives of the *département* as the authority which manages social assistance, and representatives of beneficiaries of the RSA.

Beneficiaries are also involved in the general assessment of the RSA system and its reforms. This is the purpose of the panel of persons in a situation of poverty and vulnerability (8th panel) of the National Council for Policy to Combat Poverty and Social Exclusion (CNLE), which was established on an experimental basis in 2012 and made permanent by the decree of 17 December 2013. On 10 October 2013[1], the CNLE published an opinion on the proposed reform of support for those on low occupational incomes, including assessment of the "RSA activité" income supplement. The CNLE also has working groups which monitor the multi-annual plan for poverty reduction and social inclusion, one of which deals more specifically with the issue of minimum social protection. Ad hoc consultations made it possible to involve beneficiaries more closely in the assessment of the RSA. The work that led to the creation of the operational income supplement, under Title IV of the Law of 17 August 2015 (see more details about this system in the response to the Committee's requests in relation to Article 13§1), included a day of discussions, in April 2013, with a panel of beneficiaries of minimum social protection, established in order to obtain an opinion on possible improvements to the current system. The panel was made up of members of the 8th panel of the CNLE and competent associations: Secours catholique, the Salvation Army, ATD Fourth World and the Agence nouvelle des solidarités actives (ANSA).

In its previous conclusion (Conclusions 2013), the Committee requested information about the nature and scope of internal and external assessments of the social and medical welfare establishments and services provided for by the Social Modernisation Act.

The report states that, with regard to their internal assessment obligations, the social and medical welfare establishments and services (ESSMS), as defined in Article L. 312-1 of the Social Welfare and Families Code, are obliged by Article L. 312-8 of the same Code to conduct internal assessments of their activities and the quality of the services they provide, having regard in particular to procedures, references and recommendations for good professional practice which have been validated or, where none exist, drawn up for each category of establishment or services. The results of these assessments are transmitted every five years to the authority that licensed them to operate. As for external assessment obligations, the establishments and services also arrange for assessments of their activities and the quality of the services that they deliver through an external body. The bodies authorised to conduct such assessments must comply with specifications which are laid down by decree. The list of these bodies is established by a decree on the basis of a list drawn up by the National Agency for the Evaluation and Quality of Social and Medical Welfare Establishments (ANESM). The results of these assessments are also transmitted to the authority that issued the licence. Establishments and services must obtain two external assessments between the date of issue of the licence and its renewal. The timetable for these assessments is set by decree. A body can carry out assessments only for the categories of establishments and services for which procedures, references and recommendations for good professional practice have been validated or developed by ANESM.

The Committee also asked whether ANESM, which is responsible for authorising the bodies responsible for external assessments, verifies the quality of such assessments.

The report states that the Agency was created by the Social Security Finance Act for 2007 in order to help social and medical welfare establishments and services (ESSMS) to carry out the internal and external assessments made compulsory by the Law of 2 January 2002. For internal assessments, the functions of the ANESM stem directly from the obligations of the ESSMS, which must implement a continuous assessment of their activities and the quality of the services they deliver. According to Article L 312-8 of the Social Welfare and Families Code (CASF), assessments are carried out in the light of the procedures, references and recommendations regarding good practice which have been validated or developed by the Agency. For external assessments, the establishments and services must report every five years to the *département* councils and/or the State, and must have external assessments carried out by a body authorised by the Agency. The second function of the ANESM is therefore to authorise external bodies which will carry out the external assessments to which the ESSMS are subject. The Agency thus provides ESSMS with the necessary conditions so that internal and external assessments of their activities and the quality of their services can be carried out and so that the authorities that have licensed them can receive these results. This mechanism is also directly connected with the decision to renew the operating license of the establishment or service. Article L 313-1 of the CASF provides that the renewal decision is subject solely to the results of the external assessments carried out by a body authorised by the Agency, in accordance with specifications laid down by Decree No. 2007-975 of 15 May 2007.

Conclusion

The Committee concludes that the situation in France is in conformity with Article 14§2 of the Charter.

Article 23 - Right of the elderly to social protection

The Committee takes note of the information contained in the report submitted by France.

Legislative framework

The Committee points out that the main purpose of Article 23 is to enable elderly persons to remain full members of society and, in this respect, it invites the States Parties to create a suitable legal framework which, firstly, makes it possible to combat age-based discriminations beyond employment and, secondly, makes provision for a procedure for “assisted decision making”.

With regard to combating age-based discriminations, the Committee recalls that the legislation for combating discrimination which was put in place by Articles 225-1 et seq. of the Criminal Code offers guarantees which are adequate to protect elderly persons from all discrimination based on such a ground. It also notes that the Defender of Rights is combating age-based discrimination. In this regard, the report states that 6.9% of the complaints that were handled by the Defender in 2015 in relation to tackling of discrimination were based on age (4 846 complaints). However, the report states that not all cases necessarily concerned elderly persons.

With regard to the procedure for “assisted decision making” put in place for elderly persons, the report states that there are different systems which make it possible to protect elderly persons from persons with bad intentions or potentially to protect them from themselves, such as “power of attorney”, mandates for future protection, judicial protection, supervision and guardianship. The Committee note from the French administration’s official website that there is also, in addition to these systems, the personalised (Masp) or judicial (Maj) social support measures and “family authorisation”. Law No. 2015-1776 of 28 December 2015 on the Adaptation of Society to Ageing also introduced new guarantees with regard to consent to the process of admission to a retirement home by enabling elderly persons to nominate a person of trust in case they encounter difficulties in ascertaining and understanding their rights.

Adequate resources

When assessing adequacy of resources of elderly persons under Article 23, the Committee takes into account all social protection measures guaranteed to elderly persons and aimed at maintaining an income level allowing them to lead a decent life and participate actively in public, social and cultural life. In particular, the Committee examines pensions, contributory or non-contributory, and other complementary cash benefits available to elderly persons. These resources will then be compared with median equivalised income. However, the Committee recalls that its task is to assess not only the law, but also the compliance of practice with the obligations arising from the Charter. For this purpose, the Committee will also take into consideration relevant indicators relating to at-risk-of-poverty rates for persons aged 65 and over.

The Committee points out that in the general system, a distinction is made between the basic pension and the additional pension. The basic retirement pension is calculated according to the assessed contributory salary over the 25 best years on the one hand, and the insurance period on the other hand. It is paid at the full rate from the age of 62 if the person has the required period of minimal insurance (in 2015, 166 quarters for a person born in 1955) or from the age at which this minimum period is reached or, failing this, from the age of 67. The full-rate minimum pension which is paid to insured persons who meet one of the aforementioned requirements is EUR 687 per month – the contributory minimum. If the contribution period is less than this, the amount is reduced in proportion. Pensions can, however, be increased if the insured person has continued to work beyond the minimum requirements for eligibility for the full-rate pension, taking additional quarters of work carried out into account.

The “ARRCO” compulsory additional retirement pension is calculated according to the number of points obtained each year for the contributions paid each year multiplied by the annual purchase value of a pension point which is known as the “reference salary”. It is paid with no deductions from the statutory age provided that the payee demonstrates that they have contributed for the required insurance period in order to receive a full-rate pension for the basic pension.

This system makes it possible to guarantee a minimum amount of 85% of the net minimum wage (basic and additional pensions combined) for employees who have spent their entire career on the minimum wage.

The Committee notes from the report that pensioners on low incomes who are aged 65 (or 60-62 if they are unfit for work) can receive the “Solidarity Allowance for Elderly Persons” (ASPA). ASPA is a non-contributory differential benefit which is paid in addition to the insured person’s resources to bring them up to a guaranteed minimum amount: €801 per month for a single person in 2015 and €1 246.97 for a couple.

Beneficiaries of old-age pensions who need assistance due to dependence are entitled to a supplement for assistance from a third party which corresponds to 40% of the pension but cannot be less than €13 236.98 per year in 2015.

The French administration’s official website states that a “single social assistance allowance for elderly persons” is available if the latter are not receiving a retirement pension and their application for ASPA has been refused. The single allowance is paid by the State. It is granted either at the full rate or at a reduced rate, according to the person’s means. At the full rate, the at-home single allowance is set at €9 638.42 per year (or €803.20 per month) for a single person and €14 963.65 per year (or €1 246.97 per month) for a couple.

The report also states that another allowance, the “personalised independence allowance” (APA), is paid to any person aged 65 or over who has lost their independence, in accordance with Article L. 232-1 of the Social Action and Families Code. The maximum monthly amount of APA ranges from €1 714.79 to €663.61 according to the “iso-resources group” to which the person belongs.

Persons on low incomes (including recipients of ASPA or APA) can also receive cash benefits, including various housing allowances whose amounts can vary for different households: these are personalised housing assistance or social housing allowance (these two forms of assistance cannot be received at the same time). In addition, the cost of health care for these persons is covered and no deductions are made to this end from their monthly pensions.

The poverty threshold, which is set at 50% of the median income adjusted and calculated on the basis of the poverty risk threshold set by Eurostat, was estimated at €10 707.50 per year in 2015, or €892 per month. The Committee considers that the level of guaranteed resources, inclusive of supplements and free medical cover, is in conformity with the Charter.

With regard to the measures taken by France to resolve the situation for the 1% of persons aged 65 and over whose income is less than 40% of the adjusted median income, the Committee takes note of Law No. 2014-40 of January 2014 guaranteeing the future and fairness of the pension system. The most important measures include changing the rules on the validation of quarters, maintaining the date of revaluation of the old age minimum (ASPA) and raising the upper limit for the contributory minimum.

Prevention of elder abuse

In its previous conclusion (Conclusion 2013), the Committee asked for more information on the practical implementation of the programmes and tools developed by France to combat elder abuse. The report states that during the reference period, France endeavoured to develop and promote an active culture of “good treatment” of elderly persons. In this regard, the National Agency for the Evaluation of the Quality of Social and Medico-social Services and Institutions has made several recommendations for good professional practice and internal and external assessment procedures. The National committee to guard against elder abuse was re-established in 2013 under the name of the National committee for good treatment and rights of elders and people with disabilities. France has also taken measures to raise awareness and train staff in good treatment.

According to the report, France has put in place a secure information system which facilitates quantitative and qualitative analysis of reports received on the national listening and assistance hotline in order to respond to situations where elderly people, among other people, who are living at home or in institutions are being ill-treated. A progress report on this system is drawn up each year. In January 2015, 80% of the French departments were benefiting from these local intermediaries. The report also states that State departments have implemented multi-year inspection programmes for medico-social institutions. The current programme has been established for the 2013-2017 period. It particularly targets facilities and activities which pose a risk or which have been complained about or reported, in order to remedy the failings, punish abuse and support the necessary changes. The Committee asks how many institutions which only accommodate elderly persons have been listed in France, how many have been inspected, how inspections are organised in principle, and what penalties and/or measures are taken against an institution which is declared responsible for a failing or abuse.

With regard to the implementation of the “MobiQual” programme, the report does not provide any precise information other than proposing reference scientific and teaching tools which are essential in order to inform, raise the awareness of and train professionals who work with elderly persons who have lost their independence, both in institutions and in their homes. The Committee asks for more information on this point.

Services and facilities

The Committee points out that, although Article 23 makes reference only to information about services and facilities, it presupposes that such services and facilities exist.

With regard to the services and facilities themselves, the Committee notes that in accordance with the Law on the Adaptation of Society to Ageing, France is endeavouring to deal better with the problem of the loss of independence. In this regard, the Committee notes that during the reference period, a significant amount was raised in order to finance long-term care for elderly persons in institutions and relaunch and restructure the home assistance and support sector.

The report adds that 758 000 home services were made available to elderly persons in 2014. The Committee requests more precision in these figures. It also asks how many elderly persons have received home help and/or meals.

Finally, the Committee notes that since June 2013, a single file format has been used for requests for admission to residential homes for dependent elderly persons (EHPAD) throughout the country, whether in respect of administrative information or medical information.

With regard to information on the existence of the services and facilities available, the report provides no information. The Committee asks the next report to provide information on this matter.

Housing

The report states that so-called “intermediate” housing (supported housing or “independence homes”) must be developed. These facilities receive financial assistance, the “independence charge”, which finances prevention and support action for the most vulnerable elderly persons. Investment grants for works to modernise independence homes will also be offered.

The report also states that the national plan for adapting private housing to the needs of persons with loss of autonomy provides that, by 2017, 80 000 private homes will be renovated.

The Committee asks what the outcomes and consequences of the “Living Better” programme have been and whether it has indeed helped 300 000 households to carry out thermal renovation works. It also asks the next report to provide updated information about changes and modernisations of EHPADs, the actions taken by ANAH to adapt housing to the loss of independence, the actions of the National Housing Expertise Centre, and any legislative, regulatory or institutional changes.

Health care

The report states that since 2007, the CNSA notified €846.5 million for the creation of 85 622 places for elderly persons in order to implement the Old Age Solidarity Plan. It adds that 79 128 places had been authorised at the end of 2015 and 69 068 places installed, including 35 015 EHPAD places; 6 653 day care places; 4 027 places in temporary accommodation and 23 373 home nursing care places.

The report also states that the Alzheimer’s Plan (2008-2012) made it possible to adopt consistent measures and suitable communication to help sufferers and their families. One of the measures in this Alzheimer’s plan was the provision of training to non-professional carers. The CNSA notified €273 million to Health Regional Agencies for the creation of 8 340 places, and adapted activity and care units and support and respite platforms.

The report also states that the Neurodegenerative Diseases Plan 2014-2019 was implemented in 2014. The Plan is aimed at all sufferers of Alzheimer’s disease, Parkinson’s disease and multiple sclerosis and is extended to all neurodegenerative diseases. It guarantees that elderly persons who are beneficiaries of assistance and social action arrangements can choose freely between staying at home and receiving suitable assistance and living in an institution. At the end of 2015, €221.6 million had been committed by Health Regional Agencies and 6 398 places, including 1 544 places in enhanced accommodation units and 4 854 places with specialist Alzheimer’s teams, had been created.

Institutional care

Institutional care includes accommodation in a social or medico-social institution and hospitalisation at a medical facility or in an EHPAD. According to the report, 7 208 new places were created in 2015. At the end of 2015, there were over 720 400 places in medico-social institutions and services for elderly persons in France, which were broken down as follows: 575 262 places in permanent accommodation; 10 861 places in temporary accommodation; 13 969 day care places; 119 095 home nursing care places; and 1 286 places in enhanced accommodation units. This equates to just over 117 places in medico-social institutions or services for elderly persons per 1 000 persons aged over 75. The report states that availability varies from one département to another, ranging from 54 places to 194 places per 1 000 persons aged over 75. According to the report, this availability must be linked with other services for elderly persons, such as nursing care services or care in long-term care units. Some départements which have few medico-social facilities have, for instance, large numbers of freelance nurses.

Conclusion

The Committee concludes that the situation of France is in conformity with Article 23 of the Charter.

Article 30 - Right to be protected against poverty and social exclusion

The Committee takes note of the information contained in the report submitted by France.

Measuring poverty and social exclusion

The Committee takes note of the statistical information provided in the report and deriving from INSEE, the National Institute of Statistics and Economic Studies, and from Eurostat. In addition to monetary indicators, France uses the indicator of poverty in terms of living conditions, which identifies those people whose living conditions are the most adverse, by means of a list of difficulties measured in the SILC (European Union Statistics on Income and Living Conditions) scheme.

According to Eurostat in 2015 17.7% (18.5 in 2014) of the French population was at risk of poverty or social exclusion. The rate was well below the average indicator of the EU-28 countries (23.7%). In 2015 the percentage of children (aged 0 to 17 years old) was 21.2% (EU-28: 26.9%), the percentage of adults (aged 18 to 64 years old) was 19.0% (EU-28: 24.7%) and the percentage of elderly was 9.3% (EU-28: 17.4%). The poverty rate in terms of living conditions decreased from 12.5% in 2013 to 11.7% in 2015. Nevertheless the Committee notes that single-parents families remain at particularly high-risk of poverty (from 32.6% in 2013 to 36.7% in 2015 – rates increasing with more than one child) as well as the risk of in-work poverty of the increasing population of part-time workers, particularly women (from 6.5% in 2010 to 7.5% in 2015) (European Semester Country Report France 2017).

Still according to Eurostat, the at-risk-of-poverty rate before social transfers was 23.9% in 2015 (24.0% in 2014), whereas the EU-28 rate was 25.9% (26.1% in 2014). The at-risk-of-poverty rate after social transfers was 13.6% in 2015 (13.3 in 2014), which is well below the EU-28 rate of 17.3% in 2015.

In reply to the Committee's question on poverty rates for specific target groups as well as on geographical distribution, the Committee notes from the report the disparities in monetary poverty according to the geographical origin of the household: 11.2% of non-immigrant household against 37.6% of immigrant households are living under the threshold of poverty according to INSEE. 44.3% of immigrant household where the reference person is born in Africa is considered poor versus 22.9% when the person is born in Europe.

In reply to the Committee's question on indicators used to measure social exclusion, the Committee notes from the report that Eurostat indicators are used considering people facing one of the three conditions: people at risk of poverty or social exclusion (according to EU-SILC 2014, 13.3% in Metropolitan France versus 17.2% in EU-28); severely materially deprived people (in 2014, in Metropolitan France 11.9% versus 18.5% in EU-28); people living in household with very low work intensity (in 2014, in Metropolitan France 9.6% versus 11.2% in EU-28).

The Committee notes from the 2015 Eurostat data with respect to France that the indicators measuring poverty and income inequalities stood well below the EU average despite the difficult economic situation.

Approach to combating poverty and social exclusion

The Committee takes note of the numerous measures that have been undertaken to combat poverty and exclusion, both on the prevention side and on accompanying people living in poverty, in particular within the Multi-annual Antipoverty and Social Inclusion Plan (2013-2017). The Plan, which is overseen by the Government, has an inter-ministerial nature and was designed by a number of players, including individuals experiencing hardship. The Plan has paved the way for an integrated approach to poverty and its consequences and has led to decompartmentalising social policies. The plan comprises 54 measures informed by five guiding principles of anti-poverty policy: objectivity, non-stigmatisation, participation, fair entitlement and decompartmentalisation of social policies. The 2015/2017 road map includes

one additional principle: support, with the view of comprehensively address individuals' needs in terms of access to rights and to ensure that everyone has access to the arrangements available under ordinary law and to assistance schemes. For the period 2015-2017 the plan should be completed by new actions developed with the actors of the fight against exclusion, including a road map describing all of the steps involved in reducing the risk of social exclusion.

In the field of employment and vocational training, the measures are based on the assumption that everyone is employable and are addressed to employees or to persons distant from the labour market. For example, 187 000 young people received a job during 2013 and 2014 as part of the 'job for the future' programme. Provisions for a better protection of employees working part time are included in the Law on Securing Employment No. 2013-504.

The Committee refers to its conclusions of non-conformity under the provisions of the Charter which are relevant to its assessment of compliance with Article 30 (see Statement of interpretation on Article 30, Conclusions 2013). It refers in particular to:

Article 12§1 and its conclusion that the minimum level of invalidity pensions is inadequate (Conclusions 2017)

Article 12§4 and its conclusions that equal treatment with regard to access to family allowances is not guaranteed to nationals of all other States Parties and that the right to maintenance of accruing rights is not guaranteed to nationals of all other States Parties (Conclusions 2017)

Article 13§1 and its conclusions that the amount of social assistance, consisting of basic assistance and any additional benefits that may apply is not adequate and that non-EU nationals are subject to a length of residence requirement of five years to be eligible for RSA (Conclusions 2017).

As regards housing, the Committee notes from the report the detailed information on housing policy in favour of migrant populations and of the most deprived and the intention of the Government to move away from emergency management and to focus on long-term housing solutions. In 2013 – 2014, 220 000 new social housing units were funded.

As for the Committee's decision in *International Movement ATD Fourth World v. France*, Complaint No. 33/2006, decision on the merits of 5 December 2007; the Committee's decision in *European Roma Rights Centre (ERRC) v France*, Complaint 51/2008, decision on the merits of 19 October 2009; the Committee's decision in *European Roma and Travellers Forum v. France*, Complaint No 64/2011, decision on the merits of 24 January 2012 and the Committee's decision in *Médecins du Monde – International v. France*, Complaint No 67/2011, decision on the merits of 11 September 2012, the Committee refers to its Findings 2015 on follow-up to decisions in collective complaints in which it held that the situation has still not been remedied or only partially remedied. The Committee takes note of the information provided in the report in this respect, however it refers to its next examination of the follow-up to these decisions, which will take place in 2018.

Taking into account all the above, the Committee considers that the situation is compatible with Article 30.

Monitoring and evaluation

The Committee notes from the report that policies are monitored, evaluated and revised on a continuous basis in consultation with relevant actors. As elaborated in its 2013 Conclusions, the Committee notes in particular the role of the National Council for Policy to Combat Poverty and Social Exclusion (CNLE) established in 1992. It is composed of representatives from Government, Parliament, elected bodies at territorial level, the social partners, NGOs, various institutional actors as well as of individuals with a particular expertise. CNLE

provides advice to the Government on draft legislation and other measures as well as on general issues relating to the fight against poverty and social exclusion and may also on its own initiative make proposals pertaining to this domain. It also takes part in the follow-up of the implementation of the Multiannual Anti-Poverty and Social Inclusion Plan.

The Committee further notes of the institutionalisation in 2013, within the CNLE, of a College of people living in a situation of poverty or precariousness (so-called 8th College), composed by eight full members, nominated for three years by the Prime Minister, following proposals by associations dealing with poverty and social exclusion.

The Committee also recognises the role of the National Observatory on Poverty and Social Exclusion (ONPES) which was established pursuant to Act No. 98-657 of 29 July 1998 with a view to gathering data on poverty and exclusion and to contribute to develop knowledge about poverty-related situations.

The Committee considers that the participation of those who experience poverty and social exclusion in the implementation, monitoring and evaluation of poverty reduction measures is important for ensuring the pertinence and efficiency of these measures. The report provides information on the Government's efforts to involve the users of measures in their operation and evaluation.

Conclusion

The Committee concludes that the situation in France is in conformity with Article 30 of the Charter.