



January 2010

European Social Charter (revised)

European Committee of Social Rights

Conclusions 2009 (FRANCE)

Articles 3, 11, 12, 13, 14, 23 and 30
of the Revised Charter

This text may be subject to editorial revision.

Introduction

The function of the European Committee of Social Rights is to rule on the conformity of the situation in States with the European Social Charter, the 1988 Additional Protocol and the Revised Charter. In respect of national reports; it adopts "conclusions" in respect of collective complaints, it adopts "decisions".

A presentation of this treaty as well as statements of interpretation formulated by the Committee appear in the General Introduction to the Conclusions.¹

The Revised European Social Charter was ratified by France on 7 May 1999. The time limit for submitting the 8th report on the application of this treaty to the Council of Europe was 31 October 2008 and France submitted it on 18 December 2008. On 26 May 2009, a letter was addressed to the Government requesting supplementary information regarding Article 13§4. The Government submitted its reply on 11 June 2009. In addition to the state report, the Committee had at its disposal comments from the Organisations "Advocacy France" and the "French Platform for economic, social and cultural rights."

This report concerns the accepted provisions of the following articles belonging to the thematic group "Health, social security and social protection":

- the right to safe and healthy working conditions (Article 3),
- the right to protection oh 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 these Articles.

The applicable reference period was : 1 January 2005 – 31 December 2007.

The present chapter contains 19 conclusions :

- 13 cases 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, 30;

- 4 cases of non-conformity : articles 3§2, 12§1, 12§4, 13§1.

In respect of the other 2 cases, that is articles 3§3 and 23, the Committee needs further information in order to assess the situation. The Government is therefore invited to provide this information in the next report on the articles in question.

The next French report deals with the accepted provisions of the following articles belonging to the third thematic group "Labour rights":

- the right to just conditions of work (Article 2),
- the right to a fair remuneration (Article 4),
- the right to organise (Article 5),
- the right to bargain collectively (Article 6),
- the right to information and consultation (Article 21),
- the right to take part in the determination and improvement of the working conditions and working environment (Article 22),
- the right to dignity at work (Article 26),
- the right of workers' representatives to protection in the undertaking and facilities to be accorded to them (Article 28),
- the right to information and consultation in collective redundancy procedures (Article 29).

The deadline for the report was 31 October 2009.

¹*The conclusions as well as state reports can be consulted on the Council of Europe's Internet site (www.coe.int/socialcharter).*

Article 3 - The 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 objectives of the national policy

The report underlines that preventing occupational accidents and diseases remains a long-term priority involving all stakeholders. As described in the last conclusion (Conclusions 2007), a five-year action plan on health at work, prepared in consultation with social partners, was launched in 2005. The four priorities of this action plan are the following: developing knowledge/expertise on occupational risks (in particular those linked to chemical substances), pursuing the decompartmentalisation of approaches adopted by the administration, strengthening the effectiveness of the labour inspectorate's monitoring and encouraging enterprises to fully take part in the management of health and safety at work. As part of this action plan, a conference on working conditions was organised by the Ministry of Labour on 4 October 2007 with the participation of the public administration, trade unions and prevention bodies. As a result, a number of steps were decided to improve preventive actions:

- creation of the Advisory Council on Working Conditions (Conseil d'Orientation sur les Conditions de Travail). This body is composed of representatives of the different ministries concerned, an equal number of representatives of employers and employees, and relevant experts. This body is answerable to the Ministry of Labour. It contributes to the elaboration of the national policy on occupational risk prevention and is consulted on draft laws and regulations. It is entitled to formulate recommendations on matters pertaining to the working environment. It also includes an observatory on work hardness;
- financial support of enterprises wishing to launch preventive actions (4 million euros transferred to a special fund on improving working conditions);
- creation of a website devoted to information on working conditions and health at work (<http://www.travailler-mieux.gouv.fr>) in order to facilitate access by all employers, employees and their representatives to the relevant information;
- creation of a task force to develop indicators and initiatives on psychosocial risks, and a task force on training on occupational health and

safety as part of school curricula and continuous training of future managers and engineers;

- launching of a three-year information campaign in spring 2008 on musculo-skeletal disorders;
- Strengthening awareness-raising activities and control of enterprises regarding carcinogenic substances, mutagens and toxic substances having an impact on reproduction.

Organisation of occupational risk prevention

The Committee refers to information previously submitted on consultation mechanisms at enterprise level (Conclusion XIV-2).

The report provides additional information regarding consultation mechanisms within the civil service. The central commission on health and safety is competent to examine problems relating to occupational health and safety in the state civil service and to propose common action to the different branches of public administration in this field. Technical joint committees and committees on health and safety have been set up within each ministerial department. The former are competent to examine draft regulations on health and safety. Committees on health and safety contribute to improving working conditions and deal with questions pertaining to the observation of health and safety regulations, working methods and equipment having a direct bearing on working conditions, etc. As in the private sector, civil service employers must produce a single report on the assessment of health and safety risks faced by their employees. This document is used as a road-map for risk prevention management.

In the agricultural sector, the report indicates, in addition to the national committee on occupational health and safety described in a previous conclusion (Conclusions XIV-2), the existence at departmental level of joint committees on health, safety and working conditions which serve as a forum gathering the different social partners involved in this sector of activity. They contribute to disseminating relevant information to small enterprises and assist firms in producing their report on the assessment of health and safety risks, as well as to promoting training measures on health and safety matters.

At government level, the report refers to the aforementioned Advisory Council on Working Conditions which replaces the former structure (Higher Council for Occupational Hazards). From another official source¹, the Committee notes the existence of other bodies at regional level: regional committees for the prevention of occupational hazards. These committee are composed of representatives of the regional authorities, employers and employees as well as regional preventive bodies and specialists. Their role is: to elaborate and update regional assessments on working conditions and prevention of occupational hazards; to deliver opinions on regional strategies and policies on occupational health and safety; to organise consultations at regional level on ways to improve working

conditions. In addition, the National Agency on the Improvement of Working Conditions, and its network of regional agencies, aim at drawing up and promoting policies, tools and methods with a view to improving working conditions within enterprises themselves. They are composed of representatives of the authorities, employers and employees. According to this other source, there are a number of other bodies dealing with occupational risk prevention from various angles at both national and local levels (building sector, nuclear industry, or in connection with social security bodies).

Improvement of occupational health and safety (research and training)

According to another official source², a research agency dealing with occupational health and safety (the French Agency on Health Safety of the Environment and at Work) was created in 2005. This public body is placed under the supervision of the ministers in charge of the environment, health and labour, and its role is notably to undertake studies for the purpose of drafting regulations and drawing up initiatives for the protection of workers' health at work. At the request of the authorities and several bodies representing civil society, as well as of its own initiative, this agency will undertake research on particular topics coming within its remit.

In addition, this official source also refers to the National Institute on Research and Safety which carries out studies and research on occupational health and safety, raises awareness and provides training in this field. It is managed by a joint executive board with representatives from both employers' and employees' organisations.

Consultation with employers' and employees' organisations

The Committee notes that most of the above-mentioned bodies provide opportunities for consultation with employers' and employees' organisations on public policies regarding health and safety at work.

Conclusion

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

¹<http://www.travailler-mieux.gouv.fr>, Ministry of Labour

²<http://www.travailler-mieux.gouv.fr>, Ministry of Labour

Article 3 - The right to safe and healthy working conditions

Paragraph 2 - Issue of safety and health regulations

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

Content of the regulations on safety and health at work

The Committee has already examined the general scope of the French regulations (Conclusions XIV-2) and considered they were in conformity with Article 3§2. As no changes are mentioned in the report concerning the framework legislation, the Committee considers that the situation in France continues to meet the general obligation under Article 3§2 of the Revised Charter.

Protection against dangerous agents and substances

The Committee notes that Directive 2006/15/EC³ establishing a second list of indicative occupational exposure limit values concerning chemicals was transposed into domestic law by Decree No. 2007-1539 of 26 October 2007 and a regulation of 26 October 2007. Other regulations were adopted during the reference period in respect of biological and fire hazards.

Protection of workers against asbestos

The report states that Directive 2003/18/EC⁴ of the European Parliament and the Council of 27 March 2003 was transposed into French law by Decree No. 2006-761 of 30 June 2006. This Decree modified prior regulations as follows: deletion of provisions dealing with the manufacturing and transforming of asbestos which have been prohibited since 1 January 1997 (Decree No. 96-1133 of 24 December 1996); extension of the requirement for companies involved in the removal and containment of non-friable asbestos considered as posing a particular risk to obtain a licence delivered by authorised bodies; training of workers involved in removing asbestos by authorised training bodies; as concerns activities likely to produce asbestos fibres, the requirement to plan a specific manner of operating and to submit it to the labour inspectorate. The Committee further notes that Article R. 1334-25 of the Code of Public Health provides that all owners of office buildings and work premises, including the State, are to provide assessment on asbestos by the end of 2005. The report shows that this procedure has been globally well observed by the different ministries. The Committee would like to know whether this has also been the case in the private sector.

Protection of workers against ionising radiation

The Committee noted in its last conclusion (Conclusions 2007) that Council Directive 96/29/Euratom⁵ has been transposed into French law by Ordinance No. 2001-270 of 28 March 2001 and three subsequent decrees. The report indicates that the reform of the framework designed for the protection of workers against ionising radiation led to the adoption of Decree No. 2007-1570 of 5 November 2007 which, inter alia, transposed Article 8 of Directive No.

2003/122/Euratom concerning the information given to workers and their training.

Protection of temporary workers

The Committee has previously considered that French regulations were in conformity with Article 3§2 of the Revised Charter as they took into account of and catered for the special features of temporary employment (Conclusions 2003 and 2007).

Personal scope of the regulations

As regards the concerns expressed by the Committee in its last conclusion (Conclusions 2007) regarding the inadequate protection of self-employed workers, the report states that this issue was discussed during the Conference on working conditions organised by the Government on 4 October 2008 and involving all social partners. Concrete action will be defined during follow-up meetings to the Conference. The Committee asks to be kept informed of any future developments.

The report recognises that general regulations pertaining to health and safety at work apply to self-employed workers only in certain specific cases, for instance in the building sector. All regulations applicable to this type of workers have been grouped together in one distinct chapter of the Labour Code in order to make them more accessible to those concerned. Despite this information, the Committee considers that the self-employed, with the notable exception of those in the building sector, are not sufficiently covered by occupational safety and health regulations. The Committee also asks information concerning domestic workers and the application of health and safety regulations to them.

Consultation with employers' and workers' organisations

A decree of 10 May 2007 established regional committees for the prevention of industrial hazards as a forum within which regional actors (authorities, social partners, prevention bodies) will coordinate their action and will devise policies complementing the national policy on prevention of industrial hazards.

The report does not provide any additional information on consultation of workers' and employers' organisation. The Committee however considered in its previous conclusions (Conclusions 2007) that the situation in France was in conformity with this provision of the Revised Charter.

Conclusion

The Committee concludes that the situation in France is not in conformity with Article 3§2 of the Revised Charter on the ground of the insufficient protection of self-employed workers.

¹ Official Journal No. L 38/36 of 09/02/2006.

² *Official Journal No. L 097 of 15/04/2003.*

³ *Official journal No. L 159 of 19/06/1996.*

Article 3 - The right to safe and healthy working conditions

Paragraph 3 - Provision for the enforcement of safety and health regulations by measures of supervision

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

Occupational accidents and diseases

The Committee notes from Eurostat data that the number of accidents at work (4 days absence or more) for all branches of activity was 533 634 in 2006, showing a marked decrease compared to previous years.⁶ As regards the standardised incidence rate of accidents per 100 000 workers, the rate for 2006 (4 022) was in decrease compared to previous years, and the lowest since 1995, but still higher than the average for the European Union (EU-15) (3 013 in 2006). The report indicates an increase in the number of accidents in the agricultural sector between 2005 and 2006 (respectively 64 035 and 67 272), but a lower number of fatal accidents in this sector in 2006 than in 2005 (respectively 52 and 76).

According to Eurostat data, the incidence rate of fatal accidents at work was 2.0 in 2005, its lowest level since 1995, (below the EU-27 average of 2.6) but rose to 3.4 in 2006 (with an EU-15 average at 2.5). The Committee asks for information to explain this sudden increase in the rate of fatal accidents in 2006.

The figures provided in the report show an increase in the number of occupational illnesses between 2004 (48 131 cases) and 2005 (52 979). The Committee takes note of the measures taken regarding musculoskeletal disorders, which have been described under Article 3§1, and asks information on what other specific measures have been taken to respond to this increase in occupational diseases.

In order to explain the high number of reported occupational accidents and incidence rate, the report first argues that the level of accidents with work absence is higher than the European Union average notably because, as established by a 1998 survey, under-reporting of such accidents is comparatively low in France. In this respect the report underlines that failure to report constitutes a criminal offence under the Social Security Code. The Committee asks whether there are any more recent surveys establishing the level of under-reporting in France. Secondly, the report states that figures of occupational accidents in the public service, where the proportion of accidents is lower, are not taken into account in the total number of accidents at work, with the result that the average proportion of accidents is higher than it would be if the public service (accidents and workforce) was taken into account.

According to the report, there is an ongoing reflection on how to improve the comprehensiveness of occupational accidents data and statistics, notably by including data concerning accidents in the public service. The Committee asks to be kept informed of these developments in the next report. Finally, in the

absence of information on the trends in the number of accidents in undertakings with fewer than 50 employees, the Committee reiterates its question on this point.

Activities of the labour inspectorate

The Committee examined the general organisation of inspection services in previous conclusions (Conclusions XIV-2, 2003 and 2007). It asks that the next report clearly states whether there have been any changes in the national inspection system during the reference period.

The report states that the Labour Inspectorate's action is twofold: (i) dealing with working conditions in general, with the possibility of investigating and impacting on how work is organised, on social dialogue and staff organisations with a view to, inter alia, combating risks linked to work planning and stress; (ii) articulating the different types of possible monitoring actions (monitoring resulting from priority action plans and campaigns, targeted monitoring, and punctual monitoring for example in case of an accident). Each regional branch defines the monitoring policy best suited to pursuing priorities set at national level, which in the last years have included the following: assist small and medium-sized businesses in their assessment of occupational risks; improve safety in high-risk companies (in particular in respect of applicable rules concerning carcinogens, mutagens, toxic substances, and asbestos); improve the situation of employees in a situation of job insecurity. The Labour Inspectorate counted 547 inspectors and 1107 monitoring officers in 2007. The Committee asks for the number of health and safety inspections carried out by the Labour Inspectorate and the proportion of employees covered by these inspections to be provided in the next report. It also requests similar information regarding inspections in the civil service, which are not covered by inspections of the Labour Inspectorate. The report indicates that the number of inspections in the agricultural sector was 24 342 in 2007, covering 245 252 workers (approximately 15% of the total workforce).

The report indicates that it is likely that, after a positive trial period in two *départements*, existing departmental branches of the Labour Inspectorate, answerable to the Ministry of Labour, and those dealing with agriculture, answerable to the Ministry of Agriculture, will be merged. According to another official source, inspection services dealing with transport, answerable to the Ministry in charge of transport, will also be merged with them as of 2010. The Committee asks to be kept informed of this evolution and its impact.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

¹The number of accidents years was: 2002:747 602; 2003:710 282; 2004:680 384 and 2005:685 856.

Article 3 - The 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.

In its previous Conclusions the Committee took note of the reform of the occupational health services in accordance with a Decree of 28 July 2004 transposing into French law European Directive 89/391/CEE which foresees a multidisciplinary approach to occupational health. The Committee concluded the French situation was in conformity with Article 3§4.

The report indicates that a first assessment of the Decree's application has revealed a number of difficulties in the implementation of the reform, essentially linked to the scope of regulatory obligations in comparison with occupational health resources available. This has led the authorities to launch a wide consultation with different social partners. The Government sought the opinion of the Economic and Social Committee (a public advisory body) on the matter. In an opinion dated 27 February 2008, this Committee suggests: incorporating occupational health within public health, while retaining its specific element; creating a 'real shared culture of risk prevention'; upholding the central role of occupational health officers; consolidating its multidisciplinary approach; putting the concept of fitness back into the rationale of risk prevention and maintaining people in employment; covering the whole of the economically active population. The Economic and Social Committee proposed the following steps to reach these aims: achieving a balance between an individual and a collective approach in the workplace; giving occupational health officers greater scope for adapting their action to the specific needs of each situation, notably using one third of their time for activities taking place in the workplace, and carrying out frequent check-ups; maintaining the current level of funding, which is based on employer contributions, but changing the criteria for calculating the amount of contributions; within the workplace, by consolidating the multidisciplinary approach and increasing the involvement of social partners thanks to the workplace health and safety committee **Error! Hyperlink reference not valid.** (Comité d'hygiène, de sécurité et des conditions de travail); recruiting new occupational health personnel and retaining existing officers by making their job more attractive.⁷ The ongoing consultation will result in the drafting of a new text in 2009. According to the report, priority will be given to collective preventive action on all aspects of occupation health as well as maintaining the individual monitoring of workers, adapting it to their state of health and their exposure to occupational hazards. The Committee asks that the next report describes the changes introduced by the future text and how the proposal made by the Economic and Social Committee's suggestions have been taken into account.

The report shows that during the reference period the number of workers followed by the occupational health services increased slightly as compared to the previous reference period. It amounted to 15.5 million in 2007, the total number of employees being 22 million the same year.⁸ As regards occupational

doctors, the Committee notes the concern expressed in the report regarding the ageing of this profession (doctors above 60 years of age represent 17.5% of the profession, those above 55 amount to 51%, and those above 50 reach 75%). The Committee asks that the next report specifies what concrete steps have been taken to solve this problem.

Conclusion

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

¹*Eurofound, <http://www.eurofound.europa.eu/eiro/2008/05/articles/fr0805029i.htm>*

²*National Institute for Statistics and Economic Studies.*

Article 11 - The 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.

State of health of the population – General indicators

The Public Health Act of 9 August 2004 sets out the responsibilities of the state, which is required to set long-term goals for improvements to public health and establish strategic guidelines in areas deemed to be a priority. The Committee notes the adoption of Act No. 2009-879 of 21 July 2009 reforming hospitals and relating to patients, health and territorial organisation. It asks for the next report to describe the main changes that this act makes to the health care system and health policy in France.

Life expectancy and principal causes of death

Average life expectancy at birth in 2006 was 77.3 for men and 84.4 for women⁹ (the EU 27 average in 2004 was 75.2 for men and 81.5 for women¹⁰). The mortality rate in 2006 was 5.38 per 1 000 inhabitants¹¹ (the EU 27 average was 6.48 per 1 000 inhabitants in 2006¹²). According to the report, for the third year running, the total number of deaths decreased and the mortality rate was lower than what could be expected in view of the ageing of the population and the growth of this trend in recent decades. The main causes of death in 2004 were tumours and diseases of the circulatory system (nearly 30% each), violent deaths (accidents, suicides and other external causes, accounting for one death in fourteen) and diseases of the respiratory system other than tumours (one death in seventeen). The Committee asks what measures are taken to combat these causes of mortality.

Infant and maternal mortality

The infant mortality rate in 2006 was 3.8 per 1 000 live births¹³, meaning that the steady downward trend had continued (the EU 27 average was 4.7 per 1 000 in 2006¹⁴).

The Committee notes that the maternal mortality rate was 8 per 100 000 births in 2005, which is an equivalent rate to that of other European countries¹⁵. The report points out that the increase in the average age of mothers giving birth is a factor that needs to be taken into account when assessing this figure. The report acknowledges nonetheless that about 50% of deaths are considered avoidable and could have been prevented in particular by dealing properly with postpartum haemorrhage. The goal that was set in connection with the Public Health Act was to bring the rate down

to 5 deaths per 100 000 births by 2008. The Committee notes that the Government took measures in order to reduce the maternal mortality rate. It asks whether the aim of 5 deaths per 100 000 births by 2008 has been achieved and what measures have been taken to reduce the rate still further. It also asks what the main causes of maternal mortality are.

The Committee asks for detailed information and figures in the next report, broken down according to type of area (urban or rural) and region.

Health care system

Access to health care

The Committee asks whether access to health care is guaranteed equally to French citizens and to foreign nationals residing or working lawfully in France.

Universal sickness cover (CMU), which has been applied since 2000, means that anyone residing in France who is not already covered by another compulsory health insurance scheme is entitled to care and reimbursement of care, services and medicines. State Medical Assistance (AME), which was also set up in 2000, is a health cover system whereby the costs of health care, medical consultations in hospital or with general practitioners, prescriptions and hospital charges are covered by the state without the beneficiary having to advance any money. The system makes it possible to cover the health care costs of illegal immigrants. The Committee asks for the next report to review the functioning of the CMU and the AME and, more generally, to provide up-to-date information and figures on the precise legal framework and practical situation as regards access to health care for disadvantaged persons.

The Committee refers to Recommendation Rec(2001)12 of the Committee of Ministers to the member states on “the adaptation of health services to the demand for health care and health care services of people in marginal situations”. In this connection, it asks what action has been taken on the advice of the national consultative committee on human rights in its study of 19 January 2006 on access to health care for prisoners.

Right of access to health care also means that arrangements for such access must not lead to unnecessary delays in its provision. The management of such matters is considered in the light of Committee of Ministers Recommendation (99)21 “on criteria for the management of waiting lists and waiting times in health care” (Conclusions 2007, Albania). The report highlights the problem of overcrowding on emergency wards and treatment delays in radiotherapy services. It describes the measures taken in some services. The Committee asks whether such measures have also been taken in other services and what the overall effect has been. The Committee also asks for the next report to provide more general

information on measures taken with regard to the management of waiting lists and waiting times.

The state health care budget was 11.1% of GDP in 2006¹⁶, which is the highest figure in Europe.

Health care professionals and facilities

There were 7.08 hospital beds per 1 000 inhabitants in 2007¹⁷ (the EU 27 average in 2005 was 5.9 beds per 1 000 inhabitants¹⁸).

There were 0.91 psychiatric hospital beds per 1 000 inhabitants in 2007¹⁹ (the EU 27 average in 2005 was 0.6 beds per 1 000 inhabitants²⁰). To put this decrease, noted by the Committee in its previous conclusions (Conclusions 2003 and 2005), into perspective, the report points out that partial hospitalisation arrangements are on the increase, particularly following the Order of 4 September 2003 on administrative simplification, which has facilitated home and part-time hospitalisation.

In 2006 there were 207 277 physicians, or 34 for every 10 000 inhabitants²¹, which is a generally similar figure to other European countries.

In 2007, there were 41 374 dentists (or 7 per 10 000 inhabitants) and 69 431 pharmacists (or 11 per 10 000 inhabitants)²², together with 486 006 nurses and midwives (80 per 10 000 inhabitants)²³, all of which are similar figures to other European countries.

In its surveys of medical demographics, the National Council of the *Ordre des médecins*²⁴ draws particular attention to the problems of “medical desertification”, especially the fact that the gap is growing between regions. The Committee asks for the next report to describe any measures taken to rectify this imbalance.

Conclusion

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

¹ Eurostat

² Ibid

³ Ibid

⁴ Ibid

⁵ Ibid

⁶ Ibid

⁷ WHO

⁸ Ibid

⁹ Eurostat

¹⁰ Ibid

¹¹ Ibid

¹² Ibid

¹³ WHO

¹⁴ *Ibid*¹⁵ *Ibid*¹⁶ <http://www.conseil-national.medecin.fr/>**Article 11 - The 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.

*Encouraging individual responsibility**Public information and awareness-raising*

The Committee asks for the next report to describe the national legislation on public information, education and participation in the health field.

In reply to the request by the Committee for updated information on public information and awareness-raising, the report mentions the national nutrition and health programme for 2006-2010. This programme sets goals for healthy eating and physical activity based on a series of nutritional guidelines forming France's official reference framework. These guidelines were disseminated by means of a handbook distributed to the public (over 5 million copies) and large-scale communication campaigns. The nutritional goals include recommendations to increase one's daily intake of fruit, vegetables and calcium, to redress the nutritional balance between carbohydrates and lipids, to reduce alcohol consumption, to reduce average cholesterol levels and systolic arterial pressure, to reduce the prevalence of overweight and obesity among adults and to halt its advance among children and to increase the population's daily physical activity.

A national oral hygiene campaign focusing on the prevention of tooth decay was also set up for the period from 2006 to 2009. In this connection, a dental checkup for children between the ages of 6 and 12 was introduced. The costs are covered fully by the state together with any subsequent treatment within six months of the checkup.

The Committee asks if there are specific public information campaigns on illegal drugs, sexuality and the environment.

Health education in schools

In reply to the request by the Committee, the reports mentions that health education is centred on the following four main goals from nursery to upper secondary school: measures to combat smoking and addictive behaviour (all pupils at all levels are given instruction in the prevention of addictive practices, focusing on tobacco, alcohol, cannabis and other legal and illegal substances); first aid training; nutritional education (establishment of a nutrition and food policy for schools to tackle the public health problems of

overweight and obesity); sex education (sessions from primary through to upper-secondary level). Each school has its own committee on citizenship and health education, bringing together the entire school community and its local partners (local authorities, police and judicial bodies and associations). This committee devises, implements and assesses a programme of prevention and education in citizenship and health.

Counselling and screening

Population at large

Preventive screening must play an effective role in improving the population's state of health. Therefore, in fields where it has proved to be an effective means of prevention, screening must be used to the full (Conclusions XV-2, Belgium). In particular, there should be screening, preferably systematic, for the diseases which constitute the principal causes of death (Conclusions 2005, Moldova).

The report describes the measures taken in the context of the 2005-2008 national programme to combat HIV/AIDS and sexually transmitted diseases. The programme is centred on five main activities, namely monitoring, prevention, screening, treatment and support. The free public screening system for these diseases has been modernised by centralising and bringing together information, screening and diagnosis centres for sexually transmitted diseases with the facilities provided for HIV screening. A strategy for the biological diagnosis of HIV has also been devised. The Committee asks for the next report to describe the impact of this national programme on patients and on the spread of HIV/AIDS and sexually transmitted diseases.

The Committee asks for detailed information in the next report on the consultations and screening carried out for the diseases which are the main causes of mortality, and on how regular and accessible they are.

Pregnant women, children and adolescents

Free medical checks must be provided throughout schooling. In assessing compliance, the Committee takes account of the frequency of school medical examinations, their objectives, the proportion of pupils concerned and the level of staffing (Conclusions XV-2, France).

In reply to the Committee with regards to medical staff in school health services, the reports underlines that 900 posts of school nurse had been created since 2006 and that it was planned to set up another 600 by 2010. By then, each school will have a referral nurse.

In order to have a comprehensive and up-to-date view of the situation, the Committee asks for a description in the next report of the medical checks organised throughout schooling, stating in particular whether these checks

are free, how frequent they are, what proportion of pupils are concerned and what the relevant staffing levels are.

It also asks for the next report to describe the counselling and screening available for pregnant women.

Conclusion

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

Article 11 - The right to protection of health

Paragraph 3 - Prevention of diseases

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

Policies on the prevention of avoidable risks-Reduction of environmental risks

As regards air and soil pollution, ionising radiation, asbestos, food safety and noise the committee considers in light of its previous conclusions (Conclusions 2003, 2005) and the information contained in the current report that the situation is still in conformity with the Revised Charter. The report refers to a the National Plan for a healthy Environment 2004-2008 which seeks to improve the quality of the air and water, prevent environmentally related illnesses including cancers and better inform the public about the link between the environment and health. The Committee asks if relevant to receive information on any results of the Plan.

Food safety

The Committee previously found the situation to be in conformity with the Revised Charter (Conclusions 2005). No new information is provided in the report.

Measures to combat smoking, alcoholism and drug addiction

Smoking, alcohol and drug abuse, the Committee notes the information in the report on the Government programmes to reduce smoking, alcohol and drug abuse, 2004-2008 and the programme to reduce addiction 2007-2011. In particular it notes that they aim to reduce alcohol consumption by 20% per person and reduce the incidence of smoking amongst men from 33% to 25% and amongst women from 26% to 20%. The Committee asks to be kept informed of all the trends in alcohol and drug abuse as well as smoking. It asks to be informed of any legislation changes on the sale of alcohol and tobacco.

Prophylactic measures-Epidemiological monitoring

The Committee previously found the situation to be in conformity with the Revised Charter (Conclusions 2005). No new information is provided in the report.

Accidents

A plan to prevent accidents in the course of everyday life is currently being elaborated and will inter alia seek to encourage the installation of smoke detectors, improve buildings resistance to fire, introduce compulsory swimming lessons for children at school, provide better information to the public about the risk of drowning, and more generally inform the public about the risks of accidents and accident prevention.

The Committee asks to receive information on trends in domestic accidents and any other measures taken to reduce the major causes of accidents.

Immunisation

The immunisation timetable has been updated, and a plan to eliminate measles and congenital rubella was put in place.

The cost of the vaccine against measles is reimbursed 100% for children under 13 years of age. The vaccinate rate against measles in 2005 was 85% for children at 24 months; this is however insufficient for elimination of the virus therefore a strategy has been adopted to increase this.

Conclusion

The Committee concludes that the situation in France is in conformity with Article 11§3 of the Revised Charter.

Article 12 - The 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.

Risks covered, financing of benefits and personal coverage

The Committee refers to its previous conclusions (Conclusion 2006 and 2004) 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 (employers, employees) and by the State budget.

To assess whether a significant proportion of the total and/or active population in France is guaranteed an effective right to social security with respect to the benefits provided under each branch, the Committee asked for figures in percentage indicating the personal coverage of each branch of social security.

In reply, the report refers to detailed data published on the webpage of the Commission of social security accountancy ("*Commission sur les comptes de la sécurité sociale*"). From this, as well as from the Mutual Information System on Social Protection, it results that:

- All the active population or persons with a permanent regular residence in France are covered for health care and are entitled to family benefits as well as to maternity/paternity benefits;
- All the active population except for certain self-employed is eligible for sickness cash benefits and employment injuries and occupational diseases allowances;
- All the active population is eligible for invalidity, survivors and old age pensions;
- All persons with a salaried activity are eligible for unemployment benefits

On the basis of the above, the Committee observes that the personal coverage of the social security system is satisfactory and requests that the next report provide the relevant up-to-date figures.

Adequacy of benefits

The Committee recalls that in 2006, it requested the next report to provide information on the minimum level of social security benefits to enable it to assess the adequacy of benefits under all branches of social security. In reply the report

refers to the information contained in the 19th report submitted by it with regard to the application of the European Code of Social Security and the 10th report on the non accepted provisions of the Code. In such reports the amount of benefits for standard beneficiaries is provided, not the minimum levels. The Committee has therefore taken note of the latter from the Mutual Information System on Social Protection²⁵ (MISSOC) where it is indicated that in 2007:

- the minimum invalidity pension was € 255,30 and the minimum means tested invalidity pension was € 366 per month;
- the minimum survivor's pension was a proportion (54%) of the deceased person's old age pension. If the deceased was beneficiary of the minimum old age pension, survivor's pension would have been approximately € 308.

The Committee observes that the above mentioned minimum levels stand below 40% of the median equivalised income and as calculated on the basis of the Eurostat at-risk-of-poverty threshold value which was estimated at € 552 in 2007 in France. The Committee recalls that it considers that when the amount of a benefit is below such poverty threshold, its aggregation with means-tested kinds of benefits, including social assistance, does not bring the situation into conformity with Article 12§1 (Conclusions 2006, Estonia). The amount of the benefits are manifestly inadequate and thus not in conformity with Article 12§1 of the Revised Charter.

The Committee also notes from the above mentioned source (MISSOC), that in 2007 the minimum old age pension was € 608,47 per month and the maximum level of the means tested solidarity allowance for old people ("*allocation de solidarité aux personnes âgées*") was € 621 per month . Since such levels stand between 40% and 50% of the median equivalised income as calculated on the basis of the Eurostat at-risk-of-poverty threshold value, which were respectively estimated at € 552 and € 690 in France in 2007, the Committee asks the Government to clarify which other benefits may be taken into consideration to top up the minimum old age pension. Meanwhile, it reserves its position on its adequacy.

As regards the minimum unemployment benefit, the Committee notes that this amounted to € 637,75 per month (€ 25,51 per day). Since this level stands between 40% and 50% of the median equivalised income as defined above, the Committee asks the Government to clarify which other benefits may be taken into consideration to top up the minimum unemployment benefit. The Committee refers to its conclusion under Article 13§1 as to the adequacy of the means tested specific solidarity allowance which may be granted to the unemployed. The Committee does not understand clearly when a means tested allowance replaces a contributory one. It also asks what resources are taken into consideration to assess the right to a minimum benefit. Meanwhile, it reserves its position on the adequacy of the minimum amount of this benefit.

Moreover, as to unemployment benefits, the Committee requests the Government to specify how often decisions to withdraw the payment of unemployment benefits are taken on the ground that an offer of employment compatible with a person's qualifications has been refused without a legitimate reason. The next report should contain information on any relevant case law in this regard. Pending receipt of these clarifications, the Committee reserves its position as to the actual guarantee of the unemployment risk for which every worker has contributed during his working activity.

Conclusion

The Committee concludes that the situation in France is not in conformity with Article 12§1 of the Revised Charter on the ground that the minimum invalidity and survivor's pensions are manifestly inadequate.

¹MISOC, *Comparative tables for 2007*.

Article 12 - The right to social security

Paragraph 2 - Maintenance of a social security system at a satisfactory level at least equal to that required for ratification of the International Labour Convention No. 102

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 of the Code.

The Committee notes from Resolution CM/ResCSS(2008)6 on the application of the European Code of Social Security by France (period from 1 July 2006 to 30 June 2007) of the Council of Ministers that the law and practice in France continue to give full effect to the parts of the Code which have been accepted.

Conclusion

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

Article 12 - The 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.

The Committee notes that during the reference period changes were introduced with regard to maternity and family benefits. Since France has ratified Articles 8 and 16 of the Revised Charter, the Committee will assess the scope and impact of such changes when it will next examine compliance with these articles. Meanwhile it notes in particular that:

- The duration of maternity leave was extended in the event of highly premature birth (Law N° 102/2005 of 11 February 2005 on equal rights and opportunities, participation and citizenship of persons with disabilities).
- There were changes in benefits for children in 2005 relating to infant accommodation benefit (*prestation d'accueil du jeune enfant* -- PAJE), parental attendance allowance (*allocation de présence parentale*) and disabled children's benefit (*aide aux enfants handicapés*).
- Since April 2007, employees who wish to stop working in order to take care of an aged relative who is seriously handicapped or dependent (leave for family support) are authorised to do so. An employer cannot refuse to allow leave of absence for family support, provided the employee fulfills certain conditions. Employees receive neither remuneration nor compensation during their absence. However, the period of absence is taken into account when calculating seniority rights. In addition, they retain their sickness insurance cover and continue to acquire pension rights under the old-age insurance of the relative at home, provided their income or those of the household remain within the ceiling for family allowances.

As to medical care, the Committee takes note from Committee of Ministers Resolution CM/ResCSS(2008)6 on the application of the European Code of Social Security by France that a growing share of sickness insurance costs continues to be shifted to patients. The Committee asks the next report to indicate what measures have been taken to ensure that high quality services are actually available to all.

The Committee also notes that the Federation of the associations of surviving partners ("*Fédération des associations de conjoints survivants*" - Favec) has criticised the decision to reduce from 4 to 1 year the timeframe during which a survivor is entitled to benefits in kind. It asks the next report to provide clarifications in this regard.

As to other legislative changes during the reference period, the Committee notes from the report that:

- The Social Security Financing Act for 2007 raised the upper limit of income for entitlement to assistance for the purchase of supplementary health insurance from 15 to 20% above the income ceiling for access to supplementary CMU (universal health care). There are also tax and social incentives for private insurers to offer supplementary contracts that show "responsibility" and "solidarity";
- The same law also facilitated the possibility of continuing an economic activity at the age of retirement.
- An allowance for professional transition is provided by the Law on return to work and rights and obligations of beneficiaries of minimum social

benefits (N° 2006-339). This new allowance is provided for employees fired for economic reasons. The report informs that it is being tested in seven geographical areas and that its effectiveness will be assessed in 2008. The Committee expects the next report to contain information on the impact of this experimental allowance.

The Committee also notes from the report that various measures were adopted during the reference period to improve the social protection of agricultural workers.

Moreover, the Committee notes from the report that a National Committee for the Fight against Social Security Fraud (*“Comité national de lutte contre la fraude à la protection sociale”*) was set up within the Ministry responsible for Social Security in October 2006. The aim of this Committee is to ensure the coordination of policies and activities fighting fraud in the field of social security.

Taking into account the above developments, the Committee considers that France has endeavored to raise progressively the social security system to a higher level.

Conclusion

Pending receipt of the requested information, the Committee concludes that the situation in France is in conformity with Article 12§3 of the Revised Charter.

Article 12 - The 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 4a.).

Right to equal treatment

The Committee recalls that relations with the other Member States of the enlarged European Union in matters of social security are governed by Regulation (EEC) 1408/71 and Regulation (EEC) 574/72. Council Regulation (EC) 859/2003 extends Regulation 1408/71 third country nationals and their family to members, provided that they are legally resident in a Member State and in situations not confined in all respects within a single Member State (Article 1). These regulations are also applicable to nationals of states belonging to the European Economic Area (EEA), viz. Norway, Iceland and Liechtenstein. The European Union (EU) states are required to secure, at least to the nationals of other States Parties not members of the EU, equal treatment with respect to social security rights where legally resident in their territory (Conclusions XVIII-1). The Committee again requests that the next report supply information on

the extension in practice of the principle equal treatment to nationals of third countries.

The Committee observes that Article L512-1 of the French Code of Social Security prescribes payment of family allowances subject to the condition that the beneficiary's children reside in France. The Committee has previously considered that, from the standpoint of Article 12§4, any child residing in a State Party is entitled to family benefits on the same footing as citizens of the country concerned. Whoever the beneficiary may be in the eyes of the social security system, whether the worker or the child, States Parties are therefore bound to guarantee through unilateral measures the effective payment of family allowances to all children residing in their territory. In other words, the fact of requiring that the eligible child should reside in the territory of the state in question is in accordance with Article 12§4 and the Appendix thereto. However, as not all countries apply an arrangement of this kind, states that impose a "child's residence requirement" are under the obligation, in order to guarantee equal treatment within the meaning of Article 12§4, to conclude within a reasonable time bilateral or multilateral agreements with those states which apply a different principle of entitlement to these allowances. The Committee enquired whether such agreements existed with the following countries: Albania, Armenia and Georgia, or were contemplated, and how soon. According to the report, the French authorities consider that they cannot be required to secure equal treatment on the territory another state by way of the obligation to conclude an agreement with that state. Having regard to the obligation, outlined above, to conclude bilateral or multilateral agreements in order to guarantee equal treatment, the Committee asks that the next report provide information as to which agreements are contemplated with Albania, Armenia and Georgia, and the time span for their negotiation. It also asks whether the conclusion of such agreements is foreseen with States which have ratified the Charter outside the reference period, i.e. Serbia and the Russian Federation.

The Committee had previously noted that a bilateral agreement between France and Turkey provides for payment of family allowances to Turkish workers in France, but the age limit applied is different depending on whether the children reside in France or in Turkey (up to 18 years of age for children residing in Turkey, if they continue their studies and up to 20 years of age for children residing in France).

In a similar case of a bilateral agreement between Germany and Turkey, which provides for payment of family allowances to Turkish workers in Germany whose children reside in Turkey at a lower rate than that applied when children reside in Germany, the Committee has held that it is not contrary to Article 12§4 for family allowances to be paid at a reduced rate when the children are not resident in the territory of the country responsible for payment, provided the reduction is proportional to the differences in the

cost of living between the countries (Conclusions XV-1 and Conclusions XIII-4).

In the present case, the Committee considers that the difference in the age limit of payment of family allowances where the children are not resident in the territory of the country responsible for payment, is not contrary to Article 12§4, in so far as the age limit difference corresponds to differences in the age below which a child is deemed to have dependent status and in the duration of educational attainment in respective countries.

For States Parties not bound by a bilateral agreement, French legislation prescribes strict equality of treatment. The report states that strict equality of treatment is construed as meaning that there is a single legislation applicable both to nationals and to aliens. There is no special measure affecting the latter.

The report confirms that, for nationals of States Parties not members of the EU and not parties to the EEA, no condition as to period of residence governs the award of social security benefits, inclusive of retirement, survivors' and old-age reversionary pensions.

Right to retain accrued benefits

All the bilateral agreements concluded by France provide for exportability of welfare benefits.

With regard to nationals of States Parties not bound by bilateral agreements, the report points out that rights acquired in respect of old age (pensions and survivors) are retained regardless of the beneficiary's nationality or place of residence. In the field of accidents, occupational diseases and invalidity, the principle of retention lacks relevance, since the award of the benefit or pension depends whether there is an affiliation at the time when the occupational diseases and invalidity are ascertained or when the work accident occurs. It does not depend on the period of affiliation, and consequently not on an accrual of rights. In that respect, nationals and aliens are treated alike.

According to the report, pension exportability is limited, in the contingency of invalidity, by the condition that it must be possible to verify the beneficiary's continuing state of invalidity in his country of residence. The Committee considers this situation to be in conformity with the Revised Charter on this point. In point of work accidents and occupational diseases, however, pension exportability is contingent on the existence of a bilateral agreement concluded between France and the state of residence of the person concerned, or on that state's ratification of ILO Convention No. 19. The Committee enquires whether exportability of pensions awarded for work accidents and occupational diseases is assured for nationals of States Parties not bound by a bilateral agreement with France or not having

ratified ILO Convention No. 19, namely nationals of Albania, Armenia, Azerbaijan, Georgia, Moldova and Ukraine.

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

All the bilateral agreements concluded by France provide for accumulation of insurance or employment periods. However, nationals of states not bound by Community regulations or bilateral agreements still may not accumulate insurance or employment periods. The Committee therefore considers the situation in this respect not to be in conformity with the Revised Charter.

Conclusion

The Committee concludes that the situation of France is not in conformity with Article 12§4 of the Revised Charter on the ground that nationals of States Parties not covered by Community regulations or not bound by an agreement concluded with France have no possibility of accumulating insurance or employment periods completed in other countries.

Article 13 - The 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 takes note of the reforms implemented during the reference period with a view to improving the allocation of social assistance and access to employment for the disabled. The Committee notes in particular the Law of 23 March 2006 which now allows the beneficiaries of the minimum income (RMI), of API (single parent benefit) and the solidarity benefit (*Allocation de Solidarité Spécifique (ASS)*) to combine income received from gainful activity with social assistance benefit. More specifically, under this law the persons concerned are able to receive their social assistance benefit and a salary during the first three months of professional activity. From the fourth to the twelfth month of activity in the labour market, a flat-rate grant of € 150 is paid to a single person. A back-to-work grant of € 1000 is awarded to persons undergoing training or practising a minimal professional activity (at least 78 hours per month) to compensate for the cost of going back to work. Finally, during 2007 a profound reform of the minimum social income has been announced, within the framework of the objectives established for the fight against poverty. This reform aims at changing the system of social assistance so that the return to work is more appealing financially than staying on assistance and the work provides enough guarantees for everyone to overcome poverty. The Committee wishes to be informed about these developments.

Regarding medical assistance, the Committee notes that in 2007 under the universal sickness cover (CMU) all persons whose income was below € 606 were entitled to the proportion of the treatment not covered by the social security system, free of charge and on a third-party-paying basis, i.e. the *ticket modérateur* (patient charges), hospital fees and, within specified limits, expenses in excess of social security rates.

The situation in France has been considered not to be in conformity with Article 13§1 since 2000 on the ground that the minimum age for entitlement to the RMI is 25 years, except for young people under 25 who have a dependent family. The Committee has always held that in the absence of subsistence aid, the existence of other forms of supplementary or conditional assistance for young people would be insufficient to comply with the Charter. In this regard the Committee takes note of the information provided by the French delegate at the Government Committee meeting (T-SG (2007) 11, § 346). In particular, it notes the general support measures for young people between 18 and 25 with a total cost of € 31, 57 billion in 2002. Various measures have also been taken for vocational integration, such as promotion of apprenticeship. In addition, the Committee

notes the arguments presented in the report concerning the reasons behind the decision not to grant the RMI benefit to young persons (except for those with a dependent family). Namely, according to the report, where young persons live with the family, their needs are taken into account when calculating the social assistance for that family. Regarding those who do not live with their families, the Committee takes note of the Government's argument that encouraging family solidarity is an important element to fighting against poverty. Providing lower levels of social assistance for those not living with families provides incentive for families who can assist to do so. In this connection, the Committee recalls that within the meaning of Article 13§1 of the Charter the right to assistance presupposes that the person is unable to obtain resources 'either by his own efforts or from other sources'. However, family solidarity cannot be regarded as a sufficiently determinate 'other source' of income for a person without resources, where it takes the form of 'a moral value not legally defined'. Family solidarity in such circumstances does not provide persons in need with a clear and precise basis of social support and in addition many families may not be in a position to supply the necessary minimum level of assistance. Therefore, the Committee reiterates its previous conclusion of non-conformity on this ground.

Level of assistance

To assess the situation during the reference period, the Committee takes account of the following information:

- basic benefit: according to MISSOC the RMI benefit for a single person amounted to € 440,86 and to € 661,29 for a household in 2007.
- housing benefits: the Committee notes from MISSOC that all RMI recipients are entitled to social housing allowance (*allocation logement social*). As regards the average amount of housing benefit, the Committee refers to its previous conclusion (Conclusions XVIII-1) where it noted that the monthly maximum amount varied between € 130 and €160 and the personalised housing allowances were up to € 190 per month. The Committee requests that the next report provide the average amount of housing benefit paid during the reference period.
- medical assistance: health costs are met by the universal sickness cover scheme.
- poverty threshold, defined as 50% of median equivalised income and as calculated on the basis of the Eurostat at-risk-of-poverty threshold value: estimated at € 690 per month in 2007.

Pending receipt of the information regarding the average amount of housing benefit, the Committee considers that the level of social assistance for those over 25 years of age is adequate on the basis that the minimum level of assistance that may be obtained is compatible with the poverty threshold.

Right of appeal and legal aid

In its previous conclusion (Conclusions XVIII-1) the Committee noted that the situation in France was not in conformity with Article 13§1 on the ground that it had not been established whether the right of appeal in social assistance matters was effective. The Committee's questions regarding the right of appeal mostly concerned the information it had obtained from several reports, including the one drawn up by the General Inspectorate for Social Affairs, according to which the review bodies (*département* commissions) operate under the conditions of excessive workload, lack of resources and questionable impartiality. The Committee notes that the report does not provide any information in this regard. However, it notes from the report of the Governmental Committee to the Committee of Ministers (T-SG (2007) 11, § 354) that tribunals are made up of social assistance commissions in each *département*, whose decisions are open to appeal to the national social assistance commission. The *Conseil d'Etat* is the supreme judicial authority in this system, being responsible for hearing appeals on points of law against decisions by the appeal body. According to the same report, the authorities have shown a concern to improve procedures before these specialised tribunals, which has grown since the report adopted by the General Assembly of the Court of Cassation on 4 December 2003 (on the future of specialised tribunals for social affairs). The statutes and regulations on social assistance tribunals are moreover currently being brought up to date. The changes are intended to offer litigants more procedural safeguards.

However, given that the report does not provide any information regarding the outcomes of these reforms, the Committee maintains its previous conclusion of non-conformity and requests that the next report provide information that would establish that the right of appeal is effective.

Personal scope

In its previous conclusion the Committee held that the situation was not in conformity with the Charter because entitlement to the RMI for non-EU nationals was subject to their holding a residence permit and therefore to being resident in French territory for five years. In this regard the Committee notes from the report that by the law of 18 December 2003 on decentralisation of the RMI, the residence condition is no longer required for EU nationals to be eligible for the RMI. However, as regards non-EU nationals, the length of residence condition for entitlement to the RMI is still imposed if they are in a possession of temporary residence permit. To be entitled to the RMI the holders of temporary residence permit must prove that they have lived in France for 5 years.

The Committee notes that the situation regarding non-EU nationals as regards their access to the RMI has not changed. Therefore it reiterates its previous conclusion of non-conformity on this ground.

Conclusion

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

- young persons aged under 25 are not entitled to the adequate social assistance;
- non-EU nationals with temporary residence permit are only entitled to the RMI benefit after having resided in France for 5 years;
- it has not been established that the right of appeal for decisions concerning social assistance is effective.

Article 13 - The 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.

It notes there have been no changes in the situation that it has previously considered to be compatible with the Revised Charter (Conclusions 2006, France).

Conclusion

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

Article 13 - The 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 XVIII-1) has not changed. It asks whether services and institutions concerned with implementation of this provision are provided with sufficient means to give appropriate assistance as necessary.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in France is in conformity with Article 13§3 of the Revised Charter.

Article 13 - The 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.

In its previous conclusion (Conclusions XVIII-1) the Committee took note of the restrictions on receiving state medical assistance (AME) which were imposed in 2005 (Decrees No 2005-859 and No 2005-860 of 28 July 2005). In particular, these amendments required applicants to produce a sworn statement to prove that they had been in residence in France for at least three months: passing the means-test required for eligibility to the AME no longer sufficed. In addition, documentary proof had to be produced which was, according to first-hand accounts gathered by the GISTI (the Information and Support Group for Immigrants) and MDM (*Médecins du Monde*), difficult if not impossible to obtain. The situation complicated and caused delays in treatment.

In this connection the Committee notes from the report that € 606 in 2007 was the income threshold below which a foreigner could claim AME. The above mentioned decrees modified the rules for claiming this benefit, by establishing a list of documents to be provided in order to provide proof of identity, residence in France and sufficiency of resources. According to the report, these amendments widened the range of documents that can be presented to prove that the applicant has been in residence in France for at least three months (which may include a period of unlawful residence): documents that may be presented now include a proof of residence or shelter, school attendance certificate, allowances received from local authorities, hospitalisation certificate etc. According to the report of the General Inspectorate of Social Affairs (IGAS), residence is established in 48% of cases by a passport with visa, in 28% of cases by a passport without visa and in 15% of cases by an expired residence permit. As regards the requirement to prove the lack of resources, the above mentioned decrees now require the applicant to make a declaration of his/her resources, instead of making a sworn statement on the absence of resources (Section 4.3.g of the Decree 2005-860), which must include the resources he/she receives from abroad, if any. According to the report, a documentary proof of resources is never requested. Where the applicant states that he/she is not in a position to provide the state of his/her resources, then the details of his/her expenditure are taken into account, such as the cost of the rent, family obligations in the country of origin etc.

As a result, the Committee notes that the decrees of 2005 appear to have put in place enhanced controls on access to benefits. However, these controls are justified in the report as necessary to ensure stable and renewable health coverage for unlawfully present persons, on the basis that if access to free care were granted to all foreigners present in France without control of identity, residence and resources, this would amount to a situation which would prejudice the entire system of social assistance itself.

Foreigners present in France either legally or unlawfully who do not satisfy the three-month residence condition and are thus not entitled to the AME, are entitled to emergency healthcare, that is to say medical treatment without which their lives would be in danger, or else a serious, lasting deterioration of their state of health would ensue. This care is paid from the general contributions of the state to the health insurance bodies. The Committee asks whether there is a

financial limit on the amount of emergency care which can be given to persons who do not qualify for AME in such circumstances.

The Committee considers that since all foreigners, whether lawfully or unlawfully present in France are entitled to emergency medical assistance, France satisfies the requirements of this provision.

From the supplementary information provided by the Government regarding emergency social assistance to unlawfully present foreigners, the Committee notes that emergency social assistance to homeless persons is unconditional: unlawfully present foreigners can benefit from services, shelter and subsistence aid. According to Article L354-2-2 of the Social Action and Families Code, all persons without shelter in a situation of medical and social distress have access to emergency shelter, in full respect of human dignity.

The Committee thus notes that the French law provides for the legally recognised right to the satisfaction of basic human material need (food, clothing, shelter) for all persons in situations of emergency. It asks for further detail on the nature and extent of aid which can be provided in such situations.

Conclusion

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

Article 14 - The right to benefit from social welfare services

Paragraph 1 - Provision or promotion of social welfare services

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

Organisation of the social services

The 2002 reform of the organisation and functioning of social services (Act No. 2002-2 of 2 January 2002) significantly changed the rules governing the organisation and operation of social and medical-social establishments and services for children, families in difficulty, people with disabilities, elderly persons and people suffering from social exclusion. The Committee asks the next report to detail its main issues.

The reform was also designed to meet individual users' needs more effectively, to better define their role and their family's ones, and to help defend their rights. In particular, there is an obligation for each establishment and service concerned to prepare a booklet in which to record details of the user, a charter of users' rights and freedoms, a contract concerning the user's stay and treatment, an establishment's or service's project as well as to establish an Ombudsman within the establishment.

Effective and equal access

The Committee understands that fees payable to access to the different social services may be adjusted according to the user's income and the type of service provided. It asks the next report to specify for what type of service fees are payable and what is the level of fees in average.

The Committee also asks for up-to-date information about remedies available to persons denied access to social services.

Quality of services

The reform of the organisation and operation of social services referred to above provides for the introduction of an internal and external appraisal system (five-yearly for internal and seven-yearly for external appraisal) for all establishments and services.

The 2002 Act provided for the establishment of a special agency, the Agence Nationale d'Evaluation Sociale et Médico-sociale (National Social and Medical-Social Evaluation Agency) to monitor the appraisal process set in motion by the various social services and establishments concerned and identify and promote the dissemination of good practice.

According to the report, there were 24,500 bodies and services, with 400,000 employees, in the medico-social sector during the reference period.

The Committee asks for information about total expenditure on social services.

Conclusion

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

Article 14 - The right to benefit from social welfare services

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

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

The state supports voluntary organisations. In addition, the municipal and *département* authorities help to finance these organisations, provide logistic support and run campaigns to publicise local initiatives.

The voluntary organisations in the social and health sectors are non-profit-making organisations, which do not operate solely with volunteers. Voluntary workers working in these organisations represents 13% (which is a total of 121,550). During the reference period, these organisations had a budget of some € 21 billion. The Committee asks that the next report provide specific examples of co-operation between the voluntary sector, the local authorities and central government.

The report states that, in addition to voluntary organisations, there is a number of active foundations in France that play a major role in financing social services. They redistribute funds in accordance with policy decisions, manage establishments and devise financial support schemes, while actively involving the beneficiaries in the implementation of these schemes.

The Social Modernisation Act of 17 January 2002 allows volunteers to obtain a diploma on the basis of skills acquired in the course of their voluntary work.

The same Act provided for the appointment of users' committees in establishments in the health and social sectors. The report acknowledges, however, that it is difficult to ensure that the users' committees are effective in helping such people. The Committee asks for additional information on the functioning of these committees in the practice.

The Committee also asks for up-to-date information about arrangements for supervising the quality of social services provided by charities and the voluntary sector.

Conclusion

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

Article 23 - The right of elderly persons to social protection

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

Legislative framework

The Committee recalls that the focus of Article 23 is on social protection of elderly persons outside the employment field. Questions of age discrimination in employment are primarily examined by the Committee under Articles 1§2 (non-discrimination in employment) and 24 (right to protection in cases of termination of employment).

The Committee notes from other sources that in 2004 the population over 65 years in France was 9.9 million inhabitants (16.4%). In the next decades it will increase to around 16.9 million inhabitants (26.4 %) in 2050. The current population over 80 years is 2.7 million inhabitants (4.5 %) and will increase to about 6.6 million (10.3 %) in 2050 (Inebase, 2006).

As regards the protection of elderly persons from discrimination outside employment, the Committee recalls that Article 23 of the Revised Charter requires States Parties to combat age discrimination in a range of areas beyond employment, namely in access to goods, facilities and services. The European Older People's Platform and other sources point to the existence of pervasive age discrimination in many areas of society throughout Europe (health care, education, services such as insurance and banking products, participation in policy making/civil dialogue, allocation of resources and facilities) which leads the Committee to consider that an adequate legal framework is a fundamental measure to combat age discrimination in these areas.

The report provides no information on the question of prohibition of age discrimination (previous reports submitted in 2003 and 2005 also failed to submit any information on this matter). The Committee however notes that Article 225 of the Penal Code²⁶ (following amendments on 9 March 2004 and 23 March 2006) gives protection against discrimination in non-employment areas including the provision of goods and services. It prohibits discrimination on fifteen grounds, including age. The Committee notes that the scope of the Penal Code is wide and might in principle provide adequate guarantees to protect elderly persons from discrimination outside employment as required by Article 23. The Committee requests further information on the implementation of this provision of the Penal Code with respect to age discrimination, as well as on any other legislative or policy initiatives in this area.

Adequate resources

The Committee notes from another source²⁷ that the full old-age pension is equal to 50% of the insured's reference earnings. Reference earnings are equal to

average adjusted earnings in the best 25 years. The maximum monthly earnings for benefit calculation purposes are €2,773. A full-rate minimum pension of €6,958.21 a year (€579 month) is paid to insured persons who qualify for a full-rate pension. The minimum pension is reduced proportionately if the total coverage period is less than 160 quarters. The minimum (base and complementary) pension is equal to 85% of the net legal minimum wage.

There is also a solidarity allowance for the elderly (*allocation de solidarité aux personnes âgées*) which is means-tested. It is awarded to low-income pensioners at age 65 (age 60 if disabled). The solidarity allowance can supplement other old-age benefits. It is paid to raise the old-age pension for a single person up to a minimum of €7,537.30 a year (€628 month); or up to €13,521.27 for a couple. Persons without a work-related pension can also benefit from this allowance.

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 was estimated at €690 in 2007. The Committee notes that the amount of the solidarity allowance for the elderly in France stands between 40% and 50% of the median equivalised income. As it can be supplemented with other old age benefits, the Committee considers that its level does not raise an issue of non-conformity. It nevertheless asks the Government to clarify which other benefits can be taken into consideration to supplement this allowance.

Prevention of elder abuse

The Committee recalls that elder abuse is defined in the Toronto Declaration on the Global Prevention of Elder Abuse (2002) as 'a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person'. It can take various forms: physical, psychological or emotional, sexual, financial or simply reflect intentional or unintentional neglect. The World Health Organization (WHO) and the International Network of the Prevention of Elder abuse (INPEA) have recognised the abuse of older people as a significant global problem. Hundred thousands of older people in Europe encounter a form of elder abuse each year. They are pressed to change their will, their bank account is plundered, they are pinched or beaten, called names, threatened and insulted and sometimes they are raped or sexually abused otherwise.

The Committee wishes to know what the Government is doing to evaluate the extent of the problem, to raise awareness on the need to eradicate elder abuse and neglect, and if any legislative or other measures have been taken or are envisaged in this area.

Services and facilities

The Committee notes from another source²⁸ that personal autonomy allowance (APA) for elderly persons is a uniform allowance throughout the country, which does not depend on the wealth and priorities of the relevant authorities (general

councils). It is a variable co-payment to offer elderly people the possibility to buy services. The final amount of economic support depends proportionally on a persons resources and can be used to fund the purchase of services supplied by a professional or a relative (except a husband or a wife) (Martin and LeBihan, 2004). Local authorities are in charge of the dependent person needs assessment and evaluate final implementation of the care package.

According to the report by the end of December 2007, there were 1,078,000 persons receiving this benefit, 61% of them living at home and with an average yearly allowance per person of €6,000. One of the shortcomings of the APA mentioned in the report is that it contributes very little to the financing of technical aids/needs or adaptation of homes.

The Committee recalls that home help services (*aide ménagère*) are provided in the framework of social services of the départements to elderly persons who are beneficiaries of a solidarity allowance. In 2006 there were 447,247 recipients of home help of which 254,572 were taken care of by the CNAV (Caisse Nationale d'Assurance Vieillesse des Travailleurs Salariés), 28,800 by the départements and 163,875 by others.

Home nursing services (SSIAD) are an important element which enable elderly persons to stay in their homes. They are provided on medical prescription and the average age of beneficiaries is 83 years. The creation of 6,000 posts for SSIAD services are envisaged by the authorities every year until 2009.

The Committee recalls that information and coordination centres (CLIC) are responsible for providing information and advice on existing services, benefits, evaluation of needs, follow-up, etc. to elderly persons. By the end of 2006, 541 CLIC facilities had been established. The Committee asks whether CLIC facilities have been correctly discharging their task of ensuring a coordinated interaction between health and social services in meeting the needs of elderly persons.

Housing

The report provides no information on the housing situation of elderly persons. The Committee nevertheless notes from another source²⁹ that the poor housing conditions of elderly persons is an under-estimated problem in the country. The 2009 report on the state of bad housing in France by the *Fondation Abbé Pierre* underlines as a major problem the insufficient public policies providing financial assistance for the adaptation of housing.

The Committee requests that future reports contain information on this matter, namely on any existing measures or future initiatives undertaken to promote adapted and quality housing for elderly persons. In the meantime, it reserves its position as to whether France complies with this part of Article 23.

Health care

The report indicates that the health insurance system does not foresee any specific modalities for financial participation by elderly persons in the costs of

care and medicines. It does nevertheless underline the indirect effect of a provision in the health insurance system which establishes that persons with a "chronic health problem" benefit from a 100% coverage for the costs of care and medicines related to this health problem.

The Committee recalls that health care programmes and services (in particular primary health care services) specifically aimed at the elderly must exist, together with guidelines on health care for elderly persons. In addition, there should be mental health programmes for any psychological problems in respect of the elderly, adequate palliative care services and special training for individuals caring for elderly persons. The report provides no information on these questions. The Committee therefore wishes to receive information on these matters in the next report. It also asks if a policy on health promotion and maintenance for elderly persons is in place (preventive home visits, regular check ups, self-help groups, etc).

Institutional care

The French system offers a range of structures depending on the elderly persons level of dependence and needs (see Conclusions 2003 and 2005, Article 23). According to the report, in 2006 there were 671,188 places available in institutional care of which 152,900 were provided in sheltered housing (*logements foyers*) and 436,300 in retirement homes (*maisons de retraite, EHPA-EHPAD*). The Committee asks whether the described capacity matches the demand for places in these structures.

Although it is outside of the reference period, the Committee notes from the report that the law on financing of social security for 2008 has improved financing mechanisms for retirement homes with a view to offering a better quality of care to elderly residents.

As regards the inspection of institutions, the Committee refers to a previous conclusion where it recalled the importance of ensuring that any inspection system regarding the standards of care and services provided in institutions and residential facilities should be entirely independent of the body managing the facility (see Conclusions 2003, Article 23). It considers that the system in place in France, where the *Préfecture* is responsible for overall supervision of institutions, does not guarantee a sufficient degree of independence, and therefore asks if there are any plans to establish an independent body with the authority to visit homes to monitor standards and check for signs of abuse and neglect.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

¹Legifrance, at <http://www.legifrance.gouv.fr>

²International Social Security Association, <http://www.issa.int/aiss/Observatory/Country-Profiles/Regions/Europe/France>

³ *A European Perspective of Services Organisation for Dependent Elderly People Care, 28 June 2007, ENSP-Rennes-France*

⁴ *La Fondation Abbé Pierre, Rapport 2009 sur l'État de Mal-Logement en France*

Article 30 - The right to protection against poverty and social exclusion

The Committee takes note of the information provided in the French report.

Measuring poverty and social exclusion

According to the report, the main indicator used to measure poverty in France is the poverty rate. This corresponds to the percentage of people living under the poverty threshold, which is set at 60% of the median equivalised income. In 2006, 13.2% of the population were living below the poverty threshold. Compared to 2005, the poverty rate had risen by 0.1% percentage points. There was not therefore a significant rise in poverty during the reference period. However, according to another source¹, there has been no decrease in the poverty rate since 2003. The Committee notes that according to Eurostat, the at-risk-of-poverty rate before social transfers was 25% in 2006 for a poverty threshold of 60% of the median equivalised income, and this shows how effective a means these transfers are for combating poverty.

According to the report, the poverty threshold (i.e. 60% of the median equivalised income) was € 880 per month in 2006. Half of the people living below this threshold were earning under € 720 per month, or 18.2% less than the threshold income. This difference represents the degree of poverty. According to another source², there was a steady decline in the degree of poverty between 1996 and 2002, but after this it rose again, returning to the 1996 level by 2005.

According to the report, poverty affects 30% of single-parent families, which mainly consist of a mother and her children, and 22.3% of so-called “complex” families. Towns and cities with over 20 000 inhabitants outside Paris have the highest poverty rates. According to another source³, the number of persons claiming benefits decreased by 4.6% between 2006 and 2007 as the result of an improvement in the labour market situation. 3 334 300 people received social minima in 2007. However, according to another source, the level of social minima in France is very low. For example, the minimum integration income for a single person is less than 30% of France’s average income and less than half of the poverty threshold at 50% of the median income.

The Committee recalls that Article 30 does not only cover poverty but also social exclusion and the risk of social exclusion. It asks that the next report indicate how this phenomenon is tackled.

Approach to combating poverty and social exclusion

The Committee points out that governments must adopt a global, co-ordinated approach, which must comprise an analytical framework, and take measures promoting access to social rights, in particular employment, housing, training,

education, culture and social and medical assistance for persons in, or at risk of finding themselves in, a situation of poverty or social exclusion.

According to the report, the plans and programmes devised during the reference period were based on three main strategies:

- finding jobs for those people who appear least likely to find one and eliminating total dependence on welfare;
- finding young people a place in society and the workplace;
- improving social housing provision and the quality of accommodation.

According to the report, progress has been made in the areas of access and re-entry into the labour market by extending work and employment opportunities (through government-subsidised contracts and business start-up grants), stabilising career paths (through increased support for employees on integration programmes), encouraging people to escape dependence on welfare by giving precedence to income from work rather than benefits (through the active solidarity income (RSA)) and overcoming social and professional barriers to employment (through experiments designed to benefit people with specific problems such as young people, people with disabilities and immigrants).

The Committee takes note of the information about the various measures aimed at improving the social and vocational integration of young people, preventing underperformance at school and school dropouts, and promoting anti-discrimination and integration policies, such as social integration contracts (CIVIS), local support, advice and information centres, personal plans for success at school, tailored teaching programmes, priority education and educational support.

In the housing field, the Committee takes note of the various measures that have been taken to step up social housing construction, enhance access to and keep people in housing, prevent evictions, propose accommodation arrangements geared to all circumstances and improve housing quality. The Committee notes that the increase in the amount of quality social housing and accommodation on offer stems largely from the Enforceable Right to Housing (or 'DALO') Act of 5 March 2007. This means that particular progress was made towards the end of the reference period. However, according to another source⁵, (<http://dgh.xml.coe.int/xmlesc/user/data/2009/1> Draft/France. FRA/Article30/Article30.drf.FR/editXopus?type=drf - _ftn1) the housing built as a result of the DALO Act is still far from meeting people's real needs, especially those of the poorest people.

The Committee notes from another source⁶ that there has been an overall, co-ordinated policy since the adoption of the Act of 29 July 1998 on combating exclusion. This policy has been enhanced by the European social inclusion strategy and made it possible to set up mechanisms for the observation, co-ordination and evaluation of public policies in close co-operation with various

bodies working to promote social inclusion. It provides a framework for governance. However, according to two other sources⁷, the Government's former comprehensive and consistent approach, reflected in particular by the Act of July 1998, is now under threat because of the profusion of programmes and their poor implementation. The Committee asks how the Act of 29 July 1998 makes it possible in practice to adopt an overall, co-ordinated approach and take measures promoting access to social rights. Pending receipt of this information, it considers that, on the whole, the approach taken by the Government establishes a clear analytical framework, sets proper priorities and fosters appropriate action. It is therefore compatible with the Committee's interpretation of the overall and co-ordinated approach referred to in Article 30 of the Revised Charter.

The Committee notes, however, that the measures described above are not an exhaustive list of areas in which measures must be taken, as poverty and exclusion relate to so many different aspects. These measures should strengthen entitlement to social rights and their monitoring and enforcement, improve benefit and service procedures and management, enhance information about social rights and related benefits and services, combat psychological and socio-cultural obstacles to accessing rights and, where necessary, specifically target the poorest and most socially disadvantaged groups. The Committee asks what measures have been taken to target the poorest and most socially disadvantaged groups more specifically.

Monitoring and assessment

According to the report, there are three main mechanisms for monitoring measures to combat poverty and social exclusion – consultation, co-ordination and experimentation.

The report emphasises how important the participation of the national consultative bodies on policies to combat social exclusion and poverty is. These bodies are regularly consulted and make recommendations which are taken into account by the Government, particularly when it is drawing up National Action Plans for Social Inclusion (PNAIs). The Committee asks for the next report to state precisely how the Government takes account of these bodies' ideas. According to the report, measures are taken to improve co-ordination between ministries, public participation in the various consultative and monitoring bodies and the involvement of all tiers of government. The Committee asks for information in the next report on measures currently being taken and asks for detailed information, including real examples, of how members of the public and associations take part in assessing measures to combat poverty.

An extensive national consultation process has been set up on the subject of social integration as a result of the work set in motion by the Grenelle agreement on occupational integration (the "Grenelle de l'insertion"). Through co-operation with national and local stakeholders (including central government, local authorities, employers' and workers' representatives, associations and members of the public) it has been possible to adopt recommendations intended to launch

programmes for the integration of people with social and occupational problems. According to another source however, there is a substantial gap between the recommendations in the general report and the opinions of those chiefly concerned, namely jobseekers.

According to the report, the Government is developing a new method of social experimentation, in which it tests a social policy measure on a small scale to gauge its effects before potentially applying it everywhere. This process has, among other things, made it possible to identify areas which are still not very well covered by current measures such as the integration of prison leavers and illiteracy among mothers remaining at home and travellers. The Committee notes that this method is used in connection with the active solidarity income.

According to the report, progress on achieving the poverty reduction and social inclusion goals set for 2008-2011 will be assessed using a new inter-ministerial assessment and monitoring tool devised in 2007 – the poverty and social exclusion reduction indicators chart. This will comprise a central indicator measuring the monetary poverty rate at specific points in time and a series of thematic indicators showing progress on ten poverty sub-goals. Taken together, these indicators make it possible to gauge access to fundamental rights, the extent of living-condition-related problems, the persistent risk of poverty rate and the degree of poverty. The Committee asks for information in the next report on the implementation of this new assessment tool.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in France is in conformity with Article 30 of the Revised Charter. _____

- ¹*Report of the national poverty and social exclusion monitoring centre, 2007-2008.* ²*Ibid.* ³*Data taken from a study of February 2009 by the Directorate of Research, Studies, Appraisal and Statistics (DREES) on "Beneficiaries of social minima in 2007" (No. 680).* ⁴*Alternative report by the French Platform for Economic, Social and Cultural Rights, March 2008.* ⁵*Ibid.* ⁶*Ibid.* ⁷*Alternative report by the French Platform for Economic, Social and Cultural Rights, March 2008 and opinion of the ADT Fourth World Movement on France's report on the application of Article 30 of the revised Charter.*
- *Opinion of the ADT Fourth World Movement on France's report on the application of Article 30 of the revised Charter.*

