

Implementation of the Madrid International Plan of Action on Ageing (MIPAA) and its Regional Implementation Strategy (RIS)

Fourth review and evaluation round (2018-2022): national monitoring report

- France –

FIRST PART

Summary

French public policies related to ageing have continued to develop in recent years. In December 2015, the adoption of the **law on the adaptation of society to ageing** made it possible to establish an ambitious legal framework aimed at improving the daily lives of older people, strengthen their autonomy and active participation in society. Since 24 October 2016, the date of the last national monitoring report of the Madrid Plan of Action and its regional implementation strategy, the government has worked to enrich this framework through several priorities for action.

The "Old Age and Autonomy" roadmap (2018) and the "Healthy Ageing" strategy (2020-2022) translates the priority given to the **prevention of loss of autonomy throughout life. Improving the quality of care and upgrading the status of care and support professions** were priority objectives of the "Ségur de la Santé" agreements, signed in July 2020. **The integration of the elderly through economic activity** has also been a priority for action as it promotes active participation in society, fighting against relational isolation and economic insecurity at the end of working life. Specific measures, such as the "senior inclusion contract", have therefore been implemented to facilitate this integration.

Finally, the demographic challenge linked to the ageing of the French population requires **regular and ambitious reforms of the policy on old age and autonomy**. This prospect led the public authorities to launch, in October 2018, a **broad public consultation on this topic**. A report, structured around 175 proposals, was produced following this consultation. The fight against ageism, respect for the free choice of the elderly, affordable and local access to quality care are among the main issues identified. This work, together with the lessons learned from the COVID-19 pandemic, will feed into a future bill on old age and autonomy.

National situation on ageing

On 1 January 2021, France counts **18 million people over the age of 60 (26% of the population)**¹. According to INSEE projections, the country will have 20 million elderly people in 2030, and 24 million in 2060. One in three inhabitants will be aged 60 or more, compared to one in five in 2005².

¹ INSEE, « Population par sexe et groupe d'âges », mars 2021

² INSEE, « Tableaux de l'économie française », mars 2016

Ageing is therefore occurring at the "top" of the age pyramid, due to the sharp increase in the number of people aged over 60. This is due to the increase in life expectancy and the entry into old age of the first generations of baby boomers, born after 1945.

- *Presentation of the main quantitative social and economic indicators and characteristics that can help to highlight the issues and enable quantitative analysis. What has been the impact of demographic change on society in your country?*

The **activity rate of older persons** has increased by 10.9 percentage points in recent years, pushed by pension reform policies³. Their unemployment rate has decreased significantly, but they remain the **first category of population concerned by long-term unemployment** (60.2% for the over-55s against a national average of 41.8%).

While life expectancy is increasing, life expectancy in good health has remained stable over the past decade. The **French are therefore living longer with health and disability problems**. The loss of autonomy affects 15% of the elderly, i.e. 2.2 million people. In 2050, France expects to have **four million dependent elderly people**⁴. The care and financing of dependency are therefore priority issues for the public authorities.

Public spending on dependency has increased in recent years, representing 1.2% of GDP (23 billion euros) and should double by 2060 to reach 2.78% of GDP, or nearly 50 billion euros⁵.

Finally, another challenge is the **remaining cost of dependent care, especially for low-income households**. While the average remaining cost is 490 euros, it is much higher in institutions (1,800 euros per month) and some households cannot afford this cost⁶.

- *Brief description of the social, economic and political situation, which may help to understand the context in which ageing issues are addressed in your country.*

Law n°2015-1776 of 28 December 2015 on the adaptation of society to ageing constitutes to date the reference framework for ageing-related issues. This framework is based on three pillars: prevention of loss of autonomy, adaptation of society and support for people losing their autonomy. All the public policies carried out since the coming into force of this law are in line with these three axes. **The "Older age and autonomy" roadmap**, adopted in May 2018, aims to strengthen prevention, address the growing need for medical care, secure the funding of institutions and support professionals working with the elderly. The **Healthy Ageing strategy (2020-2022)**, adopted in January 2020, also aims to prevent loss of independence through prevention.

Ageing issues are the responsibility of the **Ministry of Solidarities and Health** and more specifically of the Minister Delegate for Autonomy, Ms Brigitte Bourguignon, appointed in July 2020.

- *The COVID-19 pandemic has strongly affected the social and economic situation of the countries. Brief description of important measures to revise/adjust social and economic policies due to the lockdown and shutdown of economic activity, if any.*

³ INSEE, « Tableaux de l'économie française », février 2020

⁴ INSEE, « 4 millions de seniors seraient en perte d'autonomie en 2050 », juillet 2019

⁵ DREES, « Personnes âgées dépendantes : les dépenses de prise en charge pourraient doubler en part de PIB d'ici à 2060 », octobre 2017

⁶ Libault, « Concertation Grand Âge et Autonomie », mars 2019

In response to the COVID-19 pandemic, the government adopted measures **to fight poverty and protect the rights of the most vulnerable people**. Eight million people have benefited from increased emergency food aid, in the form of emergency food vouchers. Exceptional solidarity assistance was granted to four million low-income households. All social benefits have been maintained for the seven million recipients of minimum social benefits, without re-examining the conditions of eligibility.

Public authorities also adopted measures **to tackle the rising unemployment rate**, generalizing and compensating partial activity. Vulnerable persons identified as being at risk of severe forms of COVID-19 have been given the opportunity to take a derogatory leave of absence from work or partial activity. The benefits of job seekers, especially those at the end of their entitlement, were extended.

The lockdown measures had a major impact on economic activity, leading to a massive recession with a GDP drop of 8.3%⁷. In July 2020, the government adopted a **recovery plan, "France Relance"**, based on three main components: ecology, competitiveness and cohesion. The plan has a budget of €100 billion, of which **€36 billion is devoted to the cohesion component**. The latter includes measures relating to youth employment, support for the most precarious people and the medico-social field.

Methodology

- *Quantitative information: ongoing and new studies on ageing*
- *Qualitative information (interactions with different stakeholders)*

This report was drawn up within an interministerial framework and the **General Directorate for Social Cohesion (DGCS)** of the Ministry of Solidarities and Health coordinated its drafting, in accordance with the resolution of the Economic and Social Council of 18 June 2020 on the modalities of the fourth review and evaluation cycle of the Madrid Plan.

Reports from the National Institute of Statistics and Economic Studies (INSEE) and from the Directorate of Research, Studies, Evaluation and Statistics (DREES) of the Ministry of Solidarities and Health is drawn quantitative information. The Libault report drafted at the end of the "Grand Âge et Autonomie" (Older People and Autonomy) consultation process, as well as the Ministry's assessment and monitoring reports also contributed to the writing of this report.

The AGE France coordination, which gathers many associations of the sector, examined and commented on this report in plenary session on September XX, 2021.

PART II: 20 Years of MIPAA/RIS

Main actions and progress in the implementation of MIPAA/RIS and the objectives of the 2017 Lisbon Ministerial Declaration

1. Recognising the potential of older people

⁷ INSEE, « Le PIB se replie au quatrième trimestre (-1,3 %), marqué par le deuxième confinement ; sur l'année 2020, il recule de 8,3 % », janvier 2021

1.1 *What has been done to empower people to realise their potential for physical, mental and social well-being throughout their lives and to participate in and contribute to society according to their abilities, needs and desires, in line with commitments 1, 2, 8, 9 and 10 of the Regional Implementation Strategy and the objectives of the Lisbon Ministerial Declaration?*

- ❖ Fostering effective consultation and participation of older persons and their representatives at national, regional and local levels in policy making

Law No. 2015-1776 of 28 December 2015 on adapting society to ageing created the **departmental councils on citizenship and autonomy (CDCA)**. These authorities replace the previous departmental committees for pensioners and the elderly (CODERPA). **The CDCAs are made up of representatives of the elderly**, family carers, institutions and professionals of the sector. They aim to strengthen participatory democracy at local level and "combine the experience of users with the expertise of professionals in order to better assess needs and propose appropriate initiatives" ⁸. The CDCAs can be consulted on a wide range of issues relating to older people and people with disabilities.

The Libault consultation, a **wide-ranging public consultation on reforms of the policy for older people**, took place from October 2018 to March 2019. The Ministry of Solidarities and Health initiated and organised the consultation on three scales: a citizen consultation through an online platform entitled "How to take care of our elderly"; regional forums aimed at bringing up ideas and good practices; interviews and expression groups to **give a voice to elderly people, carers, and professionals of the sector**. Workshops were also organised at national level, involving representatives of the State, local authorities, experts on ageing, older people, representatives of associations and federations of users and professionals. A report compiled the results of this wide-ranging consultation, structured around **175 proposals for reform**, which will contribute to a future bill on old age.

- ❖ Promote a positive image of older people, recognising their contributions to society

In December 2019, a report entitled "Achieving a successful demographic transition and combating ageism" was handed to the Prime Minister. The report highlights that "ageist discrimination is a reality" and formulates 86 proposals to **rethink the ageing process and the perception of the elderly**. These concern positive discrimination, strengthening the intergenerational link, better representation of the elderly in society, particularly in the media⁹.

- ❖ Encouraging work and volunteering by young and older people in an intergenerational setting

As part of the "France Relance" plan, the government created the "1 young person, 1 solution" platform in November 2020, which puts companies in touch with young people under the age of 26 seeking a job, training or assignment. The platform was supplemented by the "**1 young person, 1 mentor**" scheme, created in March 2021. This aims to increase the number of young people who benefit from the **support of an older mentor**, during their school career, in their choice of orientation or in the professional integration phase. The mentor mobilises his or her experience, networks for a

⁸ Ministère des Solidarités et de la Santé, « Le CDCA : une nouvelle instance de démocratie locale au service des personnes âgées et des personnes handicapées », septembre 2016

⁹ Dufeu Schubert, « Réussir la transition démographique et lutter contre l'âgeisme », décembre 2019

few hours a month, and helps to reduce the information asymmetries that affect young people from modest backgrounds in particular.

In March 2021, the government also created the "**Civic Service Solidarity Seniors**", in order to break the isolation of young and older people, and to strengthen intergenerational solidarity. It proposes 10,000 civic service missions and aim to support 300,000 isolated elderly people over the next three years. This specific voluntary service scheme helps to combat ageism and to strengthen the actions taken by local elected representatives and institutions to combat the isolation of vulnerable people. It also makes it possible to perpetuate partnerships between the public and the voluntary sector and to strengthen the socio-professional integration of young people who are far from employment, all in an intergenerational framework.

- ❖ Encouraging businesses, non-profit organisations and public companies to involve older people as consumers in the planning and design of goods and services

In April 2016, the French standards association (AFNOR) created the "**Tested and approved by seniors**" label. Taking into account various criteria (unpacking of the product, ease of installation and use, intuitiveness of handling), this label indicates to consumers that the product is ergonomic, adapted to the abilities of the greatest number of people and in particular the elderly. The label is issued following a **series of tests carried out by people aged over 60**, ergonomists and occupational therapists. Since its creation, many products have obtained this label after passing the tests: telephone, washing machine, application, furniture, lighting system, etc. Companies of the Silver economy sector particularly use this label, which aiming at producing innovative goods and/or services that meet the various needs and expectations of the elderly.

- ❖ Ensuring that older people can achieve and maintain their highest possible level of health and functional capacity by supporting the development of age-friendly environments and housing

To enable older people to live at home as long as possible, the public authorities have developed aids to finance home adaptation work.

The **national housing adaptation plan** provides several schemes to finance this work. The National Housing Agency (ANAH) and the National Old Age Insurance Fund (CNAV) offer the most disadvantaged elderly people assistance that can cover up to 100% of the cost of adaptation work, depending on their resources. People whose work is not fully covered by this ANAH and CNAV aid can benefit from a micro-credit scheme. Finally, **the 'home adaptation' tax credit** has been extended: its universal coverage makes every elderly person a potential beneficiary. In September 2019, a new aid, "**aid for adapting housing to ageing**", was created. Its amount can be up to €5,000 and it can finance work for the bathroom and toilets.

The public authorities are also working to promote age-friendly environments by integrating health, medico-social and accessibility components. In 2016, **the Paerpa "health pathway for the elderly in loss of autonomy" approach**, designed for people aged 75 and over, **was extended to all French regions**. At the time of its creation in 2014, the scheme concerned nine pilot territories. It aims to maintain the greatest possible autonomy for as long as possible in the person's usual living environment. To do so, the system is based on identifying the main avoidable factors of hospitalisation

(depression, falls, problems related to medication) and optimising the coordination of professionals (health, social and medico-social) around the elderly person.

1.2 Please also consider your country's participation in relevant UN global campaigns:

1.2.1 Does your country participate in a global campaign against ageism led by the World Health Organisation (WHO)? Do activities in your country contribute to the efforts of this WHO campaign? Which ones? Has your participation in the campaign contributed to the implementation of MIPAA/RIS in your country? What measures have been put in place in this context?

Public authorities support the strategies proposed by the WHO to combat ageism: legislation and policies can address age discrimination and inequalities. Education at all levels can correct misconceptions, provide accurate information and combat stereotypes.

In order to address age-related prejudices and stereotypes, in December 2020, MP Audrey Dufeu-Schubert submitted a parliamentary report to the Prime Minister with 85 proposals to "make a success of the demographic transition and combat ageism". The proposed law n° 3958 of 9 March 2021 aimed at making a success of the demographic transition to combat ageism was submitted on 9 March 2021. Major laws, such as those of 2002 on the rights of the sick and 2005 on the rights of people with disabilities, have strengthened the rights of people in fragile or vulnerable situations. Title I of the proposed law on combating ageism proposes to extend this body of law by specifying the rights of elderly people, particularly those who require independent assistance.

1.2.2 Does your country participate in the United Nations Open-Ended Working Group on Ageing (OEWG-A) with the aim of strengthening the protection of the human rights of older persons? Do activities in your country contribute to the efforts of the Working Group on Ageing? Which ones? Do national policies ensure the protection of the human rights of older persons in your country? Do you see any legal gaps?

France has actively participated in the work of the United Nations Open-Ended Working Group on Ageing (OEWGA) since its creation in 2011.

The position of the European Union, set out in the EU Working Party on Human Rights (COHOM), is that the effectiveness of the rights of older people relies on a better application of the existing body of legislation. This position, which has been constant since 2011, is that of France: the existing human rights standards and principles constitute the framework for the exercise of these rights by all, including older persons. The effective implementation of these standards should be the main tool for the protection and promotion of the human rights of older persons.

The EU and its Member States are committed to listening to all partners and to taking a proactive approach to discussions in the different UN fora, starting with the OEWGA.

France has put forward several proposals to strengthen the issue of the rights of older persons within the United Nations. In particular, it promotes the revision of the 1991 United Nations Principles for Older Persons (resolution 46/91).

1.3 Highlight in a few words the most important policy achievements of the last 20 years to help empower individuals to realise their potential for physical, mental and social well-being throughout their lives and to participate in and contribute to society. Give some examples of how thinking, perceptions and attitudes towards ageing have changed over the last 20 years and give some recommendations for future action (what is planned/to be done) to avoid ageism.

The **creation of the personalised autonomy allowance (APA)** in 2002 was a major step forward. It allows elderly people with a loss of autonomy to benefit from the assistance and services necessary to carry out the essential acts of life. Revalued in 2015, the APA has made it possible to improve significantly the purchasing power of beneficiaries. Today, 1.3 million people receive this assistance¹⁰.

Law No. 2015-1776 of 28 December 2015 on adapting society to ageing was also an important step forward. This law strengthened support at home and asserted the principle of free choice for older people throughout their lives. To enable them to live at home for as long as possible, the public authorities have implemented proactive policies to adapt housing, but also to create new types of housing, such as inclusive housing.

In recent years, the **concept of "prevention of loss of autonomy" was extended**. Initially focused on physical activity and nutrition, it took into account the social link since 2007 and the environment of the elderly since 2015. This redefinition has made it possible to extend the measures for the elderly and to implement innovative policies to combat social isolation and improve the environment. Today, the public authorities are working to prevent the loss of autonomy throughout life, through prevention.

Finally, a **new reform for the policy on old age and autonomy** is considered. A draft bill is being prepared, based on various preliminary studies (reports, public consultations and work by associations). The priority issues highlighted in this work concern: the availability of support throughout the country, simplification of the pathway for older people, the development of local facilities to improve care at home and a better understanding of the plurality of socio-economic situations.

2. Promoting longer working lives and maintaining the ability to work

2.1 What measures have been implemented to recognise the employment potential of older workers and to develop labour market strategies to promote full participation opportunities for workers of all ages, in line with commitments 3, 4, 5, 6, 8 and 10 of the Regional Implementation Strategy and the objectives of the Lisbon Declaration?

❖ Promoting lifelong learning opportunities

Law No. 2018-771 of 5 September 2018 on the freedom to choose one's professional future, reformed apprenticeship and vocational training in order to facilitate access to training and professional retraining. Each working person has a **professional training account (CPF)**, which allows him or her to **accumulate training rights from the time he or she starts working until retirement**. The CPF is credited

¹⁰ DREES, « L'allocation personnalisée d'autonomie », 2020

with 500 euros per year (800 euros for the least qualified). Part-time employees have the same training rights as full-time employees and the CPF of people with disabilities is topped up. The CPF allows people to **follow training leading to qualifications or certification**. It also allows people to change jobs or professions as part of a **professional transition project** while benefiting from specific leave during the training period. The CPF remains active after retirement and funded through voluntary work.

❖ Tackling unemployment at all ages

The public authorities are working to **secure the employability of older people**. They are encouraging employers to adopt the **professionalization contract** - which allows employees to follow a training course while working and acquire a professional qualification - for older people. A grant of €2 000 is paid to any employer who hires a jobseeker aged 45 or over under this scheme. This scheme has existed since 2011 and a certificate of achievement was introduced in 2020 to harmonise practices between skills operators, companies and training organisations.

The **employment-skills pathway** ("Parcours emploi compétence"), created in 2018, is specifically aimed to people who are far from employment, including young people and the elderly. This track is based on three pillars: a job that enables the development of transferable skills, easier access to training, and support throughout the process by the employer and the public employment service.

The government has also adopted **specific measures for older people affected by long-term unemployment**. In 2017, they launched the "**zero long-term unemployed territories**" experiment. The long-term unemployed are employed on permanent contracts (CDI) by social and solidarity economy companies, known as employment-based enterprises (EBE) for activities not covered by the private sector in the employment areas concerned (recycling centres, grocery shops or solidarity garages). The scheme brings together the State, local authorities, employment companies and civil society organisations. The experiment, carried out in 10 territories since 2017, has had excellent results (72.5% were out of unemployment in 2019), and has therefore been renewed for a further five years in 2020.

Lastly, **two specific contracts** were created by law no. 2020-1577 of 14 December 2020 on strengthening inclusion in employment through economic activity and the "zero long-term unemployed" experiment. The **senior inclusion contract** ("CDI d'inclusion senior") allows structures for integration through economic activity - whose purpose is to support people who are very far from employment - to hire a person over the age of 57 and to develop a professional support programme until the employee's retirement. This scheme complements the 36-month fixed-term contracts (CDD) that have existed since 2006. The **bridging contract** ("contrat passerelle") has the same objective, but applies to traditional companies. It is being tested over three years.

❖ Reducing financial inequality and poverty

In 2018, France adopted a **national strategy for preventing and combating poverty** (2018-2022) based on five pillars: promoting equal opportunities from the earliest stages to break the reproduction of poverty; guaranteeing a training pathway for all young people; strengthening access to rights; combating inequalities in health; and supporting people into work to escape poverty. The anti-poverty policy is thus based on **poverty prevention measures** from the earliest age and targeted **support mechanisms to facilitate the return to work and the exit from poverty**.

Emergency measures were also included in this strategy, in the context of the COVID-19 pandemic. **Exceptional solidarity** aid was granted to four million low-income households and recipients of

minimum social benefits (880 million euros). **A massive support plan for anti-poverty associations** was adopted to assist the most vulnerable people. This 100 million euro fund is specifically designed for associations working in the following areas: combating food insecurity and access to essential goods (food and hygiene), access to rights, support for families, social and professional integration.

❖ Taking measures to reduce the gender wage gap

The government has introduced a binding scheme to address the gender pay gap. Since 2019, companies have been required to calculate and publish an annual **gender equality index** on their website. This index gives an overall score out of 100 and measures, through five criteria, whether women get the same wage as men for the same qualifications and skills, and have the same chances of getting a raise and promotion. It also assesses whether all female employees receive a raise when they return from maternity leave if raises have been granted. Finally, it looks at the proportion of women in the highest salaries. If the score is below 75 points, the company has three years to implement a corrective plan. If the score is still lower after this period, a fine is imposed. The obligation has been progressively extended from companies with 1000 employees (as of 1 March 2019) to those with more than 250 employees (as of 1 September 2019) and those with more than 50 employees (as of 1 March 2020). The analysis of the results obtained in 2020 by companies with more than 250 employees has demonstrated the effectiveness of this system.

❖ Encouraging employers to value, retain and hire older workers

Measures to encourage employers to value the experience of older workers and to hire them have been detailed above. In order to retain older workers, the government has adopted a strategy, which aims to provide companies with the resources to **best support the ageing of their employees**.

The **third occupational health plan (2016-2020)** includes three axes: the development of a culture of prevention; the improvement of the quality of life at work (QVT); and the strengthening of social dialogue. The **national and regional agencies for the improvement of working conditions** play a key role in the implementation of this plan, by supporting companies in keeping older people in employment and **preventing occupational wear and tear**.

In 2016, the General Delegation for Employment and Vocational Training (DGEFP) launched a call for projects on "Promoting active ageing through the maintaining and returning to employment of seniors". The National Agency for the Improvement of Working Conditions (ANACT) developed the "PACT Seniors" project (2016-2018) with the following objectives: to understand the specific levers and obstacles to maintaining seniors in employment by taking into account all the determinants of working conditions; to identify practices and experiment with new forms of territorial and company actions; to provide various actors with tools; to capitalise on, adjust and deploy the tested schemes; and to produce recommendations on the best public action schemes to maximise impacts. The project has resulted in the development of a **practical kit entitled "Workplace wear and tear. How to act to avoid it"**.

❖ Providing incentives for longer working lives and flexible retirement choices

Successive reforms of pension schemes have, through their incentives to extend working life, contributed to an increase in the employment rate of older people and in the average retirement age.

These reforms have also provided for a **great flexibility in retirement choices**, in order to adapt as well as possible to the plurality of socio-economic situations of older people.

Phased retirement from the age of 60 allows people to continue working part-time and receive part of their retirement pension. The number of beneficiaries of this mechanism increased 3.3 times between 2015 and 2018. **Cumulating employment and retirement** allows working people who have reached the legal retirement age to continue working and receive a pension. This scheme concerns one out of every two pensioners from the age of 65¹¹. Lastly, the **surplus contribution** allows people to increase the amount of their retirement pension by continuing to work after the age of 62.

There are also specific provisions for employees who started working at a very young age (**early retirement for long careers**) and for people with a permanent occupational disability (**early retirement of the employee for hardship at work**).

- ❖ The planning and implementation of pension reforms, taking into account the increase in longevity and the lengthening of working life

Taking into account the continuous ageing of the population and the increase in life expectancy is at the heart of the latest pension reforms carried out in France. The **length of contribution** required to obtain a full pension **has been extended** (law no. 2003-775 of 21 August 2003 on pension reform). Also, **the age of eligibility for a pension has been gradually raised** from 60 to 62 and the age of liquidation of a pension without a discount has been gradually raised from 65 to 67 (law no. 2010-1330 of 9 November 2010 on pension reform). These reforms have limited the increase in the number of pensioners to 1.0% per year between 2010 and 2018, compared with 2.6% between 2005 and 2010. The government is currently working on a new pension reform. This aims to homogenise the various pension schemes by creating a universal points-based pension system and to encourage the French to work longer by introducing a balance age of 64. The adoption of this reform was postponed following the COVID-19 pandemic, in order to prioritise the return to employment.

- ❖ Facilitating the conciliation of work and care

Nearly **11 million carers** in France look after a sick, disabled or elderly relative. 4.6 million of them also have a professional activity¹². Over the last few years, the public authorities have recognised their **full status** and created **specific measures to support them as best they can**. Law n°2015-1776 of 28 December 2015 on the adaptation of society to ageing created a "**right to respite**" ("droit au répit"). Thanks to this, the family carer can benefit from aid of up to 500 euros per year to finance the care of the dependent person in a suitable structure, allowing him or her to rest for a while. This right to respite was extended in 2020 with the introduction of compensated "**caregiver leave**".

This leave is part of the **mobilisation strategy "Acting for carers" (2020-2022)**, which France adopted in 2019. This strategy aims to: better recognise the role of carers and better support them in their efforts; prevent exhaustion and isolation by opening up new rights in the professional world and increasing the capacity of respite care facilities; facilitate their return to employment after an interruption in their professional career.

¹¹ DREES, « Le cumul emploi-retraite », 2020

¹² Fondation April et Institut BVA, « Baromètre des Aidants », 2019

2.2 What special measures has your country adopted to tackle the gender pay and pension gap and to take into account the particular situation of older women?

The government has introduced a binding mechanism - **the gender equality index** - to close the gender pay gap (see 2.1).

Regarding the pension gap: the French pension system integrates both a contributory logic (in which insured persons acquire pension rights in return for contributions) and a non-contributory logic in which rights are acquired through national solidarity. The non-contributory logic takes the form of various solidarity schemes that are taken into account in the calculation of the amount of the retirement pension. **Because they contribute more significantly to women's pensions (22%) than to men's (12.4%), these solidarity mechanisms make it possible to reduce the pension gap between women and men.** Women benefit, for example, from a range of measures relating to the birth and upbringing of children: increased insurance periods granted for the birth and upbringing of children, quarters validated in the event of a reduction in professional activity following the birth of a child. Because of their low pension level, **women also benefit more regularly than men do from minimum pensions:** the guaranteed minimum (Miga), the minimum contributory (Mico) and the increased reference pension (PMR).

2.3 Outline in a few words the most important achievement of the last 20 years in recognising the potential of older workers' employment and developing labour market strategies to promote full participation opportunities for workers of all ages. Make some recommendations for future action (what is planned/to be done).

Pension reforms, combined with **efforts to prevent occupational wear and tear** and **promoting work-based inclusion**, have increased the employment rate of older people, while taking into account the diversity of their backgrounds and socio-economic situations.

The prevention of occupational wear and tear enables employees to remain in good health as long as possible until they retire. It therefore helps to **keep older people in employment** and to combat professional exclusion. Inclusion through activity makes it possible to **target those who are furthest from employment** and to encourage their return to work. Measures to combat long-term unemployment and employment, and training schemes make it possible to restore a person's employability, taking into account their particular situation, and to promote their sustainable integration into working life.

While these initiatives have increased the employment rate of older people, employers and employees still favour early retirement. The idea of "professional decline" in mid-career is still very much alive. Efforts to combat ageism must therefore be continued in the future in order to change attitudes.

3. Enabling ageing with dignity

3.1 What measures have helped to protect the enjoyment by older persons of all human rights and dignity, to promote their autonomy, self-determination and participation in society, and to ensure that no law, policy or program discriminates against them, in accordance with

commitments 7, 8, 9 and 10 of the Regional Implementation Strategy and the objectives of the Lisbon Declaration?

- ❖ Protecting the enjoyment by older persons of all human rights and dignity, to promote their autonomy, self-determination and participation in society

The protection of the rights and dignity of the elderly is anchored in the French legislative framework. The law ensures the primacy of the person prohibits any infringement of his or her dignity and guarantees respect for the human being from the beginning of his or her life (Article 16 of the Civil Code). The sick person has the right to respect for his or her dignity (Public Health Code, article L1110-2). Any person cared by social and medico-social institutions has the right to "respect for their dignity, integrity, privacy, intimacy, safety and right to come and go freely" (article L311-3 of the Social Action and Family Code).

Law n°2015-1776 of 28 December 2015 on the adaptation of society to ageing set out a structuring framework for the autonomy, self-determination and participation of older people in society. **Priority has been given to home support**, so that older people can age at home in good conditions and independently for as long as possible. The **rights and freedoms of the elderly have been strengthened to provide them with better protection**. The procedure for accepting the residence contract has been generalized at the time of signing the contract entering the retirement home, making it possible to better ensure the consent of the person being cared for, as well as their knowledge and understanding of their rights. Communication actions have been deployed to raise awareness of the future protection mandate, which allows people to anticipate their loss of autonomy and organize their own protection in advance. **Social participation of the elderly has been supported** by removing barriers to participation, compensating for loss of capacity or autonomy and creating favourable environments.

The national strategy for the prevention of loss of autonomy, entitled "**Healthy Aging**" (2020-2022), deepened this legal framework.

- ❖ Supporting the infrastructure and assistance needed to prevent all types of elder abuse and violence

The **national number for reporting situations of elder abuse** is 3977. It is also intended for victims, witnesses, health professionals and family caregivers who encounter difficulties on a daily basis. Information campaigns are regularly deployed - on radio and television - to publicize this number.

The law on adapting society to ageing has introduced several measures designed to protect the rights of the elderly. Any person accommodated or accompanied by social and medico-social institutions or services can now **designate a trusted person**. This person is consulted in the event that the elderly person encounters difficulties in knowing and understanding their rights.

Since 1 January 2017, there is also an **obligation to report situations of abuse**. Social and medico-social structures are obliged to report "*any serious dysfunction in their management or organisation likely to affect the care of users and any event that threatens or compromises the health, safety or well-being of the persons in their care*". The reporting procedure applies to eleven categories of events, including cases of abuse, accidental deaths and failures of care. Reporting is the responsibility of the director of

the facility, who is required to communicate the information "without delay and by any means" to the competent authorities (depending on the case, the departmental prefect, the director general of the Regional Health Agency (ARS) or the president of the departmental council). The institution's social life council (CVS) must also be informed of the nature of the dysfunction or event concerned and, if necessary, the measures taken to remedy it.

- ❖ Encouraging the development of innovative methods and services as well as user-friendly and age-friendly technologies and products

In France, many actors contribute to innovations for the elderly in various fields (mobility assistance; comfort of life, well-being and autonomy; communication, social links and leisure; technologies for institutions for dependent persons). The **French Society of Technologies for Autonomy and Gerontechnology (SFTAG)** aims to facilitate research, training and information on technologies related to autonomy. The **National Expertise Centre for Information and Communication Technologies for Autonomy (CENTICH)** has the mission of accelerating the development and use of technologies for autonomy and health. The **Association of Innovative Solutions for Autonomy and Gerontechnologies (ASIPAG)** seeks to federate and represent the designers and manufacturers of technologies for autonomy. Finally, the **National Solidarity Fund for Autonomy (CNSA)** supports new technology projects for autonomy.

In addition to this dynamic ecosystem, the public authorities promoted the development of new technologies for the elderly. Within the framework of Law n°2015-1776 of 28 December 2015 on the adaptation of society to ageing, they have relaunched and structured the **Silver Economy sector**. Created in 2013, it brings together all the actors who offer solutions and products to meet the needs of seniors - whether they are active and independent, frail or losing their autonomy. Since October 2018, the France Silver Eco association, mandated by the State, has led the sector.

- ❖ Improving the quality standards of integrated social care, long-term care and health services, and continuously adapting the status, training and working conditions of health professionals

Improving the quality and relevance of care is at the heart of the **"Ma Santé 2022" strategy** ("My Health 2022) adopted by the public authorities in 2018. It aims to put an end to unnecessary procedures or examinations, organise better care and take into account patients' experience in the care provided. To this end, the strategy plans to **measure patient and resident satisfaction** - whether they are treated in a hospital or clinic, in a practice, in a home or health centre, or in an EHPAD - in order to evaluate the structures and identify good practice among health professionals. It also aims to **improve the management of certain specific pathways** (chronic obstructive pulmonary disease (COPD), obesity, stable coronary disease, Parkinson's disease and stroke, epilepsy) by taking into account clinical effectiveness and patient experience, and to **develop the use of available data using digital tools**.

Improving the status, training and working conditions of health professionals is also a priority for action of the public authorities. In December 2016, France adopted a **national strategy to improve the quality of working life (QVT) for healthcare professionals**, entitled **"Taking care of those who care for us"**. The strategy aims to improve the working environment and working conditions, improve the safety of

professionals, and prevent and deal with suffering at work. To achieve these objectives, the strategy proposes targeted actions in response to the specific working conditions of healthcare professionals: particular time and physical constraints, mental and emotional load, transformation of the organisation of work induced by various reforms with a specific impact for professionals working in institutions and in outpatient settings.

In July 2020, the conclusions of the "Ségur de la santé" led to major investments based on four pillars. It aimed at **transforming professions and upgrading those who provide care**; defining a new investment and financing policy to improve the quality of care; simplifying the organisation and day-to-day life of health teams so that they can focus on their patients; and federating health professionals in the regions to serve users.

- ❖ Supporting research on the ageing process of individuals and populations to better address emerging needs in ageing societies

In January 2014, the French National Centre for Scientific Research (CNRS) created the **Research Grouping (GDR) "Longevity and Ageing"** in order to strengthen the French community of researchers in the humanities and social sciences (SHS) on ageing issues, by promoting inter-knowledge and multidisciplinary collaborations between research teams. The **Institute of Longevity and Ageing (IILV)**, created in January 2018, took over from the GDR at the end of its mandate. The IILV is a scientific interest group (GIS), supported by nine organisations. In the continuity of the GDR, the IILV's mission is to promote and animate French research in social and human sciences, by carrying a plural vision of ageing, to make known the work carried out in France and to facilitate interdisciplinary cooperation to shed light on the diversity of ageing.

The Directorate for Research, Studies, Evaluation and Statistics (DREES) also sheds light on the ageing process, through its studies describing the **objective health status of the senior population** (chronic diseases, use of care) and **perceived health**. DREES also contributes to a better understanding of the health of older people through **general population surveys** - such as the European Health Interview Survey (EHIS) or more targeted surveys such as the **CARE survey ("Capacities, Aids and Resources of Seniors")** of people over 60 living in ordinary households and institutions - and medico-administrative data from the National Health Data System (SNDS). Finally, DREES produces the **disability-free life expectancy indicator (EVS)**, which provides a qualitative dimension by measuring the years spent "in good health".

- ❖ Promoting the participation in social and community life of people with dementia and/or mental and behavioural disorders and their informal carers

In June 2018, the public authorities adopted a **roadmap for mental health and psychiatry**. The improvement of social inclusion and citizenship of people with mental disorders is the third axis of this roadmap. Within this framework, several objectives have been established: to consolidate and expand the offer of **mutual aid groups** (GEM¹³), which are currently the most successful model for the inclusion of people in society through their peers; to deploy **supported employment schemes** throughout the

¹³ Mutual aid groups (GEMs) are structures for preventing and compensating for the restriction of participation in society (provided for by law no. 2005-102 of 11 February 2005 for equal rights and opportunities, participation and citizenship of people with disabilities). They are similar to peer-to-peer mutual aid schemes, constituting above all a group of people concerned by similar health problems or disability situations and wishing to support each other in the difficulties they may encounter, particularly in terms of social, professional and civic integration

country. It also plans to improve access and retention of people in independent and **supported housing** (by mobilising inclusive housing and the "Home first"¹⁴ scheme); to improve **medical and social support** for people with severe and persistent mental health problems, who are in a situation of disruption of their pathway or who do not use it.

The roadmap is also part of the **neurodegenerative diseases plan (2014-2019)**. The plan aims to: **raise awareness of the diseases and the reality of life for patients and their families** in order to promote understanding and combat stigmatisation; create **the conditions for a simpler and more autonomous life at home and in society**; recognise a role and specific rights for carers and support them.

- ❖ Respecting the self-determination, independence and dignity of older persons, particularly, but not only, towards the end of life

A broad legislative framework governs medical care at the end of life. Law No. 2002-303 of 2 March 2002 relates to the rights of patients and the quality of the healthcare system (known as the Kouchner Law) and Law No. 2005-370 of 22 April 2005 on the rights of patients and the end of life (known as the Léonetti Law). The Law No. 2016-87 of 2 February 2016 creates new rights for the sick and for people at the end of life.

The Kouchner law recognises the right of patients to decide for themselves whether to continue or stop treatment. The Léonetti law prohibits the continuation of treatment and authorises doctors, under certain conditions, to limit or stop treatment.

The 2016 law strengthens the rights of patients in the management of the end of life. It **clarifies the conditions for stopping treatment** as a refusal of unreasonable obstinacy. It establishes a **right to deep and continuous sedation** until death for people whose vital prognosis is engaged in the short term. Lastly, it specifies that **advance directives** become the preferred expression of the wishes of patients who are unable to do so and that these directives are now imposed on doctors.

La loi de 2016 a induit plusieurs changements pour les professionnels de santé. Ces derniers sont à présent tenus de mettre en œuvre tous les moyens à leur disposition pour que toute personne ait le droit d'avoir une fin de vie digne et accompagnée du meilleur apaisement possible de la souffrance (article 1). Ils ont un rôle renforcé d'information auprès de leurs patients sur la possibilité et les conditions de rédaction de directives anticipées (article 8). Enfin le médecin a l'obligation de respecter la volonté de la personne après l'avoir informée des conséquences de ses choix et de leur gravité, de refuser ou ne pas recevoir un traitement (article 5).

3.2 Outline in a few words the most important achievements of the last 20 years in protecting the enjoyment of all human rights by older people and in improving the quality standards of integrated social and long-term care and health services, as well as in adapting the status, training and working conditions of care professionals. Formulate some recommendations for future action (what is planned/to be done)

The "**Ségur de la Santé**", whose conclusions were presented in July 2020, is one of the most significant achievements of recent years. First, because it provides for **massive investments**: 19 billion euros of

¹⁴ This system, designed and tested for rough sleepers with severe and persistent mental health problems in four initial sites, has been extended to 16 other sites

investment in the health system to improve patient care and the daily lives of caregivers, 8.2 billion euros per year to upgrade the professions in health establishments and EHPADs. Also because it addresses a **number of issues**: remuneration and career development, working conditions and investment in establishments, recognition of the daily commitment, and the place of carers in hospital decision-making.

For future action, the efforts made to increase the attractiveness of the care and old age professions must be continued and expanded. This issue is even more necessary as these professionals have been heavily solicited in the response to the COVID-19 pandemic.

PART III: Healthy and active ageing in a sustainable world

1. Contribution of ageing-related policies to the implementation of the 2030 Agenda and its Sustainable Development Goals (SDGs)

1.1 Has your country already submitted one or more voluntary national reports (VNRs) to the High Level Political Forum (HLPF) on the implementation of the SDGs? Please briefly indicate whether and how issues related to population ageing and older persons have been addressed in your country's voluntary national report(s).

France presented its approach to implementing the 2030 Agenda at the first HLPF in 2016, through a **voluntary national review**. This review provides an initial assessment of the implementation of the 17 SDGs by identifying the main issues and challenges, the orientations of government action and good practices. France then presented a **voluntary progress report** on the implementation of the SDGs during the 2017, 2018 and 2019 HLPF. In September 2019, it presented its **roadmap** for the implementation of the 2030 Agenda.

The issues of population ageing and the elderly were addressed from a **health perspective**.

"For the future, France must take up two major challenges: equal access to care in the territories and the ageing of French society, whose life expectancy at birth reached 85.1 years for women and 79 years for men in metropolitan France in 2015. It is a question of anticipating new needs and new forms of intergenerational solidarity as well as their financing. In addition, France must expand its policy for people with disabilities, both in terms of accessibility, vulnerability and inclusion in society" (National Voluntary Review, 2016)

"France must continue and strengthen its adaptation to health developments, whether demographic, social, territorial, epidemiological or environmental. Indeed, the ageing of the population and the economic and financial context have a direct impact on several health determinants" (Progress report, 2017)

In the roadmap for the implementation of the 2030 Agenda, ageing is mentioned under the fourth priority "enabling everyone to have easy and structured access to care".

1.2 In the context of national policy planning, are there established links between ageing issues and the 2030 Agenda (a mapping of the links between MIPAA/RIS and the SDGs showing areas of policy integration is available on the UNECE website)?

In 2030, there will be more people over 65 than under 15 in France. Policies related to ageing are taking into account this demographic transition. The 2030 Agenda is a reference framework for public authorities and its priorities are reflected in national policy planning. Thus, the national health strategy (2018-2022) has the priority objective of **combating social and territorial inequalities in health**. The "Healthy Ageing" strategy (2020-2022) reaffirms the importance of **multi-stakeholder cooperation** to adapt the entire living environment and guarantee the autonomy of older people. Public authorities, local authorities, companies and associations work together to adapt the entire living environment and guarantee the independence of the elderly.

1.3 Based on the information provided on the implementation of the MIPAA/RIS, which are the most relevant SDGs that could benefit from the current policy measures (specify which ones)? Have they been or will they be included in your country's NRV(s)? Describe one to three examples of good practice.

The most relevant SDGs for ageing-related public policies are SDG 1 "No Poverty", SDG 3 "Health and Well-being", SDG 5 "Gender Equality", SDG 8 "Decent Work and Economic Growth", SDG 10 "Reduced Inequalities", SDG 11 "Sustainable Cities and Communities" and SDG 17 "Partnerships for Achieving the Goals".

Indeed, public policies contribute to reduce all forms of vulnerability affecting older persons (SDG 1), strengthen the links between health, ageing and loss of autonomy (SDG 3), fight against gender discrimination (SDG 5), keep older persons in employment and value their contribution (SDG 8), reduce social and territorial inequalities (SDG 10). They also reduce social and territorial inequalities (SDG 10), develop cities and infrastructure to enable older persons to be fully independent (SDG 11), mobilize a range of actors to achieve the goals (SDG 11).

Growing old together in a "béguinage": "béguinage" for seniors is developing all over France. This French word refers to the system allowing elderly people to live in a semi-common place, while preserving their autonomy and privacy. Each inhabitant has an individual home and common areas allow the inhabitants to meet for meals, activities or discussions. The spaces are adapted to people with a loss of autonomy and/or reduced mobility. The "béguinage" thus offers an alternative to retirement homes and breaks the isolation.

2. Lessons learned from managing the consequences and impacts for older people in emergencies: the COVID-19 pandemic

2.1 How have the elderly been affected by COVID-19 in your country? Were the share of hospitalisation and mortality rates of the elderly in 2020 higher than those of the general population compared to previous long-term observations?

Older people are more likely to contract severe forms of COVID-19. The risk of being hospitalised or dying from this virus increases exponentially with age. According to the analysis of data from hospital stays in France, older patients with COVID-19 have, compared to 18-49 year olds, a 3-fold increased

risk of death (50-64 years), a 7-fold increased risk of death (65-74 years), a 10-fold increased risk of death (75-80 years), and a 16-fold increased risk of death (>80 years). The median age of those hospitalised since 1 March 2020 is 73 years.

Between 1 March 2020 and 11 April 2021, 98,778 deaths of COVID-19 patients were reported: 72,654 deaths occurred during hospitalisation and 26,124 deaths in EHPAD and other social and medico social establishments (ESMS). **93% of the COVID-19 cases who died were aged 65 years or more** (15% for 65-74 year olds and 78% for 75 year olds and more)¹⁵.

There was a **significant increase in mortality in 2020** (55,500 more deaths than in 2019 (+9.1%)) and **this mainly concerned people aged over 70 (+11%)**¹⁶.

2.2 What has been done to ensure that a commitment to dignity and the right to health guided the difficult health care decisions concerning older persons? Please reflect on the recommendations of the Secretary-General's guidance note, if any, and briefly describe the main challenges and 3-5 good practices.

The Ministry of Solidarities and Health has worked on a set of recommendations for organising care in a pandemic context¹⁷. These have been drawn up by integrating the opinions and recommendations of various players (High Authority for Health (HAS), High Council for Public Health (HSCP), National Council for Hospital Emergencies (CNUH), Regional Health Agencies (ARS), doctors, learned societies). These recommendations aim to anticipate a possible overflow of available critical care capacity while maintaining equal access to fair care and promoting alternatives to hospitalisation. Specific recommendations have been drawn up **for the care of the elderly and people with disabilities**.

These recommendations have made it possible to draw up a **specific protocol for the elderly**. This protocol **emphasises the rights of the elderly**, pointing out three fundamental elements. Firstly, the medical decision to hospitalise an elderly person with COVID-19 is based on the recommendations of the National Professional Council (CNP) of Geriatrics and takes into account the patient's situation as well as the conditions of his or her care in the institution and in the hospital. Secondly, as with any patient, the criteria for hospitalisation in a healthcare facility with accommodation must be based on objective clinical criteria and take into account the singularity of each situation. It is reminded that **in no case does the level of dependence or disability constitute in itself a criterion for refusing hospitalisation**. Finally, the choice between hospitalisation in critical care, short stay, hospitalisation at home (HAD), local hospital, follow-up and rehabilitation care (SSR) or at home, **must be discussed collegially**, in order to define the appropriate care.

2.3 What has been done to strengthen social inclusion and solidarity during physical removal? Please reflect on the recommendations of the Secretary General's guidance note, if any, and briefly describe the main challenges and 3-5 good practices.

To strengthen inclusion and solidarity, public authorities have promoted and supported the setting up of a **national toll-free number specifically dedicated to the issue of isolation of elderly and vulnerable people**. Managed by the French Red Cross, this number is directly linked to the "Red Cross at home"

¹⁵ Santé Publique France, Data of 11 April 2021

¹⁶ Insee Première, n°1847, Mars 2021, « 2020 : une hausse de décès inédite depuis 70 ans »

¹⁷ « Recommandations d'organisation des soins dans un contexte de résurgence de l'épidémie de COVID-19 »

platform, launched in March 2020, which combines a listening and support component with a social orientation and operational response via a solidarity concierge system.

The public authorities have also **supported the creation and development of schemes to strengthen solidarity initiatives in the fight against isolation**. In March 2020, the government launched the "**jeveuxaider.gouv.fr**" platform to put volunteers and associations or communities in touch with each other on four main issues: food aid and emergency aid, exceptional childcare, maintaining social links with isolated vulnerable people and local solidarity. The website (**solidaires-handicap.fr**) - developed by the Secretariat in charge of people with disabilities, in coordination with the National Advisory Council for People with Disabilities (CNCPH) - brings together resources and local association initiatives by type of disability. The "**Solidarité numérique**" platform has been deployed to provide assistance to people who have difficulty using digital tools, and the "**Carrefour des innovations sociales**" website has been set up to list solidarity initiatives in the region, with a section devoted to the fight against isolation. Measures that existed before the crisis were also strongly mobilised to strengthen solidarity with the elderly. This is the case, for example, of the **map drawn up by the Monalisa association**, created in 2014, which locates 380 **citizen teams for social ties** on the French territory.

The private sector has also been very active. Some companies distributed tablets in residential care home (EHPAD) to preserve family ties remotely and ensure the continuity of adapted activities by videoconferencing. Major retailers have set up services enabling the elderly to be delivered easily to their homes, to benefit from medical monitoring or assistance or to remain at home.

The fight against isolation has therefore been a priority for action for the public authorities in managing the health crisis and they intend to make these solidarity initiatives sustainable in the long term. On 24 March 2020, the Ministry of Solidarities and Health entrusted Jérôme Guedj with the task of *'identifying the levers that are currently in the hands of the public authorities, field players and civil society to combat the isolation of older people, both during the crisis and in the period that will follow'*. The final report, submitted on 16 July 2020, sets out 36 proposals and paths for a sustainable policy to combat the isolation of the elderly¹⁸.

2.4 What has been done to fully integrate a focus on older persons into the socio-economic and humanitarian response to COVID-19? Please reflect on the recommendations of the Secretary General's guidance note, if any, and briefly describe the main challenges and 3-5 good practices.

During the first wave of the COVID-19 pandemic in March 2020, the public authorities quickly triggered the Blue Plans for medico-social establishments (EMS)¹⁹ and adopted a specific care strategy for elderly people in institutions and at home²⁰. The aim was to **prevent the risks of contamination** while preserving the right to health and the fundamental rights of the elderly.

¹⁸ Jérôme Guedj's Report, « Déconfinés mais toujours isolés ? La lutte contre l'isolement c'est tout le temps », 16 juillet 2020

¹⁹ The blue plan is an internal organisation tool for medico-social establishments (EMS) such as residential care home (EHPAD) or establishments for disabled people. It details the organisational procedures to be implemented in the event of a health or climatic crisis. In particular, it allows for the rapid and coherent implementation of their material and human resources in order to deal effectively with an exceptional situation.

²⁰ Strategy for the management of elderly people in institutions and at home in the context of the management of the COVID-19 epidemic

The public authorities then softened the restrictive measures, taking into account the lessons learned from the first wave. During the second wave of COVID-19 in autumn 2020, a new strategy "Protecting without isolating" was adopted, aiming to **reconcile protection, increased access to health care and the fight against social and emotional isolation** caused by quarantine. A new plan for the protection of older people at home has been published.

Finally, the elderly have been identified as a **priority audience for the vaccination campaign**, which will begin in January 2021. As the age of the person is the most important risk factor for developing a severe form of Covid-19, the HAS has recommended prioritising the target populations for vaccination according to different age groups and factors of exposure to the virus. Elderly people living in EPHAD were the first to be vaccinated. For the same age group, people suffering from co-morbidities associated with a risk of developing a severe form of COVID-19 were prioritised.

2.5 What steps have been taken to increase the participation of older persons, share good practice and build on knowledge and data? Please reflect on the recommendations of the Secretary General's guidance note, if any, and briefly describe the main challenges and 3-5 good practices.

In order to increase the participation of older people, health and social care institutions have built on pre-existing participatory bodies and arrangements.

The social life council (**CVS**) is the central body for the participation of residents in social life in EHPAD. This representative body gives its opinion and makes proposals on any issue concerning the operation of the establishment. It includes residents and families' representatives (the majority) as well as staff and the managing body.

The **residents' council** brings together all the residents and is led by a psychologist, a facilitator or director of the establishment. It allows residents to express their views and/or difficulties.

Other mechanisms (commissions, ethical groups, committees) can also be set up to promote the participation of residents, beyond these bodies. Finally, the voice and participation of elderly people is largely carried out personally with health care staff.

In May 2020, the French National Solidarity Fund for Autonomy (CNSA) launched a **call for projects on the topic of "Learning from the Covid-19 crisis to improve support for the elderly and people with disabilities"**. Twelve projects were selected for this call for projects, of which several deal with the issue of the **experience and participation of older people**. The Old'Up association, which carried out a survey of 5,000 elderly people during the confinement on their experience of the crisis, is going to carry out a qualitative study to deepen knowledge on the experience of the crisis and give a voice to the people concerned on the basis of this work. The Association of Directors Serving the Elderly will conduct a participatory process aimed at obtaining feedback from EHPHAD residents on the crisis, combined with a perspective on the future of support in institutions and at home. "Gérondif", in partnership with Dialo Health, is planning to select ten innovative experiences developed by medico-social establishments and services for the elderly to maintain social links, communication, leisure and citizen participation during the COVID-19 crisis.

3. Activities for the preparation and implementation of the WHO Decade of Healthy Ageing 2020-2030

3.1 Is your country preparing (or does it already have) a national action plan (or similar) for the implementation of the WHO Decade of Healthy Ageing 2020-2030? If yes, please describe briefly the main actions planned

In January 2020, France adopted a **national strategy for the prevention of loss of autonomy, entitled "Ageing in good health"** (2020-2022). It includes 16 measures, grouped into four areas: promoting lifelong prevention to delay the loss of autonomy; acting on the factors that accelerate the loss of autonomy from the age of 70; making the preservation of autonomy a priority for health professionals; and strengthening research and innovation so that France becomes a leader in this field at the European level.

The strategy focuses on three key moments in life: autonomous assessment of needs **from the age of 40**; organisation of prevention meetings at the time of **retirement**; detection of the **frailty of elderly people at home** according to the WHO's ICOPE approach. In addition to these approaches, the strategy aims to **adapt the entire living environment** (transport, urban spaces, housing, facilities) and to **combat the isolation of the elderly** (dissemination of good practices among local authorities, mobilisation of young people within the framework of universal national service).

This national strategy complements the **action plan for the professions of the elderly and independent living**, adopted in November 2019. The latter includes four areas: meeting urgent human resources needs; developing training capacities and improving their suitability for the needs of employers and people being supported; combating accidents and promoting Quality of Life and Working Conditions; and raising the salaries of the professions of the elderly.

3.2 Would your country be willing to report on the implementation of the WHO Decade of Healthy Ageing 2020-2030 as part of the upcoming IYIP/ISR national reviews and evaluations?

France will present its actions on the implementation of the WHO Decade of Healthy Ageing 2020-2030 in the framework of the upcoming reviews.

Conclusions and priorities for the future

In recent years, the public authorities have worked to strengthen the participation of older people in society and have invested in prevention to combat loss of autonomy throughout life. The rights and freedoms of older people as citizens have been reaffirmed and specific rights have been recognised in certain areas, particularly housing and employment. Age can be a factor of vulnerability, but it must not become a handicap because of an unsuitable environment.

Many lessons have been learned from the COVID-19 pandemic. The crisis has reminded us how important it is to rely on **disaggregated data**, to implement a **holistic approach to health and to cooperate**, at both European and international level, to exchange information, share best practices and set up solidarity mechanisms. Common challenges call for concerted responses and France will continue to promote and strengthen this cooperation.

In the future, the public authorities will thus work to enrich public policies related to ageing, taking into account these lessons learned from the COVID-19 crisis, as well as the proposals made in the Libault report at the end of the national consultation on old age and autonomy. Finally, **these public policies are of interest to society as a whole and will benefit from being promoted from this angle.** They make it possible to create the conditions for a **more inclusive society**, which recognises and values the potential of all its citizens, whatever their age, sex, situation or disability. This inclusive society will ultimately be more resilient and better prepared to meet the major challenges of our time, particularly those of technology and climate.

Contribution of the Coordination of French members of "AGE Platform Europe" to the 4th review cycle and evaluation of the implementation of MIPAA and the Regional Strategy for Europe

The Coordination of French members, known simply as "Age France", is a voluntary group of French associations belonging to Age Platform Europe (AGE) that was founded in Brussels in 2001. Age France currently consists of 13 organisations, mostly members of AGE, plus a few non-member partner associations.

Staying within the framework of MIPAA and keeping pace with the periodic evaluations, Age France recognizes that over the last twenty-five years pensioners and elders have been a constant concern and many studies and measures have been taken in France in various areas relating to their needs. If we consider France's own political life, clearly, despite successive political changes and presidencies (Sarkozy 2007-2012, Hollande 2012-2017, Macron since 2017), structuring guidelines for social reform have been laid down by the national authorities in the social domains within their field of competency. They have also been influenced by the momentum of planning from the EU level, (for example, the process of the National Reform Programs (PNR) and the "European Semesters").

If we were to summarize the situation, two major issues have been on the table for thirty years and both have yet to be satisfactorily dealt with: reforming the pension system and the financing the loss of autonomy. If the second issue is relatively consensual in the objectives and orientations to be privileged, the first is the object of disagreements, more so on the modalities of the reform rather than on the objectives themselves. What is wanted is a more equitable system that will be fair to the various categories of taxpayers and beneficiaries; one that guarantees a square deal between the generations, that is economically sustainable for the present and for the future and one that will thus inspire confidence in the younger generations when they start to contribute, while at the same time not eroding the purchasing power of pensioners.

From our point of view, among the many documents produced during that period on these two subjects, it is worth highlighting the following:

- The on-going work of the Retirement Orientation Council (COR, created in 2000) that provided common working ground for decision-makers and for public debate.
- The law of 28 December 2015 on the Adaptation of Society to Ageing, which took stock of previous studies and the initiated new global or sectoral policies, although it only covered the "home" component. Its counterpart dealing with accommodation in housing establishments is expected to be a major part of the proposed "Old age and autonomy" bill which is currently up for discussion again.
- The law of 7 August 2020 that recognises the loss of autonomy as a new social risk regardless of age through the institution of a "5th risk" registered in the Social Security Code. The loss of autonomy and the need for support for autonomy is a risk that is now insured by the Nation and is applicable to everyone regardless of their age and state of health. This achievement is the culmination of a long struggle, complicated by the differences between age and disabilities in

French law. The management of this new specific branch is entrusted to the CNSA (“National Solidarity Fund for Autonomy”) created in 2005, although its attachment to the historic “National Health Insurance Fund” (CNAM) had its supporters.

Regarding the situation of the most fragile people, the 175 proposals contained in Dominique Libault’s report, “Old age and autonomy” “for a strong new policy on old age in France” (28 March 2019) constitute a road map to guide reform for the immediate and the future.

The perception that we have entered an economy and a society characterized by the continuum of longevity rather than by the succession of distinct age groups is a notable achievement of the period. Politicians are finally accepting long-standing scientific proof of the fact that age in itself can no longer be used to characterize a person, a group, or a society and neither can it be used to predict their evolution.

This continuity of life in society is readily translated by the term “life course approach”: the principle of equality (underlying a rights-based approach) cannot be understood without referring to the concrete diversity of situations.

Age Platform Europe has participated in this transformation and welcomes the fact that 2021 has been marked by the launch at EU level of a clear orientation on ageing (Green Paper on Ageing).

We turn now to the three axes proposed by the UN document (Lisbon ministerial declaration 2017):

1. Recognize the potential of older people
2. Encourage a longer working life and the ability to work
3. Ensure ageing with dignity

Before going into these three axes, we consider that changes in perception of ageing lead to changes in individual and collective attitudes and even if the results are still insufficient, the denunciation of ageism has risen and been reinforced during this period.

Age Platform Europe has largely contributed to this change through its awareness-raising actions and by taking a strong stand on “discrimination by age”; the theme of the latest of its successive campaigns is “Ageing Equal - human rights do not diminish with time”(2018-2019).

In France, over the last twenty years, several initiatives have been taken or extended on the subject of maltreatment, shining a light on earlier academic research that exposed the issue but struggled to make its voice heard. They deal mainly with issues concerning the dignity of the most fragile elderly people (the 3rd axis). It is becoming increasingly clear that maltreatment is the extreme point of a wider situation that affects all areas of life. In the name of the fight against ageism, there are several existing actions that are exemplary and deserve to be highlighted on the other two axes and in information campaigns conducted aimed at the public where age remains an obstacle “in itself”.

At the European level, AGE has been pleading for several years in favour of the adoption by the Member States of a Strategy of non-discrimination on the basis of age (“Age Equality Strategy”) and for a Directive that would be “transversal” to combat discrimination against the elderly with regard to access to goods and services, in addition to healthcare.

Recognizing the potential of older persons

AGE France, since its inception in 2001, has always emphasized this facet of aging. Spontaneously, the “policies on age” were, and still remain, associated with “policies for old age” reflecting a poor, negative vision of old age inherited from the 60s / 70s. It has taken several slow conceptual revolutions to get out of it and reason on a different basis: “old age is not a disease”, incapacity rather than dependence, approach by handicap rather than by age, promotion of autonomy (respect for individual rights and expectations rather than needs), new vision of family relations (families with several generations), right to work versus automatic retirement and early retirement, recognition of differences (individualized perspectives of ageing instead of a common denominator called "old age"), new approaches to free time / freed from work versus activities of a standardized "3rd age" stereotype etc ...

When we speak, lightly of "old people" in the economic and social system today, we are in fact referring to a heterogeneous group of people ranging from 55 years old or even 50 years in terms of employment and consumer segmentation, to very fragile people living up to and beyond 100, in other words, a universe that covers almost half of the lifespan.

Thus, the Age Platform is aimed at Europeans "from the age of 50" which explains the diversity of the issues addressed.

The potential contributions to society as a whole by seniors / pensioners / elderly can be expressed in three concentric circles described below.

- The first circle is that of the family environment where many non-monetary or monetary services are exchanged; they are organized around the "pivot generation": support for older parents by "family carers" whose role is starting to be better recognized, support for working adult children (for example, childcare), supportive and emotional relationships between grandparents and grandchildren.
- The second circle is the larger one of how seniors spend their time. If we consider adults to be seniors from the age of 50, this activity can be either a paid professional activity or voluntary activities, beyond the family circle. The two can be concomitant and varied (from an individual approach to corporate sponsorship), often with a view to preparing for retirement. Social volunteering varies from local actions, in the neighbourhood, to a variety of commitments in multiple forms of associative life at all levels of society.
- The third circle is even wider. It includes participation in the various consultative bodies run by the public authorities and directly in local political life (municipal and departmental councils where the "weight" of "60 years and over" is in the order of 30%). For the entire electorate, let us also underline the traditionally high turnout in elections of seniors compared to younger voters, as mentioned in several studies. In fact, seniors today can "tip" the result of a poll!

Old age is an economic lever; it constitutes a market or rather a wide variety of market segments that generate jobs. The "Silver economy" must be understood in a broad sense (longevity economy), not limited to new technologies offered by start-ups.

Regarding the "economic" variants of volunteering, let's not forget that pensioners, are often former management advisers, project guides, or business creators themselves. From this point of view, the "Silver Economy" contradicts the stereotype that associates retirement and inactivity.

Volunteering in the social field that aims to strengthen relations between the generations and aspires towards a new form of "living together" needs to be worked at to succeed. By definition, in a liberal society, it is not up to the public authorities to institute it; they can, on the other hand, encourage it (for example, fiscally) and highlight it through communication campaigns.

The development of this potential needs to be fostered through:

- lifelong learning, including preparation for retirement, which often targets both healthy aging (prevention) and social and cultural integration and of which access to digital devices is only one, albeit important aspect;
- through supporting programmes such as "care for caregivers" and measures of "caregiver assistance". The recognition of an official "caregiver status", the creation of "caregiver" leave, the "right to respite" and the current national strategy "Acting for caregivers" are all steps in the right direction.

Encourage a longer working life and the ability to work

In France, this objective is linked to the on-going debate on the sustainability of pension systems more than to modern scientific proof of the benefits to the individual and to society of "active and healthy aging".

It should be noted that pension reform is at the origin of several recent official reports on the subject: France Strategy, CESE (Economic, Social and Environmental Council), Senate, 2019 mission headed by Sophie Bellon, president of the Board of Directors of Sodexo, the 2021 fact-finding mission for the National Assembly by Valérie Six, Member of Parliament for the North.

The employment of seniors is a crucial issue both because of the need to preserve the skills and not to ignore or neglect them at a time when companies are looking for experienced people, and because of the need to extend the working life to ensure the sustainability of our pension schemes.

Two-thirds of the people who reach the legal retirement age (62) are no longer working.

France was a long way behind the European objectives laid out in the "Lisbon Strategy" for 2010-2020. While the evolution of the employment rate of the "55 and over" (very broad category) has been positive, we only just managed in 2020 to reach 53.3% and thus to exceed 50% target set in 2010.

It is worth noting (DARES report May 2021) the growth in activity for 55–59-year-olds, which topped 73% in 2020 (versus 55% in 2003).

The increase in the retirement age (law of 21 August 2003) has had a positive effect on the employment of 60–64-year-olds: however, at the beginning of 2020 the employment rate for this age group was only 33.2% (compared to 13% in 2003). It is true that raising the retirement age has an immediate negative effect because of the increase in the unemployment rate for older people in this age group, but in the medium and long term the positive effect on employment prevails.

It is necessary for the reforms to take the growing risk of unemployment linked to the postponement of the starting age into account.

If we consider certain measures taken over the last years, some didn't work and some did. On the "minus" side, we can point to the "CICE" (Tax Credit for Competitiveness and Employment) introduced in 2013 that has not had a significant impact on the employment of seniors; then there was the *Contrat de Génération* (Generation Contract) introduced in 2013 and abolished in 2017 (without an alternative version) that had already replaced an earlier three-year "action plan for seniors" implemented in 2010 and abandoned before its evaluation; the "Pact" (Action Plan for the Growth and Transformation of Enterprises) law of 12 February 2019 that does not concern the employment of the over-55s.

On the "plus" side, the innovative experiment started from 2017 (law of 29 February 2016) aimed at having "ten territories with zero long-term unemployment", and its prolongation for an additional five years, as well as its expansion to an additional fifty territories (law of 14 December 2020). While the number of people involved in the experiment is modest to date (just over 1,000 unemployed people), the principle of transforming social benefits into resources to finance open-ended contracts in "companies with a view to employment" is an innovation. As part of the policy of "integration through economic activity" (IAE), the 2020 law also created a "Senior Inclusion" contract for those aged 57 and over up until retirement. Any measure in favour of the employment of the long-term unemployed, among whom the 55+ are in the majority, is a step in the right direction.

The extension of working life is today inseparable from lifelong learning and training policies.

Numerous surveys highlight the lack of training available to people over the age of 50, for several reasons: either because companies overlook them due to the prospect of their imminent retirement; or because potential candidates are not encouraged to apply; or because the training is not adapted; or because people who experienced difficulties at school are reluctant to take part.

The sceptical or restrictive attitudes towards the employment and training of older people are largely cultural in nature, even though the efficiency of much maligned "older" employees in suitable jobs or at suitable rates has been proved and multi-generational teams in companies have produced convincing results.

This is why we propose that the employment of older people should be the subject of a Great National Cause. It would be a symbolic act but would carry a strong message.

On a more technical aspect, and as the ANDRH (National Association of HRDs) once proposed, an index should be established to record the presence and training of older workers in companies over a certain size, as was done for gender equality. This could be an opportunity to set up an Observatory on the employment of older workers.

Recognizing that skills are an incentive to activity, the VAE ("Validation des acquis de l'expérience") instituted in 2002 to compensate for the lack of an initial diploma, should be encouraged, or even reformed to speed up the procedure for examining applications.

To encourage flexibility at the tail end of careers, the obstacles to combining employment and retirement need to be better identified. The first measures date back to 2003 when attention was beginning to be paid to the employment of older people.

In the field of health and working conditions, measures have been taken to make it easier for caregivers (children and adults) to reconcile work and their caring responsibilities (see above).

AGE and its members supported the 2019 EU Directive on work-life balance for parents and carers, and France was ahead of the game. More broadly, Age France supports occupational health policies that prepare people for better ageing.

Enabling people to age with dignity

It is certainly in this area that the reforms were most immediately visible.

The Covid 19 pandemic brought this issue into sharp focus given the number of frail elderly people living in residential establishments who died. They were not given priority for admission to hospital, and it took time before they had priority access to vaccines. This resulted in the deleterious effects on the psychological health of residents due to decisions to confine and isolate them, and to heated public debates on free access to these establishments, particularly by families.

Going back to 2003 a National Committee for Vigilance against Elder Abuse was established, and this sparked off an awareness-raising movement among professionals and the public, which in turn resulted in the creation in 2008 of a national reporting and emergency call number, 3977. The Committee was reactivated in 2013 with a more engaging and positive notion of "welfare" (CNBD or *Comité national de bientraitance et des droits*). The issue of respect of the rights of everyone, regardless of age, was more clearly addressed, while remaining oriented towards the "protection" of the most fragile among us.

The pandemic created the opportunity to review the fundamentals and methods of support for the elderly both at home and in institutions. It raised the critical question of the recognition of professions and the remuneration of personnel, to which the "Ségur de la santé" (July 2020) provides an initial response.

Age France, like other actors, underlined the quality of the "National mobilisation plan for the professions working with the elderly" (Myriam El Khomri report, October 2019). This was not the first public contribution on the subject, but it came at the right time. The improvement of working conditions, the upgrading of salaries, the opening of career development prospects in the same or related professions (through training), risk prevention actions (for example, absenteeism, burn out, work accidents and disability) are all factors that should contribute to stopping the haemorrhaging of the workforce and making jobs a little more attractive.

For its part, Age Platform Europe invited its members to reflect on the configuration of long-term care for the future, referring to the 18th principle of the EU's "European Socle of Social Rights" adopted in Göteborg on 23 October 2017.

On-going and recurrent issues in France include how best to coordinate services provided by different professionals and how to articulate the interventions of professionals and voluntary caregivers (namely family members).

Other avenues of thought are more recent, for example, integration: what the professionals are considering for innovative solutions. The role of residential establishments is now being re-questioned:

should they evolve into local "platforms" for assistance and care, including a preventive approach? The question of the patient as an "actor of his or her own health" and being "at the heart of the system" is having difficulty moving from a statement of principle to action.

Recent proposals for living arrangements where people would be "accompanied in shared quarters and integrated into local life" housing ("API", more conveniently called "inclusive") are moving in the direction of the search for intermediate solutions between the all-home and all-institutional approach: see the work of the CNSA 2019 and Denis Piveteau-Jacques Wolfrom's report, June 2020, on "a national strategy for the large-scale deployment of inclusive housing". These subjects have been mentioned in gerontological literature for many years and many innovative or experimental actions have already seen the light of day over the past three decades.

Work on new technologies to support the advancing years has grown over the last ten years around the aforementioned "Silver Economy". Given their technical nature, they often remain in the domain of the specialists; the contribution of potential users should be stimulated. Members of Age France have taken part in field surveys conducted by the users themselves.

As far as the "end of life" is concerned, laws have been passed over the last twenty years that have provided concrete solutions, but the ethical debates remain spirited (as we could see on the occasion of the November 2020 bill on "active assistance in dying", known as "assisted suicide"). In our view, this difficult question goes beyond the sole domain of policies for the elderly, even if the latter are statistically concerned; its examination must be organised in a serene manner for all citizens: it is regrettable that the cross-party parliamentary initiative on the right of people to have greater control over the end of their lives was launched without sufficient preparation and was therefore rejected *sine die* for the time being.

Beyond the three axes mentioned above, AGE France draws attention to several specific points:

1-Isolation and loneliness

The heat wave of summer 2003 revealed shocking living conditions of some elderly people (excess mortality of 19,000) and yet that is tending to fade from public memory in the light of the contemporary "Covid 19" period. Both put the spotlight on the isolation and loneliness of the elderly whereas it was thought to be a subject of the past linked to times of economic poverty in old age.

Many initiatives have emerged since the mobilisation of the Petits Frères des Pauvres at that time, initially in the associative field (for example, the creation in 2014 of the "MonaLisa" Association, "Association for the national mobilisation against the social isolation of the elderly") then, in the public domain at the local level and increasingly relayed by private initiatives (for example, awareness-raising aimed at social housing landlords).

This theme is shared by many AGE members from several European countries.

The *Petits Frères des Pauvres* made 15 recommendations in their 2019 study on "Isolation and territories of the elderly". The first two covered the official measurement of relational isolation and the creation of a portal that coordinates, values, and evaluates actions to combat the isolation of the elderly.

We note with interest the creation on February 15, 2021, by the Minister Delegate in charge of Autonomy of a "Strategic Committee to fight against isolation of the elderly". The overall ambition is to fight against ageism, to raise awareness among the public and encourage citizenship - we whole heartedly share this ambition!

Relational isolation is a multifaceted subject. It affects family and neighbourhood solidarity, local volunteering, forms of housing and town planning, modes of transport, access to shops and services, use or not of digital devices.

It is important to distinguish between the conditions of isolation in rural and urban areas to offer the most appropriate responses to the contexts.

2-A more accessible society

Building and maintaining intergenerational relations as well as the thirst for a renewal of our society that is today perceived as individualistic and compartmentalized are generating initiatives; members of AGE France are working on it.

New technologies offer a common working ground for a more accessible society.

The Civic Service (2010) for young volunteers aged 16 to 25 (and even up to 30) recently extended the missions offered to the elderly at home and in establishments. The "Solidarity Seniors" mobilization initiated in March 2021 has set an ambitious three-year objective of achieving 10,000 missions to reach 300,000 isolated elderly people. It is both a way of fighting isolation (on both sides) and an opportunity for young people to learn about possible careers in the ageing work field. For the experience to be successful, however, it is important that the missions (of short duration) do not end up filling a gap created by the shortage of professional staff among the most vulnerable. It should also be noted that missions that are too short do not generally meet the aspirations of the people helped.

3-Survivors' pensions and persistent wage gaps

With regard to reducing gender inequalities as the UN report envisages, let us underline - although this may seem paradoxical - the importance of survivors' pensions in the event of widowhood. Given that previous generations of retired women did not have the same activity rate of women today and, in view of past pay gaps, the benefit of minimum pensions is more the fact of women than men. Attributing a pension to the surviving spouse (most often a woman) from 55 years old, without a means test and on the basis of 60% of the pension of the deceased spouse, is a measure of justice in the pension reform initiated which will continue.

According to INSEE, while the gaps have narrowed by a quarter in twenty years, women's wages remain nearly 17% lower than those of men.

4-Remaining expenses are a major concern

The issue of "remaining expenses" for the elderly or their children, particularly in terms of the cost of housing in medico-social establishments, remains a major concern for many couples and families. Over the past thirty years, successive reforms have attempted to provide solutions; institutional changes (for example, management of a "5th risk" of Social Security by the CNSA) are intended to meet the challenges of an ageing population; increasing public resources are being committed. The new expected reform on the issues of old age and autonomy is awaited with great hope. At the same time,

it would be interesting to have an overview of the solutions found by families or proposed by institutions to reduce the remaining expenses.

5-Territorial inequalities

Increasing emphasis is being placed in France - and now in Europe (*see Green Paper on Ageing, above*) - on territorial inequalities in terms of access to shops, public services, health resources and everyday information in digital form. Future measures should take territorial remoteness, often associated with poverty, into account

The introduction from 2019 of the "Maisons France Services" should be highlighted. This includes labelling local "one-stop shops" to facilitate citizens' procedures and access to rights. They follow on from the "Maisons de services au public" (MSAP, an experiment generalised in 2013). The aim is to open 2,000 of them - one per canton - by 2022 (around 1,100 have already been accredited with the label) with priority initially given to rural areas and "priority neighbourhoods" defined in urban policy.

Accessibility to the health system remains a weak point in our society, as shown by recent studies on the effects of the "Covid crisis" on the most disadvantaged people living in areas with poor access to services and/or poor transport links – the so-called “medical deserts ».

6-Incentives for housing conversions

Faced with climate change and the uncertain (probably increasing) costs of energy in the future, tax incentives or direct aid for housing conversions (tenants and owners) must be pursued. Some measures have existed for a long time. They will have to be combined with those dealing with the adaptation of housing to old age and will certainly need to be amplified.

7-Active Healthy Ageing

With the "health crisis", health issues are back on centre stage.

Older people are seen as consumers of care. This is true for the last years of life and in cases of high dependency.

Medicine is becoming more and more preventive and many initiatives that have been taken over several years are not necessarily well known or used.

« Active and healthy ageing » is becoming a societal issue: see the WHO programme "Age-Friendly Cities and Communities" which dates to 2005.

The 2020-2030 Decade declared the "Decade of Healthy Ageing" by the WHO should allow a qualitative and quantitative leap in the global mobilisation of all the actors of ageing well and the elderly themselves.

Presentation of the members of the AGE France

Age Platform Europe is a European network of non-profit organisations “of” and “for” people aged 50 + established in January 2001 as an international association under Belgian law, which aims to voice and promote the interests of the citizens aged 50 + in the European Union and to raise awareness on

the issues that concern them most. Its work focuses on a wide range of policy areas that impact on older and retired people.

The network includes more than 100 regional, national, and European organisations.

For more information www.age-platform.eu

The Coordination of French members, Age France, currently consists of the following organisations:

- ACLAP (Action de coordination de lieux et d'accueil aux personnes âgées)
- ALIM 50 + (Association specialised in food and health issues for seniors)
- ARAF (Association of retired Air France employees)
- CFR (French Confederation of Pensioners)
- EGPE (European Grandparents School)
- FNAR (National Federation of Retirement Associations)
- Générations Mouvement - National Federation
- IDAR (Information, Defence, Action, Retirement)
- Old Up (Not so young, but not so old)
- Union of former BP Group employees
- UFR (French Union of Pensioners)
- UNAR CFTC (National Union of Retired People- CFTC)
- UNIR CFE- CGC (National Inter-Branch Union of Retired People- CFE-CGC)

LIST OF ACRONYMS

ANACT : Agence nationale pour l'amélioration des conditions de travail

ANAH : Agence nationale de l'habitat

APA : Allocation personnalisée d'autonomie

ARS : Agence régionale de santé

ASIPAG : Association des solutions innovantes pour l'autonomie et gérontechnologies

CNAV : Caisse nationale d'assurance vieillesse

CNSA : Caisse nationale de solidarité pour l'autonomie

CENTICH : Centre d'expertise national des technologies de l'information et de la communication pour l'autonomie

CDCA : Conseil départemental de la citoyenneté et de l'autonomie

CDI : Contrat à durée indéterminée

CNRS : Centre national de la recherche scientifique

CNUH : Conseil national de l'urgence hospitalière

CNCPH : Conseil national consultatif des personnes handicapées

CODERPA : Comité départemental des retraités et des personnes âgées

CPF : Compte personnel de formation

CVS : Conseil de la vie sociale

DGCS : Direction générale de la cohésion sociale

DGEFP : Délégation générale à l'emploi et à la formation professionnelle

DREES : Direction de la recherche, des études, de l'évaluation et des statistiques

EBE : Entreprises à but d'emploi

EHPAD : Établissements hébergeant des personnes âgées dépendantes

EMS : Établissements médico-sociaux

ESMS : Établissements sociaux et médicosociaux

EVSI : Espérance de vie sans incapacité

FSE : Fonds social européen

GDR : Groupement de recherche

GEM : Groupements d'entraide mutuelle

GIS : Groupement d'intérêt scientifique

HAD : Hospitalisation à domicile

HAS : Haute Autorité de santé

HSCP : Haut conseil de la santé publique

ICOPE: *Integrated Care for Older People*

IFOP : Institut français d'opinion publique

IILV : Institut de la longévité, des vieillessees et du vieillissement

INSEE : Institut national de la statistique et des études économiques

QVT : Qualité de vie au travail

ODD : Objectifs de développement durable

OMS : Organisation mondiale de la santé

PMR : Pension majorée de référence

PIB : Produit intérieur brut

SHS : Sciences humaines et sociales

SFTAG : Société française des technologies pour l'autonomie et de gérontechnologie

SNDS : Système national des données de santé

SSR : Soins de suite et réadaptation