



European  
Social  
Charter

Charte  
sociale  
européenne



**EUROPEAN COMMITTEE OF SOCIAL RIGHTS  
COMITE EUROPEEN DES DROITS SOCIAUX**

10 May 2018

**Case Document No. 1**

**International Federation of Associations of the Elderly (FIAPA) v. France**  
Complaint No. 162/2018

**COMPLAINT**

**Registered at the Secretariat on 13 April 2018**



COMPLAINT OF A VIOLATION OF THE REVISED EUROPEAN SOCIAL CHARTER  
SECRETARIAT OF THE EUROPEAN SOCIAL CHARTER  
EUROPEAN COMMITTEE OF SOCIAL RIGHTS

COMPLAINT OF DISCRIMINATION AGAINST HEALTH PROFESSIONALS ON THE GROUND OF AGE

**A- THE PARTIES**

**I – THE COMPLAINANT ORGANISATION**

1. Details of FIAPA:

1. The International Federation of Associations of the Elderly (FIAPA) is an international non-governmental organisation holding participatory status with the Council of Europe whose headquarters and postal address are 163 rue de Charenton, 75012 PARIS – France. Acting on its behalf is Alain KOSKAS, its current President, domiciled in this capacity at those headquarters.

Represented by Marie-Hélène ISERN-REAL, member of the Paris Bar, 14 rue Malar, 75007 PARIS - France Tel. +33 (1) 45 56 91 00 - +33 (6) 09 02 33 55 - m-h.isern-real@wanadoo.fr.

2. FIAPA's competence to submit a collective complaint:

2. The International Federation of Associations of the Elderly (FIAPA) is an international non-governmental organisation, which was set up on 26 September 1980. In France it has the status of an association recognised as serving the public interest and is lawfully registered. **Docs. 1 and 2**

It was granted participatory status with the Council of Europe on 18 August 1983 under number 5103. **Doc. 2**

It is therefore a member of the Council of Europe Conference of INGOs. **Doc. 3**

At its extraordinary general meeting on 14 June 2016 it decided to lodge collective complaints against France with regard to its application of the European Social Charter (the Charter). **Doc. 4**

For this purpose, it appointed Ms ISERN-REAL to prepare and submit a collective complaint alleging a violation by France of the Social Charter.

3. FIAPA's right to lodge a collective complaint against France

3. The Governmental Committee of the European Social Charter and the European Code of Social Security has authorised FIAPA to lodge collective complaints in the event of a violation of the European Social Charter for a period of 4 years from 1 July 2014 to 30 June 2018.

**Doc. 5**

FIAPA's goal as an association is to launch activities and campaigns to strengthen and promote the implementation of regulations protecting elderly people throughout the world. This includes:

- a charter on the right of elderly people to protection;
- a universal declaration on the rights of the elderly;
- participation in the work of various national, European and world bodies for the protection of the elderly;
- studies on discriminatory behaviour and failure to apply social rights to the elderly including a report to the Ombudsman of the French Republic then a report by the state on financial abuse, a parliamentary hearing, a flash survey and participation in Confcap2017;
- training for health and social work professionals at national and international level;
- evaluation and relief work in the event of natural disasters. **Doc. 6:** campaigns file.

As a result FIAPA is particularly well disposed and qualified to lodge a collective complaint against any of the fifteen countries authorising a collective complaints procedure, among which is France.

## II - FRANCE- HIGH CONTRACTING PARTY

1. On 5 May 1949, France joined the Council of Europe as one of its ten founding members. On 18 October 1961, in Turin, it signed the European Social Charter, which came into force on 26 February 1965. France ratified it on 9 March 1973 and it came into force in respect of France on 8 April 1973. France has undertaken to guarantee the economic and social rights of European citizens.
2. France ratified the 1988 Additional Protocol then the revised European Social Charter on 7 May 1999, and it is bound by all the articles of the latter.
3. France also ratified the Additional Protocol of 9 November 1995, which authorises collective complaints under the conditions laid down in Articles 1 et seq. The aim of the Protocol is to enhance the monitoring of member states through a more effective mechanism than simple annual reports drawn up, ex parte, by the member States themselves. These two texts came into force on 1 July 1999.
4. France recognises the right of international non-governmental organisations (INGOs) with consultative status with the Council of Europe, registered on a special list to lodge collective complaints (Article 1b of the additional Protocol of 9 November 1995).

Article 3 of the Additional Protocol provides that “the international non-governmental organisations and the national non-governmental organisations referred to in Article 1.b and Article 2 respectively may submit complaints in accordance with the procedure prescribed by the aforesaid provisions only in respect of those matters regarding which they have been recognised as having particular competence”. Competence is assessed in the light of the goals set out in the organisation’s statutes.

In addition Rules 22, 23 and 24 of the Rules of the European Committee of Social Rights (the Committee) adopted on 29 March 2004 and revised on 12 May 2005 state that complaints must be addressed to the Executive Secretary acting on behalf of the Secretary General of the Council of Europe. It is stipulated that they must be in one of the official languages of the Council of Europe, one of which is French. Complaints must be signed by the person(s) with the competence to represent the complainant INGO.

5. Furthermore, the Committee has consistently held, on the subject of claims for compensation, that while “the Protocol does not regulate the issue of compensation for expenses incurred in connection with complaints ..., it does consider that as a consequence of the quasi-judicial nature of the proceedings under the Protocol, in case of a finding of a violation of the Social Charter, the defending State should meet at least some of the costs incurred” (decision of 12 October 2004 on Collective Complaint No. 16/2003).

## B - THE COMPLAINT

### 1/ THE RELEVANT LEGISLATION

6. Article 5 of Order No. 2017-192 of 16 February 2017 amended the Public Health Code as follows:  
**Doc. 7**

Article L4125-8

- Created by Order No. 2017-192 of 16 February 2017 - Article 5

To be entitled to stand for election as a council member or an assessor on a disciplinary board, candidates must be no older than 71 on the date after which no more candidatures can be accepted.

### **NOTA:**

Under Article 19 of Order No. 2017-192 of 16 February 2017, these measures shall come into force after the next renewals of each of the professional councils following the publication of the order;

Cited by:

Created by: Order No. 2017-192 of 16 February 2017 – Article 5

This text applies to all health professionals with their own professional association, namely doctors, dentists, nurses, midwives, masseurs and physiotherapists.

Articles 19 and 20 of the order make provision for its application and for derogations.

- Article 19
  - Amended by Law No. 2017-1841 of 30 December 2017 – Article 7 \_  
Subject to the last two sub-paragraphs of this article, the provisions of this order shall enter into force after the next renewals of each of the professional councils following its publication.

The provisions of the new Article L. 4125-7 of the Public Health Code created by this order shall enter into force the day after its publication.

Points 2° and 3° and the 13<sup>th</sup> sub-paragraph of Article L. 4231-4 of the Public Health Code, in the wording arising from this order shall enter into force on the date of the publication of Law No. 2017-1841 of 30 December 2017 ratifying Order No. 2017-644 of 27 April 2017 on adjustments to legislation on the functioning of the associations of the health professions.

- Article 20

For the next renewal or, with regard to councils of which only half the members are renewed, for the next two partial renewals of each of the professional councils following the publication of this order, a decree of the Conseil d'Etat shall specify where necessary the rules to be applied temporarily to these elections which are required to take account, where appropriate and for each of the professional bodies concerned, **of changes in territorial jurisdictions or in the number of seats on councils, of the implementation of renewals of half the members and of the implementation of pairing.**

Within the limits necessary for the realisation of this aim, this decree of the Conseil d'Etat may provide for the extension or the interruption of terms of office being served at the date of the next renewal or the next two partial renewals.

Decree No. 2017-1418 of 29 September 2017 sets out the transitional measures:

- Article 12  
ELI unavailable

I. The partial renewal of the *département*-level councils of the doctors' association scheduled in November and December 2017 shall be held for the *départements* concerned in January 2018.

The terms of office of the council members elected in these *départements* shall begin on 1 February 2018 and expire on 31 January 2024. Accordingly, the terms of office of the outgoing members shall be extended to 31 January 2018. The terms of office of outgoing members who are also members of a disciplinary board shall be extended for the same length of time.

II. For the next partial renewal of the council of the national doctors' association:

1° The terms of office of the outgoing member of the regional and interregional councils

of Brittany, Centre-Val de Loire, Normandy and Occitanie shall be extended by three years;

2° **The National Council shall draw lots among the outgoing members of the regional and interregional councils of New Aquitaine, Grand Est and Ile-de-France who have not reached the age limit referred to in Article L. 4125-8 of the Public Health Code on the date of the end of their term to appoint, subject to the limit of a single outgoing member for each of these councils, the three members whose terms of office shall be extended by three years.**

After the second renewal, lots shall be drawn at the first council session to determine, among the newly elected pairs representing the regions or interregional bodies, those whose terms of office shall expire after three years and six years respectively so as to allow for the subsequent half renewal of members.

III. At the elections originally planned for the next partial renewal of the regional and interregional councils of the doctors' association, the national council shall arrange for the complete renewal of all regional and interregional councils. The national council shall be the organising body for these elections.

IV. The next two partial renewals of the *département*-level councils of the doctors' association shall be conducted in accordance with the following rules:

1° For *département*-level councils made up of twelve full members and twelve substitute members, the renewal shall be carried out in two instalments of three pairs of full members and three pairs of substitute members;

2° For *département*-level councils made up of fifteen full members and fifteen substitute members, the renewal shall be carried out in two instalments of four pairs of full members and four pairs of substitute members. For *départements* in which the number of outgoing full members at the first renewal is seven, the transitional membership between the two renewals shall be fifteen full members and fifteen substitute members. For *départements* in which the number of outgoing full members at the first renewal is eight, the transitional membership between the two renewals shall be sixteen full members and sixteen substitute members;

3° For *département*-level councils made up of eighteen full members and eighteen substitute members, the renewal shall be carried out in two instalments of four pairs of full members and four pairs of substitute members;

4° For *département*-level councils made up of twenty-one full members and twenty-one substitute members, representing between 2 001 and 7 000 registered doctors, the renewal shall be carried out in two instalments of five pairs of full members and five pairs of substitute members. For *départements* in which the number of outgoing full members at the first renewal is ten, the transitional membership between the two renewals shall be twenty-one full members and twenty-one substitute members. For *départements* in which the number of outgoing full members at the first renewal is eleven, the transitional membership between the two renewals shall be twenty full members and twenty substitute members;

5° For *département*-level councils made up of twenty-one full members and twenty-one substitute members, representing between 7 000 and 21 000 registered doctors, the renewal shall be carried out in two instalments of six pairs of full members and six pairs of substitute members. For *départements* in which the number of outgoing full members at the first renewal is ten, the transitional membership between the two renewals shall be twenty-three full members and twenty-three substitute members. For *départements* in which the number of outgoing full members at the first renewal is eleven, the transitional membership between the two renewals shall be twenty-two full members and twenty-two substitute members;

6° For the *département*-level council of the City of Paris, the renewal shall be carried out in two instalments of seven pairs of full members and seven pairs of substitute members, resulting in a transitional membership between the two renewals of twenty-six full members and twenty-six substitute members.

**Doc. 8**

- **Links related to this article**

- **Cite:**
- Public Health Code - Article L4125-8 (V)

This order is said to have been ratified by Law No. 2017-1841 of 30 December 2017. **Doc. 9**

However, this text only ratifies Order No. 2017-644 of 27 April 2017 on adjustments to legislation on the functioning of the associations of the health professions.

Order No. 2017-644 did not amend the text of Article L4125-8 of the Public Health Code.  
French Official Journal No. 0100 of 28 April 2017  
Text No. 40

**Order No. 2017-644 of 27 April 2017 on adjustments to legislation on the functioning of the associations of the health professions**

NOR: AFSH1708096R

ELI: [https://www.legifrance.gouv.fr/eli/ordonnance/2017/4/27/AFSHI\\_708096R/jo/texte](https://www.legifrance.gouv.fr/eli/ordonnance/2017/4/27/AFSHI_708096R/jo/texte)

Alias: <https://www.legifrance.gouv.fr/eli/ordonnance/2017/4/27/2017-644/jo/texte>

**Doc. 10**

Therefore Article L4125-8 of the Public Health Code is published in the form of an order.

2/ THE RIGHT TO AN EFFECTIVE REMEDY:

7. a) An order may only be challenged two months after its publication in the Official Journal.

Law No. 2017 -1841 of 30 December 2017 actually only ratifies Order No. 2017-644 of 27 April 2017 on adjustments to legislation on the functioning of the associations of the health professions.

Order No. 2017-192 of 16 February 2017 has not obtained the status of a law which may be contested by means of a preliminary question of constitutionality, despite the fact that direct appeals against it on grounds of ultra vires are now out of time, and this deprives the injured parties of any legal remedy against this text, save in the course of a dispute on a refusal to register or validate a candidature arising from an objection under Article 5 of the Order of 16 February 2017.

Therefore the health professionals on whom the text is imposed do not have any competent court in which they can bring collective proceedings to dispute its constitutionality, legality or compliance with international law.

It would seem that this order went unnoticed by the associations of the medical professions whose modus operandi it changed as no appeal was submitted against the order within two months of its publication.

Consequently, it was some geriatricians who alerted FIAPA to the situation. **Doc. 11**

The conclusion is unavoidable that France issued an order aimed exclusively at all health professionals under conditions which did not allow for any collective proceedings.

This procedural situation is incompatible with the collective right enjoyed by every citizen to be covered by the principles of the Charter, which, in its preamble, asserts “the indivisible nature of all human rights, be they civil, political, economic, social or cultural”.

8. b) Individual petitions are difficult to organise in good time.

According to Article 19 of the order, the entry into force of Article L4125-8 of the Public Health Code is set

following the next renewals of each of the professional councils in each département within a time limit that is unique to each council for each health profession.

Because of the temporal arrangements for the application of the text, the French state forces the citizens concerned to initiate long individual proceedings which are incompatible with the application deadlines linked to each council election in which they intend to stand.

9. Article 13 of the European Convention on Human Rights provides that everyone must have an effective remedy and must be allowed by the state to appeal against laws and regulations which cause him or her grievance.

Likewise Article 47 of the Charter of Fundamental Rights of the European Union, signed in Nice on 7 December 2000 and ratified by the Treaty of Lisbon, which made it binding, points out that everyone whose rights and freedoms are guaranteed by the law of the Union has the right to an effective remedy and access to an impartial tribunal.

10. c) The appeal by the professional council of masseurs and physiotherapists of Hauts de Seine:

An appeal by the council of masseurs and physiotherapists of the département of Hauts de Seine and other parties acting in an individual capacity was dismissed by the Conseil d'Etat in an interim order of 27 April 2017. Doc. 12

An application for an interim order was filed with the Conseil d'Etat on the basis of Article L521-1 of the Administrative Justice Code, under which the administrative courts have the authority, where justified by the urgency of the situation and where the circumstances of the investigation are such as to create a serious doubt as to the legality of the decision, to order that the enforcement of a decision be suspended.

The goal of the département-level council was to bring about the immediate suspension of the application of point 12° of Article 15 of Order No. 2017-192 of 16 February 2017, which in completing Article 4321-19 of the Public Health Code made Article L4125-8 thereof applicable to masseurs and physiotherapists under the transitional measures set out in this text and its implementing decree.

11. The Conseil d'Etat noted that the département-level council disputed the order in question only several months after its publication and hence that the applicants were debarred from disputing the terms of an order either collectively or individually.

3 The French state fails to guarantee that every citizen has an effective remedy under Order No. 2017-1092 of 16 February 2017 within a reasonable time.

#### THE PRINCIPLE OF RATIONALITY

12. Such complex and incoherent rules on the time limit for applications are an absurd way of managing the system of candidatures, at variance with the principle of rationality which should apply to social rules. The age limit is not compatible with the general interest of having persons on professional governing bodies who are more experienced and available than younger practitioners.

This text does not have any benefit that is compatible with the aim of renewing the elected representatives within these bodies.

• • •

#### 4/ INCOMPATIBILITY WITH THE CHARTER

13. The Conseil d'Etat's order of 27 April 2017, which confirmed that there was no possible remedy, upheld the application of Article L4125-8 of the Public Health Code, as created by Order No. 2017-192 of 16 February 2017, the terms of which discriminate against older health professionals and are therefore incompatible with Articles E, 23, 5 and G of the Charter.

#### A. Incompatibility with Article E of the Charter:

14. Article E of the Charter provides: *“The enjoyment of the rights set forth in this Charter shall be secured without discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national extraction or social origin, health, association with a national minority, birth or other status.”*

The mention of “other status” makes it possible to complain of discrimination on the grounds of age and occupation.

This order is discriminatory vis-à-vis certain professions and, within these professions, with regard to persons aged over 71.

**B- Incompatibility with Article 23 of the Charter:**

15. Under Article 23 of the Charter states are required to enable elderly persons to remain full members of society for as long as possible and to enable them to choose their life-style freely and to lead independent lives in their familiar surroundings for as long as they wish and are able.

a) In the instant case, the point is not to enjoy a right but to continue to take part in the democratic life of the governing bodies of the health professions by making it possible for older health professionals to continue to offer their fellow professionals the benefit of their expertise, their experience and their availability.

16. Withdrawing the right to take part in the work of a governing body is clearly not compatible with upholding the right of older people to live in the community so that they can freely exercise their rights and obligations as citizens.

b) The Government’s enabling law of 26 January 2016 on the modernisation of the health care system makes provision in Article I, 2°, “to alter the composition of councils, the distribution of seats at the various tiers, and election and appointment procedures so as to simplify the rules on these matters and promote equal access for men and women to functions as members in all the councils;

7° To review the composition of these professions’ disciplinary bodies to align them with the requirements of independence and impartiality.” **Doc. 13**

17. By implying that health professionals over the age of 71 do not in principle meet the requirements of independence and impartiality which must govern the membership of the governing bodies of the health professions, this article of the order establishing Article L4125-8 of the Public Health Code is not only discriminatory but also insulting towards the professionals concerned.

It should be noted that this age limit has nothing to do with the requirement of parity as women are considered equal in the health professions and their age is unrelated to their representativeness.

On this matter of the requirement of independence and impartiality, the order setting an age limit to stand for election in the health professions constitutes discrimination on the ground of age which is incompatible with Article 23 of the Charter.

**C- Incompatibility with Article 5 of the Charter:**

18. When the rules set out in the order are combined with those in Decree No. 2017-1418 of 29 September 2017 on transitional measures, it is possible under certain variable conditions for professionals over the age of 71 to stand for the regional and interregional councils of their professions.

This discrimination according to the territorial unit covered by the council infringes **the equality of all citizens before their professional obligations and duties.**

19. Article 5 of the Charter guarantees all workers, and by extension all professionals, the freedom to form local, national or international organisations for the protection of their economic and social interests and to join those organisations.

The infringement of the health professions’ freedom to organise is made all the more serious by the fact that the age limit applies to the performance of the functions of assessor in a disciplinary chamber and prohibits persons over 71 from exercising any quasi-judicial authority over their fellow

professionals. This infringement amounts to interference in the exercise of ethical supervisory duties that are incompatible with the freedom to organise and the quasi-judicial work of the professional associations when monitoring ethical standards.

D The order prohibits health professionals aged over 71 from taking an active part in protecting their economic and social interests and the ethical supervisory activities of the organisations to which this work is legally assigned, in breach of Article 5 of the Charter.

Incompatibility with Article G of the Charter:

20. The order is not compatible with Article G of the Charter, which describes the acceptable restrictions to the principles of the Charter as follows:

1. *The rights and principles set forth in Part I when effectively realised, and their effective exercise as provided for in Part II, shall not be subject to any restrictions or limitations not specified in those parts, except such as are prescribed by law and are necessary in a democratic society for the protection of the rights and freedoms of others or for the protection of public interest, national security, public health, or morals.*

2. *The restrictions permitted under this Charter to the rights and obligations set forth herein shall not be applied for any purpose other than that for which they have been prescribed.*

a) The new text of Article L4125-8 of the Public Health Code may not form part of the exceptions provided for in Article G because it does not meet the admissible criteria for restrictions to the principles of the Charter established by this article.

No threat to the rights and freedoms of others, the public interest, national security, public health or morals is posed in France by the age of the members of the health professions' governing councils.

b) Furthermore, as has been mentioned, the order is not consistent with the enabling law, which obviously did not provide for any possibility of ethical or representative incapacity on the ground of age as the discriminatory nature of such a provision would have been declared unconstitutional.

E- This text is incompatible with national and international principles:

20. The need for renewal within these governing bodies given as the ground for these provisions disregards all the declarations linked to the UN Agenda 2030 target, which talks of preserving the ties between the generations and involving all categories of the population in the life of the community. **Doc. 14**

21. In this respect, it complies neither with the French Law of 28 December 2015 on the adjustment of society to the ageing of the population nor to the general principles set out in all international studies, charters and directives. **Docs. 15 and 16**

- Report by the UN's independent expert, Ms Meyer-Heine (2016)
- Manifesto of the International Federation of Associations of the Elderly (Turin)
- Statement by the International Association of Gerontology and Geriatrics - European Region (Bologna 2014)
- Statement by the International French-Speaking Association of Gerontology and Geriatrics (Liège 2015).

22. The text is a step backward in relation to society's progress towards greater longevity and participatory old age. It runs counter to current data from the biological, medical, psychological and social sciences which show that active participation in the life of the community is the best way to "age well". This decision contributes to the social exclusion of the elderly and makes it official. Systematic social exclusion has become the main problem of ageing.

23. The WHO report of September 2009 on ageing emphasises that support for the elderly requires the upkeep of their social inclusion. **Doc. 17**

French health professionals have heeded this call and have taken action to keep their patients active, being persuaded that a long and healthy life is dependent on keeping up family, private, social and cultural activities.

It is regrettable that the French state does not apply to itself the requirements that it imposes on them in their work.

In the light of the foregoing, the European Committee of Social Rights will find that in France the requirements of the European Social Charter are not met by Article L4125-8 of the Public Health Code, as established by Order No. 2017-192 of 16 February 2017.

### III - REQUEST FOR FAIR COMPENSATION

24. The Additional Protocol of 9 November 1995 opening the right to collective complaints cited above and the Committee Rules of 29 March 2004 do not cover the question of compensation for costs incurred in the course of a collective complaint.

However, it has now been firmly established that because of the quasi-judicial nature of the procedure before the Committee, where a violation of the Charter is found, the respondent State may be called on to cover these costs (decision on the merits of Collective Complaint No. 16/2003 of 13 October 2004, cited above).

In this case, the Committee will note the very substantial amount of work put in by FIAPA and the lawyer, Ms Isern-Real, to prepare the complaint and carry out the necessary research, along with the time needed to follow the proceedings.

It should also be pointed out that although the complainant organisation is not being formally represented by a lawyer in the proceedings before the Committee, the technical nature of the subject matter has obliged the complainant organisation to make use of a lawyer's services.

Under these circumstances, FIAPA considers that for this work performed on behalf of the elderly, it is justified for it to ask for the hours worked by the lawyer and her expenses to be paid at the usual rate for a service of this standard.

FIAPA works with volunteers and does not have the funds to pay lawyers' fees. Nor should it be for Ms Isern-Real to work free of charge on such a case. Since collective complaints form part of a country's democratic processes, the costs of proceedings should be covered whatever the outcome, since they form part of the process whereby the Committee monitors compliance with the Social Charter in the state concerned.

The costs incurred amount to €10 000 excluding tax and should be paid directly to Ms Isern-Real, who will present a bill for this sum to the French state.

ON THESE GROUNDS AND SUBJECT TO ANY THAT MIGHT BE RAISED IN ADDITIONAL MEMORIALS OR MENTIONED AT A HEARING,

The European Committee of Social Rights is requested:

- to confirm the admissibility of this collective complaint and the competence of FIAPA to lodge it;
- to confirm that the complaint is well-founded;
- to hold that Order No. 2017-192 of 16 February 2017 on adjustments to legislation on the functioning of the associations of the health professions, establishing Article L4125-68 of the Public Health Code does not comply with Articles E, 23, 5 and G of the European Social Charter;
- to order the French State to pay €10 000 excluding tax directly to Ms Marie-Hélène Isern-Real to cover the time she has spent and the costs she has incurred in connection with these proceedings on behalf of FIAPA.

4 April 2018

Ms Marie-Hélène Isern-Real

Barrister

Mr Alain Koskas

President of FIAPA

## LIST OF APPENDED EVIDENCE AND DOCUMENTS

- Doc.1 Statutes and recognition as an institution of public interest
- Doc. 2 Participatory status with the Council of Europe on 18 August 1983 under the number 5103
- Doc. 3 Member of the Conference of INGOs of the Council of Europe
- Doc. 4 Report of the extraordinary general meeting of 14 June 2016
- Doc. 5 Authorisation for FIAPA to lodge collective complaints, 1 July 2014 to 30 June 2018
- Doc. 6 Goals and activities of FIAPA in relation to elderly people
- Doc. 7 Order No. 2017-192 of 16 February 2017
- Doc. 8 Decree No. 2017-1418 of 29 September 2017
- Doc. 9 Law No. 2017-1841 of 30 December 2017
- Doc. 10 Order No. 2017-644 of 27 April 2017 on adjustments to legislation on the functioning of the associations of the health professions
- Doc. 11 Warning from a group of geriatricians
- Doc. 12 Interim order of the Conseil d'Etat of 27 April 2017
- Doc. 13 Government Enabling Law of 26 January 2016 on the modernisation of the health care system
- Doc. 14 UN Agenda 2030 target
- Doc. 15 Law of 28 December 2015 on the adjustment of society to the ageing of the population
- Doc.16 Studies on ageing
- Doc. 17 WHO report of September 2009 on ageing