

EXPLORATORY STUDY  
**INTERNATIONAL MOBILITY  
OF STUDENTS WITH DISABILITIES**

BY XAVIER QUERNIN AND MÉLANIE DE SOUSA



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# FOREWORD

**S**tudy on an international scale is part of the DNA of Grandes Ecoles. Around 25% of their students are international, and in some cases this number is greater than 50% of the students undertaking training courses and working in research laboratories. The achievement of a diploma is most often matched to an academic stay or an internship or placement abroad. Student mobility – both in terms of incoming and outgoing students – is therefore a major focus within the Grandes Ecoles' strategy.

Looking at it from the context of international travel restrictions as a result of the health crisis, testimonies of many students also emphasise just how important this stay is, both for their training and in terms of personal development.

If, in the same way as their students, the Grandes Ecoles acknowledge the significance of international mobility, it is because it allows skills to be developed that are increasingly sought after by today's employers.

Evolving within a professional international and multicultural context, interacting with partners from all over the world, as well as being more independent and having the ability to collaborate... These are all *soft skills* that every student, with or without a disability, needs to have the opportunity to acquire in order to prepare themselves for the globalised world of work.


Providing equal access to international education opportunities also means welcoming and supporting international students with disabilities who wish to study at our institutions. Looking at it from this perspective, this crisis period we are going through invites us to rethink mobility from the point of view of student and corporate expectations and in terms of inclusivity.

The proposals that have been put forward in this report therefore aim to remove obstacles to international mobility for students with disabilities so that everyone can express their potential and benefit from how the world has opened up and how other people have become more open, something that is essential for those people destined to form the companies of tomorrow!

We would particularly like to thank Xavier QUERNIN and Mélanie DE SOUSA for their work on this report, and we thank you for both the scope and quality of the work you have completed.



Laurent CHAMPANEY  
Chair of the CGE



Philippe CHOQUET  
General Manager of UniLaSalle

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# SUMMARY

**P**utting the health crisis aside, there has been an increase in international student mobility. This enthusiasm is obviously shared by students with disabilities. They account for a growing proportion of all students, especially since such trips are encouraged or even compulsory for the award of some degrees and qualifications. Nevertheless, people with disabilities face additional difficulties in travelling or living abroad, and this may constitute discrimination against them and a breach of the principle of equity between students. This situation is all the more problematic given that French, European and international law all work against such discrimination. Consequently, several ministries have asked the Conférence des Grandes Écoles and UnilaSalle to carry out an exploratory study on this subject.

This report is based on several surveys undertaken with students and parents of students with disabilities, higher education institutions and companies who host international trainees and placement students, as well as interviews with experts on this topic. While this report does not aim to describe the lack of arrangements in host settings, it does address the various difficulties encountered outside of the study or work placement setting, which can differ according to the disability. Furthermore, the report looks at the differences that exist between different pieces of foreign legislation with the aim of *formulating* pragmatic recommendations based on specific realities.

The authors were able to identify several obstacles to international mobility: lack of continuity of access to rights, care and support; difficulties related to the transport of equipment and treatments by air; access to certain types of local transport. The authors also highlight the additional costs and administrative barriers that are encountered and the difficulty there is in obtaining information due to a lack of national and international coordination. On this last point, it seems essential that administrative procedures are better coordinated. Indeed, this problem is encountered on many occasions: continuing with a treatment that is not available in the host country; delays experienced in having care reimbursed which can be very long; lack of clarity on what can or cannot be taken on the plane. These difficulties are reflected in the figures from the monitoring centre for welcoming international students in France, which notes that "52% of students found the administrative procedures in France difficult or very difficult".

Since the integration and participation of people with disabilities in society and community is an international issue, the authors note that support solutions already exist in many countries. However, the lack of administrative coordination and available information makes it difficult for people from abroad to use these services. In addition, there are different standards for people with disabilities – not all countries invest in improving their living conditions in the same way. Among the testimonies received, however, the authors noted that the people in question could find solutions. The institutions that were contacted also emphasised their willingness to address these issues.

In view of these findings and with the help of several stakeholders, the authors have put forward 79 solutions with the aim of standardising and facilitating the international experience for people with disabilities. The solutions are French, European and global in scope. These include the creation of a private insurance booster financed by the ministry responsible for the higher education institution to encourage private insurance companies to cover all student health care, as well as the creation of a "medical cabin bag" for transporting treatments or medical devices that are not used during the flight. The report also recommends that a system is put in place for financing the compensatory disability benefit (PCH) and its equivalents in Europe; this system would be the same as the one in place for the European health insurance card. A further recommendation is the establishment of contact points in embassies and the appointment of a competent disability contact person who can provide information and guidance to students.



# INTRODUCTION

Throughout the world, student mobility is increasing. Campus France has said that “student mobility has increased by 4% in a single year between 2017 and 2018, to reach a figure of 5.6 million students”. “That’s an increase of 31% in five years”<sup>1</sup>.

The new Erasmus + 2021-2027 programme<sup>2</sup>, adopted in December 2020 by the European Parliament and Member States, raises major issues such as inclusion and access to placements for young people who are the least engaged in the programme, particularly because of a disability. This programme is the most ambitious to date for this particular audience.

In France, the number of students with disabilities has increased by more than a third since 2017, reaching a figure of 38,915 at the start of the 2019 academic year<sup>3</sup>. In the study programmes offered by the Grandes Ecoles, international mobility – either in an academic context or as a work placement – is strongly recommended and even compulsory in respect of being accredited for certain diplomas. Universities also encourage students to be mobile: in addition to the cultural openness and intra-personal learning that forms an inherent part of the experience, it also promotes the professional integration of young graduates. If student mobility cannot be accessed, it can therefore have consequences on being accredited for a training course and on direct employment of young graduates with disabilities.

Among the measures announced at the National Disability Conference on 11 February 2020<sup>4</sup> the President of the French Republic stated his wish to “commit all higher education establishments to ensuring greater inclusivity, particularly by means of organising international mobility.

International, European and French law invites us to take up this issue in order to respond to this discrimination.

First of all, the International Convention on the Rights of Persons with Disabilities (CRPD), which was adopted by the United Nations General Assembly in New York on 13 December 2006 and ratified by France on 30 March 2007, is clearly a key piece of work and will be referred to various times within this report.<sup>5</sup> In Article 24, entitled “Education” it sets out the following: “States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and lifelong learning directed to [...]”. Article 32 of the same convention recognises the importance of international cooperation to guarantee that persons with disabilities can access the rights mentioned.

At a narrower level, Article 2 of Protocol No. 1 to the European Convention on Human Rights (ECHR) states that “no person shall be denied the right to education”.

European Union (EU) law provides the most protection for people with disabilities. Article 10 of the Treaty on the Functioning of the European Union recognises that “the Union shall aim to combat discrimination based on [...] disability”. Article 21 of the Charter of Fundamental Rights prohibits discrimination on the basis of disability, among other grounds.



**« For me personally, even with all the will and all the facilities in the world, it seems very complicated, if not impossible, to go abroad »**

1. according to ‘Chiffres clés de la mobilité étudiante dans le monde’ [Key figures on worldwide student mobility], Campus France, available at < [https://ressources.campusfrance.org/publications/chiffres\\_cles/fr/chiffres\\_cles\\_2021\\_fr.pdf](https://ressources.campusfrance.org/publications/chiffres_cles/fr/chiffres_cles_2021_fr.pdf) > [accessed on 14/06/2021]

2. Erasmus + Programme Guide 2021, Europa, available from < [https://ec.europa.eu/programmes/erasmus-plus/resources/documents/erasmus-programme-guide-2021\\_fr](https://ec.europa.eu/programmes/erasmus-plus/resources/documents/erasmus-programme-guide-2021_fr) > [accessed 16/06/2021]

3. Data from higher education institutions under the supervision of the Ministry of Higher Education, Research and Innovation – MESRI available at < [https://publication.enseignementsup-recherche.gouv.fr/eer/FR/T243/les\\_etudiants\\_en\\_situation\\_de\\_handicap\\_dans\\_l\\_enseignement\\_superieur/](https://publication.enseignementsup-recherche.gouv.fr/eer/FR/T243/les_etudiants_en_situation_de_handicap_dans_l_enseignement_superieur/) > [accessed on 11/06/2021]

4. Press kit for the National Disability Conference of 11 February 2020 available at < <https://handicap.gouv.fr/le-secretariat-d-etat/acteurs/comite-interministeriel-du-handicap-cih/la-conference-nationale-du-handicap/article/les-propositions-de-la-cn-h-le-11-fevrier-2020> > [accessed on 11/06/2021]

5. Resolution 61/106 available at < [https://treaties.un.org/doc/source/docs/A\\_Res\\_61\\_106-F.pdf](https://treaties.un.org/doc/source/docs/A_Res_61_106-F.pdf) > [accessed 10/06/2021]

However, the difficulties that are faced by students with disabilities also have the wider impact of restricting their freedom of movement. Yet this is one of the founding principles of the European Union<sup>6</sup>. In order to compensate for this, the EU develops its policy on an ongoing basis, recognising a number of rights for people with disabilities through its directives, regulations and case law. This report will draw attention to several of them.

« **Some of the students may not even specify they have special education needs so that their selection process to go abroad does not get affected by this. We need to make sure that we HIGHLIGHT that having a special education need is not a discriminatory factor to go abroad on exchange.** »

 UNIVERSITY – SPAIN

France is committed to combating all forms of discrimination and guaranteeing access to all levels and aspects of education. The last major law relating to the rights of people with disabilities, Law No. 2005-102, with a focus on “granting equal rights, opportunities, participation and citizenship to individuals with disabilities”, indicates in Article 20 that “higher education establishments who enrol students with disabilities or disabling health problems shall, within the framework of the provisions, regulate their access in the same way as other students, ensuring their training by implementing any adjustments within the organisation that are necessary for their situation and to ensure the progress and support of their studies”.

This report is therefore written taking into account the international, European and French legal context: the proposed solutions are set out in accordance with existing regulations, charters, conventions and case law that relate to each specific area studied. Before setting down the purpose of this report, it is important to define the terms that will be used in it.

“Student” is defined using the term used by the National Institute for Statistics and Economic Studies (INSEE), namely a “person enrolled in higher education”,<sup>7</sup> while international students are defined using the term from the Organisation for Economic Co-operation and Development (OECD), “those people who have undergone their previous education in another country and who do not reside in their current country of study”.

The Education Code defines an internship or placement as “a temporary period of work experience in a professional environment during which the student acquires professional skills that implement the knowledge acquired during his or her training with a view to obtaining a diploma or certification”.<sup>8</sup>

International law, European law and French law define a disability or persons with disabilities in the following terms:

- “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”.<sup>9</sup>
- “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”.<sup>10</sup>

6. Article 26, paragraph 2 of the Treaty on the Functioning of the European Union “The internal market shall comprise an area without internal frontiers in which the free movement of goods, persons, services and capital is ensured in accordance with the provisions of the Treaties”  
Article 3 paragraph 2 of the Treaty on the European Union: “The Union shall offer its citizens an area of freedom, security and justice without internal frontiers, in which the free movement of persons is ensured in conjunction with appropriate measures with respect to external border controls, asylum, immigration and the prevention and combating of crime.”

7. available from < <https://www.insee.fr/fr/metadonnees/definition/c1525#:~:text=Un%20%C3%A9tudiant%20est%20une%20personne%20de%20l'enseignement%20sup%C3%A9rieur.> > [accessed on 16/06/2021]

8. Article L-612-8 of the Education Code available at < [https://www.legifrance.gouv.fr/codes/article\\_lc/LEGIARTI000027747851](https://www.legifrance.gouv.fr/codes/article_lc/LEGIARTI000027747851) > [accessed on 16/06/2021]

9. Article 1 of the CRPD

10. Article 3 EU Directive 2019/882 of 17 April 2019 on accessibility requirements for products and services

- “[What] constitutes a disability is (...) any limitation of activity or restriction of participation in society suffered by a person in his or her environment due to a substantial, lasting or permanent impairment of one or more physical, sensory, mental, cognitive or psychological functions, a multiple disability or a disabling health disorder”<sup>11</sup>.

The aim of this report is to detail the difficulties that students with disabilities may face in the context of mobility. It does not focus specifically on issues that are related to a lack of facilities at the place of study or placement. In fact, in accordance with the expectations of the mission letter, it follows up on the lines of enquiry of the initial advocacy carried out by three associations (the Conférence des Grandes Écoles (CGE), the fédé 100% handinamique<sup>12</sup> and Unirh Thransition<sup>13</sup>), which look at mobility in a more personal way. The issues are linked to the various themes, which affect both incoming and outgoing students from France, and non-French students who are mobile outside of France. However, not all of these issues are faced by students with disabilities since they vary greatly depending on the type of disability and the students’ places of origin and destination. Nevertheless, the issues can be cumulative, thereby making mobility even more difficult. The very specificity of international student mobility is that it results in the student travelling alone, without family or friends, which therefore exacerbates some of the difficulties and issues detailed in this report.

There is also the matter of proposing pragmatic solutions that can resolve these problems at national, European and global levels.

The Conférence des Grandes Écoles has responded favourably to the request made by ministers Jean-Yves le Drian, Frédérique Vidal, Sébastien Lecornu and Sophie Cluzel to carry out an exploratory study looking at access to international mobility for students with disabilities.

To achieve this, it commissioned Xavier Quernin, UniLaSalle's disability officer and co-leader of the CGE's "Disability" working group and Mélanie de Sousa, member of the National Advisory Council for Disabled Persons and UniLaSalle's international mobility manager.

« **Understanding the rules related to disability support in a foreign country can be a huge obstacle.** »

UNIVERSITY – UNITED STATES

Meetings were held with a number of experts in various fields in order to get to know the sectors more specifically and to discuss the difficulties that are faced by students with disabilities, together with potential solutions that could be envisaged.

In parallel with these meetings, five surveys were carried out. These were held with students or former students with disabilities, higher education institutions, companies who host international trainees, parents of secondary school students with disabilities and local authorities in overseas France.<sup>14</sup> With the exception of this last survey, they were all distributed in French, English and Spanish so that an international viewpoint could be achieved via our partners' networks. A total of 912 responses were received from all five continents.<sup>15</sup>

It is on the strength of the expertise of all of these people and institutions who were consulted, whether directly or through these surveys, that the Conférence des Grandes Écoles and UniLaSalle are now presenting this study and the **79 proposals**.

11. Law No. 2005-102 inserted in article L114 of the French Family and Social Action Code, available at < [https://www.legifrance.gouv.fr/codes/article\\_lc/LEGIARTI000006796446/](https://www.legifrance.gouv.fr/codes/article_lc/LEGIARTI000006796446/) > accessed on [10/06/2021]

12. Formerly La Fédéh

13. Formerly Hanploi CED

14. A number of the testimonies collected in this report are taken from the surveys

15. Links to the questions asked in these surveys are provided in the Annex

# THE 79 PROPOSALS

## I - Improving access to medical/paramedical care and treatment for students with disabilities

- ▶ **Proposal 1:** Initiate a means through which a protocol for manufacturing and administering treatment can be transferred, thereby improving cooperation between international hospitals via an inter-embassy dialogue.
- ▶ **Proposal 2:** Develop the European HOPE network to enable partnerships to be formed between hospitals with regard to the transfer of protocols.
- ▶ **Proposal 3:** Appoint a disability contact person in each embassy to advise the student on setting up medical follow-ups in the host country, in conjunction with specialist doctors.
- ▶ **Proposal 4:** Automatically authorise the dispensing of medicines normally used by the student in the host country (even if there are special conditions).
- ▶ **Proposal 5:** Allow the prescription of treatments for the duration of the mobility, whatever the type of medicine, with medical follow-ups by local practitioners for those treatments that require it.
- ▶ **Proposal 6:** Obtain an exemption to take the treatment with you for the duration of the mobility, (insofar as this is possible due to the shelf life of the medicine).
- ▶ **Proposal 7:** In the case of a specific internationally recognised status, authorise the special dispatch of treatment during the stay.
- ▶ **Proposal 8:** Appoint a disability contact person in each embassy to provide a list of practitioners to the student.
- ▶ **Proposal 9:** Appoint a disability contact person in each embassy to direct the student to practitioners who can provide support to him/her in a language he/she can understand.
- ▶ **Proposal 10:** Inform health professionals about the European Health Insurance Card mechanism through a Europe-wide awareness-raising campaign.
- ▶ **Proposal 11:** Inform citizens about the mechanism for paying for health care abroad, through a Europe-wide awareness-raising campaign.
- ▶ **Proposal 12:** Create a tool to advise students and use a comparator to discover their level of reimbursement on the basis of their country of mobility.
- ▶ **Proposal 13:** Reduce waiting times and simplify the delivery of invoices through the paperless service (in development) from the CNSE.
- ▶ **Proposal 14:** Systematically provide third-party payments to avoid the payment in advance of high costs for students with specific medical needs.
- ▶ **Proposal 15:** At national level, or by means of a bilateral agreement, permit the systematic coverage of health costs for international students identical to that offered to nationals of the host country.

- ▶ **Proposal 16:** Set up an accelerated derogation procedure for international students requiring regular care, allowing them to have cover as soon as they arrive in France.
- ▶ **Proposal 17:** Allow the country of origin's health insurance scheme to reimburse medicines purchased in the host country when the drug is available, as well as those costs related to medical or paramedical follow-ups for the student.
- ▶ **Proposal 18:** Allow direct re-enrolment in the health insurance fund without delay.
- ▶ **Proposal 19:** Allow students with a chronic illness to choose between the two schemes in order to obtain the best protection.
- ▶ **Proposal 20:** Enable maintenance of rights (country of origin) within the framework of a specific status for a student with disabilities, throughout the mobility period.
- ▶ **Proposal 21:** Allow students to benefit from reopening their rights when they temporarily return to their country of origin during their mobility, even if they are still under a bilateral agreement (at a national level).
- ▶ **Proposal 22:** Raise awareness of the offer by Caisse des Français de l'étranger (CFE) (public service mission) and ensure it is more widely known among students with disabilities (at a national level).
- ▶ **Proposal 23:** Improve accessibility of information about the mutual's offer (at a national level).
- ▶ **Proposal 24:** Open up a fast-track procedure for students who need regular care, so that they are not disadvantaged from any waiting period.
- ▶ **Proposal 25:** Need for a CFE/private supplementary package based on a principle of universality and non-discrimination, as a minimum for students with disabilities (at a national level).
- ▶ **Proposal 26:** Encourage the development of "group contracts" within higher education institutions should be encouraged, which will enable international health coverage for defined care to be put in place (at a national level).
- ▶ **Proposal 27:** Create a "booster" for students with disabilities, funded by the ministry responsible for the higher education establishment, so that private insurance does not bear all the health costs on its own (at a national level).
- ▶ **Proposal 28:** Apply a similar system to international health insurance (at national level):
  - Remove the exclusion conditions for diseases or disorders resulting from a pre-existing or chronic disease;
  - Introduce, as a minimum, an obligation for insurers to review applications;
  - If a reconsideration still does not result in the application being accepted, redirect students to another option or another insurance.
- ▶ **Proposal 29:** Create an international scholarship without social criteria, based on estimated costs (at international level).

- ▶ **Proposal 30:** Create a grant financed by health insurance companies to finance regular care abroad, and make it part of their development policy (at international level).
- ▶ **Proposal 31:** Develop comparative software for French and local private insurance companies (at international level).

## **II - Facilitating access to transport for students with disabilities**

- ▶ **Proposal 32:** Ensure that airlines respect the acceptance of medical equipment luggage without putting quantitative restrictions in place.
- ▶ **Proposal 33:** Improve access to information provided by airlines on the carriage of medical equipment baggage.
- ▶ **Proposal 34:** The INN (international non-proprietary name) requirements should mention transport conditions for treatments and medical equipment authorised for use throughout the entire journey (at a national, European and international level).
- ▶ **Proposal 35:** During the journey (on the plane and in case of stopovers), have the ability to access to areas with refrigerators and freezers in order to be able to chill their treatment and refreeze ice packs.
- ▶ **Proposal 36:** Produce specific guides for other conditions or disabilities to increase student access to information.
- ▶ **Proposal 37:** Permit the student to carry the entire treatment as carry-on baggage.
- ▶ **Proposal 38:** Set up an international working group to carry out technical research that will facilitate the transport of large adapted equipment (wheelchairs with easily removable batteries, lighter parts, etc.).
- ▶ **Proposal 39:** Require manufacturers to provide their customers with a guide that explains in detail how to dismantle and reassemble the mobility device using clear diagrams that can be understood by all ground staff (dismantling of specific parts, batteries).
- ▶ **Proposal 40:** In new aircraft, provide adjustable spaces where seats can be removed so that a person with reduced mobility can travel in their wheelchair.
- ▶ **Proposal 41:** Create a "medical cabin bag" for the transport of medical treatments or devices not in use during the flight.
- ▶ **Proposal 42:** Identify mobility equipment and medical equipment baggage that goes in the hold as priority baggage.
- ▶ **Proposal 43:** Improve communications with passengers so that an advance declaration of interest is systematically made before departure.

- ▶ **Proposal 44:** Provide information to students about the possible discontinuity of accommodation and support depending on the local regulations and the country in which the airline is registered.
- ▶ **Proposal 45:** With regard to the commercial agency that sold the tickets (flights with stopovers), impose an obligation on them to monitor the provision of any necessary accommodation for the student until they arrive in their country of mobility (at an international level).
- ▶ **Proposal 46:** Allow access to VIP lounges for passengers with disabilities who feel the need to use them.
- ▶ **Proposal 47:** Improve the assistance provided by airport ground staff to students with disabilities who are travelling alone.
- ▶ **Proposal 48:** Adopt a policy of "one person, one tariff" so that additional space is provided at no extra cost to students with disabilities who can justify their need for this.
- ▶ **Proposal 49:** In terms of air transport, adopt an obligation of non-discrimination based on weight in French, European and international law.
- ▶ **Proposal 50:** France – Support for outgoing mobility outside the Erasmus + programme: provide for an increase in the funding of the accompanying person's journey via an increase in the compensatory disability benefit (PCH) that is specific to them.
- ▶ **Proposal 51:** Arrange for the accompanying person's travel to be financed by the compensation benefit of the country of origin, if available, or via a grant funded by an international organisation (at an international level).
- ▶ **Proposal 52:** Guarantee free transport of support animals, regardless of the airline, combined with a specific status.
- ▶ **Proposal 53:** Provide access to external transit areas as part of a journey with a stopover when the person is accompanied by a guide or assistance dog.
- ▶ **Proposal 54:** Create a guide for students with disabilities specifying all the regulations by topic with the support of the Directorate General of Civil Aviation (DGAC).
- ▶ **Proposal 55:** Create a right for air passengers with disabilities that is linked to the person and not to the intermediaries (airlines and airports).
- ▶ **Proposal 56:** Allow cheaper (or free) access to local public transport, if available, by removing the residence requirement.
- ▶ **Proposal 57:** Establish a fast-track procedure for international students to benefit from adapted transport.
- ▶ **Proposal 58:** Maintain the "transport" PCH for students from France who are mobile abroad.
- ▶ **Proposal 59:** Create an "international PCH" that covers the compensatory costs of adapted transport funded by the country of origin or an international organisation.

### III - Enabling better support for social, cultural and personal life

- ▶ **Proposal 60:** Put in place an accelerated procedure from which international students can benefit with regard to the financing of human assistance upon their arrival in France.
- ▶ **Proposal 61:** Create a companion/carer visa to facilitate the departure of the carer or parent (individual status).
- ▶ **Proposal 62:** Appoint a disability contact person in each embassy to provide access to information regarding the support of students with disabilities in their daily lives.
- ▶ **Proposal 63:** Identify one or more reference associations for international students within any higher education institution.
- ▶ **Proposal 64:** Authorise a young person to accompany one (or more) disabled student(s) within the framework of the European Solidarity Corps (former European Voluntary Service) or any other international volunteering mission.
- ▶ **Proposal 65:** Within the framework of Campus France's "Welcome to France" label, create a "welcome for students with disabilities" category, which would enable member institutions to evaluate and promote the quality of their inclusivity policy.
- ▶ **Proposal 66:** Raise awareness among Campus France member institutions about welcoming students with disabilities, for example through the organisation of webinars.
- ▶ **Proposal 67:** Improve communications about continuing to receive PCH in the context of international mobility (at national level).
- ▶ **Proposal 68:** With regard to the PCH and its equivalents, put in place a system similar to the financing of care and treatment received abroad that has already been established by the EU (at a European level).
- ▶ **Proposal 69:** Provide funding for daily living assistance through the compensation benefit of the country of origin, if available, or via a grant funded by an international organisation (at an international level).
- ▶ **Proposal 70:** Appoint a disability advisor, assisted by a resident French citizen, to advise the student on private or public institutions or schemes that offer accessible or adapted social, sporting and cultural activities.

### IV - Limiting the administrative and financial barriers related to additional costs and advance payments

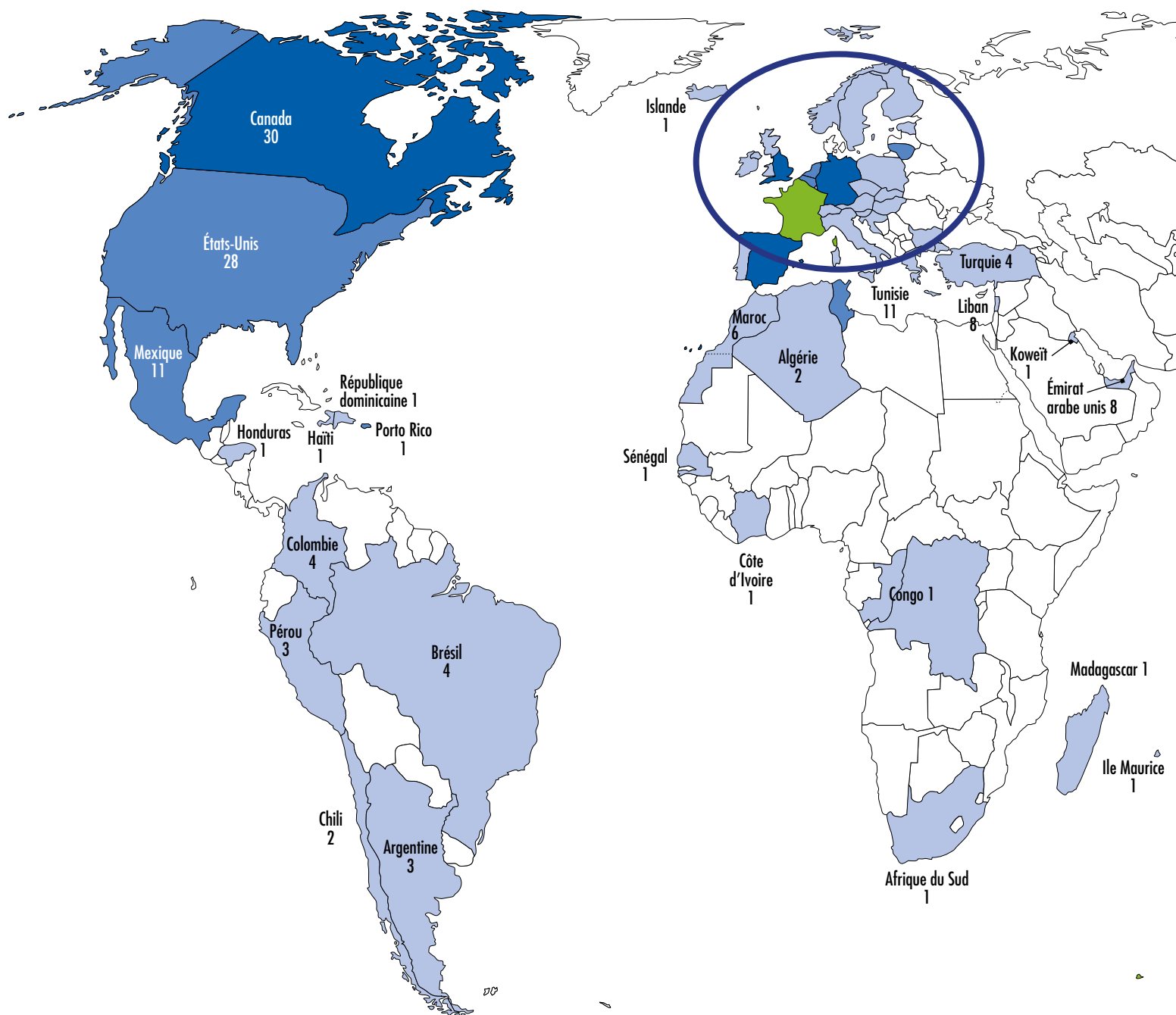
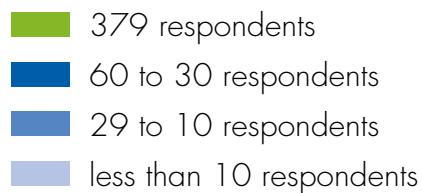
- ▶ **Proposal 71:** Bring to fruition the project for a European mobility card and ensure it is extended to include the parking card (at a European level).
- ▶ **Proposal 72:** Establish a binding system whereupon national parking cards are mutually recognised (at a European level).
- ▶ **Proposal 73:** Create an international disability student card (at an international level).

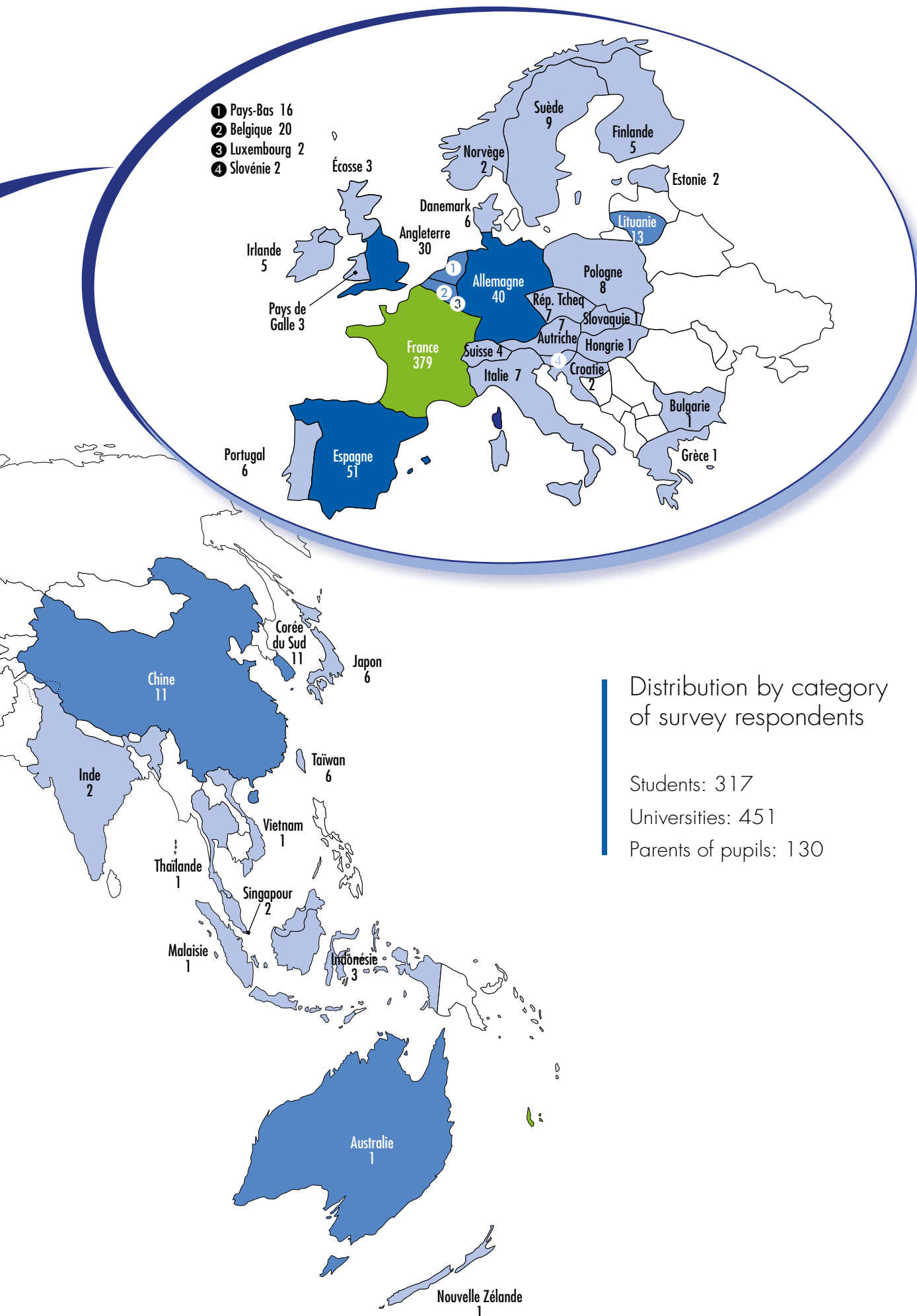
- ▶ **Proposal 74:** Recognise guide or assistance dogs using an international card.
- ▶ **Proposal 75:** The need for a guide dog or assistance dog should be laid down in a specific internationally recognised statute to which the student is affiliated.
- ▶ **Proposal 76:** Define an international list of taught and assistance animals.
- ▶ **Proposal 77:** Create a post for an international mobility/disability coordinator. The role will be attached to the Ministry of Europe and Foreign Affairs, and they will structure information and provide support to students who are preparing for their outgoing mobility (at an international level).

## Specific cases

- ▶ **Proposal 78:** Find solutions within the framework of the missions of the disability reference pairing, made up of the embassy's disability contact person and a student relative so that practitioners or professionals can be involved in topic-based meetings.
- ▶ **Proposal 79:** Open an accelerated derogatory procedure for disabled students from overseas so that they do not suffer from any delays when enrolling with Assurance Maladie.

# Breakdown per country of survey respondents







A stylized world map in light blue with a pattern of small dots, serving as a background for the text.

Thematic areas  
for improvement to facilitate  
the mobility of students  
with disabilities:  
issues and solutions  
at a national, European  
and international level

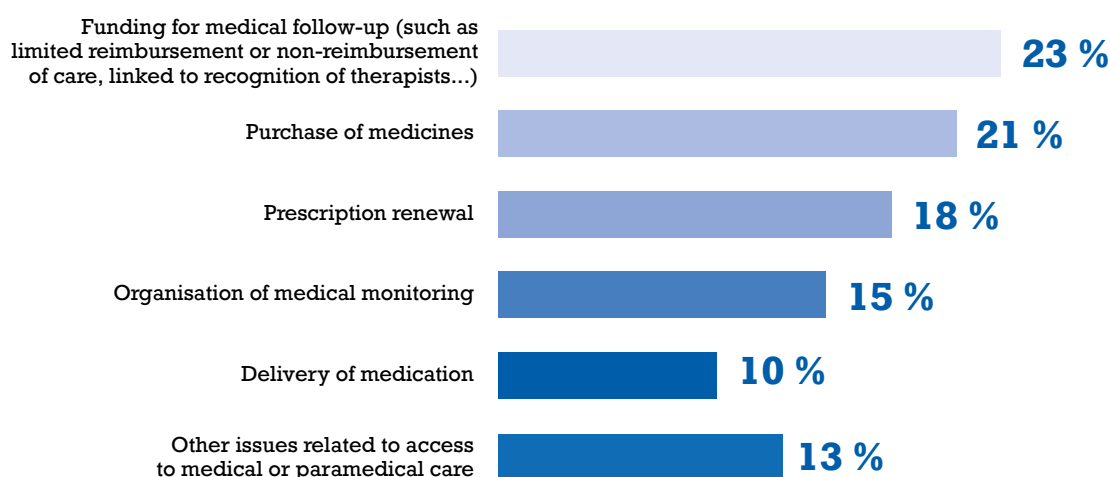
# 1. Improving access to medical/paramedical care and treatment for students with disabilities

A number of students with disabilities require regular care and treatment. Even though they have higher health needs than other students, they are disadvantaged.

This notion is given a prominent place in this report because it also relates to many students who have a chronic illness but are not officially recognised as having a disability (for example, those who would not have an MDPH file in France). However, when this is viewed in the context of international mobility, they find themselves to be discriminated against because of their disability.

Moreover, in the face of the “unclear administrative procedures” relating to health-related rights and the provision of non-invasive care abroad, it is important to take the time to explain the different systems.

## Main difficulties identified by students with disabilities in the context of their international mobility



More than half of the difficulties in accessing care or medical treatments encountered have not been resolved

## 1.1 THE REGULATION OF MEDICINES: THE FLEXIBILITY REQUIRED TO FACILITATE CONTINUITY OF TREATMENT

### 1.1.1 Treatments without an international non-proprietary name (INN)

Not all medicines have the same names. The INN identifies the active ingredient of the medicine so that it can also be found abroad. Without this designation of the active substance of the medicinal product, the product cannot go through customs for safety reasons<sup>16</sup>. However, some students take treatments that do not have an INN.

**Example:** *A student receiving autologous treatment, provided exclusively by a French hospital in accordance with a precise protocol, was due to leave for Mexico. She could not take the treatment with her or have it sent to her. This student was able to continue her treatment because her French referral hospital agreed to share the manufacturing protocol with a Mexican hospital who was able to produce the treatment. This required the mobilisation of numerous actors and political processes, a level of organisation that is not yet deployable over a large scale (report in annex).*

► **Proposal 1:** Initiate a means through which a protocol for manufacturing and administering treatment can be transferred, thereby improving cooperation between international hospitals via an inter-embassy dialogue. This will be an assessment *in concreto*. This will require a disability point of contact to be appointed in each embassy. For greater coherence regarding the international mobility of students with disabilities, this mission could be entrusted to the Counsellor for Cooperation and Cultural Action (COCAC). They will have several tasks that are detailed throughout this report. Amongst other things, they will support the search for a hospital in the location in which the person is mobile, who would then be able to produce the medicine locally. This solution is only possible if there is cooperation between the embassies and the disability points of contact for students' home and host institutions.

The European Hospital and Healthcare Federation (Hope Network)<sup>17</sup> is an important player in hospital partnerships in Europe and can play a major role when it comes to inter-hospital cooperation.

► **Proposal 2:** The international development of the European HOPE network is necessary to enable partnerships to be formed between hospitals with regard to the transfer of protocols.

<sup>16</sup>. "The existence of an international nomenclature for pharmaceutical substances, in the form of INN, is important for the clear identification, safe prescription and dispensing of medicines to patients, and for communication and exchange of information among health professionals and scientists worldwide." source: World Health Organization Guidance on International Non-proprietary Names (INNs) < <https://www.who.int/fr/teams/health-product-and-policy-standards/inn/guidance-on-inn> > [Accessed 16/06/2021]

<sup>17</sup>. European Hospital and Healthcare Federation, available at < <https://hope.be/> > [Accessed on 28/05/2021]

## 1.1.2 Regulation and restrictions of certain treatments

Some treatments are subject to special regulations because of their specificity. They cannot be removed in large quantities and benefit from consequent supervision.

**Example:** *A student who was mobile in Colombia was receiving treatment that was classified as a narcotic in both countries. She could only take a small amount with her and had to receive further treatment in the host country.*

► **Proposal 3:** This will require a disability point of contact to be appointed in each embassy. Amongst other tasks, they will be able to advise on implementing a medical follow-up in the host country in conjunction with doctors who specialise in the student's illness (customs clearance and/or resupply procedures).

Treatments do not always have the same status in different countries. They may be banned in one country and permitted in another, or only authorised under specific conditions (e.g. by prescription only in hospital settings).

**Example:** *A student who went to Poland had to change her treatment because the one she usually took was not authorised at home. She reported that she did not find it easy to change her treatment.*

► **Proposal 4:** In the case where the medicine is present in the host country but supplied under specific conditions, for example in the context of hospital care, automatic authorisation for the supply of the medicine should be possible on condition that it is the medicine habitually used by the student. This dispensing will be done with an INN prescription and a medical liaison letter.

## 1.2 PRESCRIPTION RENEWALS AND MEDICAL FOLLOW-UPS

According to **Article R5132-21 of the Public Health Code**<sup>18</sup> a treatment is generally prescribed for a maximum of 12 months. This period may be reduced, particularly for medicines classified as psychotropic.

**Article R5123-2 of the Public Health Code**<sup>19</sup> specifies that the duration of the prescribed treatment is generally one month, but this varies according to the characteristics of the medicine and the patient's profile.

The customs website states that *"if you carry medicines with you when you travel, the quantity carried must not exceed personal use corresponding either to the duration of treatment stated in the medical prescription or, in the absence of a prescription, the period corresponding to a three-month treatment period"*.<sup>20</sup>

Where students have obtained their treatment for a limited period of time that is shorter than the duration of the placement, they are obliged to restock their medical treatment during the placement. There are two solutions: either they manage to restock their supplies locally, which runs the risk of problems related to medical financing (see section 1.3 Financing of medical follow-ups), or they will have to return to their country of origin. In this second instance, this will generate additional costs due to the travel to be organised and issues linked to deadlines for re-enrolling with their original social security scheme (see section 1.3.1.2 Healthcare coverage in the context of extra-EU mobility)

« **Students may carry with them up to three months' supply of their prescribed medication into the country- this may be an issue for students staying longer, particularly if their medication is not available in Ireland. Medical expenses and medical insurance costs may also be issues experienced by students.**

 UNIVERSITY – IRELAND

### 1.2.1 Renewal of a treatment not offered in the host country

When students with disabilities are required to restock while they are mobile and the treatment is not available in the host country, international travel may then be necessary (back to the host country or to a nearby country) in order to find the treatment. This leads to additional costs and more administrative procedures. In addition, it may disrupt the students in their work and they may become more fatigued due to the travel.

Sending treatments internationally is possible but depends on the customs rules of each country (outside the European Union). These latter countries may issue restrictions or prevent the import or export of certain medicines.

La Poste mentions a number of restrictions and prohibitions that certain countries have that relate to the sending of parcels<sup>21</sup>.

18. Article R5132-21 of the French public health code available at < [https://www.legifrance.gouv.fr/codes/article\\_lc/LEGIARTI000025786519/](https://www.legifrance.gouv.fr/codes/article_lc/LEGIARTI000025786519/) > [accessed 18/06/2021]

19. Article R5123-2 of the French Public Health Code (CSP) available at < [https://www.legifrance.gouv.fr/codes/article\\_lc/LEGIARTI000006915040](https://www.legifrance.gouv.fr/codes/article_lc/LEGIARTI000006915040) > [accessed on 18/06/2021]

20. Available at < <https://www.douane.gouv.fr/particuliers/vous-voyagez/medicaments> > [Accessed 02/06/2021]

21. Available at < <https://www.laposte.fr/envoyer/restrictions-envoi-colis-international> > [Accessed 02/06/2021]

► **Proposal 5:** Allow the prescription of treatments for the duration of the mobility, whatever the type of medicine, with medical follow-ups by local practitioners for those treatments that require it.

► **Proposal 6:** Obtain an exemption to take the treatment with you for the duration of the mobility, insofar as this is possible due to the shelf life of the medicine.

► **Proposal 7:** In the case of a specific internationally recognised status, authorise the special dispatch of treatment during the stay.

### 1.2.2 Difficulty in finding medical practices (general practitioners and specialists)

Students state they have difficulties in finding contact people from whom to obtain information about which practitioners to contact and a fortiori to obtain prescription renewals or ensure monitoring and follow-ups in terms of medical and paramedical care.

► **Proposal 8:** The appointment of a disability point of contact in each embassy needs to be implemented. Included in their tasks, will be the provision of a list of identified practitioners with whom students can get in touch.

The language barrier can also be an obstacle to good medical and paramedical care. This is exacerbated when the student needs psychological or psychiatric care. If they need to see a practitioner to obtain treatment, it is sometimes difficult to know where to find a practitioner with whom they will be able to discuss and handle matters without issue, since students do not always speak the language of the host country.

**Example:** A student who went to Poland and needed psychological support testified to the importance of knowing sufficient Polish for the follow-up of her care. In their own words, it's all down to "chance".

► **Proposal 9:** The embassy's disability point of contact will be able to refer the student to practitioners who can provide support to him/her in a language he/she can understand. The list may therefore mention the languages spoken by the practitioner.

STUDENT 

« It would be interesting to have easy access to information about how the medical systems in the destination countries function (making appointments, obtaining/availability of medicines, possibility of reimbursement, etc.) as this would help to organise things. »

« Sometimes, finding the information in a language they feel most comfortable in can be a challenge »

 UNIVERSITY – UNITED STATES

## 1.3 MEDICAL FUNDING (MEDICATION AND FOLLOW-UPS)

The **World Report on Disability**<sup>22</sup> drawn up by the World Health Organization (WHO) in 2011 states that “men and women with disabilities residing in both high-income and low-income countries face more difficulties than non-disabled adults in obtaining payment exemptions or special rates for their health care from private health organisations or governments. In addition, they found it more difficult to determine to what benefits they were entitled under the health insurance scheme, or to obtain reimbursements from the health insurance. This finding was most evident among 18-49 year olds, with more varied responses among older age groups, irrespective of country type”. It seems that these difficulties are exacerbated when international mobility is involved.

Difficulties in accessing healthcare financing						
18-49 years old	Low-income countries		High-income countries		All countries combined	
	People without disabilities	People with disabilities	People without disabilities	People with disabilities	People without disabilities	People with disabilities
• obtain exemptions or special rates	15.7%	22.5*%	6.3%	15.8*%	13.7%	21.6*%
• fill out insurance forms	4.2%	6.7*%	4.2%	10.7*%	4.1%	8.3*%
• determine the benefits/allowances to which they are entitled	4.6%	8.0*%	9.9%	17.7*%	7.3%	12.1*%
• get reimbursed through health insurance	4.2%	7.1*%	4.1%	10.6*%	4.1%	8.0*%

**Note:** Estimated figures are weighted using post-stratified World Health Survey weighting, where available (or, where not available, probability weighting), with an adjustment for the effects of age.

\* The Student test suggests a significant difference in relation to the “non-disabled” category of 5%.

Source: World Health Survey. Geneva, World Health Organization, 2002–2004 (<http://www.who.int/healthinfo/survey/en/>, accessed 10 September 2010).

In general, across all countries and ages combined, “there is also evidence that people with disabilities are more vulnerable to extremely high healthcare costs”.

Medical and paramedical funding for international mobility differs depending on the student's country of origin and destination.

22. World Report on Disability 2011 Available at < [https://www.unicef.fr/sites/default/files/userfiles/rapport\\_mondial\\_handicap\\_oms\\_2012.pdf](https://www.unicef.fr/sites/default/files/userfiles/rapport_mondial_handicap_oms_2012.pdf) > [accessed on 07/06/2021]

### 1.3.1 Differentiated healthcare coverage depending on the student's country of affiliation and their host country

*"Full access will only be achieved when governments cover the cost of available health services for people with disabilities who cannot afford to pay themselves" (WHO report).*

The cover or reimbursement of health care costs varies according to the country from which the student is departing and the country to which he/she is travelling for reasons of mobility.

The answers are differentiated according to the type of mobility that the student might undertake – intra-European or extra-European mobility. What is understood in this context by "Intra-European" is any mobility carried out in another Member State by a national of a Member State of the European Union (EU), the European Economic Area (EEA), or of Switzerland.

#### 1.3.1.1- Possible coverage of healthcare costs in the context of intra-European mobility (European Union, European Economic Area (EEA) and Switzerland)

Directive 2011/24/EU on the application of patients' rights in cross-border healthcare<sup>23</sup> sets out the "principles of universality, access to good quality health care, fairness and solidarity". It was supplemented by implementing directive 2012/52/EU of 20 December 2012, which set down the measures to facilitate the recognition of medical prescriptions issued in another Member State<sup>24</sup> and was transposed into French law by articles R160-1 to R160-4 of the French Social Security Code<sup>25</sup>.

EU law considers students to be inactive persons who are subject to the legislation of their State of residence, i.e. "the State in which the persons concerned are habitually resident and in which the usual centre of their interests is also located", "the place where a person is habitually resident".<sup>26</sup> Among the criteria used to determine this location in relation to students, is the source of their income<sup>27</sup>.

#### a. Coverage for medically necessary care and some scheduled care

For students who are nationals of an EU Member State, the European Economic Area (EEA) or Switzerland and who are mobile in another Member State:

■ Medically necessary treatment is covered by the host country upon presentation of the European Health Insurance Card (EHIC). No registration with the local health insurance fund is necessary. The State of affiliation will reimburse the State where the student is staying. Indeed, Article 19 of Regulation (EC) 883/2004 of 29 April 2004 on the coordination of social security systems<sup>28</sup> provides that nationals of a Member State "may receive benefits in kind that become necessary from a medical point of view during their stay, taking into account the nature of the benefits and the expected length of their stay". This article has

23. Directive 2011/24/EU on the application of patients' rights in cross-border healthcare available at < <https://eur-lex.europa.eu/legal-content/FR/TXT/PDF/?uri=CELEX:32011L0024&from=FR> > [accessed 08/06/2021]

24. Implementing Directive 2012/52/EU of 20 December 2012 sets down measures to facilitate the recognition of medical prescriptions issued in another Member State and is available at < <https://eur-lex.europa.eu/legal-content/FR/TXT/PDF/?uri=CELEX:32012L0052&from=FR> > [accessed 08/06/2021]

25. Articles R160-1 to R160-4 of the French Social Security Code available at < [https://www.legifrance.gouv.fr/codes/article\\_lc/LEGIARTI000031795637/](https://www.legifrance.gouv.fr/codes/article_lc/LEGIARTI000031795637/) > [accessed 08/06/2021]

26. ECJ, 25 February 1999, Case C-90/97, Swaddling, Rec. 1999, p. I-1075, paragraph 29 available at < <https://eur-lex.europa.eu/legal-content/FR/TXT/PDF/?uri=CELEX:61997CJ0090&from=FR> > [Accessed on 12/03/2021]

27. Article 11(1)(b) of Regulation (EC) No. 987/2009 of the European Parliament and of the European Council of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems, available at < <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2009:284:0001:0042:FR:PDF> > [accessed 12/03/2021]

28. Regulation (EC) No. 883/2004 of 29 April 2004 on the coordination of social security systems < <https://eur-lex.europa.eu/legal-content/FR/TXT/PDF/?uri=CELEX:32004R0883&from=FR> > [accessed 07/06/2021]

been transposed into French law by Article R-160-1 of the French Social Security Code<sup>29</sup>.

**Article 25 A1 of Regulation (EC) 987/2009 of 16 September 2009** laying down the procedure for implementing **Regulation (EC) 883/2004** on the coordination of social security systems<sup>30</sup> supplements this provision by specifying that *“the insured person shall present the care provider in the Member State in which they are staying with a document issued by the competent institution that certifies their entitlement to benefits in kind”*.

**The card also covers treatment for chronic and pre-existing conditions.** In fact, the official EU website states that “if you suffer from a chronic illness (e.g. diabetes, asthma, cancer or illness requiring dialysis), you are entitled to all care deemed necessary, taking into account your state of health and the duration of your stay”<sup>31</sup>. This is important because many students with disabilities suffer from these diseases and need regular treatment.

It is also something that the Centre de liaisons européennes et internationales de sécurité sociale [European and International Liaison Body for Social Security] (Cleiss), a public reference institution for “social protection in a context of international mobility”<sup>32</sup> noted in its 2019 activity report<sup>33</sup>.

**By providing a specific response to a student with a chronic illness, the PCN contributes to the mobility of young people, including those who are potentially the most vulnerable**

The example described here illustrates the difficulties that people in mobility regularly face and the fact that it needs to be resolved as soon as possible. This is a particular case involving a European student coming to study in France as part of the Erasmus project and requiring regular blood transfusions for a blood disease he has (thalassaemia).

In fact, the French health insurance fund and the health care provider required a S2 form to be presented for reimbursement; the health insurance fund in the student's state of affiliation refused this on the legitimate grounds that the benefits could be provided in that state within a time-frame that was compatible with the student's state of health.

Cleiss was approached by the ERN EuroBloodNet (European reference network), which is based in France at the Saint-Louis Hospital in Paris, and intervened with the two Member States. They noted that S2 is not appropriate to the situation of a student, who must be considered as a temporary resident in the State

where he or she is studying, and that he or she could claim reimbursement of his or her care on the basis of a European health insurance card, which covers both medically necessary care during the temporary stay and any benefits relating to chronic or pre-existing illnesses, insofar as the purpose of the stay is not to seek care linked to his or her state of health.

This position is based on the interpretation of EU Regulation 883/2004 given by the Administrative Commission for the Coordination of Social Security Systems in Decision S3 of 12/06/2009.

The successful resolution of this particular case proved to be an occasion for the European Commission (Directorate-General for Health and Food Safety) to publish an article in its newsletter on European Reference Networks (ERNs) and to highlight the successful collaboration between the French national contact point, the ERN EuroBloodNet, and the health insurance funds of both Member States.

29. Article R-160-1 of the Social Security Code available at < [https://www.legifrance.gouv.fr/codes/article\\_lc/LEGIARTI000031795637/](https://www.legifrance.gouv.fr/codes/article_lc/LEGIARTI000031795637/) > [accessed 08/06/2021]

30. Regulation (EC) 987/2009 of 16 September 2009 laying down the procedure for implementing Regulation (EC) No 883/2004 on the coordination of social security systems available at < <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2009:284:0001:0042:FR:PDF> > [accessed on 07/06/2021]

31. Your Europe, FAQs - Medical coverage when staying in another EU country [online]. Europa.eu, last checked 09/03/2020 available at < [https://europa.eu/youreurope/citizens/health/unplanned-healthcare/temporary-stays/faq/index\\_fr.htm](https://europa.eu/youreurope/citizens/health/unplanned-healthcare/temporary-stays/faq/index_fr.htm) > [accessed on 30/07/2020]

32. Available at < <https://www.cleiss.fr/presentation/index.html> >

33. Activity Report 2019, Centre de Liaisons européennes et internationales de sécurité sociale, pages 14 and 15 available at < [https://www.cleiss.fr/pdf/rapport\\_activite\\_2019.pdf](https://www.cleiss.fr/pdf/rapport_activite_2019.pdf) > [accessed on 28/05/2021]

- Treatment scheduled to take place in a Member State may be reimbursed: students can request a reimbursement from their health insurance fund as long as this has been authorised in advance by the fund (**Article 20 of Regulation (EC) No. 883/2004**). In France, if the latter authorises coverage, it will issue a European S2 form "Droit aux soins programmés" (Right to scheduled care) upon which the reimbursable prescribed care will be noted.

Scheduled care subject to prior authorisation is, according to the health insurance, "care or treatment that is planned in advance and which constitutes the main reason for travelling to another EU/EEA Member State or Switzerland and which meets the following criteria:

- requires at least one night's hospitalisation in a health care institution (in-patient care, follow-up care and spa treatments with hospitalisation)
- or requires the use of highly specialist and expensive medical equipment or infrastructure"<sup>34</sup>.

In principle, there should not, therefore, be any difficulties with regard to the provision of medically necessary care for students in the context of intra-European mobility.

According to the professionals in the sector we met, however, there are still difficulties.

In the first instance, registered practitioners and health professionals still refuse to accept the European Health Insurance Card all too often. The main reason for this is that they do not necessarily know how the system works, and they are concerned that they will not be reimbursed.

**Example:** *As one student testifies: "the pharmacy refused to put my personal identification number from my European Health Insurance Card on the invoice [...]. I went to about fifteen pharmacies, and the answer was always the same: either I was refused completely, or the pharmacist did not know what to do, or the pharmacy's computer system prevented them from entering this number on the invoice".*

► **Proposal 10:** A Europe-wide awareness-raising campaign should be set up to inform health professionals about the European Health Insurance Card mechanism.

## b. Possible reimbursement of health costs

Reimbursement of health costs incurred by students with disabilities in the context of intra-European mobility is possible in several cases.

The first hypothetical situation arises from the not presenting an EHIC or it being refused by the practitioner. Reimbursement by the affiliation fund is possible upon presentation of paid invoices and completion of form S3125 "Care received abroad"<sup>35</sup>.

It is important to note that sometimes it is more advantageous for the patient not to present the EHIC.

They can then decide to be reimbursed as an insured person in the host country, in which case their reimbursement will depend on local health legislation.

Alternatively, they may choose to be reimbursed by their country of affiliation. For example, in France, an insured person can be reimbursed on a lump sum basis (i.e. with the option of co-payments).

34. Scheduled care abroad: your care coverage, Ameli.fr, 29 December 2020 available at < <https://www.ameli.fr/assure/droits-demarches/europe-international/protection-sociale-etranger/soins-programmes-etranger> > [accessed on 28/06/2021]

35. Available at < <https://www.ameli.fr/sites/default/files/formulaires/221/s3125.pdf> > [accessed 07/06/2021]

As part of this work, the feedback showed that few people were aware of this mechanism. They thought that they had to present the European card in order to be automatically reimbursed as per the fees associated with it.

Depending on the destination and the type of treatment, it is not always preferable to choose one option rather than another, except in the event of hospitalisation where it is always more advantageous to use the European card. In other cases, it is sometimes more advantageous not to present it and to rely on reimbursement by the country of origin. This is sometimes a difficult one to determine. European policyholders should obtain as much information as possible before choosing to rely on local regulations, in particular through social security liaison bodies. These exist in all European countries; in France, the [European and International Liaison Body for Social Security (Cleiss) is the reference body.

► **Proposal 11:** A Europe-wide awareness-raising campaign should be set up to inform citizens about the mechanism for paying for health care abroad.

In this respect, the Caisse nationale de l'Assurance Maladie [French National Health Insurance Fund] (CNAM) is currently working on producing factsheets for each outgoing mobility scenario (EU and non-EU), which will act as a reminder. It should be noted on these forms that it is not always more favourable to present the EHIC card.

► **Proposal 12:** Create a tool to advise students, providing information on the basis of the country of mobility using a comparator. This will allow students to know the level of reimbursement available to them under the possible scenarios.

The National Centre for Care Abroad (CNSE), the reference body for the reimbursement of care received abroad, is currently working on an electronic service that would allow a choice of pricing. This must be presented as a comparator so that the student can choose the best reimbursement in any scenario.

The second scenario in which students with disabilities can be reimbursed for health care received abroad as part of intra-European mobility, is when a treatment is scheduled to take place. The health insurance fund must first have authorised the reimbursement, specifically by submitting the S2 form "entitlement to scheduled care".

In either case, the advance payment of costs incurred by the student could be detrimental.

Receiving reimbursement for treatment received in another European country can take a long time and the administrative procedures can be quite cumbersome. This can discourage students.

**Example:** A French student said: "Receiving a reimbursement through the social security system takes at least six months and the system requires paper invoices, which makes the whole procedure laborious and, most of all, very long".

The time period mentioned by the student has not been verified, but it is true that delays can be significant.

► **Proposal 13:** The paperless service being developed by CNSE should allow waiting times to be reduced and the provision of invoices to be simplified.

► **Proposal 14:** In view of the high costs that may be incurred by students with specific medical needs, a systematic third-party payment system is necessary. It will be a question of applying either the scale of the host country, or that of the country of origin, depending upon which is the most advantageous. This will make it possible to overcome the sometimes very long delays in receiving reimbursement.

In fact, students suffering from chronic or pre-existing illnesses can obtain funding for their health care when they are mobile in another European country, but this needs to be put into perspective since there are difficulties to face in order to receive the most satisfactory and rapid treatment. The level of protection also needs to be qualified since, even in the context of intra-European mobility, protection under the general scheme is not sufficient and requires additional financing (see *Part B*).

Outside of Europe, the protection offered to students with disabilities is much more limited.

### 1.3.1.2 Healthcare coverage in the context of extra-EU mobility

For any international trip outside Europe lasting more than six months, the Caisse d'Assurance Maladie [Health Insurance Fund] is no longer applicable. It no longer has competency and French nationals need to join the local health insurance fund<sup>36</sup>.

#### a. The general rule: reimbursement is possible but too limited for people with pre-existing or chronic diseases

A distinction must be made between international students arriving in France for mobility, and French national students who are mobile abroad.

##### ➔ Incoming mobility

Foreign students who are nationals of a third country (within the EU-EEA and exclusive of Switzerland or a bilateral social security agreement) and who are mobile in France must register on "[etudiant-etranger.ameli.fr](https://etudiant-etranger.ameli.fr)" under the general scheme.

The coverage of health care costs for people coming to study in France varies according to the visa taken out under the universal health protection scheme (PUMa).

The PUMa therefore covers the health costs of people studying in France who hold a long-stay visa with a residence permit (VLS-TS) "student status" or a long-stay temporary visa (VLS-T) "student status"<sup>37</sup>.

This coverage remains limited as students without such visas are not eligible for the PUMa.

► **Proposal 15:** At national level, or by means of a bilateral agreement: permit the systematic coverage of health costs for international students with disabilities identical to that offered to nationals of the host country.

36. Study abroad, your care coverage, Ameli.fr, 2 January 2021 available at < <https://www.ameli.fr/assure/droits-demarches/europe-international/protection-sociale-etranger/etudes-etranger> > [accessed on 12/05/2021]

37. The temporary long-stay visa or VLS-T, campusfrance.org, available at < <https://www.campusfrance.org/fr/le-visa-long-sejour-temporaire-ou-vls-t> > [accessed on 12/05/2021]

In addition, the delay in enrolling international mobile students in France with the Caisse d'Assurance Maladie [health insurance fund] can be detrimental to those students who need frequent and regular care. The Ameli.fr website does not give a precise deadline for taking out health insurance<sup>38</sup>. While they can definitely obtain coverage for their care once they have got their provisional social security number, this process is not always fast enough for some students who need regular care. They will have to pay advance costs that are sometimes substantial.

The Caisse Primaire d'Assurance Maladie (CPAM) is currently working on how to reduce the time required for enrolment, but this time period needs to almost be immediate for those students who need frequent care, so that they do not suffer from the delays and waiting period.

► **Proposal 16:** Set up an accelerated derogation procedure for international *students* requiring regular care, allowing them to have cover as soon as they arrive in France. A file can be prepared in advance with the cooperation of the French embassy's disability point of contact.

#### ➡ Outgoing mobility

For students who are French nationals, there is no third-party to make a payment. Students have to pay in advance.

As regards the reimbursement of health care provided abroad, **Article R 160-4 of the Social Security Code**<sup>39</sup> sets out that it is possible, but only for unexpected (unforeseen and unpredictable) care.

In reality, even in this case, the Health Insurance Fund is under no obligation to reimburse the costs and notify the CNSE (Centre national des soins à l'étranger) [National Centre for Care Abroad], the competent body who is to receive claims for reimbursement.

The CNSE indicates that, exceptionally, with the authorisation of the Medical Officer, care that is not available in France or in the EU may be authorised within the framework of an agreement agreed between the hospital, the health insurance fund and the CNSE in order to define the cost and type of intervention.

This is why care related to a pre-existing or chronic illness received abroad cannot be reimbursed by the student's health insurance fund, with the exception of dialysis<sup>40</sup>.

► **Proposal 17:** It is necessary to allow the country of origin's health insurance scheme to reimburse medicines purchased in the host country when the drug is available, as well as those costs related to medical or paramedical follow-ups for the student. A modification of article R-160-4 of the Social Security Code will be necessary.

When returning from an extended stay abroad, there is a three-month waiting period on returning to France before social security rights can be accessed.

38. Time frame for processing subscription for foreign students, Ameli.fr Forum des Assurés, available at < <https://forum-assures.ameli.fr/questions/1723683-delai-traitement-souscription-etudiant-et-ranger> > [accessed on 12/05/2021].

39. Available at < <https://www.legifrance.gouv.fr/affichCodeArticle.do?cidTexte=LEGITEXT000006073189&dateTexte=20160325> > [accessed 07/06/2021]

40. The CNSE also noted that during the first lockdown, it had exceptionally agreed to reimburse non-EU care for people stranded abroad.

Persons who are enrolled in a higher education institution do not have to comply with this 3-month period (**Article D160-2 of the Social Security Code**<sup>41</sup>). They are automatically covered by the French social security system once they return to France.

On the other hand, they may be hampered by the administrative procedures for ensuring they are once again enrolled with their original social security scheme. This could be a matter of a few weeks. However, for a student who needs regular care, or needs to get treatment quickly, this can be very problematic.

► **Proposal 18:** Allow direct re-enrolment in the health insurance fund without delay.

## **b. An exception is the existence of bilateral agreements providing for taking on responsibility for health care: limited healthcare coverage**

France is a signatory to **42 bilateral social security agreements** which aim to coordinate the social security schemes of two States (e.g. between France and India) or two territories (e.g. between the metropolitan departments and New Caledonia).

There are three types of agreements concerning healthcare coverage, hospitalisation and medical insurance for students from third countries:

- Some of them do not include provisions for health coverage (most of them), such as the bilateral convention between France and the United States. The general regime therefore applies to these students facing the difficulties just detailed.
- Some make provision for the fact that students from the contracting country are affiliated to the social security system of the host country, which therefore covers health care and hospitalisation in accordance with the national scales in force.

***Example:** the general protocol of 1<sup>st</sup> October 1980 relating to social insurance for students, the general insurance scheme for students of national merchant navy schools and maritime training schools<sup>42</sup> concluded between France and Algeria. Students can then suffer from enrolment delays that are too long.*

- Some of them make provision for the fact that foreign students do not benefit from the health insurance of the host country, but remain affiliated to the social security system of the country of origin.

***Example:** the special administrative arrangement of 7 April 2000 that contains various provisions relating to the application of the social security agreement between the Republic of France and the Principality of Monaco<sup>43</sup>. Article 1 entitled "Sickness insurance – pregnancy in students" provides that persons studying on French territory and who are affiliated to the Monegasque social security system remain subject to that system in terms of sickness insurance if they are able to justify their coverage by the Monegasque system.*

Nevertheless, in this scenario, students can sometimes benefit from the provision of services available in the host country, without paying any additional contribution.

41. Available at < [https://www.legifrance.gouv.fr/codes/article\\_lc/LEGIARTI000039810099/#:~:text=1%C2%80%20Personnes%20reconnues%20r%C3%A9fugi%C3%A9s,dans%20les%20conditions%20pr%C3%A9vues%20par](https://www.legifrance.gouv.fr/codes/article_lc/LEGIARTI000039810099/#:~:text=1%C2%80%20Personnes%20reconnues%20r%C3%A9fugi%C3%A9s,dans%20les%20conditions%20pr%C3%A9vues%20par) > [accessed 08/06/2021]

42. General Protocol of 1 October 1980 on the social insurance of students, the general insurance scheme for students of national merchant navy schools and maritime training schools, available at < <https://www.legislation.cnav.fr/Pages/texte.aspx?ID=63111> > [accessed 08/06/2021]

43. Special administrative arrangement of 7 April 2000 containing various provisions relating to the application of the social security agreement between the Republic of France and the Principality of Monaco, available at < [https://www.cleiss.fr/pdf/conv\\_monaco.pdf](https://www.cleiss.fr/pdf/conv_monaco.pdf) > [accessed 08/06/2021]

**Example:** Article 21 of the social security agreement of 12 December 2000 between France and the Principality of Andorra<sup>44</sup> provides that a student or trainee affiliated to the scheme of the contracting country “shall be entitled to sickness and maternity insurance benefits in kind for himself and any dependants accompanying him”. Before departure, they must complete Form SE 130-04<sup>45</sup>.

According to Article 4 of the Memorandum of Understanding of 19 December 1998 between the Government of Quebec and the Government of the Republic of France pertaining to social protection for pupils and students and those participating in the cooperation<sup>46</sup> foreign students and those on a placement are not enrolled with the host country's system but benefit from the provision of benefits in kind for care received on site.

French students must complete form SE 401-Q-106 before their departure<sup>47</sup> or form SE 401 Q 102<sup>48</sup> (depending on the type of mobility).

Since the French system is more generous than the Quebec social security system, French students may feel disadvantaged.

**Proposals:** Within the framework of a social security agreement that provides for healthcare coverage, hospitalisation and medicines to students from a third country, several options are available:

► **Proposal 19:** To allow students with a chronic illness to choose between the two schemes in order to obtain the best protection.

► **Proposal 20:** Enable maintenance of rights (country of origin) within the framework of a specific status for a student with disabilities, throughout the mobility period.

Moreover, in this situation, when the student at some point during his/her mobility returns temporarily to the host country, for example to spend their holidays there, he/she remains subject to the host country's regime. Their rights remain closed in France. The reimbursement he/she can obtain will not be the same as the one he/she is used to having outside his/her period of mobility.

**Example of a mobile student in Quebec:** the student was covered by the Quebec social security system (under the agreement detailed above) and discharged from the French system. He needed to recover the rest of his treatment in France (for financial reasons) but could not benefit from French reimbursement before the change of situation. Without this change, it could only be reimbursed on the basis of the Quebec social security system.

► **Proposal 21:** At a national level, allow students with disabilities to benefit from reopening their rights when they temporarily return to their country of origin during their mobility, even if they are still under a bilateral agreement. It would therefore be necessary to modify these agreements to permit an exemption for students who have to receive frequent care.

44. Social Security Agreement of 12 December 2000 between France and the Principality of Andorra, available at < [https://www.cleiss.fr/pdf/conv\\_andorre.pdf](https://www.cleiss.fr/pdf/conv_andorre.pdf) > [accessed 08/06/2021]

45. Available at < [https://www.legislation.cnav.fr/Documents/Andorre\\_SE\\_130-04.pdf](https://www.legislation.cnav.fr/Documents/Andorre_SE_130-04.pdf) > [accessed 08/06/2021]

46. Memorandum of Understanding of December 19, 1998 between the Government of Quebec and the Government of the French Republic relating to the social protection of pupils and students and participants in the cooperation, available at <https://www.mrif.gouv.qc.ca/content/documents/fr/ententes/1998-07.pdf> > [accessed 08/06/2021]

47. Available at < <https://smerra.fr/pdf/SE401Q106.pdf> > [accessed 08/06/2021]

48. Available at < <https://smerra.fr/pdf/SE401Q102.pdf> > [accessed 08/06/2021]

## 1.3.2 Private funding of healthcare coverage: overly restrictive for students with disabilities

### 1.3.2.1 – Case study of Caisse des Français de l'étranger (CFE): a solution to be prioritised outside Europe, yet not one that goes far enough in terms of mobility in countries where healthcare costs are higher than in France

The Caisse des Français de l'étranger is a private law organisation with a public service mission<sup>49</sup>.

It is able to reimburse under the same conditions as the French Health Insurance and it allows third parties to pay in hospitals. This means that the CFE refuses to pay for services that are not covered in France by the Assurance Maladie, but undertakes to reimburse services that would normally be covered by the Assurance Maladie if they were provided in France.

Expatriates are reimbursed on a fixed basis established by the CFE with corrective coefficients in accordance with the destination and the group of countries, but always on the basis of reimbursement in France. This means that people will not be able to obtain more than the reimbursement they would have obtained in France.

For example, Social Security has set the price of a visit to a general practitioner at 25 euros. It will reimburse 70% of this rate, i.e. 17.50 euros (from which it will subtract a 1 euro contribution), and the CFE undertakes, depending on the destination, to reimburse the same amount.

In other words this is universal healthcare coverage based on a non-discrimination principle, since it is aimed at all French people and the price scale will not depend on the person's state of health.

Students with disabilities will therefore be covered under the same conditions as other students and can be reimbursed for health costs resulting from a chronic or pre-existing illness.

However, if the student goes to a country where health costs are much higher than in France, the remaining costs to be paid are still substantial and the CFE reimbursement alone is not enough. For example, a medical consultation in the USA will not cost any "less than \$150-\$200"<sup>50</sup>. The reimbursement by the CFE might therefore seem almost insignificant. This is why the CFE encourages its clients to take out supplementary private insurance.

► **Proposal 22:** At a national level, raise awareness of the offer by Caisse des Français de l'étranger (CFE) (public service mission) and ensure it is more widely known among students with disabilities.

### 1.3.2.2 French supplementary healthcare insurance: limited coverage

In France, some French supplementary health insurance companies offer packages that provide healthcare coverage in France as well as health cover abroad. For certain treatments, they guarantee a level of reimbursement based on the Social Security reimbursement. This means that if Social Security reimburses the insured person, the supplementary insurance undertakes to make a reimbursement as well. However, this reimbursement will be made on the basis

49. Article 19 of Law No. 2002-73 of 17 January 2002 on social modernisation, available at < [https://www.legifrance.gouv.fr/jorf/article\\_jo/JORFARTI000002443167](https://www.legifrance.gouv.fr/jorf/article_jo/JORFARTI000002443167) > [accessed 08/06/2021]

The Caisse des Français de l'étranger – its activity and the conditions for its interventions, available at < <https://www.vie-publique.fr/sites/default/files/rapport/pdf/154000688.pdf> > [accessed 08/06/2021]

50. According to Health and Safety USA, routard.com available at < [https://www.routard.com/guide/etats\\_unis/960/sante\\_et\\_securite.htm](https://www.routard.com/guide/etats_unis/960/sante_et_securite.htm) > [accessed 12/03/2021]

decided by Social Security<sup>51</sup>. A student consulting a general practitioner abroad can only be reimbursed 7.50 euros by his or her mutual insurance company, provided that they are reimbursed by their social security system, regardless of the fee for the consultation.

In the case of mobility within the EU/EEA/Switzerland, the student will only be reimbursed if he/she has not used his/her European Health Insurance Card. Reimbursement under a French supplementary health insurance is possible but the amount could be incredibly small in a scenario where health costs are much higher than in France, for example in Switzerland, where a consultation with a general practitioner costs between 90 and 135 euros<sup>52</sup>

On the other hand, for mobility outside of Europe and if there is no provision through a social security agreement, it remains more complicated because the health insurance fund is no longer competent; it is not obliged to pay out on any cover or reimbursement.

A priori, these mutual insurance offers that have been studied do not offer cover for health care abroad resulting from a chronic or pre-existing illness,<sup>53</sup> so this should be checked on a case-by-case basis.

In addition, correction coefficients are sometimes established on a per country basis to regulate reimbursements,<sup>54</sup> which may further reduce the level of the reimbursement.

For all these reasons, this method of financing remains unsatisfactory since it is too limited in scope and therefore incomplete, especially because the insured person is required to carry out additional administrative procedures.

Students also face difficulties in obtaining information about a supplementary policy that could meet their needs. It is very difficult to make contact and to find someone to talk to. For example, in order to contact LMDE, you have to be a member; there is no telephone number or chat function to make contact with an advisor.

Most mutual insurance companies do not seem to offer anything that covers part of the cost of care abroad<sup>55</sup>. Their primary objective is to cover people in France and they redirect their clients to private supplementary health insurance.

► **Proposal 23:** At the national level, improve accessibility of information about the mutual's offer.

51. Example: SMENO statutes, 2020 article 21: "Guarantees are extended to medical procedures and expenses incurred abroad, within the European Union or in countries that have signed a bilateral agreement with France, insofar as the compulsory French health insurance scheme covers them", available at < <https://www.smeno.com/media/pdf/infos-legales/statut-et-reglement-mutualiste-smeno.pdf> > [accessed 16/06/2021]

52. msh-intl.com, available at < <https://www.msh-intl.com/fr/europe/particuliers/frais-medicaux-et-ranger-pays-les-plus-chers.html#:~:text=Les%20pays%20les%20plus%20chers%20d'Europe&text=Les%20d%C3%A9penses%20li%C3%A9es%20%C3%A0%20la.%E2%82%AC%20par%20habitant%20en%202019.&text=Parmi%20les%20autres%20pays%20d.'Islande%20et%20l'Irlande> > [accessed 16/06/2021]. Also, the Organisation for Economic Co-operation and Development has a comparative table of health expenditure on a per country basis, available at < <https://data.oecd.org/healthres/health-spending.htm> > [accessed 16/06/2021]

53. For example: the OJl MGEN mutual insurance offers cover on their website that "follows you abroad", available at < <https://www.mgen.fr/offres-sante-prevoyance/oji/> > [accessed 16/06/2021]

54. Health insurance regulation 'La Mutuelle des étudiants' [additional health insurance for students] (LMDE) 18.3.1-2 relating to the "Pack LMDE Europe" and "Pack LMDE World" "for certain treatments other than hospitalisation (consultations and visits to and by general practitioners, consultations and visits by specialists, medical analyses, radiology, medical assistants and paramedics), correction coefficients are drawn up on a per country basis. The basis for reimbursement is the French Social Security tariff, which can be affected by this coefficient (table of coefficients detailed in Annex 16 of this regulation)" (Annex 16 on page 74 of the student health insurance regulation) available at < <https://www.lmde.fr/documents/20184/0/RM+2021-2022/61ea2bd4-c7d5-4b5d-adcc-321182b963b6> > [accessed 16/06/2021]

55. SMEREP World Pass and World Pass mutual insurance regulations, available at < <https://heyne.care/fr/?1556026939> > [accessed 06/16/2021]

### 1.3.2.3 International private health insurance: unfavourable coverage for students with disabilities

A distinction must be made between international students arriving in France for mobility purposes and French national students who are mobile on an international scale.

#### ➡ Incoming mobility

The Caisses d'Assurance Maladie offer a supplementary health insurance scheme open to international students who:

- Covered by the general health insurance scheme;
- Have resources below the defined cap;
- Are geographically independent;
- Are financially independent;
- Are fiscally independent.

This supplementary health insurance is aimed at non-European students who make a lower financial contribution (either none or at a reduced price) and makes the financing of the supplementary component possible.

This covers consultations with any health professional (office, hospital, clinic) and should cover costs resulting from a pre-existing condition.

The time limit for receiving this benefit is a little long, since it is two months (although in practice it is generally one month), to which it is also necessary to take into account the time required for enrolling with the CPAM, which is the criterion for being eligible.

► **Proposal 24:** In the same way as for enrolment with the Assurance Maladie, an accelerated procedure should be opened to students who require regular care so that they are not disadvantaged by a waiting period.  
A dossier could be prepared in advance with the cooperation of the French Embassy's disability point of contact.

#### ➡ Outgoing mobility

French private insurance companies also offer health cover to French students who are internationally mobile.

A medical questionnaire will sometimes have to be completed by the student to enable the insurer to assess the risks. In fact, **Article L-113-2 of the Insurance Code** provides that "the insured is obliged [...] to accurately answer the questions asked by the insurer, in particular those included on the risk declaration form through which the insurer asks questions of them at the time of the conclusion of the contract regarding the circumstances that are likely to be included in the assessment made by the insurer with regard to the risks they are taking on".

These private insurance companies offer a differentiated price scale depending on the health status of the client. Students with disabilities will have to take out a higher premium to receive the equivalent health cover as other students.

Whether or not there is a health questionnaire to complete, students are excluded from funding or reimbursement for treatment related to a pre-existing condition because private insurance does not take into account previously identified needs<sup>56</sup>.

This is due to the fact that the greatest burden in terms of health care provision lies with private insurance. The Caisses d'Assurance Maladie [health insurance fund] and the CFE only reimburse a small and often insufficient part of these costs, depending on the country of destination.

Student mutual insurance companies strongly encourage French students who go on international mobility trips as part of a work placement or academic stay to take out health insurance for treatment abroad. A distinction is made between mobility within the EU/EEA/Switzerland and outside of Europe, with higher fees applicable in relation to mobility outside Europe. However, it appears that in both cases, a number of health care procedures and treatments related to a pre-existing disease are not covered<sup>57</sup>.

Therefore, the following, among others, are excluded: treatments to combat obesity, costs resulting from diabetes and its complications, ophthalmological treatments or care that are the consequence of a pre-existing pathology, treatment of a sight problem, and the wearing of an optical device<sup>58</sup>.

A French student wishing to go on a mobility trip to Finland will not therefore be able to obtain reimbursement for care and treatment resulting from an ophthalmic disease.

## Proposals at national level

► **Proposal 25:** Need for a CFE/private supplementary package based on a principle of universality and non-discrimination, as a minimum for students with disabilities.

The CFE is currently considering the creation of a CFE label for certain additional health insurance products that meet CFE specifications. The criteria would aim to address existing limitations to access to supplementary health care. They are not currently defined, but under discussion. The above-mentioned limitations on students with disabilities could remain.

The exclusion of health care resulting from a pre-existing condition should be limited as much as possible in the CFE labelling. Initially, this format may focus on the under 30s.

► **Proposal 26:** Based on the principle of pooling, the development of "group contracts" within higher education institutions should be encouraged, which will enable international health coverage for defined care to be put in place. Institutions and insurers will agree on a minimum number of subscriptions taken out by students so that students with disabilities can be covered for their care, whether that is pre-existing or resulting from a chronic illness. All students will then have cheaper coverage and students with disabilities will be covered for their usual care.

56. Example:

- Axa's Latitude student policy terms state that medical assistance is not available for "pre-existing illnesses or injuries, diagnosed and/or treated and having been the subject of a medical consultation or hospitalisation within six (6) months prior to the date of the request for assistance" available at < [https://www.agence-nezeys.fr/IMG/pdf/CG\\_Latitude\\_Etudiant.pdf](https://www.agence-nezeys.fr/IMG/pdf/CG_Latitude_Etudiant.pdf) > [accessed 16/06/2021]
- April Internationale excludes in its general terms and conditions, April International Care France 2021, any temporary cover abroad for a "pre-existing illness: medical condition or illness that is diagnosed, medically managed, or investigated by means of medical examinations and/or treated prior to the date of signing your Application Form (including your Health Questionnaire) available at < <https://assets.april.fr/prismic/doc/part-april-international-ma-sante-internationale-conditions-generales.pdf?vh=648110&func=proxy> > [accessed 16/06/2021]

57. Student health insurance regulation La Mutuelle des étudiants (LMDE): pre-existing, diagnosed and/or treated illnesses or injuries that have been the subject of a medical consultation or hospitalisation in the six (6) months prior to the date of the request for assistance are excluded from medical assistance guarantees and are not eligible for reimbursement or compensation, available at < <https://www.lmde.fr/documents/20184/0/RM+2020-2021.pdf/9232628a-2d69-4a39-8c01-31b5e02c6b86> > [accessed 16/06/2021]

58. SMEREP World Pass and World Pass mutualist regulations

► **Proposal 27:** Create a "booster" for students with disabilities, funded by the ministry responsible for the higher education establishment, so that private insurance does not bear all the health costs on its own. This additional funding will allow private insurers to relax their entry requirements. It will be released if the private insurance company agrees to cover the student without discrimination.

► **Proposal 28:** By analogy with the AERAS convention,<sup>59</sup> apply a similar system to international health insurance for students with disabilities. Several options are possible:

- Remove the conditions pertaining to exclusion of illnesses or disorders resulting from a pre-existing or chronic disease for students with disabilities;
- Introduce, as a minimum, an obligation for insurers to review applications. The conditions for reconsideration should be determined by a consultation group composed of professionals from the State, insurance industry, mutual insurance companies and consumer/higher education representatives and associations representing students with disabilities;
- If a reconsideration still does not result in the application being accepted, redirect students to another option or another insurance.

## Proposals **at the international level**

► **Proposal 29:** Creation of an international scholarship without social criteria based on estimated costs. This could be financed by international public funds.

► **Proposal 30:** Creation of a grant financed by health insurance companies for students with disabilities in order that they can finance their regular care abroad, and make it part of their development policy.

Foreign private insurance schemes that international students can take out in their host country has not been studied in this report. Students should consider this option, which may be more attractive than leaving with a country of origin insurance policy. This work whereby private insurance offers are compared, is a difficult but valuable and useful task for students to undertake.

► **Proposal 31:** Develop comparative software for French private insurance/local insurance companies

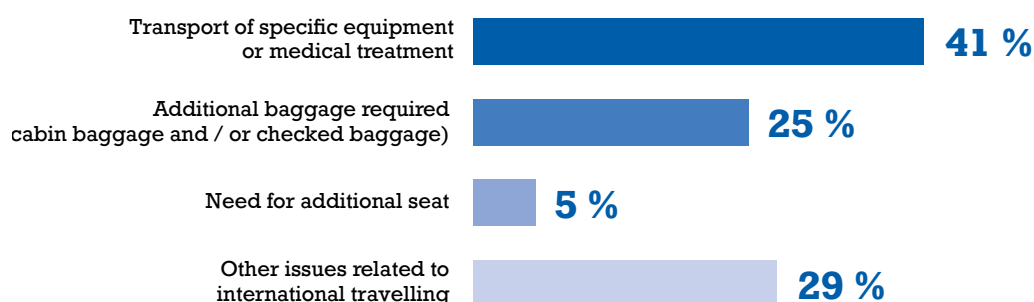
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<sup>59</sup>. "Insuring and Taking out Cover with an Aggravated Health Risk",

## 2. Facilitating access to transport for students with disabilities

### 2.1 ACCESSIBILITY TO AIR TRANSPORT: LEGISLATIVE AND INSTITUTIONAL EFFORTS STILL DO NOT GO FAR ENOUGH

#### Main difficulties encountered in accessing transport for students with disabilities who are internationally mobile



There are huge disparities in the capacity to provide solutions for the different issues encountered by students in terms of transport

According to the results of the International Air Transport Association's (IATA) 2019 Global Passenger Survey, there is a gap between the satisfaction levels of passengers with disabilities and other travellers. Indeed, IATA has observed that they were on average less satisfied than passengers who do not have a disability<sup>60</sup>.

At an international level, the reference texts that govern the international air transport of persons with disabilities remain non-binding.

**Article 20 of the CRPD** "personal mobility" provides that Member States shall undertake to ensure the personal mobility of persons with disabilities by:

*"(a) Facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost;*

*b) Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost".*

<sup>60</sup>. IATA Global Passenger survey 2019 Highlights page 22 available at < <https://www.iata.org/contentassets/952a287130554b4880563edca1c8944f/iata-2019-gps-highlights.pdf> > [accessed 10/06/2021]

The **Convention for the Unification of Certain Rules for International Carriage by Air** (Warsaw Convention)<sup>61</sup> signed on 12 October 1929, – the first international agreement on air transport – was supplemented by the **Convention on Air Carrier Liability** (Montreal Convention)<sup>62</sup> signed on 28 May 1999. These two agreements allow a certain unification of the rules in this area.

The **Convention on International Civil Aviation**<sup>63</sup> of 7 December 1944, commonly referred to as the “Chicago Convention”, was established by the International Civil Aviation Organization (a United Nations institution) and was signed by 193 States. It aims to promote cooperation in air transport between nations and peoples “on which the peace of the world depends”<sup>64</sup>.

**Annex 9, “Facilitation”**<sup>65</sup> which dates from October 2017, supplements it and provides, within Chapter 8 “Facilitation provisions relating to specific subjects”, a section dedicated to the “facilitation of transport for persons with disabilities” which recommends a number of practices to Contracting States, including the notion that persons with disabilities “should receive special assistance to ensure that they benefit from the services that are normally offered to the general public”. Air transport needs to be accessible and the onus is on the Contracting States to co-operate to ensure accessibility from the time of arrival at the airport of departure to the point of departure from the destination airport. They are called upon to adopt “uniform minimum standards of accessibility” and to put in place measures to ensure that trained personnel are available to assist passengers with disabilities within the aircraft, airports and with ground handling services.

The **International Air Transport Association (IATA) resolution**<sup>66</sup> on passengers with disabilities is a continuation of Annex 9 whereby the aim is to improve the air travel experience (resolution on passengers with disabilities), but to this time include the airline industry with the aim of improving the transport of disabled passengers. It was unanimously adopted on 2 June 2019. IATA represents 290 airlines. This resolution aims to promote the accessibility of air transport for passengers with disabilities. To this end, the association encourages governments and the airline industry to work together to ensure the inclusion of these passengers, calling for existing national regulations to be harmonised.

At the level of European Union law, the rules are more binding.

Annex I Section 4 of the **EU Directive 2019/882 of 17 April 2019 on accessibility requirements for products and services**<sup>67</sup> states that “in order to ensure optimal foreseeable use by persons with disabilities, the services offered shall include the following features, practices, strategies and procedures as well as modifications regarding how the service operates in order to meet the needs of persons with disabilities and to ensure interoperability with assistive technologies: [...]”

for air, rail, inland waterway and bus passenger transport services, with the exception of urban and suburban transport services and regional transport services:

- (i) ensure that information is provided about the accessibility of vehicles, surrounding infrastructure and the built environment as well as assistance for people with disabilities

61. Convention for the Unification of Certain Rules Relating to International Air Transport of 12 October 1929, available at < [https://www.idit.fr/legislation/documents/Conv\\_varsovie\\_modif55.pdf](https://www.idit.fr/legislation/documents/Conv_varsovie_modif55.pdf) > [accessed 16/06/2021]

62. Montreal Convention on Air Carrier Liability, available at < <https://eur-lex.europa.eu/legal-content/FR/TXT/HTML/?uri=LEGISSUM:l24255&from=FR> > [accessed 08/06/2021]

63. Convention on International Civil Aviation, 7 December 1944, available at < [https://www.icao.int/publications/Documents/7300\\_3ed.pdf#search=convention%20de%20chicago%20pdf](https://www.icao.int/publications/Documents/7300_3ed.pdf#search=convention%20de%20chicago%20pdf) > [accessed 16/06/2021]

64. Preamble to the Convention on International Civil Aviation

65. Annex 9 to the Convention on International Civil Aviation, Facilitation, Fifteenth Edition, October 2017 available at < [https://www.icao.int/WACAF/Documents/Meetings/2018/FAL-IMPLEMENTATION/an09\\_cons\\_fr.pdf](https://www.icao.int/WACAF/Documents/Meetings/2018/FAL-IMPLEMENTATION/an09_cons_fr.pdf) > [accessed 08/06/2021]

66. Resolution of the International Air Transport Association < <https://www.iata.org/contentassets/0facd06de56e457b8bc93dbc6ef55f4c/resolution-disabled-pax-agm-2019.pdf> > [accessed 08/06/2021]

67. EU Directive 2019/882 of 17 April 2019 on accessibility requirements for products and services < <https://eur-lex.europa.eu/legal-content/FR/TXT/PDF/?uri=CELEX:32019L0882&from=FR> > [accessed 08/06/2021]

(ii) ensure the provision of information on intelligent ticketing systems (e.g. electronic booking, ticket reservation, etc.) or the provision of real-time travel information (e.g. timetables, information on traffic disruptions, link services, connections to other modes of transport, etc.) and additional service information (e.g. on staff present in the station, lifts that may be out of order or services that are temporarily unavailable)”

More specifically Regulation (EC) 1107/2006 of 5 July 2006 concerning the rights of disabled persons and persons with reduced mobility when travelling by air<sup>68</sup> establishes a number of prohibitions and obligations in relation to air transport professionals.

Thus, **Article 1** and **Article 3** of this regulation prohibit any discrimination at the time of reservation and at the time of boarding, except on safety grounds, which must be justified.

An obligation to provide assistance at airports and on aircraft is also included in **Article 7**, since all airport management organisations must offer assistance to persons with reduced mobility, at no extra cost (Article 8). This assistance is specified in Annex I.

Special requirements for such assistance must be notified to the air carrier or its agent at least 48 hours before the scheduled flight time.

**Article 10** also requires air carriers to provide assistance to persons with reduced mobility, without any additional charge. This assistance is specified in Annex II.

As noted by the French Council of Persons with Disabilities for European Issues, there are still several “legal loopholes that allow discrimination of disabled people when travelling by air”<sup>69</sup> including being refused boarding and limited compensation in case of damage or loss of mobility equipment.

Moreover, **Regulation 1107/2006** is not linked to the person, since a passenger with a disability, who is a national of a Member State that has ratified the regulation, will not necessarily be able to claim that it is applied to them. This is regrettable and will be addressed in particular in section 2.1.2) “Issues regarding travel including stopovers”.

The European Commission has therefore launched a **consultation on the evaluation of the Regulation (EC) No. 1107/2006**. The aim of this initiative, which was open until 23 October 2020, was to ensure that air passengers have the same level of protection in all Member States. The results had not yet been published at the time of writing, but this is a welcome initiative that will allow for the necessary adjustments to be made.

On 30 May 2000 in France, the Minister of Equipment, Transport and Housing co-signed, along with seven French airlines,<sup>70</sup> a **code of good practice relating to the accessibility of commercial air services for disabled people**,<sup>71</sup> the aim of which is to facilitate access to air transport services. It provides for measures to fit out and equip aircraft to accommodate passengers with disabilities. Once their disability has been correctly notified 48 hours before departure, passengers with disabilities should be provided with personalised assistance.

68. Regulation (EC) 1107/2006 of 5 July 2006 concerning the rights of disabled persons and persons with reduced mobility when travelling by air, available at < <https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2006:204:0001:0009:FR:PDF> > [accessed 08/06/2021]

69. News from the European movement of disabled people in France and in Europe, Newsletter No.

46, July 2020, CFHE, [accessed on 31 July 2020] available at [http://nvju.mit.lu/nl2/nvju/mhi0z.html?m=AL4AAHiM8FsAActb32IAAGnzASUAASKBoSkAGz\\_VVAAm0iwBfCD-fiXsL30vpQpQAo6R2AzxZiQAHfi8&b=6867315f&e=c8d8114&x=oyltpuvZKPjuKn\\_UQhiAb4YKk3VsdGlvYA-myHhXno](http://nvju.mit.lu/nl2/nvju/mhi0z.html?m=AL4AAHiM8FsAActb32IAAGnzASUAASKBoSkAGz_VVAAm0iwBfCD-fiXsL30vpQpQAo6R2AzxZiQAHfi8&b=6867315f&e=c8d8114&x=oyltpuvZKPjuKn_UQhiAb4YKk3VsdGlvYA-myHhXno)

70. Air France, Air Méditerranée, Air Occitania, Brit Air, Flandre Air, Proteus Airlines, Regional Airlines

71. Code of Good Practice on the Accessibility of Commercial Air Services to Persons with Disabilities, available at < <http://reglementationsaccessibilite.blogs.apf.asso.fr/files/Transportsaeriens/bonne%20pratique%20service%20a%C3%A9rien%2C%20DGAC%2C%202000.pdf> > [accessed 08/06/2021]

The text provides, among other things, for the training of staff at the signatory airlines in welcoming and handling this group of people.

But there are still problems. As proof of this, the Court of Cassation, meeting in the criminal division, condemned Easy Jet for refusing access to its aircraft to passengers in wheelchairs, not for reasons imposed by law or safety requirements, but because of a lack of individual awareness and training of its staff<sup>72</sup>.

## 2.1.1 Issues in managing the transport of treatments and specialist equipment

### 2.1.1.1 – Issues regarding international transport of treatments and medical equipment

#### a. Poor compliance by some airlines with European law on the carriage of medical equipment baggage

During international mobility, the treatment to be taken with the student can sometimes be substantial, especially when the student cannot obtain it locally and must therefore take it all with him/her. Other medical equipment, such as blood glucose monitors, can be an important item in student's luggage.

**Annex II of Regulation (EC) 1107/2006** states that the transport of mobility equipment is limited to two items, as opposed to the transport of medical equipment. This implies that in respect of the latter, no maximum quantity is required.

The interpretative guidelines on the application of Regulation (EC) 1107/2006<sup>73</sup> drawn up but the European Commission have clarified this provision, since they do not provide for the possibility of passengers with reduced mobility or disabilities to carry a fixed quantity of medical equipment. Therefore, requests for the carriage of medical equipment and the quantity of items "*must be considered on their individual merits, taking into account the needs of the passenger*".

Under European law, airlines must therefore allow passengers to travel with free extra baggage for the transport of medical equipment without placing limits on capacity. This is assessed individually *intuitu personae* after a discussion between the passenger and the airline.

In practice, it appears that this right is not sufficiently explained to passengers by airlines. The lack of legibility on airlines' websites is incredibly poor.

Indeed, most airlines do not clearly specify that passengers can carry their medical equipment without limitation. They only invite passengers to contact their helpdesk for advice when instead, they could specify this via their communication channels.

Some airlines are more transparent and inform their passengers that they can carry their medical equipment in an extra piece of luggage intended for this purpose<sup>74</sup>.

However, they sometimes require that this luggage meets a number of criteria.

**Example:** *Easy Jet allows free cabin baggage for medical equipment, but it must comply with the conditions for cabin baggage. Easy Jet states on its website that this baggage can be*

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72. Court of Cassation, Criminal Division, 15 December 2015, 13-81.586, Published in the Bulletin

73. Interpretative Guidelines on the application of Regulation (EC) 1107/2006, available at < [https://ec.europa.eu/transport/sites/default/files/themes/passengers/air/doc/prm/2012-06-11-swd-2012-171\\_fr.pdf](https://ec.europa.eu/transport/sites/default/files/themes/passengers/air/doc/prm/2012-06-11-swd-2012-171_fr.pdf) > [accessed 08/06/2021]

74. For example, Ryan Air < <https://www.ryanair.com/fr/fr/informations-utiles/lassistance-speciale/le-transport-dequipement-medical> > [accessed 05/03/2021]

carried in the cabin or in the hold<sup>75</sup>. If a significant amount of medical equipment needs to be carried to satisfy the duration of the mobility, a simple carry-on bag will not suffice.

**Example:** Air France also allows passengers to carry “**additional baggage, up to a maximum weight of 23 kg, to transport medical equipment**”.<sup>76</sup> In this scenario, the student and his or her needs are not analysed beforehand: regardless of his or her personal needs, he or she will have to comply with the above requirements. While the 23kg baggage allowance may be suitable for many passengers who need to carry their medical equipment, this rule prevents a number of other passengers who may have further requirements. Despite several requests, Air France’s Saphir department did not respond to requests for information on the subject of air transport for passengers with disabilities.

► **Proposal 32:** Ensure that airlines respect the acceptance of medical equipment luggage without putting quantitative restrictions in place.

► **Proposal 33:** Improve access to information provided by airlines on the carriage of medical equipment baggage.

## b. The problem of packaging treatments or medical devices that need to be kept in special conditions

Some treatments need to be kept under special conditions in order to be used safely and effectively.

### • Treatments that need to be kept cool

Medicines should be kept cool at a constant temperature. The longer the journey from the place of departure to the place of arrival, the more complicated it therefore is to ensure that the cold chain is adhered to.

**Example:** A student with multiple sclerosis who went to the United States for a semester had to use a cooler that was large enough to hold her treatment throughout the trip, including a stopover (more than 20 hours door-to-door).

Furthermore, since the storage temperature of insulin must be between 4° and 8°, diabetics need to have a cooler with sufficient capacity to prevent the product from deteriorating. In the cabin, ice packs larger than 100 ml might not pass the inspection process and, on long journeys, the cold chain may be broken.

The “Diabetes at Airports” guide<sup>77</sup> produced by the French Association of Diabetics and the French Civil Aviation Authority (DGAC), is a valuable aid for passengers. However, there do not seem to be any such documents for other diseases.

75. “Passengers are allowed to carry one item of medical equipment and/or two items of equipment pertaining to reduced mobility either as hand luggage or in the hold, provided that this medical or mobility aid equipment is of a shape and size that is suitable for carriage in the cabin. Equipment that is too large should be carried in the hold. This equipment is carried free of charge in addition to the passenger’s checked baggage allowance.” *Easy Jet Passengers with Special Needs at Easy Jet* [online]. Available at < [76. The Service Guide for Disabled Persons or Persons with Reduced Mobility available on the Air France website states, “in addition to the baggage allowance associated with your ticket, you may carry free of charge in the hold:](https://www.easyjet.com/fr/conditions-generales/passagers-aux-besoins-speciaux#:~:text=Les%20passagers%20ont%20autoris%C3%A9s%20%C3%A0%20pour%20le%20transport%20en%20cabin%20,> [Accessed 30/07/2020]</a></p>
</div>
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- two personal mobility devices (wheelchair, electric scooter, gyro scooter, etc.),

- one additional piece of luggage, weighing a maximum of 23kgs, to carry your medical equipment”.

Available at < [https://www.airfrance.fr/common/image/pdf/fr/guide\\_pmr\\_fr.pdf](https://www.airfrance.fr/common/image/pdf/fr/guide_pmr_fr.pdf) >, [accessed 16/06/2021]

77. The “Diabetes at Airports” document by the French Association of Diabetics in partnership with the French Civil Aviation Authority, 2008, available at < [https://www.ecologie.gouv.fr/sites/default/files/diabele\\_aeroport.pdf](https://www.ecologie.gouv.fr/sites/default/files/diabele_aeroport.pdf) > [consulted on 08/06/2021]; document in Annex

► **Proposal 34:** At a national, European and international level, the INN requirements should also mention transport conditions such as the quantity of ice packs needed to preserve treatments and the type of cooler (volume, dimensions, etc.) that are authorised for use throughout the entire journey. Generic terms should be used and the prescription translated into English as a minimum.

► **Proposal 35:** During the journey (on the plane and in case of stopovers), students should have access to areas with refrigerators and freezers in order to be able to chill their treatment and refreeze ice packs (VIP areas – flight attendant areas). This proposal will have to be enshrined in a specific international administrative statute or in the framework of an international agreement and a European agreement (Annex to the Chicago Convention and Regulation (EC) 1107/2006).

► **Proposal 36:** Produce specific guides for other conditions or disabilities to increase student access to information. These guides will be validated by the Directorate-General for Civil Aviation and may be presented during security checks and shown to flight personnel.

- **Liquid treatments**

At the level of European Union law, **Regulation (EC) No 820/2008 of 8 August 2008 that lays down measures for the implementation of common rules in terms of aviation security**,<sup>78</sup> provides in its annex that liquids in cabin baggage must be “contained in individual containers of a maximum capacity of 100 millilitres or equivalent and placed in a transparent re-sealable plastic bag with a capacity not exceeding one litre [...]”. However, the Annex establishes an exemption to this rule if the liquid “is to be used during the journey and is required for medical purposes”.

In France, the Directorate General of Civil Aviation (DGAC) has put in place the AIRBAG app in relation to prohibited or regulated items that are accepted in luggage. It follows up on the elements of this Annex and directs readers to an explanatory poster<sup>79</sup> specifying that liquid medicines are authorised in cabin baggage “in quantities necessary for the duration of the journey” and includes the following warning that the person must: “be able to justify the essential nature of the products they have”.

If carried as cabin baggage, they may exceed the 100 ml limit provided they are used during the journey.

The rest of the treatment needed for the rest of the stay must be carried in the hold. This can again be detrimental to the student in the event of damage to, or loss of, luggage.

► **Proposal 37:** Permit the student to carry the entire treatment as carry-on baggage.

Regulations pertaining to the air transport of medical oxygen was not taken into consideration in this report.

<sup>78</sup>. Regulation (EC) No 820/2008 of 8 August 2008 laying down common rules in terms of aviation security, available at < <https://eur-lex.europa.eu/legal-content/FR/TXT/PDF/?uri=CELEX:32008R0820&from=fr> > [accessed 08/06/2021]

<sup>79</sup>. Available at < [https://www.ecologie.gouv.fr/sites/default/files/affiche\\_lag\\_dgac.pdf](https://www.ecologie.gouv.fr/sites/default/files/affiche_lag_dgac.pdf) > [accessed 08/06/2021]

### 2.1.1.2 – Issues regarding the transport of electric mobility equipment and their batteries

It is true that **Article 12 of Regulation (EC) 1107/2006** provides for passenger compensation in the case of lost or damaged wheelchairs or mobility or assistance equipment.

Nevertheless, the fact remains that they are regularly broken or badly disassembled. Indeed, airlines do not necessarily know how to transport or store this electrical equipment.

The same applies to batteries, which are sometimes refused for security reasons or are incorrectly dismantled by airport staff. In this respect, regulations are strict and lithium batteries are classified as dangerous goods by the International Civil Aviation Organization<sup>80</sup>. Equipment that uses lithium batteries "shall be of a type meeting the UN Manual of Tests and Criteria"<sup>81</sup>. Some batteries therefore have to be disassembled and carried separately in hand luggage<sup>82</sup>.

Once at their destination, if their wheelchair (electric or manual) is not in working order, people with disabilities are completely helpless without quick access to a substitute wheelchair. This is an additional source of stress.

With regard to lithium batteries, IATA has produced a guidance document<sup>83</sup> for use by airlines and passengers alike; it sets out the regulatory requirements and recommendations on the subject.

In France, the aforementioned AIRBAG app provides details on the transport of wheelchairs and their batteries.

In a meeting with various IATA representatives, they reported on actions that are being taken to address the problems associated with the transport and storage of such equipment.

Indeed, at the moment in the United States, an international working group has been set up to develop recommendations on this subject. More specifically, this group aims to find a standard for wheelchair and a certification process that ensures that the wheelchair can be carried on the plane without any difficulty and without it being damaged.

In addition, IATA organised a hackathon<sup>84</sup> event where they asked computer programmers to create an application that would link the passenger with their mobility or assistance equipment so that the passenger will be able to track them and know where they are. In addition, it would provide the airline with information on the equipment (weight of the wheelchair, how to disconnect the battery, etc.).

► **Proposal 38:** In order to solve the specific issues encountered in transporting wheelchairs, an international working group, including student engineers, should be set up to carry out technical research that will facilitate the transport of large adapted equipment (wheelchairs with easily removable batteries, lighter parts, etc.).

80. *Technical Instructions for the Safe Transport of Dangerous Goods by Air, Edition 2017-2018, Addendum 2*, International Civil Aviation Organization *The Safe Transport of Lithium Batteries by Air current and future plan*, International Civil Aviation Organization available at < [https://www.icao.int/safety/DangerousGoods/AddendumCorrigendum%20to%20the%20Technical%20Instructions/9284\\_2017\\_2018\\_add\\_02\\_fr.pdf](https://www.icao.int/safety/DangerousGoods/AddendumCorrigendum%20to%20the%20Technical%20Instructions/9284_2017_2018_add_02_fr.pdf) > [accessed 28/06/2021]

81. Section 38.5.2 "Summary of Test Report for Lithium Cells and Batteries", *Manual of Tests and Criteria, Seventh revised edition* [accessed 12/03/2021] available at < [https://unece.org/fileadmin/DAM/trans/danger/publi/manual/Rev7/Manual\\_Rev7\\_F.pdf](https://unece.org/fileadmin/DAM/trans/danger/publi/manual/Rev7/Manual_Rev7_F.pdf) >

*Electric wheelchairs for persons with reduced mobility (PRM) equipped with lithium batteries, that provide effective protection of the batteries, Prohibited or restricted articles in luggage* [accessed 12/03/2021] available at < <https://airbag.dsac.aviation-civile.gouv.fr/AirBag/Recherche/BEAAHEsgN5YTFVGcHBLRGJOFwA> >

82. *Electric wheelchairs for persons with reduced mobility (PRM) equipped with lithium batteries that do not provide effective protection of the batteries, Prohibited or Restricted Articles in Luggage*, available at < <https://airbag.dsac.aviation-civile.gouv.fr/AirBag/Recherche/OAwAAAMVVRhx3Q2xGdFyQW5rQAA> > [accessed 16/06/2021]

83. *IATA Guidance on Smart Baggage with integrated lithium batteries and electronics, 1st Edition 2017*, available at < <https://www.iata.org/contentassets/05e6d8742b0047259bf3a700bc9d42b9/iata-guidance-on-smart-baggage-with-integrated-lithium-batteries-and-electronics.pdf> > [accessed 08/06/2021]

84. Available at < <https://airtechzone.iata.org/hackathons/sea20/> > [accessed 16/06/2021]

► **Proposal 39:** Require manufacturers to provide their customers with a guide that explains in detail how to dismantle and reassemble the mobility device using clear diagrams that can be understood by all ground staff (dismantling of specific parts, batteries).

The national association for consideration of disability in public and private policies (APHPP) in its report entitled *"For a Europe accessible to people with disabilities" (April 2021)* (in Annex) advocates that "disabled people that use wheelchairs should be able to keep their wheelchairs during air travel to avoid situations of discomfort and insecurity [...]".

► **Proposal 40:** Echoing the proposal made by APHPP, new aircraft will be required to have adjustable spaces where seats can be removed so that a person with reduced mobility can travel in their wheelchair. This would ensure better comfort (personalised ergonomics and adaptations that are associated with this), ability to move around autonomously in waiting and transit areas, and preservation of this equipment during the flight (equipment like this is often broken or damaged when put in the hold). The wheelchair would be secured to the ground using systems equivalent to those found in road vehicles. The process of redeveloping inclusive spaces in aircraft could be the subject of a competition run in engineering, design and/or architecture schools. It would also include the development of essential communal spaces, such as toilets.

### 2.1.1.3 Issues regarding the loss of medical or mobility equipment

**Article 17 paragraph 2 of the Montreal Convention** provides that *"the carrier is only liable for damage arising from the destruction, loss or damage of checked baggage if the event which gave rise to the destruction, loss or damage occurred on board the aircraft or during any period when the carrier had custody of the checked baggage"*.

#### a. The risk of an incident involving baggage

If medical and mobility equipment is not intended to be used during the flight, it should be carried in the hold. However, if there is an incident involving baggage and the baggage cannot be returned on arrival, medical treatment, for example, might not be administered correctly. This may discourage students from flying if they have a large amount of medication or equipment to carry with them.

**Example:** A French student with type 1 diabetes who went on a mobility trip to Spain said that her *"treatment alone took up almost a suitcase (insulin, boxes of needles, insulin pens, blood glucose meters, strips)"*. The need to transport their treatment was the main reason why their parents decided to take them by car rather than by plane.

In order to avoid any problems following the loss of specific equipment or materials, which would obviously have an impact on the daily life of a student with a disability, it is important that special attention is paid to this.

► **Proposal 41:** Creation of a "medical cabin bag" for the transport of medical treatments or devices not in use during the flight. This will be a carry-on bag carried in addition to the bag that all passengers are normally permitted to take and it will be in addition to the medical equipment bag(s) going in the hold. Its contents must of course comply with the safety requirements of the airlines. This could be approved for students who can justify this additional need (via the making of a prior declaration to the airline, or even on presentation of a medical prescription, or on the basis of an administrative status (see section on the International Status of Students with Disabilities).

- **Proposal 42:** Regarding mobility equipment and medical equipment baggage that goes into the hold, all of this must be identified as priority baggage. This will automatically trigger a specific and accelerated procedure in case of loss.

These proposals will have to be included in the framework of an international agreement and a European agreement (Annex to the Convention on International Civil Aviation of 7 December 1944, commonly known as the "Chicago Convention", and to Regulation (EC) 1107/2006).

### b. Better communications around compensation for lost or damaged luggage

There is a lack of communication with passengers about making a prior declaration of interest. The DGAC has insisted that improvements need to be made in this area.

In fact, in the event of the loss of a piece of luggage, the airline cannot reimburse more than approximately €1,300 if the passenger has not previously declared the contents of the luggage<sup>85</sup>.

If the passenger has declared the contents of his or her baggage in advance, there is no limit and the passenger may be reimbursed the full value of the declared baggage.

- **Proposal 43:** Improve communications with passengers so that an advance declaration of interest is systematically made before departure.

## 2.1.2 Issues regarding travel including stopovers

Sometimes students do not have a direct flight to their mobility destination and have to make one or more stopovers. Sometimes it is a choice (mainly for financial reasons) or simply a lack of alternatives.

Undertaking a journey that includes stopovers can be problematic for passengers with disabilities for many reasons.

Firstly, passengers who are carrying their treatment in the hold face an increased risk of baggage loss.

The same applies to passengers with mobility equipment. In addition, since the equipment is handled more, the risk of it being damaged is also higher.

Furthermore, information provided by passengers regarding their specific needs is not always automatically passed on to the stopover airport or to the next airline (if different).

In fact, within the context of an intra-European flight or when a European airport is involved, **Regulation 1107/2006** applies, meaning that airports and airlines will have to comply with all European requirements.

On the other hand, when a stopover is necessary in a State which is not a member of **Regulation 1107/2006**, EU law will not be applicable to passengers, even European ones<sup>86</sup>.

- **Proposal 44:** Provide information to students about the possible discontinuity of accommodation and support depending on the local regulations and the country in which the airline is registered.

85. Ministry of Economy: "Lost or damaged luggage, the airline owes you the balance", available at < <https://www.economie.gouv.fr/particuliers/bagage-perdu-endommage-aerien-indemnisation#:~:text=Vous%20pourrez%20obtenir%20un%20d%C3%A9dommagement,mais%20appliquent%20souvent%20une%20d%C3%A9cote.> > [accessed 02/06/2021]

86. Article 2 paragraph 2

► **Proposal 45:** At an international level, with regard to the commercial agency that sold the tickets (flights with stopovers), impose an obligation on them to monitor the provision of any necessary accommodation for the student until they arrive in their country of mobility. The agency will then be able to act as an intermediary with all airlines and transit airports.

Finally, stopovers can also give rise to isolation issues and create a feeling of insecurity for passengers with disabilities. Some students felt stressed because of the hours they have to wait without being able to access guidance or communicate with people.

► **Proposal 46:** Allow access to VIP lounges for passengers with disabilities who feel the need to use them.

► **Proposal 47:** Improve the assistance provided by airport ground staff to students with disabilities who are travelling alone.

### 2.1.3 The additional cost of additional seats when necessary for reasons of obesity or being of heavy build

Aeroplane seats are often not suitable for overweight passengers or those who are of heavy build, especially seats in economy class. Their dimensions do not guarantee a comfortable journey for these passengers.

This is an issue that is present at both international and European level, since **Regulation 1107/2006** does not make any specific provision for obese passengers.

However, some students were forced to pay for an extra seat on the plane.

Some airlines recommend the purchase of an extra seat. Apart from the reservation of an extra seat, a passenger with a disability may be offered an extra seat provided that this is possible, i.e. that the aircraft is not full or that the flight crew manages to free up two seats for the passenger. However, the airline may also ask the passenger to postpone their journey and take another flight.

Few airlines publish their policy regarding “people of heavy build” on their website. Some clearly state their position by encouraging these people to pay for an extra seat. For example, Air France offers “passengers of heavy build” the opportunity to buy a second seat at a 25% discount, which the company will only refund in full if the flight is not full<sup>87</sup>.

For example, one student reported that he had bought a ticket and paid a supplement on both the outward and return journeys (at the time of booking). As the plane was fully booked for both trips, the airline reportedly refused to refund the extra cost (as stated on the website). However, they would have awarded miles on the student's card.

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87. *Passengers of heavier build, Air France*, available at < [https://www.airfrance.fr/FR/fr/common/guidevoyageur/assistance/particuliere\\_ptc.htm](https://www.airfrance.fr/FR/fr/common/guidevoyageur/assistance/particuliere_ptc.htm) > [accessed 12/03/2021]

This is contrary to **Articles 5 and 9 of the CRPD** since it does not respect the principle of non-discrimination: *"States Parties recognise that all persons are equal before and under the law and are entitled without any discrimination to the equal protection and equal benefit of the law."* States Parties commit themselves to access to transport on the basis of equality with others.

At European level, the interpretative guidelines on the application of Regulation (EC) 1107/2006 specify that reductions in personal mobility resulting from "any other factor" must include obesity. Therefore, obese passengers "should have opportunities to use air transport that are comparable to those opportunities available to other citizens" in accordance with the principle of non-discrimination as laid down in **Article 1 of Regulation 1107/2006**.

On an international level, the charging of extra seats to passengers who are of heavier build has been banned in a number of jurisdictions. For example, the Canadian Transportation Agency<sup>88</sup> imposed on the two largest regional airlines (Air Canada and Westjet) that they could not "charge for additional seats provided to persons ... with a disability due to obesity". This case law establishing the policy of "one person, one tariff" (1P1T) for local air travel was later cited by the Canadian Supreme Court<sup>89</sup>.

On a French, European and international level, no court has yet been called upon to rule on the matter, but in view of the growing number of obese people worldwide, which, according to the World Health Organisation, has almost tripled since 1975,<sup>90</sup> the number of passengers it pertains to is likely to continue to grow.

IATA has indicated that a working group on the management of second seat pricing for people of heavier build is being set up.

► **Proposal 48:** A policy of "one person, one tariff" should be implemented so that additional space is provided at no extra cost to students with disabilities who can justify their need for this.

► **Proposal 49:** In terms of air transport, an obligation of non-discrimination based on weight must be enshrined in French, European and international law.

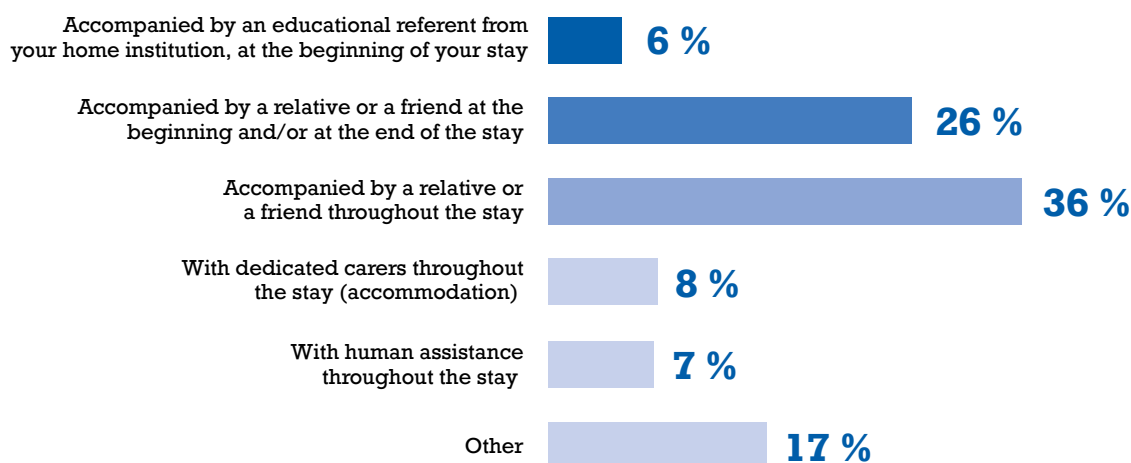
88. Canadian Transportation Agency, 10 January 2008, *Norman (Estate) v. Air Canada*, Decision No. 6-ATA-2008 available at < <https://otc-cta.gc.ca/eng/ruling/6-ata-2008> > [accessed 28/06/2021]

89. Supreme Court, 19 January 2018, *Delta Air Lines Inc. v. Lukács*, 2018 SCC 2, [2018] 1 S.C.R. 6 point 65, available at < <https://scc-csc.lexum.com/scc-csc/scc-csc/fr/item/16958/index.do?q=6-ATA-2008> > [accessed 16/06/2021]

90. Obesity and being overweight, World Health Organization, available at < <https://www.who.int/fr/news-room/fact-sheets/detail/obesity-and-overweight> > [accessed 16/06/2021]

## 2.1.4 Additional journeys for the student and/or accompanying adult

### Main carers of students with disabilities during their international mobility



Students sometimes have to travel with an accompanying person (parent, carer, disability contact person or a member of academic staff from the home institution) to get to the mobility location.

Moreover, for some of them, their arrival must be prepared in advance. Therefore, trips are sometimes made prior to the official mobility in order to assess local accessibility on site, to find contacts and to discover ways to ensure good mobility.

An Erasmus supplementary grant can finance these additional trips on presentation of supporting documents, but this is not possible for non-European mobility.

A component of the compensatory disability benefit (for “exceptional expenses”) would cover funding for the journey of an accompanying person, but the budget granted cannot exceed €1,800 over 3 years<sup>91</sup>. This amount may not be enough, especially since the envelope is not exclusively dedicated to the expenses related to the financing of the accompanying person's trip.

A Canadian court has already ruled on the travel of accompanying persons. In this case,<sup>92</sup> the applicants requested that people accompanying persons with disabilities should be allowed to travel free of charge. The Canadian Transportation Agency determined that the airport authority in question (Gander) “will not be required to collect airport improvement fees for additional seating required by persons with disabilities who need to travel with an accompanying person,

STUDENT 

*« A person supported me in travelling from France to my accommodation in the city in England where I was doing my placement »*

91. Compensatory disability benefit (PCH), Servicepublic.fr [accessed 05/21/2021] available at < <https://www.service-public.fr/particuliers/vosdroits/F14202> >

92. Civil Aviation Authority UK Aviation Consumer Survey Wve 8 (Autumn 2019), available at < [https://publicapps.caa.co.uk/docs/33/SavantaComRes\\_CAA\\_UKACR\\_Wave%208\\_full%20report.pdf](https://publicapps.caa.co.uk/docs/33/SavantaComRes_CAA_UKACR_Wave%208_full%20report.pdf) > [accessed 16/06/2021]

within the domestic air service network, under the carrier's tariffs"<sup>93</sup>. Similarly, "the carriers in question shall not charge for additional seats provided to persons [...] who are required to travel with an accompanying person under the terms of the carrier's tariff"<sup>94</sup>.

► **Proposal 50:** France – Support for outgoing mobility outside the Erasmus + programme: provide for an increase in the funding of the accompanying person's journey via an increase in the dedicated compensatory disability benefit (PCH).

► **Proposal 51:** International: Arrange for the accompanying person's travel to be financed by the compensation benefit of the country of origin, if available, or via a grant funded by an international organisation. Students who do not normally have access to this category of benefit in their own country but who need it for international mobility would be eligible for this "internationalPCH".

## 2.1.5 Transport of guide dogs and assistance dogs

Some students with disabilities need to be accompanied by a guide dog or assistance dog. But when travelling internationally, several obstacles can arise.

Regulations concerning support animals vary from one airline to another. But they are generally allowed in the cabin. They must respect the rules in force in the country of origin and destination (in respect of identification of the animal, vaccinations, quarantine, etc.).

Some airlines may accept dogs on board their aircraft that have been approved by a number of international associations. This is particularly true of Cathay Pacific<sup>95</sup>.

**Article 7 paragraph 2 of Regulation (EC) 1107/2006** states that "where the use of a recognised assistance dog is required, this requirement shall be met provided that the air carrier or its agent or the tour operator has been notified in accordance with the national rules applicable to the carriage of assistance dogs on board aircraft, where such rules exist".

It is not always clear whether the transport of these animals (guide and assistance dogs) is free. Airlines generally quote a fee for the carriage of animals in the cabin without specifying whether or not it is free for animals whose presence is required for particular passengers because of their pathology or condition.

► **Proposal 52:** Guarantee free transport of support animals, regardless of the airline, combined with a specific status.

A further barrier is that in the case of journeys with a stopover, when waiting in an international transit zone, the animal does not always have access to outside areas to relieve itself.

93. Canadian Transportation Agency, 10 January 2008, *Norman (Estate) v. Air Canada*, Decision No. 6-ATA-2008 point 24 available at < <https://otc.cta.gc.ca/eng/ruling/6-ata-2008> > [accessed 16/06/2021]

94. Canadian Transportation Agency, 10 January 2008, *Norman (Estate) v. Air Canada*, Decision No. 6-ATA-2008 point 25

95. Available at < [https://www.cathaypacific.com/cx/fr\\_FR/prepare-trip/help-for-passengers/disability-and-mobility-assistance/assistance-dogs.html](https://www.cathaypacific.com/cx/fr_FR/prepare-trip/help-for-passengers/disability-and-mobility-assistance/assistance-dogs.html) > [accessed 08/06/2021]

► **Proposal 53:** Provide access to external transit areas as part of a journey with a stopover when the person is accompanied by a guide or assistance dog.

The subject of emotional support animals is not dealt with in this report, given the controversy it may cause regarding their training and identification. Not all airlines recognise their status. For example, the transport of these animals in the cabin is allowed by Air France<sup>96</sup>. Conversely, United does not accept emotional support animals<sup>97</sup>.

### Proposals **related to air transport**:

► **Proposal 54:** Create a guide for students with disabilities specifying all the regulations by topic (support provided in airports, with luggage, equipment etc.), with the support of the DGAC.

► **Proposal 55:** Create a right for air passengers with disabilities that is linked to the person and not to the intermediaries (airlines and airports).

## 2.2 ACCESSIBILITY OF LOCAL TRANSPORT

### 2.2.1 Issues regarding the lack of affordable access to public transport

Recital 38 of EU Directive 2019/882 of 17 April 2019 on accessibility requirements for products and services<sup>98</sup> states that “public authorities in cities should be encouraged to incorporate barrier-free accessibility to urban transport services as part of their sustainable urban mobility plans and to regularly publish a list of good practices regarding barrier-free accessibility to urban public transport and mobility”.

Looking at international law, **Article 9 of the CRPD** sets out that States Parties shall commit to undertake “appropriate measures” to ensure persons with disabilities have access to transportation on an equal basis with others.

« Students who have difficulties in using public transport due to their disability may need adapted transport, e.g. wheelchair accessible transport to and from university. The cost of this adapted transport can be prohibitive for students »

 UNIVERSITY – IRELAND

96. An application form for cabin transport is available at < <https://www.airfrance.fr/common/image/pdf/fr/AF-demande-transport-cabine-fr.pdf> > [accessed 16/06/2021]

97. Available at < <https://www.united.com/ual/fr/fr/fly/travel/special-needs/disabilities/assistance-animals.html> > [accessed 16/06/2021]

98. EU Directive 2019/882 of 17 April 2019 on accessibility requirements for products and services, accessed at < <https://eur-lex.europa.eu/legal-content/FR/TXT/PDF/?uri=CELEX:32019L0882&from=FR> > [accessed 08/06/2021]

Article 20 of the CRPD, entitled “personal mobility”, provides that Member States shall undertake to ensure the personal mobility of persons with disabilities by:

- “a) Facilitating the personal mobility of persons with disabilities in the manner and at the time of their choice, and at affordable cost;
- b) Facilitating access by persons with disabilities to quality mobility aids, devices, assistive technologies and forms of live assistance and intermediaries, including by making them available at affordable cost; ”.

There are two types of local transport that students with disabilities will need to use when they are unable to travel on their own: public transport, such as the bus or metro, and adapted transport, which is transport that has been adapted to be accessible to people with reduced mobility. A needs assessment is therefore required to qualify for these through the issuance of a special card to identify that the student is entitled to this.

The residence requirement regularly poses an obstacle to the implementation of the ICPD CRPD recommendation, since transport operators often impose this requirement in order to benefit from free or low-cost transport services.

During their mobility, students with disabilities will not necessarily be able to benefit from the adapted transport to which they are entitled to use at no extra cost in their own country.

#### Examples of the lack of affordable access to public transport:

- *A student on mobility in Canada was refused access to adapted means of transport because there was a residency requirement to benefit from it. She was forced to use taxis (and therefore incurred additional costs).*
- *A mobile student in Spain was refused access to adapted transport because there is a residence requirement to benefit from it.*

*International students in France can benefit from adapted transport through the compensatory disability benefit. As with the case of health insurance enrolment, delays in benefiting from these entitlements can prove detrimental. A solution is proposed in section "4.2 Issues regarding administrative delays" of this report.*

## 2.2.2 Ways in which to improve accessibility of local transport

### ➔ Incoming mobility

► **Proposal 56:** Allow cheaper (or free) access to local public transport, if available, by removing the residence requirement.

► **Proposal 57:** Establish a fast-track procedure for international students to benefit from adapted transport.

A dossier can be prepared in advance by working with the French embassy's disability contact person.

➡ Outgoing mobility

► **Proposal 58:** Maintain the “transport” PCH for students from France who are mobile abroad.

► **Proposal 59:** Create an “international PCH” that covers the compensatory costs of adapted transport funded by the country of origin or an international organisation.

## 3. Enabling better support for social, cultural and personal life

Article 19 of the CRPD enshrines a right to “living independently and being included in the community” for all persons with disabilities so that States Parties take appropriate measures to ensure that persons with disabilities “have the right to live in the community with choices equal to others”.

Article 19, paragraph b of this convention provides that States Parties undertake to ensure that “Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community”.

### 3.1 IMPROVING SUPPORT FOR PERSONAL AND DAILY LIFE

#### Main difficulties encountered in supporting the personal and daily life of students with disabilities during their international mobility



There are huge disparities in the capacity to provide solutions for the different issues encountered by students in terms of accessing support for daily life

### 3.1.1 Issues regarding the recognition of accompanying/carer support from the country of origin

Students who need specific human assistance in their daily lives face many administrative, legal, financial and organisational difficulties.

#### ➔ Incoming mobility

International students can receive funding for human assistance as part of their mobility in France.

Once again, they may *suffer from* administrative delays when waiting to benefit from it and might have to fully finance human aid on site themselves while waiting for funding from the Maison Départementale for disabled people [Departmental Association for Disabled Persons] (MDPH).

► **Proposal 60:** Put in place an accelerated procedure from which international students can benefit with regard to the financing of human assistance upon their arrival in France.

A dossier can be prepared in advance by working with the French embassy's disability contact person.

#### ➔ Outgoing mobility

The student cannot depart with his/her accompanying person/carer as the latter has neither "student" status nor a local employment contract.

Indeed, the association Droit au Savoir reminds us on its website for students: *"you will also have to think ahead about local recruitment. Whenever the usual auxiliary has made the trip, this has resulted in both financial and legal problems"*<sup>99</sup>.

The student will then be required to employ a carer locally, which requires both contacts with local home help companies and advice on administrative and legal matters.

► **Proposal 61:** At an international level, create a companion/carer visa to facilitate the departure of the carer or parent (individual status).

### 3.1.2 Issues in finding contact persons for on-site support

Some students may have difficulties in finding the necessary contacts to assist them in their daily lives, in particular when it comes to preparing quotes that are necessary to be awarded funding (in particular within the framework of the Erasmus + supplementary grant).

Difficulties relating to the translation of technical terms used as part of a daily support provision or the use of equipment may arise. Not all students have a command of these terms and this can be problematic.

STUDENT 

**« [The] lack of information and contact persons, either locally or in the country I wanted to go to, was not an issue I could overcome; [as a result] I did not dare leave. »**

<sup>99</sup>. Available at < [http://www.droitausavoir.asso.fr/index.php?option=com\\_content&view=article&id=34&Itemid=96](http://www.droitausavoir.asso.fr/index.php?option=com_content&view=article&id=34&Itemid=96) > [accessed 07/06/2021]

Other specific difficulties were identified:

- Difficulty in recruiting local home helpers: difficulties in finding information about home help agencies (contact details, recommendations etc.);
- Difficulty in finding rental or maintenance companies for specialised or medical equipment;
- Problems related to the search for suitable accommodation and fitting it out: accessibility of the premises, assessment of space in the accommodation; Campus France reveals that "the search for accommodation is a major source of stress for international students, particularly in large cities" (rent can too high, obligation to have a guarantor in France, lack of available accommodation, etc.)<sup>100</sup> It is reasonable to assume that the stress is exacerbated for a number of international students with disabilities who, in addition to the "traditional" difficulties encountered, have to overcome difficulties of their own in finding and adapting suitable accommodation.
- Lack of advice on how to find accommodation that is both situated in an inclusive local environment (shops, leisure activities, sports) and which can be easily accessed from the site at which the training or work placement is taking place;

#### STUDENT

**« [What is needed is] support for the administrative procedures related to settling in: finding accommodation, medical insurance, organising issues and finding your way around the host university. Identify a single, easily accessible support person or service. »**

**Example:** *One student said: "I had difficulties in finding accommodation. I had to move twice once I was there. I had difficulty in getting around, and needed to be close to public transport systems and there aren't very many of them in New Jersey. That is one of the reasons why I chose to move.*

- Need to access help for local non-vehicular travel (in the neighbourhood): assistance or orientation (e.g. through locomotion courses);

The head of the disability mission of a company that hosted a student with an autism spectrum disorder in the United Kingdom testifies to the arrangements that had been put in place so that the student could find their bearings in their everyday social environment. For example, his parents' travel and accommodation for several days at the beginning of his traineeship period was financed by the company.

► **Proposal 62:** Appointment of a disability contact person in each embassy, who will provide access to information regarding the support of students with disabilities in their daily lives. This contact person may carry out his or her duties in conjunction with a resident French citizen (a relative of a pupil at a French lycée abroad (if there is one) or a member of the Union des Français de l'étranger). Such a reference pairing means it will be possible to offer a wide range of specific solutions to students with disabilities.

► **Proposal 63:** Every higher education institution should have one or more reference associations, the contact details of which can be provided to international students. These may be associations specialising in certain illnesses or disabilities. They can also be organisations for students with disabilities, such as the fédé 100% handinamique in France for example.

100. L'observatoire de l'accueil des étudiants internationaux en France [monitoring centre for welcoming international students in France], May 2020, available at < [https://ressources.campusfrance.org/publications/observatoire/fr/Observatoire\\_accueil\\_etudiants\\_internationaux\\_fr.pdf](https://ressources.campusfrance.org/publications/observatoire/fr/Observatoire_accueil_etudiants_internationaux_fr.pdf) > [accessed 16/06/2021]

► **Proposal 64:** Within the framework of the European Solidarity Corps (former European Voluntary Service) or any other international volunteering mission, a young person may support one (or more) student(s) with a disability. They can help them find their bearings in the host country and in their host town (shops, sports facilities, culture, social life, transport, etc.). The volunteer can be a young person (18-30 years old), from the host country or the country of origin.

Europe's ambition regarding disability is obviously one to be welcomed, in particular the recent regulation concerning the European Solidarity Corps. When taken in conjunction with the one adopted under the framework of the Erasmus + programme, this shows an undeniable will to improve the international experience for young people<sup>101</sup>.

This proposal would be in line with the new direction of the Erasmus + programme, which is aimed at developing the inclusion of groups of people who are normally removed from mobility experiences, as well as the professionalisation of participants.

A volunteer would therefore undertake a training course throughout his or her support mission and this would be linked to supporting people with disabilities and the various different inclusivity dimensions, in partnership with a local training centre or through distance learning courses (Mooc, etc.). A proposal could be put forward to the Erasmus + programme to fund this training.

More specifically, in the context of incoming mobility, the "Welcome to France" label issued by CampusFrance aims to ensure a high standard of welcome for international students in French higher education institutions. This label does not include a specific domain for disability, but a global field of "Housing and Quality of Life" on campus; this allows the institution to highlight what this means specifically for students with disabilities.

► **Proposal 65:** Within the framework of the label, some research could be done into the creation of a category entitled "welcome for students with disabilities", allowing member institutions to evaluate and promote the quality of their inclusivity policy.

In order to facilitate the arrival of students with disabilities on its campus, the institution must be able to advise them about any specific international or French administrative procedures, and how adapted personal support is implemented, thereby allowing certain barriers to be removed. This is why the institution's mobility service should be made aware of these formalities.

► **Proposal 66:** Campus France will be able to raise awareness among its member institutions about welcoming international students with disabilities (provision of support, specific administrative procedures, etc.) by organising webinars, for example.

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101. Available at < [https://ec.europa.eu/programmes/erasmus-plus/sites/default/files/implementation-inclusion-diversity-apr21\\_en.pdf](https://ec.europa.eu/programmes/erasmus-plus/sites/default/files/implementation-inclusion-diversity-apr21_en.pdf) > [accessed 16/06/2021]

Available at < [https://www.edf-feph.org/final-agreement-on-the-new-erasmus-and-european-solidarity-corps/?utm\\_campaign=newsletter-interne&utm\\_medium=CFHE%20-%20Newsletter%20May%202021&utm\\_source=email](https://www.edf-feph.org/final-agreement-on-the-new-erasmus-and-european-solidarity-corps/?utm_campaign=newsletter-interne&utm_medium=CFHE%20-%20Newsletter%20May%202021&utm_source=email) > [accessed 16/06/2021]

### 3.1.3 Issues regarding the financing of daily living support

One of the conditions for receiving the disability compensation benefit (PCH) is that you must be resident in France.

However, as confirmed by the Council of State, disabled students who are French nationals can still receive this support when they undertake mobility in Europe or outside Europe as part of their course.<sup>102</sup>

Of course, this is clearly very positive since students often have additional expenses to bear and require extra support, something that cannot be provided by relatives.

A lack of communication over this issue has meant some students have reported that they did not receive this benefit when they were entitled to.

Foreign students on mobility in France can also benefit from it. On the other hand, they are confronted with other difficulties related to administrative delays, which will be detailed in section 4.2 "Issues regarding administrative delays".

This report additionally notes that the same is true for the disabled adult allowance (AAH), which will not be looked at in any detail here.

► **Proposal 67:** At the national level, improve communications about continuing to receive PCH in the context of international mobility.

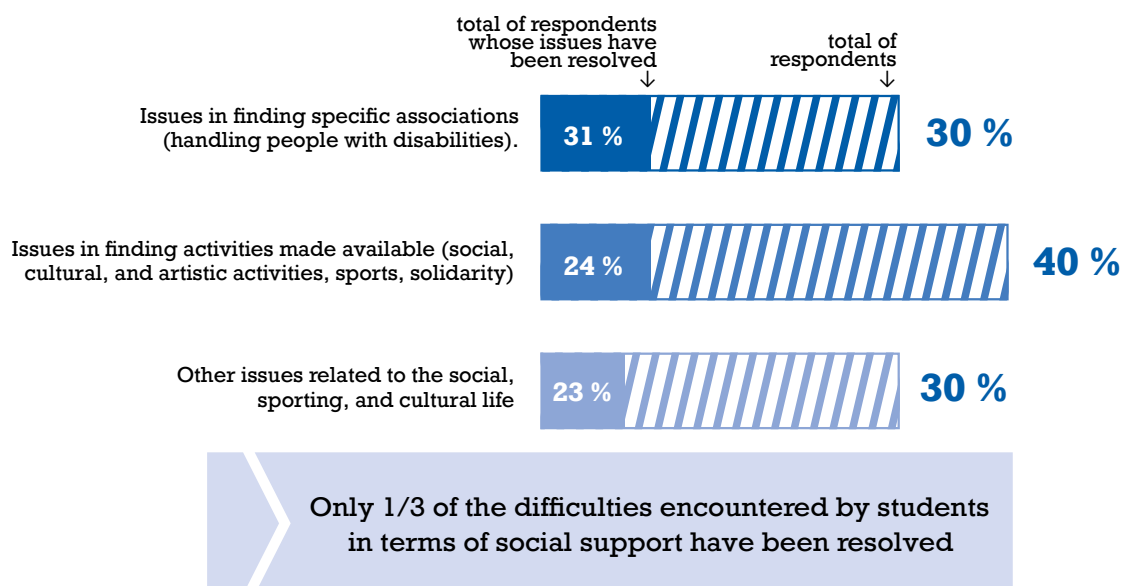
► **Proposal 68:** At the European level, for the PCH and its equivalents, it could be possible to put in place a system similar to the financing of care and treatment received abroad that has already been established by the EU. The student may then decide to receive the same amount as a host country recipient. The amount will be allocated in accordance with the relevant local legislation. Alternatively, the student may decide to choose the funding available from their country of affiliation. This will need a parallel tool to be created in order to use a comparator to advise students about the country of mobility so that the student can choose the system that is most favourable to him or her with regard to local pricing of these services.

► **Proposal 69:** At the international level, provide funding for daily living assistance through the compensation benefit of the country of origin, if available, or via a grant funded by an international organisation. Students who are not entitled to financial support to assist with daily living (e.g. not usually in receipt of PCH) would be eligible for this "internationalPCH".

102. Council of State, 1<sup>st</sup> Chamber, 31/07/2019, 416729, Unpublished in the Recueil Lebon recital 4, *legifrance*, available on < [https://www.legifrance.gouv.fr/ceta/id/CETATEXT000039118066?dateDecision=01%2F01%2F2019+%3E+31%2F12%2F2019&iurisdiction=CONSEIL\\_ETAT&page=1&pageSize=10&query=prestation+de+compensation+du+handicap&searchField=All&searchType=All&sortValue=DATE\\_DESC&tab\\_selection=ceta](https://www.legifrance.gouv.fr/ceta/id/CETATEXT000039118066?dateDecision=01%2F01%2F2019+%3E+31%2F12%2F2019&iurisdiction=CONSEIL_ETAT&page=1&pageSize=10&query=prestation+de+compensation+du+handicap&searchField=All&searchType=All&sortValue=DATE_DESC&tab_selection=ceta) >  
La Prestation de compensation du handicap [compensatory disability benefit], *mon parcours handicap.gouv*, 02/12/2020 < <https://www.monparcourshandicap.gouv.fr/aides/la-prestation-de-compensation-du-handicap-pch> > consulted on 21/05/2021

## 3.2 IMPROVING SUPPORT FOR SOCIAL, SPORTING AND CULTURAL LIFE

### Main difficulties encountered in supporting the social, sporting and cultural life of students with disabilities during their international mobility



Under EU law, **Article 26 Charter of Fundamental Rights of the European Union** (integration of persons with disabilities): *"the Union recognises and respects the right of persons with disabilities so they can benefit from measures designed to ensure their independence, social and occupational integration, and participation in the life of the community"*.

The international experience is not purely an academic or professional experience. Students who decide to go on a mobility programme want to go abroad to experience new cultures, new ways of thinking and to enjoy activities typical of the host country (seeing the aurora borealis in Norway, joining a hockey club in Canada, etc.). They may also wish to continue engaging in an activity that is essential to their well-being, such as a sport or leisure activity.

For some students, these social, sporting or cultural activities must be accessible to them and sometimes even adapted for them. However, in an unknown country, it is sometimes difficult to find suitable activities due to a lack of access to information (e.g. which organisations should be contacted? How can you contact them? etc.). These students are sometimes discouraged in their research and find themselves restricted when participating in social, cultural or sporting life. In other words, they cannot gain the full experience from their mobility.

**Example:** A student who went to the UK said: "I, and my carers [...] [are] excluded from the rest of the class, because of the non-adapted [flats] [...]. Fortunately, the students come down to my floor on Wednesday nights to have a party. This means that at least once a week, I can enjoy a social life that is not part of my academic studies".

► **Proposal 70:** A disability point of contact assisted by a resident French citizen should be appointed. This pairing will advise the student with a disability on private or public institutions or schemes that offer accessible or adapted social, sporting and cultural activities.

## 4. Limiting the administrative and financial barriers related to additional costs and advance payments

The monitoring centre for welcoming international students in France<sup>103</sup> revealed that “52% of students found the administrative procedures in France difficult or very difficult”.

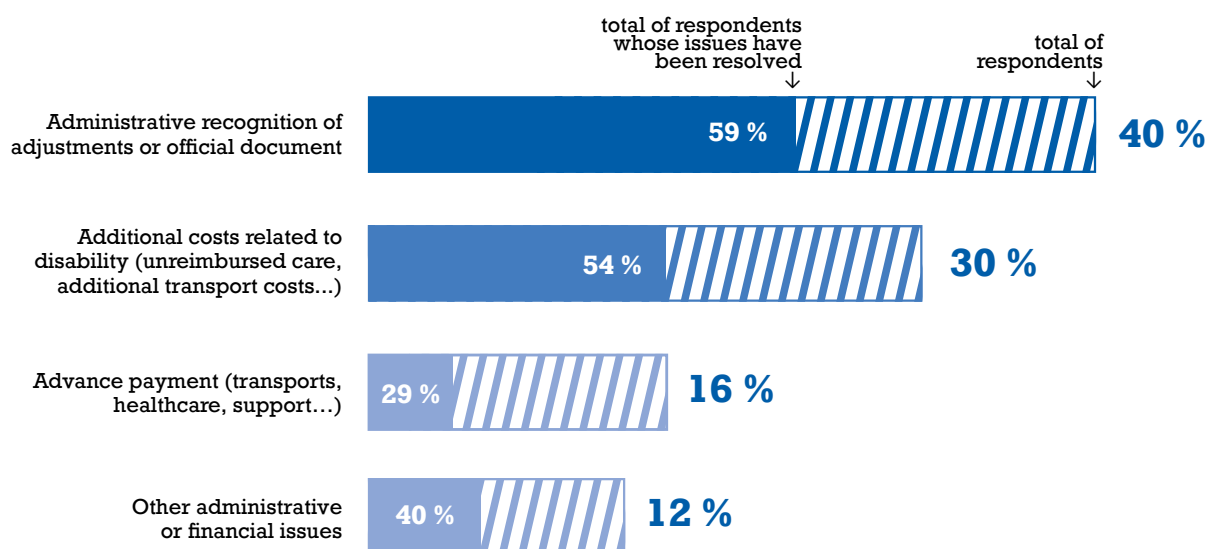
This is especially true for students whose disability makes it difficult for them to access information, or for those who face difficulties in organising their arrival (e.g. because they need to find a local support person or because they need to find accessible accommodation).

« In order to obtain financial aid, students need to be assessed for their disability by the local state agency. It is a long process and few students decide to follow through with it. There is little we can do to help »

TRANSLATED FROM ENGLISH

UNIVERSITY – LITHUANIA

### Main administrative and financial barriers related to additional costs and advance payments, encountered by students with disabilities during their international mobility



29% of students who had to advance additional costs for their mobility, did not benefit from a satisfactory solution to overcoming this problem

103. L'observatoire de l'accueil des étudiants internationaux en France [monitoring centre for welcoming international students in France], May 2020, produced by Campus France

## 4.1 ISSUES REGARDING THE NON-RECOGNITION OF OFFICIAL NATIONAL CARDS

Some students have pointed out that national cards showing proof of disability and offering priority, reserved or parking access to their holders are not officially recognised by third countries.

**Example:** *A student explains: "As part of my disability, since I am not able to stand for long periods of time, I usually ask to jump the queue if they are too long. In order to do that, I show my disability card as proof of my request. [In Sweden] I was denied this privilege because my disability card was not in the 'right format'. Because I had the latest version [Inclusion Mobility Card] they didn't recognise it. However, the disability logo was still very visible. The staff working on the site categorically refused to let me through, so I was unable to complete my visit since the wait was almost an hour long, something that was impossible for me".*

Looking at EU law, the Council of the European Union issued a **Recommendation dated 4 June 1998 regarding a parking card for people with disabilities (98/376/EC)**<sup>104</sup> in which it encouraged Member States to *"recognise, as of 1<sup>st</sup> January 1999, parking cards for people with disabilities. These cards are to have been issued by each Member State in accordance with the uniform Community model so that the holder of such a card can benefit from the parking facilities linked to this card and be able to also access them in the Member State in which he or she is located"*.

Holders of a parking card for people with disabilities should place a leaflet in their vehicle, next to their parking card<sup>105</sup> in the language of the host country explaining that their card complies with the European models described in the Annex to the Recommendation of 4 June 1998, meaning they can therefore qualify for the parking facilities associated with this card.

Still at the level of EU law, no binding act has been taken by the institutions with regard to officially recognising national disability cards<sup>106</sup>.

A project for a European mobility card (*European disability card*) has been developed since 2015 on the initiative of Belgium, and has been in the process of being evaluated by the European Commission since 2019. This card would aim to facilitate travel in another Member State and would provide benefits and discounts in the areas of culture, leisure, sport and transport. It would be based on the voluntary and mutual recognition of existing cards. There would be no issue of questioning national eligibility requirements for existing cards.

This card is currently only recognised by eight European countries but the European Commission has indicated that this administrative tool will be implemented so that it is accepted in all Member States from the end of 2023. It will also rely on the parking card scheme<sup>107</sup>.

104. Recommendation of 4 June 1998 on a parking card for people with disabilities, (98/376/EC), available at < <https://eur-lex.europa.eu/legal-content/FR/TXT/PDF/?uri=CELEX:31998H0376&from=EN> > [accessed 08/06/2021]

105. Publications office of the EU, Parking card for people with disabilities in the European Union < <https://op.europa.eu/en/publication-detail/-/publication/e38cd753-dc6f-11ea-adf7-01aa75ed71a1/language-en/format-PDF/source-search> > [accessed 04/06/2021]

European Parking Card for People with Disabilities < [https://europa.eu/youreurope/citizens/travel/transport-disability/parking-card-disabilities-people/index\\_fr.htm#](https://europa.eu/youreurope/citizens/travel/transport-disability/parking-card-disabilities-people/index_fr.htm#) > [accessed 04/06/2021]

106. The European Commission says on its website: "Currently, there is no mutual recognition of disability status between EU Member States" EUROPA EUROPEAN COMMISSION. European Disability Card [online]. Available at: < <https://ec.europa.eu/social/main.jsp?catId=1139&langId=en> >. [Accessed on 12/02/2021]

107. Strategy for the Rights of Persons with Disabilities 2021-2030, page 9 available at < <https://ec.europa.eu/social/main.jsp?catId=738&langId=en&pubId=8376&furtherPubs=yes> > [accessed 03/06/2021]

## Proposals **at European level**

► **Proposal 71:** Bring to fruition the project for a European mobility card and ensure it is extended to include the parking card.

► **Proposal 72:** Establish a binding system whereupon national parking cards are mutually recognised.

## Proposals **at the international level**

► **Proposal 73:** An international student disability card should be created. It will recognise the student's disability without specifying the type of disability and will allow priority access and reserved parking. Administrative procedures would also be put in place. This card will permit additional funding (scholarships, "international PCH") to be activated in order to avoid additional costs or advance payments that are related to the disability. The card will be a unique, enforceable, recognised international document, issued by the MDPH in France or by embassies, on the basis of medical advice. It will include information on treatments, facilities, support needs, assistance animals, etc.

It should be noted that there are a number of student cards open to international students<sup>108</sup> that allow them to specifically benefit from numerous discounts on transport, leisure activities, insurance, etc. However, there is no international card that awards specific rights to a person with a disability.

## 4.2 ISSUES REGARDING ADMINISTRATIVE DELAYS

This section brings together the proposals that have already been set down in the report. At this point, it is relevant to summarise them all here since the aim of them is to reduce the administrative delays faced by students with disabilities in the context of international mobility.

### ➡ Incoming mobility

International students are eligible for PCH (compensatory disability benefit). However, the delays in benefiting from these services are sometimes detrimental to them, particularly if they require on-site support, adapted transport or a person to provide support assistance. During this time when they cannot access funding, they also cannot access these grants.

► **Reminder of proposal** Set up an accelerated procedure so that international students can benefit from adapted transport, or even the necessary support, as soon as they arrive in France. A dossier can be prepared in advance by working with the French embassy's disabilitycontact person.

<sup>108</sup>. One such example is the ISIC CARD: (International Student Identity Card) <https://isic.fr/> or the European Youth Card <https://cartejeunes.fr/>

In terms of access to health care, international students may suffer from the delay in joining the Assurance Maladie system.

► **Reminder of proposal** Set up an accelerated derogation procedure for international students requiring regular care, allowing them to have cover as soon as they arrive in France.

The same applies to having additional private insurance.

For each scenario, a dossier can be prepared in advance with the cooperation of the French embassy's disability contact person.

➔ Outgoing mobility

Students may be hampered by the administrative procedures for ensuring they are once again enrolled with their original social security scheme when they quickly need to access regular care or treatment.

► **Proposal reminder** Allow immediate direct re-enrolment for students with frequent care needs.

## 4.3 ISSUES REGARDING NON-RECOGNITION OF THE STATUS OF TRAINED GUIDE DOGS AND ASSISTANCE DOGS

In France, **Article 88 of Law No. 87-588 of 30 July 1987 on various social measures**<sup>109</sup> and amended by **Law No. 2016-1321 of 7 October 2016** for a digital Republic authorises guide or assistance dogs to have “*access to transport, places open to the public, as well as locations offering a professional, training or educational activity*”. This should not lead to any additional charges.

In France, the information booklet “Le chien guide d'aveugle ou le chien d'assistance - le compagnon du quotidien”<sup>110</sup> [Guide dogs and assistance dogs – your everyday companion] produced by the Ministerial Directorate for Accessibility, reminds us of how to identify several types of assistance dogs which have been awarded specific rights:

- Assistance dogs for people with reduced mobility;
- Listening dogs, an assistance dog for people who are deaf;
- Assistance dog for people with epilepsy;
- A learning dog for autistic children;
- A social assistance dog for dependent persons.

Guide dogs and assistance dogs are carefully selected, taught and trained animals who have their own identification certificate and can be recognised by a guide dog harness or specific vest that they wear.

At the European and international level, there is no harmonisation of rules regarding the status of these trained dogs.

109. Article of Law No. 87-588 of 30 July 1987 on various social measures, available at < [https://www.legifrance.gouv.fr/loda/article\\_lc/LEGIARTI000033220273](https://www.legifrance.gouv.fr/loda/article_lc/LEGIARTI000033220273) > [accessed 08/06/2021]

110. Le chien guide d'aveugle ou le chien d'assistance, le compagnon du quotidien, February 2018 < <https://www.ecologie.gouv.fr/sites/default/files/DMA%20-%20Le%20chien%20guide%20d%27aveugle%20ou%20le%20chien%20d%27assistance.pdf> > [accessed 07/06/2021]

► **Proposal 74:** Guide dogs and assistance dogs need to be identified by means of an international card.

► **Proposal 75:** The need for a guide dog or assistance dog should be laid down in a specific internationally recognised statute to which the student is affiliated.

► **Proposal 76:** Define an international list of taught and assistance animals (training: guiding work, assistance, epilepsy prevention, diabetes prevention, autism support, etc.). This will need to be updated regularly.

### **Global proposal related to administrative and financial barriers at national level**

► **Proposal 77:** A post for an international mobility/disability coordinator will need to be created. The role will be attached to the Ministry of Europe and Foreign Affairs, and they will structure information and provide support to students who are preparing for their outgoing mobility. This coordinator could, among other things, put on webinars about the specific rights and administrative procedures associated with these situations. This coordinator would work with the disability contact persons in the embassies and would run this network.





International Status  
of Students  
with disabilities (SIESH)  
an international  
cross-sectoral solution

In 2017, the Conférence des grandes écoles, the fédé 100% Handinamique and Unirh-Transition noted the difficulties that students with disabilities could encounter in their international mobility. Together, they drew up an initial assessment and formulated a proposal for the creation of an international status for students with disabilities, as part of a contribution to the Universal Periodic Review (UPR) of France, which took place in January 2018 (in annex).

This contribution was based on the testimonies and accounts of students with disabilities who went on mobility trips, and also drew on international law, namely

- Standard rules on equal opportunities for people with disabilities (numbers 2, 4, 5, 6, 8, 10, 11, and 22), the implementation of which is supported by Agenda 22<sup>111</sup>.
- The following articles of the UN Convention on the Rights of Persons with Disabilities:
  - Article 5: Equality and non-discrimination
  - Article 9: Accessibility
  - Article 19: Living independently and being included in the community
  - Article 20: Personal mobility
  - Article 22: Respect for privacy
  - Article 24: Education
  - Article 25: Health
  - Article 30: Participation in cultural life, recreation, leisure and sport
  - Article 32: International cooperation

This contribution reminded us that 80% of students at French Grandes Ecoles have taken part in at least one international experience during their studies: this is an asset sought after by companies and something that will have an impact when they are searching for their first job. It was therefore crucial to identify solutions to remove the four main obstacles identified in the testimonies given by the students to these associations:

- An obstacle in accessing care and treatments;
- An obstacle to freedom of movement;
- An obstacle to social, cultural and personal life;
- Administrative barriers and additional costs that are discriminatory.

According to the testimonies that were received, the additional costs and specific problems experienced by students with disabilities did not relate to academic adjustments (which were managed by the disability advisors at host institutions), nor to having to adapt to the job during work placements, but rather the environment surrounding the work placement or academic stay (transport, health, accommodation, support, etc.). It therefore appeared to be key to be able to adapt this environment to allow access to international mobility.

The three associations have therefore proposed the creation of an international status for students with disabilities. This was built around four strands: diplomatic, medical, financial and administrative.

Following the submission of the contribution to the Office of the High Commissioner for Human Rights (OHCHR), the three associations undertook to share and advocate on this point, entering into discussions with various national and international bodies.

It was presented to the cabinets of Frédérique Vidal, Minister for Higher Education, Research and Innovation, and Sophie Cluzel, Secretary of State to the Prime Minister and responsible for disabled persons. It was also presented to Thierry Coulhon, former Education and Higher Education advisor to the President of the Republic, to members of parliament, and it also received the support of the National Advisory Council of Disabled Persons and the National Advisory Commission of Human Rights.

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111. Agenda 22 - Disability Policy Planning - Guidance for local authorities available at < <http://www.cfhe.org/upload/ressources/textes%20r%C3%A9f%C3%A9rence/textes%20europ%C3%A9ens/Agenda22-%202001.pdf> > [accessed 08/06/2021]

Within the framework of the UPR pre-session in Geneva, members of different delegations (Mexico, Finland and USA), as well as the senior disability specialist of the International Labour Organisation (ILO), Stephan Tromel, and the French Ambassador for Human Rights, François Croquette, expressed their interest in this advocacy.

The Special Rapporteur on the rights of persons with disabilities from the Office of the High Commissioner for Human Rights, Catalina Devandas-Aguilar, also encouraged the scheme when she came to France at the end of 2017. The Special Rapporteur was of the opinion that this project is essential.

Its inclusion in the Paris 2018 conference (Bologna Secretariat) also indicated the importance of such a status.

The Secretary General of the Committee on the Rights of Persons with Disabilities (CRPD)<sup>112</sup> said that this advocacy work could not go any further without at least one Member State committing to present this project to the UN bodies.

Therefore, in May 2018, as part of the "Disability, employment and responsible purchasing" exhibition organised by Les Echos<sup>113</sup> Sophie Cluzel gave her support to this work.

In July 2019, at the first ceremony for the awarding of international mobility grants for students with disabilities organised by the Conférence des Grandes Écoles and the disability project being run by insurance companies, Sophie Cluzel announced her intention to propose to the Conférence des Grandes Écoles that they carry out an exploratory study on this topic, by way of being a preamble to a work of inter-ministerial scope with regard to the issues addressed.

In March 2020, Mexico, through its French embassy, stated its interest in this advocacy to the Conférence des Grandes Écoles: *"the Mexican Ministry of Public Education believes it to be an invaluable opportunity to implement a Mexican programme to provide education for people with disabilities"*.

Two strong points made in this first advocacy resonate through a number of proposals made in this report:

- The first one is related to the **creation of a specific administrative status for students with disabilities**. This would be a legal and enforceable tool that would allow for cross-cutting action to promote the maintenance and recognition of specific rights that are necessary for guaranteeing access to international mobility for these students. It would cover both medical and administrative matters. In a medical context, it would pick up on issues from the advocacy, namely the creation of supplementary cabin baggage and the recognition of the status as a bilateral agreement between the student's country of origin and the host country, so that access to health care could be guaranteed. In addition to these two proposals, the report also adds the ability to access VIP areas in airports and to access flight crew areas in aircraft so that ice packs needed to transport treatments can be refrozen.

The administrative dimensions of this document will be based on those proposed in the initial argument, particularly those relating to guide and assistance dogs, priority access and parking, and recognition of status that provides access to specific financial aid (scholarships, "international PCH").

<sup>112</sup>. Office of the United Nations High Commissioner for Human Rights (OHCHR)

<sup>113</sup>. *Aujourd'hui, Inclusiv'Day*

This status will be issued, in France, on medical advice:

- By the MDPH or;
- By the departmental commission for inclusive higher education, the creation of which is proposed by the CGE in its white paper<sup>114</sup>.

On an international scale, where countries do not have a body similar to the French MDPH, this status may be granted by the Ministry of Health.

It may also be granted by the embassy of the host country in the student's home country.

- The second is **the appointment of a disability contact person in the embassies**. From the outset, this measure was considered to be of primary importance by the experts to whom it was presented. These disability contact persons and the network they will form – **under the responsibility of a national coordinator (attached to the Ministry of Europe and Foreign Affairs)** for which the creation of their role is submitted in this report – will be the keystone of an ambitious policy to develop access to international mobility for students with disabilities. Access to information and assistance with the specific administrative procedures to be completed are one of the factors for success when it comes to mobility.

The disability points of contact will be able to provide advice on the implementation of medical follow-ups or support as part of everyday life and their social life.

This report also proposes that the disability contact person in a French embassy could be the “gateway” for anticipating administrative procedures in the context of preparing for incoming mobility. This is in order to guarantee the student access, under the framework of derogation procedures, to compensatory disability benefits and health insurance as soon as he or she arrives in France.

Finally, in order to provide local advice to students or expatriate families, this contact person could be paired up with a national, such as a relative of a pupil from a French high school abroad.

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<sup>114</sup>. Livre blanc handicap – Pour une société de tous les talents et de toutes les #hanbitions ! [White paper on disability - In favour of a society of all talents and all #hanbitions!] Advocacy for guaranteed equity and accessibility in higher education, Conférence des Grandes Écoles, May 2021. < <https://www.cge.asso.fr/publications/2021-05-12-livre-blanc-handicap-pour-une-societe-de-tous-les-talents-et-de-toutes-les-hanbitions/> >

## Specific cases



# 1. Case study: secondary school students with disabilities

A survey aimed at parents and relatives of disabled pupils was distributed in French, English and Spanish via parents' associations and French schools abroad. The latter have also been involved in putting together these surveys.

There was a strong commitment given by parents, with 131 responses received. This section aims to share the results of the survey and not to analyse the situations and rights that are guaranteed. Indeed, secondary school students sometimes face the same issues as those detailed in the report. Many of the suggested solutions could also be offered to them.

In this scenario, the issues are raised in the context of mobility or expatriation of parents, a school exchange programme, a language stay, and in the context of holidays and sporting events such as international youth games.

Firstly, for those requiring psychological or psychiatric follow-up, parents report they had difficulties in finding a French-speaking practitioner. This issue has already been raised in the report, but it should also be noted in relation to rehabilitation or speech therapy when this has to be carried out in the language of the country of origin.

Parents have strongly requested that this be included in the report and that it is very detailed and needs to be re-emphasised. It relates to medical and paramedical funding. For example, one of the respondents indicated that the problem of paramedical funding could not be solved because *"speech therapist, psychomotricist, psychotherapist [is] at our (the family's) sole expense because [...] we have a local contract in Spain so it is impossible for any organisation to reimburse us"*. They also emphasise the difficulties they have in finding support staff to work with pupils with disabilities (AESH). Sometimes they do not seem to be offered any help with research. When they do find somebody, the support is often financed entirely by them, which can often represent a significant budget for the households (1000 to 2000 euros per month were mentioned in the survey responses). In addition, in some countries where this profession does not exist, children can sometimes be taken out of school for this reason.

In general, what can be taken most strongly from these surveys, is the isolation felt by the parents. They have difficulties in finding support both in and out of school. One respondent states that the main obstacle he and his child face is *"social integration, [school] assistance, [medical] support, [funding]... [we] have to find solutions ourselves without any help"*.

Another states *"it is currently very difficult for a student with a disability to attend [high school] without receiving moral and financial support from their family. This requires an extremely investment to be made on the part of the family"*.

Furthermore, in the event of expatriation, MDPH rights are closed off. No assistance can be obtained. Upon returning to France, one respondent indicated *"we will be starting from scratch so will have no administrative facilities"*

► **Proposal 78:** Solutions could be found within the framework of the missions of the disability reference pairing composed of the embassy's disability contact person and a student relative (already mentioned in this report). In particular, they could involve practitioners or professionals in thematic meetings.

## 2. Case study: overseas students with disabilities who are mobile in mainland France

A survey aimed at local authorities in the French overseas departments and territories was circulated via the Ministry of Overseas France. Due to the small number of responses received, they cannot be used in any meaningful way, but in light of the various discussions held with experts, certain problems can be noted.

In the context of air transport, the Ministry for Overseas France has identified problems relating to stopovers in one or more third countries. A continuity of rights is not always ensured and they may face the same difficulties as students undertaking international mobility. When it comes to health, health insurance<sup>115</sup> promotes the principle of equal access to care for all French citizens. However, not all French territories have the same status and this equality of access is therefore not guaranteed.

The Ministry of Health has summarised the rules for billing for care provided in health care institutions<sup>116</sup>. It notes that insured persons in the overseas communities (COM) and communities with special status as follows:

*"The COMs<sup>117</sup> and communities with special status are deemed to be foreign countries, meaning that social benefits are managed by independent bodies.*

*If a bilateral agreement has been signed, such as with New Caledonia, French Polynesia and Mayotte, nationals of these territories who require care in mainland France (or in one of the overseas departments) must present a specific form issued by their respective funds (the CAFAT for New Caledonia or the social welfare fund of French Polynesia). These forms allow them to benefit from the coverage of their care.*

*For the other overseas collectivities, their national citizens are subject to the same provisions as those applicable to foreign nationals" (outside the EU).*

Within the framework of the general scheme, overseas students from New Caledonia or Wallis and Futuna, who are taking part in a mobility scheme in mainland France, must register on the website "[etudiant-etranger.ameli.fr](http://etudiant-etranger.ameli.fr)".

► **Proposal 79:** The opening of an accelerated derogatory procedure could be opened up to disabled students from overseas so that they do not suffer from any delays when enrolling with Assurance Maladie.

<sup>115</sup> Articles L1110-1 and L1110-3 of the public health code

<sup>116</sup> Rules for billing of care provided in health care institutions, 15 September 2009, available at < [https://solidarites-sante.gouv.fr/IMG/pdf/assure\\_social\\_outre\\_mer-3.pdf](https://solidarites-sante.gouv.fr/IMG/pdf/assure_social_outre_mer-3.pdf) > [accessed 05/06/2021]

<sup>117</sup> Collectivités d'Outre-Mer [Overseas Communities]

# Conclusion

**B**eyond the various problems encountered by students with disabilities in the context of their international mobility, this report has identified three major obstacles that cut across all of these issues.

The first relates to the compartmentalisation of regulations, systems and administrations, which, in certain situations, can undermine the continuity of access to rights, care and support. In fact, these rights and support mechanisms do exist at national, European and international level. But their ability to provide continuous support is hampered by the fact that the scope of the mechanisms is divided into sectors, while the resulting multiplication of approaches weakens this continuity.

Rights and mechanisms do exist, but they are not well known among users or indeed among the institutions and associations that support them. There is even ongoing confusion within institutional bodies, due to a general lack of co-ordination of information. Students preparing for mobility may therefore find themselves facing a brick wall, not because of a lack of existing rights, but because of the fact that they cannot identify a global solution for the issues linked to their individual disability situation. For the representative of the CNCPH, Philippe Aubert<sup>118</sup>: *"Preparing for international mobility, often more than a year before departure, can be a real source of anxiety for students with disabilities"*.

Finally, the growing number of young people with disabilities who are accessing higher education and aspiring to international mobility in this context, as well as the diversity of these stays both in terms of destination and duration, should lead to reflections on new rights. This process would be with the aim of guaranteeing that quality of life and care would be maintained at the same level, as well as the provision of access to the full range of training, in accordance with the obligations noted in the international convention on the rights of persons with disabilities.

At any time, one small item can impede their mobility or upstream preparations, due to a lack of information, general coordination, or specific procedures.

This work, which is based on numerous expert consultations and the results of five surveys carried out throughout the world, has therefore provided an opportunity to put forward 79 new solutions to guarantee equity within the student's career path. Solutions were studied specifically in relation to each topic, as well as the proposals that match these major and transversal obstacles, such as creating an international status that guarantees the maintenance of rights based on different regulations but going beyond sectorisation. Equally, it could be the creation of a network of disability contact points within embassies, the coordination of which will allow for a smoother relay of information and advice to those students preparing their mobility.

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<sup>118</sup>. Philippe AUBERT, a competent person on the CNCPH and President of the Council for semantic, sociological and ethical issues, as well as a frequent traveller. Words spoken at one of the meetings organised for this report.

Hundreds of respondents to the various surveys were able to raise awareness of their experiences but also to share their hopes and expectations. The students' responses have therefore illustrated their desire to be able to travel, whether it be to discover cultures, meet new people, learn a new language, or simply to be able to enjoy this experience like their peers and in line with the academic regulations of their institutions.

The 450 universities and Grandes Écoles that responded often indicated that they wanted to support access to international mobility, both as a home and host institution, even if they have not yet received sufficient requests from students in this respect. This may raise the question of whether they could face a glass ceiling scenario, worrying about dealing with the many difficulties mentioned in this report. If they have their momentum taken away from them, they may consider not leaving after all. Other students may not see the point of seeking help from institutions, since they do not recognise the role they could play in providing support in areas other than academia.

Finally, it is important to emphasise that these issues also pose a major challenge both upstream and downstream of the student with a disability.

A survey was sent to the parents of secondary school students with disabilities, and particularly to members of parent associations who are represented in French high schools abroad – the AEFE<sup>119</sup> and MLF networks<sup>120</sup>. The responses that were received echoed those issues highlighted by the students, as well as addressing other issues related to frequent and long-term follow-ups that are linked to adolescent development and learning.

The subject of access to international mobility for PhD students with disabilities was also discussed. The report does not present a specific study on this topic, but it seemed important to quote the letter<sup>121</sup> from Hugues de la Giraudière, Director of Human Resources at CNRS,<sup>122</sup> which stated the institution's willingness to work on this issue.

Finally, it is important to underline the level of engagement of the numerous experts that were interviewed, which illustrates a certain level of enthusiasm for the results of this exploratory study. We would like to thank them for their availability and for sharing their advice.

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119. Agency for French Education Abroad.

120. French Secular Mission

121. Annex

122. Centre National de la Recherche Scientifique [National Centre for Scientific Research]



# Annexes

## **Annex 1 – Mission statement** **80**

## **Annex 2 – Acknowledgements** **82**

## **Annex 3 – List of involved people** **83**

## **Annex 4 – Useful or reference documents** **88**

- Survey questionnaires used in this exploratory study
- Lists of respondents to the surveys sent to higher education institutions and companies and organisations
- Letter from Dr Marie-Claire DESPIAU - Qualitative assessment to allow a student with a visual disability to continue her studies in Mexico without interrupting her ophthalmological treatment - Centre Hospitalier National d'Ophtalmologie des Quinze-Vingts
- Diabetes at Airports Guide
- APHPP report and proposals - Improving air travel conditions
- European Parking Card
- European mobility card leaflet - European disability card
- Contribution of CGE – Fédeeh – Hanploi CED to the Universal Periodic Review
- Letter from Hugues de LA GIRAUDIÈRE - International mobility of PhD students with disabilities - Centre National de la Recherche Scientifique

## **Annex 5 – Glossary** **111**



**GOUVERNEMENT**

*Liberté  
Égalité  
Fraternité*

*Les Ministres*

*Paris, le*

**26 NOV. 2020**

### **Note**

**à l'attention de**

**Madame Anne-Lucie WACK, Présidente de la Conférence des Grandes Écoles**

Madame la Présidente,

Le Président de la République a fait de l'accès aux droits, à la participation sociale et citoyenne, à la formation et à l'emploi des personnes en situation de handicap, une priorité du Gouvernement.

La Conférence des Grandes Écoles (CGE), la fédération des étudiants et élèves handicapés (FEDEEH) et CED-Hanploi (association qui accompagne les candidats en situation de handicap et les recruteurs sur les questions liées à l'intégration professionnelle des personnes en situation de handicap) sont mobilisées depuis 2017 en faveur de la création d'un statut international des étudiants en situation de handicap. Celui-ci a été présenté au ministère de l'Enseignement Supérieur, de la Recherche et de l'Innovation, au secrétariat d'Etat auprès du Premier ministre chargé des Personnes Handicapées, au ministère de l'Europe et des Affaires Étrangères, et à la Présidence de la République française.

Face aux importantes difficultés rencontrées par les étudiants en situation de handicap dans le cadre de leur mobilité internationale, que ce soit pour l'accès aux soins ou aux traitements, en matière de transports, de la vie quotidienne ou sociale, le Gouvernement souhaite apporter des solutions nationales et internationales pour améliorer leurs conditions de mobilité, encore trop souvent marquées, du fait du handicap, par les problématiques administratives, voire par des surcoûts induits.

Dans cette perspective, nous donnons mandat à la CGE de conduire une étude exploratoire sur la mobilité internationale des étudiants en situation de handicap.

Cette mission fera l'objet d'un rapport qui devra indiquer les différents freins qui rendent plus difficile la mobilité internationale de ces étudiants, mais aussi proposer des solutions ou des pistes de travail permettant de garantir à la fois la mobilité sortante et la mobilité entrante des étudiants étrangers en situation de handicap sur le territoire national. Il vous reviendra également d'étudier la faisabilité de la généralisation européenne voire internationale de cette approche.

.../...

Pour réaliser sa mission, la CGE devra pouvoir échanger et travailler avec des représentants :

- des grandes écoles et d'universités du territoire national, européen ou international, des référents handicap, des responsables pédagogiques de la mobilité internationale ;
- des instances européennes coordonnant les échanges universitaires ;
- des ambassades étrangères à Paris et françaises à l'étranger, dont les représentations permanentes auprès des organisations internationales ;
- de l'Agence pour l'enseignement français à l'étranger ;
- des associations nationales et internationales : fédérations étudiantes ou d'étudiants en situation de handicap, associations ayant des missions d'accompagnement ou de représentations de personnes handicapées, associations portant des plaidoyers internationaux en faveur des personnes handicapées.

La CGE travaillera en lien avec les ministères compétents sur cette question : ministère de l'Europe et des Affaires Étrangères, ministère de l'Enseignement Supérieur, de la Recherche et de l'Innovation, du ministère de l'éducation nationale, de la Jeunesse et des sports, ministère de la Culture, du ministère de l'agriculture et de l'alimentation, ministère des solidarités et de la santé, ministère de la transition écologique et solidaire et ministère des outre-mer.

Vous vous appuyerez sur les expertises du Secrétariat général du comité Interministériel du Handicap, du réseau des hauts-fonctionnaires « Handicap Inclusion » des différents ministères et du Conseil national consultatif des personnes handicapées.

Le terme de la mission - qui devra être adapté à la situation sanitaire - est fixé au 30 juin 2021. Comme vous le proposez, elle sera animée par Xavier QUERNIN, chargé de mission Handicap de l'Institut Polytechnique UniLaSalle et co-animateur du groupe de travail « Handicap » de la CGE. Le mi-temps consacré à la mission est financé par la CGE.

Des déplacements en France et à l'étranger - dans la limite des contraintes sanitaires - seront également à prévoir afin d'évaluer au mieux les problématiques rencontrées par les étudiants en situation de handicap dans le cadre de leur mobilité internationale et les actions pouvant être mises en place pour les résoudre.


Nous vous remercions de bien vouloir nous remettre une synthèse intermédiaire en mars 2021 puis votre rapport final au terme de votre mission en juin 2021.



**Jean-Yves LE DRIAN**  
Ministre de l'Europe et  
des Affaires étrangères



**Frédérique VIDAL**  
Ministre de l'Enseignement  
Supérieur, de la Recherche  
et de l'Innovation



**Sébastien LECORNU**  
Ministre  
des Outre-mer



**Sophie CLUZEL**  
Secrétaire d'Etat chargée  
des Personnes  
handicapées

## Annex 2 – Acknowledgements

Producing a report such as this required the support of various people whom we would like to thank. We were grateful for the trust that was placed in us by the presidency of the Conférence des Grandes Écoles, Anne-Lucie Wack and subsequently Laurent Champaney, who asked us to produce this report. We would like to thank the permanent team at this association, Hugues Brunet, Solène Quere, Laurent Vidy and Mélanie Goncalves for their advice and their strong commitment to finalising this report, as well as Maxime Vesselinoff from the Rivington agency. We would particularly like to acknowledge the work of Stéphanie Lefevre who was a strong supporter of this work from a long time ago, under the framework of the CGE contribution to the 2018 UPR.

Such an exploratory study would not have been possible without the commitment of the CGE's "disability" working group, which was devotedly co-steered by Julien Soreau. We would like to thank all of the disability contact people who are members of this group for their commitment: their expertise and the testimonies of their students have formed the basis of this collaborative work.

The commitment of the UniLaSalle engineering school in making this report possible should also be highlighted. We would like to thank the general management, Philippe Choquet and Valérie Leroux, as well as the directors and managers of the international relations team and the student life team: Sebastian Rieder, Anne Dutriaux and Jérôme Colin. Thanks also to Laurine Ambeza, a student, who contributed to the statistical analysis of the surveys.

The inter-ministerial dimension of this topic required work in conjunction with the senior officials in charge of disability and inclusion: we would like to thank them all for this and give particular thanks to Yves Delaunay from the Ministry of Europe and Foreign Affairs for his regular and ongoing advice. We would also like to thank Patrice Fondin and Fanny Jaffray, advisors to the Secretary of State for the Disabled, for the focus they have given this exploratory study.

Initially mobilised to contribute along with the CGE to the submission of a contribution to the UPR with regard to supporting access to international mobility for students with disabilities, we would like to thank the fédé 100% Handinamique and Unirh Thransition for being engaged with the different stages of putting together this report.

Since the student surveys are anonymous, we would like to thank all of the hundreds of students who responded.

Finally, we would like to conclude these acknowledgments by saying thank you for the extraordinary commitment made by the 96 experts we met during the various information exchange sessions: their names can all be found in Annex 3. The scale of this mobilisation shows the scope of this study and the expectations of those students with disabilities.

## Annex 3– List of involved people

First name - Last name - Position/role	Establishment	Date(s) of meeting
<b>Louise CHANCELIER</b> , General Delegate	Erasmus Student Network France - ESN	12/02/2020 and 10/03/2021
<b>Laurence LEFÈVRE</b> , senior civil servant in charge of disability and inclusion	Ministry of Higher Education, Research and Innovation	11/03/2020
<b>Yves DELAUNAY</b> , senior civil servant in charge of disability and inclusion	Ministry of Europe and Foreign Affairs	13/03/2020 and 09/06/2020
<b>Myriam MENEZ</b> , President	Fédération des parents d'élèves de l'enseignement public [Federation of Parents of Public Education] - PEEP 94	02/04/2020
<b>Alix PAULMIER</b> , Development Director	FoxP2	02/04/2020
<b>Joëlle PARIS</b> , Departmental Administrator	Parents' Association members	02/04/2020
<b>Isabelle GROS</b> , Head of the Inclusive School Unit	Parents' association of free education, APEL	02/04/2020
<b>Paul VITART</b> , National Director	Parents' association of free education, APEL	02/04/2020
<b>Isabelle BRYON</b> , senior official in charge of disability and inclusion	Ministry of National Education, Youth and Sports	02/04/2020 and 18/04/2021
<b>Fabien GAULUÉ</b> , General Delegate	Fédé 100% Handinamique	02/04/2020 and 26/04/2021
<b>Pierre MIGNONAT</b> , President	Fédé 100% Handinamique	02/04/2020 and 26/04/2021
<b>Isabelle SCHÖNINGER</b> , Executive Director	Conférence des Directeurs des Ecoles Françaises d'Ingénieurs [Conference of Directors of French Engineering Schools] - CDEFI	02/04/2020 and 28/04/2020
<b>Jean-Marie RONCIN</b> , disability officer (ISAE – ENSMA), CDEFI representative at the CNCPH	Conférence des Directeurs des Ecoles Françaises d'Ingénieurs [Conference of Directors of French Engineering Schools] - CDEFI	02/04/2020 and 28/04/2020
<b>Clotilde MARSEAULT</b> , in charge of the Student Life and Social Issues Commission	Conference of University Presidents - CPU	02/04/2020 and 28/04/2020
<b>Bruno GAURIER</b> , Political Advisor	Conseil Français des personnes handicapées pour les questions européennes [French Council of Disabled People for European Affairs] - CFHE	10/04/2020
<b>Alain TRINTIGNAC</b> , pedagogical inspector in the pedagogical service	Agency for French Education abroad - AEFE	22/04/2020
<b>Dominique COLLADO</b> , Head of Primary Education	French Secular Mission - MLF	22/04/2020
<b>Delphine REGNARD</b> , Head of Secondary Education	French Secular Mission - MLF	22/04/2020
<b>Yannick PARENT</b> , Head of Office, in charge of welcoming and supporting disabled students	University of Cergy	28/04/2020
<b>Patrick COURILLEAU</b> , President	Apaches	28/04/2020

First name - Last name - Position/role	Establishment	Date(s) of meeting
<b>Michaela RUSNAC</b> , Social Action and Personal Development Advisor	Ministry of Overseas France	05/05/2020
<b>Raphaëlle DUTERTRE</b> , Head of Relations with Elected Representatives and Equality Contact Person	Agency for French Education abroad - AEFE	14/05/2020
<b>Corinne TRUFFIER</b> , disability contact person	Federation of Parents' Associations of French Educational Establishments Abroad - FAPEE	14/05/2020
<b>Philomène CIRJAK</b> , Honorary President	Fédération des parents d'élèves de l'enseignement public [Federation of Parents of Public Education] - PEEP SUP Paris	14/05/2020
<b>Moulay EL ALAOUI</b> , Vice-President	Parents' Association Members - FCPE	14/05/2020
<b>Joëlle PARIS</b> , Administrator	Parents' Association Members - FCPE	14/05/2020
<b>Christine HAMOT</b> , Head of Group Disability Mission, Strategy and Human Resources Policy Department	Total	14/05/2020
<b>Caroline CRAVOISIER</b> , campus manager, project manager for recruitment and school relations, disabled projects	Société Générale	14/05/2020
<b>Morgane GRANCHER</b> , Disability Officer	Trajeoh - Vinci	14/05/2020
<b>Clara MAUTALENT</b> , Responsable Actions Ecoles Programme Hanploi & School [Head of Hanploi & Schools Action Programme]	Unirh-Thransition	14/05/2020
<b>Pierre-Antoine LEGRIX</b> , Partnership and School Development Officer	Unirh-Thransition	14/05/2020
<b>Eric PAVY</b> , Managing Director	Caisse des français de l'étranger - CFE - Fund for French nationals abroad	15/05/2020
<b>Christelle COËT-AMETTE</b> , technical advisor to the Managing Board - Executive Office - Studies and Forecasting Mission	Agence Erasmus +	18/05/2020
<b>Pierre EMANUEL BARTIER</b> , Acting Head of Office, Directorate General for Overseas France	Ministry of Overseas France	28/05/2020
<b>Sylviane PAULINET</b> , Disability and Social Affairs Officer, Overseas Departments and Territories	Ministry of Overseas France	28/05/2020
<b>Agathe RATINET</b> , in charge of studies on health and medico-social policies, Directorate General for Overseas France	Ministry of Overseas France	28/05/2020
<b>Sylviane PAULINET</b> , Disability and Social Affairs Officer, Directorate General for Overseas France	Ministry of Overseas France	28/05/2020 and 28/04/2021
<b>Maryse AÏO</b> , National Disability and CSR Officer	Mutualité Sociale Agricole - MSA - [Mutual Agricultural Fund]	08/06/2020
<b>Patrice FONDIN</b> , Education, Training and Higher Education Advisor	State Secretariat for Persons with Disabilities	09/06/2020
<b>Pierre Emanuel BARTIER</b> , Acting Head of Office, Disability and Inclusion Officer, Directorate General for Overseas France	Ministry of Overseas France	09/06/2020
<b>Sylviane PAULINET</b> , Disability and Social Affairs Officer, Directorate General for Overseas France	Ministry of Overseas France	09/06/2020

First name - Last name - Position/role	Establishment	Date(s) of meeting
<b>Faridy ATTOUMANE</b> , Cabinet Director	Délégation interministérielle pour l'égalité des chances des Français d'Outre-mer et la visibilité [Inter-ministerial Delegation for Equal Opportunities and Visibility for French Overseas People] - DIEFCOM	09/06/2020
<b>Linda RISTAGNO</b> , assistant director, external affairs, specialist in accessibility and human rights issues	International Air Transport Association - IATA	16/06/2020
<b>Naly RAFALIMANANA</b> , Campaign & Policy Manager	International Air Transport Association - IATA	16/06/2020
<b>Robert CHAD</b> , area manager France, Belgium and the Netherlands	International Air Transport Association - IATA	16/06/2020
<b>Elisabeth FORGET</b> , CSR Officer and Head of Handi-Capacités Project	ESSEC	08/07/2020
<b>Christine BERNARD</b> , Marketing and Communications Director	April International	28/07/2020
<b>Alexandra NOTHANGEL</b> , Administrator, ResearchAbility contact person	Fédé 100% Handinamique	31/07/2020
<b>Hervé WERY</b> , Development and Partnership Director	Heyme	31/08/2020
<b>Mathilde JEAN</b> , Head of Development and Higher Education Partnerships (North)	Heyme	31/08/2020
<b>Cédric ROMERA</b> , Head of Development and Higher Education Partnerships (South)	Heyme	31/08/2020
<b>Margaux MAURIN</b> , International and Overseas Development Manager	Heyme	31/08/2020
<b>Christine BERNARD</b> , Marketing and Communications Director	April International	31/08/2020 and 19/04/2021
<b>Nicolas PAZOLD</b> , Schooling and Professional Integration Officer, Compensation Directorate	Caisse nationale de solidarité pour l'autonomie [National Solidarity Fund for Autonomy] - CNSA	02/09/2020 and 05/02/2021
<b>Bénédicte AUTIER</b> , Director of Compensation	Caisse nationale de solidarité pour l'autonomie [National Solidarity Fund for Autonomy] - CNSA	02/09/2020
<b>Frédéric ORLIANGE</b> , Air Transport Directorate, Sub-Directorate for Air Services	Directorate General of Civil Aviation – DGAC	08/09/2020
<b>Dominique PORRAS</b> , Project Manager	Centre National de la Recherche Scientifique [National Centre for Scientific Research] - CNRS	14/10/2020
<b>Anne RIGOPOULO</b> , Head of PhD contracts	Centre National de la Recherche Scientifique [National Centre for Scientific Research] - CNRS	14/10/2020
<b>Anne-Véronique MORIZUR</b> , Head of Disability Integration Project	Centre National de la Recherche Scientifique [National Centre for Scientific Research] - CNRS	14/10/2020
<b>Emmanuelle VAN NIEUWENHUYZE</b> , Study Programme Manager	Agence Erasmus +	04/11/2020
<b>Güler KOCA</b>	Former student who has been mobile abroad	18/11/2020
<b>Isabelle DEKEISTER PSYEN</b> , Project Manager	Euroguidance	07/01/2021

First name - Last name - Position/role	Establishment	Date(s) of meeting
<b>Nicolas VILLENET</b> , Health and Social Affairs Advisor	Ministry of Overseas France	03/02/2021
<b>Farbod KHANSARI</b> , General Delegate	Conseil Français des personnes handicapées pour les questions européennes [French Council of Disabled People for European Affairs] - CFHE	16/03/2021
<b>Albert PRÉVOS</b> , Vice-President	Conseil Français des personnes handicapées pour les questions européennes [French Council of Disabled People for European Affairs] - CFHE	16/03/2021
<b>Jean-Paul LE TERTRE</b> , national contact point for cross-border care	Centre des Liaisons Européennes et Internationales de Sécurité Sociale [European and International Liaison Body for Social Security] - Cleiss	14/04/2021
<b>Gérard LEFRANC</b> , Director of Insertion Project in charge of disability policy, and CNCPH competent person	Thalès	14/04/2021 and 11/05/2021
<b>Fanny JAFFRAY</b> , Inclusive Schools, Higher Education, Innovation and Accessibility Advisor	Secretary of State for Disabled Persons	26/04/2021
<b>Eglantine MARETTE</b> , coordinator of the "Support when Studying" Unit	Fédé 100% Handinamique	26/04/2021
<b>Caroline SCHECHTER</b> , Senior manager in charge of disability and inclusion	Ministry of Agriculture and Food	28/04/2021
<b>Alain BOUHOURS</b> , project leader, project for the inclusion of students with disabilities - Sub-Directorate for Student Life	Ministry of Higher Education, Research and Innovation	28/04/2021
<b>Clémence DIDIER</b> , Research Officer	Ministry of Higher Education, Research and Innovation	28/04/2021
<b>Audrey BARBAUD</b> , blog writer	Blog: Roulettes et sac à dos [Wheels and backpacks]	03/05/2021
<b>Marie VAMPOUILLE</b> , blog writer	Blog: En van Simones	03/05/2021
<b>Marianne CORNU-PAUCHET</b> , senior civil servant in charge of disability and of inclusion	Ministry of Solidarity and Health	05/05/2021
<b>Roxane BERJAOU</b> , Prevention Advisor for International Affairs	Ministry of Solidarity and Health	05/05/2021
<b>Elvire ARONICA</b> , Deputy Delegate for the Delegation for European and International Affairs of Social Ministries (Health and Employment)	Ministry of Solidarity and Health	05/05/2021
<b>Claire MASSUELLES</b> , Policy Officer, Directorate General for Health, European Affairs Delegation	Ministry of Solidarity and Health	05/05/2021
<b>Philippe AUBERT</b> , President of the Council for Semantic, Sociological and Ethical Issues	Conseil national consultatif des personnes handicapées [National Advisory Council of Disabled Persons] - CNCPH	05/05/2021
<b>Zara SUMODHEE</b> , PhD student under contract in European Union Law	Association nationale pour la prise en compte du handicap dans les politiques publiques et privées [National Association for awareness of disability in public and private policies] - APHP	05/05/2021

First name - Last name - Position/role	Establishment	Date(s) of meeting
<b>Pascale POUJOL</b> , Head of International Relations and Special Situations Project	Caisse nationale de l'Assurance Maladie [French National Health Insurance Fund] - CNAM	07/05/2021
<b>Christophe ALLAIN</b> , CNSE project manager	Caisse nationale de l'Assurance Maladie [French National Health Insurance Fund] - CNAM	07/05/2021
<b>Fanny RICHARD</b> , Director of Social Intervention and Access to Care	Caisse nationale de l'Assurance Maladie [French National Health Insurance Fund] - CNAM	07/05/2021
<b>Frédéric NAPIAS</b> , Director of Young People Project	Caisse nationale de l'Assurance Maladie [French National Health Insurance Fund] - CNAM	07/05/2021
<b>Benjamin GENY</b> , Director of the	Centre National des Soins à l'Etranger [National Centre for Care Abroad] - CNSE	07/05/2021
<b>Anne-Alexandrine BRIAND</b> , alternate member representing the Ligue française contre la sclérose en plaques [French League against Multiple Sclerosis] (LFSEP)	Conseil national consultatif des personnes handicapées [National Advisory Council of Disabled Persons] - CNCPH	11/05/2021
<b>Marie-Hélène AUDIER</b> , alternate member representing Autisme sans frontières	Conseil national consultatif des personnes handicapées [National Advisory Council of Disabled Persons] - CNCPH	11/05/2021
<b>Guillaume BENHAMOU</b> , qualified person	Conseil national consultatif des personnes handicapées [National Advisory Council of Disabled Persons] - CNCPH	11/05/2021
<b>Jean-Luc SIMON</b> , qualified person, Chair of the Committee on European and International Issues, Application of Conventions	Conseil national consultatif des personnes handicapées [National Advisory Council of Disabled Persons] - CNCPH	11/05/2021
<b>Thomas FAUVEL</b> , representative of the Fédé 100% Handinamique, assessor for the training, ordinary and adapted employment, and sheltered work commission	Conseil national consultatif des personnes handicapées [National Advisory Council of Disabled Persons] - CNCPH	11/05/2021
<b>Marie-Pierre TOUBHANS</b> , representative of Droit au savoir, member of the Committee on Education, Schooling, Higher Education and Cooperation between regular and adapted education	Conseil national consultatif des personnes handicapées [National Advisory Council of Disabled Persons] - CNCPH	11/05/2021
<b>Miroslava Kachler</b> , POLICY OFFICER, Prime Minister's Office	Comité Interministériel du Handicap [Inter-ministerial Committee on Disability] - CIH	11/05/2021
<b>Noureddine MANAMANNI</b> , Director of External and Institutional Relations	Campus France	17/05/2021
<b>Karine MOUCHELIN</b> , Deputy Director of Student Welcome and Student Life	Campus France	17/05/2021
<b>Jean-Luc ITO-PAGÈS</b> , Head of the Higher Education and Research Development Department	Campus France	17/05/2021
<b>Maryse DIAVET</b> , senior official in charge of disability and inclusion	Ministry of Europe and Foreign Affairs	02/06/2021

## Annex 4 – Useful or reference documents

### • SURVEY QUESTIONNAIRES USED IN THIS EXPLORATORY STUDY

- Survey on international mobility for students with disabilities <https://www.cge.asso.fr/wp-content/uploads/2021/06/Enqu%C3%AAtes-sur-la-mobilit%C3%A9-internationale-%C3%A0-destination-des-%C3%A9tudiants-en-situation-de-handicap.pdf>
- Survey on international mobility of students with disabilities for higher education institutions <https://www.cge.asso.fr/wp-content/uploads/2021/06/Enqu%C3%AAtes-sur-la-mobilit%C3%A9-internationale-des-%C3%A9tudiants-en-situation-de-handicap-%C3%A0-destination-des-%C3%A9tablissements-d'enseignement-sup%C3%A9rieur.pdf>
- Survey for parents of secondary school students with disabilities on international travel <https://www.cge.asso.fr/wp-content/uploads/2021/06/Enqu%C3%AAtes-%C3%A0-destination-des-parents-d%C3%A9l%C3%A8ves-de-l'enseignement-secondaire-en-situation-de-handicap-sur-le-d%C3%A9placement-international.pdf>
- Survey on the mobility of international trainees and placement workers with disabilities for host companies and organisations <https://www.cge.asso.fr/wp-content/uploads/2021/06/Enqu%C3%AAtes-sur-la-mobilit%C3%A9-des-stagiaires-internationaux-en-situation-de-handicap-%C3%A0-destination-des-entreprises-et-organismes-les-accueillant.pdf>

### • LISTS OF RESPONDENTS TO THE SURVEYS SENT TO HIGHER EDUCATION INSTITUTIONS

Universities	Continent	Country
ISM GROUP	Africa	Senegal
Mediterranean School of Business	Africa	Tunisia
University of Quebec at Trois-Rivières	North America	Canada
University of Regina	North America	Canada
UQAM	North America	Canada
Simon Fraser University	North America	Canada
Asper School of Business, University of Manitoba	North America	Canada
Brock University	North America	Canada
Nipissing University	North America	Canada
King's University College	North America	Canada
Wilfrid Laurier University	North America	Canada
Eastern Michigan University	North America	United States
Worcester Polytechnic Institute	North America	United States

Universities	Continent	Country
University of South Florida	North America	United States
College of Charleston	North America	United States
Federal University of Rio Grande do Sul	Latin America	Brazil
FACAMP	Latin America	Brazil
Inspere	Latin America	Brazil
Pontificia Universidade Católica do Paraná	Latin America	Brazil
Universidad Adolfo Ibáñez	Latin America	Chile
Universidad Ean	Latin America	Colombia
universidad panamericana campus guadalajara	Latin America	Mexico
ITAM	Latin America	Mexico
Tecnológico de Monterrey	Latin America	Mexico
Universidad La Salle México	Latin America	Mexico

Universities	Continent	Country
UIC UNIVERSIDAD INTERCONTINENTAL	Latin America	Mexico
Saltillo Hall	Latin America	Mexico
Universidad Autónoma de Guadalajara	Latin America	Mexico
Instituto Tecnológico de Santo Domingo INTEC	Latin America	Dominican Republic
Kyungpook National University	Asia	North Korea
Hanyang University Business School	Asia	South Korea
Kyungpook National University	Asia	South Korea
City University of Hong Kong	Asia	Hong Kong
Indian Institute of Management Lucknow	Asia	India
Singapore Management University	Asia	Singapore
Feng Chia University	Asia	Taiwan
Sophia University	Asia	Tokyo
Frankfurt School	Europe	Germany
University of Münster, School of Business and Economics	Europe	Germany
Otto-Friedrich-Universität Bamberg	Europe	Germany
University of Cologne WiSo	Europe	Germany
University of Regensburg	Europe	Germany
Reutlingen University - ESB Business School	Europe	Germany
International School of Management	Europe	Germany
European University Viadrina, Frankfurt (Oder)	Europe	Germany
University of Worcester	Europe	England
University of Bradford	Europe	England
University of Exeter	Europe	England

Universities	Continent	Country
Lancaster University	Europe	England
MCI Management Center Innsbruck - Internationale Hochschule GmbH	Europe	Austria
University of Liège	Europe	Belgium
ICHEC	Europe	Belgium
KU Leuven	Europe	Belgium
University of Antwerp	Europe	Belgium
Ghent University	Europe	Belgium
Ghent University	Europe	Belgium
Zagreb School of Economics and Management	Europe	Croatia
LA SALLE-URL CAMPUS BARCELONA	Europe	Spain
CUNEF	Europe	Spain
Universidad de Alcalá	Europe	Spain
UNIVERSIDAD POLITÉCNICA DE VALENCIA	Europe	Spain
Universidad de Deusto	Europe	Spain
Universidad de Valladolid	Europe	Spain
Universidad de Navarra	Europe	Spain
Universidad Carlos III de Madrid	Europe	Spain
University of Lorraine	Europe	France
Lumière University Lyon 2	Europe	France
Grenoble Ecole de Management	Europe	France
Euroguidance Information and Guidance Centre	Europe	France
SAINT JUDE INSTITUTION	Europe	France
CPE LYON	Europe	France
INSTITUT D'ÉTUDES POLITIQUES DE BORDEAUX	Europe	France
estia	Europe	France

Universities	Continent	Country
University of Technology of Compiègne	Europe	France
KEDGE Business School	Europe	France
ICN BUSINESS SCHOOL	Europe	France
ENSIL-ENSCI	Europe	France
BREST BUSINESS SCHOOL	Europe	France
EPF School of Engineering	Europe	France
UniLaSalle	Europe	France
Montpellier Business School	Europe	France
ECPM/UNISTRA	Europe	France
ESSEC BUSINESS SCHOOL	Europe	France
Burgundy School of Business	Europe	France
EDHEC BUSINESS SCHOOL	Europe	France
ENSIL-ENSCI/ University of Limoges	Europe	France
ESAIP	Europe	France
Alba Graduate Business School, The American College of Greece	Europe	Greece
University of Pécs	Europe	Hungary
University of Modena and Reggio Emilia	Europe	Italy
Politecnico di Milano	Europe	Italy
Alma Mater Studiorum - Università di Bologna	Europe	Italy

Universities	Continent	Country
Luiss Guido Carli	Europe	Italy
University of Amsterdam	Europe	Netherlands
Iste	Europe	Portugal
Universidade Catolica Portuguesa	Europe	Portugal
Católica Lisbon School of Business and Economics	Europe	Portugal
Masaryk University	Europe	Czech Republic
University of Maribor	Europe	Slovenia
Linnaeus University	Europe	Sweden
Stockholm Business School, Stockholm University	Europe	Sweden
Jönköping University	Europe	Sweden
University of Lausanne	Europe	Switzerland
KOC UNIVERSITY	Europe	Turkey
Bilkent University	Europe	Turkey
Macquarie University	Oceania	Australia
The University of Melbourne	Oceania	Australia
The University of Western Australia (UWA)	Oceania	Australia
University of South Australia	Oceania	Australia

Respondents to the surveys on the mobility of international trainees and placement workers with disabilities for host companies and organisations

- CERFRANCE Seine Normandie
- SUEZ
- trezts
- Plastic Omnium Auto Inergy Management
- Toshiba
- EXPLEO
- LVMH
- L'Oréal
- Zain Group
- Total RC

• **LETTER FROM DR MARIE-CLAIRE DESPIAU**

**QUALITATIVE ASSESSMENT TO ALLOW A STUDENT WITH A VISUAL DISABILITY TO CONTINUE HER STUDIES IN MEXICO WITHOUT INTERRUPTING HER OPHTHALMOLOGICAL TREATMENT - CENTRE HOSPITALIER NATIONAL D'OPHTALMOLOGIE DES QUINZE-VINGTS**

Our experience relates to the implementation of a reliable and secure solution for the continuation of a treatment using 20% autologous serum eye drops; this is a sterile magistral preparation made in our Internal Use Pharmacy for patients who suffer from serious disorders of the ocular surface.

The problem with this treatment is the somewhat heavy administrative burden and organisation for the following reasons:

- Organisation of blood collection by qualified personnel, decanting and centrifugation within specific time-frames
- Preparation according to Good Manufacturing Practices, especially in hospitals like ours, to be prepared in a fully aseptic manner
- Physico-chemical and bacteriological controls with a quarantine period of at least 7 days before possible release of the eye drops
- After manufacturing, storage of these eye drops in dedicated cold equipment and continuously monitored at -35°C.

With the help of UNILASALLE, we were put in touch with Dr. Efarín Orozco, a fellow Mexican hospital pharmacist who was able to potentially take over the ongoing treatment during the student's placement in that country. Since I do not speak Spanish, but my colleague and I both speak written English, we exchanged e-mails and I sent over all the information about our procedures (explanatory note about the eye drops, manufacturing protocol and controls). We realised that the procedures were more or less equivalent between our two countries and it would be very simple for Dr Orozco to implement the manufacture and dispensing of the 20% autologous serum eye drops. These drops are vital for the student for safeguarding her visual prognosis and also because they are an indispensable tool that assists her in her daily life.

In conclusion, this very simple partnership – which was set up essentially through the sharing of data and very rapid exchanges – enabled the continuation of a particular treatment, the cessation of which, even temporarily, could have been detrimental to the student being able to pursue her course of study outside of France.

Dr MC Despiau, PhD Head of Department,  
PHARMACY-STERILISATION,  
CHNO DES QUINZE-VINGTS (Paris)



# LE DIABÈTE À L'AÉROPORT

Prendre l'avion quand on est atteint de diabète ne doit pas être source d'angoisse : c'est pourquoi la Fédération Française des Diabétiques a réalisé ce guide en partenariat avec la Direction Générale de l'Aviation Civile et Aéroports de Paris. Notre objectif est de concilier les impératifs de sûreté aérienne tout en préservant la qualité de vie des voyageurs atteints de diabète.

De nombreuses questions se posent en effet avant de prendre l'avion, pour éviter une rupture de traitement : Quels certificats faut-il emporter ? Quelle quantité d'insuline puis-je emporter avec moi ? Que faire de ma pompe à insuline lors du passage au portique ? Voici les réponses pour voyager en toute tranquillité.

## PRÉPARER SON VOYAGE

### Faut-il un certificat spécifique pour le voyage ?

Non. Tout passager diabétique doit avoir sur lui une ordonnance lisible, en cours de validité, en français et à son nom. Les voyageurs ne pouvant transporter en cabine que le matériel qui leur est personnellement destiné. Les médicaments liquides doivent être présentés aux agents de sûreté lors du contrôle avec cette ordonnance. La prescription doit détailler tous les éléments du traitement emportés pendant le voyage (aiguilles, stylos injecteurs, lecteur...), sans oublier de mentionner tous les médicaments, y compris ceux dont le rythme de renouvellement est moins fréquent (Glucagen® par exemple).



### Doit-on traduire l'ordonnance en plusieurs langues ?

Non. Le mot « insuline » (avec ou sans « e ») est un terme universel, de même que les noms commerciaux des insulines ou des lecteurs qui sont internationaux et correspondent aux inscriptions sur les produits. Inutile donc de mentionner les Dénominations Communes Internationales (nom du médicament distinct de tout nom de produit commercial). Lorsque votre voyage vous emmène en dehors de l'Union européenne, consultez néanmoins au préalable votre compagnie aérienne ou les institutions diplomatiques (ambassade, consulat) du pays d'arrivée, afin de vérifier que des mesures particulières ne s'appliquent pas.

### Faut-il déclarer aux agences de voyage que j'ai un diabète ?

Non. Certains voyagistes exigent des certificats spécifiques ou des questionnaires complémentaires : vous n'avez pas à les remplir car ces demandes ne figurent dans aucun texte officiel.

## PRÉPARER SON SAC

### Puis-je emporter mon insuline et mon matériel d'auto surveillance dans mon bagage à mains ?

Oui, car les médicaments sont, selon la réglementation, des « liquides essentiels à la personne » : on ne peut interdire à une personne diabétique de transporter en bagage à mains, l'insuline nécessaire à son traitement et le matériel utile pour la surveillance de la glycémie.

### Quelle quantité d'insuline puis-je emporter avec moi ?

Les passagers diabétiques peuvent emporter en bagage à mains, l'insuline nécessaire pour la durée du voyage (le voyage comprend le vol aller, le séjour et le vol retour). Il est donc possible d'emporter plusieurs stylos / cartouches d'insuline avec soi.



## PRÉPARER SON SAC

### L'insuline peut-elle être placée dans la soute ?

Oui. Les fabricants d'insuline indiquent que la température de conservation de l'insuline doit être comprise entre 4° et 8°. Il était jusqu'à présent difficile d'obtenir des indications sûres sur la température de la soute, aussi, ces fabricants interdisaient formellement le transport de ce médicament en soute, pour éviter qu'il ne soit dénaturé par le gel.

Cependant, dans la quasi-totalité des cas, la soute est conservée à une température supérieure à 4°C.

Le risque de gel est donc tout à fait négligeable. Pour éviter complètement ce risque, vous pouvez envelopper l'insuline dans un dispositif isotherme, qui protégera votre médicament du chaud comme du froid. Comme à l'habitude, vérifiez toujours l'aspect de l'insuline avant de procéder à votre injection.

### Quelle est la meilleure solution pour transporter mon matériel ?

Le risque zéro n'existe pas : vous pouvez aussi bien perdre ou vous faire voler le bagage à mains dans lequel vous avez regroupé tout votre traitement ou votre bagage en soute peut être perdu ou retardé. S'il existe des assurances contre la perte de bagages, aucune compagnie aérienne ne peut vous garantir contre le risque de perte des bagages de soute ou tout au moins contre le risque de les égarer en ne les restituant qu'après plusieurs jours... Or, il est impératif

pour les personnes diabétiques d'avoir sous la main une réserve d'insuline et de matériel d'auto-surveillance suffisante permettant de trouver une alternative médicale locale parce qu'il n'est pas toujours aisé (voire parfois impossible) de se procurer rapidement tous les types d'insuline dans tous les coins du monde.

Pour ces raisons, nous préconisons une solution qui permette de « se retourner » si l'un ou l'autre de ces événements se produisait : séparer le traitement, une partie dans le bagage à mains et une partie dans la soute.

### Dans quoi ranger tout le matériel nécessaire au diabète ?

La réglementation n'impose pas de placer les médicaments dans un sac plastique transparent et fermé. Vous pouvez donc placer le matériel associé au traitement (aiguilles, lancettes, seringues, lecteur de glycémie, électrodes et bandelettes) dans tout support adapté au voyage, préservant la confidentialité et que vous placerez lors du contrôle de sûreté dans une bannette prévue à cet effet. Il n'y a pas d'indication à utiliser les blocs réfrigérants qui risqueraient au contraire de congeler l'insuline : les insulines actuelles sont faites pour être conservées plusieurs jours à température ambiante.

## POUR LES PORTEURS D'UNE POMPE À INSULINE



Une fois arrivé au point de contrôle, deux solutions s'offrent à vous :

- Si vous souhaitez éviter le désagrément de devoir vous déshabiller en public pour montrer votre pompe, une solution consiste

à enlever le dispositif avant d'aborder les contrôles de sûreté, le placer séparément de votre bagage à mains dans un support adapté et préservant la confidentialité, le déposer dans la bannette prévue à cet effet, et le remettre une fois arrivé dans la salle d'embarquement, en vous rendant aux toilettes.

- Si vous souhaitez conserver votre pompe à insuline sur vous, signalez-le à l'agent de sûreté. Lors des contrôles, l'agent vous demandera votre accord pour vous soumettre à une palpation de sûreté.

Si vous refusez la palpation, l'accès à bord vous sera refusé. Sachez que vous pouvez demander que la palpation soit assurée à l'écart, dans un local fermé prévu à cet effet. Cette demande pourra rallonger le temps de contrôle.

Cette seconde solution est la seule qui convienne aux personnes diabétiques ayant une pompe implantée, car ces dispositifs contiennent du métal qui déclenche l'alarme du portique de sécurité.

Les porteurs de pompe doivent produire un certificat médical, de préférence établi à l'ordinateur, attestant de votre situation (modèle de certificat médical disponible sur le site [www.afd.asso.fr](http://www.afd.asso.fr), rubrique dossiers < diabète et voyage). La présentation d'un certificat médical inexploitable compliquera votre accès à bord.

## LORS DU CONTRÔLE DE SÛRETÉ

Si vous rencontrez des difficultés au portique de l'aéroport, vous avez la possibilité de faire appel au superviseur. Inutile de faire appel au médecin de l'aéroport. Présentez également ce guide, validé par la Direction Générale de l'Aviation Civile. Des contrôles de sûreté pourront être effectués sur les liquides emportés ; en cas de doute persistant sur le caractère inoffensif d'un produit, celui-ci sera refusé. Ces contrôles n'altéreront pas la qualité de l'insuline.

**Ce guide concerne la gestion du diabète au moment de prendre l'avion. Il n'aborde pas les questions générales du voyage (décalage horaire, gestion des insulines...) et les liquides autres que l'insuline. Le consensus établi avec les instances de sûreté aérienne s'applique dans les aéroports européens.**

Pour aller plus loin :

- Mesures de restriction sur les liquides contenus dans les bagages en cabine- Direction Générale de l'Aviation Civile - 2014 - [www.dgac.fr](http://www.dgac.fr)

Crédits photos : AFD.

## **Rapport et propositions de l'APHPP**

**« Pour une Europe accessible aux personnes en situation de handicap » -- Avril 2021**

**Rapport élaboré par les membres de l'APHPP,**

**Sous la responsabilité du groupe de travail sur l'Europe et l'international de l'APHPP :**

**Matthieu Annereau (Président APHPP), Véronique Racineux, Zara Sumodhee**

- **Une amélioration des conditions de voyage par transport aérien.** L'avion a fait l'objet d'une réglementation européenne importante permettant de garantir la sécurité aux passagers. Cela a conduit à l'expansion de ce mode de transport qui aujourd'hui défie toute concurrence d'un point de vue tarifaire. Il n'est pas rare en effet qu'un billet d'avion soit moins cher qu'un billet de train pour le même itinéraire. Cependant, une personne présentant un handicap moteur et se déplaçant en fauteuil roulant ne peut pas actuellement voyager sur son fauteuil dans l'avion. Le fauteuil roulant part en soute. Cela est hautement problématique pour les personnes handicapées ayant un fauteuil roulant électrique. Ce dernier, voyageant en soute, n'est pas manié avec attention. Aucune protection n'entoure le fauteuil. C'est à l'utilisateur de faire appel à des sociétés privées pour protéger le fauteuil. Il n'est pas rare que le fauteuil soit endommagé à l'arrivée. Cela peut totalement gâcher un séjour car la réparation d'un fauteuil prend du temps. Mais encore, la personne handicapée sera mal installée dans l'avion et ne pourra pas par exemple se déplacer aux toilettes si elle n'a pas son fauteuil. Cette situation crée donc de l'inconfort pour le passager en situation de handicap et de l'insécurité quant à l'état du fauteuil roulant voyageant en soute. Cela conduit les personnes handicapées se déplaçant en fauteuil à se tourner vers le ferroviaire qui est généralement plus onéreux. De ce fait, afin d'échapper à l'inconfort et à l'insécurité en prenant le train, la personne handicapée est victime des prix du ferroviaire toujours plus élevés que l'aérien. **Nous souhaiterions donc que les personnes handicapées en fauteuil puissent conserver leur fauteuil pendant leur voyage en avion afin d'éviter des situations d'inconfort et d'insécurité et afin de ne pas leur infliger la double peine du tarif du ferroviaire plus élevé.**

• **APHPP REPORT AND PROPOSALS - IMPROVING CONDITIONS FOR AIR TRAVEL**

KE-30-08-001-00-1



## Parking card for people with disabilities in the European Union



<http://parkingcard.europa.eu>



### Parking facilities for people with disabilities in the European Union

This folder aims to make it easier for people with disabilities to travel in the 27 Member States of the EU. It provides information to local authorities about their parking rights. Below the flag of each Member State you will find the information you should present to the local authority if necessary. When you park your car, insert this folder under the windscreen, showing the side with the language(s) spoken in the country you are visiting.

#### **Polski / Polish** **Karta parkingowa**

Niniejsza karta parkingowa jest oparta na standardowym wspólnotowym wzorze zgodnym z zaleceniem Rady 98/376/WE zmienionym przez zalecenie Rady 2008/205/WE (Dz.U. L 63 z 7.3.2008, s. 43). Właściciel karty może korzystać ze wszystkich udogodnień dla osób niepełnosprawnych w każdym państwie UE.

#### **Suomi / Finnish** **Pysäköintilupa**

Näytteillä oleva pysäköintilupa on valmistettu yhteisön yhdenmukaistetun mallin perusteella noudattaen neuvoston suositusta 98/376/EY, jota on muutettu neuvoston suosituksella 2008/205/EY (EUVL L 63, 7.3.2008, s. 43). Pysäköintiluvan haltijalle on myönnettävä kaikki vammaisille tarjottavat pysäköintimahdollisuudet kaikissa EU-maissa.

#### **Svenska / Swedish** **Parkeringsstillstånd**

Det parkeringstillstånd som visas är baserat på den standardiserade gemenskapsmodellen enligt rådets rekommendation 98/376/EG i dess lydelse enligt rådets rekommendation 2008/205/EG (

#### **Deutsch / German** **Parkausweis**

Der dargestellte Parkausweis basiert auf dem standardisierten Gemeinschaftsmodell gemäß der Empfehlung des Rates 98/376/EG, abgeändert durch die Empfehlung des Rates 2008/205/EG (ABl. L 63, 7.3.2008, S. 43). Der Ausweisbesitzer sollte in jedem EU-Land in den Genuss aller damit verbundenen Parkerleichterungen für behinderte Menschen kommen.

#### **English / English** **Parking card**

The parking card displayed is based on the standardised Community model according to the Council Recommendation 98/376/EC amended by the Council Recommendation 2008/205/EC (OJ L 63, 7.3.2008, p. 43). The cardholder should benefit from all the associated parking facilities for disabled persons in every EU country.

#### **Español / Spanish** **Tarjeta de estacionamiento**

La tarjeta de estacionamiento expuesta se basa en el modelo comunitario normalizado según la Recomendación 98/376/CE del Consejo, modificada por la Recomendación 2008/205/CE del Consejo (DO L 63 de 7.3.2008, p. 43). El titular de la tarjeta se beneficiará de todas las facilidades de estacionamiento aplicables a las personas con discapacidad en cada país de la Unión Europea.

#### **Français / French** **Carte de stationnement**

La carte de stationnement affichée se fonde sur le modèle communautaire uniformisé conformément à la recommandation du Conseil 98/376/CE modifiée par la recommandation du Conseil 2008/205/CE (JO L 63, 7.3.2008, p. 43). Le détenteur de la carte bénéficiera dans chaque pays de l'UE de toutes les facilités de stationnement pour personnes handicapées.

#### **Gaeilge / Irish** **Cárta páirceála**

Bunaítear an cárta páirceála ar shamhail caighdeánaithe an Chomhphobail de réir Mholadh ón gComhairle 98/376/CE arna leasú le Moladh ón gComhairle 2008/205/CE (IO L 63, 7.3.2008, lch 43). Ba chóir go mbainfeadh úinéir an chárta tairbhe as na saoráidí páirceála gaolmhara le haghaidh daoine faoi mhíchumas i ngach tír san AE.

#### **Italiano / Italian** **Contrassegno di parcheggio**

Il contrassegno di parcheggio esposto si basa sul modello comunitario uniforme in conformità con la raccomandazione del Consiglio 98/376/CE modificata dalla raccomandazione del Consiglio 2008/205/CE (GU L 63 del 7.3.2008, pag. 43). Il titolare del contrassegno può beneficiare di tutte le facilitazioni connesse al contrassegno di parcheggio per le persone con disabilità in ogni paese dell'Unione europea.

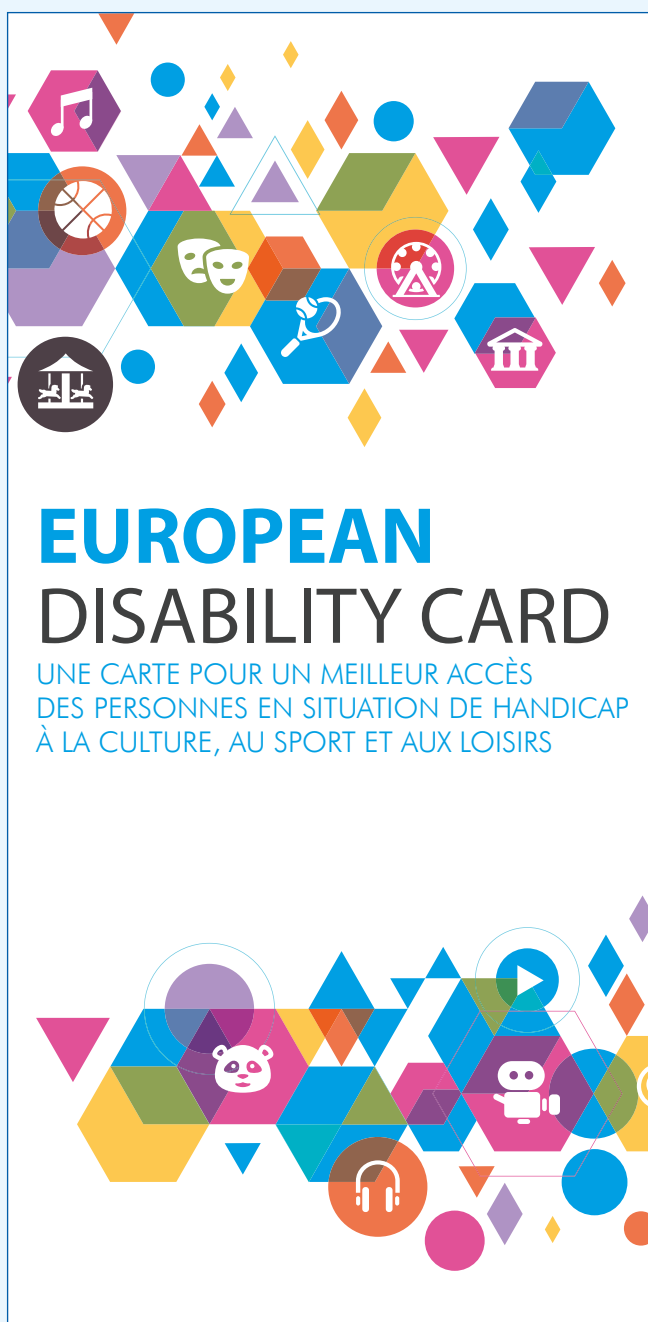
#### **Malti / Maltese** **Karta għall-Parkeġġ**

Din il-karta għall-parkeġġ hi bbażata fuq il-mudell standardizzat tal-Komunità skont ir-Rakkomandazzjoni tal-Kunsill 98/376/KE emendata mir-Rakkomandazzjoni tal-Kunsill 2008/205/KE (GU L 63, 7.3.2008, p. 43). Sid il-karta għandu jibbenefika mill-facilitajiet ta' parkeġġ kollha li huma marbuta magħha li huma disponibbli għall-persuni b'dizabilità f'kull pajjiż tal-UE.

#### **Nederlands / Dutch** **Parkeerkaart**

De getoonde parkeerkaart is gebaseerd op het uniform communautair model volgens Aanbeveling 98/376/EG van de Raad, gewijzigd door Aanbeveling 2008/205/EG (PB L 63 van 7.3.2008, blz. 43) van de Raad. Met deze kaart kan de houder in principe in elke lidstaat gebruikmaken van alle specifieke parkeerfaciliteiten voor gehandicapten.

- **EUROPEAN MOBILITY CARD LEAFLET -  
EUROPEAN DISABILITY CARD**



**? QU'EST-CE QUE L'EUROPEAN DISABILITY CARD (EDC) ?**

**Une carte qui :**

- \* favorise l'accès des personnes en situation de handicap à la culture, au sport et aux loisirs
- \* offre une série d'avantages dans ces domaines



**QUI PEUT OBTENIR LA CARTE ?**

Toute personne qui est reconnue ou qui bénéficie d'une aide auprès d'une des 5 institutions belges chargées de mener la politique en matière d'intégration des personnes handicapées



## COMMENT OBTENIR LA CARTE ?

Vous pouvez demander la carte EDC auprès de l'une des 5 institutions belges chargées de mener la politique en matière d'intégration des personnes handicapées.

Cette carte est gratuite. En cas de vol ou perte, un duplicata gratuit peut être fourni une seule fois. Voici la procédure de demande de la carte EDC pour les personnes en situation de handicap elles-mêmes ou bien leur représentant légal. La procédure varie selon l'institution à laquelle vous vous adressez.

Prenez contact avec l'institution auprès de laquelle vous avez un dossier.

### \* Service Public Fédéral Sécurité sociale :

Vous pouvez introduire votre demande soit

- via le formulaire en ligne sur le site du SPF Sécurité Sociale : [www.handicap.belgium.be](http://www.handicap.belgium.be) (rubrique 'Mes droits')
- par courrier postal à l'adresse suivante : Service public fédéral Sécurité sociale Direction générale Personnes handicapées, Boulevard du Jardin Botanique 50 Boîte 150, 1000 Bruxelles.

### \* Agence pour une vie de qualité (AViQ) :

Vous devez vous adresser au bureau régional compétent en fonction de votre domicile (en personne, par téléphone, fax, mail). Pour connaître votre bureau régional, rendez-vous sur le site de l'Agence : [www.aviq.be](http://www.aviq.be) > handicap > et introduisez « code postal » dans le moteur de recherche.

### \* Service public francophone bruxellois (Service Phare) :

Vous pouvez faire votre demande en y indiquant les renseignements suivants : nom, prénom, date de naissance et numéro du registre national de la personne qui souhaite obtenir la carte et, si possible, le numéro du dossier Phare via

- courrier postal à l'adresse suivante : Service Phare, Rue des Palais 42, 1030 Bruxelles
- courrier électronique à [info.phare@spfb.brussels](mailto:info.phare@spfb.brussels)
- téléphone : 02/800.82.03 (du lundi au vendredi de 9h à 12h)
- la permanence du Service Phare (du lundi au vendredi de 9h à 12h sauf le mercredi)

### \* Vlaams Agentschap voor Personen met een Handicap (VAPH) :

Vous pouvez introduire votre demande via le guichet en ligne [www.mijnvaph.be](http://www.mijnvaph.be). Pour cela vous avez besoin de votre carte d'identité électronique, de votre code pin et d'un lecteur de carte.

### \* Dienststelle für Selbstbestimmtes Leben (DSL) :

Vous devez vous adresser à votre personne de contact directe ou au bureau de la Dienststelle für Selbstbestimmtes Leben. Vous trouverez les détails de contact sur le site web : [www.selbstbestimmt.be](http://www.selbstbestimmt.be)



## COMMENT ET OÙ UTILISER LA CARTE ?

- \* Vous pouvez utiliser l'*European Disability Card* dans les domaines de la culture, du sport et des loisirs (par exemple les cinémas, théâtres, musées, parcs d'attraction...).
- \* Consultez les sites d'informations, publicités, flyers, etc. du lieu où vous vous rendez, ou contactez l'organisateur : il vous informera sur les avantages proposés aux personnes qui bénéficient de la carte.
- \* La carte peut être utilisée en Belgique mais également dans l'un des 7 autres pays de l'Union européenne participants : Chypre, l'Estonie, la Finlande, l'Italie, Malte, la Slovaquie et la Roumanie.
- \* La carte est strictement personnelle. Ses avantages vous sont exclusivement réservés. Vous devez toujours être en possession de la carte pour bénéficier des avantages.



## QUELQUES EXEMPLES D'AVANTAGES

Les organisateurs d'activités culturelles, sportives ou de loisirs qui acceptent la carte sont libres de choisir les avantages qu'ils accordent. Il leur est par exemple proposé d'octroyer :

- \* la gratuité ou les réductions de tarif pour la personne handicapée et/ou son accompagnant (ou interprète)
- \* Un audio/visio guide gratuit
- \* Des brochures ou plaquettes explicatives adaptées à différents besoins (en braille ou faciles à lire par exemple)
- \* Des visites guidées adaptées (en langue des signes par exemple)
- \* Une réduction sur les visites guidées
- \* Des places accessibles et réservées
- \* Un pass spécifique dans les parcs pour un accès plus aisé aux attractions
- \* Etc.



## LE PROJET EUROPEAN DISABILITY CARD EN QUELQUES MOTS

L'EDC veille à promouvoir l'accessibilité et l'inclusion des personnes en situation de handicap dans la société. Le projet répond à une demande des personnes en situation de handicap et des associations les représentant et s'inscrit dans le cadre d'une initiative de la Commission européenne qui a cofinancé le lancement de la carte.

Pour rappel, l'EDC a été développée et mise en œuvre au travers d'une collaboration entre les cinq institutions belges chargées de mener la politique en matière d'intégration des personnes handicapées. Huit Etats membres de l'UE participent au projet de développement de cette carte : la Belgique, Chypre, l'Estonie, la Finlande, l'Italie, Malte, la Slovaquie et la Roumanie.



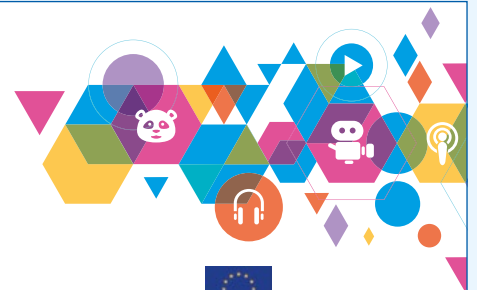
## CONTACT & INFORMATION

Plus d'informations sur la page internet du projet (+ brochures en « facile à lire » et vidéos en langue des signes) :

> <http://www.eudisabilitycard.be>

Pour des renseignements plus précis sur l'accessibilité et les aménagements prévus pour les personnes en situation de handicap dans les domaines du sport, de la culture et des loisirs :

- Le CAWaB (Collectif Accessibilité Wallonie-Bruxelles) : [www.cawab.be](http://www.cawab.be)
- Toegankelijkvlaanderen : [www.toevla.be](http://www.toevla.be)
- Access-i : [www.access-i.be](http://www.access-i.be)
- UNIA (Centre interfédéral pour l'égalité des chances) : <http://www.unia.be/fr/publications-et-statistiques/publications/lesamenagements-raisonnables-en-10-brochures>



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 2014-2020 de l'Union Européenne. Les informations contenues dans cette publication ne reflètent pas nécessairement la position officielle de la Commission européenne

- CONTRIBUTION OF CGE – FÉDEEH – HANPLOI CED TO THE UNIVERSAL PERIODIC REVIEW

## Examen Périodique Universel de la France

Janvier 2018 – 3<sup>ème</sup> cycle

Contribution écrite des ONG

### « Mobilité internationale : création d'un document opposable à toutes discriminations des étudiant-e-s en situation de handicap »



#### Résumé de la contribution

Les associations Conférence des grandes écoles, la FÉDEEH et Hanploi CED ont fait le constat que l'accès à la dimension internationale des cursus de l'enseignement supérieur (stage – semestre académique) reste très difficile pour les étudiant-e-s en situation de handicap<sup>1</sup>. Ces difficultés concernent l'accès aux traitements et au suivi médical, l'accès aux transports, l'accès à un accompagnement spécifique dans la vie quotidienne et à une vie sociale inclusive. Le surcoût lié à l'accès aux cursus internationaux pour ces étudiant-e-s est une problématique transversale à toutes ces dimensions. Le constat présenté dans ce document est accompagné d'une sélection de témoignages représentatifs. Ces récits émanent aussi bien de situations vécues par des étudiant-e-s français-e-s qu'internationaux venus suivre un semestre académique en France.

La Conférence des grandes écoles, la FÉDEEH, et Hanploi CED souhaitent proposer au gouvernement français de se saisir de l'occasion du troisième cycle de l'Examen Périodique Universel pour présenter cette problématique internationale et apporter des solutions concrètes, qui favoriseront une non-discrimination à l'accès aux cursus internationaux. Ces associations proposent la création d'un **Statut international d'étudiant-e en situation de handicap**.

Ce statut sera organisé autour de quatre axes : « administratif » matérialisé par un **document opposable**, « médical » pour permettre la **disponibilité du traitement**, « diplomatique » avec la mise en place **d'un référent handicap dans chaque ambassade** et « financier » avec la **limitation des surcoûts** liés au handicap.

<sup>1</sup> Selon la Loi du 11 février 2005, article 2, alinéa 1 : « Constitue un handicap, au sens de la présente loi, toute limitation d'activité ou restriction de participation à la vie en société subie dans son environnement par une personne en raison d'une altération substantielle, durable ou définitive d'une ou plusieurs fonctions physiques, sensorielles, mentales, cognitives ou psychiques, d'un polyhandicap ou d'un trouble de santé invalidant. »

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## **I. PRESENTATION DES ASSOCIATIONS**



**CONFÉRENCE DES  
GRANDES  
ÉCOLES**

Créée en 1973, la Conférence des grandes écoles (CGE) regroupe 220 établissements d'enseignement supérieur et de recherche français et étrangers représentant tout le spectre des formations supérieures en Grandes écoles de niveau master et au-delà. Assurant une formation de masse (40 % des masters délivrés chaque année en France) et de recherche intensive (50 % des thèses dans les disciplines couvertes par les Grandes écoles), les Grandes écoles mettent en cohérence un projet pédagogique en fonction du profil de l'étudiant et des débouchés professionnels. Véritable label de qualité, la CGE s'assure du respect par l'ensemble de ses membres de ses principes fondamentaux (excellence, insertion professionnelle, ouverture internationale, accréditation des formations...). Les 220 Grandes écoles membres permettent à la France de proposer une offre de formation et de recherche à déclinaisons multiples et de répondre ainsi aux besoins très variés des entreprises.

La commission Diversité a été créée pour réunir trois groupes de travail qui traitent de l'ouverture sociale, de l'égalité femmes-hommes et du handicap.

En liaison avec les pouvoirs publics, le groupe de travail handicap organise des échanges de bonnes pratiques entre ses membres. Il s'appuie sur un réseau de plus de 100 référents Handicap dans les Grandes écoles et sur les entreprises, en vue de faciliter l'accès des personnes en situation de handicap à la formation et à la vie professionnelle.

<http://www.cge.asso.fr>



La FÉDÉEH (Fédération Étudiante pour une Dynamique Études et Emploi avec un Handicap) existe depuis 2010 et se donne pour mission d'optimiser, à travers un engagement étudiant pérenne les conditions de formation et d'insertion professionnelle des jeunes handicapés. Dans cette perspective, la fédération

associe toutes les parties prenantes pour rassembler, soutenir et démultiplier les initiatives étudiantes en faveur de l'égalité des chances, de la participation sociale et du parcours de formation et d'insertion professionnelle des jeunes en situation de handicap.

<http://www.fedeeh.org>



Fondée en 2004, l'association Hanploi CED est une équipe d'experts du recrutement, de la communication, de la formation et de la sensibilisation au service des organisations, dans les domaines de l'emploi et du handicap. Hanploi CED et son réseau

d'entreprises engagées ont créé en 2005 le premier job board de recrutement dédié aux personnes en situation de handicap.

<http://www.cedfrance.fr/>

## II. INTRODUCTION

Comme indiqué dans le rapport national de la France pour l'Examen Périodique Universel de 2012, en décembre 2009, la France a ratifié la Convention relative aux Droits des Personnes Handicapées et son protocole facultatif. Ces instruments sont entrés en vigueur le 20 mars 2010 et les obligations qu'ils contiennent ont été insérées dans les décrets d'application de la loi du 11 février 2005, dite « pour l'égalité des droits et des chances, la participation et la citoyenneté des personnes handicapées ». Conformément à la Convention qui prévoit la mise en œuvre d'un plan national d'action, la loi prévoit la tenue, tous les trois ans, d'une Conférence Nationale du Handicap.

La première Conférence nationale du handicap a permis l'installation d'un nouveau Comité Interministériel du Handicap, et le lancement de plusieurs autres mesures concernant l'emploi et la retraite des personnes handicapées. En juin 2011, lors de la deuxième Conférence nationale du Handicap, de nouvelles mesures ont été annoncées, concernant l'emploi, ainsi que la formation et l'insertion des jeunes handicapés.

La loi du 11 février 2005 (n° 2005-102) prévoit à l'article 20 que « *Les établissements d'enseignement supérieur inscrivent les étudiant-e-s handicapé-e-s ou présentant un trouble de santé invalidant dans le cadre des dispositions réglementant leur accès au même titre que les autres étudiant-e-s, et assurent leur formation en mettant en œuvre les aménagements nécessaires à leur situation dans l'organisation, le déroulement et l'accompagnement de leurs études* ».

Conformément à cette loi, et à l'instar de la Conférence des Présidents d'Universités qui a signé une charte sur le handicap en 2007, la Conférence des grandes écoles a signé en 2008 une charte Handicap avec le Ministère de l'Enseignement supérieur et de la recherche et le Ministère du Travail, des relations sociales et des solidarités. La dite charte s'est donnée pour objectifs :

- Favoriser l'accès aux Grandes écoles des étudiant-e-s en situation de handicap,
- Augmenter les entrées en formation des étudiant-e-s en situation de handicap dans les grandes écoles par la voie de l'alternance ou de l'apprentissage lorsque cette possibilité existe,
- Sensibiliser les directeurs-trices des établissements, les personnels et l'ensemble des étudiant-e-s sur les différents modes d'accès à l'emploi des personnes en situation de handicap, et aux obligations issues de la loi du 11 février 2005,
- Encourager l'implication de tous les responsables des grandes écoles dans le dispositif d'accueil des étudiant-e-s en situation de handicap, par la désignation d'un référent, pivot du dispositif,
- Faciliter les actions de mise en situation professionnelle de ces étudiant-e-s tout au long de leurs parcours, c'est-à-dire aussi bien au niveau des stages que de l'emploi,
- Améliorer la cohérence et la lisibilité du dispositif d'accueil des étudiant-e-s en situation de handicap.

### **III. CONSTAT INQUIETANT**

En septembre 2016 le Secrétariat d'État à l'Enseignement supérieur et à la recherche en France a recensé 23 300 étudiant-e-s en situation de handicap au sein des établissements (Universités, écoles) dont il a la tutelle. Ce chiffre est en constante augmentation : +13 % en moyenne chaque année. En comparaison, le nombre total d'étudiant inscrits dans l'enseignement supérieur, en France, ne progresse que de 1.9 %), selon le site internet <http://www.enseignementsup-recherche.gouv.fr>,

Dans les cursus des Grandes écoles il est demandé aux étudiant-e-s d'avoir une expérience de plusieurs mois à l'international, pouvant prendre la forme d'un stage ou d'un semestre académique suivi dans une université.

Cette expérience a pour but l'acquisition de nouvelles compétences linguistiques, le développement de l'autonomie et de la responsabilisation, et la rencontre interculturelle. Ces compétences et expériences de vie faciliteront l'insertion professionnelle du-de la jeune diplômé-e.

La mobilité internationale est en pleine évolution, le nombre d'étudiant-e-s concerné-e-s a doublé en douze ans pour atteindre 4.3 millions en 2014 dans le monde (source : UNESCO).

La Conférence des grandes écoles, ainsi que les associations Hanploi CED et la FÉDÉEH ont constaté que l'accès aux cursus internationaux reste difficile pour les étudiant-e-s en situation de handicap. Ces difficultés sont essentiellement d'ordre financier, administratif, logistique et médical.

Ces difficultés dépassent le cadre de l'Union Européenne. De plus en plus d'étudiant-e-s, pour parfaire leur formation à l'instar de leurs camarades, souhaitent avoir une expérience largement ouverte à l'international.

Les témoignages d'étudiant-e-s en situation de handicap ayant réussi à finaliser leur départ à l'étranger montrent une partie des difficultés qu'ils ont pu rencontrer. Pour certains, ces difficultés sont aujourd'hui insurmontables et ne leur permettent pas d'avoir une expérience à l'international pour parfaire leur cursus.

Ces difficultés sont recensées sous quatre axes principaux.

#### **1) Frein à l'accès aux soins et à l'accès thérapeutique**

Une des remontées les plus fréquentes concerne la difficulté d'accès au traitement médical dans le pays d'accueil. Certains médicaments n'existent pas dans l'ensemble des pays, ou ont une composition différente du traitement initial. De plus, dans les pays hors Union Européenne, ces traitements ne sont remboursés que sous certaines conditions (accords bilatéraux entre les pays, conditions assurancielles des prises en charge, ...). Beaucoup d'étudiant-e-s choisissent donc de partir avec l'ensemble de leur traitement, lorsqu'ils arrivent à trouver un accord avec leur pharmacien, pour une durée n'excédant pas le semestre. Quand cette logistique n'est pas possible (volumes trop importants, conservation en glacière ...) ils doivent revenir dans leur pays d'origine pour récupérer de nouveaux médicaments.

- « En effet, mon médecin traitant et ma diabétologue, ne connaissant pas les produits médicaux commercialisés en Espagne, préféraient que je continue à prendre celui auquel je suis habituée et donc, m'ont toutes deux recommandé de continuer de m'approvisionner en France. » (Étudiante, Neoma Business School, Espagne)
- « Les ordonnances sont faites pour 6 mois et à chaque passage en pharmacie, j'ai le droit d'avoir le compte juste de traitement pour un mois. Ensuite, je ne peux pas me réapprovisionner avant le mois suivant (...). Mon pharmacien, me connaissant bien, a finalement accepté, (...) de me donner la quantité d'insuline pour la durée totale de mon séjour, mais n'avait pas assez de boîtes d'aiguilles pour les 5 mois (ce qui a fait que j'ai dû aller en chercher lors de mon retour en France) » (Étudiante, Neoma Business School, Espagne)
- « Il est donc préférable d'emporter son traitement dans ses bagages. Cette démarche demande de se renseigner au préalable auprès de la compagnie aérienne et de s'assurer que les conditions de transport n'endommageront pas le traitement » (Étudiante, Institut Polytechnique UniLaSalle, États Unis)

Certain-e-s de ces étudiant-e-s en situation de handicap ont besoin d'avoir un suivi médical ou paramédical régulier. A nouveau, plusieurs difficultés apparaissent dont le coût de ce suivi. Dans certains pays les suivis médicaux-paramédicaux sont plus onéreux, tout comme les assurances complémentaires que doivent prendre ces étudiant-e-s.

- « De plus, je suis suivie par une neurologue, une psychologue et une sophrologue afin de m'aider à mieux appréhender la maladie. » (Étudiante, Institut Polytechnique UniLaSalle, États Unis)
- « Par ailleurs, j'ai besoin de soins réguliers, mais les professionnels ayant les compétences adaptées à ma pathologie portent au Canada le nom de « physiothérapeute », nomenclature non reconnue par la CPAM : les frais de soins sont donc entièrement à ma charge. » (Étudiante, École normale supérieure Paris-Saclay, Canada)

À ces difficultés se rajoute le fait que certaines assurances refusent de couvrir l'étudiant-e lors de son déplacement, hors Union Européenne, lorsqu'il déclare certaines pathologies.

- « Afin de maximiser mes chances de réussite en expatriation et de minimiser les risques quant à mes problèmes de santé je ne pouvais postuler dans des pays pour lesquels il faudrait faire des vaccins vivants, qui soient bien développés médicalement, où le temps ne soit ni trop froid ni trop humide, qui ne soient pas hors Europe car aucune assurance ne voulait bien me prendre en charge avec une maladie chronique déjà déclarée avant le départ à l'étranger. » (Étudiante, École de management de Normandie, Royaume Uni)

**Ces constats montrent des situations fréquentes qui entrent en violation des droits des personnes handicapées, selon les articles 20 et 25 de la Convention relative aux Droits des Personnes Handicapées.**

## 2) Frein à la liberté d'aller et venir

Les différents témoignages recueillis et mentionnés dans la partie « Frein à l'accès aux soins et à l'accès thérapeutique » présentés auparavant évoquent des problématiques logistiques importantes en matière de gestion des médicaments et de leur transport le cas échéant. En effet les étudiant-e-s en situation de handicap nécessitant un traitement médical important, doivent souvent partir avec des bagages supplémentaires, parfois réfrigérés (sacoches glacières).

D'autres étudiant-e-s, en situation de handicap, doivent avoir également des bagages supplémentaires pour transporter le matériel adapté dont ils ont besoin.

- *« En effet, n'ayant ni l'énergie, ni la force de faire trois allers-retours afin de prendre avec moi tout mon matériel (fauteuil roulant, béquilles et mes valises), j'ai dû faire appel à une bonne volonté au sein du personnel administratif de l'établissement qui faisait des allers-retours entre la France et l'Angleterre pour me ramener mes affaires »* (Étudiante, École de management de Normandie, Royaume-Uni)

La logistique nécessaire au transport des médicaments ou du matériel spécifique adapté à la personne en situation de handicap, peut donc être régulièrement un frein à l'accès aux cursus ou aux stages à l'international. Celle-ci peut aussi avoir un coût très élevé (bagages supplémentaires, plusieurs allers-retours vers le pays d'origine, accompagnement par une tierce personne, ...).

Les problématiques liées au transport concernent également les déplacements des personnes en situation de handicap dans le pays d'accueil. Certaines d'entre-elles, en fonction de leur taux d'incapacité reconnu par la MDPH, bénéficient en France de transports adaptés. Ces solutions de transport sont gratuites ou à coût minime. Mais ces droits d'utilisation des transports adaptés, lorsqu'ils existent, sont rarement ouverts aux personnes handicapées non-résidentes.

- *« En effet, j'ai constaté que je ne pouvais pas prendre les transports en commun, qui ne sont pas du tout adaptés : les distances entre les arrêts sont très importantes, la distance entre l'arrêt le plus proche de l'hôpital et l'entrée de l'hôpital excède mon périmètre de marche, l'état des routes à Montréal engendre des secousses violentes, ma carte de priorité pour les places assises n'est pas prise en compte. N'étant pas résidente canadienne je n'ai pas droit aux transports adaptés, aussi je serai contrainte de faire appel à un taxi pour me déplacer »* (Étudiante, École normale supérieure Paris-Saclay, Canada)

Pour faciliter l'autonomie des personnes en situation de handicap (qui n'ont pas besoin de solutions de transports spécifiques), il est important qu'elles puissent être conseillées dans leur choix de logement, proche de transports en commun.

- *« Cependant j'ai eu des difficultés pour trouver un logement (j'ai déménagé deux fois, une fois sur place). Difficultés aussi pour se déplacer, besoin d'être près des réseaux de transports en commun qui ne sont pas très nombreux dans le New Jersey. C'est notamment pour cette raison que j'ai choisi de déménager »* (Étudiant, Neoma Business School, États-Unis)
- *« (...) une de mes principales difficultés est liée au fait que je ne peux pas conduire (...) les États-Unis sont vraiment un pays pour les voitures. Pour ce qui*

*est de la ville d'Atlanta, les transports en commun sont incroyablement mauvais (...). Après un an sur place j'ai réussi à trouver une résidence avec des navettes gratuites qui se rendent aux endroits principaux de la ville où j'ai besoin d'aller (campus, supermarché et métro), ce qui m'aide beaucoup. » (Étudiant, École nationale supérieure de techniques avancées, États-Unis)*

**Ces constats montrent des situations fréquentes qui entrent en violation des droits des personnes handicapées, selon les articles 9 et 20 de la Convention relative aux Droits des Personnes Handicapées.**

### **3) Frein à l'accompagnement à la vie sociale, culturelle et personnelle**

Le départ dans un pays étranger pour le suivi d'un semestre dans une université, ou la réalisation d'un stage dans une entreprise, nécessite la prise en compte de différentes dimensions de l'accessibilité.

Certaines personnes en situation de handicap ont besoin d'être assistées dans leurs déplacements ou dans leur vie quotidienne, que ce soit par une aide humaine ou par un chien d'assistance.

Concernant ces animaux, des difficultés peuvent être rencontrées. Un étudiant non-voyant, autonome dans ses déplacements en France, rapportait au référent handicap de son école qu'il devait partir en stage en Angleterre accompagné de sa mère, car son chien guide ne connaît pas la circulation à gauche.

Par ailleurs, certains pays ne leur reconnaissent pas de statut juridique/administratif spécifique. De plus, dans un nouvel environnement, ces animaux ont besoin d'un temps d'apprentissage des parcours avant de pouvoir guider de manière autonome. Toutes ces difficultés rencontrées vis-à-vis des chiens guides ou d'assistance freinent le départ à l'international de ces étudiant-e-s. Cet accompagnement spécifique doit donc être remplacé par une aide humaine, trop souvent assurée par des parents qui sont contraints d'effectuer de nombreux déplacements, à leurs frais.

L'assistance dans le quotidien par une aide humaine peut-être financée par le maintien des aides du pays d'origine (en France, la prestation de compensation du handicap). Mais elle nécessite un recrutement sur place. En effet, l'association Droit au Savoir<sup>2</sup> indique sur son site internet à destination des étudiant-e-s « Vous devrez également anticiper un recrutement sur place. Toutes les fois où l'auxiliaire habituel a effectué le voyage, cela a entraîné des problèmes autant de financement que juridiques ».

Les auxiliaires n'ont pas de reconnaissance de statut spécifique dans le pays d'accueil (ils-elles ne sont pas étudiant-e-s, et n'ont pas de visa de travail rattaché à un contrat signé avec une entreprise locale). Se pose alors le problème du visa pour l'accompagnant.

Lorsque le recrutement d'une aide humaine doit se faire sur place, cela nécessite donc une mise en relation avec une association ou une entreprise de service locale.

<sup>2</sup> [www.droitausavoir.asso.fr](http://www.droitausavoir.asso.fr)

Ce soutien, tout comme l'accompagnement à l'insertion dans la vie sociale hors campus ou hors entreprise (dans le cadre d'un stage) par la mise en relation avec des associations sportives, culturelles, artistiques, solidaires, ... est rarement proposé : ces réseaux spécialisés sont difficilement identifiés par les étudiant-e-s ou stagiaires qui arrivent dans un nouveau pays.

**Ces constats montrent des situations fréquentes qui entrent en violation des droits des personnes handicapées, selon les articles 9, 19 et 30 de la Convention relative aux Droits des Personnes Handicapées.**

#### **4) Barrières administratives et surcoûts discriminatoires**

La carte de stationnement européenne (remplacée, en France, à compter de janvier 2017 par la carte mobilité inclusion) est reconnue dans tous les pays de l'Union Européenne. Les cartes d'invalidité ou de priorité sont à destination d'une utilisation à échelon national. Les droits qui y sont associés n'ont pas de répercussion dans le pays d'accueil.

Les chiens guides ou les chiens d'assistance n'ont pas la même reconnaissance en fonction des différents pays d'accueil. La référente handicap d'une école d'ingénieurs en agronomie signale la situation suivante :

*« Nous recevons bientôt une étudiante accompagnée de son chien qui, aux USA, a le statut d'« Emotional Support Animal » (animal non spécifiquement éduqué mais qu'un médecin a « prescrit » à son patient, en justifiant le bénéfice apporté par la présence de l'animal aux troubles de ce patient). En France, pour l'accès aux lieux ouverts au public des chiens guides et d'assistance, la réglementation impose deux documents que l'étudiante ne pourra pas montrer : la carte d'invalidité pour la personne handicapée, et la carte délivrée par la préfecture du centre d'éducation pour le chien. »*

Les différentes thématiques soulevées précédemment nous montrent que l'accès aux cursus internationaux, en universités ou en stages en entreprise, nécessite des frais ou des avances de frais supplémentaires importants.

Les avances de frais peuvent concerner aussi bien l'obtention de médicaments, le suivi de soins, ou l'aide à domicile.

D'après les témoignages recueillis, les surcoûts sont davantage liés à la vie quotidienne (transport, santé, logement, accompagnement...) qu'aux aménagements pédagogiques qui doivent être pris en charge par les établissements d'enseignement supérieur.

Ces surcoûts et ces avances de frais supplémentaires restent donc un frein à l'accès aux dimensions internationales des cursus, et par conséquent à la réussite et à l'épanouissement personnel et interculturel de l'étudiant-e en situation de handicap. Cela constitue une situation discriminante vis-à-vis des parcours des étudiant-e-s non porteurs de maladies invalidantes ou de situation de handicap.

**Ces constats montrent des situations fréquentes qui entrent en violation des droits des personnes handicapées, selon les articles 9, 20, 24 et 25 de la Convention relative aux Droits des Personnes Handicapées.**

#### **IV. PROPOSITIONS D'ÉVOLUTION**

- Eu égard aux articles suivants de la Convention relative aux Droits des Personnes Handicapées de l'ONU :
  - Article 5 : Égalité et non-discrimination
  - Article 9 : Accessibilité
  - Article 19 : Autonomie de vie et inclusion dans la société
  - Article 20 : Mobilité personnelle
  - Article 22 : Le respect de la vie privée
  - Article 24 : Education
  - Article 25 : Santé
  - Article 30 : Participation à la vie culturelle et récréative, aux loisirs et aux sports
  - Article 32 : Coopération internationale
- Eu égard aux Règles Standard sur l'égalité des chances pour les personnes handicapées, numéros 2, 4, 5, 6, 8, 10, 11, et 22, dont l'application est accompagnée par l'Agenda 22 – Planification des politiques en matière de handicap – Instructions à l'intention des autorités locales,
- Eu égard à l'article 20 de la loi française, n° 2005-102, dite « pour l'égalité des droits et des chances, la participation et la citoyenneté des personnes handicapées »,
- Eu égard aux différents constats et témoignages relayés dans ce rapport, illustrant les difficultés rencontrées par les étudiant-e-s en situation de handicap auquel-le-s il est demandé d'avoir une expérience à l'international (cursus universitaire, stage) dans le cadre de leur formation, ou qui souhaitent obtenir ce droit, sans discrimination,

La Conférence des grandes écoles, la FÉDÉEH et Hanploi CED, préoccupées par ces discriminations à l'accès aux cursus internationaux, souhaitent proposer, dans le cadre de la contribution des ONG à l'Examen Périodique Universel de janvier 2018 la création d'un :

##### **1) STATUT INTERNATIONAL D'ÉTUDIANT-E EN SITUATION DE HANDICAP**

- Est entendu par « étudiant-e » toute personne inscrite dans une formation d'enseignement supérieur initiale, sans limite d'âge.
- Est entendu par « handicap », toute situation définie par Classification Internationale du Fonctionnement, du handicap et de la santé (CIF) de l'Organisation Mondiale de la Santé (2001).
- Est entendu par « mobilité internationale », conformément à la demande de l'UNESCO, les flux transfrontaliers (et non plus les nationalités des étudiants).

- Est entendu par « cursus de formation » les semestres ou années universitaires pouvant être suivis dans les établissements d'enseignement supérieur, ou les stages rendus obligatoires par les cursus de formation.
- Par extension ce statut pourra également être délivré dans le cadre d'une mission de service civique international, un volontariat international en entreprise, ou un contrat d'alternance.

## 2) AXES D'ARTICULATION DU STATUT

### 1. Diplomatique

- A l'instar de la mesure 9 « Faciliter les cursus internationaux » du Livre blanc « Proposition d'une vision politique - Présidentielles 2017 » de la FÉDÉEH, il est encouragé la création de **réfèrent handicap dans toutes les ambassades** et consulats. Celui-ci aura pour rôle d'identifier des réseaux locaux de transports spécialisés, de logements accessibles, de services d'aides à domicile ou de soins, d'associations - culturelles, sportives, artistiques, sociales - rendant accessibles les activités proposées afin d'informer les ressortissants concernés du contexte local lié au handicap et de les aider à s'installer dans le pays d'accueil (aménagements possibles, contacts ressources, ...). Ces référents handicap participeront donc à l'accueil des étudiant-e-s en situation de handicap effectuant un stage, un échange universitaire ou une expérience professionnelle (volontariat international en entreprise, Programme vacances travail, ...)

### 2. Médical

- Lorsque le médicament est disponible dans le pays d'accueil : le statut international vaut accord bilatéral pour le **remboursement des traitements** par le pays d'origine.
- Lorsque le médicament n'est pas disponible dans le pays d'accueil (ou que la composition varie) : le statut international autorise le transport de traitements médicamenteux pour la durée d'un semestre ou facilite l'expédition, via la représentation diplomatique (ambassade, consulat). Est proposée la création d'une **valise à visée médicale** associée au statut ; elle sera considérée comme bagage supplémentaire gratuit (gabarit ordinaire – 23 Kg). Cette valise sera dûment identifiée, afin que soit évitée son ouverture pour contrôle (en particulier pour les bagages-glacières) et qu'une attention particulière lui soit portée (pour éviter une perte ou un retard de réception du bagage).
- Pour favoriser le remboursement des frais liés au suivi médical ou paramédical des étudiant-e-s par les systèmes d'assurance du pays d'origine, le réfèrent handicap de l'ambassade fournira une liste de thérapeutes identifiés par leurs formations et compétences (reconnues par une certification). Cette liste impliquera le **remboursement des frais** par le pays d'origine.

### 3. Financier

- **Accès aux services locaux de transports adaptés**, à moindre coût ou gratuitement pour l'étudiant.
- A l'instar d'ERASMUS+ <sup>3</sup> en Europe, octroi d'une **aide financière** spécifique de l'ONU pour pallier les surcoûts liés à la situation de handicap.

Cette aide pourra prendre la forme d'une bourse ou d'un « tiers-payant international » pour éviter l'avance de frais de l'étudiant-e dans le cadre des soins, des traitements ou de l'aide à domicile dont il pourra avoir besoin.

### 4. Administratif

Ce statut sera matérialisé par une carte internationale unique, **document administratif opposable**, regroupant les données et les garanties suivantes :

- Garantie du droit à la confidentialité de la situation de la personne : ni maladie ni déficience ne sera mentionnée,
- Identification de l'étudiant-e, de son université ou école d'origine, et de son établissement d'accueil,
- Identification des traitements et des suivis thérapeutiques nécessaires à l'étudiant-e, sous forme d'une ordonnance numérique rédigée en DCI (Dénomination Commune Internationale), afin qu'il-elle puisse les récupérer dans le pays d'accueil, les faire voyager ou expédier en quantité importante (facilitation lors de passages de douane),
- Identification des aménagements et des besoins d'accompagnement nécessaires à l'étudiant-e dans le cadre de son cursus universitaire, de son stage, de sa vie quotidienne ou de son insertion sociale,
- Autorisation d'un bagage supplémentaire à visée médicale,
- Identification des besoins de l'étudiant-e en matière de transport adapté,
- Identification d'un chien guide, d'un chien d'assistance, d'un animal d'éveil ou de support émotionnel,
- Ces informations seront rédigées dans la langue officielle du pays d'origine, dans la langue officielle du pays d'accueil, et, le cas échéant, dans l'une des six langues officielles de l'ONU,
- La création de cette carte et la mise à jour de ses données seront assurées par des autorités médicales du pays d'origine, désignées par le gouvernement,
- Cette carte pourra également intégrer le service de « tiers payant universel » associé à ce statut.

<sup>3</sup> « Le programme prévoit une prise en charge particulière incluant les coûts additionnels concernant directement les participants handicapés et les personnes qui les accompagnent. Le programme prévoit également des financements supplémentaires pour permettre aux participants concernés d'avoir accès à des soutiens techniques et pédagogiques adaptés. L'intégralité des frais directement liés au handicap du participant et le cas échéant d'un accompagnateur est prise en charge par le programme, y compris les frais de voyage et de subsistance des accompagnants » <http://www.agence-erasmus.fr/page/erasmus-handicap>

• **LETTER FROM HUGUES DE LA GIRAUDIÈRE - INTERNATIONAL MOBILITY OF PhD STUDENTS WITH DISABILITIES - CENTRE NATIONAL DE LA RECHERCHE SCIENTIFIQUE**



**Direction des ressources humaines**

Service du développement social

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Réf. : DRH/SDS/D-2021-47

Monsieur Xavier Quernin

Animateur du groupe Handicap de  
la Conférence des Grandes Ecoles  
Campus Manager-Chargé de  
Mission Handicap

UniLaSalle - Direction de la Mission  
Educative et de la Vie Etudiante  
19 rue Pierre Waguët BP 30313  
60026 BEAUVAIS Cedex

Paris, le 26 avril 2021

Objet : Mobilité à l'international des doctorants en situation de handicap.

Monsieur,

Au cours de notre échange d'octobre dernier, vous nous avez informé de la mission confiée par le Gouvernement à la Conférence des Grandes Ecoles de rédiger un rapport sur la mobilité à l'international des étudiants en situation de handicap.

Votre mission intéresse particulièrement le CNRS qui prévoit également, dans le cadre de son plan d'actions Handicap 2020-2023, des mesures destinées à faciliter la mobilité à l'international des doctorants en situation de handicap et notamment :

- le lancement d'une enquête auprès des bénéficiaires de l'obligation d'emploi, dont un item portera sur la mobilité nationale et internationale ;
- la constitution d'un groupe de travail piloté par la Mission Insertion Handicap composé de représentants des services finances, achats et comptabilité, de gestionnaires handicap, pour réfléchir à la prise en charge des frais supplémentaires : chambre d'hôtel pour personne à mobilité réduite, transport, pour l'agent et son accompagnateur. Les mesures qui en découleront seront accompagnées d'un plan de communication auprès des agents en situation de handicap.

Toutefois, les éléments recueillis lors du recensement interne des situations de chercheurs ou de doctorants, ayant rencontré un frein à la mobilité internationale, ne sont pas suffisants pour nous associer à la rédaction d'un rapport pour la secrétaire d'Etat chargée des Personnes handicapées.

Néanmoins, nous souhaiterions travailler avec vous, ultérieurement, sur les modalités de mise en œuvre de dispositifs tels que des accords avec les consulats, les ambassades, ou avec des sociétés de transport (ex. Air France ...), et de création de réseaux d'accompagnants à l'international.

Je vous prie d'agréer, Monsieur, l'expression de mes meilleures salutations.

Le directeur des ressources humaines,  
Hugues de LA GIRAUDIÈRE

**CNRS**  
**Direction des ressources humaines**  
Service du développement social  
T. 01 44 96 41 48  
[www.cnrs.fr](http://www.cnrs.fr)

## Annex 5– Glossary

### A

**AAH:** Allocation aux adultes handicapés [allowance for disabled adults]

**AEFE:** Agence pour l'enseignement français à l'étranger [Agency for French Education Abroad]

**AERAS:** S'Assurer et Emprunter avec un Risque Aggravé de Santé [Insuring and Taking out Cover with an Aggravated Health Risk]

**AESH:** Accompagnant des élèves en situation de handicap [Support person for pupils with disabilities]

**APHPP:** Association nationale pour la prise en compte du handicap dans les politiques publiques et privées [National Association for awareness of disability in public and private policies]

### C

**CAFAT:** Caisse de compensation des prestations familiales et des accidents du travail [compensation fund for family benefits and occupational injuries]

**EC:** European Community

**EHIC:** European Health Insurance Card

**ECHR:** European Convention on Human Rights

**CFE:** Caisse des français de l'étranger [Fund for French nationals abroad]

**CGE:** Conférence des Grandes Écoles

**CRPD:** International Convention on the Rights of Persons with Disabilities

**CLEISS:** Centre des Liaisons Européennes et Internationales de Sécurité Sociale [European and International Liaison Body for Social Security]

**CNAM:** Caisse nationale de l'Assurance Maladie [French National Health Insurance Fund]

**CNSE:** Centre national des soins à l'étranger [National Center for Care Abroad]

**CNRS:** CNRS

**COCAC:** Conseiller de coopération et d'action culturelle [Counsellor for Cooperation and Cultural Action]

**COM:** Collectivité d'Outre-Mer [Overseas Community]

**CPAM:** Caisse primaire d'assurance maladie [Primary health insurance fund]

**CRPD:** Comité des Droits des Personnes Handicapées [Committee on the Rights of Persons with Disabilities]

### D

**INN:** International Non-proprietary Name

**DGAC:** Direction générale de l'Aviation civile [Directorate General of Civil Aviation]

### E

**EEA:** European Economic Area

**UPR:** Universal Periodic Review

### F

**FAQs:** Frequently Asked Questions

### H

**OHCHR:** Office of the United Nations High Commissioner for Human Rights

**HOPE:** European Hospital and Healthcare Federation – Fédération européenne des hôpitaux et des soins de santé

### I

**IATA:** International Air Transport Association - Association du transport aérien international

**INSEE:** Institut national de la statistique et des études économiques [National Institute of Statistics and Economic Studies]

### L

**LMDE:** La Mutuelle des Etudiants [Student Mutual Association]

### M

**MDPH:** Maison Départementale des Personnes Handicapées [Departmental Association for Disabled Persons]

**MESRI:** Ministère de l'Enseignement Supérieur, de la Recherche et de l'Innovation [Ministry of Higher Education, Research and Innovation]

**MGEN:** Mutuelle Générale de l'Education Nationale [General National Education Mutual Association]

**MLF:** Mission laïque française [French Secular Mission]

**MOOC:** Massiv Open Online Courses

### O

**OECD:** Organisation for Economic Co-operation and Development

**WHO:** World Health Organization

**UN:** United Nations

### P

**PCH:** Prestation de compensation du handicap [Compensatory disability benefit]

**PMR:** Personne à mobilité réduite [People with reduced mobility]

**PUMa:** Protection universelle maladie [Universal health protection]

### S

**SMENO:** Société Mutualiste des Étudiants du Nord et du Nord-Ouest [North and North-West Student Mutual Association]

**SMEREP:** Société Mutualiste des Étudiants de la Région Parisienne [Mutual Society of Students of the Paris Region]

### U

**EU:** European Union

### V

**VLS-T:** Visa long séjour temporaire [temporary long-stay visa]

**VLS-TS:** Visa de long séjour valant titre de séjour [long-stay visa equivalent to a residence permit]



