SUSTAINABLE FINANCING FRAMEWORK

18th March 2021

ORPEA GROUPE

TABLE OF CONTENTS

DISCLAIMER

The information contained in this Sustainable Financing Framework is provided by ORPEA as at the date of this document and is subject to change without notice. After the date of this Sustainable Financing Framework, ORPEA does not assume any responsibility or obligation to update or revise any such statements, regardless of whether those statements are affected by the results of new information, future events or otherwise. This Sustainable Financing Framework is provided for information purposes only and does not constitute, or form part of, any offer or invitation to purchase, underwrite, subscribe for or otherwise acquire or dispose of, or any solicitation of any offer to purchase, underwrite, subscribe for or otherwise acquire or dispose of, any debt or other securities ("securities") of ORPEA and is not intended to provide the basis for any credit or any other third-party evaluation of securities. If any such offer or invitation is made, it will be done so pursuant to separate and distinct documentation in the form of a prospectus or other equivalent or related document and a related pricing term sheet (the "Offering Documents") and any decision to purchase or subscribe for any securities pursuant to such offer or invitation should be made solely on the basis of such Offering Documents and not this Sustainable Financing Framework. This Sustainable Financing Framework should not be considered as a recommendation that any investor should subscribe for or purchase any securities, nor as an assessment of the economic performance and creditworthiness of the securities or of ORPEA. This document is not intended to be and should not be construed as providing legal or financial advice. Thus, this Sustainable Financing Framework does not constitute a prospectus or other offering document and no securities have been or will be registered under the U.S. Securities Act of 1933, as amended, or the securities laws of any state of the U.S. or any other jurisdiction. Any person who subsequently acquires securities must rely solely on the Offering Documents prepared by ORPEA in connection with such securities. In particular, investors should pay special attention to any sections of the prospectus or the equivalent or related document (including the documents incorporated by reference therein) describing any risk factors. The merits or suitability of any securities or any transaction described in any Offering Documents should be independently determined by each potential investor. Any such determination should involve, inter alia, an assessment of the legal, tax, accounting, regulatory, financial, credit and other related aspects of the securities or such transaction. Neither this Sustainable Financing Framework nor any other related material is intended for distribution to, or use by, any person or entity in any jurisdiction or country where such distribution or use would be contrary to any applicable laws and regulations. Persons into whose possession such documents may come must inform themselves about, and observe, any applicable restrictions on distribution.

Under no circumstances will ORPEA or its affiliates, representatives, directors, officers and employees have any liability whatsoever (in negligence or otherwise) for any loss or damage howsoever arising from any use of this document or its contents or otherwise arising in connection with the document.

INTRODUCTION

OVERVIEW OF ORPEA ACTIVITIES

Founded in 1989, ORPEA is a world leader in long-term and medium-term care (nursing homes, post-acute and rehabilitation hospitals, psychiatric hospitals, and home care services), with a network of 1,028 facilities comprising 105,443 beds across 22 countries (12 in Europe as well as Brazil, China, Chili and Uruguay) as of September 2020. The Group has more than 65,000 employees over the world and has a very dynamic HR policy, prioritizing training and internal promotion. ORPEA has established its core values around the responsible, ethical and secure practice of its activities and has made these values central to its commitments.

The Group started its business of providing the highest standard of quality of care and services in France, 30 years ago. In 2004, ORPEA started European expansion and became in 2016 one of the biggest European players. The Group is now on a new growth phase with the ambition of becoming a leading global player.

The Group is specialized in various types of long and short-term physical and mental dependency, including:

- diminished autonomy due to age;
- rehabilitation and post-acute care;
- mental health disorders.

Everywhere, ORPEA provides a full, uniform range of care facilities and services for people with diminished autonomy through a network of specialized facilities. Additionally, ORPEA has a recognized expertise in dependency care, especially in dementia care and Alzheimer's disease.

NURSING HOMES

RETIREMENT HOMES, MOSTLY NURSING HOMES BUT ALSO ASSISTED LIVING FACILITIES

Most of the ORPEA Group's facilities for the elderly are nursing homes. Long-term care accounts for a predominant share of ORPEA's facilities in each country in which it operates. On average, ORPEA's patients are 89 to 90 years old (*versus* 80 years old 20 years ago) when they enter nursing homes and are predominantly women, 75% of residents suffer from a degenerative/neuro-degenerative disease and the average length of stay is 2 years (*versus* 3 to 4 years 20 years ago).

ORPEA also provides complementary shorter-term accommodation solutions for elderly people including:

- temporary accommodation: an elderly person may wish to have a temporary stay in one of the Group's facilities for various reasons, including:
  - to provide respite for their family or professional caregivers who look after them in their home,
  - because of disruption to their care arrangements at home;
- after a hospital stay when a return home is considered premature, to enjoy the benefit of therapeutic and social activities tailored to their needs one or a few times a week, plus events and entertainment to maintain their social lives. These solutions aim to ease the burden on family caregivers and to support in-home care as effectively as possible. Day visits can also help in the battle against family and social isolation by creating places where they can spend time with family and friends.

A nursing home offers every resident the following services:

- personalised support with their daily living requirements and an individual care program meeting the resident's needs and desires, forming the basis for all their accommodation and care;
- logistic and residential services such as accommodation, dining preparation, laundry and room cleaning services, as well as various daily events and entertainment and therapeutic workshop activities, for individuals and for groups.

SPECIAL CARE FOR PATIENTS WITH NEURODEGENERATIVE CONDITIONS SUCH AS ALZHEIMER'S

In all the countries it serves, ORPEA's facilities are equipped to look after the needs of residents suffering from Alzheimer's disease and related conditions because they have living areas including units specially designed to provide appropriate care. Certain facilities are entirely dedicated to looking after patients with these illnesses.

- The ORPEA Group gives the care requirements of this type of patient a great deal of consideration. ORPEA's medical department has devised architectural principles for these units based on its knowledge of the issues associated with Alzheimer's disease and the desire of respecting patients' dignity and individual needs. ORPEA's Alzheimer's units are all subject to internal strict guidelines[1].

These protected units aim to maintain and nurture social relationships throughout a resident's stay and reduce all the environmental factors that may exacerbate their condition, to protect their safety and their well-being.

(1) https://www.orpea-group.com/le-groupe/business-model/recognised-expertise-dependency-care

UNITS CARING FOR THE FRAILEST RESIDENTS

An observation of the demographic trends among the populations living in homes for the elderly shows it is essential to accommodate the frailest individuals, those with multiple chronic conditions and impaired motor skills in dedicated units with special care plans and arrangements[1].

These specially designed units aim to provide bespoke care, including higher levels of monitoring for residents at risk of decompensation to avoid the need for external hospitalization.

Hospital stays need to be kept to a minimum and as short as possible. Though they may be medically justified, they may often cause deterioration in the condition of the elderly and the frail.

Every detail of the units is tailored to the frailness of the people they look after and to the effectiveness of the service. The units are kitted out with the technical equipment they need to provide the appropriate care in a user-friendly architectural environment.

They operate in a fully autonomous manner, with meals served on site, an area for dispensing care, dedicated staff specifically trained in looking after frail individuals (taking into account specific needs, attentiveness).

POST-ACUTE CARE AND REHABILITATION HOSPITALS

The ORPEA Group's post-acute and rehabilitation hospitals, which are located in France, Switzerland, Italy, Germany, Poland, Portugal and Austria, care for patients requiring functional rehabilitation or treatment balancing overseen by medical or paramedical teams, and technical units specially designed to cater for each area of hospitalization.

The aim is to maximise the patient's chances of recovery and of regaining as much as possible of their former independence, so that they can prepare to return to their social and working life and return home.

Post-acute care and rehabilitation hospitals free up space in general hospitals dedicated to Medecine, Surgery and Obstetrics (MSO) and help reduce the overall cost of stay as they are better suited and more cost effective to serve patients after they received care. Thus those facilities serve an important purpose in the overall public healthcare system in the countries where they are implemented.

ORPEA post-acute facilities cover different specialties requiring strong medical and care expertise:

- geriatric post-acute: for patients of 75 and over and with high risk of dependency and polypathological patients;
- oncological post-acute: for patients post cancer-related instead of related-cancer surgery or patients with chemotherapy treatment;
- functional rehabilitation: for patients after orthopaedic surgery and traumatology (post hip or knee replacements, post spinal surgery care, chronic back pain);
- neurology: after stroke for instance;
- cardiovascular post-acute care: following cardiological intervention (stent) and cardiac prosthesis (artificial heart or transplant);
- respiratory post-acute care: following lung transplant or lung reduction surgery for cancer.

PSYCHIATRIC HOSPITALS

The Group's psychiatric facilities in France, Switzerland, Germany, Austria, Spain and Italy accommodate patients with mental health conditions.

These hospitals constantly strive to raise their standard of care and safety, and this is reflected by their high level of accreditation – a requirement in certain countries.

To provide patients and those close to them with the best possible care, the ORPEA Group's hospitals relentlessly pursue the development of new techniques and innovations in mental health. In certain cases, they work independently, and in others they work with partners such as teaching hospitals, e-health companies, and institutes providing training in the latest approved therapies.

This strategy has led to the implementation of complementary innovative evidence-based techniques such as mindfulness, EMDR, Deep TMS, Neurofeedback, virtual reality therapy and online health systems.

To underpin this active treatment approach, the Group's hospitals have invested in a mental health education program for patients and their friends and family. This aims to broaden their knowledge of conditions and enhance their ability to treat themselves, making them full partners in the process.

As part of the same drive to personalise care as far as possible, the Group has set up a specialised, expert units dedicated to certain types of patient based on their condition or their age.

Aside from inpatient hospital care, the Group provides patients with alternative solutions, such as outpatient and night hospital units. These forms of hospitalization provide better continuity of care and help to prevent relapses or re-occurrences of conditions. ORPEA's model has always been based on offering the highest standard of quality of care, services and accommodation, all facilities strive to:

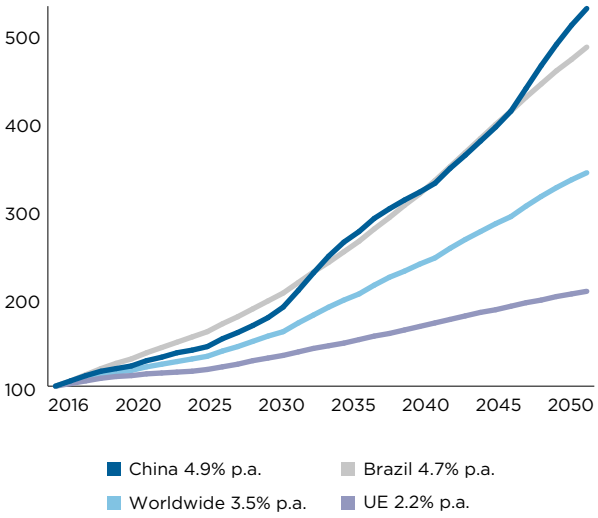
- care for residents and patients in a warm, friendly environment suited to their needs and their state of health;
- provide a high level of comfort and safety;
- provide personalized care plans and support residents and patients in activities of daily living;
- encourage their personal fulfilment and well-being throughout their stay through suitable social, cultural and therapeutic activities;
- help them to get back to normal life on a long-term basis.

(1) https://population.un.org/wpp/Graphs/Probabilistic/OADR/70plus/20-69/900

AGEING POPULATION AND HEALTHCARE INFRASTRUCTURE NEEDS

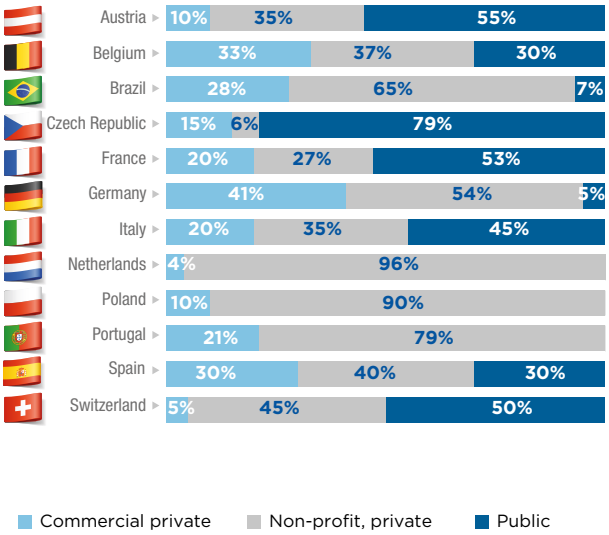
According to data from World Population Prospects: the 2019 Revision(1), by 2050, one in six individuals in the world will be over age 65 (16%), up from one in 11 in 2019 (9%). By 2050, one in four persons living in Europe and Northern America could be aged 65 or over. **The number of persons aged 80 years or over is projected to triple, from 143 million in 2019 to 426 million in 2050.**

▶ PROJECTED GROWTH IN THE OVER-80S FROM 2016 TO 2050



The acceleration of ageing of the worldwide population will require very substantial investments as the **World Health Organisation forecasts that the number of people suffering from neurodegenerative illnesses will triple by 2050: from 47.5 million to 135 million**(2). At the same time there is a clear need to redevelop part of existing beds that are no longer suitable and Public and non-profit players are struggling to support the necessary investment due to budget constraints. In this context the share of Private sector beds in the total available beds is set to increase.

▶ AVAILABLE BEDS PRIVATE SECTOR'S MARKET SHARE



In countries where ORPEA operates 1.3 million beds are expected to be created by 2030 (excluding China). An increasing share of these beds will have to be created by commercial private operators. ORPEA is catering to a need that the public service cannot address in most countries in the world, and in that sense is complementary to what the public service can offer.

(1) United Nations population date: https://population.un.org/wpp/
(2) WHO neurological disorders Public health challenges https://www.who.int/mental_health/neurology/neurodiso/en/

Country	Population *(in millions)*	80+ between 2017 and 2050	Var 2017/2050	Existing beds 2017	Equipment rate 2017	Beds to be created by 2030
Germany	83	+4,979,717	+96%	900,000	17%	100,000
Austria	9	+671,965	+145%	70,000	15%	30,000
Belgium	11	+647,485	+100%	137,000	21%	45,000
Spain	47	+3,438,449	+118%	375,000	13%	50,000
France	67	+4,037,802	+98%	590,000	14%	25,000
Italy	60	+4,099,689	+95%	390,000	9%	80,000
Luxembourg	1	+43,549	+178%	6,000	25%	1,000
Netherlands	17	+1,256,078	+159%	105,000	13%	70,000
Poland	38	+1,564,508	+96%	85,000	5%	120,000
Portugal	10	+602,780	+94%	80,000	12%	50,000
Czech Rep.	11	+450,287	+103%	52,000	12%	80,000
Switzerland	8	+727,542	+167%	93,000	21%	70,000
EUROPE	**363**	**+22,519,851**	**+104%**	**2,883,000**	**13%**	**721,000**
Brazil	209	+12,168,843	+335%	130,000	4%	300,000
Chile	18	+1,299,684	+282%	15,000	3%	38,900
Columbia	49	+2,621,810	+373%	21,096	3%	68,924
Mexico	129	+6,320,151	+309%	61,405	3%	167,565
Uruguay	3	+103,769	+68%	4,000	3%	12,000
LATAM	**409**	**+22,514,257**	**+322%**	**231,501**	**3%**	**587,389**
TOTAL	**772**	**+45,034,108**	**+157%**	**3,114,501**	**11%**	**1,308,389**

ORPEA SUSTAINABILITY STRATEGY

ORPEA sees it as essential to build its Corporate Social Responsibility (CSR) strategy based on the expectations of all its stakeholders – patients, investors, employees and society as a whole.

ORPEA'S COMMITMENTS TO REDUCE ITS ENVIRONMENTAL FOOTPRINT

Facilities' environmental performance is a major concern for the Group and relevant measures are taken at the building design, construction and operation stage. Under its integrated environmental policy, the Group aims to strike a balance between energy savings and quality of life at its facilities for residents, patients and staff.

The main priorities identified by ORPEA consist in:

- reducing energy use and water consumption at its facilities. Given that its business operates 24/7, the company considers energy efficiency as a priority. Indeed, ORPEA's consolidated carbon footprint conducted in 2017 shows that the GHG emissions from energy account for 31% of ORPEA's total emissions in France (350 facilities);
- optimizing waste management. Given the nature of ORPEA's business, sorting waste particularly clinical waste represents a key issue. Regarding the number of meals served each year (50 million meals per year), the Group also pays great attention to combatting food waste.

To achieve these goals, ORPEA strives to:

- **measure** its energy and water consumptions in order to implement a policy designed to reduce its environmental impact. In France, ORPEA is using a consumption-tracking platform (Deepki) which could be soon installed in other locations. Hence, on a yearly basis, ORPEA can report scope 1 and scope 2 at Group level and by region. ORPEA also analyses kitchen waste through weighing returned food and meal production;
- **reduce** energy consumption and improve energy efficiency. A multi-year action plan is deployed as part of the refurbishment of ORPEA's existing facilities (including lighting, insulating...). ORPEA aims to build facilities that are more energy efficient and integrates environmental and social topics such as accessibility, landscaping, renewable energy, eco-design, and eco-management. Concerning food, ORPEA attempts to adapt orders and production on a daily basis to facilities' operations;
- **engage** with our employees to reduce the ORPEA environmental footprint. ORPEA raises employee awareness by providing information about eco-friendly behaviour. This initiative targets employees as well as residents, patients, and visitors.

Thanks to these measures, ORPEA records good results which it plans to consolidate further in the future:

In France, ORPEA measures its carbon footprint (scopes 1, 2, 3) once every four years. The last carbon footprint evaluation was done in 2017 and published in Q1 2018. It showed a 13% drop in GHG emissions between 2017 and 2011. ORPEA in France is aiming to reduce its annual direct and indirect greenhouse gas emissions from stationary and mobile sources by 5% over a cumulative 4-year period. The next carbon footprint measurements will be done for France in 2021, and ORPEA forecasts to define goals at Group level.

ORPEA'S COMMITMENT TO RESIDENTS AND PATIENTS

The human dimension is crucial in a business involving the well-being of dependent people. Our values are Professionalism, Loyalty, Compassion and Humility.

The ORPEA Charter sets the group's commitments in terms of general and medical care, comfort, catering, social activities, information, etc., in order to meet their needs as closely as possible. In each facility, a multi-disciplinary team draws a care plan for each person, and, in the nursing homes, residents are also offered an individual living plan. All facilities are monitored by the Quality Department, Medical Department and Works Department to make sure that residents and patients are cared for in a safe and secure environment. An independent satisfaction survey is conducted site by site. In 2019, 53,000 questionnaires were sent out: 92% of respondents are satisfied or very satisfied and 94% would recommend ORPEA nursing home to family or friends (with more than 56% responding).

ORPEA'S COMMITMENT TO SUPPORTING THE REGIONAL ECONOMIES

The Group is playing a key role in regional development with over 20,000 beds under construction and redevelopment in Europe and in Latin America. In fact, through its own development projects, ORPEA contributes to creating new and redeveloping existing neighbourhoods.

To support its development and continuous organisational improvements, ORPEA creates sustainable jobs across its entire geographical footprint and the full range of its professional activities. What's more, these jobs cannot be transferred abroad.

The Group is also keen to build sustainable relationships with local businesses, for certain types of purchases, such as from bakeries, flower shops and pharmacies, providing a real boost to the local economy.

CONTRIBUTION TO THE UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS (SDGS)

Even if the SDGs are initially designed for States, ORPEA contributes through its activities to supporting certain UN objectives.

The ORPEA Group develops care solutions around the world for all vulnerabilities (elderly, young people...). The Group has always favoured the wide range of care provided at its post-acute and rehabilitation hospitals, psychiatric hospitals, nursing homes, assisted-living facilities and directly in its customers' homes.

The main objective which directly concerns ORPEA is Objective 3 due to its activities.

ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

The main risks linked to this goal presented below are derived from ORPEA's risk analysis methodology[(1)]:

- risk arising from a failure to respect the rights and dignity of vulnerable persons;
- risk arising from medical care and quality of care;
- risk arising from the security conditions of the premises;
- risk of not engaging in a dialogue with patients/residents and their families.

The various internal control participants and bodies (quality, human resources, audit, risk and internal control, etc.), which includes CSR, have drawn up definitions and rolled out policies to address them. The improvements made by these teams are measured using indicators so as to provide a regular update of the risk mapping and to focus efforts at all times on the key priorities.

ORPEA's know how is based on a very high standard of quality in order to respect the dignity, health and safety of the people accommodated in the establishments. This level of quality is reflected in:

- qualified multidisciplinary teams that are trained on a regular basis (minimum 18 hours of training per year per employee in 2020);
- a strict set of procedures, monitored and audited both internally and externally (200 criteria audited on average per quarter and 20 internal and/or external controls on average per year and per establishment);
- a culture of ethics and commitment shaped by quality and commitment charters jointly drawn up with employees, as well as by the action of the Group Ethics Committee (ISEC) and its local relays.

(1) https://www.orpea-corp.com/images/orpeafinance/pdf/Documentation/FR/2020/ORPEA_DEU_2019_FR_V2_1f1f0.pdf

See below a table of concordance with the relevant SDGs.

ORPEA strategy pillar	Sustainable Development Goals *Target*	Comments
Residents/ patients/	 **Ensure healthy lives and promote well-being for all at all ages** **3.4.** *Promote mental health and well-being.* **3.5.** *Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.* **3.d.** *Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.*	ORPEA takes care of the vulnerability of dependent elderly people by providing a living environment adapted to their situation within its establishments: activities, physical activities, psychological follow-up. This care is subject to external and internal audits. Specialised units for neuro-degenerative diseases (Alzheimer's and related disorders) have been set up within the establishments to deal with the development of this type of pathology. The know-how implemented within the psychiatric clinics contributes to the fight against addictions (drugs, alcohol). By setting up in countries, ORPEA implements high standards of care from which the market in which it operates benefits in particular in the context of the management of Covid-19.
Employees	 **Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all** **4.4** *By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship.*	
Employees	 **Achieve gender equality and empower all women and girls** **5.5** *Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life.*	The Group has always made sure that all jobs and all positions of responsibility are open to both women and men, through both external recruitment and internal promotion.
Employees/ Business partners	 **Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all** **8.5.** *By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value.* **8.7** *Take immediate and effective measures to eradicate forced labor, end modern slavery and human trafficking, and secure the prohibition and elimination of the worst forms of child labor...* **8.8** *Protect labor rights and promote safe and secure working environments for all workers...*	
Communities	 **Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation** **9.1** *Develop quality, reliable, sustainable and resilient infrastructure, including regional and transborder infrastructure, to support economic development and human well-being, with a focus on affordable and equitable access for all.* **9.5** *Enhance scientific research.*	The buildings are designed for the well-being of the residents and are renovated on a very regular basis in order to maintain a quality living environment. ORPEA wants to promote evidence-based innovation for the benefit of its stakeholders.

ORPEA strategy pillar	Sustainable Development Goals *Target*	Comments
Communities	 **Make cities and human settlements inclusive, safe, resilient and sustainable** **11.3** *By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries.* **11.a** *Support positive economic, social and environmental links between urban, per-urban and rural areas by strengthening national and regional development planning.*	All ORPEA establishments are part of a territorial project undertaken by local authorities in search of answers to public health problems. ORPEA therefore co-builds with its local stakeholders a health project that will best address local issues. Beyond the health issue, ORPEA contributes to the creation of value in terms of economic and spatial planning: construction of new neighbourhoods or development of neighbourhoods undergoing restructuring (20,000 beds under construction and restructuring in Europe as well as in Latin America), payment of local taxes, use of local suppliers... The establishments are located in cities, and therefore close to public transport and public services. ORPEA encourages the opening of its facilities to the outside world, in all countries where the Group is located, to make them places for meetings and discussion so that they can contribute, at their own level, to the development of social ties within their communities.
Environment/buildings	 **Ensure sustainable consumption and production patterns** **12.2** *By 2030, achieve the sustainable management and efficient use of natural resources.* **12.4** *By 2020, achieve the environmentally sound management of chemicals and all wastes throughout their life cycle.* **12.5** *By 2030, substantially reduce waste generation through prevention, reduction, recycling and reuse.*	As part of a multi-year action plan, the ORPEA Group is committed to reducing the energy and water consumption of its facilities by optimising the use of resources. The Group's action is deployed in three areas: ■ measuring; ■ reducing; ■ informing on eco-friendly behaviours. Tons of PIMW will increase due to the Covid crisis. Depending on the local policy where a facility is located, waste may be sorted (into separate processing chains for plastic, glass, deposit, cardboard, packaging, food waste methanisation, coffeepods, etc.).
Environment/buildings	 **Take urgent action to combat climate change and its impacts** **13.1** *Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries.* **13.2** *Integrate climate change measures into national policies, strategies and planning.*	The ORPEA Group's facilities, wherever they are located, are equipped to cope with heat or cold fronts that could potentially endanger the health of residents and patients. Buildings are designed to be less and less carbon intensive.
Business partners/ employees	 **Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels** **16.2** *End abuse, exploitation, trafficking and all forms of violence against and torture of children.* **16.5** *Substantially reduce corruption and bribery in all their forms.*	ORPEA has set up a responsible purchasing policy. ORPEA has signed the UN Global Compact.
Communities	 **Strengthen the means of implementation and revitalize the global partnership for sustainable development** **17.17** *Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships.*	ORPEA puts in place local public-private partnerships to optimize the quality of care (with hospitals, universities...).

SUSTAINABLE FINANCING FRAMEWORK

RATIONALE

By implementing a Sustainable Financing Framework, ORPEA supports the Group's CSR Policy implementation by strengthening and promoting ORPEA's responsible role in the society as well as contributing to the ongoing development of the sustainable finance market.

ORPEA has designed this Sustainable Financing Framework with the intention to align with current best market practice.

The framework is aligned with the Green Bond Principles 2018[(1)] (GBP) and Green Loan Principles 2018[(2)] (GLP) as published by the International Capital Market Association (ICMA) and Loan Market Association (LMA) as well as the Social Bond Principles 2020[(3)] (SBP) and Sustainability Bond Guidelines 2018[(4)] (SBG) as published by the International Capital Market Association (ICMA).

In accordance with the ICMA Green Bond Principles, Social Bond Principles Sustainability Bond Guidelines and Green Loan Principles, and for each Sustainable financing operation, ORPEA asserts that it will follow the four key pillars below as set out in this Framework:

- Use of Proceeds;
- Project Evaluation and Selection;
- Management of Proceeds;
- Reporting.

This Sustainable Financing Framework will be further updated or expanded to reflect future updates to the GBP, SBP, SBG or GLP and evolutions in ORPEA's activities. It is also ORPEA's ambition for this Framework to be updated in the future to follow the European Union classification system for sustainable activities (also known as the EU Taxonomy) where practically possible.

This Sustainable Financing Framework will allow ORPEA to issue various Sustainable Financing instruments. These may be green, social or sustainability debt instruments such as public bonds and/or private placements and/or Loans issued/contracted by ORPEA or any of its affiliated project companies.

Green, Social or Sustainability Financing instruments issued/contracted by ORPEA will be used to (re)finance eligible assets and/or projects as set-out in the Use of Proceeds section of the framework where:

- Green Financing Instruments are debt instruments used to (re) finance exclusively eligible assets and/or projects aligned with the Eligible Green Assets and Projects set of criteria set out in the Use of Proceeds section of the framework;
- Social Financing Instruments are debt instruments used to (re) finance exclusively eligible assets and/or projects aligned with the Eligible Social Assets and Projects set of criteria set out in the Use of Proceeds section of the framework;
- Sustainability Financing Instruments are debt instruments used to (re)finance a mix of eligible assets and/or projects aligned with the Eligible Social or Green Assets and Projects set of criteria set out in the Use of Proceeds section of the framework.

USE OF PROCEEDS

ELIGIBILITY CRITERIA

The proceeds of ORPEA's Sustainable Financing instruments will be used by ORPEA or any of its affiliated project companies to (re)finance, in whole or in part, existing or future Eligible Green or Social Assets and Projects included in the Eligible Portfolio.

In order to be included in the Eligible Portfolio, Eligible Green or Social Assets and Projects must meet a specific set of criteria:

1. alignment with the Eligible Expenditures criteria;
2. alignment with the Geographical criteria;
3. alignment with the Technical Eligibility criteria;
4. alignment with the Exclusion criteria for Social Assets and Projects.

Any asset or project in which ORPEA is involved that does not meet all the criteria above will not be included in the Eligible Portfolio.

Furthermore, any Eligible Asset or Project meeting all eligibility criteria but subject to a controversy (including controversies linked to staff or patient treatment) will not be included in the Eligible Portfolio as long as the controversy remains unresolved. Similarly, any Eligible Asset or Project included in the Eligible Portfolio prior to a controversy will be removed from the Eligible Portfolio and replaced by another Eligible Asset or Project as soon as practical.

(1) https://www.icmagroup.org/green-social-and-sustainability-bonds/green-bond-principles-gbp/
(2) https://www.lma.eu.com/application/files/9115/4452/5458/741_LM_Green_Loan_Principles_Booklet_V8.pdf
(3) https://www.icmagroup.org/green-social-and-sustainability-bonds/social-bond-principles-sbp/
(4) https://www.icmagroup.org/sustainable-finance/the-principles-guidelines-and-handbooks/sustainability-bond-guidelines-sbg/

1. ELIGIBLE EXPENDITURES CRITERIA

Eligible Green or Social Assets must consist in the (re)financing of:

- acquisition of existing Assets;
- construction/development of ongoing or future assets.

Eligible Green or Social Projects must consist in the (re)financing of:

- refurbishment and or extension of existing assets;
- expenditures for improvement of services in existing assets.

2. GEOGRAPHICAL CRITERIA

Eligible Green or Social Assets and Projects included in the Eligible Portfolio are expected to be located in countries in which ORPEA operates, respecting the following criteria:

Eligible Green Assets and Projects

In countries where reference standards exist to be able to classify the Assets and Projects as in line with Technical Eligibility Criteria as outlined in Appendix 1.

Eligible Social Assets and Projects

The indicative list of eligible countries for Eligible Social Assets and Projects has been outlined in Appendix 2, it includes Belgium, France, Germany, Portugal and Spain. ORPEA may update the list of eligible countries from time to time. In case of an update to Appendix 2 ORPEA commits to have the Second-Party Opinion (as described in section 3 of this Sustainable Financing Framework) updated accordingly.

3. TECHNICAL ELIGIBILITY CRITERIA

Eligible Green Assets and Projects

Eligible Green Assets (Low-Carbon Buildings)

Eligible Green Assets include the (re)financing of existing, ongoing and future construction/development or acquisition costs of buildings as well as the extension of existing buildings meeting specific energy performance thresholds:

a) buildings with a level of energy performance corresponding to the top 15% of the national stock;

or

b) buildings aligned with European Nearly-Zero-Energy Buildings (NZEB) low consumption building standards corresponding to buildings with a very high energy performance. The NZEB concept is a requirement from the *European Union Energy Performance of Buildings Directive (EPBD)*;

or

c) in the specific case of Switzerland, Buildings aligned with Minergie[1] or 2000-Watt Society[2] Energy-Efficiency performance level.

The energy-efficiency criteria applied by ORPEA for each country in which it operates in Europe is available in Appendix 1 of the Green Financing Framework.

Environmental benefits targeted: support energy transition to a low-carbon economy; develop low-carbon buildings and improve energy efficiency of buildings.

Eligible Green Projects (Energy Efficiency)

Eligible Green Projects include the (re)financing of refurbishment costs of existing buildings meeting specific energy-efficiency improvement thresholds post achievement of the works:

a) specific refurbishments to dedicated energy efficiency works such as *HVAC systems renovation and improvement (excluding fossil-fuel based heating systems); Geothermal energy systems roll-out; Insulation retrofitting; LED roll-out; Solar panels installation; Heat Recovery Systems; Motion detectors roll-out…*;

or

b) major refurbishments of existing buildings meeting at least one of the following eligibility criteria:

- buildings meet the Near Zero-Energy Buildings (NZEB) low consumption building standards post-refurbishment,
- buildings will have at least 30% of expected energy-efficiency gains post-refurbishment,
- buildings will be part of the top 15% most energy efficient buildings of the national stock post-refurbishment;

or

c) in the specific case of Switzerland, Refurbishment of Buildings leading to alignment with Minergie or 2000-Watt Society Energy-Efficiency performance level.

The energy-efficiency criteria applied by ORPEA for each country in which it operates in Europe is available in Appendix 1 of the Green Financing Framework.

Environmental benefits targeted: support energy transition to a low-carbon economy; develop low-carbon buildings and improve energy efficiency of buildings.

(1) http://www.projetvert.fr/labels-energetique/label-minergie/
(2) https://www.2000watt.swiss/english.html

Eligible Social Assets and Projects

Eligible Social Assets (Access to essential services)

Further information on Eligible Social Assets are provided in Appendix 3 of the Sustainable Financing Framework.

Eligible Social Assets include existing, ongoing and future investments and construction/development or acquisition costs of healthcare facilities as well as the extension of existing healthcare facilities, providing services to clearly identified target population(s) and falling within one of the following categories:

a) Nursing homes specialized in long-term or short-term care for dependent elderly people ("Skilled Nursing Homes")

Nursing Homes providing long term care services or providing complementary accommodation solutions for elderly people with loss of independent living skills.

Priority in eligibility will be given to Assets offering special care for patients with neurodegenerative conditions such as Alzheimer's (with dedicated treatment units and expertise), dedicated units caring for the frailest residents (such as with multiple chronic conditions and impaired motor skills with special care plans and arrangements) as well as Assets offering access to beds dedicated to social aid as defined by relevant public authorities.

Target Population: Dependent elderly people.

Social Benefits Targeted: Improve the health and well-being of elderly people;

or

b) Psychiatric Hospitals

Psychiatric Hospital specialized in care of specific conditions such as mood disorders, anxiety disorders, obsessive-compulsive disorders, addictions, eating disorders, sleep disorders, personality disorders, ageing-related psychiatric disorders, psychosis, over exhaustion or burn-out, or recently discovered disorders (such as chronic fatigue syndrome, fibromyalgia, psychosomatic conditions, post-traumatic stress disorders).

Priority in eligibility will be given to assets meeting certain areas of expertise and excellence in the treatment of certain disorders or certain age groups with specific requirements such as:

- geriatric psychiatry units care for and treat elderly patients with age-related psychiatric pathologies,
- public/private cooperation units, which look after patients from the public sector through close cooperation between the systems (notably in France),
- child psychiatry units, which cater for children and teenagers between the ages of 8 and 15,
- young adult units, which accommodate patients aged between 16 and 25,
- parent-child units, which aim to care for both parent and child,
- adult units with a specialisation such as eating disorders, sleeping disorders, addiction, psychosis, burn out.

Target Population: People in need of psychiatric medical support, including vulnerable youth, adults and elderly people.

Social Benefits Targeted: Improve the health and well-being of vulnerable people in need of psychiatric support;

or

c) Post-acute and Rehabilitation Hospitals

Post-acute and rehabilitation hospital providing care for patients requiring functional rehabilitation or treatment such as Geriatrics, Musculoskeletal conditions, Nervous system diseases (such as strokes, degenerative neurological disease), Cardiovascular conditions (post-operative care) and Haematology and Oncology ("follow-on" care).

Target Population: Vulnerable People in need of medical care.

Social Benefits Targeted: Improve the availability and quality of medical care.

Eligible Social Projects (Access to essential services)

Eligible Social Projects include the (re)financing of investments enabling adaptation to new needs and the development of specialized care services in existing healthcare facilities meeting the technical eligibility criteria for Eligible Social Assets.

Examples of projects can include for instance the creation/extension of Alzheimer's disease units in Nursing homes or the investments necessary to be able to offer day reception/night reception services at existing Nursing homes.

Social benefits targeted: Improve access to care and quality of care for Target populations.

4. EXCLUSION CRITERIA FOR SOCIAL ASSETS AND PROJECTS

Social Assets and Projects that would meet the Eligible Expenditures, Geographical and Technical Eligibility criteria but falling into one or more of the following categories would be systematically excluded from the Eligible Portfolio:

- Assets or Projects with poor energy efficiency performance;
- Assets or Projects failing to achieve ISO 9001:2015[1] certification (or national equivalent) after three (3) years of full operational activity;
- Assets or Projects dedicated to Home Care Services and Independent living facilities for the elderly.

(1) https://www.iso.org/obp/ui/fr/#iso:std:iso:9001:ed-5:v1:en

CONTRIBUTION TO THE UNITED NATIONS SUSTAINABLE DEVELOPMENT GOALS AND EUROPEAN UNION ENVIRONMENTAL OBJECTIVES

The United Nations Sustainable Development Goals (SDGs) will require a significant resource mobilization worldwide from both public and private sectors[1]. Sustainable debt instruments can contribute to channelling and scaling-up necessary investments and the sustainable finance market has begun to adapt in response to the SDGs.

Eligible Green or Social Projects and Assets included in the Eligible Portfolio aim to support key sustainability objectives for ORPEA. The achievement of these objectives will contribute to the achievement of the United Nations Sustainable Development Goals (SDGs).

In addition the Green Projects and Assets in the Eligible Portfolio will also contribute to the EU environmental objective N°1 "Climate Change Mitigation" and takes into consideration Do No Significant Harm (DNSH) requirements and the minimum safeguards outlined as part EU Action plan for sustainable activities and the EU Taxonomy on sustainable finance.

In accordance with the "High-Level Mapping to the Sustainable Development Goals" published by the International Capital Market Association (ICMA) in June 2020[2], ORPEA presents hereunder the correspondence between the Green or Social Assets and Projects included in this Sustainable Financing Framework and the targeted Sustainable Development Goals:

Eligible Green or Social Assets and Projects	Sustainable Development Goals Contribution (and some relevant UN SDG official targets)
Low-carbon Buildings	 **11 – Sustainable cities and communities** 11.3 By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries
	 **13 – Climate Action** 13.2. Integrate climate change measures into planning
Energy Efficiency	 **7 – Clean and affordable Energy** 7.3 By 2030, double the global rate of improvement in energy efficiency
	 **13 – Climate Action** 13.2. Integrate climate change measures into planning
Access to essential services	 **3 – Good Health and well-being** 3.8. access to healthcare service

(1) *Worldwide investment needs to achieve the SDGs have been assessed by the UNEP-Fi (2018, "rethinking impact to finance the SDGs"), and stand at $6 trillion per year on average until 2030.*

(2) *ICMA (June 2020) Green, Social and Sustainability bonds: a high-level mapping to the Sustainable Development Goals. Available here: https://www.icmagroup.org/sustainable-finance/the-principles-guidelines-and-handbooks/mapping-to-the-sustainable-development-goals/*

PROCESS FOR EVALUATION AND SELECTION OF PROJECTS

ENVIRONMENTAL, SOCIAL AND GOVERNANCE STANDARDS

The evaluation and selection process of the Eligible Green or Social Assets and Projects is clearly defined and relies on ORPEA internal processes (including its investment strategy and CSR strategy) which applies strict procedures to minimize environmental, social and governance risks as well as local construction codes and building permits and environmental and social law.

HIGH QUALITY INFRASTRUCTURE

ORPEA's facilities are supported by the Works and Maintenance Department, which ensures that equipment is properly maintained. All equipment is also checked by approved external companies. For new facilities, ORPEA has also developed a quality process to ensure that it builds facilities that meet the most demanding regulatory standards and offer some of the highest levels of comfort in the sector.

ORPEA apply strict procedures to minimize risks and all staff receive training every year.

Furthermore, ORPEA has an in-house project management department which has been committed to accommodating environmental imperatives and energy-saving aspects in the specifications for all its new building projects. ORPEA aims to build facilities that are more energy efficient, and which blend in better with the environment (accessibility, landscaping, urban integration) while offering optimal quality of life for residents, patients and staff. Starting at the design stage, ORPEA makes sustainable choices for new buildings that help to protect the environment:

- the buildings and its environment: (for example: location, acoustician's analysis, impact studies of future installations on the environment…);
- building design: accessibility of the facility for people with reduced mobility;
- technical and technological choices: (for example: rainwater treatment, solar water heating, use of energy efficient technologies…).

Since ORPEA also expands by acquiring facilities that have already been built, the Group has also implemented an annual review of the facilities requiring redevelopment and restructuring work to improve the standards of comfort for the individuals being looked after or working there and to underpin the level of the buildings' energy efficiency.

Lastly, before purchasing land, ORPEA ensures that the soil is not contaminated and, if necessary, carries out soil remediation.

STRICT QUALITY CONTROL PROCESS OF CARE AND TREATMENT

ORPEA is ensuring high quality control of care and treatment in its facilities through regular assessments including regular external and internal audits and a strict and effective complaints and incident management and inhouse training. Ongoing monitoring of quality control includes Care and treatment, Quality and quality process, Safety, Catering, Health and hygiene and Organisation. ORPEA is aiming at achieving 100% certification of facilities (ISO 9001:2015 or national equivalent) by 2023. ORPEA is performing ongoing assessments & certifications of its facilities *via* notably the pursuit of ISO certification and relevant national certifications (such as HAS certification in France or MDK certification in Germany).

Internal appraisals are carried out by regional departments, the Quality Unit, the Medical Department and/or the Group's senior management. They are an opportunity to check that procedures are being understood and applied, and that staff are fully aware of the protocols to be used. They also ensure that remedial action is taken in a timely fashion.

External appraisals and certification efforts provide transparency for both residents and their families and ensure that ORPEA's facilities meet clear commitments regarding the consistency of service quality.

Awareness-raising initiatives are organised throughout the year regarding best practice in areas such as Alzheimer's disease, prevention of mistreatment, postures and movements, and safety. These in-house training modules provide an opportunity to update and enhance staff knowledge, but also to share day-to-day experiences.

Furthermore, satisfaction surveys are conducted frequently to monitor the satisfaction rate of residents/patients and identify potential areas for improvement on an ongoing basis.

EMPLOYEES

ORPEA pays close attention to the monitoring of the well-being of employees. The HR policy implemented is adapted to the specific context of each local market in which ORPEA operates with the view of promoting development, talent management & retention of employees (partnerships with care training centres, regular commitment surveys, quality of work life monitoring…) in order to address recruitment challenges and reduce the turnover as well as maintaining employee well-being, health and safety and ensure compliance with regulations and procedures and maintain a social dialogue.

A dynamic training policy has been implemented to develop ORPEA employees' skills and contribute to the development of care staff as well as preventing potential shortages in care staff including for instance partnerships with universities and creation of university training centres and paramedical training courses.

COMPLAINT AND INCIDENT MANAGEMENT POLICIES

ORPEA has implemented strict processes in all countries to monitor and resolve potential complaints that may arise from patients, residents or their families.

A complaint handling process is in place in each country with clearly defined steps including meetings with the patient/resident and/or his family, a feedback up to the regional director and the COO of the Business Unit, implementation of action plans to solve the complaint and avoid future occurrences and a centralisation of complaint data to identify problems and trends.

A dedicated incident management process is also in place in all countries covering Care accidents (run away, suicide or suicide attempt, mistreatment, aggressions, pandemic…), Logistical/ technical accidents (heating, water, electricity issues…) and External causes (theft, intrusion, climatic event). The process includes an automatic feedback of events to COO and CEO, an analysis of the incident reasons, the implementation of action plans and the centralisation of incidents related data.

ELIGIBLE PORTFOLIO ASSET AND PROJECT SELECTION PROCESS

The process for Eligible Green or Social Assets and Projects evaluation and inclusion into the Eligible Portfolio of Assets and Projects consists in the following steps:

- the Construction and Maintenance corporate team is responsible for a first identification of Eligible Green or Social Assets and Projects and constitution of the potential Eligible Portfolio;
- the Financial Department is responsible for compiling the information related to the amount of funding required for this potential pool of Eligible Green or Social Assets and Projects and identifies proceeds allocation accordingly.

The Sustainable Financing Committee, further defined below, selects and validates the final Eligible Portfolio of Green or Social Assets and Projects and the allocation of proceeds and ensures that there is no possible double counting.

SUSTAINABLE FINANCING COMMITTEE

ORPEA has put in place a dedicated Sustainable Financing Committee responsible for the overall governance of its Sustainable Financing Framework and related issuances.

The Sustainable Financing Committee includes, among others, representatives of:

- Finance Department;
- CSR Department;
- Construction and Maintenance Corporate Team;
- Quality and Medical department.

It is chaired by the Treasury director and meets at least twice a year.

The roles and responsibilities of the Sustainable Financing Committee include:

- review of compliance of selected Green or Social Assets and Projects with the relevant Eligibility Criteria;
- financial validation in terms of financial needs and amounts to be funded and exclusion of projects (such as projects facing unresolved controversy);
- validation of the proceeds allocation;
- monitoring of the Eligible Portfolio;
- validation of the annual reporting to investors;
- monitoring of the Auditors' annual missions;
- potential reviews of the Framework to reflect any change with regards to the Group's sustainability strategy and initiatives, and any change in market standards and eligibility criteria.

MANAGEMENT OF PROCEEDS

An amount equal to the net proceeds of each Sustainable Financing instrument will be managed by ORPEA's treasury department through its general account, and an amount equal to the net proceeds will be earmarked for allocation to the Eligible Portfolio as selected by the Sustainable Finance Committee. ORPEA will set-up a dedicated Sustainable finance register in order to track the net proceeds and to monitor the allocation of proceeds.

In the case of refinancing, Eligible Assets and Projects are eligible if they have been funded by ORPEA no more than three (3) years prior to the date of issuance of each Sustainable Financing instrument.

When the Eligible Assets or Projects are subject to joint investment or in joint ventures ORPEA will only include the proceeds linked to the pro-rata share of its own investment in the Assets or Projects.

In case at any given time an Eligible Green or Social Asset or Project is removed from the Eligible Portfolio the Sustainable Financing Committee will substitute such project with other Eligible Assets or Projects for an amount at least equal, as soon as practical once an appropriate substitution option has been identified.

Pending the full allocation of the proceeds, ORPEA commits to hold the balance of net proceeds not already allocated in cash or cash equivalents: and managed by ORPEA Treasury Department in accordance with its treasury policy. ORPEA could consider allocating the balance of unallocated proceeds in money market funds managed following a responsible investment approach on a best effort basis.

The Finance Department is responsible for monitoring the pool of Eligible Green or Social Assets or Projects included in the Eligible Portfolio. The Sustainable Financing Committee ensures that the total amount of outstanding Green, Social or Sustainability Financing instruments remains equal or lower than the combination of the existing and future Eligible Green or Social Assets and Projects.

An external auditor appointed by ORPEA will verify, on an annual basis, the proceeds allocation and the remaining balance of unallocated proceeds as specified below.

REPORTING

ORPEA will report annually on the allocation of the net proceeds of the Sustainable Financing instruments and associated impact metrics at least until an amount equal to the net proceeds of the outstanding Sustainable Financing instruments have been fully allocated.

This reporting will be published on ORPEA's website in the following section https://www.orpea-corp.com/documentation-invest-fr/operations-financieres. The information may be presented generically or aggregated by category of eligible project however when feasible ORPEA annual report will include in-depth case studies of specific Eligible Green or Social Assets or Projects.

ORPEA's Treasury and CSR Departments will collect and consolidate the necessary information and the reporting will be subject to review and validation by the Sustainable Financing Committee.

The allocation reporting will be audited by an external party appointed by ORPEA on an annual basis until the total amount of net proceeds of the outstanding sustainable financing instruments is fully allocated or reallocated as the case may be.

ALLOCATION REPORTING

ORPEA commits to report on the allocation of the proceeds. The report will include the following:

- an overview of the sustainable financing instruments issued under the Sustainable Financing Framework;
- total amount outstanding of sustainable financing instruments;
- share of allocated proceeds *vs* total proceeds (in % share);
- the amount of unallocated proceeds, if any;
- share of financing *vs* refinancing (in % share of net proceeds);
- split between Eligible Green or Social Assets and Projects (in % share, in the case of Sustainability Bonds);
- share of proceeds allocated to Assets and Projects which are both Green and Social;
- split between Eligible Green Assets (including the split between development and acquisition of buildings) and Eligible Green Projects (in % share);
- split between Eligible Social Assets (including the split between each facility type) and Eligible Social Projects (including the split between each project type, in % share);
- share of ownership by ORPEA of eligible Green and Social Assets (in case of joint investment or joint venture);
- type of Eligible Green and Social Assets (re)financed;
- geographical split of Green and Social Assets and Projects.

IMPACT REPORTING

ORPEA commits to report on the environmental and social (co) benefits of the eligible Green or Social Assets and Projects (re) financed on a best effort basis until the proceeds have been fully allocated.

To the extent possible ORPEA will aim to align its impact reporting with the model proposed by the Harmonized Framework for Impact Reporting and the Harmonized Framework for Impact Reporting for Social Bonds as published by the Green/Social Bond Principles[1].

ORPEA intends to disclose its calculation methodology for environmental and social impact indicators as part of the Impact Reporting and notably its GHG emissions calculation methodology.

Impact indicators will be presented on an aggregated basis and ORPEA may include some detailed examples of eligible Green and Social Assets and/or projects including their description, date of investment, geographical location, nature, current status of the project and expected social and/or environmental outcomes.

ORPEA may rely on publicly available data as the case may be to support qualitative and/or quantitative information provided as part of the impact reporting. Where external data has been used the relevant data source(s) will be indicated in the reporting.

List of indicative output and impact indicators that may be included in the reporting:

- for eligible Green and Social Assets and Projects:
  - number of beds and places,
  - split of beds and places by type of facilities (Nursing homes, Post-acute care and rehabilitation facilities; Psychiatric care facilities),
  - number of beneficiaries,
  - assets certification (such as ISO certification):
    - share of certified facilities (in %),
    - split by certification type for each geography and average level of certification achieved where relevant (in %),
  - share of facilities externally audited during the year (in %),
  - average satisfaction rate (in %),
  - territorial impact data (such as number of inhabitants living in the area of the facility);
- for eligible Green Assets and Projects:
  - energy consumption reduction in kWh/sqm per year,
  - GHG emissions avoided in $kgCO_2e$/sqm per year,
  - (expected) delivery date/end of refurbishment date of eligible assets.

(1) https://www.icmagroup.org/sustainable-finance/resource-centre/

EXTERNAL REVIEW

SECOND PARTY OPINION

ISS-ESG was commissioned to evaluate the Sustainable Financing Framework, its transparency and governance as well as its alignment with the Green Bond Principles 2018, Social Bond Principles 2020 and Sustainability Bond Guidelines 2018 as published by ICMA and the Green Loan Principles 2018, as published by LMA.

The results of the evaluation will be presented in a Second Party Opinion which will be made available on ORPEA's website in the following section https://www.orpea-corp.com/documentation-invest-fr/operations-financieres.

ORPEA commits to have the Second Party Opinion reviewed in case of any material changes to the Sustainable Financing Framework.

EXTERNAL VERIFICATION

ORPEA's annual reporting will also be subject to verification by an external auditor until full allocation and in case of any material changes to the allocation. The auditor will verify:

- the compliance of Eligible Green or Social Assets or Projects (re)financed under the Sustainable Financing Framework with eligibility criteria defined in the use of proceeds section;
- allocated amount related to the Eligible Green or Social Assets or Projects financed by the Sustainable Financing instruments; and
- the management of proceeds and unallocated proceeds amount.

The external auditor's assurance reports will be included in the Annual Sustainable Financing reporting as disclosed on ORPEA's website in the following section https://www.orpea-corp.com/documentation-invest-fr/operations-financieres.

APPENDICES

APPENDIX 1: ENERGY PERFORMANCE OF BUILDINGS DIRECTIVE AND NEARLY ZERO-ENERGY BUILDINGS WITHIN THE EUROPEAN UNION (EU)

The Energy Performance of Buildings Directive (EPBD) is, together with the Energy Efficiency Directive, the main legislative instruments to promote the energy performance of buildings and to boost renovation within the EU.

The EPBD has been in force since 2010 and has been updated in 2018 to "improve the energy performance of new and existing buildings, support the deployment of electric charging infrastructure, plan national renovation strategies and an intelligence indicator." The new provisions must be transposed by Member States into national law at the latest by 10 March 2020.

Among a broad range of policies and supportive measures that aims to help EU governments to boost the energy performance of buildings, the directive requires all new buildings from 2021 to be Nearly-Zero-Energy Buildings (NZEB).

NZEB means buildings with a very high energy performance. The nearly zero or very low amount of energy required should be covered to a very significant extent from renewable sources, including sources produced on-site or nearby.

As concrete numeric thresholds or ranges are not defined in the EPBD, these requirements leave room for interpretation, allowing Member States to define their NZEB requirements in their national regulation and building codes in a flexible way and leading to different NZEB definitions from country to country.

ENERGY EFFICIENCY ELIGIBILITY CRITERIA APPLIED BY ORPEA FOR EACH COUNTRY

Country	Applicable Eligibility criteria (among the three criteria presented in the Use of proceeds section of this framework)	Technical Criteria
Spain	Buildings with a level of energy performance corresponding to the top 15% of the national stock	EPC Level: **A** Stock of non-residential Assets with eligible EPC level*: 7.47%
Portugal	Buildings with a level of energy performance corresponding to the top 15% of the national stock	EPC Level: **A** Stock of non-residential Assets with eligible EPC level*: 2.3%
France	Buildings aligned with European Nearly-Zero-Energy Buildings (NZEB) low consumption building standards	Local NZEB definition: **regulation RT2012 (*"Réglementation thermique 2012"*)**
Luxembourg	Buildings aligned with European Nearly-Zero-Energy Buildings (NZEB) low consumption building standards	Local NZEB definition: **EPC Class A-A-A**
Belgium	Buildings aligned with European Nearly-Zero-Energy Buildings (NZEB) low consumption building standards	Local NZEB definition: ■ Brussels: **≤90 kWh/m²/year** ■ Flanders: **E-level for Healthcare with lodging=70**
Netherlands	Buildings aligned with European Nearly-Zero-Energy Buildings (NZEB) low consumption building standards	Local NZEB definition: **Healthcare with bed area <120 kWh/m²/year (EPC demands between 0,9 and 1,8)**
Germany	Buildings aligned with European Nearly-Zero-Energy Buildings (NZEB) low consumption building standards	Local NZEB definition: **KfW** Effizienzhaus **55 standard**
Poland	Buildings aligned with European Nearly-Zero-Energy Buildings (NZEB) low consumption building standards	EPC Level: **B or higher**
Czech Republic	Buildings with a level of energy performance corresponding to the top 15% of the national stock	EPC Level: **A** Stock of non-residential Assets with eligible EPC level: 2%
Austria	Buildings aligned with European Nearly-Zero-Energy Buildings (NZEB) low consumption building standards	Local NZEB definition: **max. 170 kWh/m²/year**
Italy	Buildings aligned with European Nearly-Zero-Energy Buildings (NZEB) low consumption building standards	Local NZEB definition: **A** Distribution of EPCs in new buildings in non-residential 2015: Label EPC A: 10.3%
UK	Buildings with a level of energy performance corresponding to the top 15% of the national stock	**EPC Level A+, A and B** Share of non-domestic properties with a EPC level B or above: 15%
Switzerland	Buildings aligned with Minergie or 2000 Watt Energy-efficiency levels	**Minergie** New Building: 38 kWh/m²/year Refurbishment: 60 kWh/m²/year **Minergie – P** 30 kWh/m²/year with heating below 15 kWh/m²/year **2,000 Watt** 60 kWh/m²/year

* *Spain: http://www.zebra-monitoring.enerdata.eu/overall-building-activities/share-of-new-dwellings-in-residential-stock.html*
Portugal: http://www.zebra-monitoring.enerdata.eu/overall-building-activities/share-of-new-dwellings-in-residential-stock.html
France: https://www.zebra2020.eu/website/wp-content/uploads/2014/08/ZEBRA2020_Strategies-for-nZEB_07_LQ_single-pages-1.pdf
Luxembourg: http://bpie.eu/wp-content/uploads/2015/09/BPIE_factsheet_nZEB_definitions_across_Europe.pdf
Belgium: https://www.zebra2020.eu/website/wp-content/uploads/2014/08/ZEBRA2020_Strategies-for-nZEB_07_LQ_single-pages-1.pdf
Netherlands: https://pure.tue.nl/ws/portalfiles/portal/52255513/287_nZEB_Kevin_de_Bont_def.pdf
Germany: http://www.zebra-monitoring.enerdata.eu/nzeb-activities/panel-distribution.html#nzeb-definitions-by-country.html
Poland: https://ec.europa.eu/info/sites/info/files/business_economy_euro/banking_and_finance/documents/190618-sustainable-finance-teg-report-taxonomy_en.pdf
Czech Republic: http://www.zebra-monitoring.enerdata.eu/overall-building-activities/share-of-new-dwellings-in-residential-stock.html#share-of-new-non-residential-buildings-with-epcs.html
Austria: http://www.zebra-monitoring.enerdata.eu/nzeb-activities/nzeb-definitions-by-country.html
Italy: http://www.zebra-monitoring.enerdata.eu/nzeb-activities/nzeb-definitions-by-country.html
Switzerland: https://www.2000watt.swiss/dam/jcr:33d04ff6-d0a5-4f6d-ba13-e162369bba21/2000WA_Manuel_2019_V1%200_191101_FR.pdf
http://www.projetvert.fr/labels-energetique/label-minergie/
UK: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/792413/EPB_Cert_Statistics_Release_Qtr_4_2018_NB7_corr.pdf

APPENDIX 2: BRIEF OVERVIEW OF HEALTHCARE SYSTEM IN ELIGIBLE GEOGRAPHIES FOR SOCIAL ASSETS AND PROJECTS

Owing to the nature of its business activities, which involves running facilities for the elderly requiring long-term care, post-acute and rehabilitation hospitals and psychiatric hospitals, the ORPEA Group operates in a closely supervised and highly regulated environment.

Over the past 30 years, the ORPEA Group has developed a robust understanding of this complex regulatory environment and acquired the expertise and put in place the requisite procedures to operate in it successfully. Traditionally, the ORPEA Group has prioritised expansion into countries in which a license to operate long-term care facilities is required from a supervisory authority and where the needs of specialized beds was not satisfied.

In a number of countries (France, Belgium, Austria, Ireland, Italy, Switzerland, etc.) an administrative permit from regional or national supervisory authorities is required before any new healthcare facility or nursing home can be set up, converted or extended. The number of new permits issued in these countries is tightly controlled and restricted by the public authorities in an effort to ensure a decent standard of care and services and to keep spending under control.

The process of gaining a permit and the regulatory framework vary from country to country, or even from region to region, in certain countries. As a result, it is crucial to have well-respected and experienced local teams on the ground with the requisite knowledge.

ORPEA has also expanded into other countries, where no administrative permit is required in the strict sense of the term. Instead, the supervision of activities by the public authorities gives rise more indirectly to the definition of standards and checks by the authorities to ensure they are upheld.

BELGIUM

The Belgian healthcare system is divided into 3 states and private sectors, with fees payable in both. The state system is funded by mandatory health insurance which allows residents to access subsidized services such as doctors, hospital care, dental care, maternity costs, and prescriptions.

Both federal and regional governments have responsibility for healthcare in Belgium. The Federal Public Service for Health, Food Chain Safety and the Environment oversees public healthcare. The regional Flemish, Walloon, and German-speaking communities all have their own administrative healthcare divisions. Belgium ranked fifth in the 2018 Euro Health Consumer Index(1).

Two main types of residential facilities for elderly people can be distinguished: homes for elderly people ("ROB" –"MRPA" facilities), providing nursing and hygiene services to elderly people who have only mild or moderate limitations in their daily activities and/or in their cognitive abilities, and nursing homes ("RVT"-"MRS" facilities), which are for individuals who are heavily dependent, but do not require permanent hospital care. Each MRS facility is attached to a hospital. Recently, in response to growing needs for residential care, a large number of MRPA beds have been converted into MRS beds.

The level of care covered by the health insurance system is assessed according to the same criteria for care at home and for residential care. This level of care depends on the individual's degree of dependency in their daily activities, and on their disorientation in time or in space, if applicable(2).

Government projections indicate that 45,000 additional beds will be needed by 2030 and 130,000 by 2050, *i.e.* a doubling of current capacity by 2050. Most of these new beds will be needed in the Flanders region.

Nursing home charges have two components:

- the accommodation charge, payable in full by the resident. Accommodation charges are set by prior application to FPS Economy, a Federal Public Service. Following the ministerial decree of 12 August 2005, nursing home facilities cannot apply for a rate increase without first submitting a request, including evidence-based arguments for the requested increase. As such, changes in charges are regulated and controlled;
- the medical care allowance, which is funded by the national health and disability insurance system (INAMI) based on the number of residents and their care requirements.

FRANCE

In France, the Healthcare sector is heavily regulated by public bodies. The main regulator of Private Clinics and Elderly Care Facilities is the *Autorité Régionale de Santé* – ARS (or Regional Health Authority) under which each facility falls depending on location.

The Private Clinics and Private Elderly care facilities falls under the French Social Security scheme and more specifically under the universal healthcare system of the Assurance Maladie which guarantees coverage of healthcare expenses for all individuals who are working, or have been residing in France on a stable and ongoing basis for at least 3 months.

New beds openings are initiated by public authorities and awarded through a tender offer process under strict control of ARS (Regional Health Authority) and accommodation costs charged by operators of facilities are regulated by decree therefore the indexation of the accommodation rate is strictly framed for existing customers.

(1) *https://healthpowerhouse.com/media/EHCI-2018/EHCI-2018-report.pdf*

(2) *https://www.healthybelgium.be/en/health-system-performance-assessment/specific-domains/care-for-the-elderly*

Funding for residential care is divided between the cost of care services (30%) and accommodation (70%). Care costs (*tarif de soins*) are publicly funded *via* mandatory long-term insurance, with working citizens paying into a National Solidarity Fund for Autonomy (CNSA). Part of these funds go towards the *Allocation Personnalisée Autonomie* (APA), helping to finance care costs. Accommodation costs ("*tarif d'hébergement*") are funded by the resident themselves, or by further public funds for lower-income recipients. Care costs are fairly equal across France, but the accommodation component varies according to quality and region.

The charges for post-acute and rehabilitation and psychiatric hospitals are set by the French national health insurance system, which pays a *per diem* rate for each patient cared for that covers the cost of all medical care, personal care, medicines and accommodation based on a 2-bed room. Changes to this flat-rate charge covering all the related costs are regulated and controlled.

In France, industry professionals estimate that 25,000 new beds will need to be added by 2025. According to INSEE, the number of people over 85 is forecasted to increase by more than 20% over the 2015-2030 period, and this increase is expected to accelerate to more than 50% over the 2030-2040 period as the first generation of baby boomers reaches this age group. A large part of the existing stock will need to be redeveloped because it is ageing and is now unsuited to looking after those with major long-term care requirements.

GERMANY

Germany has a universal multi-payer healthcare system, with employers and employees pay for most if the healthcare system. All citizens are required to pay mandatory long-term care insurance (LTCI) either deducted at 2.5% of gross salary (split between employers and employees) or paid into private insurance schemes.

These contributions are pooled into independent care funds (*Pflegekasse*) which are used to fund basic long-term care. *Die Pflegekassen* contributions cover the full cost of homecare, and around 50% of the cost of residential care. The remaining 50% is paid by the end user through private funds or through additional social assistance provided by the local authority.

In Germany, healthcare facilities (notably hospitals) are financed in two ways: capital expenditure is financed by the Länder, while operating costs (care, personnel costs, running costs, etc.) are financed mainly by the statutory health insurance funds and to a lesser extent by private insurers and the patients themselves (out-of-pocket expenses). For patients covered by the statutory health insurance, coverage by the statutory health insurance is compulsory for hospitals registered in the hospital scheme of a Land – irrespective of the public or private status of the hospital – as well as for university hospitals. The billing of hospital care is largely based on a system of classification into homogeneous care groups. Hospitals must also undergo a mandatory certification process that meets standards approved by the BAR (*Bundesarbeitsgemeinschaft für Rehabilitation*). This certification has to be renewed every three years and is required to maintain a licence to operate. Annual inspections in the intervening years are also required.

Nursing home charges have three main components:

- a real-estate component, known as the investment cost, which covers the rent or the property investment needed to build and maintain the building. Part of this component is paid for by the local authorities in respect of social assistance recipients or by residents;
- the charge for meals and residential services, which is paid for by residents or their family;
- the medical care and personal care charge, the vast majority of which is paid for by the national health insurance system. The allowance is based on the resident's care requirements and varies from region to region. Increases in charges are agreed annually with the local supervisory authorities.

The charges for post-acute and rehabilitation hospitals and for psychiatric hospitals are based on *per diem* rates. They are agreed with the various health insurance and/or pension funds and they vary within a single facility based on resident's conditions and insurance.

Germany benefits from the second highest equipment rate in Europe, and from the highest number of existing establishments yet 100,000 new beds will have to be added by 2025, the largest number in Europe, according to the Federal Statistical Office of Germany. By 2030, the total requirement for Germany rises to 250,000 beds, if it is to face up to the challenge posed by its ageing population. As in most countries, it will also need to redevelop its existing facilities, particularly those run by independent private operators, or around 30% of the sector accounting for some 275,000 beds in over 4,000 facilities.

PORTUGAL

The national health service is managed at the regional level by the five regional health administrations. Each regional health agency is responsible for the strategic management of population health, the supervision and control of hospitals, the management of the primary care centers of the national health service, and the achievement of national strategic health objectives. It is accountable to the Minister of Health for its administration and to a Board of Health.

All hospitals belonging to the national health service are under the jurisdiction of the Ministry of Health. Private sector hospitals, whether non-profit or for-profit, have their own management arrangements. Private health providers play a complementary rather than an overall alternative role to the national health system. Currently, the private sector provides mainly diagnostic, therapeutic and dental services, as well as outpatient, rehabilitation and hospitalization services.

Quality audits are implemented by the supervisory authorities to confirm that the quality standards applicable in each region are correctly applied. These audits cover best practices in care for residents and make sure that an appropriate number of qualified staff are present for the elderly population being cared for.

In Portugal, the number of new beds that will have to be built by 2030 is estimated at 50,000 given the shortage of facilities caring for those with significant long-term requirements and the forecast doubling in the population of over 80s by 2050.

SPAIN

The Spanish National Healthcare System guarantees universal coverage and free healthcare access to all Spanish residents, regardless of economic situation or participation in the social security network.

The national system has been decentralized since 2002, which has given the regional healthcare authorities the autonomy to plan, change and upgrade the infrastructure. The Inter-territorial Board of the National Health System (CISNS) is responsible for the coordination, cooperation and liaison among the central and autonomous region public health administrations. The board is chaired by the National Ministry of Health and the members are the Regional Ministers. It approves the national catalogue of services that must be provided by all regional health services (*cartera de servicios communes*). The catalogue of is divided into sections including primary care, specialized care, supplemental care, and pharmacy.

Accommodation and care charges in nursing homes may be freely negotiated in Spain and are payable in full by residents. In certain cases, nursing homes and the regional supervisory authorities enter into agreements primarily to reserve a certain number of beds for people with long-term care needs who have applied for assistance or full or partial coverage of the care. Under these agreements, approved fixed price is set in the contract with the regions.

In Spain, there is also a very significant shortage of high-quality nursing home beds. In a 2010 report, the World Health Organization estimated the requirement for new beds at 50,000 by 2030.

AENOR, the international certification body approved by the Spanish health ministry, conducts a multi-site certification audit subject to renewal every three years. It awards an accreditation certificate for public display in each facility. The administrative headquarters and facilities are audited by AENOR's specialist auditors. An special anti-Covid certification has also been obtained in 2020.

At the headquarters, the auditors run the rule over the procurement and HR processes as well as the quality policy and continuous improvement process.

The facilities undergo a full on-site assessment covering:

- compliance with the regulations and standards in all areas of the facility's activities;
- customer satisfaction;
- handling of compliance failures, follow-up on remedial and preventative measures;
- monitoring and internal training.

APPENDIX 3: DETAILED INFORMATION ON ELIGIBLE SOCIAL ASSETS

NURSING HOMES

CARE IN NURSING HOMES

Meticulous organisation is needed to look after the elderly requiring long-term care in a nursing home. Care consists of assistance with everyday tasks several times a day. It also includes support, nursing and patient care services. A multidisciplinary team (its precise composition varies according to each country's legislation) is in charge of overseeing care services in the facility, in line with the prescriptions and recommendations of each resident's treating doctor.

Staying true to the values that flow from best professional practice, these multidisciplinary teams provide the care prescribed by the doctors. The care teams overseen by a head nurse as a minimum and, in certain countries, a coordinating doctor, consist of nurses, healthcare and psychosocial assistants. Their exact make-up and structure also vary from country to country.

External healthcare professionals (physiotherapists, speech therapists, and psychologists, etc.) may be brought in based on medical advice to provide additional care. Teleconsultations have been introduced in several countries which help reduce residents' physical medical visits and even decrease the number of unnecessary hospital stays and shorten their duration.

Therapeutic workshops led by paramedical staff help to prevent, slow and combat the risks inherent in later life and for residents requiring high levels of care.

The ORPEA Group relentlessly seeks out innovative new care, communication and security technologies. It develops non-drug-based therapies and tools for fall detection, anti-wandering and physical exercise technologies.

The care requirements and risks of each new resident are assessed by a multidisciplinary team to establish a personalised care plan. Each plan is drawn up individually to meet residents' needs and desires and comply with the best practices in geriatric care.

Integrating the nursing home within the local health and social community helps to make the overall care plan as effective as possible. It creates opportunities for partnerships and access to specialist consultations, telemedicine, lifelong training and the transfer of residents in emergencies.

Bringing in interns and student healthcare professionals can be a great addition to the teams, while giving the future professionals additional motivation and insights.

NURSING HOME CARE PLANS

A personalised care plan is drawn up for each and every resident after discussions with the individual and their family. It takes into account their life story, their wishes and their interests.

Staff endeavour to create a pleasant and welcoming living environment by organising activities on a daily basis.

A coordinated programme of events and entertainment is arranged by a qualified professional with two main aims:

- social and entertainment activities (arts and crafts, shows, days trips, etc.) to sustain residents' occupational interests: ORPEA's priority is to make all its facilities pleasant and warm living places, so that residents can rebuild their often-fragile ties with others;
- occupational therapy workshops on keeping up physical and intellectual capabilities (press review, light exercise and balance training, art therapy, etc.) and sometimes even spa therapy and reminiscence therapy, to act preventively against the risks linked to ageing.

Family and friends are invited to take part in the life of the facility to maintain family ties.

Each nursing home is part of the local and regional social and medical network and has or is able to accommodate a nursery school, school tuition support, students, and local charitable organisations, thereby helping to maintain inter-generational ties.

REHABILITATION CARE SERVICES

REHABILITATION CARE SERVICES

ORPEA has developed an integrated rehabilitation offering, which comprises both inpatient and outpatient services to meet patient demand for rehabilitation in outpatient and inpatient hospitals so that they can prepare to return home in the best possible manner.

In addition to general rehabilitation, the Group's hospitals have developed specialisations by bringing in professionals with the requisite skills. By doing so, they are able to meet the regional and national health requirements in line with each country's public health targets.

ORPEA has developed the following specialisations:

- *Geriatrics*: dedicated to MCC patients aged 75 years or over, with or at risk of having long-term care requirements. These dedicated units cater to the complex health needs of frail elderly patients arising from the multiple chronic conditions, specific risks of decompensation, loss of physical and intellectual independent living skills, plus psychosocial and family problems in many cases. The care team's gerontological analysis helps to provide personalised care and manage the greater risks facing the elderly. These geriatric units cater for those who have been laid low by a health condition (surgical or medical), either at home or in hospital, and whose frail state risks causing physiological decompensation;
- *Musculoskeletal conditions*: providing specialised care for patients from trauma, orthopaedic or rheumatological departments. These services look after patients suffering from disabling musculoskeletal conditions such as hip and knee replacements, knee ligament surgery, shoulder conditions and rehabilitation for rotator cuffs, post-spinal surgery care or chronic back pain, inflammatory and degenerative rheumatism or sportspeople requiring intensive physiotherapy after surgery;

- *Nervous system diseases*: taking care of patients:
  - after strokes,
  - suffering from a degenerative neurological disease (multiple sclerosis, amyotrophic lateral sclerosis, Guillain-Barré syndrome, etc.) following flare-ups of this disabling disease, intercurrent complications or related surgery (spasticity, ulcers, urology, etc.) for a global assessment of the deficiencies and preventive actions, and arrangement of appropriate homecare and therapeutic assessment.

The ORPEA Group also has units specialised in looking after patients in a persistent vegetative state (PVS) or in a minimally conscious state (MCS). These special units house patients with serious neurological trauma requiring constant high-level care.

- *Cardiovascular conditions*: providing post-operative care for patients who have had heart surgery, a complex myocardial infarction (heart attack) and/or additional complications, or chronic heart failure, infective endocarditis, peripheral vascular disease, or primary or secondary arterial hypertension. The rehabilitation programme consists of reintroducing physical activity for recovery purposes and secondary prevention to make sure patients are better informed about their illness and treatment. It improves patient outcomes, prevents deterioration and reduces the risks of future cardiac problems. It usually includes:
  - medical monitoring;
  - an assessment of physical capabilities;
  - an analysis and assessment of risk factors, and rehabilitation including effort training;
  - therapeutic education about lifestyles, managing the treatment and nutritional advice.
- *Haematology and oncology*: providing "follow-on" care for patients from acute oncology units, whose state of health does not allow them to return home immediately. In most cases, this care caters for:
  - a treatment interval between courses of chemotherapy for frail patients at high risk of decompensation;
  - patients who need to learn how to use medical devices with which they have been fitted;
  - the balancing of pain treatments;
  - enteral or parenteral nutrition;
  - the monitoring of side effects of active or palliative treatments.

The Group's rehabilitation facilities have qualified multidisciplinary medical and nursing teams on hand. They are made up of generalist and specialist physicians, nurses and professional healthcare assistants, rehabilitation and psychosocial professionals, plus pharmacists in certain countries. To implement the personalised treatment plans, teams make use of high-performance systems catering to each type of rehabilitation offered, depending on each facility's medical specialisation.

Patients are enrolled in conjunction with doctors from specialised centres and recognised hospital units, giving each rehabilitation hospital its own network to call on in its area of specialisation.

To create the right environment to promote well-being and convalescence, the Group's hospitals offer a diverse range of high-quality accommodation.

PSYCHIATRIC CARE OFFERING

The Group takes a resolutely multidisciplinary approach in the treatment provided at its hospitals. This allows each category of nursing staff to use the full breadth of their expertise, with a doctor coordinating them. Treatment is laid down in a personalised care plan, which is put together by a team to meet the patient's needs as effectively as possible.

In this approach, the referring doctor coordinates the personalised care provided, as well as medical treatment and part of the psychotherapeutic treatment, which may involve psychotherapists, psychomotor specialists, occupational therapists, art therapists, sports physiotherapists, etc., depending on the facility and country.

Conditions treated in the Group's hospitals include mood disorders; anxiety disorders; obsessive-compulsive disorders; addictions; eating disorders; sleep disorders; personality disorders; ageing-related psychiatric disorders; psychosis; over exhaustion or burn-out; recently discovered disorders, such as chronic fatigue syndrome, fibromyalgia; psychosomatic conditions; post-traumatic stress disorders.

At the ORPEA Group's instigation, some of its hospitals have developed specialist skills in certain areas. Several of its facilities have now gained real expertise and indeed excellence in the treatment of certain disorders or certain age groups with specific requirements:

- *geriatric psychiatry units* care for and treat elderly patients with age-related psychiatric pathologies, such as changes in how their disorder manifests itself as a result of the ageing process. They are cared for by geriatric psychiatrists, a geriatrician, a neuropsychologist, a neurologist and an enhanced paramedical team;
- *public/private cooperation units* in France, which look after patients from the public sector through close cooperation between the systems. These public-private partnerships are regarded as unique in France;
- *child psychiatry units*, which cater for children and teenagers between the ages of 8 and 15 who have mood, anxiety, attention deficit and hyperactivity disorders;
- *young adult units*, which accommodate patients aged between 16 and 25 and are able to implement treatment plans specially geared for this age group;
- *parent-child units*, which aim to care for both parent and child where post-natal depression has occurred as well as with difficulties arising during the care of a parent with mental illness or addiction.

CONTACT

12, rue Jean Jaurès – CS 10032
92 813 Puteaux Cedex

Email: financegroupe@orpea.net

www.orpea-corp.com