

SHARE ERIC
SURVEY OF HEALTH, AGEING AND RETIREMENT IN EUROPE


ANNUAL ACTIVITY REPORT

2015



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SCIENTIFIC ASPECTS

OPERATIONAL ASPECTS

FINANCIAL ASPECTS

How we age in Europe.


SHARE'S MISSION

SHARE – the Survey of Health, Ageing and Retirement in Europe seeks to analyse the process of population ageing in depth. It is the first study to examine the different ways in which people aged 50 and older live in over 20 European countries and Israel.

Its scientific potential lies in the extensive data gathered from more than 123,000 individuals (approximately 293,000 interviews) all across Europe, covering the interplay between economic, health and social factors in shaping older people's living conditions.

SHARE findings have a strong socio-economic impact as they support evidence-based policies on the national as well as on the European and international level.

Dr. Angelika Willms-Herget
Chair of the SHARE-ERIC Council, March 2015

FOREWORD FROM THE CHAIRLADY

Welcome to the 4th SHARE-ERIC Annual Activity Report. The report provides a detailed overview of scientific achievements, operational activities and the financial statement in 2015 of SHARE-ERIC.

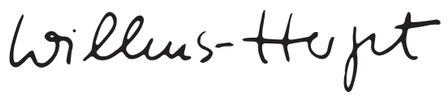
From February 2015 until December 2015 the fieldwork of Wave 6 has taken place. More than 70.000 interviews in 18 countries could be conducted. The release of the data is now underway at full speed. In the second half of 2015, preparations for the procurement of Wave 7 already started. Overlapping activities remain a main characteristic of the SHARE operations.

The last year was very successful regarding the number of publications and user numbers: 192 SHARE based publications were registered in 2015 – that is the highest annual number of reported publications ever – almost one publication every working day. At the end of 2015, SHARE had more than 5000 users.

On 29th October 2015 the "First Result Book" (FRB) of Wave 5: "Ageing in Europe - Supporting Policies for an Inclusive Society" was presented during an event in Brussels with distinguished representatives from the fields of science, politics and media. In particular we were proud that four Directorates General of the European Commission were highly represented as speakers: RESEARCH and INNOVATION, EMPLOYMENT, SANTÉ and ECFIN. The data from Wave 5 used in the FRB provide evidence on the degree of social and economic inclusion among the ageing European populations.

With the accession of France, SHARE-ERIC could close another large gap in its central European landscape. SHARE-ERIC now counts 12 members, one official observer and several additional Consortium partners. Furthermore, DG EMPLOYMENT has signalled at the end of 2015 that it wants to support the enlargement of the SHARE study to all EU Member States. The political importance as well as the operational challenge to integrate the missing countries into the SHARE study cannot be over emphasised.

In 2015 the SHARE-ERIC Council met twice. The reason for the additional "Interim SHARE-ERIC Council Meeting" was the uncertainty regarding funding which SHARE-ERIC had to face in the first half of the year. Fortunately, these difficulties in financing could be resolved for the time being thanks to a widening of the Horizon 2020 funding for "European Coverage" projects. These are projects which only make scientific sense when a large number of countries participate. We wish to thank the SHARE countries as well as the European Commission for their far-sighted efforts to make SHARE more sustainable.



SCIENTIFIC ASPECTS

SHARE'S COMMITMENT

The SHARE infrastructure is based on the trust of its respondents during and beyond the survey waves. The protection of the personal data of the survey participants is a matter of the utmost priority for SHARE and non-negotiable. SHARE promises to the participants that the data will not be used for other than scientific purposes. Any other uses, such as a commercial use of the data, are therefore excluded as matter of principle.

> 5.000

2016

AT A GLANCE

OVERVIEW OF THE SCIENTIFIC ACHIEVEMENTS IN 2015

SHARE has issued the first data release of Wave 5 to the SHARE users in March 2015 and released a new simplified dataset for training in June 2015. This has boosted the official user registration numbers of SHARE to more than 5000 researchers. Read more in "COLLECT AND SPREAD" (pp. 14-15).

Various research findings based on the use of SHARE data have strong political and as such socio-economic implications on national, European and international level. Examples are described in "TACKLING CHALLENGES" (pp. 22-25).

SHARE has published a book on the first results of Wave 5 (Börsch-Supan et al. 2015) with a press release in Brussels on 29 October 2015. The results on ways to reinforce social and economic inclusion in spite of population ageing are summarised in "FIRST RESULTS" (pp. 26-31).

SHARE has ended the fieldwork of Wave 6 in November 2015. Read more about the fieldwork in "MISSION COMPLETED" (pp. 32-33) and in "A SIMPLE FINGER PRICK" (p.34).

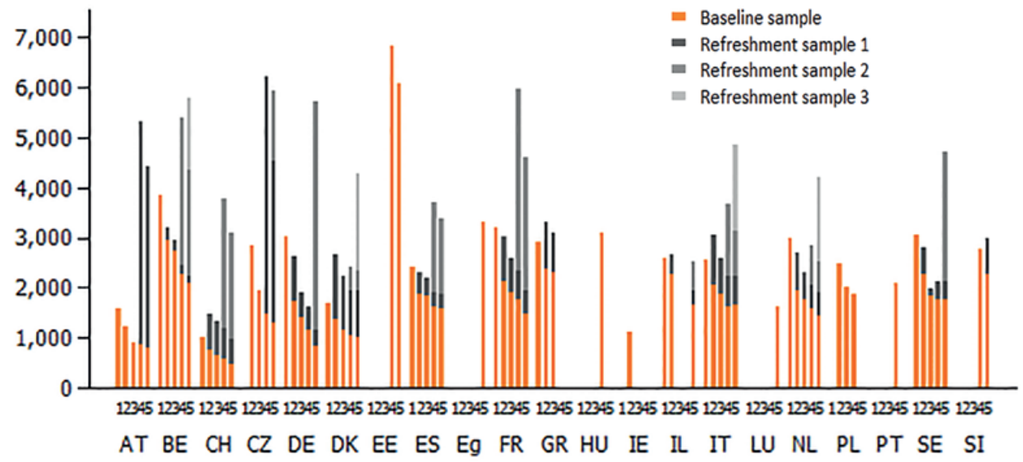
SHARE has finished the preliminary design of the Wave 7 questionnaire. SHARE Wave 7 administer the collection of structured life histories (SHARELIFE) to all respondents who have been added to the SHARE panel since the third wave in 2008 where the life histories were collected for the first time. SHARE has also begun to expand the survey to eight new countries (FI, LV, LT, SK, RO, BG, MT, and CY) and will then – together with the sister surveys ELSA and TILDA – cover all current EU Member States. The preliminary design has been tested in the first pretest and it is currently being optimised for the Field Rehearsal in end-2016. An overview is given in "ANY QUESTIONS?" (pp. 35-36).

COLLECT AND SPREAD

How Wave 1-5 data is disseminated and used

SHARE is an unique panel database of micro data on the health, socio-economic status and social and family networks of respondents aged 50 and older covering most of the European Union and Israel (Börsch-Supan et al. 2013). SHARE is closely harmonised with several studies worldwide, most closely with the HRS (USA), TILDA (Ireland) and ELSA (England). The network of harmonised global ageing studies also includes four Asian countries (China, Korea, Japan, and India) and three Latin American countries (Mexico, Brazil and Argentina). To date, SHARE has collected five panel waves (2004, 2006, 2010, 2013, 2015) of current living circumstances and one wave of retrospective life histories (2008, SHARELIFE); four additional waves are planned until 2024. Since the release of the Wave 5 data in March 2015, SHARE provides data which has been generated by approximately 220.000 interviews in 21 countries to the scientific community free of charge. A comprehensive overview of all available data is given in the SHARE "data resource profile" which has been authored by the central coordination team and published in April 2013 open access by the International Journal of Epidemiology (Börsch-Supan et al. 2013, available online via ije.oxfordjournals.org/content/early/2013/06/18/ije.dyt088.short). **Figure 01** provides an update to this as it also incorporates the first release of the Wave 5. On average, the sample size per country is about 4000; the target size – depending on funding – is 6000 respondents. This number is motivated by three very different phases in the age range after 50 (50-65: pre-retirement; 65-80: healthy retirement; 80+: onset of illnesses) and a sample size of about 1000 for each gender. Note that Greece had dropped from SHARE in Wave 4 due to the economic crisis. Furthermore Poland, Portugal and Hungary did not participate in Wave 5. Fortunately, Greece, Poland and Portugal could be recovered for participation in Wave 6 and Hungary will be recovered in Wave 7.

Figure 01: Overview of release samples



ACCESS TO THE SHARE DATA

Access to the SHARE data is provided free of charge to all scientists globally. The data may be used for scientific research without any restrictions as to specific research questions, subject to national and European Union data protection laws and confidentiality rules. In accordance with the philosophy of sharing the data as soon as possible a release policy has been adopted that not only ensures compliance with legal requirements and ethical commitments but also gives quick and convenient access to all users world-wide after individual registration (www.share-project.org/data-access-documentation/research-data-center-data-access.html).

EASYSHARE

In 2015, SHARE also updated *easy*SHARE a simplified dataset for training and teaching purposes. Main features of this update are the integration of the Wave 5 data and that the dataset is now also available for users of the statistical software package R.

RECORD LINKAGE

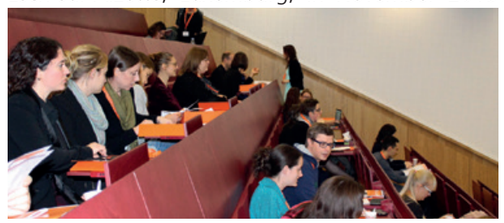
Furthermore SHARE strives for a linkage of its survey data to available administrative data wherever possible. A first success was finally achieved in 2014, when a SHARE-linked dataset of administrative data from the German Pension Fund was made available (www.share-project.org/data-access-documentation/record-linkage-share-rv.html). The administrative data which can be linked to the survey data of German respondents has also been updated in parallel with the first release of the Wave 5 data.

DOCUMENTATION

Much effort has been put into documenting SHARE's survey methods as well as innovations such as the mini childhood module which focusses on childhood events, new items on social exclusion, material deprivation and immigration status, linkage to administrative data and the implementation of an interviewer survey. They are described in detail in an accompanying methods volume which has been published in October 2015 (Malter and Börsch-Supan 2015, available online via www.share-project.org/fileadmin/pdf_documentation/SHAREw5_Innovations_Methodology_final.pdf). Moreover, SHARE has provided a detailed documentation of the available datasets on the SHARE website: www.share-project.org/data-access-documentation/documentation0.html. Additionally, all information was sent to the SHARE community via e-mail newsletters (www.share-project.org/general-information-news/newsletter.html).

USER CONFERENCES

SHARE has also spent considerable time in not only providing tailored user support via e-mail and regular newsletters, but also on efforts to stay in close contact with the users and learn about their ongoing research. In addition to our SHARE working paper series (www.share-project.org/publications/share-working-paper-series.html) we organise regular user conferences in order to stay in close exchange with users. The fifth international SHARE user conference which was held in Esch-sur-Alzette, Luxemburg, in November 2015



was a great success with more than 100 researchers presenting their recent work and discussing with an international interdisciplinary scientific community. Moreover, we have presented and discussed research based on the SHARE data at a plethora of conferences worldwide.

SHARE USERS IN EUROPE

Number of users per country

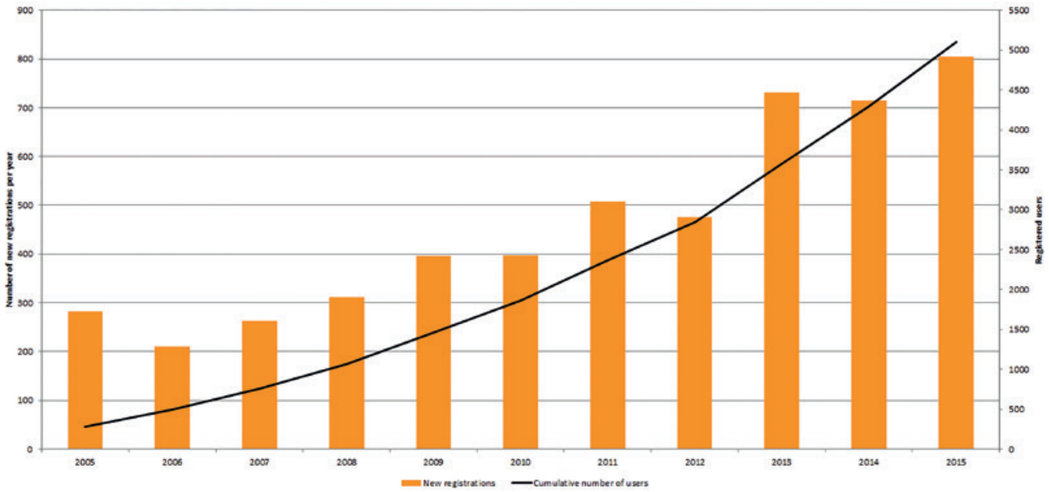
Colour coding

- SHARE-ERIC countries
- SHARE countries
- upcoming SHARE countries

USER TRENDS

By December 2015, SHARE has about 5100 officially registered data users from all over the world (see black line of **Figure 02**). As the orange bars of **Figure 02** show, the increase in user registrations has been more than proportional from the outset: the number of new registrations per year increased from about 200-300 in the first three years to more than 800 in 2015. Each new wave is more valuable to the users than the previous waves. This has a scientific reason since ageing needs to be studied in its development over time. Most of the users are from European countries, but there is also an increase in users from the US and other countries worldwide (see **pp. 16-17** and **pp. 20-21**) which may partly be due to the comparability of SHARE data with other international ageing surveys, such as HRS in the US, ELSA in the UK.

Figure 02: Officially registered data users

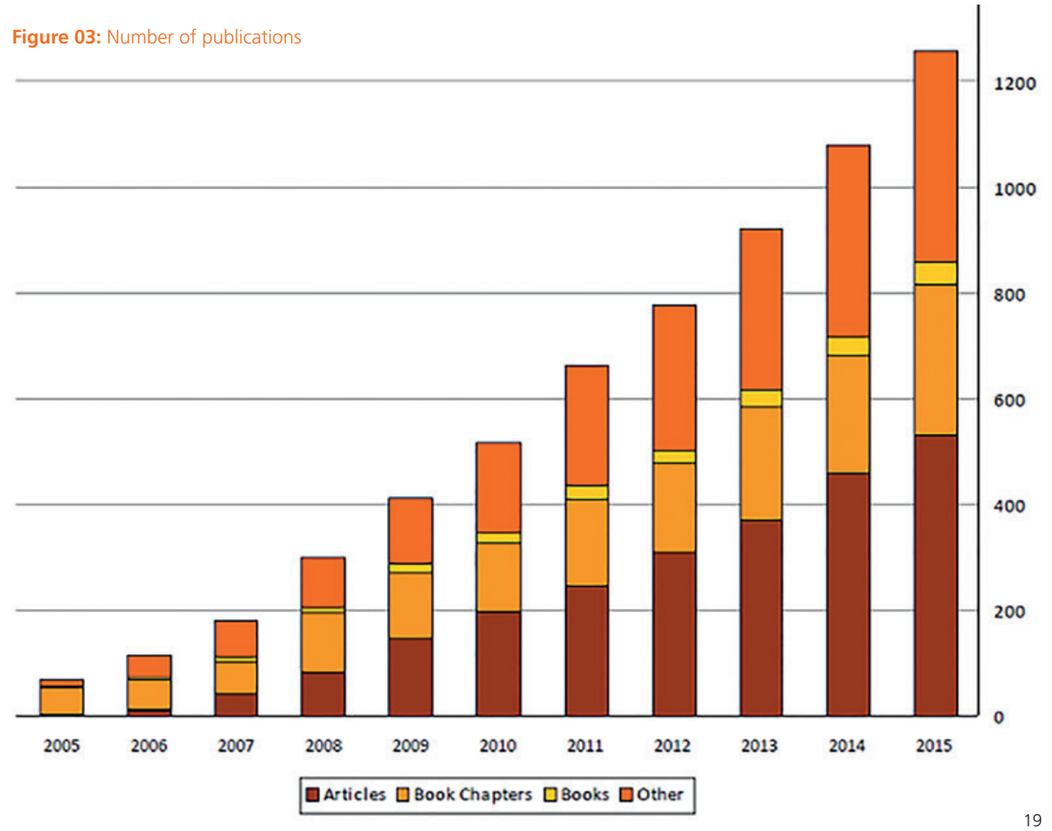


NUMBER OF PUBLICATIONS

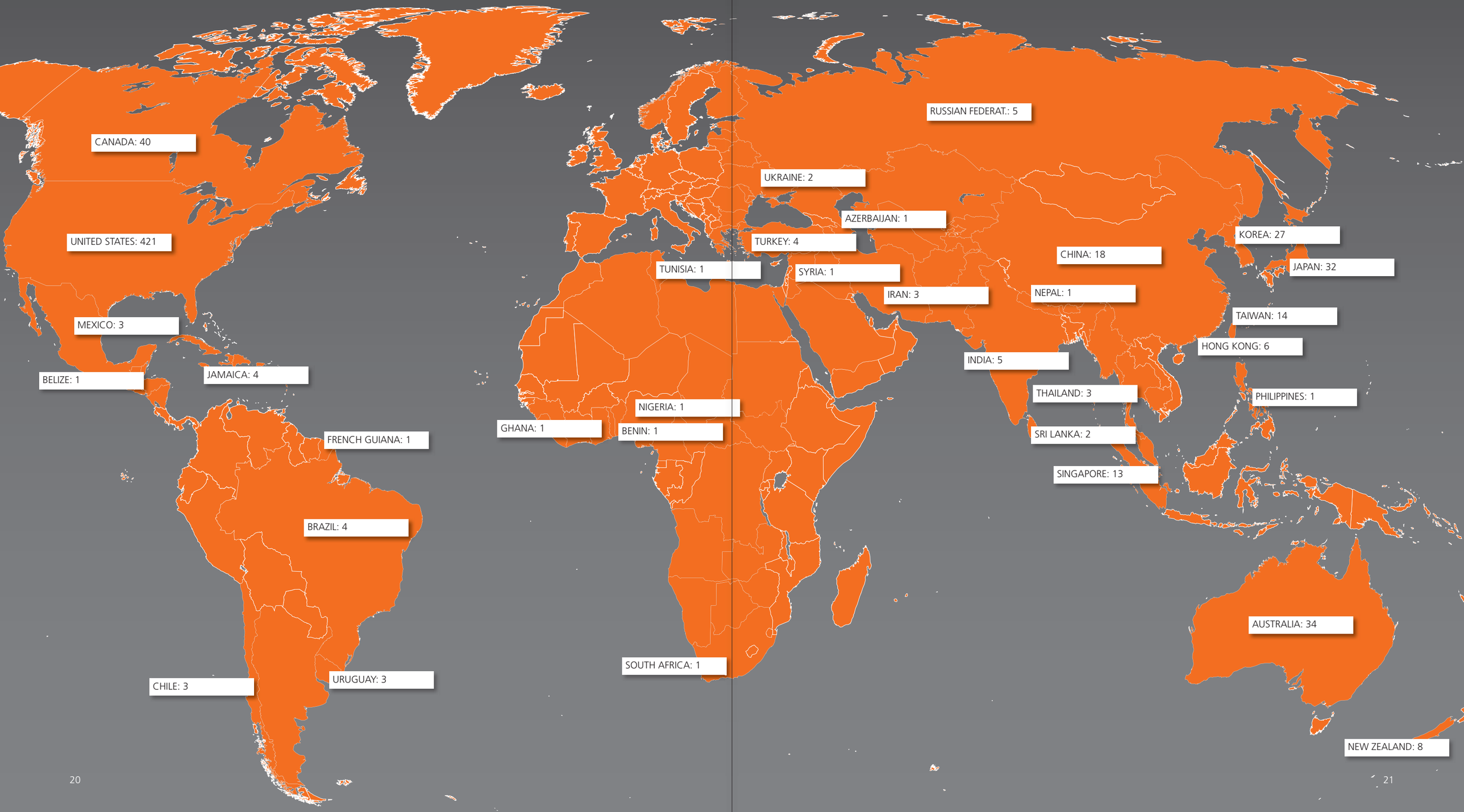
In accordance with the growing user community, the number of publications based on the SHARE data increased more than linearly amounting to over 1200 publications overall by the end of 2015. The majority of publications are articles in scientific journals, including more than 500 Social Science Citation Index ranked articles (see **Figure 03**). The second frequent type ("Other") mainly comprises Working Papers, but also Theses or Policy Papers. Note that all publication numbers displayed depend on researchers reporting their publications. As, unfortunately, this may not always be the case even though we regularly encourage all users to report new publications by means of newsletters and our website, the reported number of publications is probably an underestimate.
An overview of all SHARE based publications is available on our website: www.share-project.org/publications.html. A selection of the most recent publications is given later in this chapter.

The selection includes all English language publications in refereed journals. Many additional publications have appeared in edited volumes or have been written in other languages. It provides a good impression of the breadth of the inter- and multi-disciplinary scientific work that has become possible thanks to the SHARE data.

Figure 03: Number of publications



SHARE USERS ALL OVER THE WORLD



TACKLING CHALLENGES

HOW SHARE FINDINGS MAKE AN IMPACT ON POLICY

Many SHARE findings have strong policy implications with large economic and societal impacts. Social insurance such as pensions and health care affect every individual in our member countries and make up a very large proportion of the public budget as well as national income. Long-term care will become an ever more important issue when the baby boom generation will approach old age. Many policy reforms that are currently being enacted or contemplated are rather controversial, such as tighter targeting rules for disability insurance or a stricter handling of early retirement pathways, because they have a large economic impact on individuals of all generations. Cutting pension and health care benefits hurts the older generation while increasing contributions to social insurance schemes hurts the younger generation. Nevertheless, intergenerational cohesion is strong all over Europe. Therefore well-designed public policy measures are needed to preserve this cohesion and to improve the quality of life for all generations in our ageing societies.

SHARE with its broad data on the economic, social and health situation of European citizens enables Member States and the European Commission to base such difficult economic and social decisions on evidence rather than beliefs. The SHARE data permit an accurate account of who gains and who loses economically from a policy change because the data capture the life circumstances of Europe's citizens which vary so much not only within, but also between Member States.

We have chosen a small set of current examples which may document how successful SHARE has been in providing help for evidence-based policy making.

In the Member States

CZECH REPUBLIC

SHARE-ERIC is actively involved in the National Strategy for Positive Ageing of the Czech government. The SHARE data provide factual foundation for addressing its priorities (life-time education, employment of older people, voluntary activities, intergenerational dialogue, wellbeing, healthy ageing, care for seniors). SHARE-ERIC has cooperated with the Ministry of Labor and Social Affairs in supplying its research department with data on early retirement decisions and labour market participation of people age 50+ in the 2012/13 and 2014/15 data collection. The data have been used for analyses supporting the preparation of the law on long-term care.

SHARE-ERIC provides data and analysis for the Expert Commission on the Pension Reform, led by Prof. Martin Potucek, which has been established by the Czech government to address these issues.

In order to enhance the use of SHARE data for the analysis of the current policies and for recommendations for policy reforms in the Czech Republic, the Czech team has developed a strategy for involving Czech researchers and research institutions through their participation in the special written questionnaire (drop-off) used in the Czech Republic during the main data collection. Representatives of Czech academic, research and government institutions included their own questions for the national drop-off questionnaire to be collected in the 2014/15 data collection that are of special interest in Czech policy context, namely on retirement decisions, retirement savings, active ageing, nutrition, allergies, abuse, retirement decisions and others.

FRANCE

In France, the SHARE data have been used recently by France Stratégie, the institution assisting the government in determining the medium and long term objectives for its economic, social, cultural and environmental development, in its report on the Silver Economy. In particular, SHARE data have been used to estimate the share of people with functional limitations and the share of accommodation equipped with special features for people with disabilities. It has helped the government in organising the rising silver industry to better meet the needs of the ageing population. The Pensions Advisory Council, in its last report on the living situation of retirees in France, mobilised SHARE data for benchmarking France to other European countries in terms of participation in voluntary activities. Results on the impact of retirement on this participation have been quoted. The report also explicitly quoted studies of the impact of retirement on health and cognition based on SHARE data, and referred to SHARE studies on the absence of real estate dissaving or the lack of home adaptation to old age disabilities.

THE NETHERLANDS

In the Netherlands, some studies have been used to advise the Dutch parliament. A study called "Who cares in Europe?" by researchers from the Netherlands Institute for Social Research says: "This study compares long-term care and its utilisation by people aged over 50 living independently in the Netherlands and fifteen other European countries. Characteristics of the different care systems are combined with the outcomes of a large-scale survey of users of care in Europe. This comparative and empirical approach provides input for the policy debate about a sector that is set to undergo radical changes in the coming years."

Additionally, Burdorf and Mackenbach (2006) have used SHARE to analyse the consequences of health problems for labour force participation at an older age. They conclude that health interventions (including those focusing on life style and the workplace) could potentially raise the average retirement age of men and women by 8 and 12 months, respectively. This study has been used to advise the Dutch parliament on policies that help to increase labour force participation of older workers.

Read more: Burdorf A, Mackenbach JP. De invloed van gezondheid op vervroegde uittreding uit het arbeidsproces. In: Raad voor de Volksgezondheid & Zorg (ed): Publieke gezondheid, Achtergrondstudies. Den Haag: Raad voor de Volksgezondheid & Zorg, 2006: 35-74.

SLOVENIA

Slovenia is currently lacking an integral system for long-term care (LTC). LTC is regulated by several acts in the field of social security, such as health care and health insurance, pension and disability insurance and social assistance. A draft law is under way, but has not yet passed the legislative process. There is a lack of data on potential users who are currently out of the formal care system and possible unmet needs in the system.

A special SHARE drop-off questionnaire used in Slovenia during the main data collection helped to understand, what kind of help people prefer or need in the short/medium term as well as in the long term period and provide us with the basis for estimating possible changes in the long-term care public expenditures.

Using the data on limitations when performing activities on daily living (ADL) and instrumental activities of daily living as well as the data on the formal and informal care helped with an estimation of the number of persons having the unformal care or unmet needs.

With the health index derived from the SHARE database and the variable on limitations due to the health problems in activities people usually perform, the Slovenian Country Team was able to also estimate the strength of ADL limitations. This information made it possible to finally estimate the number of persons having ADL limitations (with informal care or unmet needs) that will be eligible to enter into the formal long term care system and the increased amount of public resources needed to cover the costs of the proposed new long term care system.

On the European Union level

EUROPEAN COMMISSION

SHARE is an important instrument for the European Commission, especially for economic and social benchmarking exercises as part of the European Semester. The Commission is actually the single largest user of the SHARE data. Three examples on the EU level may illustrate this:

DG ECFIN

Researchers at the European Commission's Directorate-General for Economic and Financial Affairs (DG ECFIN) have used SHARE data to add detail for DG ECFIN's long-term projections of pension and health care expenditures. Such detailed data included health services utilisation, morbidity by age and years before death, and retirement propensities by age and health.

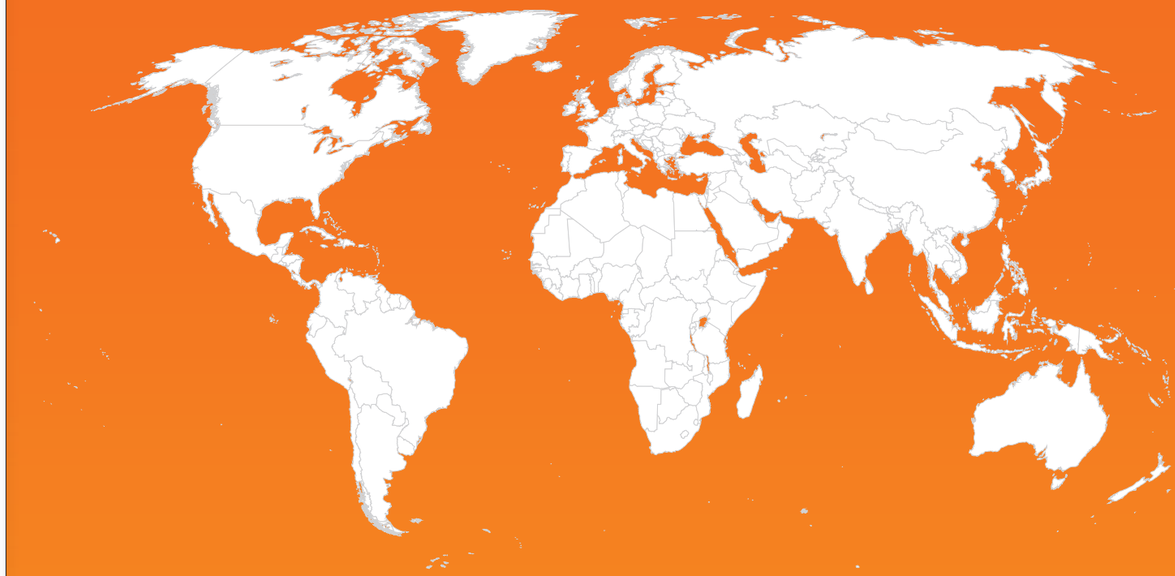
DG SANTE

Researchers at the European Commission's Directorate-General for Health and Food Safety (DG SANTE) use SHARE for their set of indicators, including the demographic and socio-economic situation (e.g. income inequality); health status (e.g. cancer incidence); health determinants (e.g. consumption of fruit); and health services (e.g. insurance coverage). SHARE was also used to compute health-adjusted life expectancies in Europe.

DG EMPLOYMENT

The policy of the DG for Employment, Social Affairs and Inclusion (DG EMPLOYMENT) on active ageing, highlighted during the European Year of Active Ageing and Solidarity between Generations, is based on many findings from SHARE. Its recent report on Employment and Social Developments in Europe, for instance, stresses the importance of health prevention and work place quality to foster labour force participation at older ages. Evidence on these cross-cutting themes with their large impacts on the economic and social situation of EU citizens has only become possible through the multi-disciplinarity of SHARE data.

On international level



INTERNATIONAL ORGANISATIONS

Finally, SHARE has been intensely used by the research departments of the Organisation for Economic Cooperation and Development (OECD), the World Health Organization (WHO) and the World Bank.

Again, some examples may suffice:
The OECD's compendium of pension policies uses SHARE data e.g. in its latest edition "Pensions at a Glance 2015". At the WHO SHARE is employed to compute healthy life expectancies. At the World Bank SHARE data are used to shed more light on migration flows, e.g. between Germany and Turkey, and between France and Morocco. Moreover in the World Bank´s recent report "Golden Aging: Prospects for Healthy, Active and Prosperous Aging in Europe and Central Asia" SHARE data was used in context of analysing employment at older ages and the burden of women as main providers of both child care and eldercare.

A collection of policy briefs based on SHARE data can be found at www.share-project.org/publications/policy-papers.html.

FIRST RESULTS

WAVE 5 FIRST RESULTS BOOK PUBLISHED IN OCTOBER

"Ageing in Europe - Supporting Policies for an Inclusive Society" is the title of a book providing new scientific findings on inclusion in an ageing Europe that was presented to the public for the first time in Brussels on the 29th of October 2015. For this volume researchers from all over Europe have analysed SHARE data to provide evidence on the degree of social and economic inclusion among the ageing European populations.

The notion of "social inclusion" has an intuitive appeal which makes it a quite popular concept in contemporary policy discussions. This holds in particular as its opposite, social and economic exclusion, is still present even in the rich countries of Europe and has many faces:

One is poverty, which has increased in the aftermath of the economic crisis, especially in Southern and Eastern Europe. Another is age discrimination, which, while proscribed by European law, is still embedded in many national regulations and in everyday life. But also large migratory flows (e.g. the ones which we are currently facing) are directly related to the social inclusion debate: They are seen as a potential threat to the social fabric – both in the short and in the long run – due to lack of economic and social integration.

Intuitive as the concept of inclusion may be, its measurement is far from being straightforward. In fact it can be considered vague, elusive or even controversial. Hence, if the objective of public policy is to advance people's quality of life, good data including a broad and comprehensive set of

measures of inclusion is needed in the first place. This is exactly what SHARE provides.

The following short summary provides a selection of results from the book, illustrating the dimensions of inclusion in older age and how they relate to other important aspects of people's lives:

THE "SOCIAL" IN "SOCIAL INCLUSION"

Inclusion is about people's specific needs and how these needs are met. There is both variation in needs as well in ways to satisfy them. While people in poorer countries – or regions or communities – tend to be more affected from material deprivation they can also be relatively deprived in a rich country. This is even more the case for social deprivation.

1. Social exclusion – more than a mere financial issue: While, on the country level, material deprivation is related to the official poverty rates of the 65+, social deprivation is not. This calls for greater awareness of the non-material aspect of social exclusion and policies beyond the narrow perspective on income and material wealth. Investments in social protection and health care seem to be important examples as countries with higher spendings in these areas show significantly lower levels of material and social deprivation.

Read more: Material and social deprivation in the macroeconomic context, by Mateusz Najsztub, Andrea Bonfatti and Dominika Duda

2. The importance of social ties in a disadvantaged area of living: Although most older Europeans live in environmentally satisfactory neighbourhoods and have socially cohesive relationships with their neighbours, there are within-country differences in social cohesion. Not surprisingly, residents of socially cohesive neighbourhoods are more satisfied with their lives. However, this is particularly true for those living in otherwise deprived neighbourhoods. In other words, social ties become even more important for subjective well-being of older people when they reside in otherwise deprived neighbourhoods.

Read more: Social cohesiveness and neighbourhood environmental deprivation: how are they related to life satisfaction in late life? By Kimberly J. Stoeckel and Howard Litwin

HEALTH AND HEALTH CARE

The demand for and access to health and long-term care are issues of particular relevance to the population in an ageing Europe. Who is in good health, can better pursue a gainful employment, better participate in social life and is less affected by social exclusion. On the other hand, social inclusion mitigate the age related decline in physical and mental health. For example:

1. A vicious circle – bad health leads to social exclusion leads to bad health: The impact of health problems affecting social interaction – such as, e.g., hearing loss – on social inclusion can be enormous. Conversely, feelings of being left out as well as actual social isolation can become a source of depression. SHARE based findings now support the notion of social exclusion acting as a pathway through which hypoacusia may affect mental health.

Read more: Does hearing impairment lead to social exclusion? by Marco Bertoni, Martina Celidoni and Guglielmo Weber

2. Access to health insurance is fundamental: Inadequate access and the lack of insurance coverage are particularly often found in poorer countries with low healthcare expenditures as well as in countries with large income disparities. But there is also a clear socio-economic gradient in health insurance coverage and access to care within almost all countries, reinforcing social inequalities in health status.

Read more: Health insurance coverage and access to care among European elders: cross-national differences and social gradients, by Hendrik Jürges

3. Long-term care – a public task: In countries where the welfare state attends to the organisation of long-term care, long-term care needs are generally better met than in countries where it is mainly the responsibility of the family. Unmet need for long-term care is, in turn, associated with material and social deprivation: The more deprived people are, the more they are in need for long-term care, and the more these needs remain unmet. Even in Central and Northern European countries where governments are involved in long term care, families remain essential in complementing the welfare state, including for the most severely deprived.

Read more: Unmet need for long-term care and social exclusion, by Anne Laferrère and Karel Van den Bosch

SECURING SOCIAL INCLUSION BY GOOD WORKING CONDITIONS

From an individual level, having a job first and foremost generates income but it is also related to social esteem. Employment has an anchoring function which integrates workers into society while unemployment is often connected with social exclusion. From a societal point of view, employment is essential to finance our social protection systems which prevent poverty due to old age or disability.

1. Training pays off: Training of older workers is worthwhile both for employers and employees. As the SHARE data show, those participating in training, stay more likely employed than people without training. Consequently, training programs facilitate the preservation of valuable expertise for the employer while at the same time they reduce the risk of unemployment and increase pension rights. Training of older workers thus is an effective mean to lower the risk of old age poverty and social exclusion.

Read more: Does training help retaining older workers into employment? Evidence from the SHARE survey, by Michele Belloni, Agar Brugiavini, Elena Meschi and Giacomo Pasini

2. Happy computer users: Older workers with good computer skills are more satisfied with their jobs – and plan to retire later – if they work in a position which requires the use of a computer. Presumably the use of a computer on the job combined with good ICT skills helps to increase the self-perceived quality of work and this reduce the intention to retire early.

Read more: The use of PC at work and job satisfaction, by Danilo Cavapozzi, Elisabetta Trevisan and Guglielmo Weber

3. Self-employment 50+ – self-realisation or hidden unemployment: Many older people may, at some time, decide or be forced to leave their job. In many cases, and particularly so at older agers, returning into wage-employment may be difficult. Becoming self-employed may then be perceived as an option to get back into work. An interesting question is whether older people who go into self-employment do so out of necessity to avoid social and economic deprivation that comes with unemployment or whether they are motivated by entrepreneurship. A SHARE-based study shows that those who go into self-employment are actually the more motivated wage-employed who also

manage to maintain social inclusion.

Read more: Becoming self-employed at ages 50+: true entrepreneurship or exclusion from (wage-) employment? by Mauro Mastrogiacomo and Michele Belloni

IDENTIFYING HIGH-RISK GROUPS

The SHARE micro data are particularly well suited to identify groups that are at risk of being affected by social exclusion since the micro data identifies a very rich set of current life circumstances, augmented for many households in the SHARE sample by the SHARELIFE histories of past life circumstances. Examples addressed in this volume are people with a migration background, caregivers and in particular daughters of people in need for care.

1. Migration background: Despite some country differences the predominant pattern found in Europe is that migrants are significantly more often deprived materially in later life, and to a lesser extent socially, compared to natives. This deprivation risk is more pronounced for people who migrated themselves, compared to those whose parents had migrated. In fact, in terms of social deprivation the latter group does not differ from the native older population and differences in the level of material deprivation can be attributed to differences in basic socio-economic characteristics and citizenship status.

Read more: Growing old abroad: social and material deprivation among first- and second generation migrants in Europe, by Christian Hunkler, Thorsten Kneip, Gregor Sand and Morten Schuth

2. Informal caregivers: Caregivers aged 50 and older appear to feel lonelier than people who do not look after a dependent person. This is the case because family responsibilities are considered burdensome. Accordingly, loneliness among caregivers is reduced when care services are available, when a state provides more care services.

Read more: Loneliness among informal caregivers aged 50+ in Europe, by Melanie Wagner and Martina Brandt

3. Daughters: Having children, especially daughters, plays an important role in the supply of informal care as children serve as potential informal caregivers. At the same time, this availability of potential caregivers decreases the probability of purchasing private voluntary long-term care insurance. The burden of care can then have several adverse effects on, e.g., health or professional career of the caregivers, which are most often daughters. This finding calls for policies encouraging the availability and purchase of voluntary long-term care also for the benefit of family members otherwise negatively affected.

Read more: Long-term care insurance and the family: does the availability of potential caregivers substitute for long-term care insurance? by Eric Bonsang and Jérôme Schoenmaeckers

BOOK RELEASE IN BRUSSELS

Huge challenges but also opportunities

Axel Börsch-Supan and Ruth Paserman

Ruth Paserman, Deputy Head of the Cabinet of Marianne Thyssen, Commissioner for Employment, Social Affairs, Skills and Labour Mobility, informed about the relevance of SHARE research: *"Population ageing presents us with huge challenges, but also opportunities. The knowledge generated by SHARE will help us deliver reforms aimed at extending working lives and making social protection systems sustainable in our ageing societies. Now we must get more countries to participate in SHARE to enhance its usefulness as a tool for mutual learning"* stresses Ruth Paserman.

Further advance people's quality of life

"The notion that population ageing drives our societies into a war between generations may be popular in television shows but the facts are quite different. Intergenerational cohesion is still strong all over Europe", says Axel Börsch-Supan, Director of the Max Planck Institute for Social Law and Social Policy and Coordinator of SHARE. *"Hence, well-designed public policy based on solid evidence derived from suitable data has a very good chance to further advance people's quality of life in spite of population ageing."*

MISSION COMPLETED

DATA COLLECTION OF WAVE 6 COMPLETED IN NOVEMBER

After all SHARE countries participated in the final Train-the-Trainer (TTT) session in December 2014, data collection started in January 2015. As can be seen in **Figure 04** below, preparation of fieldwork was complete in most countries in late January or early February 2015 with three exceptions: Estonia, Greece and Croatia. All three countries had issues with obtaining secured funds in time. In Greece and Croatia, the commitment of the funding bodies came so late as to threaten the entire completion of fieldwork.

Despite these obstacles, fieldwork was successfully completed in all countries on 30 November 2015, two months later than originally planned, due to the delay in funding mentioned above. This late end of Wave 6 collided with the beginning of Wave 7 where negotiations for the new wave had to be started when the fieldwork success of the old wave could not yet reliably be ascertained.

SHARE-ERIC released fortnightly reports on fieldwork progress to all country teams and survey agencies. An innovation of Wave 6 fieldwork monitoring was the release of statistics on the laptop level, enabling survey agencies to take managerial action if performance of the interviewer assigned to a given laptop was lacking in quality. This "responsive fieldwork design" is an important tool to improve response and retention rates.

The graphs below show results of data collection in all participating countries at the end of fieldwork for panel samples and baseline/refreshment samples, respectively. At the TTT in December 2014 we had advised countries to having achieved 85 percent of their target sample size by that point in time and spend the fall to complete hard-to-get cases. Again, the same three countries lacked behind in fieldwork progress for reasons mentioned earlier.

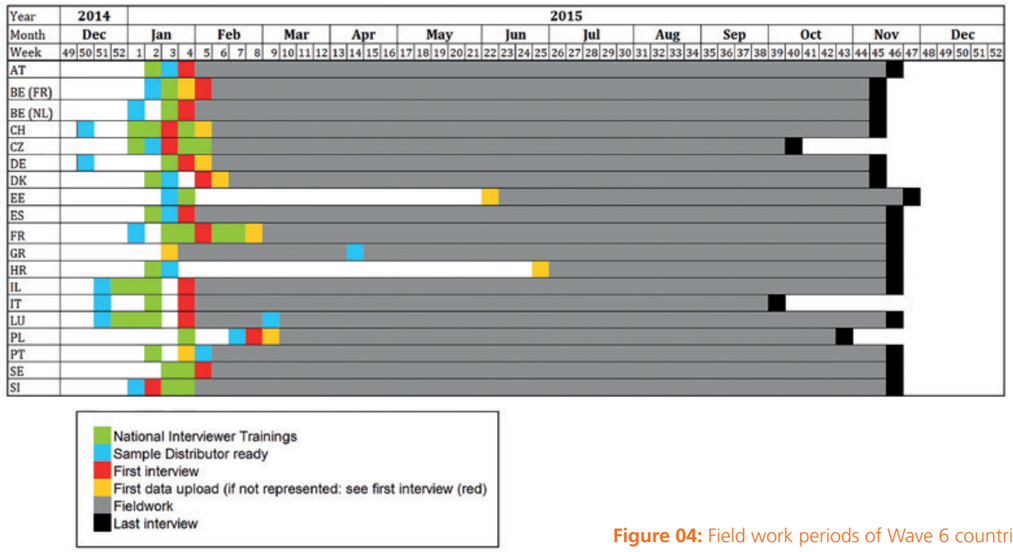


Figure 04: Field work periods of Wave 6 countries

When comparing **Figure 05** and **Figure 06**, it is obvious that response rates in baseline/refreshment samples were much lower than among panel respondents. This was completely expected as it is much more difficult to obtain an initial cooperation from a new household than to re-interview a household which had participated in a previous wave. Note that these findings are still preliminary.

Figure 05: Response rates of panel households in Wave 6

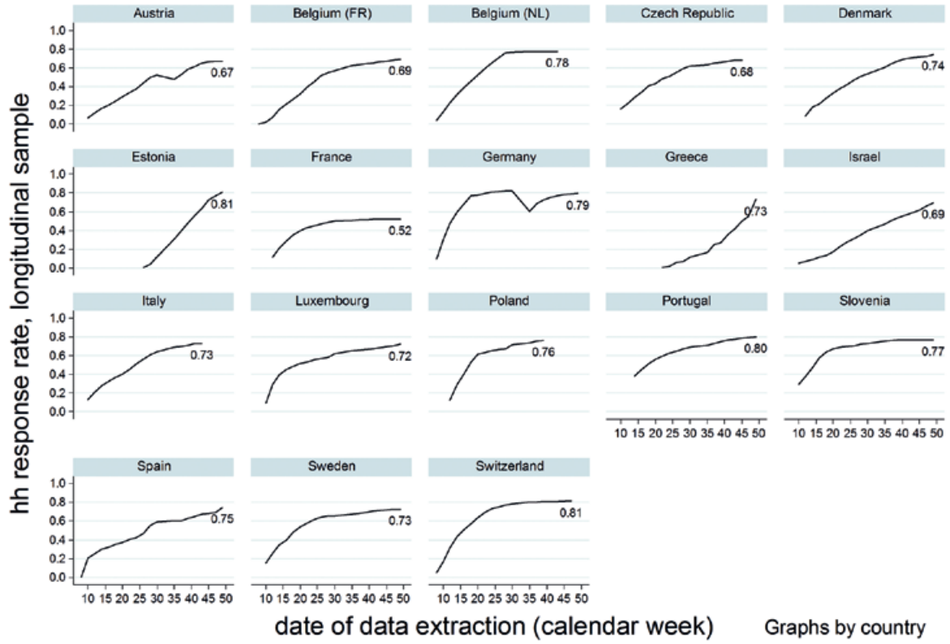
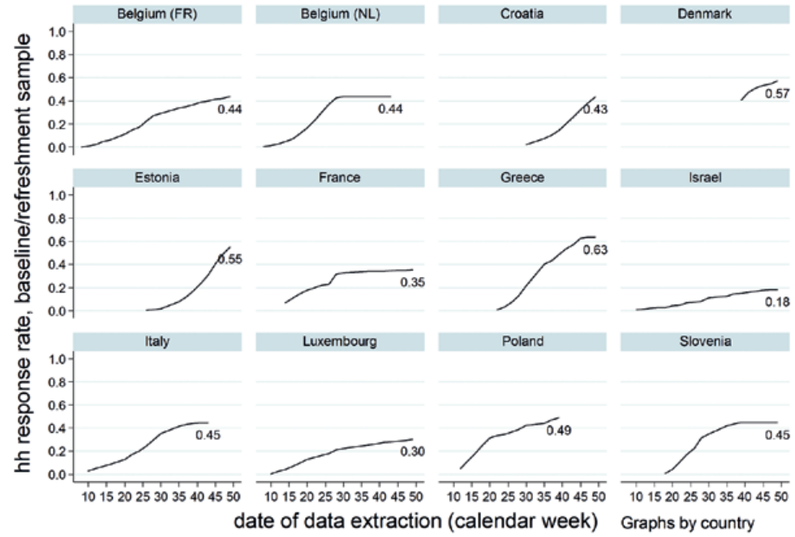


Figure 06: Response rates of baseline/refreshment households in Wave 6



A SIMPLE FINGER PRICK

IMPLEMENTATION OF A BLOOD SAMPLE COLLECTION

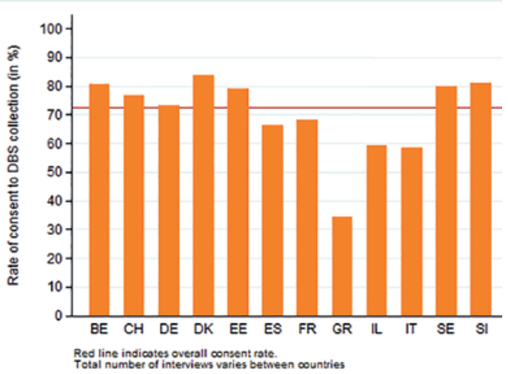
The most cutting edge innovation in Wave 6 was the implementation of a blood sample collection in a major part of the SHARE countries. Blood samples have been collected in form of dried blood spots (DBS). DBS are drops of blood dried on a special filter paper. The blood is taken from a simple prick into the respondent's fingertip which enables lay interviewers to conduct the blood collection.

Interviewers have been trained thoroughly in doing the finger prick, handling the material and general behavior in this special interview situation. They have been certificated for the successful training participation after a supervised hands-on training. Only certified interviewers have been allowed to collect blood samples.

The rate of consent to the blood collection varied a lot between countries (see **Figure 10**), but with 72.6% overall it was remarkably high. At the end of the fieldwork we ended up with more than 27.000 samples originating from 12 countries all over Europe.

The analysis of the biomarkers in the SHARE DBS samples is ongoing. We are interested in biomarkers related to diseases and conditions that are typical for older people and/or influenced by lifestyle, for example cardiovascular diseases, diabetes or markers for stress. These blood parameters will provide objective information about the respondents' health status, complementing the more subjective self-reports included in SHARE.

Figure 10: Consent rate



ANY QUESTIONS?

DESIGN AND PREPARATIONS OF WAVE 7 QUESTIONNAIRE

The kick-off to the conceptual development of Wave 7 was a first brain-storming on new content at the Questionnaire Board (QB) meeting in Liege, Belgium in February of 2015. All QB members reviewed the general idea of Wave 7: administering a life history interview for those respondents who had not completed it in Wave 3 (data collection was in 2008/09) and a regular panel interview with some new add-on modules for Wave 3 respondents for which life histories had been collected. "Repeating" Wave 3 with correcting shortcomings of Wave 3 was deemed a timely idea as four waves later many countries have joined with completely new samples and old countries had added new respondents without a life history interview had joined the study. Scientifically, Wave 3 with life history interviews was considered a huge success as many high-impact publications were based on this data. The lack of information on the present state of the respondents was identified as key shortcoming of Wave 3. For that reason it was decided to add a selection of panel items from the regular waves to the life history questionnaire. All ideas were also discussed extensively with the Assembly of Country Team Leaders and the Scientific Monitoring Board (SMB) at the meeting in Graz, Austria in May 2015. **Figure 07** shows the logic of the "standard" panel questionnaire (applied in SHARE Waves 1, 2, 4, 5 and 6) where in each wave, where either the state at the time of interview ("…currently…"), the occurrence of an event with respect to a specified time frame ("…during the last 7 days…") or the change since a reference date ("…since our last interview in 2005…" etc.) is assessed.

Figure 07: Logic of „standard" panel questionnaire

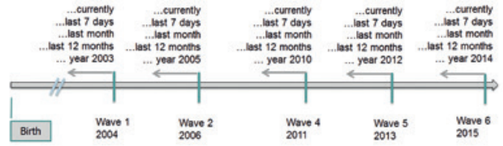
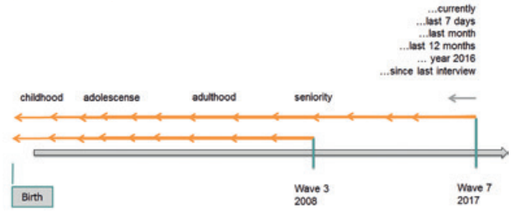


Figure 08 displays the idea behind Wave 7 which will be a combination of life history items and a selected number of "standard" panel items.

Figure 08: Logic of Wave 7: combining life history and „standard" panel model



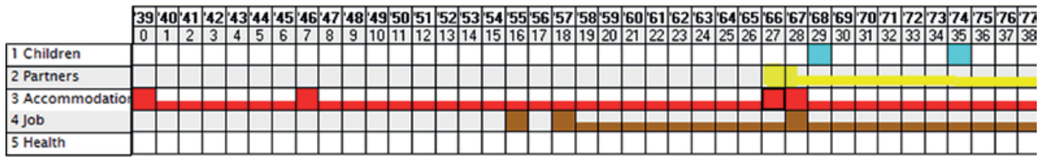
The modules about cognitive function, mental health and the physical measures (chair stand and grip strength) were taken in their entirety and a selection of the most important items was made from all other modules. Early on it became apparent that we would be faced with a lot of technical challenges as we had to integrate programming language of Wave 3 from 2008 with current, up-to-date programming environments used for the SHARE questionnaire in Wave 6 (2015). Together with the many conceptual challenges of integrating two different approaches to panel wording, the SHARE Management Board followed the recommendation of SHARE Central (also supported by the SMB) to have two full test runs in 2016 before the main data collection of Wave 7 in 2017.

This was a crucial and challenging innovation to the project schedule over all previous waves as it necessitated the involvement of survey agencies much earlier in the process, as well as preparing pretest panel samples and – if applicable – pretest refreshment samples sooner than in the past waves. In most countries participating in Wave 6, we spilt the existing pretest samples in half: one half to be interviewed during the pretest in the spring 2016, the remaining half during the field rehearsal in the fall of 2016. Consequently, the bulk of conceptual preparations and software development took place in 2015. A first beta version of the interview software became available at the end of 2015 and the visual display of the life history calendar that will be generated from the respondent's answer is shown in **Figure 09**.

The last meeting of the entire SHARE Consortium took place in Bol, Croatia, in September 2015. At this meeting, many conceptual discussions to the implementation of Wave 7 and concrete planning steps for pretest fieldwork were addressed.

An important stage in the development of SHARE is the EU Commission's commitment to extend SHARE to all EU Member States. At the Bol meeting, this extension under a DG EMPLOYMENT grant was discussed and welcomed as an exciting new development with great research potential. Much of the discussion at the Bol meeting focused on the design of the life history data collection. The QB decided to add more questions childhood conditions to the questionnaire. The topics comprise the relationship to the parents, physical abuse in childhood, friendships at young ages, religion in the childhood family, childhood neighborhood and the financial situation in the childhood family. Other novelties are questions on cohabitation with parents and children at older ages, the use of a computer at work, the assessment of personality traits (so-called "Big 5"), and questions on the persecution of the respondent´s father and mother. In the end-of-life interview new questions on the care people received in the last days of their lives were added. Whenever possible questions were taken from the HRS survey to harmonise the datasets.

Figure 09: LIfe history grid generated from responses to life history items



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OPERATIONAL ASPECTS

SHARE THANKS

SHARE is grateful for the financial support received. We thank the EU Commission, the German Federal Ministry of Education and Research, the Max Planck Society, and the US National Institute on Aging for financing the central coordination of SHARE.

We are thankful to national governments, research councils and foundations for funding the data collection in the member countries. We thank the EU Commission for the additional support of data collection in those countries that are facing financial challenges.

SHARE-ERIC COUNCIL IN MUNICH

On 19th of March, 2015 the SHARE-ERIC Council meeting took place at the premises of SHARE-ERIC in Munich.

The Council members received an overview on scientific activities of SHARE in 2014, e.g. the preparations of the dried blood spots collection in Wave 6. Further information was given on different measures to improve response and retention rates during the SHARE field work (incentives, responsive monitoring).

The administrative part of the meeting was dominated by the uncertainty regarding the outcome of Horizon 2020 grant applications. Therefore the Coordinator had to present a "probabilistic" budget which weighted all possible monetary inflows to SHARE-ERIC by the probability that they will actually be received. Members confirmed their willingness to overcome this critical phase by contributing again to common costs (Column D). In order to reach long-term stability for SHARE they adopted a resolution, according to which all efforts shall be undertaken by Member States and EU to continue H2020 for European Coverage projects. They also encouraged SHARE to explore further possibilities to finance SHARE via other DGs (JRC, EMPL).

Finally, it was decided to schedule an Interim Council Meeting in Fall 2015 in order to be able to form an opinion on the further financial developments, especially the outcomes of the EU grant application.

INTERIM COUNCIL BRUSSELS

The Interim SHARE-ERIC Council meeting took place in Brussels on 30th October, 2015.

France was welcomed as new member of SHARE-ERIC.

In the meantime, the financial situation had much been improved because SHARE had successfully raised two EU-funded projects (SHARE DEV3 und SERISS). Hence, there was no need to continue the payment of Column D by the SHARE-ERIC members. The Coordinator thanked the member countries for the generous support in filling the funding gap by their Column D contributions.

Regarding the long-term funding perspective, the Coordinator announced the intention of DG EMPL to contribute to the financing of SHARE under the condition that all missing EU countries would be integrated into the study. This plan has two stages: In Stage 1, DG EMPL will finance the inclusion of the remaining eight EU Member States which have not been part of SHARE so far. In Stage 2, DG EMPL would then also be willing to pay a core survey for all SHARE countries, including the eight new and the 18 old SHARE countries belonging to the EU. UK and IE will be covered by the "British Isles Survey" encompassing ELSA and TILDA. The SHARE members welcomed these perspectives in general. Some SHARE members noted that this plan must first be discussed with their ministries before it could be formally adopted. Hence, a formal vote was planned for the next ERIC meeting.

A VERY IMPORTANT STEP

France has participated to the SHARE survey since the beginning of the project. Previously hosted by INSEE, the French National Institute for Statistics and Economic studies then by IRDES (Research Institute in Health Economics), the French SHARE team is now based at Université Paris Sciences et Lettres Dauphine, in the Health Economic department (LEDa-LEGOS). Several partners have strongly supported Paris Dauphine since 2012: the French Ministry of National Education, Higher Education and Research, the National Center for Scientific Research (CNRS), the School for Advanced Studies in Social Sciences (EHESS) the National Fund for Solidarity and Autonomy (CNSA), the National Old-Age Assurance Fund (CNAV), the Pensions Advisory Council (COR), the French National Institute for Health and Medical Research (INSERM), the French National Institute for Health Prevention and Education (INPES) and the French Institute for Public Health Research (IRESP). These numerous supports show the importance of SHARE for policy makers.
The SHARE data have been used for the recent retirement reform and in several public reports. France Stratégie, the institution assisting the government in determining the medium and long term objectives for its economic, social, cultural and environmental development, used SHARE data in its report on the Silver Economy and The Pensions Advisory Council, in its last report on the living situation of retirees in France, mobilised SHARE data for benchmarking France to other European countries in terms of participation in voluntary activities.
The membership in SHARE-ERIC is a very important step to ensure the durable engagement of France in the project.
Marie-Eve Joël, French Country Team Leader

TESTIMONY FROM THE FRENCH MINISTRY OF NATIONAL EDUCATION, HIGHER EDUCATION AND RESEARCH

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DE L'ÉDUCATION
NATIONALE, DE
L'ENSEIGNEMENT
SUPÉRIEUR ET DE
LA RECHERCHE

The French Ministry of National Education, Higher Education and Research has been supporting SHARE since the beginning. France was able to participate in all six past survey rounds. The scientific quality of the survey, that integrates objective and subjective survey data into a comprehensive dataset on health, ageing and retirement in Europe, is of high importance for ensuring adequate policy-making and reform. France has already used SHARE data in designing its early retirement legislation. The membership in SHARE-ERIC further underlines the continuing French engagement in advancing research in social sciences on a European scale.

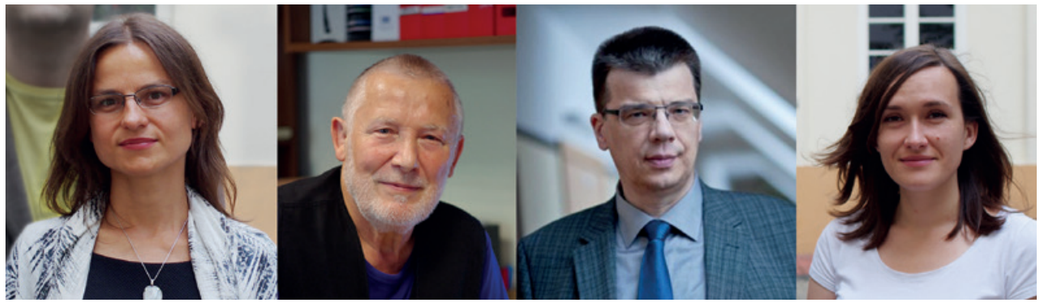
Isabella Eiselt, French delegate to the Council of SHARE-ERIC

WELCOME, LITHUANIA!

NEW SCIENTIFIC PARTNER ORGANISATION

In September 2015 the Faculty of Philosophy at the University of Vilnius became officially a Scientific Partner Institution of SHARE.

The Scientific Monitoring Board of SHARE-ERIC evaluated and suggested that the team of Vilnius University has sufficient experience to conduct a complex survey like SHARE. SHARE activities are carried out by a multidisciplinary team of researchers working within the Faculty of Philosophy, which concentrates research on different social sciences including psychology, sociology, social work etc. Antanas Kairys is the Country Team Leader and Olga Zamalijeva is Country Team Operator, both team members are specialised in Psychology. SHARE Wave 7 will be the first one in Lithuania.



ERIC MEETS ERIC

ERIC NETWORK MEETING IN MUNICH

On 15./16. June 2015 the 3rd ERIC Network meeting was hosted by SHARE-ERIC.

In his introduction, the Commission representative noted that SHARE was the first ERIC ever and thanked The Netherlands for its former role as host. Representatives from all existing and upcoming ERICs coming from different scientific domains and representatives from the European Commission and several national ministries discussed ERIC-related tasks and challenges such as registration, employees, funding, H2020 participation, procurement rules and VAT exemption. Claus Madsen, from ESO, gave as external expert an inspiring talk on how to do communication and PR for research infrastructures.

FINANCIAL ASPECTS

SHARE'S FUNDING

SHARE is fully financed by public funds, which are granted by national ministries/research councils, the European Commission or other public funders, such as foundations.

FINANCIAL ASPECTS

This section provides the financial statement for 2015 as required by the SHARE-ERIC statutes, a general overview of the current financial situation and the prospects for 2016.

FINANCIAL STATEMENT FOR 2015

The accounting for the financial year 2015 could be closed beginning of March 2016 with an audit report which found all figures provided below (**Figure 11**) and in the detailed country tables in agreement with the bank accounts. As shown in **Figure 13**, only a fraction of the overall SHARE funding is flowing through the SHARE-ERIC.

Figure 11 shows the flow of funds from member countries (**€** 1.882m plus **€** 110k membership fees as well as 276k column D contributions) and grants (**€** 3.317m) in 2015, and the 2015 survey expenses of Wave 6 plus some remaining survey expenses of Wave 5 (**€** 2,207m), expenses for subcontracts (**€** 728k) including the costs of international coordination outside Munich, plus other minor expenses in 2015. The large balance (**€** 3.510m) is due to country contributions received in 2015 for remaining survey costs of Wave 6 to be paid in 2016, as well as pre-financing amounts for Wave 7 and 8 received in 2015.

Figure 11: Flow of funds in calendar year 2015

Summary 2015
All Euro accounts

Type	Code	Debit	Credit	Balance
INITIAL BALANCE				1.824.244,05
CC: Country Contributions acc. to Art.9	CC	80.070,00	1.882.420,31	1.802.350,31
GC: Grants & contracts	GC	681.772,98	3.317.874,91	2.636.101,93
MF: Membership fees	MF	49.308,80	110.000,00	60.691,20
CD: Column D	CD	30.343,94	276.425,00	246.081,06
II: Interest income	II	0,00	0,00	0,00
VA: VAT reimbursement	VA	0,00	20.141,52	20.141,52
				-
SV: Survey costs	SV	2.207.944,12	0,00	2.207.944,12
PE: Personnel costs	PE	0,00	0,00	0,00
TV: Travel costs	TV	94.999,33	34.166,49	-60.832,84
MA: Materials costs	MA	76.869,85	0,00	-76.869,85
AC: Account and other charges	AC	4.785,56	161,19	-4.624,37
SC: Other subcontracts	SC	728.551,06	0,00	-728.551,06
XX: unknown, not yet categorized	XX	0,00	0,00	0,00
TOTAL FLOWS		3.954.645,64	5.641.189,42	1.686.543,78
END BALANCE				3.510.787,83

Figure 12: Income and expenditures 2015

	Income	Amount	Probability March	Actually paid
	Membership fee 2015			
1	AT	10.000,00 €	1	Y
2	BE	10.000,00 €	1	Y
3	CZ	10.000,00 €	1	Y
4	DE	10.000,00 €	1	Y
5	GR	10.000,00 €	1	Y
6	IL	10.000,00 €	1	Y
7	IT	10.000,00 €	1	Y
8	NL	10.000,00 €	1	Y
9	PL	10.000,00 €	1	Y
10	SE	10.000,00 €	1	Y
11	SI	10.000,00 €	1	Y
12	expected income		110.000,00 €	
13	actual income			110.000,00 €
	Column D, 2015H1			
14	AT	45.997,00 €	1	Y
15	BE	42.964,00 €	1	Y
16	CZ	18.449,00 €	1	Y
17	DE	41.195,00 €	1	Y
18	GR	21.735,00 €	1	Y
19	IL	32.801,00 €	1	Y
20	IT	32.476,00 €	1	Y
21	NL	45.239,00 €	1	Y
22	PL	16.112,00 €	1	Y
23	SE	48.335,00 €	1	Y
24	SI	21.735,00 €	1	Y
25	CH	48.335,00 €	1	Y
26	DK	48.335,00 €	1	Y
27	EE	16.428,00 €	1	Y
28	ES	28.180,00 €	0	N
29	FR	39.300,00 €	1	Y
30	HR	16.112,00 €	1	Y
31	HU			
32	LUX	48.335,00 €	1	Y
33	PT	19.713,00 €	0	N
34	expected income		583.883,00 €	
35	actual income			583.883,00 €
	EU-COM or Column D, 2015H2			
36	SERISS	187.068,13 €	1	Y
37	SHARE-DEV3	447.985,00 €	1	Y
38				
39				
40				
41				
42				
43				
44	expected income		635.053,13 €	
45	actual income			635.053,13 €
	Survey contribution 2015			
46	AT	695.000,00 €	1	
47	BE only partially	60.000,00 €	1	
48	CZ	300.000,00 €	1	
49	DE old panel	400.000,00 €	1	
50	DE new panel	1.000.000,00 €	1	
51	GR	400.000,00 €	1	
52	IL			
53	IT	745.000,00 €	1	
54	NL only Internet			
55	PL	120.000,00 €	1	
56	SE			
57	SI	400.000,00 €	1	
58	CH			
59	DK			
60	EE			
61	ES	468.000,00 €	1	
62	FR			
63	HR	134.000,00 €	1	
64	HU dropped out			
65	LUX			
66	PT			
67	expected income		4.722.000,00 €	
68	actual income			irrelevant
	NIA IAG4 2015			
69	NIA grant	635.000,00 €	1	Y
70				
71				
72	expected income		635.000,00 €	
73	actual income			635.000,00 €

Expenditure	Amount March2015	Amount Oct2015	Amount March2016
ERIC administration 2015			
Account charges/transaction fees	2.000,00 €	2.000,00 €	899,42 €
Auditor	3.000,00 €	3.570,00 €	3.000,00 €
Budget SMB/Travel	30.000,00 €	47.500,00 €	46.085,04 €
0.5 FTE accountant	25.000,00 €	25.000,00 €	25.172,18 €
Council meeting	1.000,00 €	1.000,00 €	- €
ERIC network meeting	5.000,00 €	4.131,44 €	4.065,60 €
Other admin (translations, notary, domaine)	5.000,00 €	5.000,00 €	1.565,60 €
ERIC Council meetings March and October		2.000,00 €	2.514,16 €
Print annual activity report			1.007,50 €
Covering account charges 2011-2014			6.908,01 €
total expenditures	71.000,00 €	90.201,44 €	91.217,51 €
actual surplus			18.782,49 €
Int'l Coordination ex Munich, 2015H1			
IT support: CentERdata Tilburg	131.000,00 €	131.000,00 €	181.125,15 €
Economics Area: Padua/Venice	175.000,00 €	175.000,00 €	175.000,00 €
Health Area: Odense	90.000,00 €	105.000,00 €	137.000,00 €
Social Area: Jerusalem	55.000,00 €	55.000,00 €	52.643,14 €
Survey Mgment/Methodology: Paris	30.000,00 €	30.000,00 €	7.854,94 €
Health Care Area: Wuppertal	28.000,00 €	28.000,00 €	11.206,93 €
SHARE-ERIC Admin: Madrid	15.000,00 €	15.000,00 €	15.000,00 €
expected expenditures	524.000,00 €	539.000,00 €	579.830,16 €
actual surplus		44.883,00 €	4.052,84 €
Int'l Coordination ex Munich, 2015H2			
IT support: CentERdata Tilburg	131.000,00 €	131.000,00 €	168.307,38 €
Economics Area: Padua/Venice	175.000,00 €	175.000,00 €	198.460,75 €
Health Area: Odense	90.000,00 €	105.000,00 €	87.148,17 €
Social Area: Jerusalem	55.000,00 €	55.000,00 €	67.459,83 €
Survey Mgment/Methodology: Paris	30.000,00 €	30.000,00 €	39.327,50 €
Health Care Area: Wuppertal	28.000,00 €	28.000,00 €	39.212,50 €
SHARE-ERIC Admin: Madrid	15.000,00 €	15.000,00 €	35.137,67 €
expected expenditures	524.000,00 €	539.000,00 €	635.053,79 €
actual loss		96.053,13 €	- 0,67 €
Survey costs 2015			
AT	695.000,00 €	695.000,00 €	695.000,00 €
BE only partially	60.000,00 €	60.000,00 €	60.000,00 €
CZ	330.000,00 €	330.000,00 €	300.000,00 €
DE old panel	400.000,00 €	400.000,00 €	400.000,00 €
DE new panel	1.000.000,00 €	1.000.000,00 €	1.000.000,00 €
GR	350.000,00 €	350.000,00 €	400.000,00 €
IL			
IT	745.000,00 €	745.000,00 €	745.000,00 €
NL only Internet			
PL	120.000,00 €	120.000,00 €	120.000,00 €
SE			
SI	400.000,00 €	400.000,00 €	400.000,00 €
CH			
DK			
EE			
ES	468.000,00 €	468.000,00 €	468.000,00 €
FR			
HR	134.000,00 €	134.000,00 €	134.000,00 €
HU dropped out			
LUX			
PT			
expected expenditures	4.702.000,00 €	4.702.000,00 €	4.722.000,00 €
actual surplus/loss		irrelevant	irrelevant
Biomarker 2015			
DBS support in 13 countries	559.000,00 €	559.000,00 €	559.000,00 €
Biobank at SDU Odense	73.512,34 €	73.512,34 €	73.512,34 €
expected expenditures	632.512,34 €	632.512,34 €	632.512,34 €
actual surplus/loss		2.487,66 €	2.487,66 €

Figure 12 shows the expense items and financing sources for all expenditures in 2015. The totals differ slightly from **Figure 11** since, on the one hand, some income arrived already in year 2014 and on the other hand, some expenses which are attributable to 2015 were invoiced only in 2016. We show the situation as originally planned at the SHARE-ERIC Council meeting in March 2015, at the interim Council meeting in October 2015, and the final accounts as of March 2016. Significant deviations are marked red (if more expensive than planned) or green (if less expensive than planned). In spite of these deviations, the overall budget has been quite close to balanced with the exception of a significant surplus in the ERIC administration itself.

Several line items are worth noting. First, travel expenses for the SMB have been substantially higher due to the large attendance of the SMB and the dramatically increased costs of ticket prices for overseas flights. Second, IT expenses have been substantially higher due to the additional efforts necessary to run the survey during an un-synchronised schedule since some countries could start on time while others were still waiting for funds. Third, health area expenses were higher since we needed to perform additional calibrations for the dried blood spot samples (DBSS). On the other hand, personnel costs in Wuppertal and Madrid were lower than expected.

CURRENT FUNDING SITUATION

Funding SHARE is very complex. One reason for this is that SHARE is relatively expensive for the social sciences, although it is much cheaper than most of the ESFRI projects e.g. in the natural sciences. The entire SHARE operation costs about € 11m per annum for the 20 countries which have been participating in SHARE Wave 6 of which 12 are currently SHARE-ERIC members and about € 14.5m per annum for all 28 countries participating in Wave 7. The other reason for the complexity, partially related to the first one, is that there are many funders on the international and the national level. In Wave 6, we had 58 different funding sources which contributed € 10,000 or more. These sources finance four different cost components, see **Figure 13**:

• The largest component (about € 11m) is running the survey in each SHARE country.
• International coordination has two components:

- First, the international coordination activities which take place at the Munich headquarter (about € 1.15m annually) are covered by a grant from the German Federal Ministry of Education and Research (BMBF) and the Max Planck Society (MPG) until June 2018 (Column C of the Statutes). The coordination activities related to the integration of eight new countries ("EU 28") in Wave 7 will be supported by DG EMPLOYMENT.

- Second, Commission support for the international coordination activities which take place in Denmark, France, Israel, Italy and the Netherlands (about € 1.25m annually, Column D of the Statutes) had expired at the end of 2014 and no substitute had been received for the first half year of 2015. "Column D" funds

from SHARE-ERIC members covered this part of expenses until June 2015. New Commission support has been obtained from July 2015 running until June 2018.

• Finally, several other grants (H2020, US National Institute on Aging; totaling about € 0.7m per annum) finance innovation and harmonisation activities.

The third reason for the complex funding situation are the different time horizons of funding sources. While the funding situation for SHARE is stable in some countries with a reasonably long time horizon, it is fragile and very short term in many other countries.

Figure 13: Components of the SHARE operation costs (per year)

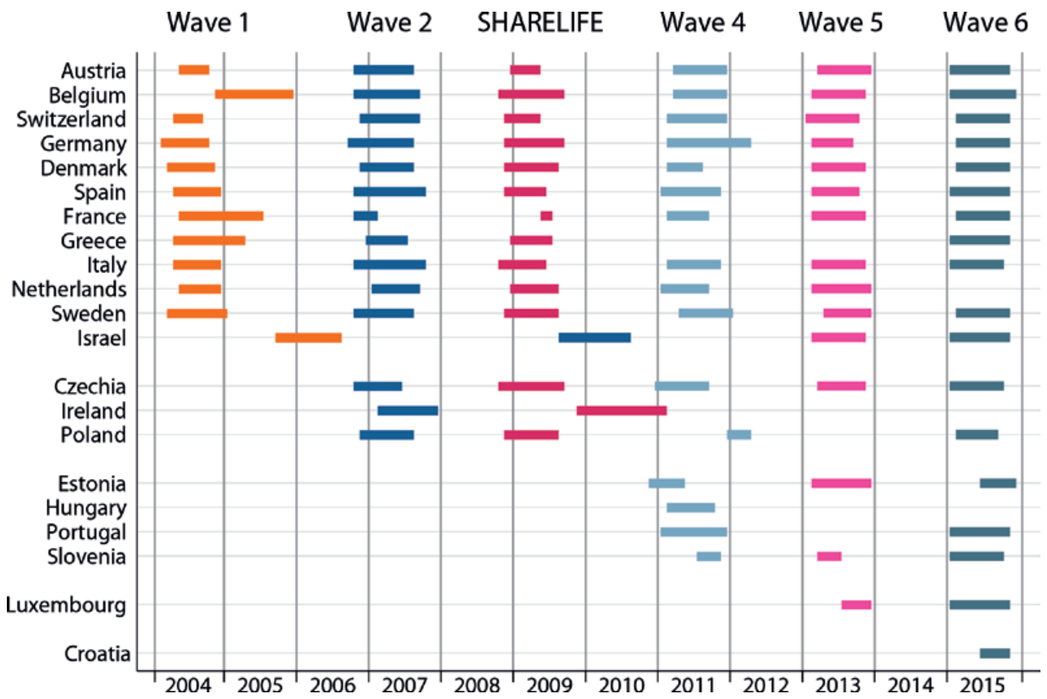
Regarding funding in the Member States, some countries did not manage to fund Wave 6, so SHARE still could not reach full coverage of the EU countries as projected in the SHARE-ERIC statutes, see **Figure 14**, which is now the aim of Wave 7 with the help of DG EMPLOYMENT.

Long-term funding is secured only in the Czech Republic (until 2022) and in Germany (until 2024). Most other countries have short-term funding for one or two waves. Greece has re-entered Wave 6 after two waves without participation thanks to European Structural Funds but again has no funding for Wave 7.

In the Netherlands, the former host country, funding for Wave 6 switched to a university consortium and has been reduced to half of the amount that would have been necessary to interview the panel sample again. The reduced funding level permitted an experimental Internet survey which, however, will not be strictly comparable to the remainder of SHARE. The situation for Wave 7 has even worsened as there seems to be no funding opportunity for a regular SHARE wave in the Netherlands at all. We plan to repeat an Internet survey at the scientific costs of a low response rate and a limited set of variables, especially objective health measures.

In the current host country, Germany, the National Research Council (DFG) will fund SHARE until 2024 through the DFG long-term programme.

Figure 14: Participation in SHARE, Wave 1 - 6



The situation in those SHARE countries which are not yet members of the ERIC shows also a quite diverse picture. Whereas most countries have short-term funding for one or two waves, some other countries are again struggling to obtain funding for Wave 7. Croatia and Spain successfully applied for funds from DG EMPL for Wave 6. However, Wave 7 funding is again uncertain. The same holds for Portugal. In Hungary, a mixture of financial and political restrictions appears to make future waves in this country impossible without financial support at European level. We will use the limited "survey fund" granted by DG RESEARCH via the SHARE-DEV3 project to support these countries with co-funding.

This complex and fragile funding situation makes both financial and operational planning very difficult. Therefore, we have again difficulties in submitting a formal 2016 budget since uncertainties still prevail. The resulting inefficiency of operations and governance is a great impediment for the scientific integrity of SHARE.

Figure 15 presents the financial plan for 2016 based on the current contributions (as of March 2016) and expected expenditure items. Note that only a fraction of the expected income has been credited on the SHARE-ERIC account so far. This holds for both membership fees and country contributions for the national surveys.
The financial plan is separated by: income from ERIC membership fee and its usage; income from EU-COM and its usage; survey contributions and costs; biomarker grant and expenditures.

Figure 15: Forecast 2016

	Income	Amount	Actually paid
	Membership fee 2016		
1	AT	10.000,00 €	Y
2	BE	10.000,00 €	N
3	CZ	10.000,00 €	N
4	DE	10.000,00 €	Y
5	FR	10.000,00 €	N
6	GR	- €	N
7	IL	10.000,00 €	Y
8	IT	10.000,00 €	N
9	NL	10.000,00 €	Y
10	PL	10.000,00 €	N
11	SE	10.000,00 €	Y
12	SI	10.000,00 €	N
13	expected income	110.000,00 €	
14	actual income		50.000,00 €
15			
16			
17	**EU-COM 2016**		
18	SERISS	374.136,25 €	Y
19	SHARE-DEV3	895.970,00 €	Y
20			
21			
22			
23			
24			
25			
26			
27	expected income	1.270.106,25 €	
28	actual income		1.270.106,25 €
29			
30			
31	**Survey contribution 2016**		
32	AT	750.000,00 €	no
33	BE*	60.000,00 €	y
34	CZ	300.000,00 €	y
35	DE	1.280.000,00 €	y
36	FR*		
37	GR	368.000,00 €	no
38	IL*		
39	IT	745.000,00 €	y
40	NL	150.000,00 €	no
41	PL	370.000,00 €	no
42	SE	930.000,00 €	y
43	SI	400.000,00 €	y
44	BG	230.000,00 €	y
45	CH*		
46	CY	270.000,00 €	y
47	DK*		
48	EE*		
49	ES	400.000,00 €	no
50	FI	650.000,00 €	y
51	HR	167.000,00 €	y
52	HU	200.000,00 €	y
53	LT	300.000,00 €	y
54	LV	300.000,00 €	y
55	LUX*		
56	MT	270.000,00 €	y
57	PT*		
58	SK	230.000,00 €	y
59	RO	230.000,00 €	y
60	expected income	8.600.000,00 €	
61	actual income		6.562.000,00 €
62			
63	**NIA IAG4 2016**		
64	NIA grant	1.540.000,00 €	Y
65			
66			
67	expected income	1.540.000,00 €	
	actual income		1.540.000,00 €

Expenditure	Amount April2016
ERIC administration 2016	
Account charges/transaction fees	1.250,00 €
Auditor	4.500,00 €
Budget SMB/Travel	48.000,00 €
0.5 FTE accountant	27.000,00 €
Council meeting	3.000,00 €
Other admin (translations, notary, domaine)	4.000,00 €
Print annual activity report	1.500,00 €
Other PR expenses (flyers, banners)	2.500,00 €
total expenditures	91.750,00 €
current loss	**- 41.750,00 €**
Int'l Coordination ex Munich, 2016	
IT support: CentERdata Tilburg	336.614,76 €
Economics Area: Padua	188.435,58 €
Economics Area: Venice	208.485,92 €
Health Area: Odense	174.296,34 €
Social Area: Jerusalem	134.919,66 €
Survey Mgment/Methodology: Paris	78.655,00 €
Health Care Area: Wuppertal	78.425,00 €
SHARE-ERIC Admin: Madrid	70.275,34 €
expected expenditures	1.270.107,60 €
current surplus/loss (balanced by definition)	**- 1,35 €**
Survey costs 2016	
AT	
BE*	60.000,00 €
CZ	300.000,00 €
DE	1.280.000,00 €
FR*	
GR	
IL*	
IT	745.000,00 €
NL	
PL	
SE	930.000,00 €
SI	400.000,00 €
BG	230.000,00 €
CH*	
CY	270.000,00 €
DK*	
EE*	
ES	
FI	650.000,00 €
HR	167.000,00 €
HU	200.000,00 €
LT	300.000,00 €
LV	300.000,00 €
LUX*	
MT	270.000,00 €
PT*	
SK	230.000,00 €
RO	230.000,00 €
expected expenditures	6.562.000,00 €
current surplus/loss (balanced by definition)	**- €**
Biomarker 2016	
DBS laboratory analyses	1.540.000,00 €
expected expenditures	1.540.000,00 €
current surplus/loss (balanced by definition)	**- €**

* funding not via SHARE-ERIC

SEVERAL ITEMS ARE WORTH NOTING:

1. Not all SHARE-ERIC members have paid their membership fee although we are optimistic that all members will pay. We therefore are not worried about the current outstanding negative balance of € 41,750. There is once more uncertainty in Greece due to the uncertain funding situation in early 2016 at the time of writing of this report.

2. International coordination outside Munich is covered for all of 2016 through two H2020 grants SHARE-DEV3 and SERISS. This part is therefore balanced ex ante by definition.

3. The situation for Wave 7 in the twelve ERIC member countries at the time of the Wave 7 post-pretest phase is still uncertain in Austria, Greece, the Netherlands, and Poland. Furthermore, amongst the SHARE non-ERIC member countries funding is not yet secured in Croatia, Estonia, Hungary, Portugal and Spain. Partially, these countries can be supported by the "survey fund" in the SHARE-DEV3 project, but national co-funding will be required. This uncertainty in nine SHARE countries seriously jeopardizes the harmonisation of SHARE. Some of those countries will eventually have to reduce sample size, thereby also reducing the scientific value of SHARE. Note that countries marked by an asterisk will fund the survey directly without funds flowing through SHARE-ERIC; the respective rows are therefore empty. Note furthermore that unless funding is securely committed, we will not start the survey. The budget is therefore always balanced; however, we currently lack slightly more than € 2m in national funds to run the Wave 7 survey.

The uncertainty of national support in almost half the number of all SHARE countries also poses a severe financial and operational risk to SHARE-ERIC. Once labor contracts have to be dissolved due to delayed funding a consequence in the national countries is a loss of investment and know-how about SHARE. The personnel involved necessary to run SHARE cannot be easily replaced as the survey operation requires highly qualified researchers with hands-on training and experience in running the survey and supervising the survey agency.

Another serious consequence of the uncertain financial situation are delays in contracting survey agencies and therefore also in starting operations in these countries while other countries are already steps ahead in the schedule. This has severe consequences on the central coordination schedule and involved personnel and costs, especially in software preparation but also on work load in the national and the central coordination teams.

4. In autumn 2015, DG EMPL has announced its scientific interest and its funding intention to help to expand SHARE to another eight EU countries with Wave 7: Bulgaria, Cyprus, Finland, Latvia, Lithuania, Malta, Slovakia and Romania. First contacts with scientific partners have been established by the central coordination team and preparations to run SHARE in these countries are being intensified since December 2015.

5. The US National Institute on Aging (NIA) will fund the initial laboratory analyses of the DBSS as indicated in the last block of **Figure 15**.

SCIENTIFIC PARTNERS OF

AUSTRIA
University of Linz, Dept. of Economics
The Department of Economics at the University of Linz directs the Austrian participation in the SHARE project. Its research focus being is labour economics, public economics and problems of pension reform as well environmental economics. It will be represented by the Rudolf Winter-Ebmer, Professor of Economics and specialist in empirical labour economics.

BELGIUM – NL
University of Antwerp, CSP
CSP's principal objective has been to study the adequacy of social policies. Its research is mainly based on large-scale socio-economic surveys of households. Karel van den Bosch, senior researcher, leads the Belgian Country Team.

BELGIUM – FR
University of Liège, CREPP
CREPP's main fields of specialisation are social security, retirement behaviour and well-being among the elderly and intergenerational transfers. Sergio Perelman is in charge of the SHARE project coordination in the Belgian French speaking community.

CZECH REPUBLC
CERGE-EI, Prague
CERGE-EI is fully accredited in both the United States and the Czech Republic. Its main expertise is in social, economic and political transition in the Central and Eastern European countries and in the former Soviet Union region. Radim Bohacek leads the Czech Country Team.

FRANCE
LEDa-LEGOS, Paris-Dauphine University
The Department of Health Economics and Management (LEDa-LEGOS) at Paris-Dauphine University is one of the leading departments for Health Economics in France. LEGOS's main fields of specialisation are economics of ageing, health inequalities, social security and health systems efficiency. Marie-Eve Joël, Professor of Economics, leads the French Country Team.

GERMANY
Max Planck Institute for Social Law and Social Policy, Munich Center for the Economics of Aging (MEA)
MEA is a world-renowned centre of excellence for the economics of ageing. It moved 2011 from Mannheim to Munich after an offer to become part of the Max Planck Society. Research areas are savings, social insurance and public policy; macroeconomic implications of population ageing; and public health. MEA has been the coordination center of SHARE since its first wave. MEA is represented by Axel Börsch-Supan, director. The German Country Team Leader is Annette Scherpenzeel.

GREECE
Panteion University, Athens
Panteion University is a public institution centering on social and political sciences. Economics, sociology, social anthropology and psychology are major disciplines while regional development & public administration are interdisciplinary departments where cross-cutting viewpoints from many disciplines met. Antigone Lyberaki leads the Greek Country Team.

SHARE-ERIC MEMBERS

ISRAEL
The Hebrew University, IGDC
The Israel Gerontological Data Center (IDGC) at the Hebrew University in Jerusalem facilitates research and dissemination of data on ageing, and directs the Israeli participation in the SHARE project. Howard Litwin leads the Israeli Country Team. He also serves as area coordinator of the social network area in SHARE.

ITALY
University of Padua, Dept. of Economics
Padua's Department for Economics and Management covers the whole spectrum of economics and management science, in particular applied econometrics, public and health economics as well as labour economics. Guglielmo Weber leads the Italian Country Team. He also serves as deputy coordinator of SHARE.

THE NETHERLANDS
University of Tilburg, Netspar
Netspar is a scientific Network for studies on Pensions, Ageing and Retirement connected to the Faculty of Economics and Business Administration of Tilburg University. Arthur van Soest leads the Dutch Country Team.

POLAND
Centre for Economic Analysis, Szczecin
The Centre for Economic Analysis (CenEA) is an independent research institute in Poland in the area of applied microeconomic analysis with a focus on household and firm behaviour and on the effects of economic policy on welfare and economic development. Michał Myck is director and member of the Board of Centre for Economic Analysis, CenEA and leader of the Polish Country Team.

SLOVENIA
Institute for Economic Research Ljubliana (IER)
The Institute for Economic Research (IER) is the leading institute for macroeconomic research in Slovenia, which recently focuses particularly on economic, social and health aspects of structural reforms in Slovenia. Boris Majcen leads the Slovenian Country Team.

SWEDEN
Centre for Demographic and Ageing Research, Umeå University
Centre for Demographic and Ageing Research (CEDAR) is an interdisciplinary centre for research on long-term demographic trends and ageing from a social science, humanistic and health perspective. A part from the research CEDAR also produces a number of large longitudinal datasets including both contemporary and historical demographic, socio-economic and health information. Gunnar Malmberg is director of research at CEDAR and leader for the Swedish Country Team.

SHARE ERIC
SURVEY OF HEALTH, AGEING AND RETIREMENT IN EUROPE

SCIENTIFIC PARTNERS OF SHARE

CROATIA
University of Zagreb – Faculty of Economics and Business, Zagreb

DENMARK
University of Southern Denmark, Institute of Public Health, Odense

ESTONIA
Tallinn University, Estonian Institute for Population Studies, Tallinn

HUNGARY
Central European University, Department of Economics, Budapest

LUXEMBOURG
CEPS/INSTEAD, Esch sur Alzette

PORTUGAL
Universidade Nova de Lisboa, Nova School of Business and Economics, Faculdade de Economia, Lisboa

PORTUGAL
Universidade do Minho, Braga

SPAIN
Centro de Estudios Monetarios y Financieros (CEMFI), Madrid

SPAIN
The Dipsalut, Organisme de Salut Pública – Diputació de Girona, Girona

SWITZERLAND
University of Lausanne, Institute of Health Economics and Management (IEMS), Lausanne

UPCOMING SCIENTIFIC PARTNERS

BULGARIA
Institute for the Study of the Societies and Knowledge at the Bulgarian Academy of Sciences (ISSK-BAS), Sofia

CYPRUS
University of Cyprus School of Economics and Management, Nicosia

FINLAND
Väestöliitto, Kalevankatu 16, Helsinki

LATVIA
Riga Stradins University, Riga

LITHUANIA
University of Vilnius, Vilnius

ROMANIA
Alexandru Ioan Cuza University of Iasi, Faculty of Economics and Business Administration, Iasi

SLOVAKIA
Institute of Economic Research SAS, Bratislava

SHARE
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VISIT YOUR COUNTRY TEAM ONLINE!

SHARE-ERIC members

Austria: www.share-eric.eu/at
Belgium: www.share-eric.eu/be

Czech Republic: www.share-eric.eu/cz

France: www.share-eric.eu/fr
Germany: www.share-eric.eu/de
Greece: www.share-eric.eu/gr

Israel: www.share-eric.eu/il
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NIH National Institute on Aging