

**The President, the members of the Presidium and Secretariat of AIM
wish you and your families
a merry Christmas, a happy new year and all the best for 2012!**

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AIM'S CORNER

COLOMBIA

8TH INTERNATIONAL CONGRESS OF GESTAR SALUD

The topic of the Congress of the AIM member Gestar Salud (30 Nov-1 Dec 2012) held in Santa Marta Colombia was "Trust: health right". It was attended by more than 400 people with several ministers and the participation of AIM members from Latin America and Europe.

At this occasion, the AIM Vice-President Region Latin America, Dr José María Garriga (FAMSA, ARG) organised on 2 December a meeting with the AIM members of this continent and AMA (Alliance of mutuals of America) on the priorities 2012-2014 for this region, with Alain Coheur (UNMS, B) and Ph. Swennen (AIM).

NEXT AIM MEETINGS

- Mutuality working group (Brussels 11 January)
- European affairs Working Group (Brussels, 12 January)
- Study visit to the Scottish NHS 24 and telemedicine in support of GPs (open to all) (19-20 January, Edinburgh)
- Pharmaceuticals working group (Brussels, 10 February)
- Fight against Fraud working group (Brussels, 16 February)
- Meeting of the Region Africa of the AIM members (Abidjan, 27-29 February)
- AIM Board and General assembly meetings (Brussels, 31 May - 1 June 2012)



European Year for **Active Ageing**
and **Solidarity between Generations 2012**



EU INSTITUTIONS

EU COUNCIL

DANISH EU PRESIDENCY HEALTH AND SOCIAL PRIORITIES

Health priorities ([more](#))

- Antimicrobial Resistance
- Action Programme in the field of health
- Amendment of the Directive on Tobacco
- Amendment of the Transparency Directive
- The Health Threats Package

Social affairs ([more](#))

- Clarification of the relationship between freedom of movement and workers' rights
- The EU 2020 strategy and the European Semester
- Proposal for a Directive on implementing the principle of equal treatment
- Strengthened enforcement of the posted workers directive
- The EU programme for Social development and Innovation

EU COMMISSION EUROPEAN PARLIAMENT

DEVELOPMENT

MILLENNIUM DEVELOPMENT GOALS: EU GIVES ADDITIONAL SUPPORT TO 36 COUNTRIES FOR TACKLING HUNGER, CHILD MORTALITY, MATERNAL HEALTH, AND ACCESS TO WATER

The European Commission announced on 21/12 additional funding for projects targeting the most off-track Millennium Development Goals (MDGs) in 36 African, Caribbean and Pacific countries. This additional funding will focus on reducing hunger and child mortality, securing better maternal health, drinking water and sanitation facilities.

[Background information](#) - [Website on "EU Contribution to the MDGs"](#) - [Press release](#) - [MEMO](#)

HEALTH

DRIVING FORWARD THE UPTAKE OF E-HEALTH WITH A NEW NETWORK FOR EUROPEAN CO-OPERATION

On 22/12 the European Commission adopted a Decision establishing an eHealth Network, as foreseen by the Directive ([2011/24/EU](#)) on Patients' Rights in Cross-border Healthcare. For the first time, EU legislation includes provisions on eHealth with clear objectives to find modern, innovative solutions for providing better and safer healthcare for all Europeans. [More](#) The Network will bring together the national authorities responsible for eHealth on a voluntary basis to work on common orientations for eHealth. The aim is to ensure EU wide interoperability of electronic health systems and wider use of eHealth.

COMMISSION PROPOSES EFFECTIVE MEASURES TO BETTER PROTECT CITIZENS FROM A WIDE RANGE OF CROSS-BORDER HEALTH THREATS

To better protect Europeans from a wide range of health threats, and provide for a fully co-ordinated response in the event of a crisis, the European Commission adopted on 8/12 a legislative proposal on the means to address serious cross border health threats. Building on lessons learned with recent crises such as the H1N1 pandemic in 2009, the volcanic ash cloud in 2010 and the outbreak of E. coli in 2011, the Commission is proposing to beef up the means to prepare for and to address such crises. [More](#) - [Press release](#) - [FAQ](#)

INSURANCE SECTOR

COMMISSION GIVES GUIDANCE TO EUROPE'S INSURANCE INDUSTRY TO ENSURE NON-DISCRIMINATION BETWEEN WOMEN AND MEN IN INSURANCE PREMIUMS

On 22/12 the European Commission has adopted guidelines to help the insurance industry implement unisex pricing, after the Court of Justice of the European Union ruled that different premiums for men and women constitute sex discrimination. In its ruling on the Test-Achats case on 1 March 2011, the Court of Justice gave insurers until 21 December 2012 to treat individual male and female customers equally in terms of insurance premiums

and benefits ([MEMO/11/123](#)). ([MEMO/11/624](#)). [Press release](#)

INTERNAL MARKET

MODERNISING THE PROFESSIONAL QUALIFICATIONS DIRECTIVE

The Commission has adopted on 19/12 a proposal for modernising the Professional Qualifications Directive. [Press release](#) The proposal aims at **simplifying rules for the mobility of professionals** within the EU by offering a European Professional Card to all interested professions which would allow easier and faster recognition of qualifications. It also clarifies the framework for consumers, by inviting Member States to review the scope of their regulated professions and by addressing public concerns about language skills and the lack of effective alerts about professional malpractice, notably in the health sector.

Key elements of the proposal:

1. The introduction of a European professional card
2. Better access to information on the recognition of professional qualifications
3. Updating minimum training requirements for doctors, dentists, pharmacists, nurses, midwives, veterinary surgeons and architects
4. The introduction of an alert mechanism for health professionals benefiting from automatic recognition
5. The introduction of common training frameworks and common training tests
6. Mutual evaluation exercise on regulated professions

[FAQ - Citizens' summary](#) - [Proposal](#) - [Executive summary](#) - [More](#)

MODERNISING EUROPEAN PUBLIC PROCUREMENT TO SUPPORT GROWTH AND EMPLOYMENT

The revision of the public procurement Directive announced by the Commission on 20/12 is part of an overall programme to thoroughly modernise public tendering in the European Union. This programme also includes a Directive on concessions, which until now have been only partially regulated at European level and present specific features which justify a separate text, while maintaining consistency with the general reform. [FAQ on public procurement](#) - [FAQ on Concessions](#) - [Press release](#)

FUTURE VAT SYSTEM: PRO-BUSINESS, PRO-GROWTH

On 6/12, the Commission adopted a Communication on the future of VAT. This sets out the fundamental characteristics that must underlie the new VAT regime, and priority actions needed to create a simpler, more efficient and more robust VAT system in the EU.

Examples of current exemptions from tax include certain activities in the public interest (**medical care**, school education, **non-profit making organisations** etc.), certain insurance and financial services. These exemptions will be scrutinised to check if changes would be necessary. [More](#) - [FAQ](#)

AGREEMENT ON REINFORCEMENT OF EUROPEAN OBSERVATORY ON COUNTERFEITING AND PIRACY

On 21/12, the Polish Presidency welcomed the decision taken by the Committee of Permanent Representatives

(COREPER) on the outcome of the trilogue meeting between the Council and the European Parliament in Brussels on 19 December on a regulation aimed at reinforcement of the European Observatory on Counterfeiting and Piracy. The Regulation will entrust its tasks to the Office for Harmonisation in the Internal Market (OHIM) in Alicante. According to the draft, the OHIM will facilitate and support the activities of national authorities, the private sector and the institutions of the Union in the fight against infringements of the intellectual property rights.

Once all procedural steps are completed, the OHIM regulation can be adopted by the European Parliament and the Council in the first reading. [More](#)

PHARMACEUTICAL SECTOR

REVISION OF TRANSPARENCY DIRECTIVE

A legislative proposal to revise the Transparency Directive should be adopted by the Commission on 17 or 25 January 2012. Further info is available from the AIM Secretariat.

RESEARCH

COMMISSION CONSULTS ON REVIEW OF R&D&I RULES

The European Commission is inviting stakeholders' comments on the review of EU state aid rules for supporting research, development and innovation (R&D&I). The Commission is interested in statistical information and qualitative comments on national R&D&I policies, at large, and on national state aid support measures for R&D&I, in particular. On the basis of the replies received to the published questionnaire, the Commission will prepare a first draft of a revised EU Framework for State aid for R&D&I which it expects to publish in the second half of 2012 for consultation. [More](#) – [Press release](#)

SOCIAL SERVICES OF GENERAL INTEREST

STATE AID: COMMISSION ADOPTS NEW RULES ON SERVICES OF GENERAL ECONOMIC INTEREST

After extensive public consultations, the European Commission has adopted on 20/12 a revised package of EU state aid rules for the assessment of public compensation for services of general economic interest (SGEI) (to replace the so-called "Monti-Kroes" Package of July 2005). [More](#) The new package clarifies key state aid principles and introduces a diversified and proportionate approach with simpler rules for SGEIs that are small, local in scope or pursue a social objective, while better taking account of competition considerations for large cases. **All social services become exempted from the obligation of notification** to the Commission, regardless of the amount of the compensation received. The services concerned must meet "**social needs as regards health and long term care**, childcare, access to and reintegration in the labour market, social housing and the care and social inclusion of vulnerable groups".

The new legislative package (the three already adopted texts) can be found [here](#). For further details, please see [IP/11/1579](#) - [MEMO/11/929](#)

The Commission has also adopted a Quality Framework for Services of General Interest (SGI) in the EU ([more](#)). They provide an essential safety net for citizens in areas such as **health care, care for the elderly, child care, assistance to disabled persons and social housing**. At a time when public authorities are confronted with the need for fiscal consolidation, it is essential to ensure that right framework is in place so that high-quality services can be provided as efficiently and cost-effectively as possible.

SOCIAL BUSINESS

NEW MEASURES TO STIMULATE FUNDING FOR SOCIAL BUSINESSES

With the proposal for a Regulation adopted on 7/12, the Commission lays the foundations for a strong European market for social investment funds. It introduces a new "European Social Entrepreneurship Funds" label so investors can easily identify funds that focus on investing in European social businesses. To get the label, a fund will have to prove that a high percentage of investments (70% of the capital received from investors) is spent in supporting social business. Uniform rules on disclosure will ensure that investors get clear and effective information on these investments.

Key elements of the proposal

- A recognised EU brand for social entrepreneurship funds
- Improved investor information
- Better performance measures
- Break down barriers to fundraising across Europe
- Availability to investors

Next steps: The proposals now pass to the European Parliament and the Council (Member States) for negotiation and adoption under the co-decision procedure. See also [MEMO/11/881](#) - [more](#) – [Press release](#) - [FAQ](#)

SOCIAL AFFAIRS

COMMISSION SEEKS PUBLIC INPUT ON MEASURES TO BREAK DOWN BARRIERS TO DISABLED PEOPLE

On 13/12, the European Commission launched a public consultation on its future plans for breaking down barriers to Europeans with disabilities. The consultation will help the Commission to prepare its proposals for a European Accessibility Act, planned for autumn 2012. The initiative aims to ensure that people with disabilities have access, on an equal basis with others, to the physical environment, to transport and to information and communication services. It will also benefit people with limited mobility, such as the elderly. Deadline of consultation is 29 February 2012. [More](#) – [High Level meeting on disability](#)

NEW ANALYSIS SHOWS EMPLOYMENT AND SOCIAL POLICIES KEY TO EUROPE'S JOB-RICH RECOVERY

The first annual review of Employment and Social Developments in Europe (ESDE) published on 15/12 by the European Commission underlines that a mix of employment and social policies is necessary to ensure a long-term job-rich recovery in the current climate of fiscal consolidation and bleak economic outlook. Its findings show how the economic crisis has aggravated Europe's structural weaknesses like income inequality

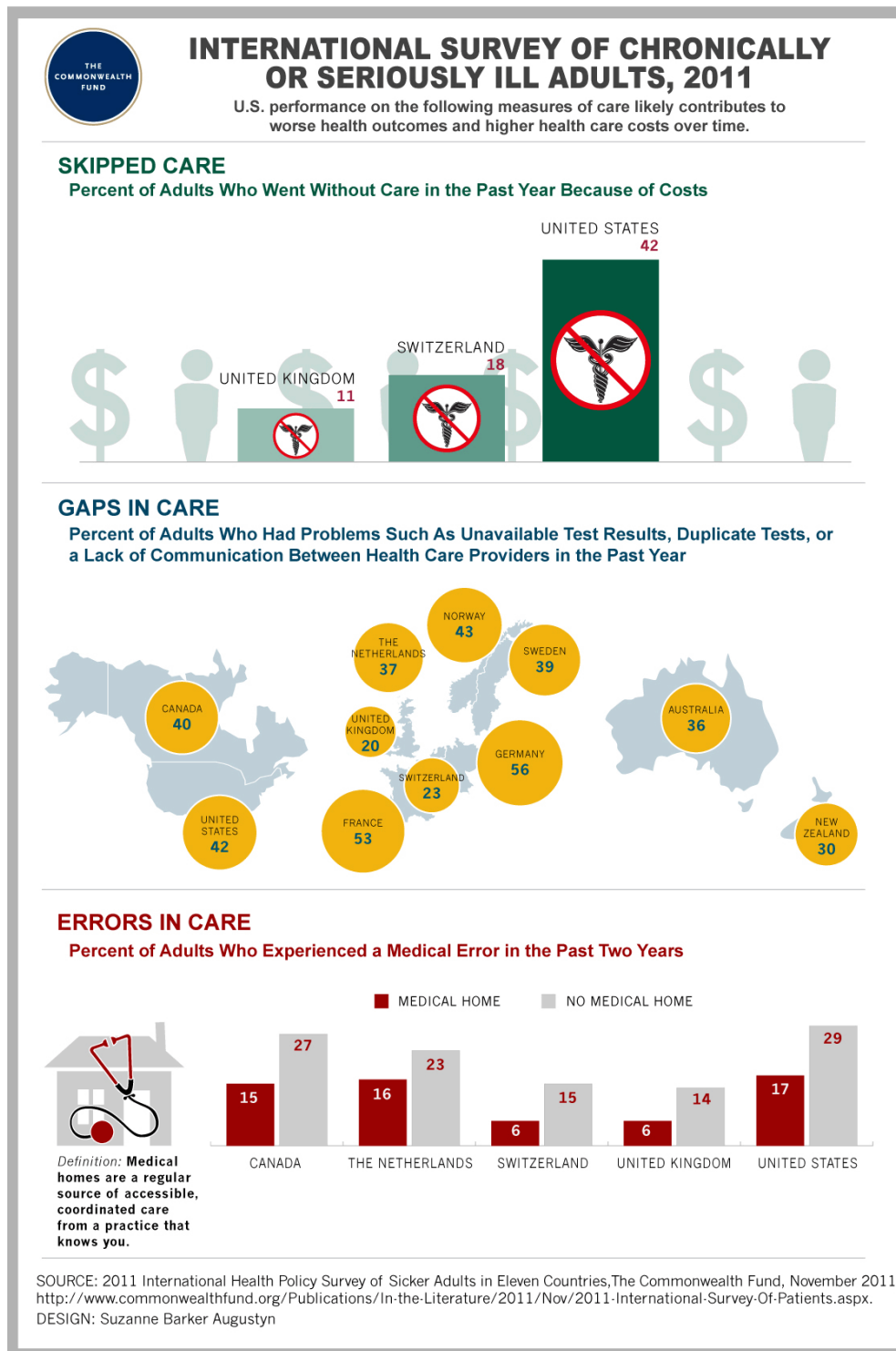
and the disappearance of medium-paid jobs, especially in manufacturing and construction. Poverty remains high with 115 million Europeans (23 % of the EU population) at risk of poverty or social exclusion in 2010. The review also analyses labour mobility within Europe, **reviews active ageing policies** and draws attention to the problem of in-work poverty. [Press release](#) - [MEMO](#)

EU COURT OF JUSTICE

[Judgment in Case C-495/10](#). The liability of a public healthcare establishment, in its capacity as a service provider, does not fall within the scope of the Product Liability Directive. The directive thus does not prevent the Member States from laying down rules whereby such an establishment must pay compensation, even when it is not at fault, for injury suffered by a patient as a result of a defect in a product used in treating him.

For more information: <http://curia.eu.int/>

GRAPH OF THE MONTH



Source: The Commonwealth Fund, 2011 - [More](#)

GENERAL NEWS

HEALTH INSURANCE/ SYSTEM

REFORM

INTEGRATION OF HEALTH AND SOCIAL CARE IN SCOTLAND

The Scottish Government's plan plans to integrate adult health and social care, according to the news release of the Scottish Gov. Website The moves aim to improve the quality and consistency of care for older people and put an end to the 'cost-shunting' between the NHS and local authorities that too often ends up with older people being delayed in hospital longer than they should be and not getting the best standards of care. It has been decided not to create a new statutory organisation separate from the NHS and local authorities, but instead Community Health Partnerships will be replaced by Health and Social Care Partnerships, which will be the joint responsibility of the NHS and local authority. Partnerships will be accountable to Ministers, leaders of local authorities and the public for delivering new nationally agreed outcomes. These will initially focus on improving older people's care and are set to include measures such as reducing delayed discharges, reducing unplanned admissions to hospital and increasing the number of older people who live in their own home rather than a care home or hospital.

NHS Boards and local authorities will be required to produce integrated budgets for older people's services to bring an end to the 'cost-shunting' that currently exists. A smaller proportion of resources - money and staff - will be directed towards institutional care and more resources will be invested in community provision. This will mean creating new or different job opportunities in the community. This is in line with the commitment to support people to stay at home or in another homely setting, as independent as possible, for as long as possible. [More](#)

TRENDS

PROPOSAL THAT THE IRISH STATE BUY HEALTH INSURER QUINN HEALTHCARE

The Irish Times reports that the Government is considering a proposal that the State buy the country's second biggest health insurer Quinn Healthcare as part of an ambitious plan to merge it with the VHI and reform the health insurance market. The paper quotes "reliable sources" as saying that Minister for Health James Reilly has suggested the State purchase Quinn Healthcare in a memo sent to Cabinet colleagues. It was sent along with proposals to capitalise the VHI. The need to put substantial financial reserves into the VHI arises from an adverse European Court of Justice ruling last September. It found that the State-owned insurer being exempt from Central Bank authorisation and regulation was in breach of obligations under EU directives. In contrast, its private competitors were required to have very substantial financial reserves. The State gave an undertaking to the European Commission that it would outline by December how it would comply with the ruling. It is understood that the VHI will

require an injection of some €220m to bring its solvency levels to the level required by the Central Bank. [More](#)

OECD: MEDICAL CARE IMPROVING BUT BETTER PREVENTION AND MANAGEMENT OF CHRONIC DISEASES NEEDED TO CUT COSTS

The quality of medical care is improving in OECD countries, with higher survival rates for life-threatening diseases, according to the new OECD [Health at a Glance 2011](#). It shows that, on average, only 4% of people hospitalised after a heart attack now die within 30 days following hospital admission, down from 8% in 2000. Survival rates for different types of cancer are also increasing, thanks to earlier detection and better treatments. The five-year survival rate for women diagnosed with breast cancer in 2004 was 84% in 2009 across OECD countries, up from 79% for those diagnosed in 1997.

But there is a need for better prevention and management for chronic diseases, such as asthma and diabetes, with too many people unnecessarily admitted to hospitals. It highlights also the importance of ensuring a sufficient supply of primary care providers. It shows that the balance between general practitioners (GPs) and specialists has changed over the past decade, with the number of medical specialists increasing much more rapidly than GPs. This imbalance can be explained partly by the growing gap in remuneration between GPs and specialists in several countries, including Canada, Finland, France and Ireland.

SPECIFIC NEWS

COORDINATION OF HEALTHCARE

NEED IN ALL COUNTRIES FOR IMPROVEMENT IN COORDINATING CARE FOR PATIENTS WITH COMPLEX CONDITIONS

In high-income countries, patients with complex care needs account for a disproportionate share of national health spending. In the US, for example, 89% of total national health spending is concentrated among the sickest 30% of the population, according to a Commonwealth Fund survey. These patients typically see multiple clinicians at different locations, making care coordination imperative. In a survey on patients with high care needs in 11 countries, the study indicates a need in all countries for improvement in coordinating care for patients with complex conditions. Despite variation in patients' experiences across the globe, all countries are facing similar challenges in providing effective care to sicker adults, contending with coordination gaps, lapses in communication between providers, and missed opportunities for engaging patients in management of their own care. Moreover, all countries can learn from one another. Necessary measures include redesigning primary care, developing care teams accountable across sites of care, and managing transitions and medications. [More](#)

E-HEALTH AND EVIDENCE

EVIDENCE ON TELEHEALTH IN DENMARK

Important results arose from the Whole System Demonstrator (WSD) programme, which is the largest randomised control trial of telehealth and telecare in the

world, involving 6191 patients, 238 GP practices across three sites in England, says the DOH. The early findings show that if used correctly telehealth can deliver a 15% reduction in Acute & Emergency visits, a 20% reduction in emergency admissions, a 14% reduction in elective admissions, a 14% reduction in bed days and an 8% reduction in tariff costs. More strikingly they also demonstrate a 45% reduction in mortality rates. [More](#)

WELFARE STATE

THE ASSAULT ON UNIVERSALISM: HOW TO DESTROY THE WELFARE STATE

For people living in England this reflection is more relevant than ever, as the coalition government paves the way for the demise of the welfare state, says Prof. Martin McKee in the BMJ. The welfare state, not only in Britain but also throughout western Europe, has proved extremely resilient. But, for those who wish to destroy the European model of

welfare state, the structural weaknesses of social welfare in the United States offer an attractive model. First, create an identifiable group of undeserving poor. Second, create a system in which the rich see little benefit flowing back to them from their taxes. Third, diminish the role of trade unions, portraying them as pursuing the narrow interests of their members rather than recognising that high rates of trade union membership have historically benefited the general population.

What is changing in the UK is the progressive exclusion of the middle classes from the welfare state through incremental erosion of universal benefits, persuading them that they would be better off seeking private options. Will the British people allow the welfare state to be dismantled? Not yet. But the situation could easily change. The experience of the United States shows how easily people can be persuaded to vote against their own economic interests. [More](#)

READERS' DIGEST

NEWSPAPER

EURO HEALTH

- [New Eurohealth](#): European Observatory on health systems. Contents:
 - The free movement of professionals (regulator's perspective), The professional qualifications directive (physicians' perspective), Regulating nursing qualifications across Europe (nurses' perspective);
 - Health care fraud and corruption in Europe: Overview, Belgium, Norway, Scotland;
 - Out-of-pocket spending in the FSU
 - Pay-for-performance does not always pay
 - Eurohealth Monitor.

OECD

- [Health at a glance 2011](#), OECD. This edition provides the latest comparable data on different aspects of the performance of health systems. It provides striking evidence of large variations across countries in the costs, activities and results of health systems. For the first time, it also features a chapter on long-term care.

BOOKS - REPORTS – LINKS

ADAPTATION OF HEALTH SYSTEM

- [Strengthening Health Systems Through Innovation: Lessons Learned](#), Richard Ivey School of Business International Centre for Health Innovation. The paper examines the progress made within the health systems of seven comparator countries to learn how they have been able to help meet population health needs more effectively and make progress in health system redesign and transformation.

EVIDENCE

- [Show me the Evidence](#), Canadian Institutes of Health Research (CIHR). It is conceived as a way of showcasing some of the high-quality and relevant research. This premier issue of 10 pages presents 3 stories about initiatives that

have the potential to improve the delivery of health services to Canadians: the benefits of integrating pharmacists into primary health care teams for elderly patients and others who take several different prescription drugs; the role of research evidence in prompting treatment changes in obstetric medicine; and a standardized test for diagnosing and monitoring the progress of osteoarthritis in hips and knees.

- [Health Systems Evidence](#) This website launched by the McMaster Health Forum provides answers on questions about how to strengthen or reform health systems, or how to get cost-effective programs, services and drugs to those who need them. Available in 7 languages: Arabic, Chinese, English, French, Portuguese, Russian and Spanish. A [video tutorial](#) on how to make the best use of the site to rapidly identify syntheses of the best available research on a particular health system topic, as well as evidence on economic evaluations, and descriptions of health systems and health systems reforms. It gives the option for users to subscribe to a customizable evidence service that provides monthly email alerts.

HEALTH CARE SYSTEMS

- [International profiles of health care systems: Australia, Canada, Denmark, England, France, Germany, Italy, Japan, the Netherlands, New Zealand, Norway, Switzerland, US](#), The Commonwealth Fund. This publication presents overviews of these health care systems. Each overview covers health insurance, public and private financing, health system organization, quality of care, health disparities, efficiency and integration, use of health information technology, use of evidence-based practice, cost containment, and recent reforms and innovations. In addition, summary tables provide data on a number of key health system characteristics and performance indicators, including overall health care spending, hospital spending and utilization, health care access, patient safety, care coordination, chronic care management, disease prevention, capacity for quality improvement, and public views.

- [Good health at low cost. 25 years on – What makes a successful health system](#), London School of HTM, 2011, 369p. (Freely available). The book re-evaluates a question first posed 25 years ago: ‘why are some poor countries able to achieve better health outcomes than others at similar levels of income?’ It examines country case studies from Bangladesh, Ethiopia, Kyrgyzstan, Tamil Nadu (India) and Thailand and authors pose fresh arguments on how even countries with a relatively low income can make big improvements to the health of their populations (particularly visible in the area of maternal and child health) by adopting a winning formula for strengthening health systems.

HEALTH INEQUALITY

- [Homeless 'die 30 years younger'](#), Charity Crisis and BBC News. Homeless people in England are likely to die 30 years younger than the national average, a study suggests, with drug and alcohol abuse causing one-third of deaths.
- Launch of the [European portal for action on health inequalities](#). EuroHealthNet on behalf of the Equity Action Programme, funded by the EU Joint Action on Health Inequalities. Exhaustive source of information on health inequalities at EU, national and regional level, as well as on the social determinants of health and on Health in All Policies. Over 300 examples of policies and good practice implemented at all levels. It allows visitors to promote their own work.

HOSPITAL SECTOR

- [Governing public hospitals. Reforms strategies and the movement towards institutional autonomy](#), WHO 2011, on behalf of the European Observatory on Health Systems and Policies, 278p. Governance of public hospitals in Europe is changing. Individual hospitals have been given varying degrees of semi-autonomy within the public sector and empowered to make key strategic, financial, and clinical decisions themselves. This study explores the major developments and their implications for national and European health policy. It includes an in-depth assessment of eight different country models of semi-autonomy, in the Czech Republic, England, Estonia, Israel, the Netherlands, Norway, Portugal and Spain.
- [Test Beds in Health Care in the United States, Canada and Japan. Some examples](#). Swedish Agency For Growth Policy Analysis. A test bed is a physical or virtual environment where companies in cooperation with stakeholders in health care can test, develop and introduce new products, services, processes, organizational solutions and business models. The purpose of this report, commissioned by the Swedish government, is to describe

national strategies relating to test beds in health care and present interesting examples.

LONG TERM CARE

- [Financing Long Term Care in Europe – Institutions, markets and models](#), 360p., London School of Economics, published by Palgrave Macmillan. The book examines the potential cooperation and different forms of partnership between state, market and societal stakeholders in the financing of LTC.

MIGRATION AND HEALTH

- [Migration and health in the European Union](#), European Observatory on Health Systems. The increasing diversity of populations in Europe, including a growing proportion of migrants, creates new challenges for health systems, which have to adapt in order to remain responsive.

ONLINE HEALTH INFORMATION

- [A literature review on health information-seeking behaviour on the web: a health consumer and health professional perspective](#), European Centre for Disease Prevention and Control (ECDC). The report by Swedish researchers provides an overview of studies published from 2006 to 2010 on online health information-seeking behaviour by health consumers and professionals.

PERFORMANCE MEASURES

- [An Evaluation of the Use of Performance Measures in Health Care](#), RAND Corporation. The report describes how performance measures are being used by different organizations, the types of measures being used for different purposes, and summarizes key barriers and facilitators to the use of these measures. These performance measures are accreditation, certification, credentialing, and licensure; public reporting; pay for reporting (P4R); pay for performance (P4P) and performance-based contracting; tiering and construction of narrow provider networks; quality improvement (QI); and public recognition.

SOCIAL MEDIA

- [Social media and Canadian physicians - issues and rules of engagement](#), Canadian Medical Association (CMA) is intended to provide guidance on how medical students, residents, fellows and practising physicians can approach social media, by acknowledging the potential benefits as well as the challenges and risks.

SOCIAL PROTECTION

- The influence of welfare state on life conditions of 50+ European – Results of the SHARELIFE survey (FR). IRDES. [« L'influence des Etats providence sur les conditions de vie des Européens de 50 ans et plus. Premiers résultats de l'enquête SHARELIFE sur les histoires de vie »](#).

The monthly AIM Flash is compiled by Ph. Swennen, R. Kessler and M. Machalska.
For more information on one of the topics mentioned above, please contact the AIM Secretariat.
How to use the hyperlinks in this document? Press the Ctrl button and click simultaneously on the link.