





# EIP on Active and Healthy Ageing

## Objectives and headline target

### A triple win for Europe

- Enabling EU citizens to **lead healthy, active and independent lives until old age**
- Improving the sustainability and efficiency of **social and health care systems**
- Developing and deploying **innovative solutions**, thus fostering competitiveness and market growth

### Overarching goal by 2020

- **Increasing** the number of **healthy life years (HLYs)** by 2 in the EU on average

# EIP on Active and Healthy Ageing Work Packages

## **Indicative activity area 1: *individuals as patients and consumers***

- address diseases such as major chronic diseases affecting the older patients

## **Indicative activity area 2: *social and health care systems***

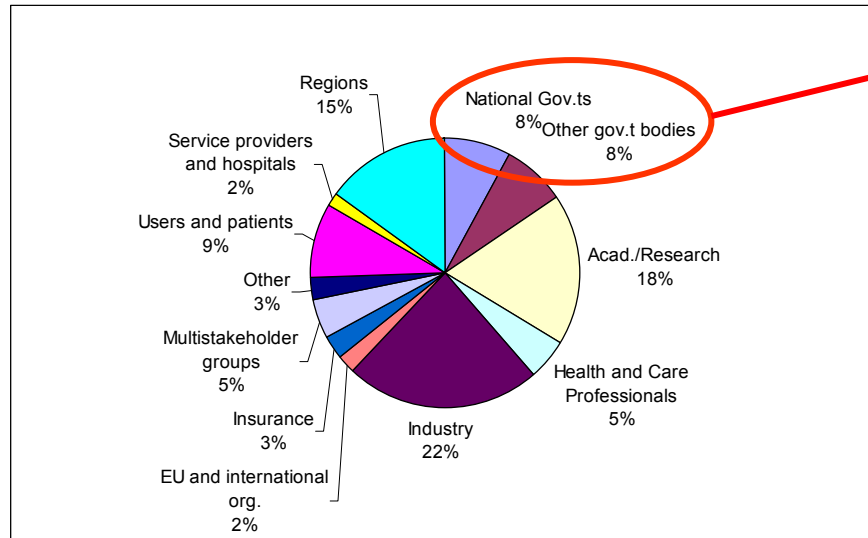
- promote and support more integrated approach to care delivery

## **Indicative activity area 3: *independent and active lives for the elderly***

- increase quality of life and developing innovative products, devices and services, thus generating opportunities for businesses

# Event demography

More than 200 registered participants



**Member State representatives** were invited through letters by DGs to **Permanent Representations**, invitation to the members of the **i2010 e-Health subGroup**, invitation to the **AAL JP General Assembly**, follow-up with the **EU Health Attachés**

BE, CY, DE, DK, FI, HU, LV, MT, NL, PT, RO, SE, UK (+NO, CH) registered

Member State participation was ensured by representatives of Government departments proper and other government-related agencies.

Stakeholders widely represented at European, national and local level

Substantial interest expressed to European Commission services after the event, including requests for involvement, submission of practical ideas and commitments, requests for further information

Excellent participation in online public consultation running until 28 January 2011 (110 submissions as of 7 January 2011)

# Agenda

Chairing: Directors-General **Paola Testori Coggi** (SANCO) and **Robert Madelin** (INFSO)

10:00 - Opening by **Commissioners John Dalli** and **Neelie Kroes**

10:30 - **Case-study** presentations and **open discussion**

13:00 – Lunch

14:00 - **Stakeholders panel discussion** and **audience interventions**

15:30 - Remarks from **Commissioner Máire Geoghegan-Quinn**

15:45 - **Conclusions** and **next steps** by **Robert Madelin** and **Paola Testori Coggi**

16:00 – END

## Speakers

EC Vice President **Neelie Kroes** (Digital Agenda)

Commissioner **John Dalli** (Health and Consumers)

Commissioner **Maire Geoghegan-Quinn** (Research, Innovation and Science)

Stakeholders' panels:

**Anne-Sophie Parent** - AGE Platform Europe, **Nicole Denjoy** –European Coordination Committee of the Radiological, Electromedical and healthcare IT Industry (COCIR), **Nicola Bedlington** - European Patients' Forum, **Berbard Maillet** - European Union of Medical Specialists; **Unni Hembre** - European Federation of Nurses Associations, **Tom Hudson** - European Cancer Patient Coalition, **Hans Hofstraat** - Philips Research, **Alastair Benbow** - European Brain Council, **John G. F. Cleland** - European Society of Cardiology

## Case study presentations – speakers and rationale for cases

### Speakers

- **Mike Biddle**, Technology Strategy Board and Assisted Living Innovation Platform – UK
- **Peter Raeymaekers**, Cabinet of Flemish Minister of Welfare, Public Health and Family Affairs – BE
- **Fausto Felli**, President of Equity in Health Institute – IT
- **Thomas Børner**, Ministry of Finance/Public Welfare Technology Foundation – DK

### Purpose of the case study session

- Presenting **real life examples** from stakeholders on their collaborative (public-private partnership alike) work in the area of active and healthy ageing
- Emphasis on projects and initiatives in area of healthy and active ageing where **innovation can make a difference**
- Presentation of **main obstacles/barriers** encountered in developing and implementing the project
- Potential **added value of the Partnership** in helping to tackle and solve any difficulties and problems identified

## Case study highlights

**Mike Biddle**, Programme Manager, Technology Strategy Board for the Assisted Living Innovation Platform (ALIP)

The **ALIP** and **UK Whole System Demonstrator (WSD)** → *mission: to promote innovation for independent living of the elderly and gather evidence on the integration of health and social care supported by digital technology*

→ **Broad meaning** of innovation

→ **Challenge-led** and **market-pull** process

→ **Coordinated response** to a societal challenge (government, business, AAL Joint Programme, research and users)

→ **Identifying and filling gaps** along the entire chain [research – application – exploration – scaling up]

→ **Connecting** research & market, people & technology and technology & people

✓ **EIP ADDED VALUE: build European-scale market** and connect landscape

**Peter Raeymaekers**, Advisor to the Flemish Minister of Welfare, Public Health and Family Affairs

**Flanders Care** (regional initiative) → *mission: to measurably improve the quality of care through innovation and responsible entrepreneurship while adopting the innovation partnerships principles*

→ **Collaboration and synergies** along the whole innovation cycle (R&D to demonstration to implementation to international valorisation)

→ Using **existing** instruments to develop **new policy measures**

→ Tackling various **barriers** (legal, care sector/industry divide, lack of European reference etc.)

✓ **EIP ADDED VALUE : exploit instrument-level synergy, connectedness, promote long term strategy with goal setting, build cross-border network and scale-up** of innovation

## Case study highlights

**Fausto Felli**, President of Equity in Health Institute  
**Modernisation of health care systems towards more integrated innovative care** → *mission: to mobilise 'interactions' in projects involving regions, health authorities, municipalities, health ministry, academia*

→ **Dialogue with EU-level organisations and other countries**

→ **Health self-production**, patient empowerment and 5-level consensus engineering, HTC, ICT, e-Health, satellite technologies, genetics and lifestyle

→ **Bottom-up planning** as the way to monitor needs and fuel for research, public health equity and excellence

→ **Cultural, method-related and practical barriers**

✓ **EIP ADDED VALUE** : develop **interactions** between end- users and community and health systems, implement **bottom-up planning** to improve consensus, participation and control

**Thomas Børner**, Chairman of the Public Welfare Technology Foundation

Public Welfare Technology Foundation (**ABT Fund**)  
→ *mission: to promote efficiency, productivity, and innovation in the health and social care sectors*

→ Focus on **target and effect** and on **testing and scaling-up** of ICT- innovation, new assistive technologies and new ways of working in the public sector

→ **Mainstreaming and implementation** of tested solutions with efficiency gains and tangible benefits for final users

→ Proliferation of best practice and **duplication on national scale**

→ Broader dimension of innovation including **human context**

→ **Monitoring and assessment** of projects

✓ **EIP ADDED VALUE**: change **mindset** on ageing, **synergy** effects, coordination and knowledge-sharing, **scaling up**





## Main points of the discussion *EIP on Active and Healthy Ageing*

**Accelerate innovation in the area of active and healthy ageing** - from research to the market

by

**Joining up, bridging gaps and overcoming barriers** to the uptake of innovation

through

**Bringing together all *actors and expertise*** (MSs, health and social care providers, businesses, scientists, users, research, regions, subsectors etc.)

**Joining up of *efforts*** (funding programmes and the existing wide range of initiatives) and ***policies*** (health, social, innovation, digital, budgetary, employment, IM...)

**Gathering *evidence*** (from the wide range of pilots and tests existing in Europe)

**Improving *framework conditions*** for innovation

while enabling

**To tackle the challenge of ageing** by pursuing ***a triple win for Europe***: improving health and quality of life of the elderly (HLYs +2), improving efficiency and sustainability of care systems and fostering competitiveness of the EU markets

**A broader perspective to innovation**- beyond technology, including social, business, process or organisational

**Good practice exchange and proliferation**

**A European-scale market (esp. for SMEs)**



## Main points of the discussion

### *Horizontal issues and main barriers in the area*

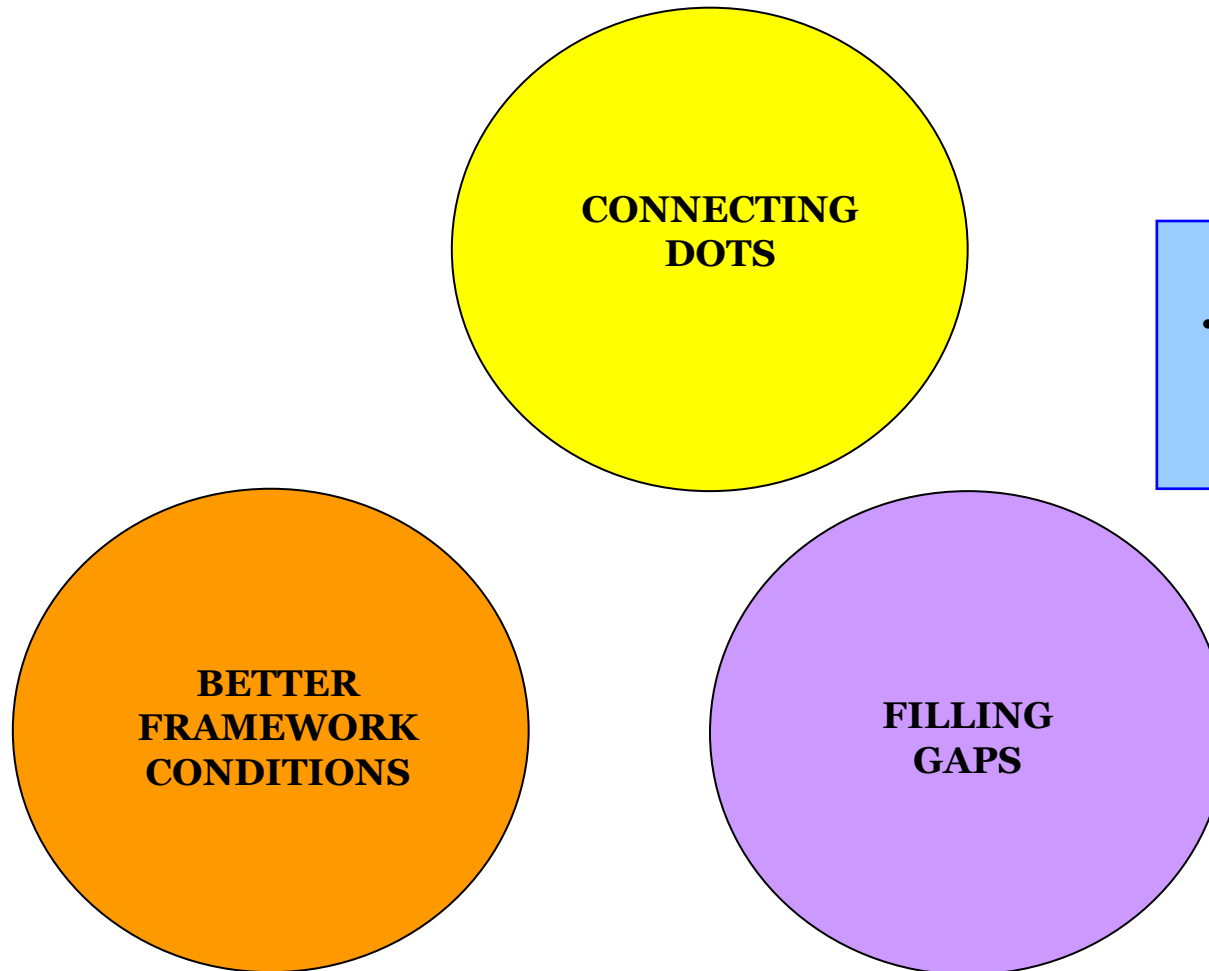
- A shared sense of **urgency** to tackle **the challenge of ageing**
- A need for **a paradigm shift** and **a mindset change** – ageing population be an opportunity and not a burden
- A need to act towards **economic sustainability and competitiveness**, and **equity, quality and access to care services** (for the elderly)
- A need to help **deploy and scale up** numerous existing pilots and demonstrations
- Innovation needs to be **demand-driven** – given it human face
- **Simplification** of the procedures to **access and use structural and other funding** to ensure better and more efficient use of the funds
- **Regions** are key implementers but face fragmentation of work, difficulties in scaling up or multiplying innovation
- Existence of vertical and horizontal fragmentation – a gap between **care systems** and the industry and between care systems and the users' perspective, and insufficient **interaction between regions and Member States**

## Main points of the discussion

### *Ingredients for success and EIP added value*

- **Focus- and output-orientation**, clearly defined **goals** and based on an **open and inclusive approach**
- **Coordinated and joint efforts** of all actors and existing initiatives and instruments - along the **entire innovation value chain** applying a **sequential model** –and **breaking down silos**
- Ensuring **interconnectedness** and breaking die-hard assumptions and dichotomies
- A very **broad sense of innovation** and its more iterative, and not necessarily linear, meaning
- Connecting the **dots of excellence and evidence** that exist across Europe
- Importance of **ICT in making health and social care systems more efficient** and technology (e.g. tele-care) as an enabler for healthy and active ageing
- Supporting **systematic identification** and "**proliferation of good practices**"
- **Patients/elderly** need to be also perceived as **providers of their own healthcare and independent living**
- A common **impact measurement framework** to ensure **comparability of evidence** of impacts resulting from innovation, and **monitoring and interactive assessment** mechanisms
- Important **potential criteria for actions to succeed:**
  - (1) good evidence base vis-à-vis innovation and triple win and headline target of increasing HLYs by 2
  - (2) partnership approach and strong involvement of demand-side stakeholders and end-users
  - (3) ability to demonstrate and document successful impact and “replicability” and scalability of results
  - (4) narrative explaining the way initiatives contribute to the overall goals of the EIP and what instruments are used

## What the EIP can do



### What the EIP IS NOT:

- a new funding instrument
- a new R&D programme
- a policy initiative *per se*

# Stakeholder event follow up and consultation first feedback

## Indicative areas of work

### **Indicative activity area 1: *individuals as patients and consumers***

#### **Potential activity areas**

- developing innovative solutions to **prevention, early diagnosis and screening**, treatment, medicines (inc. **personalised medicine**), **clinical trials**, own health management and monitoring

### **Indicative activity area 2: *social and health care systems***

#### **Potential activity areas**

- developing **innovative policies and business models** for more **integrated care systems** for the elderly (incl. continuum of care, home-based and self-care)
- EU wide cooperation on **health technology assessment** (HTA)
- tailoring and deploying on a large scale, innovative solutions focussing on long-term care (e.g. eHealth, ICT-enabled)
- **trainings for health workforce** serving the elderly (e.g. in geriatrics, gerontology)

### **Indicative activity area 3: *independent and active lives for the elderly by developing innovative products, devices and services***

#### **Potential activity areas**

- European or global **standards** for better **interoperability of innovative solutions** for the elderly
- facilitating **public procurement** schemes (inc. pre-commercial procurement)

## Milestones and next steps

- **26 November 2010 - Competitiveness Council Conclusions:**
  - Welcomes the objectives of the EIPs
  - EIPs should provide European added value, avoid duplication, have flexible, simple and transparent governance associating MSs and stakeholders on voluntary basis
  - Supports development of proposal for pilot EIP on Active and Healthy Ageing and calls for timely evaluation
  - Invites the Commission to work on the practical aspects of EIPs
- **26 November 2010 to 28 January 2011 - on-line public consultation**
- **First quarter 2011 – setting up the governance - creation of the Steering Board**
- **Mid-2011 – drafting and presentation of Strategic Implementation Plan to Council by Steering Board**
- **End 2011 – first assessment of pilot EIP to Council, as basis for future EIPs**



# Thank you for your attention

Website:

<http://ec.europa.eu/active-healthy-ageing>

Consultation website:

<http://ec.europa.eu/yourvoice/ipm/forms/dispatch?form=ahaip>

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