



# European Innovation Partnership on Active and Healthy Ageing

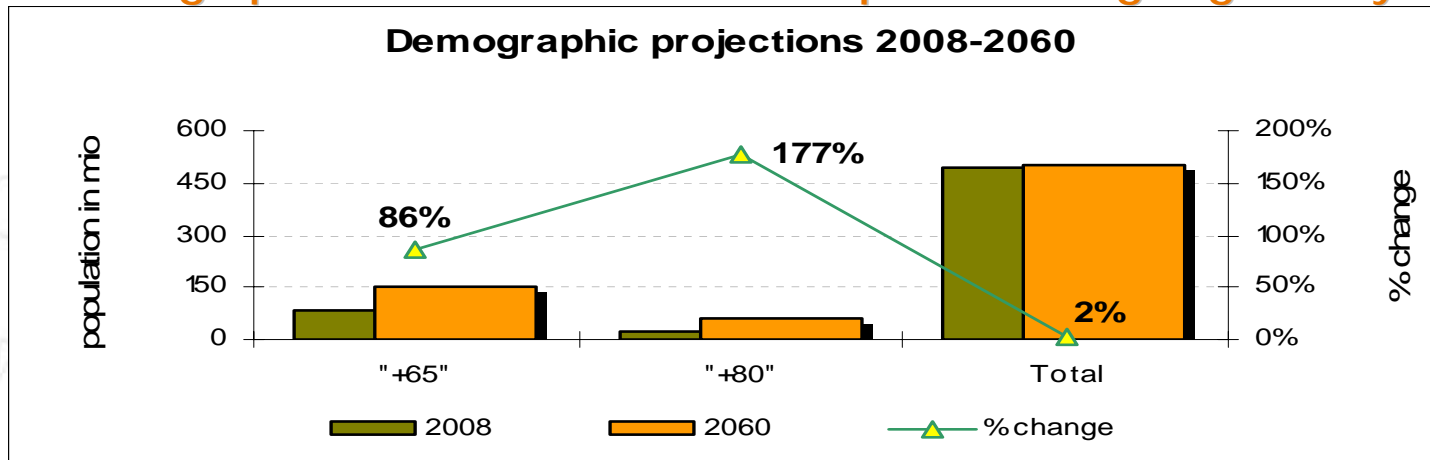
European Foresight Platform

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## Rationale for EIP on Active and Healthy Ageing

### Demographic and macroeconomic implications- ageing society



### Budget constraints & unsustainable care systems in the EU 27

- Total health spending - EU average of **9.6% of GDP in 2008**
- Total **aged-related spending** is projected to **↑** by 4.75% points of GDP by 2060
- Shrinking workforce in the care sector and insufficient number of health specialists

### Innovation and health

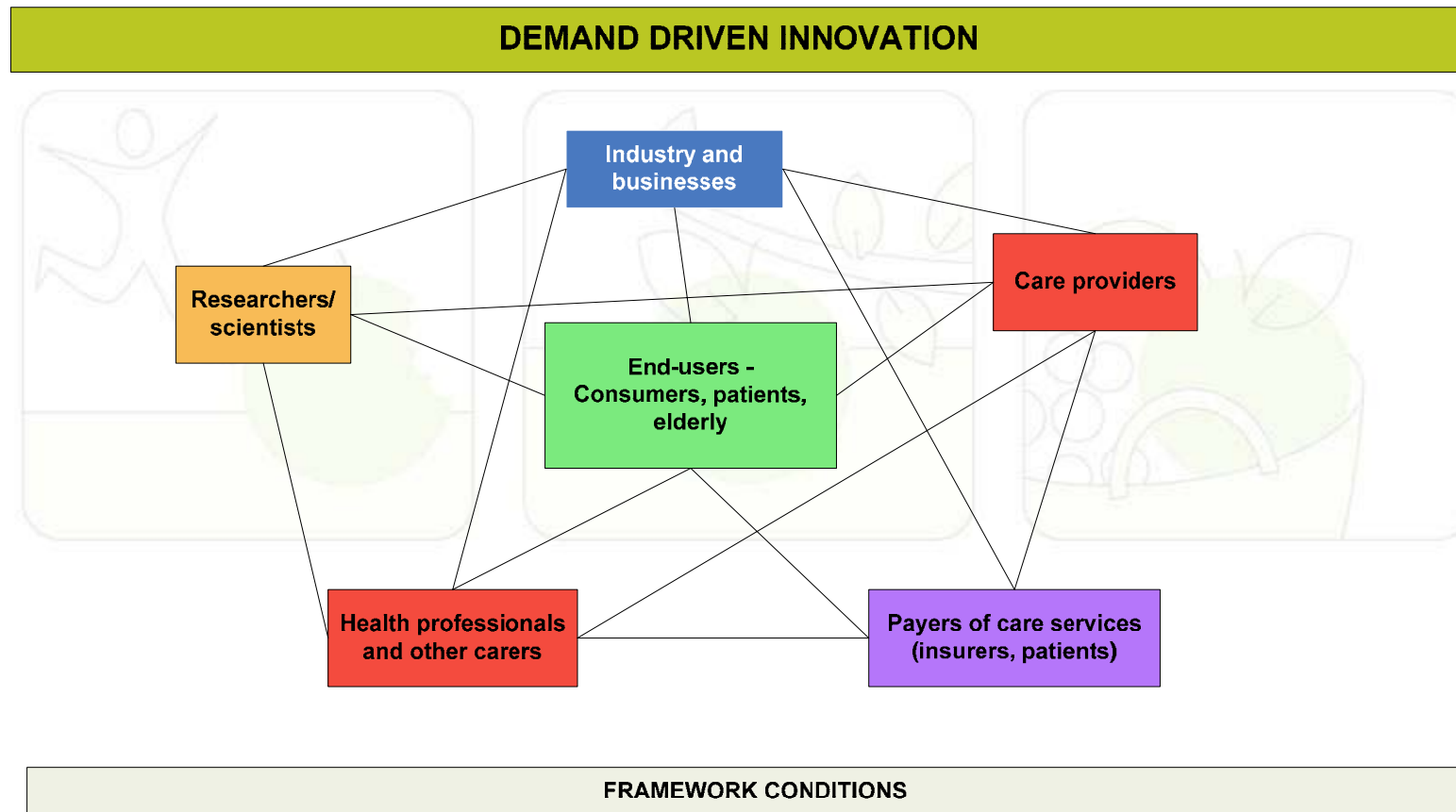
- Great potential and promise of **health** in **innovation capacity**, but... a number of **bottlenecks and barriers**, on demand and supply side



## EIP on AHA – a novel concept

- Announced in **Europe 2020** flagship initiative **on Innovation Union**
  - => contributing to **smart growth** based on knowledge and innovation
  - => tackling **societal challenges**, e.g. ageing and health
  - => enhancing **Europe's competitiveness** and fostering **economic growth**
  - => addressing the **weaknesses** and removing **obstacles** in the **European innovation system**
- Is **not a new instrument**, but aims to provide a **coordinated framework** for definition and monitoring of actions
- Seeking to **optimise and streamline the use of existing tools**, under a single, coherent and integrated framework
- Bringing together actors at all levels and sectors to **mobilise available resources and expertise**
- Defining a **common vision** in achieving common objectives and goals
- Speeding up **the innovation process** from research to market – by removing bottlenecks and barriers and leveraging the demand-supply
- **Scaling up and multiply** successful innovation at EU level

# Working together and building on synergies





## Objectives and headline target

### Headline target by 2020

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

### 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



## Indicative activity area 1

### Focus and main objective

- *individuals as patients and consumers*
- address aged related chronic diseases such as Alzheimer's, diabetes, cancer, Parkinson's

### Examples of bottlenecks, barriers and gaps

- little response to demand pull for innovation
- scattered research and studies in MS
- insufficient exchange of best practices and guidelines
- under-representation of older people in clinical trials

### 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

### Focus and main objective

- *social and health care systems*
- promote and support more integrated approach to care delivery

### Examples of bottlenecks, barriers and gaps

- mismatch of supply and demand
- care structure rigidity to adapt to changing conditions
- slow innovation of existing business models
- incomplete skill-set of care providers

### Potential activity areas

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



## Indicative activity area 3

### Focus and main objective

- *enabling the elderly to lead independent and active lives*
- developing innovative products, devices and services, and thus generating opportunities for businesses

### Examples of bottlenecks, barriers and gaps

- interoperability
- fragmentation - differing legal, reimbursement and certification schemes

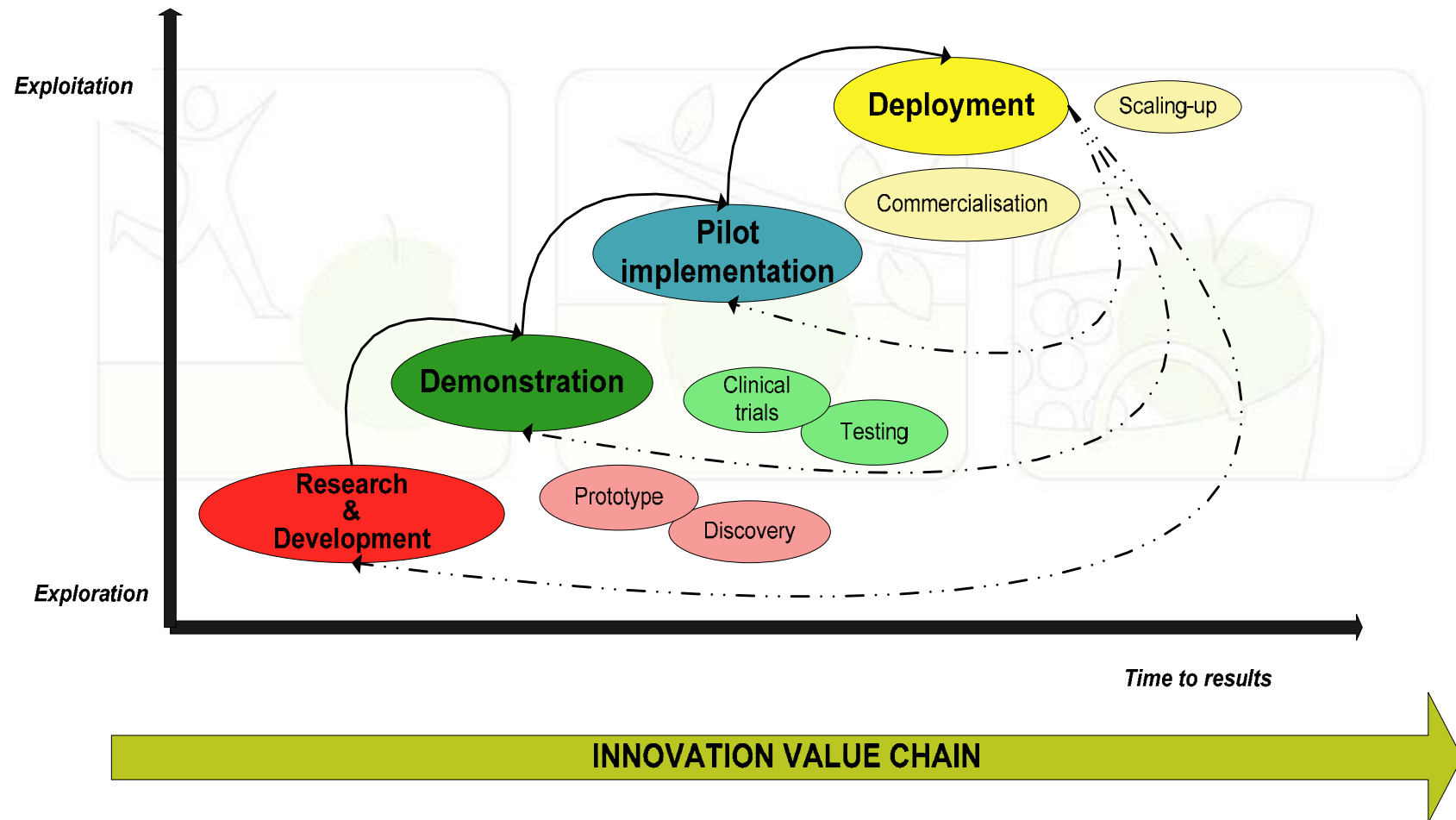
### Potential activity areas

- improving and developing European or global standards:  
=> **better interoperability of innovative solutions for the elderly**
- Innovative use of public procurement schemes (**inc. pre-commercial procurement**)





## Breaking down silos across the entire innovation process





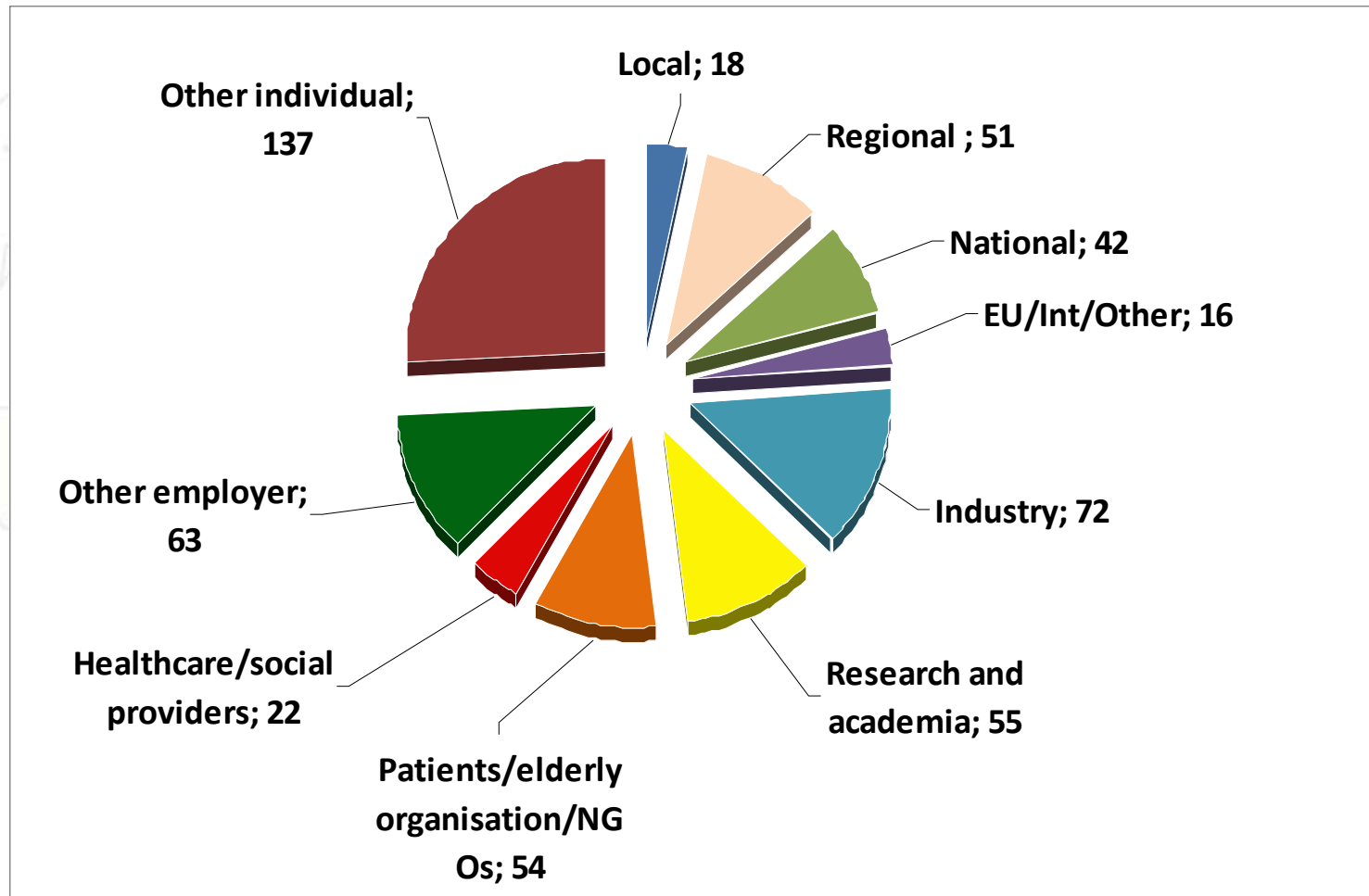
## Progress

- **EP resolution** – 11 November 2010
- **Competitiveness Council** – 26 November 2010 - adoption of Council Conclusions
- **Stakeholder event** - 26 November 2010, Brussels
- **On-line public consultation** – 26 Nov 2010 – 28 Jan 2011  
Link:  
[http://ec.europa.eu/health/ageing/consultations/ageing\\_cons\\_01\\_en.htm](http://ec.europa.eu/health/ageing/consultations/ageing_cons_01_en.htm)  
<http://ec.europa.eu/yourvoice/ipm/forms/dispatch?form=ahaip>
- **EPSCO Council** – 7 December 2010 – presentation to Ministers of Health
- **Council Working Parties** (Research, Competitiveness, Public Health) – January 2011 – presentations and discussions



## Public consultation - preliminary results (31 Jan 2011)

- > 530 responses till 31 Jan 2011
- Great interest and participation of an array of different stakeholders





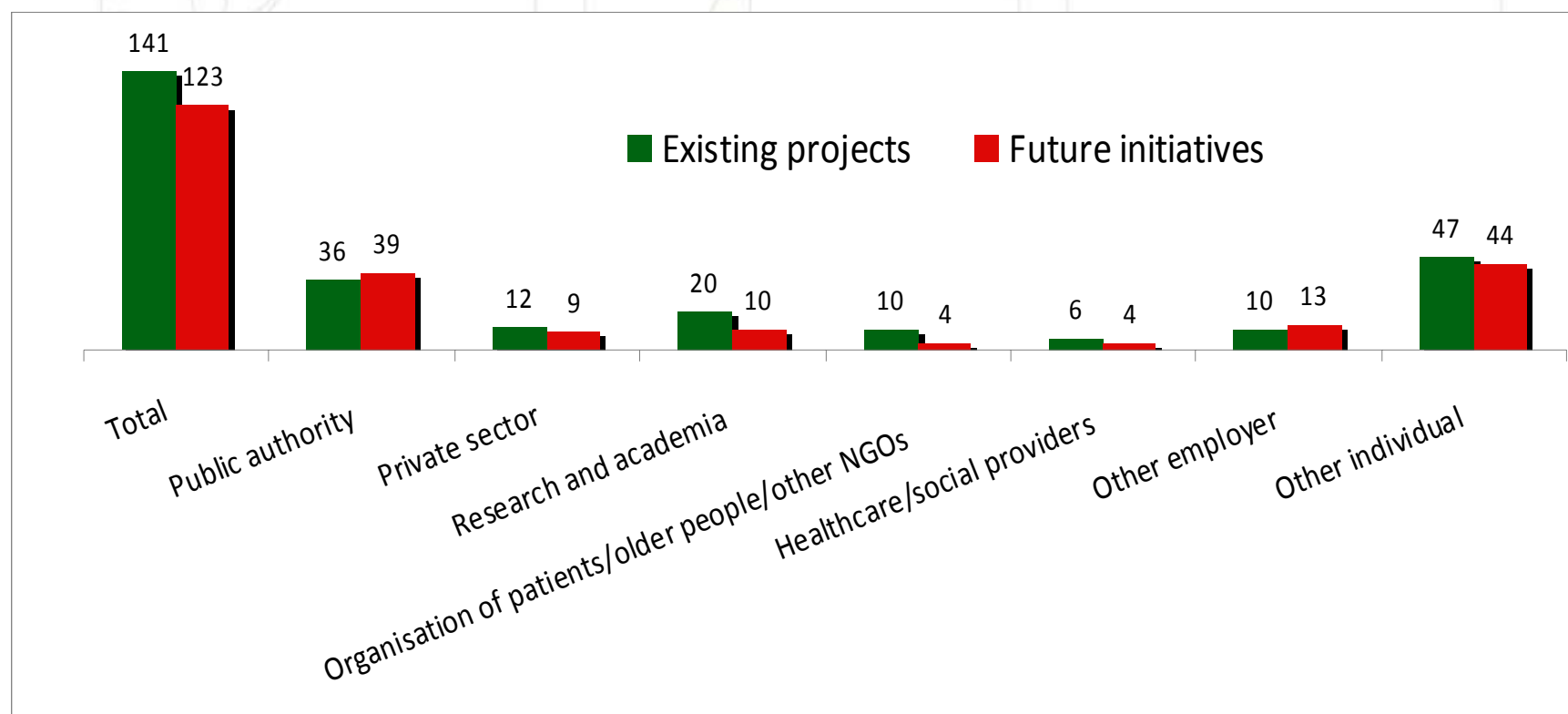
## Public consultation – preliminary results (26 Jan 2011)

### Most often mentioned barriers to innovation in ageing and health

- Insufficient involvement of end-users (patients, older people, care professionals) in the development and use of new innovative solutions
- Funding - complex procedures, limited and inadequate access to bridge the gap between research and market etc.
- Lack of willingness of public authorities to buy novel solutions
- Diverse prioritisation of funding bodies in Europe
- Scattered evidence of the benefits of innovation
- Complex or unclear or lack of regulations

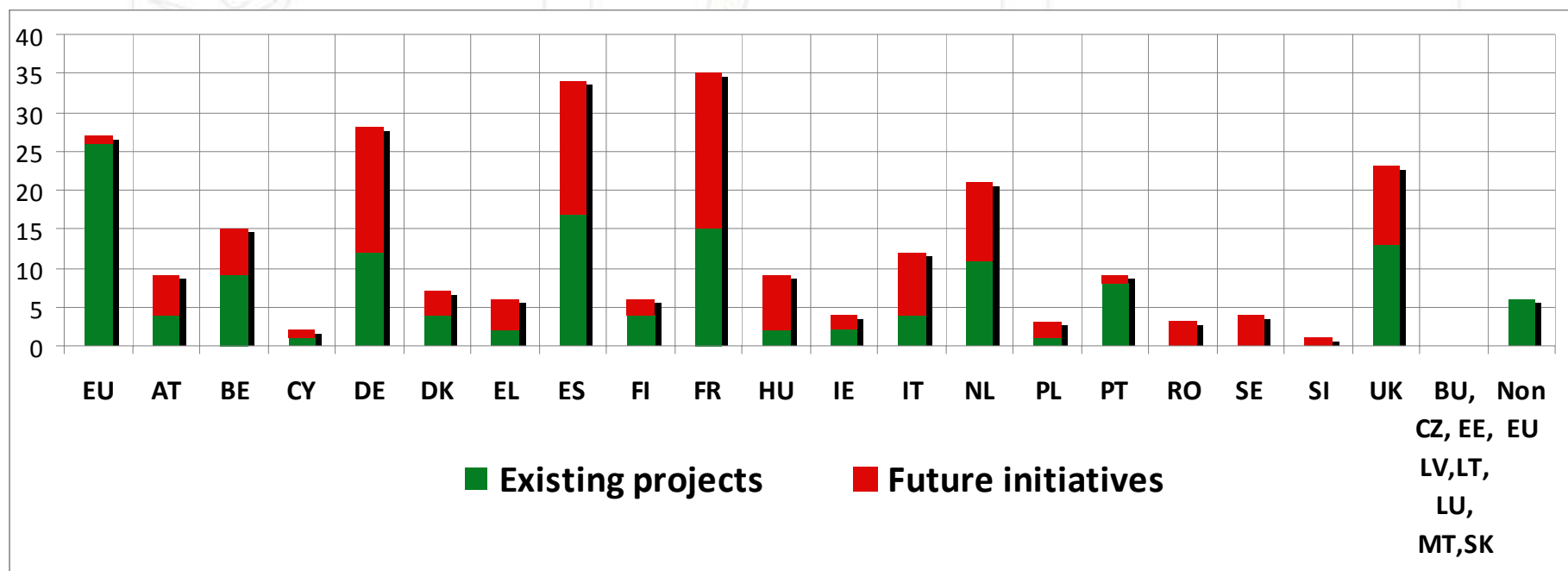
## Public consultation – preliminary results (26 Jan 2011)

Number of existing and future ideas and initiatives  
for the EIP on Active and Healthy Ageing  
*per sector*



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Number of existing and future ideas and initiatives  
for the EIP on Active and Healthy Ageing  
*per country*





## Next steps

### ■ European Council – 4 February 2011

- Deliberations of Head of States on IU/EIPs

### Governance

### ■ Set-up of the *steering group* – February/March 2011

- Broad mandate for the work
- Political vision and support, prioritisation, and implementation of actions
- Represented by high-level key players – 20 - 25 members of different sectors

### ■ Adoption of a *strategic implementation plan* – mid-summer 2011

- Developed by the steering group
- Political endorsement by the Council of the EU and European Parliament
- Including specific actions and initiatives contributing to the objectives

### ■ *Preliminary assessment* of the functioning of the pilot EIP – summer 2011

### ■ *Evaluation report* on progress made so far – end of 2011



Thank you for your attention