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The European Innovation Partnership on Active and Healthy Ageing

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Introduction

Ageing societies are an emerging and irrevocable trend in Europe (and also, Japan, USA, China...). According to recent projections the number of Europeans aged 65+ will almost double over the next 50 years, from 85 m. in 2008 to 151m. in 2060.

While many Europeans live active, healthy and participative lives well beyond their retirement, others are faced with problems as poverty, illness and disability. More than 50% of EU27 population aged 65-74 self-reported a health problem. Healthy life years in 2010, on average were: 61 for women & 60 for men. In other words, 20% of our lifespan is spent, on average, in ill health. However, those over 65 will be unwell for half of their remaining life.

This trend represents a challenge for public authorities, policy makers, business and the society as a whole. Indeed, the current average total spending on health care in the EU 27 is already high (from 6% in Lithuania to over 11% of GDP in France and average of 9.6% in 2008), and most of it is publicly financed. The European Commission projects that solely as a result of ageing population it is likely to rise by between 1.5 and 2 percentage points of GDP in the next 50 years.

The rising number of elderly people will need different support at home and different forms of health and social care. The projections made in 2009 Ageing Report suggest that the number of dependents in the EU-27 receiving formal care would more than double during the next 50 years, from 9.2 million persons in 2010 to 21 million in 2060. At the same time, the EU is facing a steady decline in the number of health professionals (nurses, doctors) but with increases of the availability of health and care products and services.

This situation has serious implications for the wellbeing of society, for rethinking public policies and for the medium term sustainability of the health & care system. Our health and care systems urgently require restructuring to match the demands of ageing societies. Supporting citizens to stay active and healthy as they get older will contribute to reducing the severity of the situation.

The EC and ageing

The EC has recognized the importance of the ageing challenge for many years and has developed policy in several areas. I will now only refer to the Europe2020 Strategy of March 2010.

The Strategy stressed the importance of the EU ability to meet the challenge of promoting a healthy and active ageing population to allow for social cohesion and higher productivity.

Active ageing, both in employment and after retirement, will only happen if people age in good health. We have to commit ourselves to providing care to those in need whilst giving opportunities to those that are active to continue contributing to society.

Ageing should be considered an opportunity rather than a burden; a positive vision which values older people and their contribution to society; which values their empowerment to influence and benefit from user-centred innovation in active and healthy ageing. This involves opening our eyes to a new paradigm, changing our perception of older individuals beyond their predominant position in society as patients and recipients of benefits and care.

Older people should also be considered as empowered consumers and active participants of the society and the labor market, bringing value to the economy and prosperity to the communities they live in.

Whilst our main aim is to improve the health of the EU citizen, we are also striving to relieve pressure on health and social care systems whilst contributing to productivity.

This is why the EC has made healthy and active ageing a key component of the Europe 2020 Strategy. Its pilot initiative, supported by three commissioners, is the European Innovation Partnership on Healthy and Active Ageing. (EPI on AHA)

It is focused on prevention and health promotion, integrated care & active and independent living for older persons.

Its overarching target is to increase by 2 years the average number of healthy life years at birth within the EU-27 population by 2020.

To do this, it aims to deliver:

- Better health and quality of life for older Europeans;
- More efficient and sustainable health systems; and
- Greater EU competitiveness and growth.

The Partnership seeks to translate innovative ideas into tangible products and services that really respond to the needs of older Europeans.

It also seeks to take ageing as an opportunity to be innovative and to find new ways of working together, to be more efficient and to find new business opportunities, also to use EU existing funding in a different way.

Governance of the Partnership (EIP on AHA)

Given the scope and complexity of the issue, the Commission, acting as coordinator and facilitator, has been working together with a wide range of actors bringing together interested stakeholders from public and private sectors across the entire innovation cycle to cooperate, share the same vision & aim to deliver innovative solutions for an ageing society, responding to their needs & demands.

These will cover a variety of areas such as:

- disease prevention & treatment
- pharmaceutical & medical products and devices
- e-health technologies & digital inclusion
- patient safety legislation
- ageing related research & development
- dignified ageing
- cohesion & funding of innovation at the national, regional & local level.

The EIP started in November 2010, with a public consultation. A total of 524 submissions were received in 3 main areas: Prevention, integrated care & independent living. Thematic workshops were organized in June 2011, and 127 additional fiches were submitted.

These contributions served the Steering Group, consisting of 30 high-level stakeholders from the demand & supply side, and constitute the core of adopted Strategic Implementation Plan on November 2011.

The Strategic Implementation Plan

Addressing the complex issue of active & healthy ageing requires comprehensive work on a broad scale. To focus on those innovative actions which deliver the greatest impact, the SG has structured the work needed and represented it as a temple, with 3 pillars, a basis and a roof. (see figure)

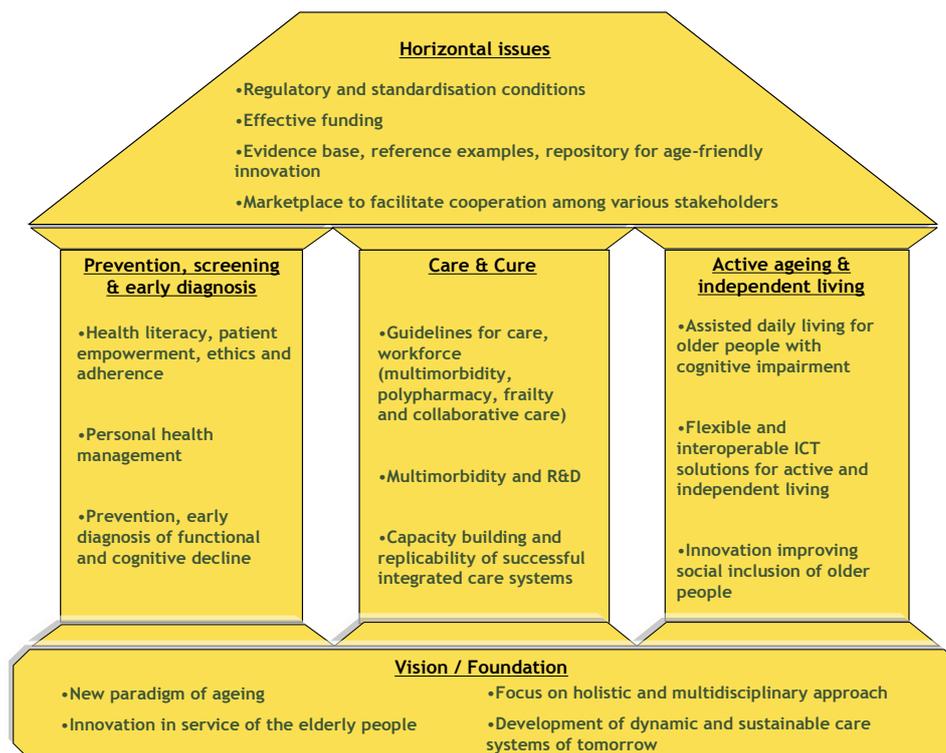
The basis corresponds to the vision of a new paradigm on ageing, on which we focus with a holistic and multidisciplinary approach.

The 3 pillars reflect the life stages of the individual in relation to the care process:

- Prevention, screening & early diagnosis
- Care and cure
- Active ageing & independent living.

The roof is formed by additional horizontal issues that have been identified to address framework conditions and which are enablers for other priorities & actions. These include:

- Mapping of research
- Funding schemes
- Compiling of evidence base
- Monitoring & evaluation actions
- Working on regulatory framework & public procurement



Priority action areas to start with were identified by the SC based on the following criteria:

- Likely to make the greatest contribution to the objectives of the Partnership
- Benefiting particularly from the Partnership approach
- Likely to significantly contribute to overcoming key bottlenecks & barriers
- Facilitating innovation in an area where European industry has or may develop a competitive advantage
- Being the most ready to launch

The following 6 priority actions have been selected:

1. Prescription and adherence at regional level.
2. Personalized health management (starting with a Fall Prevention Initiative)
3. Prevention of functional decline and frailty (starting with physiological frailty and malnutrition)
4. Replicating and tutoring integrated care for chronic diseases, including remote monitoring at regional level
5. Development of interoperable independent living solutions, including guidelines for business models
6. Thematic marketplace: innovation for age friendly buildings, cities and environments

The implementation process

The Implementation begins now, starting with key specific actions addressing some of the key issues and need to extend far beyond those stakeholders who have been active so far. The EC has launched:

An invitation for commitment in the priority areas. We want all interested parties to team up in Action Groups, to contribute to the action goals. Therefore partners are invited to submit projects that are innovative, contribute to the overall headline target of 2 additional HLY by 2020, and deliver concrete results in the next few years.

An invitation to express your intent to be a candidate Reference Site. If your solution contributes to the Plan's Actions in your city, region or country share it with others. Reference sites will be a source of inspiration to others and may be a source of new information, ideas and opportunities for you.

A digital platform for exchange of innovative ideas & networking. It will help the sharing of good practices and the dissemination of information and evidence; any ideas, questions or comments are welcome on the Marketplace.

Why get involved

Europe's regions often play a crucial role as they are responsible for planning, management, operation and development in the health sector.

It is the wealth of their ideas, their experience, their projects, and their commitments that we now need to move forward and make a significant change in the health and care services of tomorrow.

There are several reasons why stakeholders might want to join the Partnership and contribute to its goals:

- Put forward and share your own plan or action
- Build up on what is already happening in real life
- Be part of the critical mass needed to make a change
- Learn from the others' good practice
- Combine evidence
- Collaboration leading to efficiency in (re-)design and validation of innovative care services
- Efficiency of design leading to expansion of services to larger population with the same level of investment
- Being stronger in application for funding at local/national level
- Local industry seeing a larger market, beyond the "local border"
- Have political support under the EC umbrella

The role of the Commission

On 29 February 2012, the Commission published a Communication setting out concrete measures to start delivering on EIP objectives by 2013. For instance:

- Taking into consideration the overall objectives of the EIP when revising European regulatory frameworks and when allocating funds for research, innovation and public health;
- Continuing to align and make more effective the use of our funding instruments such as the Competitiveness & Innovation Programme (CIP), the Research Framework Programme & the Health Programme.
- Organizing a Conference of Partners in November 2012. We want to see if we have bridged the gap between the SIP and its practical implementation. And we will decide how to continue.
- Developing a monitoring & evaluation framework for the EIP actions. That should deliver the evidence to convince others to move along with us.
- Continue the support & coordination for the EIP on AHA development.
- Facilitate the formation of Action Groups that will implement the work under the 6 priority areas we have shortlisted.
- Identify Reference Sites

I am pleased to have introduced you to the EIP on AHA that will contribute to achieve a way forward to the ageing population challenge. I take this chance to encourage all of you to actively participate in the invitations of the Partnership, opened until the end of May, and also to show case your best practices and outcomes in the Marketplace for innovative ideas website, where you can also interact and learn from each other.

References

1. Strategic Implementation Plan for the European Innovation Partnership on Active and Healthy Ageing. Steering Group Working Document. Final Text adopted by the Steering Group on 7/11/1.

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3. Active ageing and solidarity between generations. A statistical portrait of the European Union 2012. Eurostat. 2012 edition European Commission.