Active and Assisted Living Programme

Challenge-Led Call for Proposals 2014
AAL 2014

CARE FOR THE FUTURE

An Ageing society faces an increasing need for care, how will ICT contribute to sustainable solutions?

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[1] *Please always check for the last official version on the web-site.*

Contents:

Challenge-Led Call 2014 for Proposals to the Active & Assisted Living Programme (AAL Programme)

The AAL Programme will launch its first call of the AAL Programme for proposals to respond to the challenge:

CARE FOR THE FUTURE

An Ageing society faces an increasing need for care, how will ICT contribute to sustainable solutions?

Focus of the Call Challenge

Ageing demographics and declining health in older adults are predicted to put unaffordable pressures on care systems and society, so change and innovation is required to better cope with these challenges. Old-age support ratios[2] are projected to halve between 2012 and 2050 across OECD[3] countries. There are other factors, such as increased urbanisation and migration that result increasingly in older people living alone and contribute to making current approaches to professional care, informal care and service delivery unsustainable.[4]

The 2014 Call Challenge of the AAL Programme aims at funding the development and testing of ICT-based solutions in real life situations which enable and support sustainable care models for older adults. Applicants should consider:
- How ICT-based solutions reconcile increased demand with limited resources;
- How ICT-based solutions increase and facilitate the supply of formal and informal care for older adults;
- How ICT-based solutions reduce the demand for care through prevention and self-management;
- How ICT-based solutions can support the shift towards better care at home and in the community.

Every country has its own distinctive challenges, but all countries have in common the responsibility to innovate and reform to ensure that their care systems are sustainable for an ageing society.

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[2] *The old age support rates relate to the number of those who are capable of providing economic support to the number of older people that may be materially dependent on the support of others. The support rate indicator used here is the population aged 20 to 64 as a ratio of those aged 65 and over. United Nations, World Population Prospects 2010*

[3] Organisation for Economic Co-operation and Development

[4] *Creating Sustainable Health and Care Systems in Ageing Societies 2012*

This call challenge aims to stimulate approaches and investments in innovations that build sustainable care systems and improved health and wellbeing for older adults; it also aims to generate growth within the private market by facilitating the commercialisation of new concepts and solutions that support formal and informal care.

Sustainability in the context of this call considers solutions that are economically, and socially viable for the future taking into account available resources and which do not result in unfair or disproportionate impacts on any significant contributory element of the health and social care system.

The AAL Programme

The first AAL Joint Programme has now ended following the coordination of 6 thematic calls and the new Active and Assisted Living Programme has commenced with this being the first call taking a challenge-led approach. This new approach enables innovative solutions to be openly identified in response to and seeing the societal and economic challenges as drivers of innovation. The focus should be on addressing essential or critical needs in society and industry. These needs require users / customers whose demand for solutions incentivises them to engage in developing and testing new solutions.

The aim of the AAL Programme is to provide innovative ICT-based <u>solutions</u> including **products, systems or services** to enhance older adults' quality of life and to strengthen the industrial base in Europe. The main goal is improving the autonomy, participation in social life, skills, and employability of older adults. Solutions funded under the AAL Programme shall address identified wishes and needs of the end-users[5], and should be transnational, collaborative and cost-shared between private and public funding. AAL projects should aim at introducing their solution to the market within a maximum of 2-3 years after finalisation of the project.

The AAL Programme is a common funding activity of member states of the AAL Association, with the financial support of the European Commission, based on article 185 of the Treaty on the Functioning of the European Union. Therefore, project proposals submitted for funding to the AAL Programme shall have a European dimension (i.e. the proposed project cannot be accomplished in equal quality on an individual national level and should take in account differences in regions, cultures and in national health and care systems) and solutions should be adaptable across Europe. As cultural, organisational, and market diversity are important for the uptake of ICT-solutions, proposals are encouraged to take these factors into account and include them in their piloting activities. Funding contracts of individual project partners will be concluded with the relevant national funding authority.

The AAL Programme aims at innovative and ICT-based solutions delivered through applied research and development activities, which are financially sustainable and

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[5] *For more information see the sections entitled "Framework for 'End-user Involvement' under the AAL Programme" and "Guideline for Ethical Considerations in AAL Projects" in the Guide for Applicants.*

underpinned by a credible business case at proposal submission stage[6]. Projects are expected to target unmet market needs and demands.

Rationale

Future trends for healthcare and long-term care across many industrialised countries suggest upward pressures on spending. Long-term care costs as a proportion of Gross Domestic Product (GDP) could, on average across the OECD countries, at least double if not triple by 2050[7]. Informal care at home is also reducing which will put greater pressure on formal care.

The EU's healthcare workforce will shrink drastically as a consequence of the retirement bulge. In 2009, about 30% of all doctors in the EU were over 55 years of age and by 2020 more than 60 000 doctors or 3.2% of all European doctors are expected to retire annually. Based on data collected by some Member States the average age of nurses employed today is between 41-45 years.[8] Nursing is amongst the top bottleneck occupations in Europe.[9] The recent Commission Action Plan for the EU Health Workforce estimates a shortfall of 590,000 nurses in the EU by 2020, with 14% of care needs unmet.[10]

The European Commission estimates a potential shortfall of around 1 million healthcare workers by 2020 rising up to 2 million if long term care and ancillary professions are taken into account. This means around 15% of total care will not be covered compared to 2010. In addition, new care patterns to cope with chronic conditions of older adults and the rise in new technologies will require new skills and competences [11].

The European Innovation Partnership on Active and Healthy Ageing has in this sense contributed to analyse the status of this domain and came up with some important conclusions about priorities and actions that can be followed to address in a collaborative way the challenge of this call.

Care supported by new information & communication systems represents a huge market potential, linking information, communication, telepresence, remote and automatic systems, financial and insurance systems to support care and self-care. It has the potential to enable people to look after themselves and others and to motivate self-care through social interaction with peers. ICT can enable more effective and efficient care provision and not only reduce the costs of care but also lead to a higher attractiveness of the care professional sector.

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[6] *For more information see the chapter entitled "Framework for 'Business Case Development' under the AAL Programme" in the Guide for Applicants.*

[7] *http://www.oecd.org/els/health-systems/47903344.pdf*

[8] *http://www.euro.who.int/en/health-topics/Health-systems/health-workforce/data-and-statistics*

[9] *EVM (2012). Bottleneck occupations are defined using a mix of criteria such as the LFS ratio of job-finders to experienced unemployed, national studies and the Manpower Talent Shortage Survey.*

[10] *European Commission (2012a).http://euskillspanorama.ec.europa.eu/docs/AnalyticalHighlights/OccupationNurses_en.pdf*

[11] *http://ec.europa.eu/dgs/health_consumer/docs/swd_ap_eu_healthcare_workforce_en.pdf*

There is potential for better access to care and choice of care as the private sector expands and new companies, products, technologies and service providers enter the market.

Addressing the Challenge

Because of ageing demographics there will be a growing demand for qualified care givers, which cannot currently be satisfied. AAL technologies can help coordinate and communicate formal and informal care activities where new concepts of care are required as formal care is becoming insufficient and unsustainable. We must adapt to change and we should consider economic and socially sustainable models of care that improve integration, efficiencies and quality of care outcomes.

The proposed solutions shall include <u>new concepts</u> necessary to ensure person centred care for **older adults**; they should consider the growing importance of both formal and informal caregivers across NGO, public and private sectors to deliver future care services and maximise the opportunity for technologies to support care and new providers to enter the market.

This call can provide an opportunity to integrate existing AAL technological developments to allow services to be delivered more efficiently and affordably. There are opportunities not only for the care sector, but also for technology and service companies to enter the care sector. Technology is just one of the enablers to this challenge, which also requires the consideration of business and social innovation.

There are technologies, which are already available and can contribute to this challenge. However there is still a need to combine them with the support of the social sciences, users and other stakeholders like professional organisations in order to develop useful applications and build realistic services. Since ultimate success depends on market needs and user acceptance, professional organisations should be included throughout the development process as end users.

Expected Impact

Benefits to individuals, the care system and the economy that have economic & social impact may include (but are not limited to):

- promoting self-management and enhancing autonomy;
- improving quality of life for older adults and their carers;
- supporting informal carers to continue to work and participate in society whilst caring for relatives;
- encouraging prevention and support to improve the wellbeing of older people;
- supporting early discharges and reducing (re-)admissions and institutional care;
- sustaining health outcomes to regain independent lifestyles of older adults;
- improving efficiency of service delivery from new solutions provided the quality of the service remains the same or improves.

Proposers must outline in the proposals the key indicators measuring the impact of the solution in terms of targeted objectives, as well the methodology for how to collect the related data.

General Prerequisites for Solutions Proposed in response to Call 2014

The following points outline the general prerequisites for AAL solutions under this call that should be addressed in the proposal:

- Projects should adopt a holistic, inclusive and user centred approach, in their aims as well as their organisation and expertise. In order to increase motivation for and interest in using ICT-based solutions it is necessary to focus not only on illness, impairments and limitations, but also on personal satisfaction, wellness, convenience and comfort of the involved end-users[13]. It is assumed that solutions that offer a lifestyle choice will generate more acceptance and positive interest thereby stimulating the development of a sustainable market for such solutions.
- Interfaces of the solutions must be simple, intuitive or personalised and adaptable to changing end-users' abilities and requirements, taking in account the principles of design for all[12] and accessibility for older adults.
- Solutions should be broad in nature and implementations easy to adapt and be scalable; the solutions should also be reliable, safe and secure.
- The innovation concept of the AAL Programme is based on creating markets by developing solutions which meet the needs and wishes of end-users[13]. Therefore, involvement of all relevant types of end-users from the outset of the project to its end is deemed to be essential for the success of the projects as is development of commercial aspects throughout the project and to contribute to a sustainable care system.
- Concerning the user needs and wishes, a distinction has to be made between the secondary end-users[13], as e.g. carers or organisations, and the older adults. Motivational aspects have to be taken into account. Attitudes towards the use of technologies also vary accordingly.
- Proposals have to describe how end-users[13] will be involved in the development process (for more information see Guide for Applicants, chapter 12), and how they will be provided with the necessary capacities for effective use of the solution after the project´s end. Participation and involvement of secondary and tertiary end-users is highly encouraged.
- Solutions should be based on existing standards in order to improve interoperability and avoid "lock-in". The use of a non-standard solution must be appropriately justified and is only acceptable if a relevant standard does not exist. Contribution to development of new standards is welcome.

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[12] *The term is synonymous to universal design and inclusive design.*

[13] *The AAL Programme is an ICT-innovation programme focusing on the needs and wishes of end-users (definitions below). ICT is understood in the same broad sense as in Horizon2020.*

Definition of end-users in this call of the AAL Programme:

- *Primary end-users are older adults who are using AAL solutions.*
- *Secondary end-users are persons (families, friends, neighbours…), companies or organisations that are accessing or using AAL solutions for the benefit of primary end-users.*
- *Tertiary end-users are institutions and private or public organisations that are not directly in contact with AAL solution, but who play a role in providing, financing or enabling them. This group includes the public sector service organizers, social security systems, insurance companies.*

- Proposals must present a work plan specifying the innovation process from development and validation of the concept through iterative feedback by users (including pilot testing) to the final prototype, supplemented by a business case for sustainable market development (for more information see Guide for Applicants, chapter 13). Proposals should describe the complete service-model required for the ICT-based solutions in relation to the AAL Programme user-groups (for a definition of user groups, see notes on page 7).
- Proposals must be creative and ambitious and go beyond the "state of the art" compared to solutions presently available on the market, including aspects of social innovation e.g. addressing the not-for-profit market or proposing innovative business models. Providing an information website or giving access to an information repository will not be considered fulfillment of this requirement.
- Proposals must consider the different national ethico-legal frameworks of relevant countries and stakeholders for the proposed AAL solution where applicable.

In addition to these content-related pre-requisites, the following formal prerequisites must be met:

- To be eligible for funding through AAL Call 2014, proposals must fulfil the consortium-level eligibility criteria (see page 10) as well as the relevant national eligibility criteria (see the Guide for Applicants Annex).

For further details regarding these pre-requisites and eligibility criteria, please consult the Guide for Applicants.

Evaluation procedure and funding allocation

All eligible proposals will be evaluated and scored by a European panel of independent experts to establish a ranking order. Proposals scoring above the required threshold will be considered in the allocation of co-funding from the AAL Programme. Funding contracts for individual project partners will be concluded with the relevant national funding authority.

Basic Information on Call AAL 2014[14]

- Date of publication: 28 March 2014
- Closure date: 26 June 2014, 17h00 Central European Time (CET)
- Indicative total funding[15]: *32,807,000*€
  This amount includes a contribution of up to **14,440,000€** by the European Communities.
- Consortia submit one common project proposal with one partner acting as coordinator.
- Project proposals will be evaluated centrally by independent European experts.
- Selection of proposals will be based on the evaluation and selection criteria specified in chapter 7 of the Guide for Applicants.
- Approval of the list of selected proposal by the AAL General Assembly is expected for September 2014.

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[14] *The AAL Association reserves the right to cancel the call in case of non-adoption of the co-decision for the AAL Programme by the Council and the European Parliament.*

[15] *See the last chapter for an overview of the AAL Partner States' participation*

- Funding of individual project partners will follow the respective national rules; reference to the national rules can be found in the Guide for Applicants.

Characteristics of AAL Programme Projects

- Aims at ICT-based solutions to identified user needs
- Demonstrates realistic business case with time-to-market perspective of maximum 2 to 3 years after end of the project
- Project total budget: 1-7 M€
- Maximum funding from the AAL Programme: 3 M€
- Significant involvement of industry and other business partners, particularly SMEs are encouraged. The effort of industry and other business partners in each project is expected to be 50% or more (in person months).
- Proactive end-user involvement throughout the lifetime of the project

Consortium-level Eligibility Criteria

- Submission of a complete proposal through the AAL electronic submission system before the deadline, as specified in the Call for Proposals
- English as the language of the proposal
- Consortium composition of at least 3 independent <u>eligible organizations</u> (legal entities), from at least 3 different AAL Partner States participating in the Call for Proposals
- Consortium must include at least one eligible for-profit business partner
- Consortium must include at least one eligible for-profit SME partner which can be the business partner
- Consortium must include at least one eligible end-user organization
- Size of the consortium: 3 – 10 partners
- Duration of the project: 12 – 36 months
- Adherence to the specifications for structure and technical details (e.g. page count) of the proposal submission.

National Eligibility Criteria

- Eligible for funding are only organisations that are explicitly included in the national eligibility criteria published as part of the Guide for Applicants.
- It is <u>highly recommended</u> to contact the AAL National Contact Persons (NCP) prior to submission of a proposal (list of NCPs and contact data can be found on the AAL Programme website <u>www.aal-europe.eu</u>).
- In some countries, establishing contact with the NCP prior to the submission of the proposal is a requirement for being eligible for funding.

In addition, the project may eventually include organizations not requesting funding or organizations that are not eligible for funding according to national eligibility rules or organizations not residing in any AAL Partner State[16]. Such organizations may be associated to the project without funding from the AAL Programme, but they cannot be crucial for the project's implementation. They will not be taken into consideration when

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[16] *The participation of organisations residing outside an AAL Partner State is restricted to organisations residing in a Member State of the European Union that currently does not participate in the AAL Programme, i.e. Bulgaria, Croatia, Czech Republic, Estonia, Germany, Greece, Finland, Latvia, Lithuania, Malta and Slovak Republic.*

assessing the project proposal against the eligibility criteria and project characteristics stated above.

Guide for Applicants

Please consult the Guide for Applicants for detailed information on:
- how to submit a proposal
- the application pre-requisites
- the evaluation and selection processes
- the evaluation criteria
- the consortium level and national eligibility criteria
- the national funding rules
- guidelines for integrating end users
- guidelines for defining business cases
- ethical guidelines
- details on where to obtain further information

The applicants are requested to register in the AAL proposal submission website (http://proposals.aal-europe.eu) before end-May 2014.

AAL Partner States' Participation

AAL Partner State	Commitments
Austria*	1,500,000 €
Belgium - Innoviris	500,000 €
Belgium - Wallonia	300,000 €
Belgium - IWT	2,000,000 €
Cyprus	200,000 €
Denmark	267,000 €
France*	TBC
Hungary*	750,000 €
Ireland	500,000 €
Israel	300,000 €
Italy*	TBC
Luxembourg FNR	325,000 €
Luxembourg Luxinnovation	300,000 €
Netherlands	1,350,000 €
Norway	725,000 €
Poland	500,000 €
Portugal	500,000 €
Romania	1,000,000 €
Slovenia	200,000 €
Spain (ISCIII)**	200,000 €
Spain (MINETUR)**	1,750,000 €
Sweden	1,000,000 €
Switzerland	3,000,000 €
United Kingdom	1,200,000 €

Total commitment by AAL Partner States	18,367,000 €

Expected EC contribution for AAL Call 2014	14,440,000 €

Expected total funding commitment	**32,807,000 €**

* These countries are still to be confirmed.
** The indicated funding is still subject to a national decision process

Please note: The EC co-funding is granted to the AAL States (or member organisations) listed above on top of the indicated commitment. The final allocation depends on the call outcome. But the final total budget available for Swiss participants is pending conclusion of the Horizon 2020 association agreement between the EU and Switzerland.