

ICT and Demographic Ageing

Social necessity

- 80+ population doubles until 2050
- 60+ from 20% (2000) to 29% (2025)
- 21% of 50+ population has severe vision/hearing/dexterity problems
- Today 4 working for 1 retired, in 2050 only 2 working for 1 retired
- Cost of pensions/health/ care go up by 4-8 % of GDP by 2025
- Estimated need for 20 million informal carers by 2025

Economic opportunity

- Empowering elderly persons to age actively
- Wealth and revenues in Europe of persons over 65 is over 3000 B€
- 85 million consumers in Europe over 65 today, 150 Million by 2050
- Large efficiency gains from ICT in care (25%)
- Telecare market >5 B€/year by 2015 in Europe

Innovation Union

European Council, 4 Feb 2011:

“Innovation contributes to tackling the most critical societal challenges we are facing. Europe’s expertise and resources must be mobilized in a coherent manner and synergies between the EU and the Member States must be fostered in order to ensure that innovations with a societal benefit get to the market quicker. The launch of the pilot Innovation Partnership on active and healthy ageing is an important step in that context.”

The role of ICT and Digital Agenda

- ICT unlocks and catalyses active & healthy ageing solutions: integrated care, personalised medicines, smart health monitoring, social communication, “active & healthy living 2.0”, ...
- Digital Agenda anticipated the EIP and defined actions for e-health interoperability, m-health, ambient assisted living, digital literacy, accessibility, ...

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

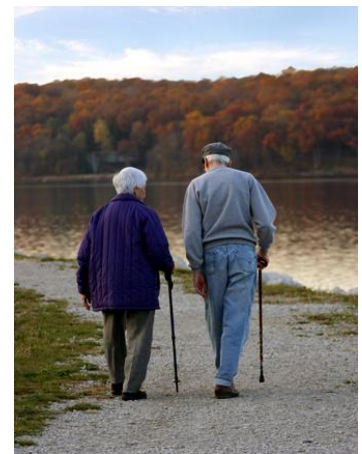
Overarching goal by 2020

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

Example:

ICT and Alzheimers Disease

- Total care costs of Alzheimer's disease in 2005 was €130 billion for the EU 27 region (7.3 Million people)
- ICT solutions can help to:
 - Detect disease earlier
 - Keep elderly mentally active and delay impact
 - Keep elderly at home for longer and improve QoL
 - Assist relatives and carers through remote monitoring and tracking =>Reduce stress and workload
 - Improve efficiency of care
 - Reduce costs for society
- High social impact and large market opportunity



AHAIP – what? Main areas of work

Innovation in
Integrated Care

Innovation in
Prevention
and
Personalised
Medicine

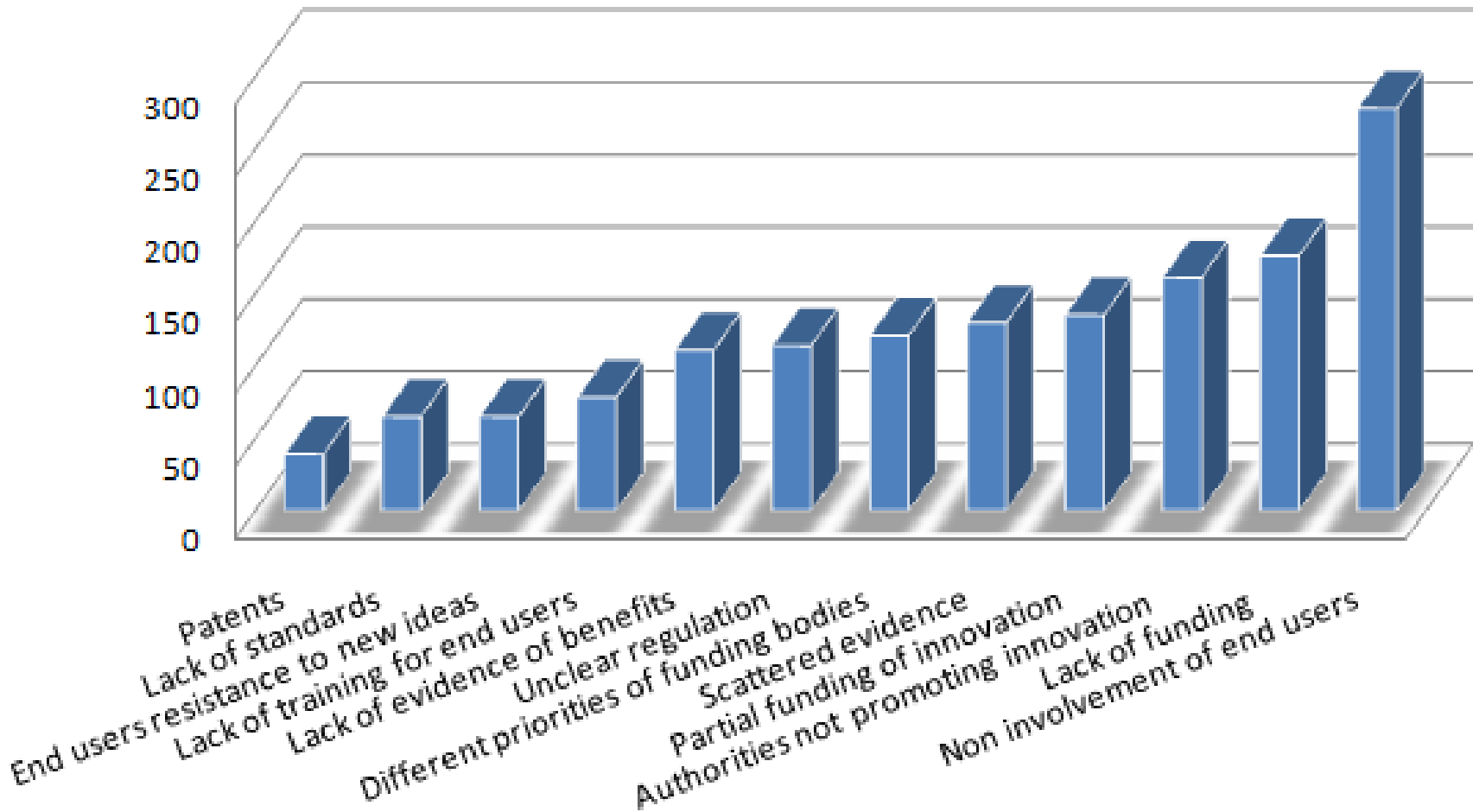
Innovation in
Active and
Independent
Living

Communication and Awareness

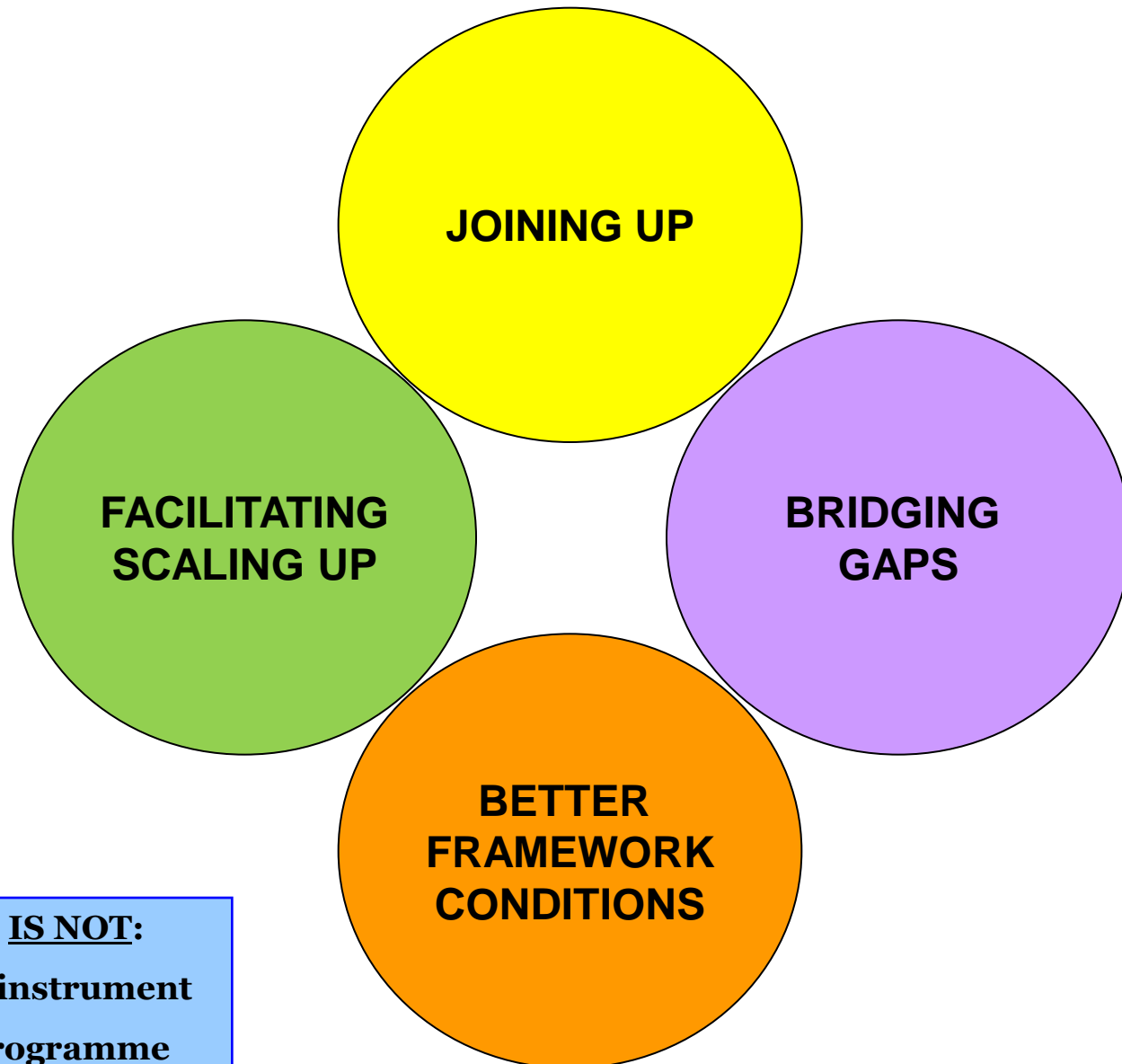
Ageing well and ICT: barriers

- Older people don't use the Internet and find technology challenging
 - Ageing needs not yet in mainstream products
 - Policy, legal and technological barriers
 - Fragmented markets and Business Models
- => Many pilots but little mainstream take-up

Barriers



What the EIP can do

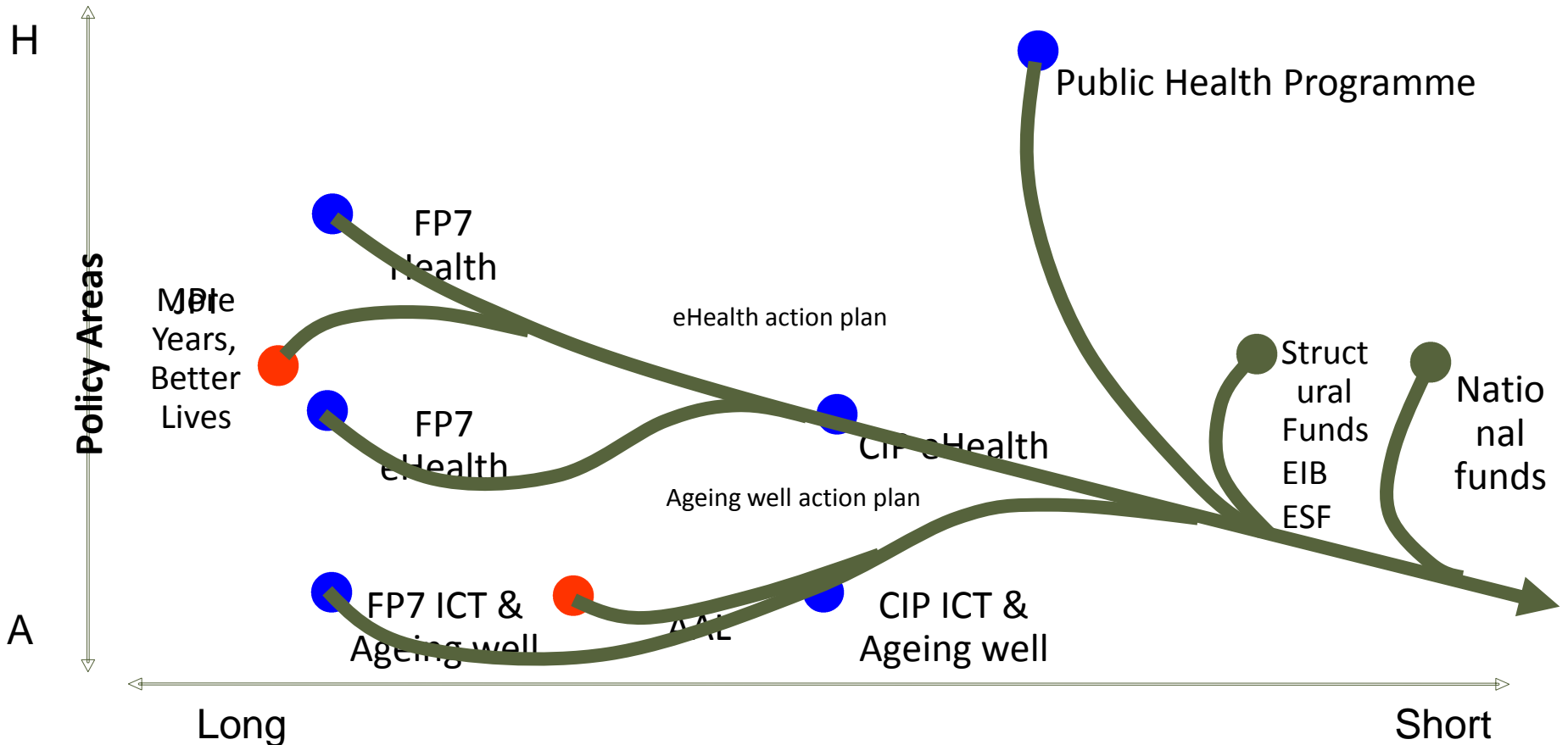


What the EIP IS NOT:

- a new funding instrument
- a new R&D programme

AHAIP – The Wider Picture

Active and Healthy Ageing Partnership



EIP Governance

- Light and efficient structure
- High level representatives of key stakeholders
 - Member States, European Parliament
 - Key initiatives (JPIs, AAL JP)
 - Demand side (regions, NGOs)
 - Supply Side (industry, SMEs, service providers, research)
 - Chaired by Commission
- Does not replace existing governance
- Provides framework for voluntary coordination
- Responsible for Strategic Implementation Plan
 - Identify key opportunities for innovation in ageing well
 - Identify barriers and actions

Developing the Strategic Implementation Plan

- Identifying key areas with high innovation potential
 - Relevance to target (HLY, QoL, Efficiency Gains)
 - Barriers
- Defining Actions to overcome barriers
 - Governed by Steering Board
- Stakeholders/investors main actors
 - Demand side : Users, NGOs, public authorities, insurance etc.
 - Supply Side: Industry, Service providers, Research etc.
- Major inputs
 - Public consultation
 - Working groups in key areas with Stakeholders

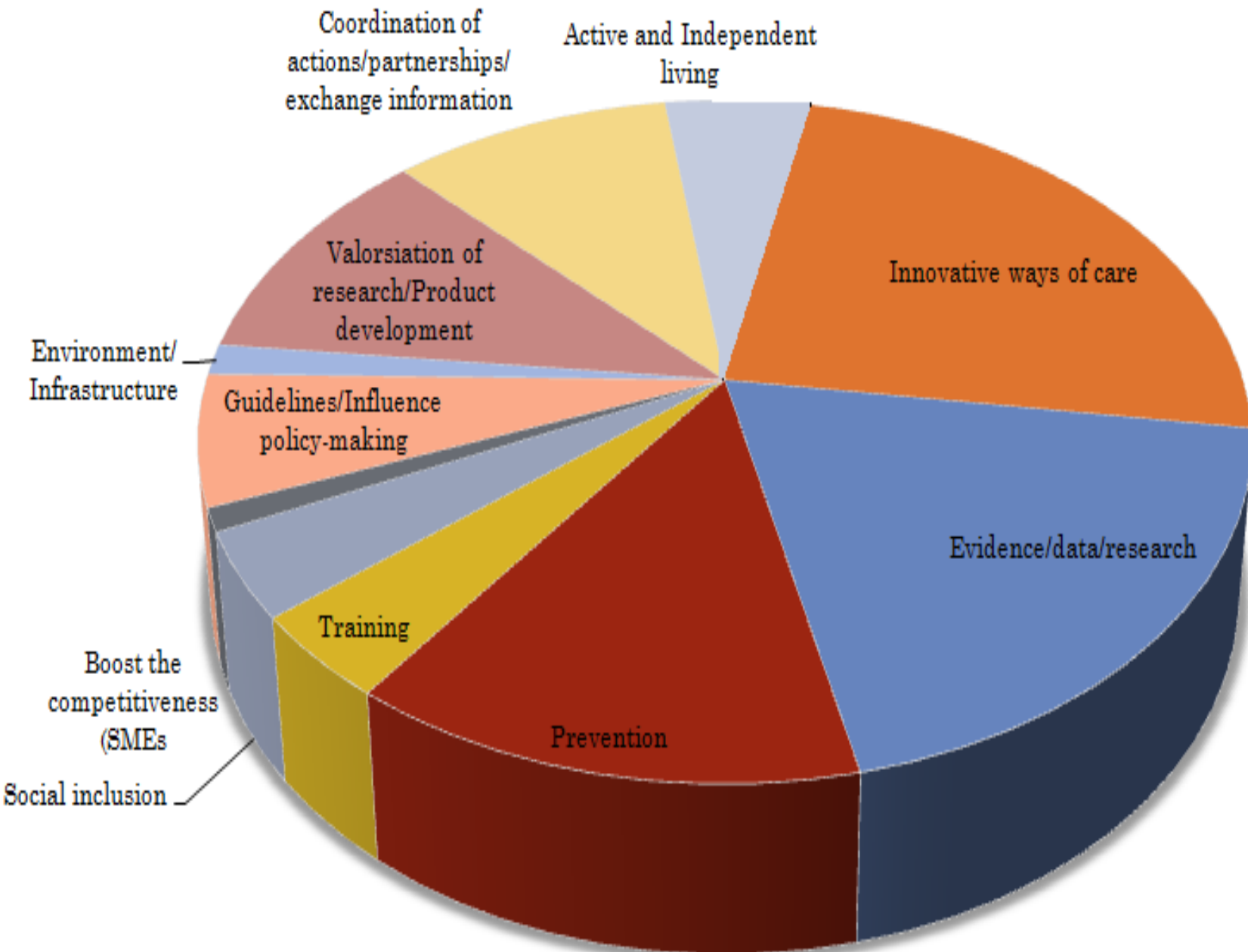
Launching Actions

- Working groups on key actions
- Demand/supply stakeholders willing to commit
- Aggregating existing innovation to large scale
 - From pilot to mainstream implementation
- Defining Actions to overcome barriers
 - New policy actions, organisational structures
- Identifying EU/national/regional funding sources
 - R&D, Innovation
 - Structural funds, EIB
 - Public/private investments
- Operational plan, targets and governance

Milestones

- 26 Nov 2010 - Competitiveness Council Conclusions
- 26 Nov 2010 to 28 Jan 2011 - **online public consultation**
- 4 Feb 2011 - European Council Conclusions
- April 2011 - start of Steering Board
- Summer 2011 - Strategic Implementation Plan to Council by Steering Board
- End 2011 - taking stock of pilot

Priorities for action (public consultation)



How the EIP can work in practice - example 1: of fall prevention

- 1/3rd of elderly fall at least once per year, many lose independence
- We have devices for balance monitoring, physical/cognitive training, personal medication advice, ...
- But: not enough fall prevention innovation reaches the elderly
- The EIP can:
 - Join up actors to define a common strategy starting from today's practical experiences in Europe
 - Bring together public and private insurance providers and financiers to bridge gap between investment and returns
 - Aggregate evidence to guide procurement
 - Partner standardisers, industry and users on interoperability
 - Connect researchers to citizens, carers and procurers to define world-class multi-disciplinary fall prevention

How the EIP can work in practice - example 2: Chronic Conditions

Multiple chronic conditions (heart failure, diabetes, depression, hypertension) affect 80% of people over 65

- Tele-monitoring technologies enable:
 - Hospital re-admissions to be reduced 20%
 - Heart failure mortality to be reduced by 30%
 - Care efficiency to be increased by 30%
- Need to overcome barriers
 - Common guidelines for procurers and different authorities in social and healthcare

Example 3: tele-monitoring - tele-medicine

Hospital



Serious clinical situations that require medical diagnosis and intervention



Home



Routine medical care

Thank you for your attention

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