



European
Commission

European **Innovation** Partnership
on Active and Healthy **Ageing**

Action Groups

First Year Achievements



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Introduction

The European Innovation Partnership on Active and Healthy Ageing is a cooperation of EU, regions, industry, research institutions and healthcare professionals, to improve the quality of life of older people. Working together in six thematic Action Groups, these partners implement, share and scale up innovative solutions that meet the needs of our ageing population. The ultimate aim is to increase the average healthy lifespan of EU citizens by 2 years by 2020.

The Partnership is like a ship. Lots of energy and preparation are needed to get going: setting course, building up engine power, gaining speed, steering around the obstacles close to the harbour. Everybody on board knows it and is inspired by the conviction that the reward for all efforts will be a successful voyage to an important destination.

Two years after the launch of the Partnership, the sense of moving in the right direction is there. The Action Groups are under steam, and are gaining speed and momentum. This booklet gives an overview of their activities and the progress they made since they presented their work plans in 2012. It sums up what problems and issues they aim to tackle, which parties are participating, how they want to achieve their goals, and what they have done concretely to get there. You want to get in touch? Send a message to ec-eip-aha@ec.europa.eu, specifying what you can offer or are interested in, and we will connect you to the right people.

We hope the reading will inspire you to contribute yourselves to the challenges ahead. Because in the end, we are all part of active and healthy ageing in Europe.



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Better prescription and adherence to medical plans for older patients (Action Group A1)

Safe and effective treatments for a range of health issues are widely available in Europe. However, too many patients do not or cannot follow the medical plans prescribed by their doctors. This can seriously undermine the patients' health as well as the effectiveness of therapy, and it has significant implications for the costs of healthcare systems. For the elderly, the impact is usually even higher, as the simultaneous occurrence of multiple chronic conditions – *multimorbidity* – and the consequent use of multiple medications – *polypharmacy* – are common for them.

Why people do not always adhere in full to their medical plans? Because of a variety of factors such as age, physical limitations, unstable living conditions or the presence of coexisting depression or dementia, personal beliefs and insufficient or lack of health-literacy, to name a few.

Tackling this issue requires a comprehensive approach aimed at improving prescription and adherence in older age-cohorts. A multi-step strategy can help: from the mapping of the available evidence to the implementation of intervention programs and measurement of the impact of new strategies on major clinical and epidemiological outcomes.

Our objectives

The overarching objective of this Action Group is to *improve the quality of life and health outcomes of older people living with chronic conditions in at least 30 EU regions*, through a holistic approach, including enhanced self-care, personalized care, better adequacy of treatment and increased adherence to safe and effective care plans. Specific objectives include:

- 1. Improve patient adherence to medical plans** through, for instance, IT solutions monitoring the regular intake of drugs.
- 2. Empower the patients and care givers** to take care of their health and to be independent by, for example, improving patients' ability to understand their health status.
- 3. Deliver improvements in the health care systems**, developing, among others things, new organisational models aimed at enhancing the competences and the connexion between health professionals.
- 4. Improve existing data evidence** on ageing and adherence, for instance by investigating how databases can help evaluate the effect of prescriptions on citizens' health.
- 5. Help to better communicate** with different actors in the healing and caring process.

Our preliminary achievements

In its first year of work, the Group has *drawn a more **comprehensive picture of the priorities*** around this topic, and has been working on **strengthening awareness** on the importance of tackling poor adherence to medical plans and medication.

In addition to individual partners' commitments, the Group sought to build **synergies** based on areas of common interest and competencies. Four thematic areas have been identified: *adherence to medical plans, polypharmacy, user empowerment and information, and research/methodology.*

The joint effort of the partners is currently directed to deliver results in the following areas:

- innovative **logistics and packaging of drugs**.
- identification of best models for improving **prescriptions**.
- evaluation of **polypharmacy tools**.
- identification of **risk stratification tools** to be developed.
- evaluation of **integrated drug management systems**.

Another important strand of activity is the sharing of experiences aimed at *improving the formative and training offer* for healthcare professionals, with particular reference to pharmacists.

In order to facilitate **replicability** and deployment on bigger scale, the partners gathered **good practices** in their specific areas of expertise. **61 innovative experiences**, implemented at regional or national levels, are now available, covering different subjects such as: patient empowerment and capacity to manage autonomously their own treatment; polypharmacy and monitoring of side effects of multiple medication; or improvement and monitoring of patients adherence, including the use of new technologies like mobile phone devices.

The Group also *contributed to the current* **policy debate** on the issue of adherence, for example by providing inputs and taking active role in the organisation of the international Conference on “Adherence to treatment, a public health concern at EU level” in June 2013.

Our members at a glance

This Action Group brings together 56 organisations from across the European Union, from local to international levels. These organisations have committed to implementing 68 multi-stakeholder commitments.

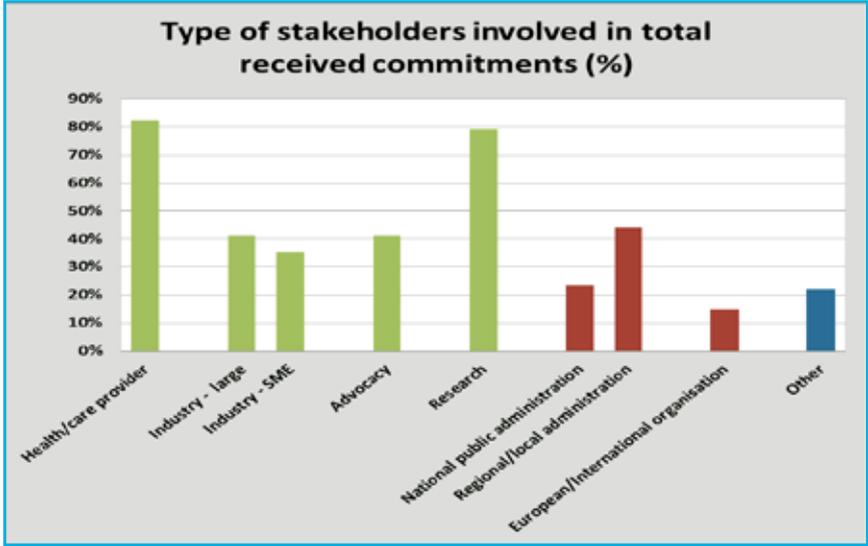


Figure 1 Type of stakeholders involved in total received commitments under Action Group A1

Figure 1 shows the involvement of different types of organisations. For this Action Group health/care providers and research institutions cover the largest amount (about 80%) of the commitments. Participants are spread over Europe, as illustrated in figure 2, with the highest numbers of participants coming from Italy, Spain and the UK.

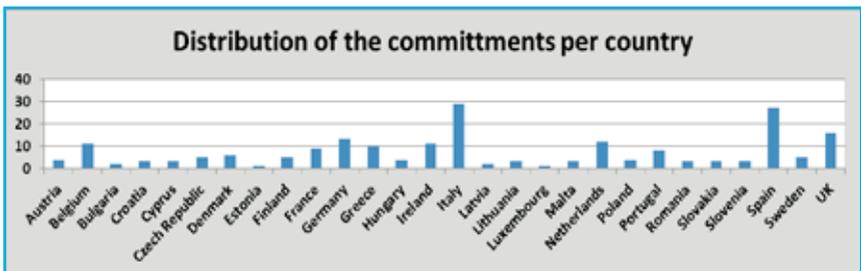


Figure 2 European Countries involved in the commitments of Action Group A1

Personalized health management, starting with a Falls Prevention Initiative (Action Group A2)

Most injuries suffered in old age are due to falls: every year one in three adults aged 65+ experiences a fall. Falls often lead to long-term physical disability, severe dependency or fatal injuries. Placement in a care home is often the result of a fall and the associated costs of treatment and rehabilitation are high for both health and social care. Yet, falls are preventable.

The fall- problem is ideally addressed through an integrated approach with timely and targeted *prevention, screening, intervention* and *monitoring*. This requires a multi-disciplinary, multi-agency and multi-level approach. ICTs also play a key role, supporting efficient information sharing and decision making as well as training and education.

In line with the integrated approach, the Action Group aims to reduce falls by ensuring that new technologies to monitor falls enter markets faster, connecting research to innovation and strengthening procurement processes. The Group also supports the set-up of regional programmes for early diagnosis and the prevention of falls.

Our objectives

Our specific goals are the following:

- 1. Implement an integrated and person-centred service pathway for fall prevention and management, including:**
 - a repository of falls prevention/management programmes and care pathways.
 - a toolkit for implementing tools and technologies for monitoring, screening and assessment, and for decision making support, protocols and workflows.
 - an overview of ICT solutions, devices and technologies for different settings and discovery report on the future falls prevention technologies.
- 2. Data and evidence, including:**
 - a report on current approaches to collect data on falls, outlining best practices and recommendations.
 - the specification of a minimum falls dataset.
- 3. Awareness, information and education, including:**
 - a dedicated website, an awareness campaign across the EU and a network of research and educational organisations dedicated to falls prevention and management.
 - an inventory of successful public health and social marketing strategies and evidence based training models and tools.
 - an education package to support the training of the workforce.
- 4. Governance: innovation, sustainability and scaling-up, including:**
 - assessment models for governance.
 - an innovation platform and market place for fall prevention services and products.

Our preliminary achievements

To reach the key objectives of the Group, the partners have launched a series of initiatives, making their experience available for consultation to other organizations and raising awareness on this topic. They are building blocks for a framework for falls prevention.

The Action Group collected and shared different approaches, expertise and **good practices** that will be disseminated for possible replication throughout Europe, and that constitute the basis of a framework for tailored (local) implementation.

In order to facilitate information sharing and data collection for policy and decision-making on European, national and regional level, a **minimum falls dataset** is in progress, which allows stratifying and predicting the risk of falls. This will support evidence based interventions to prevent the occurrence and management of falls.

The Group is also **actively communicating** around the topic (via publications, press statements and a **website**, established by the Thematic Networks E-NO-FALLS and ProFouND (<http://profound.eu.com/>)).

Falls prevention **results on the local level** include:

- Regione Emilia Romagna: the regional initiative *PROFITER* established a network for the **digitalisation and retrospective analysis of fall related information** and for creation of a **personalised fall risk model**. They also work on the deployment of *ICT solutions* for falls detection and prevention.
- Basque Country implemented a **model of person-centred care** promoting an active life-style at home, based on coordination between actors in the care value chain.
- Region de Madrid: the Universitario de Getafe Falls and Fractures Clinic offers **integrated care** to seniors at risk with tailored

assessment, intervention and follow up across all settings and conditions (i.e. home, residential care institution and hospital).

- The Departamento Valencia-La Fe provides an **integrated care programme** with comprehensive care services at home, facilitating transition from hospitalization to home care with a focus on empowerment of patient's self-management.
- In The Netherlands, several sites collaborate within a national network aiming at the **implementation and large scale deployment of integrated services** that link prevention, screening and early diagnosis with personalised intervention and follow-up. The community based approach is inspired by the project "*Vitality and safety checks*" for seniors of the city of Enschede. The trans-regional collaboration is supported by the national Ministry of Health.
- UK Wales: the Multiagency Falls Collaborative adopted a holistic approach of the well-being of elderly, through initiatives on **fall prevention, patients' education** and the development of "**age-friendly**" communities.
- Scotland NHS24: The National Falls Programme supports health and social care partnerships to implement local **integrated, evidence based falls and fragility fracture prevention and management pathways**.

Our members at a glance

Over 100 organisations (including thematic networks) are part of this Action Group. Together they expressed 68 commitments. As shown in figure 3, a variety of organizations participate: large businesses and SMEs, advocacy groups, research institutions, all levels of public administration, EU as well as international organisations. Health/care providers represent the largest segment, being involved in 90% of the commitments.



Figure 3 Type of stakeholders involved in total received commitments (%) under Action Group A2

The figure 4 illustrates the geographical coverage of the commitments, highlighting the widespread participation across Europe.

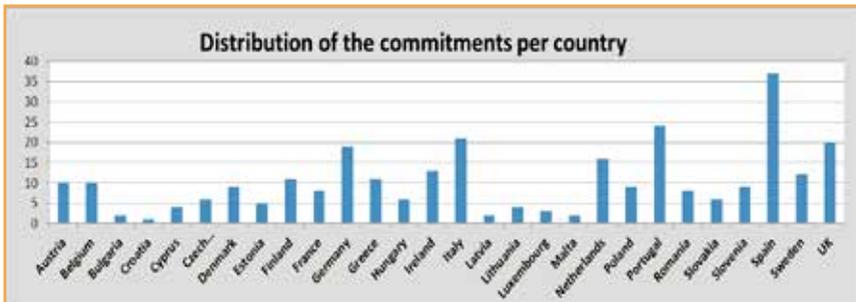


Figure 4 European countries involved in the commitments of Action Group A2



Prevention and early diagnosis of frailty and functional decline, both physical and cognitive, in older people (Action Group A3)

Frailty, functional and cognitive decline are highly prevalent in old age and contribute to a growing health problem for the aging population of Europe. Frail individuals are vulnerable and are at high risk of a range of adverse health outcomes. Frailty limits regular physical activity and its many health benefits, including the prevention of cognitive decline. Frailty can be avoided by detecting and treating vulnerable individuals at an early stage and preventing the decline of patients' health conditions.

Understanding frailty is a particular challenge from a clinical, research and public health perspective. For this reason this Action Group's core activities focus on *understanding the underlying factors of frailty, exploring the association between frailty and adverse health outcomes* in older people and *better preventing and managing* the frailty syndrome and its consequences.

Our objectives

The Action Group partners produced an action plan dealing with specific issues: the need for a better methodology for the screening and identification of pre-frail status in older patients; prevention of malnutrition or lack of physical activity that impact the frailty syndrome; evidence-based interventions through appropriate pathways of care to avoid incident frailty, its progression to disability and its consequences; development of basic research on different aspects of frailty, cognitive decline, malnutrition and the quality of life of frail elderly and their carers.

The main strands of work the Group pursues are:

- 1. management of frailty and functional decline:** interventions to improve the well-being of elderly through the physical exercise programs, nutrition plans, information and awareness activities, for elderly and their carers.
- 2. enhancement of participation and independence of elderly:** detecting social isolation, connecting them with their local community, promoting the involvement of the voluntary sector and providing peer support.
- 3. systematic screening** to detect frailty at an early stage.
- 4. integrate pathways** to improve the effectiveness and reliability of coordinated interventions between health and social cares, and spreading integrated delivery models across regions.
- 5. further develop research and methodology** to understand frailty and to support innovative approaches to organisation of services and develop new solutions.
- 6. support the sustainability of health and social care services** by improving their effectiveness, accessibility, cost-effectiveness and user-friendliness.
- 7. cooperation** at European level and among different actors to strengthen the knowledge and the interdisciplinary approach to frailty.

Our preliminary achievements

In almost 2 years of collaboration the partners have contributed to **establish a common European approach** that aims at enhancing the quality of life of citizens and the dignity of older people whilst rationalising the use of public resources. Although the activities are still in the early stage, the Group already achieved some results, such as:

- **a more comprehensive and clear understanding of *frailty*** and its priorities. The exchange of knowledge and expertise among partners has resulted in the *identification of clear benchmark on 6 main areas of intervention*: frailty in general, physical decline, cognitive decline, nutrition, dependency and care givers, physical exercise.
- **contribution to the policy debate at EU level**, providing technical inputs to the European Commission on frailty and functional decline in particular through the international conference on Frailty in April 2013.
- **more reliable trials**. Many partners had the opportunity to test their protocols and tools in broader settings, allowing strengthening the reliability of both protocols and tools.
- **shaping a new module for screening, treatment and monitoring of frailty and functional decline**.
- **a more suitable training offer for healthcare professionals**. Different Group members have proposed improved training courses for nurses, social workers and Phd students on frailty topics.

Our members at a glance

160 partners, expressing a total of 131 commitments, are working together in this multidisciplinary Action Group: health/care providers, large businesses and SMEs, advocacy groups, research institutions, EU or international organisations. Research institutions feature prominently Group's commitments along with health/care providers.



Figure 5 Type of stakeholders involved in total received commitments (%) under Action Group A3

The figure 6 shows the widespread geographical coverage of the commitments, inside Europe.

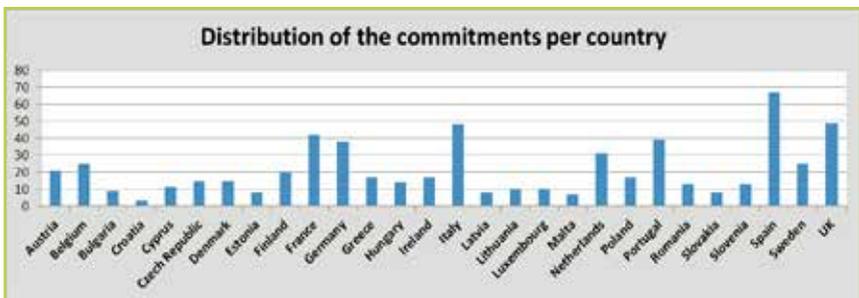


Figure 6 European countries involved in the commitments of Action Group A3.

Replicating and tutoring integrated care for chronic diseases, including remote monitoring at regional level (Action Group B3)

The increased complexity of health problems and the specificity of chronic conditions require overcoming the fragmentations of today's system, where different providers deliver separately social care and healthcare services.

“Integrated care” models move the system a step further, by harmonizing and coordinating the management, organization and delivery of social and health care services along the whole health promotion and care chain. This delivers benefits like the reduction in unnecessary hospitalizations, the potential to better handle chronic care needs, and efficiency gains. Putting the needs of the patients in the centre implies the development of integrated care models that are multidisciplinary, well-coordinated and accessible, as well as anchored in community and home care settings.

The Action Group aims to *reduce the avoidable/unnecessary hospitalisation* of older people with chronic conditions, through the effective implementation of *integrated care programmes* and *chronic disease management*. The Group builds on services that are currently operational and on on-going activities in pilot initiatives, programmes and standards, and aims for the further deployment of services in a significant number of regions.

Our objectives

The main targets of the Group are:

- by 2015 making programmes available for the case management of chronic conditions (including remote management and monitoring) serving older people in at least 50 regions, and available to at least 10% of the target population (patients with chronic diseases).

- the scale-up and replication of integrated care programmes serving older people, supported by innovative tools and services, in at least 20 regions in 15 Member States based on validated, evidence-based cases (2015-2020).
- knowledge sharing about the delivery of services for chronic conditions management in an integrated way and about incentive schemes in this field across Europe.
- shared understanding of the workforce development task at the European level.

The detailed Action Plan is structured into 9 working areas: *organisational models; change management; workforce development; risk stratification; care pathways; patient empowerment; electronic care records/ICT/Teleservices; finance and funding; and communication and dissemination.*

Our preliminary achievements

The expertise of the Group is reflected in a rich collection of 85 good practices (<http://ec.europa.eu/digital-agenda/en/news/compilation-good-practices-integrated-care>) as well as a set of resources, collected throughout 2013.

The members are working together to develop **practical tools** that support local service delivery:

- a **maturity mapping** to identify existing organisational models and detect the success factors of managing structural changes towards integrated care.
- **validated medical guidelines** in respiratory and cardiovascular diseases, with the goal of **replicating** them in their countries, have been developed by a collaboration of hundreds of health professionals, public authorities and patient organisations.

- experts have collected and started to analyse **tools for the risk stratification** of the population for optimised and targeted care, and make these available for organisations that are planning to develop or improve their systems.
- the **ICT Service Matrix**, a reference document that characterizes the different types of services in an integrated health and care information infrastructure.

A powerful driver of the Group is the shared vision of integrated health and social care services that centres around the patients and their community: the work on citizen empowerment has helped develop a common understanding as a basis for on-going work with non-members experts.

The Action Group is keen to work transversally. An example of this approach is the organisation of workshops on innovative procurement and interoperability together with the Action Group C2 on Interoperable Independent Living Solutions. The Group provided input to EU funded projects.

Local implementation is both the foundation and aspiration of the work of the Action Group, which supported a number of regional and international events that have successfully mobilised support for integrated care, resulting in access to additional funds. The members have forged **successful coalitions for the replication** of their practices in new regions and in new areas. In addition, by **providing evidence and inspiration for policy making**, the Group has contributed to ensuring that integrated care is on the European agenda as one of the most promising solutions to assure the sustainability of the systems for health and social care.

Our members at a glance

The Group brings together partners representing around 120 multi-stakeholder commitments from national, regional and local authorities, research institutions, academia, SMEs and large industry, and advocacy organizations from across the EU. As shown in figure 7 and 8, the

Group reaches out to all the Member States and also some non-EU countries, while, in terms of type of organization, health/care providers and research institutions have a prominent role, being present in almost 90% and 80% of the commitments respectively.

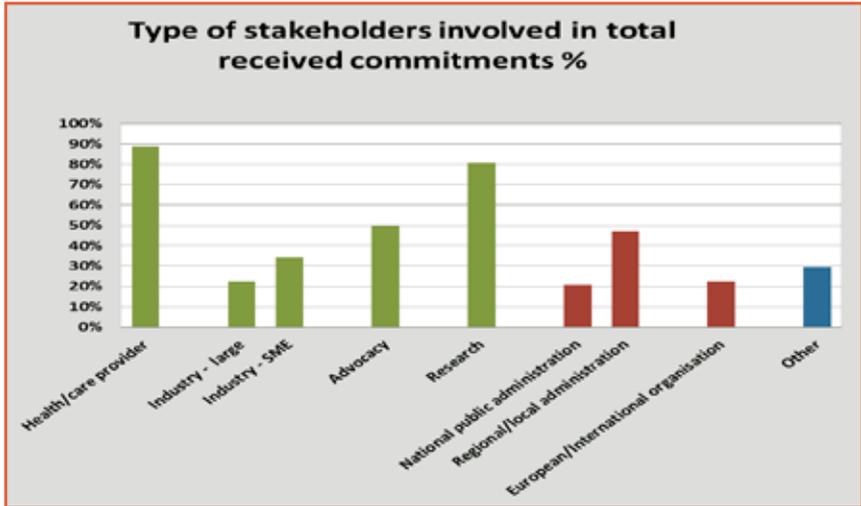


Figure 7 Type of stakeholders involved in total received commitments under Action Group B3

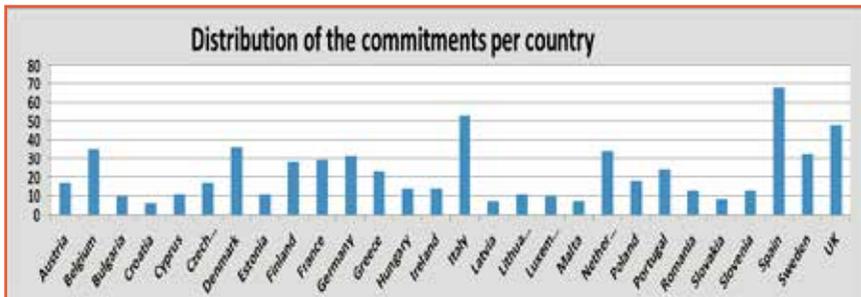


Figure 8 European countries involved in the commitments of Action Group B3

Development of interoperable independent living solutions, including guidelines for business models (Action Group C2)

Information and Communication Technologies (ICTs) can help older people to live independently for longer. They also offer enormous potential for helping them participate in society, and reduce the rates of depression and isolation they often experience. ICTs can support carers in their work, make overall care provision more sustainable, and save money (e.g. by avoiding and reducing hospital stays). Current solutions for telemonitoring, telecare or social interaction are usually based on a single provider design. They cannot easily be adapted to multiple and changing user and organizational needs.

The objective of this Action Group is to *develop interoperable independent living solutions*, including guidelines for business models. This should boost the deployment of open and personalized solutions for active and independent living that are supported by global standards and evidence on the return of investment. The Action Group aims to provide essential input to the creation of a *new market for cost-effective products and services for older people* that helps them to live a more active and independent life. This reinforces on-going activities in Europe (and elsewhere) in the area of research and innovation, supported through public-private partnerships.

Our objectives

In order to reach its goals, the Group has defined the following objectives and deliverables:

1. **support for implementing innovative procurement** by facilitating the exchange of practices among policy makers, the private sector and public procurers at regional and European level.

2. **operational guidelines for interoperability** and recommendations for standardisation.
3. a set of **good practice documents** for the implementation of independent living solutions.
4. a **toolkit for user empowerment** incorporating co-creation, awareness raising and technology confidence building.
5. a report identifying the **social and economic return on investment** (ROI) and a repository of information on ROI including existing tools and processes for measurement.
6. a **co-operation platform** and a repository of information.

Our preliminary achievements

The Action Group has been working towards enhanced **interregional networking** and **building partnerships** between European regions. This has led to mutually beneficial discussions and sharing of good practices.

The Group joined forces with other EU communities and networks and planned a series of workshops in the Autumn of 2013 in shared areas of action in the assisted living agenda. Some specific topics were subject of mutual exchange and learning: *innovative procurement* (held in Puglia – Italy - in conjunction with the Action Group on Integrated Care and the ENGAGED Project); *scaling up integrated and person centred care through innovative uses of ICT / eHealth* (held in Norrköping – Sweden – in cooperation with the Action Group on Integrated Care and eHealth Innovation Project); *user empowerment* (held in Eindhoven – The Netherlands – together with the ENGAGED Project).

The Group also started **coordination with national initiatives**, including:

- The ‘*French Forum for Autonomy and Health*’, based on 15 Living Labs (partly ENoLL labelled) in the Health & Autonomy sector, and bringing together enterprises, labs, health professionals, patient associations and agencies. The Forum sees the benefit of organising the French contributions on interoperability using a common European interoperability framework.
- ‘*Social Alarm*’, being deployed in Sweden. Swedish stakeholders see a benefit in integrating this initiative into a common European interoperability framework facilitating market development.

The Action Group enabled **liaison and coordination between various initiatives** (AAL JP, Braid, AAlliance, Antilope, ReAAL, Dallas, etc) in order to reach a common understanding of needs in terms of interoperability. The Group consequently specified **an interoperability framework** consisting of a methodology associated with a repository. The **methodology** is user centric, case-based and adapted to the specific needs of independent living. It takes into account the contribution of research and living labs by allowing interoperability specifications to mature from research versions to industry versions. The **repository** includes interoperability specifications and an associated list of conforming products or services. It provides evidence of interoperability and maturity, and has been based – where possible – on existing practices and tools like IHE and Continua.

Our members at a glance

This Action Group brings together partners from across the European Union – from local to national level – covering 59 commitments (figure 10).

The nature of the Group, is reflected in the balanced mix of its members (figure 9) coming in particular from health/care providers, research institutions and industry sectors.



Figure 9 Type of stakeholders involved in total received commitments under Action Group C2

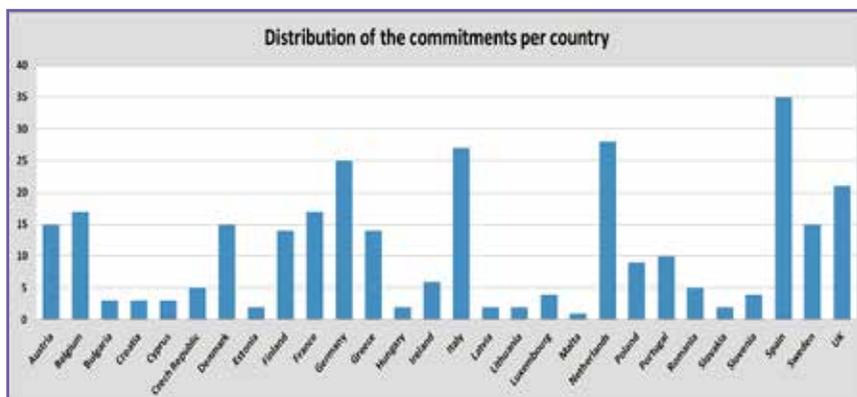


Figure 10 European countries involved in the commitments of Action Group C2

Innovation for age friendly buildings, cities and environments (Action Group D4)

The physical and social environments are key determinants of whether people can remain healthy, independent and autonomous long into their old age. Within *age-friendly environments*, older people can age in better physical and mental health, be more socially included, actively participating in their communities' lives, and maintain a good quality of life. Age-friendly environments also enable older workers to remain at work for longer, lower the pressure on traditional care and boost the economy through demand for innovative solutions.

In order to support longer living and greater societal participation and integration of older people, cities and regions in Europe need to encourage more physically and mentally active lifestyles, and provide places that are safe and accessible, promoting dignity and respect. Innovation must be introduced specifically in public transport, urban planning and services in order to take into consideration specific needs of the older people and enable greater societal participation. However, these goals cannot be met by cities or regions in isolation. Building international networks for innovation, evidence development and common guidelines is crucial. This Action Group contributes to these goals and tackles the challenge of adapting environments to an increasingly ageing European population.

Our objectives

The Action Group works on:

- setting up mechanisms to engage the older people and ensure their participation;
- adapting and developing principles and guidelines on age-friendly environments for the EU context;
- understanding how ICT and Service innovations can help shape supportive environments for older people and how those innovations work in their physical and social context;
- exploring new ways to promote active and healthy ageing with age friendly environments;
- running pilots to analyse integrated approaches to urban design, housing, health and social services, age-friendly workplaces, ICT and smart environments.

These activities cover specifically the following areas:

- 1. implementing policies and practices for regions, cities and communities:** the partners share their local experiences to promote better involvement of the elderly, a multistakeholder approach and new practices.
- 2. networks promoting a European covenant on demographic change:** awareness raising at European level and a repository of good examples to promote effective age-friendly environment across Europe.
- 3. spatial context:** collaboration between research centres and programmes to better understand the links between older people's wellbeing and their urban environment.
- 4. ICT and smart environment:** promotion of ICT products and services adapted to older people's needs, through the promotion of a better access to urban services, higher autonomy and home services.

Our preliminary achievements

The Group worked on identifying priorities and obstacles in this field. A key result is a report published in 2013 based on a survey among local and regional administrations, which showed that becoming an age-friendly environment is high on the agenda of a majority of towns, cities and regions; the biggest obstacle is lack of funding. Results highlighted that **sharing good practices** and providing information on funding are the highest priorities.

Another outcome of the group has been the mobilisation around the creation of a thematic network on age-friendly environments and proposal for an EU covenant on demographic change. This work is supported by a European Commission co-funded project with WHO/Europe on age-friendly environments in Europe launched in October 2013.

Regions and local authorities in the Group have been working on identifying the needs and engaging the older people while promoting stakeholder alliances at their level to **coordinate integrated age-friendly policies and strategies**. Regions have facilitated older persons' fora and are supporting the leading role of the elderly in communities. They are also sharing their good practices in areas such as personalised transport, social connectivity and home visiting services. The partners are developing a **European collaborative forum for dementia supportive communities**, including the creation of an evidence-base and a basic shared dataset on dementia supportive environment practices at local, regional and EU level. On the practical level partners are organising **trainings for healthcare assistants**, establishing need-based **education provision for persons with dementia** and their families, and working with the local tourist industry to cater to people with dementia and their carers.

Partners have also been sharing knowledge on the design of urban environments and improving living environments addressing the needs of the older people and contributing to their social inclusion through ICTs.

Portals on integrated approaches to age-friendly neighbourhoods as well as multi-stakeholder projects on Healthy Cities have been launched. In 2014 the Group plans to scale up towards international collaboration, targeting for example experimental, monitoring and learning networks on healthy ageing in the workplace, and sharing evidence on the design of buildings and public spaces and data for healthy urban development.

Partners involved in ICT for smart environments have been sharing best practices on Ambient Assisted Living services and solutions integrating user needs. One result has been the launch of a **social tourism platform** with guidelines related to age-friendly ICTs. The Group will progress to analysing results from pilots testing relevant projects and to designing sustainable tourism for elderly. A State of the Art of best practices and lessons learned in the area of ICTs for smart environments, detecting gaps and identifying end users' needs is currently being compiled by the Group.

Our members at a glance

The Action Group brings together partners representing around 70 multi-stakeholders commitments, which are composed of regional and local authorities from across the EU, European NGOs, technology providers, research institutions, and SMEs.

Almost 90% of commitments feature research institutions, while 70% have health/care providers (figure 11). In terms of geographical coverage (figure 12), EU countries are all represented, with some peaks of participation from UK, Spain and Italy, and the Group reaches out also to non-EU countries.

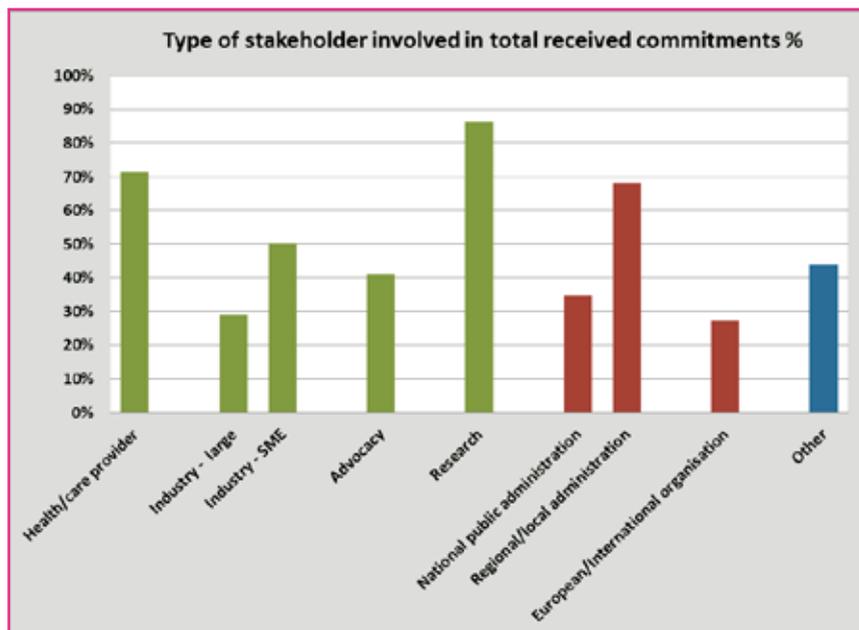


Figure 11 Type of stakeholders involved in total received commitments under Action Group D4

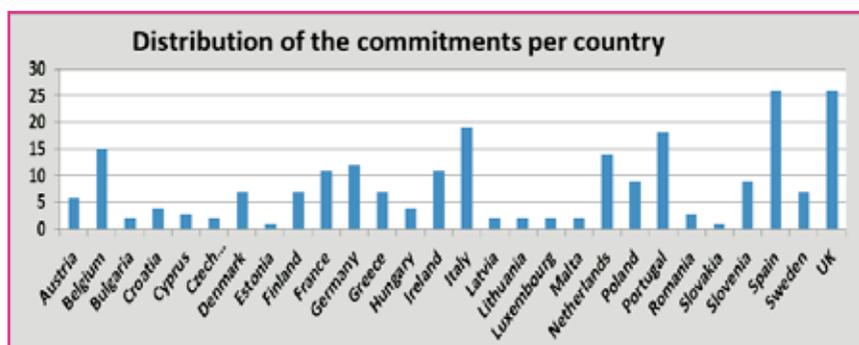


Figure 12 European countries involved in the commitments of Action Group D4

Useful sources

European Innovation Partnership on Active and Healthy Ageing

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

<https://webgate.ec.europa.eu/eipaha/>



@ActiveHealthyAgeing



ec-eip-aha@ec.europa.eu

ICT for Ageing Well

<https://ec.europa.eu/digital-agenda/en/ageing-well-ict>

<http://www.aal-europe.eu/>

Health and Consumers

http://ec.europa.eu/dgs/health_consumer/index_en.htm http://ec.europa.eu/health/ageing/innovation/index_en.htm



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Digital Agenda for Europe

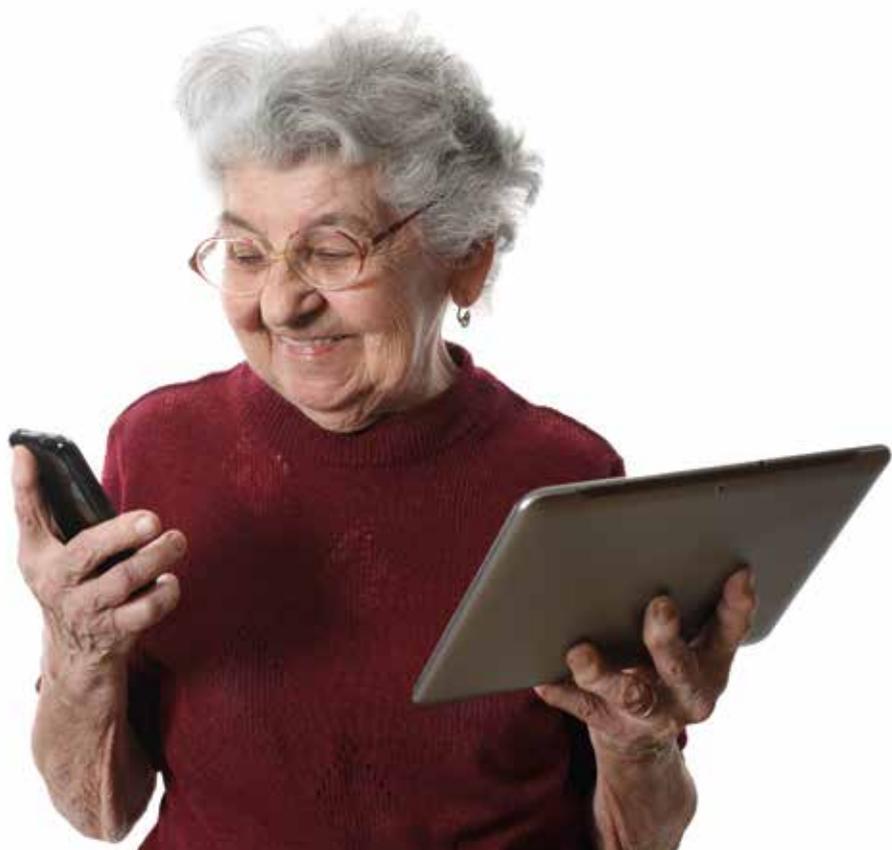
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European **Innovation** Partnership on Active and Healthy **Ageing**

Action Groups

First Year Achievements

