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**COMMUNICATION FROM THE COMMISSION TO THE EUROPEAN  
PARLIAMENT AND THE COUNCIL**

**Taking forward the Strategic Implementation Plan of the European Innovation  
Partnership on Active and Healthy Ageing**

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## **List of Abbreviations**

AAL – Ambient Assisted Living

CIP - Competitiveness and Innovation Programme

COM – Communication

DFA – Design for all

EIP – European Innovation Partnership

EIT - European Institute of Innovation and Technology

EP – European Parliament

ERDF – European Regional Development Fund

EU – European Union

FP7 – Framework Programme for Research

GDP – Gross Domestic Product

HLY – Healthy Life Year

ICT – Information and Communications Technologies

KICs - Knowledge and Innovation Communities

## 1. INTRODUCTION

Demographic ageing is one of the most serious challenges Europe is facing. According to recent projections, the number of Europeans aged 65 and over will almost double over the next 50 years, from 87 million in 2010 to 148 million in 2060<sup>1</sup>. This trend represents a challenge for public authorities, policy makers, businesses and the non-profit sector, especially as it comes at a time of increasing pressure on public budgets, a steady decline in the number of health personnel<sup>2</sup> and growing demands from older people for care products and services.

If this demographic transition is not tackled head-on, it will raise considerable concerns for the financial sustainability of health and care systems. Public spending on health already accounts for 7.8% of GDP in the EU, and by 2060, public expenditure on acute health care and long-term care is expected to increase by 3 % of GDP due to ageing<sup>3</sup>.

Supporting active and healthy ageing is important both to improve the quality of life of elderly citizens and help them contribute to society as they grow older; and to reduce unsustainable pressure on health systems.

The Commission has launched, among other initiatives, the European Innovation Partnerships within the Innovation Union, one of the flagship initiatives of the Europe 2020 strategy, with the objective of accelerating innovation to address a well defined target within a grand societal challenge<sup>4</sup>.

The European Innovation Partnership on Active and Healthy Ageing (the Partnership) has been selected as a pilot to tackle the challenge of an ageing population. It sets a target of increasing the healthy lifespan of EU citizens by 2 years by 2020, and aims to pursue a triple win for Europe by improving health and quality of life of older people, improving the sustainability and efficiency of care systems and creating growth and market opportunities for businesses<sup>5</sup>. The Partnership brings together public and private stakeholders to accelerate the deployment of major innovations by committing them to undertaking supply and demand side measures across sectors and the entire innovation system. The Partnership is neither a new funding programme or instrument nor a new legal entity, and does not replace existing decision-making processes.

The Partnership is a distinctive opportunity to help deliver on the policy objectives of the Europe 2020 flagships: the Innovation Union, Digital Agenda for Europe<sup>6</sup>, New Skills for New Jobs<sup>7</sup> and the European Platform against Poverty and Social Exclusion<sup>8</sup>. Its objectives

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<sup>1</sup> <http://ec.europa.eu/eurostat>

<sup>2</sup> Green Paper on the European Workforce for Health COM(2008) 725 final of 10.12.2008

<sup>3</sup> Ageing Report 2009: [http://ec.europa.eu/economy\\_finance/publications/publication14992\\_en.pdf](http://ec.europa.eu/economy_finance/publications/publication14992_en.pdf)

<sup>4</sup> Commission Communications: "Europe 2020. A strategy for smart, sustainable and inclusive growth" COM (2010)2020 final of 3.3.2010, "Europe 2020 Flagship Initiative. Innovation Union" COM (2010) 546 final of 6.10.2010

<sup>5</sup> COM(2010)546 final on Innovation Union.

<sup>6</sup> Commission Communication "A Digital Agenda for Europe" COM (2010) 245 final of 26.10.2010

<sup>7</sup> Commission Communication "An Agenda for new skills and jobs: A European contribution towards full employment" COM (2010) 682 final of 23.11.2010

<sup>8</sup> Commission Communication "European Platform against Poverty and Social Exclusion: A European framework for social and territorial cohesion" COM (2010) 758 final of 16.12.2010

and approach are also in line with the principles and goals of the EU Health Strategy "Together for health"<sup>9</sup> and the Partnership represents a significant contribution from the EU to achieving the objectives of the European Year for Active Ageing and Solidarity between Generations in 2012<sup>10</sup>.

This Communication is the Commission's response to the Strategic Implementation Plan<sup>11</sup>, the first landmark document of the Partnership.

## 2. THE STRATEGIC IMPLEMENTATION PLAN

The Strategic Implementation Plan (the Plan) that was adopted by the Partnership's Steering Group in November 2011, focuses on actions developed around 3 pillars: prevention, screening and early diagnosis; care and cure; and active ageing and independent living. Within each pillar, it sets out the following limited number of specific actions (see table below) to be implemented from 2012. These thematic pillars are complemented with a set of cross-cutting priorities, such as framework conditions, evidence and funding.

Pillar	Priority Action Area	Specific Action
Prevention, screening and early diagnosis	Health literacy, patient empowerment, ethics and adherence programmes, using innovative tools and services	Identifying innovative solutions to ensure better adherence to treatment at regional level
	Personalised health management	Finding innovative solutions to better manage own health and prevent falls by older people
	Prevention and early diagnosis of functional decline, both physical and cognitive, in older people	Helping the prevention of functional decline and frailty
Care and Cure	Capacity building and replicability of successful integrated care systems based on innovative tools and services	Promoting integrated care models for chronic diseases, including the use of remote monitoring at regional level
Active Ageing and Independent Living	Extending active and independent living through Open and Personalised solutions	Developing ICT solutions to help older people stay independent more active and mobile for longer
Horizontal issues	Thematic marketplace: Innovation for age friendly buildings, cities and environments	Promoting innovation for age friendly and accessible buildings, cities and environments

<sup>9</sup> Commission White Paper of 23 October 2007 "Together for Health: A Strategic Approach for the EU 2008-2013", COM (2007) 630 final of 23.10.2007

<sup>10</sup> Decision No 940/2011/EU of the European Parliament and of the Council of 14 September 2011 on the European Year for Active Ageing and Solidarity between Generations (2012)

<sup>11</sup> Strategic Implementation Plan – Strategic Part: [http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/steering-group/implementation\\_plan.pdf#view=fit&pagemode=none](http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/steering-group/implementation_plan.pdf#view=fit&pagemode=none); Operational Part: [http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/steering-group/operational\\_plan.pdf#view=fit&pagemode=none](http://ec.europa.eu/research/innovation-union/pdf/active-healthy-ageing/steering-group/operational_plan.pdf#view=fit&pagemode=none)

This is a first stage in the Partnership results. The Commission expects that other actions will be identified, implementation of which should build on the experience of this first phase. In addition, valuable feedback should be taken into account in the progress of this Partnership in the light of other EIPs.

The Commission welcomes the Plan, and through this Communication affirms its commitment to the Plan's implementation. The Partnership is an opportunity to accelerate innovation and exploit synergies within and across the different priorities and policies at EU, national and regional level. The Partnership has a valuable role in delivering critical mass and attracting political recognition to active and healthy ageing. It has already delivered important added value by establishing a shared positive vision on ageing and providing a comprehensive framework for action jointly agreed by multiple stakeholders. The challenge ahead is to demonstrate the full value of this Partnership.

### **3. SETTING UP THE NECESSARY SUPPORT FRAMEWORK**

The precise support that will be needed to turn actions under the Partnership into a success will depend on the concrete projects submitted in the next phase. Discussions in preparation of the Plan made it clear that a strong supportive framework at European as well as at national, regional and local level is essential.

The Plan thus lists the following framework conditions to be particularly relevant:

- (a) addressing regulatory issues that have been identified as potential barriers or enablers
- (b) fostering the establishment of a shared and robust evidence base
- (c) aligning existing funding instruments and optimising their efficiency
- (d) enabling the exchange and transfer of good practices.

#### **3.1. Support at EU level**

##### *3.1.1. Favourable regulatory framework*

The Commission's legislative proposal<sup>12</sup> to revise EU data protection law<sup>13</sup> defends the need for a specific approach to health data based on ensuring the right of individuals to protection, access and use of their personal information, including health data, and enabling the legitimate interests of public health protection, scientific research and development of health services.

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<sup>12</sup> Proposal for a Regulation to the European parliament and the Council on the protection of individuals with regard to the processing of personal data and on the free movement of such data COM(2012)11 final of 21.01.2012; Proposal for a Directive of the EP and the Council on the protection of individuals with regard to the processing of personal data COM(2012)10 final of 21.01.2012

<sup>13</sup> Directive 95/46/EC of the European Parliament and of the Council of 24 October 1995 on the protection of individuals with regard to the processing of personal data and on the free movement of such data. OJ L 281, 23.11.1995

The recently adopted Directive for patients rights in cross border care<sup>14</sup> has set up a network of Member States working on eHealth whose main objective is to contribute to enhanced interoperability of eHealth systems across border, which will support, among others, the Plan's priorities on integrated care and independent living.

Purchasing innovative and accessible solutions by public procurers<sup>15</sup> at national, regional and local level has been identified as a key driver in speeding up the introduction of innovation to the market and the return on investment to innovative firms. Through its proposed revision of the legislation on public procurement<sup>16</sup>, the Commission foresees more suitable conditions for innovative purchases, such as a new procedure for innovation partnerships, an ad hoc, light public procurement regime for social services, and a clearer legal framework for joint cross-border public procurement.

In the future Horizon 2020<sup>17</sup>, the Commission also proposes financial support for the public procurement of research and innovation which could be used for this Partnership.

Developing specific incentive schemes at the appropriate levels is critical to enable implementation of actions as identified in the Plan (e.g. evidence-based integrated care, deployment of aged-related tools and services).

Standards and interoperable solutions are another set of vital framework conditions. The Commission considers inadequate technical standards, or a lack thereof, to be a barrier and commits to supporting the development of a new EU framework for interoperability testing, quality labelling and certification of eHealth, integrated care, independent living and active ageing solutions and platforms. It will work closely with the relevant *fora* and consortia, in the context of the new EU Standardisation framework<sup>18</sup>, to accelerate the adoption of standards and the development of interoperability guidelines, profiles and specifications in eHealth (including integrated care) and independent living.

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<sup>14</sup> Directive of European Parliament and of the Council 2011/24/EU of 93.2011 on the application of patients' rights in cross-border healthcare

<sup>15</sup> Innovative public procurement means that the public sector takes on the role and risks of a lead customer, while improving the quality of its services and productivity.

<sup>16</sup> Proposal for a Directive of the European Parliament and of the Council on public procurement COM(2011) 896 final of 20.12.2011

<sup>17</sup> Communication on Horizon 2020 - The Framework Programme for Research and Innovation COM(2011) 808 final of 30.11.2011

<sup>18</sup> A strategic vision for European standards: Moving forward to enhance and accelerate the sustainable growth of the European economy by 2020 COM(2011) 311 final of 1.6.2011; COM(2011) 315 final of 1.06.2011 Regulation proposal on European Standardisation

To support the set-up of favourable framework conditions, the Commission will:

- take into account the objectives and priorities of the Partnership as defined in the Plan in the revision of relevant EU legislation such as on medical devices<sup>19</sup> and a proposal for a European Accessibility Act<sup>20</sup>;
- accelerate standards development under the standardisation mandates on ICT, built environment and mainstreaming accessibility following "design for all" concepts and propose mandates<sup>21</sup> in eHealth and independent living. A first set of new standards for accessibility should be in place by 2013;
- support relevant stakeholders at appropriate levels in developing specific incentives schemes to enable deployment of solutions;
- support the development of standardised terminologies, data, clinical information and medical models as well as support public authorities in undertaking pre-commercial procurement and the procurement of innovative solutions, through the EU's research and innovation programmes;
- support work with public and private sector stakeholders to improve forecasting of health workforce needs and to adapt skills and competences to new care patterns and new technologies;
- make use of the instruments foreseen under Article 14 of the Directive on patients' rights in the cross border care to support implementation of relevant actions identified in the Plan.

### 3.1.2. *Effective funding mechanisms*

The Plan is one of the reference documents to be considered in the decision-making processes under the relevant EU funding programmes and initiatives in the field of health and social policy, research and innovation, ICT, competitiveness and market growth, structural and regional policies. The Commission has already started to align such instruments and will continue to pursue this systematically in order to optimise the impact of funding, and will take full account of relevant aspects of the Plan to contribute to its objectives and vision.

The Commission is already linking up advanced and applied research and large scale validation of innovation for the Plan's actions:

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<sup>19</sup> Council Directive of 20 June 1990 on the approximation of the laws of the Member States relating to active implantable medical devices (90/385/EEC); Council Directive 93/42/EEC of 14 June 1993 concerning medical devices; Directive of European Parliament and of the Council 98/79/EC of 27 October 1998 on in vitro diagnostic medical devices.

<sup>20</sup> The Commission is currently running the public consultation on the development of a European Accessibility Act containing measures to improve the accessibility of goods and services to all citizens, including older people.

<sup>21</sup> These already include Mandate 376 (Accessibility requirements for public procurement of products and services in the ICT domain); Mandate 420 (Accessibility requirements for public procurement in the Built Environment); Mandate 473 (to include Accessibility following DFA in relevant standardization activities).



- the Framework Programme for Research (FP7) has earmarked € 220 million on health research that can be relevant for the Partnership;
- the ICT part of the Competitiveness and Innovation Programme (CIP) has allocated € 24 million in the 2012 work programme for actions directly relevant to the Partnership;
- the Health Programme work plan for 2012 allocates €4 million for aligning health promotion, in particular on existing integrated care solutions;
- the Commission's contributes € 25million p.a. to the work programmes of the Ambient Assisted Living Joint Programme, which covers areas of high relevance to the Partnership.

The Commission will seek to strengthen its pursuit of the EU Health Strategy<sup>22</sup> objective to foster good health in an ageing Europe as well as to reduce inequalities<sup>23</sup> and increase patient empowerment. The Health for Growth programme as proposed by the Commission<sup>24</sup> should continue to support the objectives and framework for action on ageing, as detailed in the Plan.

The Commission has proposed a Decision on the Strategic Innovation Agenda of the European Institute of Innovation and Technology (EIT) for 2014-2020<sup>25</sup> identifying "Innovation for healthy living and active ageing" as one of the priority themes for the EIT Knowledge and Innovation Communities (KICs) wave in 2014-2015.

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<sup>22</sup> COM (2007) 630 final of 23.10.2007

<sup>23</sup> Commission Communication "Solidarity and Health: reducing health inequalities in the EU" COM (2009)567 final of 20.10.2009

<sup>24</sup> Proposal for a Regulation of the European Parliament and of the Council on establishing a Health for Growth Programme, the third multi-annual programme of EU action in the field of health for the period 2014-2020 COM(2011) 709 final of 9.11.2011

<sup>25</sup> COM(2011) 822 final of 30.11.2011

To support efficient use of funding mechanisms, the Commission:

- will ensure the effective use of funding allocated to the Partnership Plan priorities, in particular the ICT part of the CIP in support of the validation and deployment of services, interoperability, evidence aggregation and capacity building; the AAL Joint Programme, the FP7 for ICT research in 2013 and Health Programme for 2012-2013;
- will take account of relevant priorities of the Plan together with input from other stakeholders for future research and innovation work programmes and instruments (i.e. Horizon 2020);
- has proposed to provide support for specific actions in line with its objectives, under the Partnership on Active and Healthy Ageing in the scope of the Health for Growth Programme;
- has proposed in the Connecting Europe Facility to finance support from 2014 for the roll-out of trans-European digital services infrastructures which enable cross-border telemedicine/-monitoring<sup>26</sup>.

### 3.1.3. Marketplace: evidence base, data and innovative ideas

In order to facilitate exchange of ideas and cooperation of partners, irrespective of specific actions submitted under the Partnership, the Commission will set up a digital based platform open to all stakeholders ("marketplace"). This platform will help stakeholders to find partners, share practices and projects, access robust data and evidence, and link to other innovation and age-related platforms. Interested actors who are not in a position to mobilise sufficient critical mass in order to be directly involved in implementation of the Plan will be invited to participate in and contribute to this marketplace.

To accelerate the uptake of innovation, the Commission considers that it is also necessary to step up the collection and sharing of high-quality comparable data and evidence, and cooperate on their analysis and dissemination in support of the implementation of the Plan's actions.

The Commission will:

- set up a "marketplace" to partner up different actors, encourage transfer and exchange of good ideas and practices and disseminate validated evidence, from 2<sup>nd</sup> quarter of 2012;
- contribute to the collection, categorisation and analysis of relevant evidence and data, and their open and shared access, from 2013, with the support of the Joint Research Centre and the Partnership's stakeholders;
- support and facilitate cooperation among stakeholders in undertaking the Plan's specific action on age-friendly innovative and accessible solutions for cities and

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<sup>26</sup> Proposal for a Regulation establishing the Connecting Europe Facility COM(2011) 665 of 19.10.2011

regions, from mid 2012.

### 3.2. Support at national, regional and local level

The success of the Partnership will depend on the actions taken at national, regional and local level. Determined support at these levels is therefore of crucial importance. The Commission would like to draw the Member States and regions' attention to existing possibilities under the Structural Funds to support research, innovation and other measures for active and healthy ageing. These include eHealth initiatives and investment in health system reforms, infrastructure<sup>27</sup> and human capital to improve health prevention, diagnosis and care.

The Commission's proposal for a cohesion policy package (2014-2020) identifies active and healthy ageing and innovation amongst its investment priorities, providing additional scope to develop synergies between the Partnership and the Structural Funds in this regard. This proposal further foresees health as a funding area under the European Regional Development Fund and European Social Fund, and provides for ex-ante conditionalities requiring a demonstrated research and innovation strategy for smart specialisation<sup>28</sup> and national and/or regional health strategy at the time of setting spending priorities<sup>29</sup>. Member States are therefore encouraged to consider active and healthy ageing measures in their Operational Programmes for the period 2014-2020 that can help deliver the objectives of the Structural Funds programmes.

With financing still available in many programmes, within the current programming period, (in particular active ageing, health infrastructure, e-health), the Commission further encourages stakeholders to use Structural Funds in order to achieve the objectives of the Partnership.

The Partnership can provide input to and be inspired by appropriate specific incentives, payment and/or reimbursement schemes by private and public providers and stimulate the active use of innovation procurement (i.e. pre-commercial procurement, public procurement of innovative solutions)<sup>30</sup>.

The Commission encourages Member States (including relevant national and regional authorities) to:

- work towards better alignment and synergies of their funding instruments with EU funding initiatives; this includes their research and innovation programmes, in particular in connection with relevant Joint Programming Initiatives and AAL;
- make effective use of Structural Funds, in line with the Partnership priorities, as appropriate, in particular with a view to:

<sup>27</sup> A total of €5.29 billion available in ERDF for support to health infrastructures (together with eHealth measures under the €5.32 billion allocation for eGovernment in general).

<sup>28</sup> The development of a research and innovation strategy for smart specialisation is set as an ex ante conditionality for two thematic objectives of the future Cohesion Policy financed by the ERDF: Strengthening research, technological development and innovation (R&D target) and Enhancing access to and use and quality of ICT (Broadband target).

<sup>29</sup> COM(2011)615 final of 6.10.2011 (Annex IV, points 1 and 10.2)

<sup>30</sup> Communication on Pre-commercial Procurement: Driving innovation to ensure sustainable high quality public services in Europe COM(2007) 799 final of 14.12.2007

- enhancing the use, quality, interoperability of and access to ICT including e-health, and strengthening research, technological development and innovation;
  - promoting social inclusion and combating poverty, including through investing in health and social infrastructure;
  - promoting measures to fight against discrimination of older people both in accessing the labour market and in the work place (e.g. innovative, accessible and age-friendly forms of work organisation, longer healthier working lives);
  - fostering investments to modernise national and regional health systems, and giving priority to a shift from institutional care to community-based care, while enhancing independent living.
- consider including the Partnership priorities and objectives among their strategic priorities in order to make use of structural funds;
  - engage in the activities of the Partnership through the procurement of more innovative and efficient solutions.

#### 4. LAUNCHING ACTIONS ON THE GROUND

It is critical that health authorities, patient groups, businesses, entrepreneurs, healthcare professionals, older people and other stakeholders play a strong role in the implementation of the Plan.

Participation in the Partnership provides an opportunity for all stakeholders involved at EU, national, regional and local levels to benefit from political support, share risks, lower costs by increased economies of scale and sharing of solutions, as well as save time and effort and increase credibility by joint collection and dissemination of evidence.

The Commission proposes two distinct modalities to deliver the Plan<sup>31</sup>:

- the design and launch of "invitations for commitment"
- the identification and assessment of candidate "reference sites".

"Invitations for commitment" will focus on implementing specific actions of the Plan, while "reference sites" will provide an inspiration through examples of existing and successful integrated solutions to active and healthy ageing.

##### 4.1. *Launch of "invitations for commitment"*

The Plan called on the Commission to launch "invitations for commitment", open to all stakeholders, concerning the specific actions identified in the Strategic Implementation Plan<sup>32</sup>.

<sup>31</sup> A Partnership online presence will report on the Partnership progress and outcomes, provide information on innovation in active and healthy ageing, and provide a repository for validated evidence (Cf. <http://ec.europa.eu/active-healthy-ageing> and Twitter @EIP\_AHA)

<sup>32</sup> See Strategic Implementation Plan

A commitment is a measurable and concrete engagement in support of an action or a group of actions in order to deliver on the objectives and deliverables identified in the Plan. It will be submitted following the "invitations for commitment" requiring fulfilment of the Partnership criteria (i.e. engagement, inclusiveness and partnership, critical mass, delivery, advocacy).

The "invitations for commitment" will be launched upon the adoption of this Communication and will remain open for at least two months, re-opening on a periodic basis.

The participants in the specific actions will form Action Groups – one for each specific action -, and through an Action Plan will commit to running a number of activities contributing towards the headline target. Interested stakeholders whose commitments do not meet the criteria will be invited to the "marketplace" (see 3.1.3.) in order to fulfil the requirements.

#### 4.2. *Reference sites*

The Commission suggests that regions, cities, integrated hospitals/care organisations that aim at providing a comprehensive, innovation-based approach to active and healthy ageing and can give evidence and concrete illustrations of their impact on the ground, merit specific attention as a form of "reference sites". They could contribute significantly to understanding the synergies between different actions and the added value of a holistic approach. These should have the potential to demonstrate breakthrough solutions within a short time frame, be assessed by peers as frontrunners through an independent, widely accepted and commonly agreed assessment methodology, and be further tested and rolled out on a larger scale.

The reference sites should build a coalition involving various actors active so far in the Partnership (professionals, patients, carers and families, technology providers, healthcare managers and providers, academic experts, and public authorities), and be willing to:

- implement a substantial part of the actions of the Plan in an integrated way, and commit to substantial investments (financial and human) by participants in their coalition,
- perform an assessment of the outcomes and impacts according to a shared approach, exchange practices, share information, make outcomes and impact data publicly available (open data),
- cooperate with others across Europe,
- present a list of results/outcomes to be delivered in the 2013-2015 timeframe.

As results emerge from Action groups and reference sites, they will provide feedback to help adjust and improve framework conditions as well as accelerate the uptake of innovation. This could entail, inter alia, recommendations to scale-up certain activities, to coordinate demonstrations and pilots in certain areas, to replicate results in other sites, to fast-track particular standards or to aggregate demand and coordinate public procurement in selected areas.

To take forward implementation of the actions, the Commission will:

- launch "invitations for commitment" for the specific actions as defined in the Plan at the end of February 2012;
- launch an "invitation for expressions of intent" for candidate reference sites by the end of February 2012;
- organise the selection of the candidate Partnership reference sites by 2013, in cooperation with stakeholders.

## **5. MONITORING AND ASSESSMENT OF PROGRESS**

The Commission, with support of the Joint Research Centre, will develop a monitoring and assessment framework. This framework should facilitate the establishment of causal links and measurement of impacts between individual actions run by stakeholders and the Partnership's main objectives<sup>33</sup>, and connect the specific actions of the Plan with the Partnership key objectives.

The monitoring and assessment framework will be based on a multi-dimensional approach, with various levels, and with multiple indicators and targets/specific objectives. It will involve stakeholders implementing actions to report their progress towards defined deliverables and the headline target (+2 HLYs) of the Partnership on an annual basis. These will also serve as an input to the regular reporting of the Commission to the European Parliament and the Council.

To monitor and measure progress, the Commission will:

- build, with support of the Joint Research Centre, a monitoring and assessment framework, drawing on the various actions undertaken by stakeholders in line with the priority action areas identified in the Plan, taking account of their timeline and nature;
- propose a first version of this monitoring and assessment framework by early 2013;
- report on the progress of the Plan's implementation, to the European Parliament and the Council on an annual basis, starting from early 2013.

## **6. GOVERNANCE FOR EFFECTIVE IMPLEMENTATION**

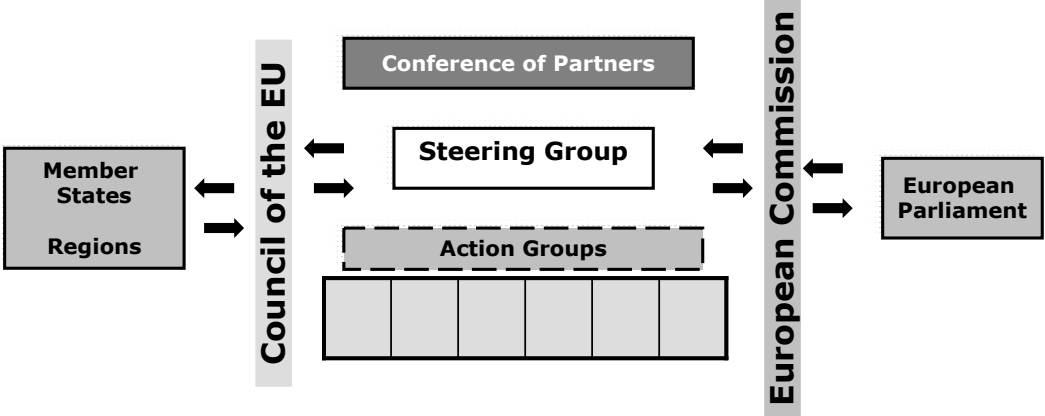
Throughout the first year of the Partnership, many lessons on governance and processes have been learnt, including on the Partnership's relations with existing initiatives and instruments; and notably that the Steering Group should be effective and efficient while ensuring representativeness, with feedback mechanisms to the wider groups of stakeholders; and that as

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<sup>33</sup> 'A triple win for Europe': better health and quality of life of EU citizens, more sustainable care systems, and greater competitiveness and growth opportunities for EU companies.

clear monitoring arrangements are needed<sup>34</sup>. These have led to adjustments in the governance for the next phase of this Partnership.

The implementation of the Plan will be driven by a range of different partners: those committing to the actions, the reference sites, standard-setting bodies, relevant initiatives, Commission and Member State authorities through, for example, their funding programmes, regulatory and public procurement competences.



Within the specific actions of the Plan, the Commission will bring together Action Groups (see 4.1) that assemble partners committed to run priority actions realising common objectives, and will provide an opportunity to drive the Plan's different priorities through stronger political leadership and advocacy. Action Groups will establish their working methods and governance, with the Commission services facilitating the process.

The Commission will organise a Conference of Partners – gathering committed and involved Partnership stakeholders - on an annual basis as from end 2012 to discuss and decide on the issues related to the Plan's implementation, future actions and governance.

The current Steering Group has fulfilled its initial mandate in preparing the Plan. However a coordinating group is still needed to ensure a strategic overview of the progress and synergies across the various Action Groups. Given the current pilot stage of the Partnership, the Commission proposes that the Steering Group continues (interim) until the first Conference of Partners in order to ensure rapid progress during the start-up phase of the Actions Groups.

The Commission will ensure the overall monitoring and regular formal reporting to, and interaction with, the European Parliament and Council, and will pursue close, reinforced working level cooperation with their relevant formations and representatives. The Commission services will continue working closely with the national governments, regions and a wide range of stakeholders in order to implement the innovative vision of the Partnership and deliver the actions identified in the Plan.

<sup>34</sup> Commission Staff Working Paper "The pilot European Innovation Partnership on Active and healthy Ageing: first experiences on governance and process", SEC(2011) 1028 final of 1.9.2011

To ensure delivery of actions as set in the Plan, the Commission will:

- put in place a simple and flexible governance model (Action Groups, interim Steering Group, Conference of Partners) to operationally and strategically guide the two modalities for the Plan implementation from first quarter of 2012;
- provide a progress report on the EIP by 2013.

## **7. CONCLUSION**

European institutions, Member States and all stakeholders need to respond together and within their respective roles, to the challenges that ageing population represents. The Commission has in this Communication set out its response by proposing governance arrangements for effective implementation, suggested a monitoring and assessment framework to ensure timely delivery of objectives and headline target, proposed the improvement and development of framework conditions and singled out the added-value of EU interventions.

Through the implementation of the Plan, the Commission expects to see a major acceleration of innovation for healthy and active ageing and progress towards achieving the Partnership headline target and objectives. This requires new forms of cooperation among the many actors concerned – those already involved in the preparation of the Plan and those ready to engage in its implementation.

Valuable experiences have been gained in the development of this Partnership and its implementation. The Commission will continue to include these lessons in its proposals for the development and design of future EIPs addressing other societal challenges, as set out in the Innovation Union strategy. The Commission will organise a review of all the EIPs during 2013 to take stock of progress.