Growing the Silver Economy in Europe

Report of an event
organised by the European Commission
in Brussels
on 23 September 2014
Introduction

It is said that the Silver Economy is the new gold. Citizens over 55 already represent 25% of Europe's population. In the coming years the number of people in Europe aged 65+ will almost double, from 85 million today to 151 million in 2060. Germany and Italy already have the 2nd and 3rd highest median ages in the world. While this demographic shift brings challenges, it also brings significant opportunities. Older people can be major assets for communities and ageing populations can be drivers of economic growth. Large new public and consumer markets of ICT products and services for ageing well are developing - the so-called Silver Economy. On 23rd September 2014 the European Commission organised a stakeholder event, ‘Growing the Silver Economy in Europe’, to discuss how to best grow a large scale Silver Economy in Europe (see the final programme). This is the report from that event.

Event Context

Maria Iglesia Gomez, DG SANCO, and Ilias Iakovidis, DG CONNECT welcomed participants and set the scene for the day (see presentation). The EU has already launched a number of measures to stimulate the Silver Economy and help European industry (and SMEs in particular) take the driving seat. They include the Active and Assisted Living Joint Programme, the eHealth Action Plan, the European Innovation Partnership on Active and Healthy Ageing as well as dedicated parts of Horizon 2020 Societal Challenge 1 on Health, Wellbeing and Active Ageing. Despite the increasing appreciation of the potential opportunities in this area, a number of challenges remain, in particular:

- A lack of scalable business models
- Differing reimbursement schemes
- Regulatory aspects
- Whether consumers are willing to pay
- Attractiveness (or otherwise) of products
- Poor interoperability and usability

More is needed for this market to really take off in Europe. Industry and SMEs, policy and decision-makers, research, care professionals, service providers and consumers were therefore invited to share their views on what it would take to make Europe the world leader in the silver economy.

What more can policy makers and governments at regional, national and EU level do to help? What should industry do – and what segments of industry are best placed to support and benefit from the silver economy? How to best mobilise the consumers, carers and the users of new services and products?

Registered participants raised key issues they wanted to discuss in advance online, which were used to shape the discussions during the event (read the advance contributions of the participants).
Scene Setters

The Potential of the Silver Economy

Beijia Ma, Equity Strategist at Band of America Merrill Lynch UK helped elaborate on the opportunities of the silver economy through research findings in relation to the Silver Dollar and the Longevity Revolution (see her full presentation). Key messages were:

- Despite the challenges of the ‘Longevity Miracle’, good management of ageing is within reach.
- The longevity economy is estimated to be worth $15tn by 2020.
- Europe is by far the oldest continent in the world.
- Boomers aged 56-66 have unprecedented spending power and an outsized impact on technology & online spend – they spend the most of all generations, with individuals spending on average US $650 in the last three months.
- 90-91% of seniors want to stay in their own home as they grow older – 'ageing in place'.
- Companies need to change to address the longevity economy - business as usual + age, design-, and message-targeting.

Clinical Developments for Older People

Susanna Del Signore, Assistant Vice-President Global Regulatory Policy, SANOFI R&D, presented on Clinical Development for Older Patients, touched on unmet medical needs of older patients, in particular physical frailty & Sarcopenia, and provided an introduction to the SPRINTT project (see the full presentation). Key messages from this presentation were:

- Clinical trials must recognise specific approaches for older people.
- There is a lack of patients’ awareness on the issues of frailty, regulatory pathways and medico-economic models.
- A need to shift from a reactive model to a pro-active care model.
- Frailty is an unmet clinical need that can result in a striking and disproportionate impact to health.
- Public–private partnerships are key enablers for complex undertakings.
- SPRINTT is a project, funded under the Innovative Medicines Initiative, focused on postponement of physical disability by considering innovative therapeutic interventions.
- EU and Member State policies should aim to sustain this promising landscape.
EIP-AHA case studies

Four presentations followed based on case studies from the European Innovation Partnership on Active and Healthy Ageing.

Innovation Procurement

Brian O’Connor, European Connected Health Alliance, Northern Ireland (ECHAlliance), highlighted the social and economic opportunities offered by considering healthcare spend as an investment rather than cost. He illustrated this with the work undertaken in Northern Ireland, a country of 1.8 Million inhabitants where 41% of public spend is on health care (approx. £4.5 billion). Cutting costs in public services, which are often one of the biggest employers in an area, can have unexpected impacts in the wider economy. The Northern Ireland Health Department now considers health spend as an annual investment and has established a Memorandum of Understanding between health and economic development departments with the help of ECHAlliance. One of the consequences is that the NHS is now viewed and dealt with as one of the biggest companies in the country.

By bringing together the Department of Health and Department of Economy and developing a linked-up strategy and eHealth ecosystem for health and care, they are accelerating the introduction of innovative solutions and creating jobs and growth in the Northern Irish economy.

As an example, Brian illustrated how the Chief Pharmacist identified a challenge associated with the non-adherence of patients to prescriptions that was costing over €100m extra. By working with the eHealth Ecosystem they shortened the procurement cycle from 3 years to 6 months.

Brian concluded by urging participants to recognise health and social care spend as a local investment and to work more closely with economic development agencies to maximise the impact of this investment.

Driving Innovation through Public Procurement

Sonia Martínez Arca, Director of Innovation and Public Health Management (Galicia, Spain) introduced the healthcare system in Galicia (see full presentation), costing €3.4billion per annum (over 40% of the Galician public budget). The acute model has worked well and Galicia is now looking to transform present challenges into opportunities:

- Evolving from a reactive model to a proactive one (health promotion, disease prevention, chronicity management, patient empowerment, etc.)
- Assuring continuity among different care levels
- Implementing sound methodologies for evaluation of the health impact and cost
- Promoting patient empowerment
- Taking advantage of ICTs in order to offer services in a patient’s home.
Galicia is actively using innovation as a driver for change and Public Procurement of Innovation as an instrument to achieve this. In conjunction with the Ministry of Economy and Competitiveness, they have established two major programmes, each worth €45m and using European Regional Development Funds to:

- Provide the Galician Public Health System with innovative products and services
- Foster innovation in companies through Public Procurement of Innovation (PPI)

23 projects have been identified and the Region has invested substantial effort in ensuring that an open and transparent approach to sharing information is adopted. Suppliers particularly found the demand-driven tender map useful. The evaluation criteria were also changed to consider the level of innovation, compliance, scalability, royalties, effort and investment. 21 tenders, worth €18.8m, have been launched, and 10 contracts awarded.

Sonia concluded with:

- PPI is a useful and appropriate instrument, but is complex;
- Authorities need to bring a large ecosystem together to make this complex process work

**Procurement of Internet based social alarms + CEN Standards**

Oskar Jonsson, Project Manager for Digital Services and Technology (Swedish Agency for Participation), introduced the fundamental technology shift taking place in European social alarms with a move from tone to pulse digital technology (see full presentation). Rather than letting this change take place piecemeal, Sweden chose to make the change at scale to ensure it was available for everyone.

To achieve this, they worked with a large ecosystem of stakeholders and looked extensively at the customer journey to inform their procurement approach. As a result, they now have an established approach on which to build when considering further services on an inclusive basis.

Oskar highlighted some key lessons:

- The technology shift is here – it is disruptive, historical, and fundamental;
- There is no one monopoly solution/box/protocol/service/supplier/operator;
- You need support from many stakeholders;
- Talk to telecomm operators;
- Use CEN standards.
Stimulating jobs and growth from welfare technologies

Anna Hesseldahl, Region of Southern Denmark, introduced how the region was stimulating economic growth and jobs through health innovation (see full presentation). In response to increased competition, economic downturn and demographic change, they had thoroughly reviewed their regional strengths and opportunities, in particular identifying:

- New hospitals are being built in the region
- A closer integration of the hospital, the university and industry
- New health and care solutions being developed in collaboration.

She highlighted how the region used smart specialisation coupled with a clear growth model to deliver real and substantial impact. This was illustrated by the continued improvement and increase in hospital productivity despite reducing healthcare expenditure. Moreover, they were able to clearly demonstrate job creation (more than 700 new regional jobs created in SMEs over two years) as well as a noticeable positive impact on the turnover of companies involved in the initiative compared to the reference companies.
Breakout-Sessions:
Four Breakout-sessions were organised to consider

- Meeting the Demands of the Public Market
- Meeting the Demands of the Consumer Market
- Improving the Regulatory and Legal Boundary Conditions
- Interoperability and Open Standards

Breakout 1: Meeting the demands of the Public market

**Moderator:** Joost Van Der Vleuten (DG CNECT, European Commission)

**Scene setter:** António Lindo da Cunha (Coimbra / Portugal) Instituto Pedro Nunes business incubator

**Rapporteur:** Nick Batey

António gave an overview of examples in Coimbra to demonstrate how they used the public sector to procure innovation with a clear intention of delivering benefits to the public sector and economic impact. The examples demonstrated how this can lead to companies achieving strong growth and global market penetration (see full presentation). For instance the second procurement case gave the company HIS the opportunity to create 50 direct jobs in two and a half years and initiate the internationalization activity to Brazil that now represents the main part of the business. The first case was responsible for a technology based start-up creation (TulaMove) that is now competing with relevant world-class players.

The participants then debated the role of the public sector in market stimulation in this area within political and financial regimes. They concluded that there was a clear role for public sector organisations in many sectors to more coherently work together to stimulate this market. This was seen as fundamental to supporting the realisation of quality of life and economic benefits arising from the ‘longevity miracle’.

The following recommendations were agreed:

**Develop and promote a shared vision.** Governments and industry should work to create a shared vision to change the perception of ageing and highlight the opportunities for people, public services and industry. This should encompass the wellbeing agenda and recognise the potential of integrating across wider sectors such as security, energy, built environments, transport and tourism. Actions should also be considered to ensure this vision is effectively shared with and endorsed by stakeholders. The EC has a role to encourage and coordinate.

**Promote co-creation of solutions for active ageing at scale.** Promote co-production of new approaches to health and social care services, involving industry (including SMEs), care providers, users, third sector/voluntary organisations and public administrations, particularly at Regional level.
Innovative public procurement, big data analysis and standards setting should play a significant role in accelerating the development and deployment of services and products across Europe. The European Commission should continue to take an active leadership and commissioning role in these areas, in partnership with Member States and Standards Bodies.

**Use financial levers to greater effect.** Public sector organisations should improve their use of relevant financial levers to stimulate the market:

- Procurement of innovation, particularly through the use of challenges rather than solutions. Keep procurement open for SMEs. Procurement professionals should ensure they have the skills to effectively manage more novel procedures.
- Flexing reimbursement mechanisms to better stimulate efficiency, quality and innovation. While recognising the challenges of changing reimbursement rules, health and care systems should seek to adjust the financial flows to focus on outcomes.
- Encouraging Member States to use a fixed percentage of their health and care budgets for investments in innovative products, services and applications for ageing well as well as training and organisational innovation.
- Encourage Member States and regions to create joint fast-track "Venture procurement" competitions which are light in touch with respect to paperwork and management for agility.

**Recognise the eHealth Entrepreneurs Manifesto.** The actions detailed in the EU [eHealth entrepreneurs manifesto](#) represent a promising shortcut to innovation and market excellence and would complement actions recommended in this report. Organisations should recognise and consider acting upon the manifesto, in particular:

- Member States and Regional Governments should regard spending on the health and social care systems as an investment generating economic and social benefits – health and wealth - in the form of new jobs, growth and better quality of services.
- Encourage Member States to accelerate the adoption of public procurement procedures that facilitate greater SME participation and improve cooperation between SMEs and health and care providers.
- Facilitate closer cooperation between procurers and industry on developing new / innovative services and acknowledging that Public Private Partnerships have already provided a number of exemplars across Europe, resulting in long term partnerships that benefit all partners.
- Encourage the inclusion of eHealth and innovative care solutions in the approved lists of prescribed items eligible for reimbursement (formularies), same as drugs and devices.

**Act at Scale.** Authorities should seek to ensure their interventions are at sufficient scale to be relevant in the market place. They should facilitate cooperation and aggregation, where relevant, and seek to remove barriers. EIT KICs and Living Labs also have a role to play here.
Breakout 2: Meeting the demands of the Consumer market

**Moderator:** Petra Leroy Čadová (DG SANCO, European Commission)

**Scene setter:** Mike Morgan, Business Development Manager on Ageing and Vitality, Newcastle University

**Rapporteur:** Nick Guldemond

Mike gave an overview of activities and projects contributing to growing the Silver Economy in Europe. ([See his presentation](#)) He concluded with a number of suggestions:

- Develop strategies to reduce age based stigmatisation;
- Understand the market and its needs through evidence rather than stereotypes;
- Include a representative demographic in decision making around innovation and marketing;
- Co-design with older people;
- Innovate products and services that are desirable and marketed in the right way.

A lively discussion ensued, illustrating the breadth of issues in the consumer market arena. A number of points were considered, including accessibility, funding, savings, linking macro-micro economics models and stimulate silver tourism and the importance of maintaining a balance between a wider European/national system and local/regional implementation.

The group concluded with agreement on the following recommendations:

**Promote Multi-stakeholder approaches and cross-sectorial collaboration.** Offer relevant opportunities for addressing substantial challenges and which allow for really tapping into the potential of the silver economy. Organise cross-sectorial collaboration e.g. food-pharma and medical-health-social partners through co-creation eco-systems, to be progressed by housing associations, building societies, etc.

**Change the Perception of Ageing.** More effort should be focussed on raising awareness and actively seeking to change the perception of ageing through the use of positive media and TV activities and the idea of a ‘community champion’. Governments will have a key role to play in this action.

**Improve consumer centred design and marketing.** New services and products should be designed to better meet older peoples' needs. Small modifications of existing products can offer sizeable improvements for consumers. Businesses, researchers and service providers should ensure greater involvement of older consumers in the design and testing of products and services (e.g. Living Labs).
**Spotlight solutions and information sources.** Awareness of solutions and access to information should be strengthened. Ambassadors should be considered to promote solutions. The EC has a role to facilitate actions in this arena to help cohesion and effectiveness of approach.

**Increase trust in new products and services.** The EC should work with Member States, industry and consumer organisations to develop effective mechanisms for increasing trust around new products, services and applications for ageing well.

**Improve skills and competencies,** with particular attention to helping consumers acquire the necessary literacy skills and actively engage in this marketplace. Adult education and informal learning will be key routes. Education providers should be encouraged to build this into their material.

**Stratification of Older People’s Needs.** An individual’s needs can differ significantly from 65 to 90 years old. Available resources can also vary hugely across households, communities and countries. More efforts should therefore be invested by companies and organisations to recognise the rich and varied diversity of capabilities, needs, demands and economic wellbeing of our older population. Stratifying these needs and capabilities will help the creation of personalised products and services.

**Breakout 3: Improving the regulatory and legal boundary conditions**

**Moderator:** Ilias Iakovidis (DG CNECT, European Commission)

**Scene setter:** Tom Vermeire, Flemish Agency for Health and Care, Head of the Prevention, Primary Care and Home Care Division

**Rapporteur:** Jose Martinez-Usero

Tom Vermeire presented the "**Framework Sharing of Data in Care in Flanders**", pointing out how different regions worked in different ways and how national law could affect the sharing of data in care and the efficiency of health care services ([see his presentation](#)).

After the presentation, an open and lively discussion about different issues regarding legislation and standardisation in data protection started. Most of the interventions were focused on specific good or bad practices regarding data sharing and data protection in different regions and Member States. A number of themes emerged.

**Ownership of the data.** On the one hand, it seems logical and acceptable that users control their own data and carry the full responsibility for them. In some situations, however, this can be a barrier for high quality healthcare services. On the other hand, the management of sensitive data by health care institutions or professionals can be perceived as a privacy intrusion. The concept of data “co-creation” was fostered by the scene setter and several attendees as a possible way forward in this area.

**New innovative services.** Input from informal care givers combined with patient empowerment will create a new context where more information is generated and shared. It may also provoke a higher demand for new services in the field of integrated care and independent living.
**Business models.** In a context where data protection is very strict, there is limited room for innovative services or business models. It was generally agreed that information from carers and information generated by AAL systems could be a key for new business models in the field of health care and independent living. Moreover, the creation of ICT platforms and apps to share this kind of information about habits, preferences, etc., may be beneficial for carers and end users, as well as offering companies potential new business models.

Participants concluded that the lack of regulation and diverging legislation at different administrative levels is a clear barrier for innovation based on big data.

The majority of participants agreed that, although the proposed new EU legislation concerning data protection is in principle covering the right issues, there needs to be more clarity on how to implement it consistently across Europe, including guidance on the governance of data ownership. Further efforts should also be devoted to establishing trust, the use of anonymization tools and techniques and privacy by design principles.

**Breakout 4: Interoperability and open standards**

**Moderator:** Peter Wintlev-Jensen (DG CNECT, European Commission)

**Scene setter:** Lars Rölker-Denker, University of Oldenburg, School of Medicine / OFFIS Institut for Informatik (AALIANCE)

**Rapporteur:** Charles Henderson

Lars set the scene for the group by elaborating on the results and recommendations from the AALIANCE2 project in relation to standards and interoperability in Ambient Assisted Living (see his presentation).

From a customer perspective, it is important to ensure that AAL products are future-proof. Most houses are already built, so technology must be designed in such a way that it can be integrated with existing systems and infrastructure. This can be addressed by modular components, provided they are interoperable. This is where the standards are important.

AALIANCE2 collated and compiled standards relevant to AAL. Over 500 standards have been identified, yet key gaps still exist, e.g. regarding building plans and remote maintenance. Many standards are complex because they are designed to work for many uses. They can be ambiguous, leading to poor interoperability. It takes time to develop a standard so some can be out-of-date very quickly. Implementation of standards can still lead to non-interoperable products. Key suggestions from the project were:

- Installation of a neutral and independent future-orientated standardisation watch initiative for AAL;
- Supporting a preparatory action working towards a common understanding of the AAL domain, which may ultimately result in a commonly accepted reference model;
• Development of standards-based integration profiles for the most common AAL application scenarios;
• Establishing a European/international organisation taking over the long-term responsibility for developing and maintaining integration profiles for AAL;
• Establishing a study group involving experts from the AAL domain and representatives of the MDD regulatory system;
• The European Commission initiating consultations with the member states about a renewed data protection law that is adapted to the technology challenges and opportunities of the 21st century;
• Using the Privacy by Design approach during transition time.

A lively discussion followed, addressing a wide range of standardisation issues and views, including:

• The need to define end-user expectations. Existing standards are based in the past and we now need to look forward to identify new demands.
• The need to progress in baby steps (via a road map) so that the effects of each small change can be monitored and accounted for.
• The need to find ways to share data within the bounds of privacy.
• Specific standardisation is difficult in Europe today – each region is applying specific standards. Therefore it seems more pragmatic to build interfaces between the different relevant standards instead of trying to integrate them.
• To take the approach of bringing the best technologies to public knowledge in Europe and let the patients/users decide.
• Profiling may be a more effective approach than insisting on interoperability at all levels as this seems to be too big a challenge, trying to solve too many problems.
• Interoperability is too far away from the patient/user.
• Re-think how standards are developed and established in a rapidly changing environment.
• Promote the use of standards/interoperability via financial incentives and innovation procurements.

The group concluded with agreement on the following recommendations:

**Improve Profiling.** Identify and develop best and most obvious use-cases for active and healthy ageing in Europe to generate recommendations for appropriate interoperability profiles, building. These profiles should identify standardised Middleware/Interfaces and open platforms for the flexible & accessible integration of relevant devices and services. This should build on existing work and projects such as ANTILOPE, BRAID, AALIANCE as well as CONTINUA ALLIANCE and be progressed by engaging health and social care service agencies and user organisations (e.g. EPPOSIEPPOSI, EHTEL). The EC should help facilitate this.

**Step by Step approach.** Manage the ambition of standardisation in this field through standards roadmaps that embrace relevant standards in response to the identified use cases and
develop/maintain interoperability profiles. This should be progressed by stakeholder engagement across the sector, national and international standardisation committees and could be facilitated by the EIP on Active and Healthy Ageing and the EC.

**Support Personalization via machine learning.** Continue to support more collaborative research and development in those areas that reduce the cost and improve the performance of personalised systems by self-learning and adaption to the client’s needs and preferences. Industry should consider this in their collaborative R&D projects, while EC and Member States can commission this through programmes such as AAL2 and Horizon 2020.

**A Long-term support project with governance.** To encourage investment and market development, there should be longer term support and governance for building interoperability based on Open Standards. This will help balance the varied and competing interests of stakeholders and provide a controlled evolution which enables innovation and further development. The EC could consider facilitating a project to support this.

**Improve Interoperability Co-ordination.** There are many relevant current standards and ongoing standards developments across the various European, International and National Standards organisations as well as many de-facto developments. The Standards bodies attempt to liaise and coordinate their activities but could benefit from broader stakeholder consultation on needs and priorities to help them to shape their plans to meet the evolving market needs. The EC and EIPAHA could play a further enabling role in the process.
**Recommendations**

The plenary session brought back the key recommendations emerging from the breakout session which were then the basis for interaction with all stakeholders represented in the audience.

Following a lively exchange, the following final recommendations emerged as priority actions to be undertaken for growing the Silver Economy in Europe:

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<th><strong>RECOMMENDED ACTION</strong></th>
<th><strong>WHO SHOULD DO IT?</strong></th>
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| 1: Change the Perception of Ageing and highlight the Silver Economy through engaging in a Positive Ageing Movement. | Governments in connection with stakeholders in the media sector (public and private media) and civil society organisations.  
‘Community champions’  
Advertising industry to engage |
| 2: Member States to invest a fixed percentage of their health and care budgets in innovative products, services and applications for ageing well as well as training and organisational innovation. | Member States/Regions  
Supported by EU policies, e.g. on Public Procurement, Innovation Procurement, SF. |
| 3: Promote "Act at Scale" to create critical mass and rapid scaling up, by identifying the challenges faced by public procurers, and supporting systematic cross country/region collaboration in innovation procurement. | EU to support, e.g. co-funding large scale Public Procurement of Innovation projects within Horizon 2020.  
Member States & industry to co-invest |
| 4: Recognise the eHealth Entrepreneurs Manifesto and actively promote / disseminate the principles enshrined in the Manifesto. | All stakeholders |
| 5: Stimulate more Public-Private Interactions and multi-stakeholder partnerships particularly in the area of independent living.  
Drive development of joint initiatives with construction and renovation sector to link "age-friendly renovation/conversion" of homes (including independent living) to existing incentives for energy efficiency renovation and sustainable mobility. | Housing Associations, Building Societies, Construction and renovation confederations, ICT sector working on independent living, urban planning authorities, architects and designers etc. |
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<th>6: Improve consumer-centred design, marketing and retail of products and services for the senior market, amongst others by promoting ‘co-design’ with older people and by mainstreaming accessibility and ease of use. Integrate design and retail / marketing experts in relevant EIPAHA action groups and initiatives.</th>
<th>Businesses, researchers and service providers already included in the EIPAHA and extend to include others not yet involved e.g. retailers and eTellers, designers and marketing experts from FMCG or other relevant consumer goods sectors.</th>
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<td>7: Create trust around new products, services and applications for ageing well with a certification model for AHA / AAL products and services. Also as a basis for integrating AAL-products and previsions into the mortgage schemes of banks</td>
<td>Stakeholders to be identified to develop ideas for how to address trust building</td>
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<td>8: Develop and implement a &quot;Silver Economy Skills Upgrade Plan&quot; promoting formal ICT skill requirements for care workers and older adults (ICT skills and digital literacy). Capture and disseminate success stories (e.g. Care workers / medication management).</td>
<td>European Commission, Education providers and specific service-industry sectors (e.g. Tourism, Hotel/Restaurant/Café etc.)</td>
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<td>9: Provide clarity on how the consistent implementation across Europe of the proposed EU legislation on data protection including can be done, and provide guidance on (governance of) data ownership. Further efforts should also be devoted to establishing trust, the use of anonymization tools and techniques and privacy by design principles.</td>
<td>European Commission with Member States and in consultation with relevant industry / user community</td>
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<td>10: Create a standardisation and interoperability coordination group for active and healthy ageing, building on the work within the EIPAHA. Develop a roadmap of relevant standardisation activities through this dedicated group. Identify and develop best use cases profiles. Use these profiles to prepare recommendations for appropriate Middleware/Interfaces and open platforms to support more flexible &amp; accessible integration of devices and services.</td>
<td>National and international standardisation bodies and facilitated by EIPAHA and the EC. Industry, including through collaborative R&amp;D projects. EC and Member States through programmes such as AAL JP2 and Horizon 2020. Health and social care service providers and user organisations (e.g. EPPOSI, EHTEL).</td>
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Conclusions

Petra Leroy Čadová (DG SANCO) and Peter Wintlev-Jensen (DG CNECT) confirmed that the European Commission will continue building on the achievements so far, for example with the European Innovation Partnership on Active and Healthy Ageing and the Horizon 2020 initiatives on Demographic Change, including the AAL Joint Programme.

They stated this meeting had been an important opportunity to engage with stakeholders and collect their inputs on how to maximise economic growth and new jobs creation associated with Europe’s wider Silver Economy.

Petra and Peter thanked the participants for their active involvement in the discussions and invited all to stay actively engaged in this discussion online, at the Digital Agenda Website.

As a follow-up to this event there will be an open opportunity for organisations to publish position papers on how to take the silver economy forward, including how to follow-up to the recommendations

Any comments or position papers to be posted can be sent by email to EC-EIP-AHA@ec.europa.eu.