Basic information

2012/2258(INI) INI - Own-initiative procedure	Procedure completed
European innovation partnership on active and healthy ageing **Subject** 3.50.01.05 Research specific areas 3.50.04 Innovation 4.10.07 The elderly 4.20 Public health 4.20.06 Health services, medical institutions	

Key players

European Parliament

Committee responsible	Rapporteur	Appointed
ENVI Environment, Public Health and Food Safety	LIOTARD Kartika Tamara (GUE/NGL)	06/06/2012
	Shadow rapporteur ANTONESCU Elena Oana (PPE) PIRILLO Mario (S&D)	

Committee for opinion	Rapporteur for opinion	Appointed
EMPL Employment and Social Affairs (Associated committee)	CABRNOCH Milan (ECR)	24/05/2012
ITRE Industry, Research and Energy	The committee decided not to give an opinion.	
REGI Regional Development	The committee decided not to give an opinion.	
LIBE Civil Liberties, Justice and Home Affairs	The committee decided not to give an opinion.	

European Commission

Commission DG	Commissioner
Employment, Social Affairs and Inclusion	ANDOR László

Key events

Date	Event	Reference	Summary
29/02/2012	Non-legislative basic document published	COM(2012)0083	Summary
25/10/2012	Committee referral announced in Parliament		
25/10/2012	Referral to associated committees announced in Parliament		
23/01/2013	Vote in committee		
01/02/2013	Committee report tabled for plenary	A7-0029/2013	Summary
04/02/2013	Debate in Parliament		
06/02/2013	Decision by Parliament	T7-0046/2013	Summary
06/02/2013	Results of vote in Parliament		
06/02/2013	End of procedure in Parliament		

Technical information

Procedure reference	2012/2258(INI)
Procedure type	INI - Own-initiative procedure
Procedure subtype	Initiative
Legal basis	Rules of Procedure EP 55
Other legal basis	Rules of Procedure EP 165
Stage reached in procedure	Procedure completed
Committee dossier	ENVI/7/09172

Documentation gateway

European Parliament

Document type	Committee	Reference	Date	Summary
Committee draft report		PE497.911	12/10/2012	
Amendments tabled in committee		PE500.616	26/11/2012	
Committee opinion	EMPL	PE496.461	11/12/2012	
Amendments tabled in committee		PE502.238	22/01/2013	
Committee report tabled for plenary, single reading		A7-0029/2013	01/02/2013	Summary
Text adopted by Parliament, single reading		T7-0046/2013	06/02/2013	Summary

European Commission

Document type	Reference	Date	Summary
	COM(2012)0083		

Commission document (COM)		29/02/2012	Summary
Commission response to text adopted in plenary	SP(2013)304	28/06/2013	

European innovation partnership on active and healthy ageing

2012/2258(INI) - 29/02/2012 - Non-legislative basic document

PURPOSE: Communication on the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing.

CONTEXT: 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. 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.

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 in the context of the Europe 2020 Flagship Initiative "Innovation Union". 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: (i) improving health and quality of life of older people, (ii) improving the sustainability and efficiency of care systems and iii) creating growth and market opportunities for businesses.

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. It plays a part in achieving some of the objectives that the EU set itself for 2012 in the context of the European Year for Active Ageing and Solidarity between Generations.

CONTENT: this **Communication is the Commission's response to the Strategic Implementation Plan, the first landmark document of the Partnership.**

1) The Strategic Implementation Plan: the Plan adopted by the Partnership's Steering Group in November 2011, focuses on actions developed around 3 pillars: (i) prevention, screening and early diagnosis; (ii) care and cure; and (iii) active ageing and independent living. The Commission welcomes the Plan, and **affirms its commitment to the Plan's implemen**tation and sets out the ways in which it will support the Plan at EU level. 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.

2) Favourable regulatory framework: the document stresses the need to support 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. 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 (Directives 90/385/EEC, 93/42/EEC and 98/79/EC) and a **proposal for a European Accessibility Act;**
- accelerate standards development under the standardisation mandates on ICT, built environment and mainstreaming accessibility. 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;
- make use of the instruments under Directive on patients' rights in the cross border care to support implementation of relevant actions identified in the Plan.

3) Effective funding mechanisms: the Communication sets out the ways in which the Commission is linking up advanced and applied research and large-scale validation of innovation for the Plan's actions. The Commission will, amongst other things:

- ensure the effective use of funding allocated to the Partnership Plan priorities, in particular the ICT part of the Competitiveness and Innovation Programme (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;
- 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).

4) Marketplace: in order to facilitate exchange of ideas and cooperation of partners, irrespective of specific actions submitted under the Partnership, the Commission will, from 2013, 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. The Commission will also 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.

5) Launching actions on the ground: participation in the Partnership provides an opportunity for all stakeholders 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:

- the design and launch of "invitations for commitment" by the end of February 2012;
- the identification and assessment of candidate "reference sites" by 2013.

"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.

6) Monitoring and assessment of progress: the Commission will:

- with support of the Joint Research Centre, build a **monitoring and assessment framework** (with a first version by early 2013), 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;
- report on the progress of the Plan's implementation, to the European Parliament and the Council on an annual basis, starting from early 2013.

7) Governance: 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.

The Communication concludes that 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 com10546. It will organise a review of all the EIPs during 2013 to take stock of progress.

European innovation partnership on active and healthy ageing

2012/2258(INI) - 01/02/2013 - Committee report tabled for plenary, single reading

The Committee on the Environment, Public Health and Food Safety adopted the own-initiative report by Kartika Tamara LIOTARD (GUE/NGL, NL) entitled ‘Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing’

The Committee on Employment and Social Affairs exercised its prerogatives as an associated committee under Rule 50 of the Rules of Procedure on this report.

Members welcome the Commission's proposal for a European Innovation Partnership which promotes a new paradigm viewing **ageing as an opportunity for the future rather than a burden on society** and which is not limited to technical (ICT) innovations.

They call for a clear and unambiguous strategy which promotes the role of older people, and include research into new forms of occupation suitable for older them. They note that the ageing society is attributable to demographic change (declining birth rates) and that this part of the population should benefit quickly from suitable infrastructure, services and instruments.

Stressing the differences between Member States in this area, Members underline that participation on **equal and non-discriminatory terms** is also a fundamental right of older members of society.

The report points to the need to ensure both **employment and voluntary work opportunities** for older people, as well as to ensure appropriate **care** and services. It also deals with the question of **active and healthy ageing**. In this area, Members encourage the Commission and the Member States to consider health as a **horizontal issue**, by incorporating health issues into all relevant EU policies, including social security and social protection, employment and economic policy, gender equality, and non-discrimination policies.

Recalling the Commission's proposal to **increase the average number of HLY (Healthy Life Years) by two years,** Members encourage the Commission's proposal to act as a facilitator and coordinator of the European partnership on active and healthy ageing (EIP-AHA). They remind the Commission that the **restrictions and limitations in regard to healthcare**, care services, social protection and social security adopted and implemented by the Commission and/or the Member States in an effort to make **should in no way interfere with or negatively affect basic human needs and dignity.**

The report goes on to discuss the 3 pillars of active and healthy ageing:

Pillar 1: Prevention, screening and early diagnosis: in general terms, Members invite the Commission and Member States to tackle structural issues, including health illiteracy. Serious efforts are needed with regard to prevention and the promotion of a **healthy lifestyle**, to delay or reverse the progression of disease in the early stages. Whilst supporting the Commission's approach with regard to health promotion through integrated programmes, Members stress the need to investigate if illnesses are linked to individual behaviour, or environmental conditions (air quality, water quality, noise reduction, waste management).

The report supports the Commission's approach in regard to increasing physical activity levels of the population. Industry and business are asked to get involved in this area. Members again call on the Commission to give priority to factors that may influence how people in Europe age, such as high rates of alcohol and tobacco consumption.

Pillar 2: Care and cure: Members support the Commission's objective to further develop integrated care and cure systems. They invite Member States and competent authorities to develop national, regional and local care and cure systems that incorporate a **holistic and integrated approach to the management of age-related diseases**.

While acknowledging that a client/patient-centred approach is necessary, they believe that the costs of such an approach should not be met solely by the individual but should be considered as a **societal responsibility**, guaranteeing inter- and intra-generational solidarity. They also discuss eHealth services and their impact on the costs of healthcare.

At the same time, the report acknowledges that the continuous increase in overall healthcare and social support costs cannot be attributed to an ageing population alone. Where the burden of healthcare costs is increasingly borne by the individual, this being likely to create a vicious circle whereby people's health and wellbeing are put at risk as they might be compelled to reallocate their often limited resources or abandon treatment.

On the matter of retirement, Members maintain that further reforms of pension systems are necessary with special attention to reducing the gender pay gap. They stress the need for personal responsibility, bearing in mind that **individuals also need to think about what they can do to secure their pension age**. They stress the need to achieve equal opportunities for all European citizens in the field of healthcare.

Pillar 3: Active ageing and independent living: lastly, Members discuss the issue of encouraging older people to live independently in their own homes for as long as is viable, stressing that the solution is **inter-generationally and comprehensively active neighbourhoods**. They consider that the Ambient Assisted Living Joint Programme is an important instrument for the deployment of technical resources to facilitate daily life. Members recall the need to fight information isolation among the older generation, and to ensure decent and safe housing in both rural and urban areas.

At the same time, Members propose that measures be taken to encourage **retirement combined with some form of activity**. They also reiterate their point of view that the labour market should remain open to older people.

The draft resolution concludes with a discussion of several horizontal issues, amongst which figure age-friendly innovations and services. It also discusses the importance of supporting older volunteers and intergenerational volunteering.

European innovation partnership on active and healthy ageing

2012/2258(INI) - 06/02/2013 - Text adopted by Parliament, single reading

The European Parliament adopted a resolution entitled ‘Taking forward the Strategic Implementation Plan of the European Innovation Partnership on Active and Healthy Ageing’

Parliament welcomes the Commission's proposal for a European Innovation Partnership which promotes a new paradigm viewing **ageing as an opportunity for the future rather than a burden on society** and which is not limited to technical (ICT) innovations.

It calls for a clear and unambiguous strategy which promotes the role of older people, and include research into new forms of occupation suitable for them. It notes that the ageing society is attributable to demographic change (declining birth rates) and notes the constant rise in life expectancy in every Member State and the significant increase in the numbers of people continuing to work after retirement, with employment rates among those aged 65-74 having risen by 15 % in the period 2006-2011. Members observe that this part of the population should benefit quickly from suitable infrastructure, services and instruments.

Stressing the differences between Member States in this area, Members underline that participation on **equal and non-discriminatory terms** is also a **fundamental right** of older members of society.

The resolution points to the need to ensure both **employment and voluntary work opportunities** for older people, as well as to ensure appropriate **care** and services. It also deals with the question of **active and healthy ageing**. In this area, Members encourage the Commission and the Member States to consider health as a **horizontal issue**, by incorporating health issues into all relevant EU policies, including social security and social protection, employment and economic policy, gender equality, and non-discrimination policies.

Recalling the Commission's proposal to **increase the average number of HLY (Healthy Life Years) by two years,** Members encourage the Commission's proposal to act as a facilitator and coordinator of the European partnership on active and healthy ageing (EIP-AHA). They remind the Commission that the **restrictions and limitations in regard to healthcare**, care services, social protection and social security adopted and implemented by the Commission and/or the Member States in an effort to make **should in no way interfere with or negatively affect basic human needs and dignity.** Such cuts may aggravate health and social inequalities and lead to social exclusion. Member States are invited to develop a Generation Pact including a clear and unambiguous strategy to safeguard social cohesion. Parliament also calls for the integration of health matters in all EU policies.

The resolution goes on to discuss the 3 pillars of active and healthy ageing:

Pillar 1: Prevention, screening and early diagnosis: in general terms, Members invite the Commission and Member States to tackle structural issues, including health illiteracy. Serious efforts are needed with regard to prevention and the promotion of a **healthy lifestyle**, to delay or reverse the progression of disease in the early stages. Whilst supporting the Commission's approach with regard to health promotion through integrated programmes, Parliament stresses the need to investigate if illnesses are linked to individual behaviour, or environmental conditions (air quality, water quality, noise reduction, waste management).

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The resolution concludes with a discussion of several horizontal issues, amongst which figure age-friendly innovations and services. Parliament also stresses the importance of facilitating intergenerational volunteering and stresses the need to establish support systems for family carers.