Consolidation of final review AAL JP Call 1 projects

Summary Report

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1. Introduction

This report provides an outline of the results of the AAL Joint Programme Call 1 (first call for proposals launched under the first phase of the Ambient Assisted Living Joint Programme, 2007 – 2013). It reports facts, figures and statistics related to submitted proposals, selected projects, budgetary aspects, as well as countries and partners' participantion. The report is complemented with an Annex on the reults in terms of publications and dissemination activities.
The information presented in sections 2 and 3 originates from different documents such as the projects' Financial Plan, the mid-term review Questionnaires and the projects' Final Reports, while sections 4 and 5 highlight the information provided by the projects in their final reports.

The AAL JP Call 1 was published on April 25th, 2008 with a deadline on August 21st, 2008. The call had an indicative total funding of 57.7 Mio € that represented the commitment of 24 national funding authorities from 22 AAL Partner States plus Switzerland and the European Commission. The call focused on proposals targeting *"ICT based solutions for Prevention and Management of Chronic Conditions of Elderly People".* The Objective of the Call was, in particular, to launch European collaborative projects providing innovative ICT based solutions for elderly persons with identified risk factors and/or chronic conditions. Call 1 promoted the creation of new solutions with a holistic approach to prevention, management, support services and the social and socio-economic environments related to chronic conditions.

Out of the **118 transnational proposals** received, **23 projects** (**19.5%** of all submitted proposals) were finally selected for funding, involving **181 partners** from 23 Partner countries[1]. Organisations from all AAL Partner States are represented in AAL proposals and project coordinators stemmed from 19 countries out of the 23 AAL Partner States.

The details of the submitted proposals are reported in the table below:

Table 1: Call 1 submitted proposals - figures

Call AAL-2008-1 - all 118 submitted proposals	Call figures
Total budget	376 Mio €
Total requested funding	232 Mio €
Total available funding budget	57.7 Mio €
Average funding quota (requested funding vs. total project costs)	62%
Total person-months efforts	44,308
Average costs per person-month	8,488 €
Total number of partners	958
Average partners per proposal	8.1
Average total budget per proposal	3.18 Mio €
Average funding request per proposal	1.97 Mio €

Overall, **950 partners** were included in the transnational project proposals, so that a project consortium was composed, on average, by 8 partners (range: minimum 3, maximum 19). As

[1] Further detailed statistical information on AAL JP Call 1 is accessible on the AAL website: http://www.aal-europe.eu/wp-content/uploads/2012/08/Call-AAL-2008-1-Statistical-report.pdf

mentioned above, the total declared costs were of about 370 Mio € and **the requested public funding was 230 Mio €** , i.e. slightly below 2 Mio € per project proposal on average. The total request constituted, exceeded by four the announced indicative total funding of 57.7 Mio € (25 Mio € from the EC and 32.7 Mio € from Partners States).

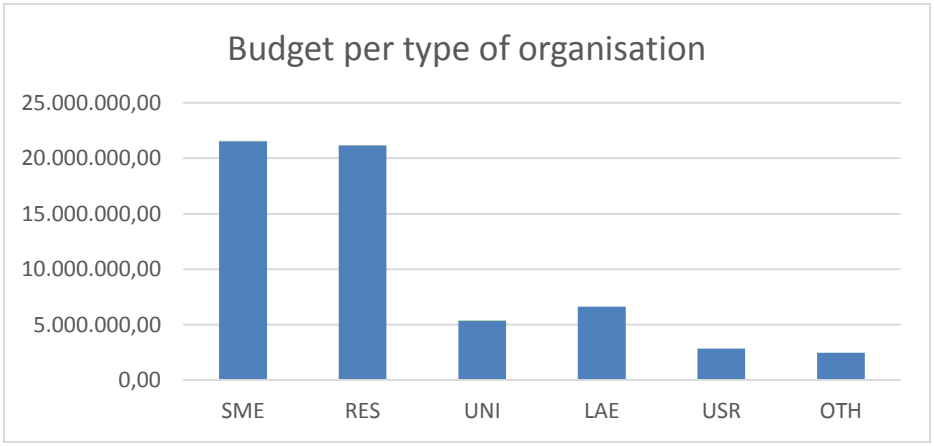
2. Budget for AAL JP Call 1

The following tables show a summary of the budget allocated per type of organisation. Clearly SMEs and research organisations -with an average level of participation of 38% and 19% - used 70 % of the budget (35% and 36% respectively).

Table 2: Budget allocated per type of organisation

Types	Sum	Percentage
SME	21,530,131.93	35.9%
RES	21,153,664.24	35.2%
UNI	5,361,533.00	8.9%
LAE	6,626,370.88	11%
USR	2,836,424.20	4.7%
OTH	2,462,784.20	4.1%
Total	59,970,908.45	100%

Chart 1: Sum of the budget allocated per type of organisation

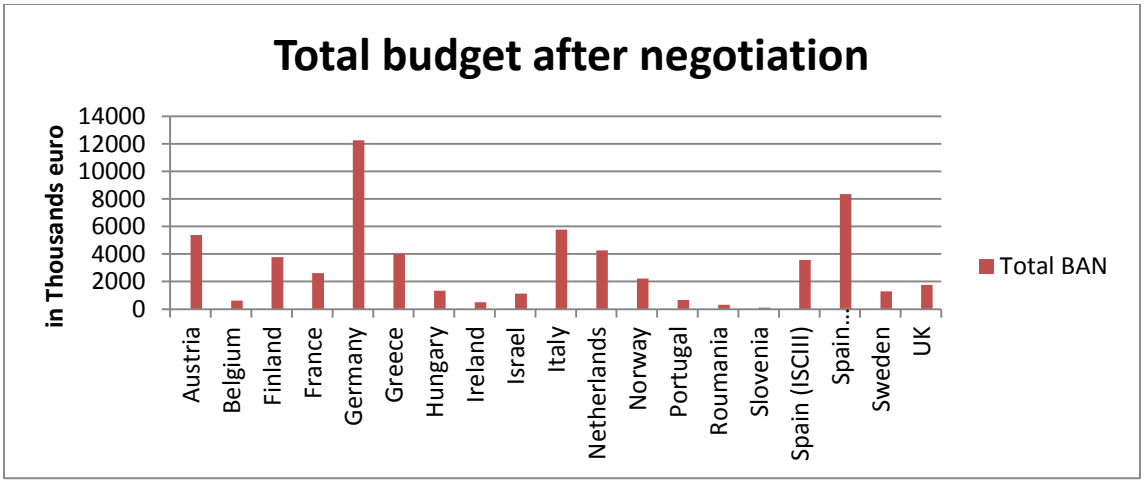


Summary of the budget allocated by country

Table 3: Total budget allocated by country before and after negotiation

Country	Total Budget Before Negotiation	Total Budget After Negotiation
Austria	6758367,53 €	5379629 €
Belgium	628784 €	628784 €
Finland	2698341 €	3783871 €
France	2458995,00 €	2617202 €
Germany	14835805,7 €	12252693,42 €
Greece	4629481 €	4023951,84 €
Hungary	2856799 €	1341143 €
Ireland	1052469 €	492789 €
Israel	1299546 €	1133787,15 €
Italy	6060813 €	5766517 €
Netherlands	5198358,45 €	4267384 €
Norway	3534460 €	2212364 €
Portugal	747000,00 €	673400 €
Roumania	326250 €	326250 €
Slovenia	242437,5 €	104540 €
Spain (ISCIII)	2986847,65 €	3563811,2 €
Spain (MINETUR)	8073885,8 €	8359959,9 €
Sweden	1551197,81 €	1293170 €
UK	1510907 €	1749661,94 €

Chart 2: Total budget allocated by country after negotiation



3. Participation in AAL JP Call 1

Participation by type of organisation

Table: Participation in selected projects by type of organisation (percentage) – Call 1

Chart 3: percentage of participation by type of organisation

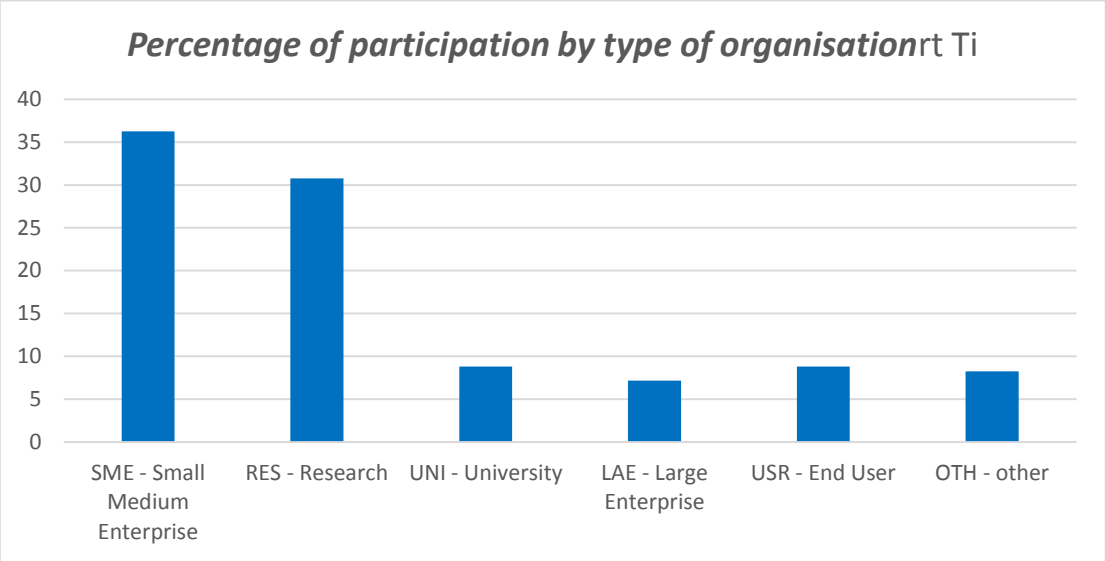


Chart 4: percentage of participation per type of organisation per country

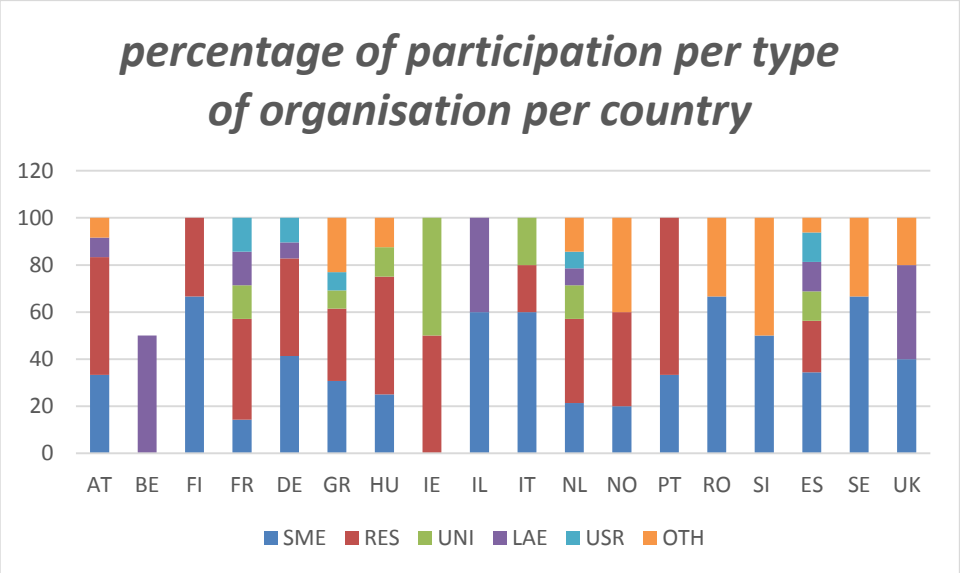
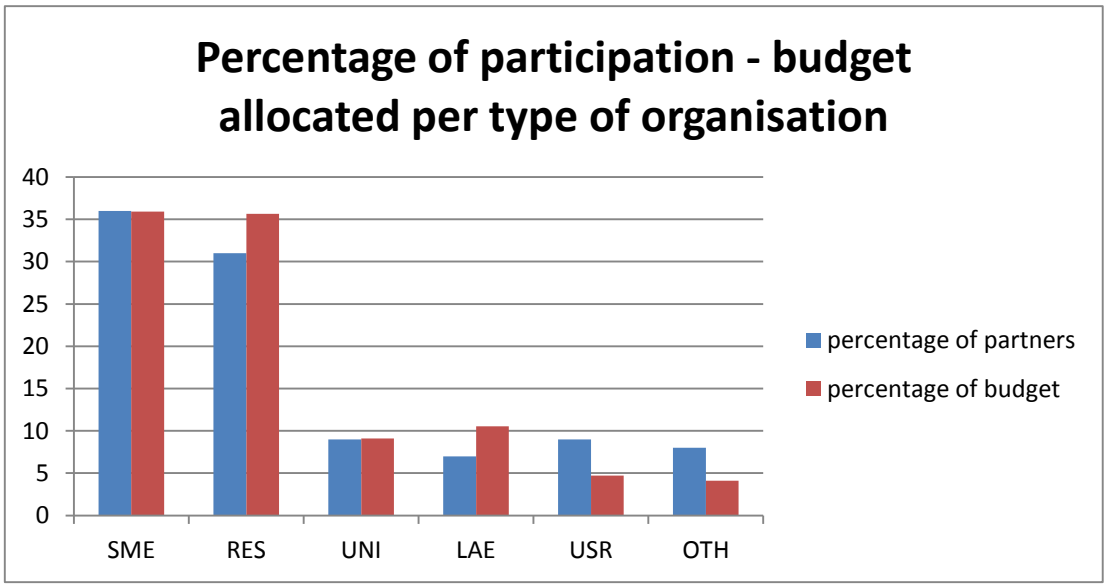


Chart 5: Percentage of participation versus percentage of budget allocated



The type of organisation responds to the eligibility criteria for beneficiaries, set in the call: SME, Research centre, University, Large enterprise, End-user organisation and other. However it should be differentiated with their role in the project, i.e. some SMEs play a role of end-user rather than of business partner in projects. The SMEs involvement has been increasing even further untill it reached 52% throughout the 6 calls for proposals.

Number of Participants by Country

Chart 6: Number of participants by country

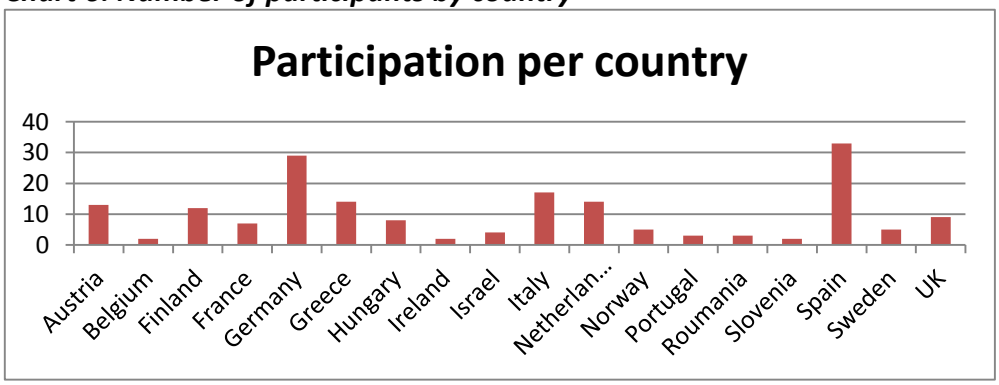
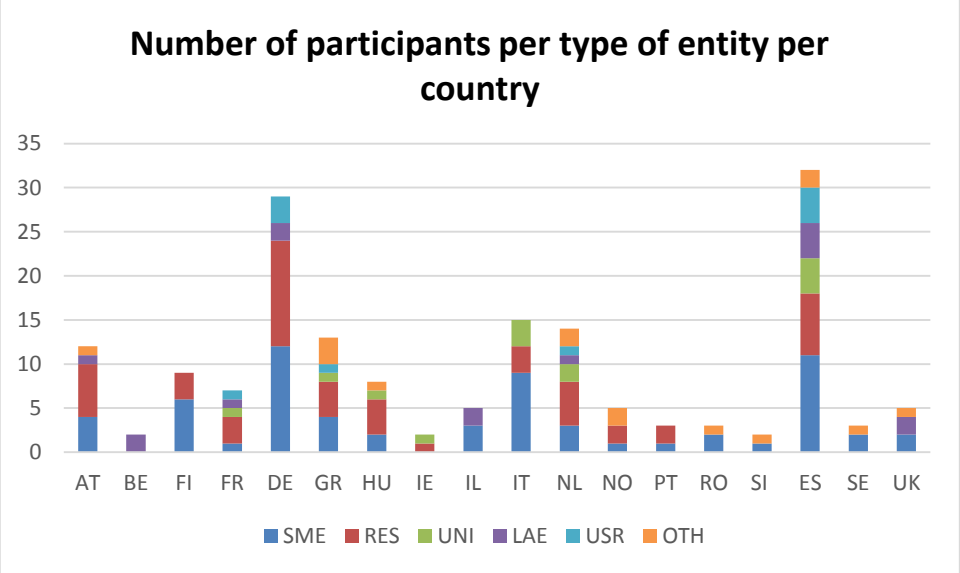


Chart 7: Number of participants per type of entity per country



4. End user indicators

Number of end users involved in Call 1

This section reports the number of end users involved in projects. Data has been collected from the 'final project report' submitted by the project coordinator.
There are three types of end users: primary, secondary and tertiary end users.
Primary end user is the person who is actually using an AAL product or service, a single individual, 'the well-being person'. This group directly benefits from AAL through an increased quality of life.
Secondary end users are persons or organisations in direct contact with a primary end-user, such as formal and informal care persons, family members, friends, neighbours, care organisations and their representatives. This group benefits from AAL directly when using AAL products and services and indirectly when the care needs of primary end users are reduced.
Tertiary end users are institutions and private or public organisations that are not directly in contact with AAL products and services, but who somehow contribute in organising, paying or enabling them. This group includes the public sector service organisers, social security systems, insurance companies. They have in common the fact that their benefit from AAL comes from increased efficiency and effectiveness which results in saving expenses or by not having to increase expenses in the mid and long term.

The total number of end users involved in call 1 was 3183.

- Primary end users: 2514 (79% of the end users)
- Secondary end users: 621 (19,5% of the end users)
- Tertiary end users: 48 (1,5% of the end users)

5. Business indicators

It refers to business models for transferring the new products or services resulting from the AAL project to the market. Data was collected from the 'final project report' submitted by the project coordinator

End users willing to pay for the new products/services

Based on the final project report:

In your business model, **who will pay** for the product/service (more than one box can be ticked)

Primary end-user:	14 projects
Informal carers:	7 projects
Formal carers:	13 projects
Public subsidies:	10 projects
Insurance:	11 projects
Other:	7 projects
Not yet decided:	3 projects

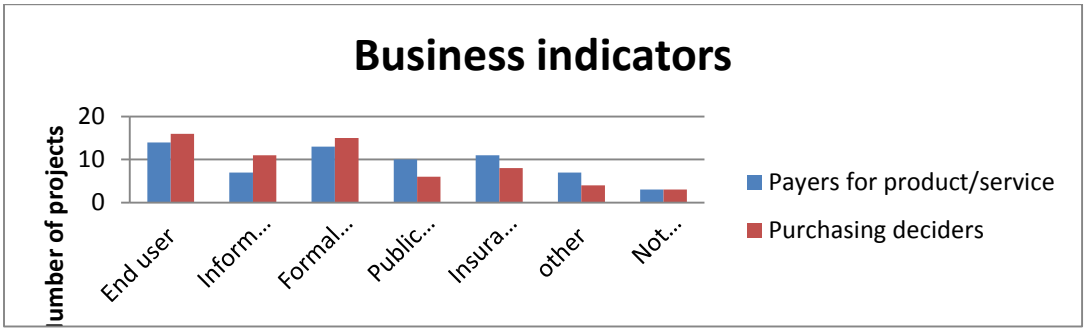
Purchasing deciders

Based on the final project report:

In your business model, **who will take the decision about the purchase** of the product/service (more than one box can be ticked)

Primary end-user:	16 projects
Informal carers:	11 projects
Formal carers:	15 projects
Public subsidies:	6 projects
Insurance:	8 projects
Other:	4 projects
Not yet decided:	3 projects

Chart 8: business indicators (payers versus purchasing deciders)



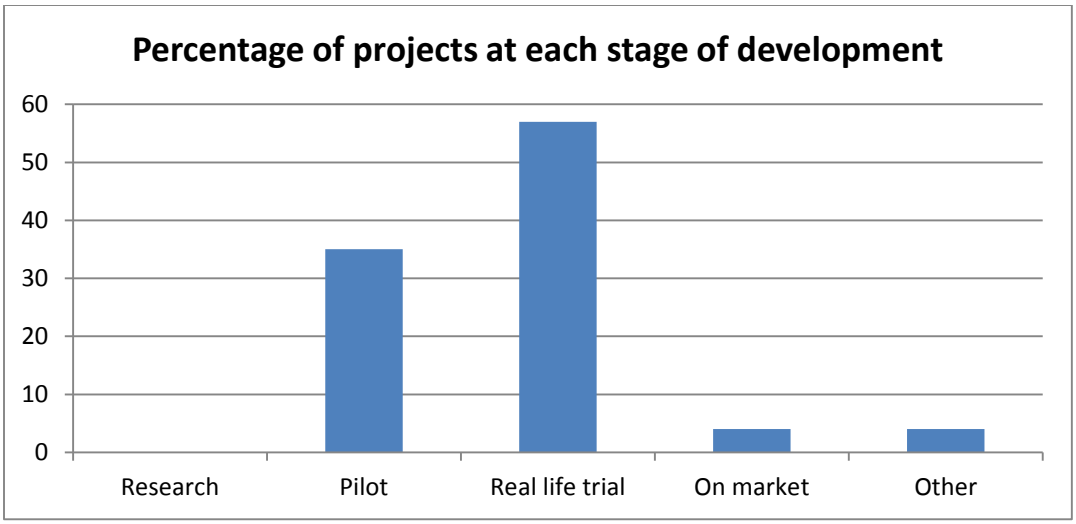
Stage of development at project end

Based on the final project reports:

At which **stage of development** is your product/service (e.g. research, pilot, real life trial etc.)?

Research: none of the projects are still in the research phase
Pilot: 8 projects (35% of the projects)
Real life trial: 13 projects (57% of the projects)
On market: 1 project (4% of the projects)
Other: 1 project (4% of the projects)

Chart 9: Percentage of projects at each stage of development



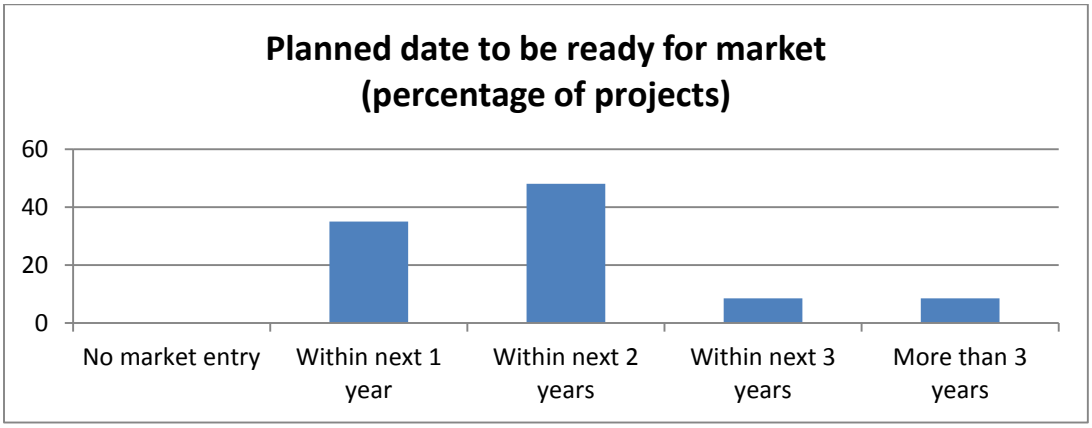
Planned date to be ready for market

Based on the final project reports:

When will your product/service be **ready for market**?

Within 1 year:	8 projects (35% of the projects)
Within the next 2 years:	11 projects (48% of the projects)
Within the next 3 years:	2 projects (8.5% of the projects)
More than 3 years:	2 projects (8.5% of the projects)
No market entry planned:	none

Chart 10: Percentage of projects ready for market



Further necessary R&D

Based on the final project reports :

What type of **further research/development** is necessary to finalise the project (technical, adoption, market research etc.)?

Improvements and adaptation:	15 projects (including 9 projects which specifically need technical research)
Market research:	6 projects
Trials and validation:	15 projects
Other (legislation issues…):	5 projects

Further necessary investment

Based on the final project reports:

What **further investments** are necessary to launch the product onto the market?

Improvements and adaptation: 12 projects (including 7 projects with specific technical research and 3 projects for customisation/redesign)
Market research: 7 projects
Trials and validation: 8 projects
Marketing and promotion: 3 projects
Product manufacturing: 2 projects
Other (training…) or not specified: 6 projects

Number of patents filed by projects

A total of 6 patents applications were filed resulting from 3 projects.

Number of publications

More than 310 publications (scientific or other) based on the project work and more than 508 dissemination activities (presentations, newsletters, TV programme…) were reported. See further details in Annex I.

6. Conclusions

Several thematic priorities were assessed in the projects selected in Call 1. The priorities, in particular, were related to

- mental (e.g. MCI, dementia, alzheimer)
- sensory (e.g. seeing, hearing and pain)
- vital (e.g. cardiovascular, hematological and respiratory)
- digestive (e.g. :metabolism and water consumption)
- genitourinary
- and neuromusculoskeletal (e.g. joints_and_bones, muscles and movements)

Two topics were covered by the largest number of use cases, namely “mental functions, and “cardiovascular functions and movement”. For the first topic, the main technology proposed was the development of a behaviour monitoring system that recognises the activities of daily living (ADLs) and potentially dangerous situations and, if needed, informs carers or raises alarms. Also calendars with ADL reminders, appointments and medication reminders were developed in the framework of Call 1, as well as social network for informal carers and outdoor “panic button“assistance.

The variety of technologies proposed by Call 1 projects showed a certain awarness of project participants of end users needs, available solutions and sensors, as well as the latest innovation-related trends in the field of ICT for ageing.

The reported indicators showed an overall positive result of projects framed within Call1, thanks to the high participation of different kind of beneficiaries (especially SMEs) and to the "very good" mark given during the reviews by the external experts to some of the Call 1 projects. Also, the level of readiness of the projects' results and prospects for its transfer onto the market were quite promising.

Based on the experience of managing EU research and innovation projects, AAL coordinators mentioned that one of the advantages of AALJP is the fact that it is clearly focused on a specific societal challenge. The specific themes of AAL calls were considered demand driven and relevant to formulate innovative research project, with a clear business orientation, enjoying at the same time enough space for creativity within the specified scope.

While the problem of ageing society has a common trend all over Europe, policies are different in every country. This is why, AAL JP is instrumental to strengthening transnational cooperation and exchange of experiences on policy instruments, that favour benchmarking and harmonisation.

By addressing specific research and technology development and by being focused on the relevant RTD domains, the program facilitates the interaction among the AALJP co-funded projects and their consortia, the sharing and acquiring of knowledge, good practices and the building of new opportunities based on the generation of synergies and complementarities .

The AAL programme proved to be able to support large scale and real trials with the involvement of end-users during the project life time. This removes a major barrier from the transfer of research results to marketable products/services and builds on an intrinsic innovation process where the end-user dictates the design and tests the project result. However, some partners considered unclear the ultimate path to commercialisation of the product or service emerging from the AAL project. Particularly challenging is the mismatch in business priorities from partners to have an impact on commercialisation achievements.

The major difficulty encountered within the projects was the financial scheme (the combination of national and EC funds granting the projects) with the wide diversity of rules and conditions applying in the different AAL association member states. This multiplicity made the management of a transnational consortium sometimes difficult. It generated multiple speeds and different degrees of operational readiness among the partners which, according to the comments received, was reflected in their final level of performance in the project.

Another disadvantage of the AAL JP was the low rates of funding for end-users in a number of EU countries (e.g. Germany and Finland). In this case, end-users may not be attracted in collaborating in AAL JP, which lessens the feasibility, applicability and deployment of the solutions. End-users are one of the key elements in the Program and therefore, their participation must be ensured in the future calls.

Finally, AAL JP succeeded in consolidating a pan-European community with complementary disciplines and backgrounds contributing to ICT development for improving elderly adults'

welfare. AAL JP provides the adequate platform to constructively exchange knowledge, experiences and produce innovative solutions that respond to market and societal needs. The annual AAL Forums contribute greatly to this accomplishment. The collaboration among partners' organisations becomes self-sustainable and goes beyond the projects lifetime. AAL JP provides them valuable knowledge, experience and contacts for participation in future projects and opportunities in the relevant area.