

## **Active and Assisted Living Programme**

### **Challenge-Led Call for Proposals AAL 2017**

#### **AAL PACKAGES/ INTEGRATED SOLUTIONS**

**Packages integrating different solutions based on ICT to support active,  
healthy and independent living of older adults**

Date: 24 May, 2017  
Version: V5  
Status: Final – Approved by the European Commission

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**Active and Assisted Living Programme****Challenge-Led Call for Proposals 2017****AAL 2017****“AAL packages/Integrated solutions”****Packages integrating different solutions based on ICT to support active, healthy and independent living of older adults****The AAL Programme**

The AAL Programme is a common funding activity of partner states of the AAL Association, with the financial support of the European Commission, based on article 185 of the Treaty on the Functioning of the European Union.

The aim of the AAL Programme is to provide innovative Information and Communications Technologies (ICT) based solutions including products, systems or services to enhance older adults' quality of life, to improve long-term sustainability of the health and long-term care systems and to strengthen the industrial base in Europe. The main goal is to improve the autonomy, participation in social life, skills, and employability of older adults<sup>1</sup>. Solutions funded under the AAL Programme address identified wishes and needs of the end-users, are transnational, collaborative and cost-shared between private and public funding. AAL projects aim to introduce solutions to the market within a maximum of 2 years after finalisation of the project.

Since 2008, the AAL Programme has funded over 200 thematic projects in 9 calls<sup>2</sup>. The AAL Programme continues with “challenge led” calls. This enables a more open approach to the development of ICT-based solutions in response to the individual and societal challenges as drivers of innovation and economic growth. The AAL Programme calls are complementary to the Horizon 2020 calls related to Active and Healthy Ageing under Societal Challenge 1 (SC1)<sup>3</sup>.

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<sup>1</sup> See the sections entitled “Framework for ‘End-user Involvement’ under the AAL Programme” and “Guideline for Ethical Considerations in AAL Projects” in the Guide for Applicants.

<sup>2</sup>The applicants are strongly encouraged to check the list of funded projects in <http://www.aal-europe.eu/our-projects/>.

<sup>3</sup><http://ec.europa.eu/programmes/horizon2020/en/h2020-section/health-demographic-change-and-wellbeing>

## Rationale

It is generally recognized that ICT-based solutions can contribute to enhancing the quality of life of older adults in different dimensions (health and wellness, social inclusion and communication, home environment, security and privacy, employability of older adults and their carers). Since the inception of the AAL Programmes, 9 calls have been launched. These calls have shown impressive results culminating in many useful solutions. However, many solutions address only a specific need, have not yet been integrated and incorporated into every day life, and have not been evaluated sufficiently.

Increasingly, end-users<sup>4</sup> are asking for well integrated solutions that are intuitively useful, personalized, and take into consideration the life span dimension. This includes informal and formal caregivers whenever relevant.

In addition, end-users, especially secondary and tertiary ones such as caregivers and policy makers, have an urgent need for proven evidence about the effects and effectiveness of AAL solutions.

## Call challenge

The focus of the 2017 call challenge of the AAL Programme is twofold:

### **1) The challenge lies in developing packages integrating different solutions that address the needs and wishes of end-users and add value to their lives.**

Since peoples' wishes, aspirations and needs evolve over time, packages should be designed with built-in flexibility and a variety of components in order to meet diverse individual situations and to remain attractive to their end-users over time. End-users expect proposed solutions to be affordable, user-friendly, secure and reliable. Packages should be based on existing and/or open platforms.

In AAL Call Challenge 2017 it is possible to:

- Integrate single successful solutions that have been developed through the course of previous AAL related projects (funded by the AAL Programmes, other funding Programmes at the European or national levels, or other sources), and need finalisation;
- Develop new components and integrate them into packages;

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<sup>4</sup> Definition of end-users in the AAL Programme:

Primary end-users are older adults who are actually using AAL products and services. This group directly benefits from AAL solutions by increased quality of life. Primary end user organizations are organizations who represent older adults (e.g. senior organisations/cooperations etc.)

Secondary end-users are persons or organisations directly in contact with primary end-users, such as formal and informal caregivers, family members, friends, neighbours, care organisations and their representatives. This group benefits from AAL directly when using AAL products and services (at a primary end-user's home or remote) and indirectly when the care needs of primary end-users are reduced.

Tertiary end-users are such institutions and private or public organisations that are not directly in contact with AAL products and services, but who somehow contribute in organizing, paying or enabling them. This group includes the public sector service organizers, municipalities, social security systems, insurance companies, housing corporations etc. Common to these is that their benefit from AAL comes from increased efficiency and effectiveness which result in saving expenses or by not having to increase expenses in the mid and long term.

- Include single market-ready components in the packages, as long as there is still integration work to be done, and match them with other solutions. However, the project's focus must lie on the first two mentioned options.

Projects funded under Challenge 2017 will be operating in technology readiness levels 5-8<sup>5</sup>.

Packages have to meet previously identified end-user needs and wishes. Since a lot of requirement analyses have already been carried out in previous projects<sup>6</sup>, it is expected that consortia will build on what is already available. If a further requirement analyses is needed it has to be duly justified.

## **2) The challenge lies in extensive testing and evaluation of packages in order to provide meaningful and significant results.**

In order to support integration of AAL solutions into packages and to create successful testing environments, under the current challenge the following need to be addressed by consortia:

- It is expected that end-users and end-user organisations will have a proactive role within the consortium. A co-creation approach is expected during all phases: the project planning, project implementation and, very importantly, in the business modelling and market uptake of the proposed solution. It is expected that acceptance will be built into the solution by such a co-creation approach.
- The rationale and the design of the testing and evaluation have to be geared towards essentially involving a high number of end-users and have to be specified in the proposal<sup>7</sup>.
  - Inclusion and exclusion criteria for the recruitment of end-users and the control-group<sup>8</sup> have to be specified in the proposal.
  - The specific number of planned end-users and control-group has to be justified.
  - The packages have to be tested by the involved end-users in their living environments in several test sites.
  - The test sites have to be located in at least two countries.
  - Testing and evaluation activities have to be performed over a period of at least one year per end-user and per test site, including feedback loops (iterative design).
- Proposals must include a detailed description of the evaluation process and methods adopted<sup>9</sup>, taking into consideration the whole ecosystem of the AAL solution. The testing of the solutions must include at least: perceived usefulness of the solution, integration into everyday life, the usability as well as acceptance over several months. From the technical perspective, the evaluation must include security and reliability of

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<sup>5</sup> Technology readiness levels (TRL)

- TRL 5 – technology validated in relevant environment
- TRL 6 – technology demonstrated in relevant environment
- TRL 7 – system prototype demonstration in operational environment
- TRL 8 – system complete and qualified

<sup>6</sup> Consult e.g. <http://deliverables.aal-europe.eu/>

<sup>7</sup> The Call is not geared towards funding exploratory testing with small numbers of involved end-users, nor towards funding large scale pilots including thousands of test-users as funded by the EU Commission under Horizon 2020.

<sup>8</sup> A control group is not mandatory but recommended, if appropriate.

<sup>9</sup> It is recommended to consult and/or use existing tools like MAFEIP; World Health Organization quality of life assessment (WHOQOL): WHOQOL-100 and WHOQOL-OLD; Technology Usage Inventory TUI; etc.

the system. The evaluation must include a business perspective reflecting the market demand (including the willingness to pay) for the package.

- The consortium should include all partners along the value chain. It is mandatory to include in the proposal a network analysis (considering the whole ecosystem) for the proposed solution. The planned work packages have to specify when and how the relevant stakeholders will be involved in the project.
- Since the call aims at funding affordable and sustainable solutions, proposals are expected to provide substantiated information on the business model already at the proposal submission phase. This regards especially information on which partner/s would bring the solution to the market; on the business role of involved end-users partners; an analysis on where the money is spent and where the value is made. At the mid-term review detailed information on the financial plan to guarantee availability of the solution on the long run has to be given. The planned work packages have to contain detailed information on when and how relevant aspects of the business plan development will be dealt with.
- Ethical guidelines have to be adhered to, and ethical standards have to be respected. It should be taken into consideration that primary end-users often wish to be the owners of their personal data, deciding who is going to have access to information and who will not, and how information can be used.

## Expected Impact

By funding the development of packages integrating different solutions, the AAL Programme aims to create evidence of improved quality of life, of perceived added value by end-users, of usefulness and of effectiveness of the solutions, as well as of their reliability, security and financial viability, including positive business cases for potential payers.

### Expected impact on quality of life

ICT-based solutions in this call challenge are expected to contribute to sustain or improve the quality of life of older adults in different dimensions and throughout the ageing process for:

- Living a healthy, active and meaningful life.
- Living independently and safely for longer at home (decision and control of daily activities) with support from their carers and community when necessary.
- Living in dignity and satisfaction.

In case the proposed ICT-based solution includes informal and/or professional carers, it should support them to:

- reduce stress and care burden;
- build resilience;
- improve quality, efficiency and effectiveness of the care they provide.

## Expected impact on the market

ICT-based solutions in this call challenge are expected to contribute to:

- A large(r) exploitation of packages integrating different solutions for older adults throughout the ageing process. This includes their supporting environment, if applicable.
- A growing public and consumer market of interoperable and scalable AAL systems to support active, healthy and independent living for older adults.
- More European/international collaboration, including end-users, industry and other stakeholders in the value chain.
- Savings for the social/care system as older adults are supported in living independently in their homes for longer, thus lowering the need for homecare and delaying the move to institutionalized/Community care.

Applicants must outline the key performance indicators<sup>10</sup> used to measure the impact of the packaged ICT-based solutions in terms of the targeted objective, as well as the methodology used to collect data on its potential impact.

## Requirements for Solutions Proposed in response to Call Challenge 2017

The following points outline the general requirements for AAL solutions under this call that should be addressed in the proposal:

### 1. END-USERS

- A significant number of all relevant types of end-users must be involved from the outset of the project to its end, making clear their participation in the development process and the effective use of the solutions (co-creation approach).
- Projects must adopt a holistic, inclusive and user-centred approach, in their aims as well as their organisation and expertise. Focus must be on personal aspirations, satisfaction, self-esteem and not only illness, impairments and limitations.

### 2. SOLUTIONS

- Solutions' interfaces must be simple, intuitive, personalised and adaptable to changing end-users' abilities and requirements.
- Solutions must be reliable and safe, and ensure security and privacy by design.
- Solutions should be based on existing standards and open platforms in order to improve interoperability. If solutions are not based on existing standards, it must be appropriately justified.

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<sup>10</sup> See footnote 10.

### 3. MARKET

- The innovation concept of the AAL Programme is based on creating markets by developing solutions which meet the aspirations, wishes and challenges of end-users. Therefore, it must be convincingly demonstrated that the proposed solutions have high potential for scale-up and commercialisation.
- A clear competitive analysis of the proposed solution must be provided together with a business plan including a viable business model<sup>11</sup>, a description of the potential market, a roll-out plan and an estimation of the resources (personnel, financial) required to reach the market. In addition, there must also be a clear indication as to which partner(s) (consortium) will bring the solution to the market.

### 4. THE PROPOSAL

- Proposals must be precise, creative and ambitious and go beyond the state-of-the-art of solutions presently available or emerging on the market, including aspects of social and business innovation.
- Proposals must present a work plan specifying the process and milestones to develop and test the solution with a relevant number of end-users.
- The proposals must include a user-centred approach throughout the project.
- The testing sites must include a considerable number of end-users and a reasonable time period (at least 1 year) in order to demonstrate the benefits and added-value necessary to make impact on the market.
- The development phase of the solution to run the testing sites should not take longer than 1 year after the start of the project. The testing sites should start after maximum 1 year.
- Testing sites must be organised in at least 2 countries.
- Proposals must consider the national ethical-legal frameworks<sup>12</sup> of relevant countries, stakeholders and EU/UN for the proposed AAL solution.
- Proposals must describe how to deal with ethical aspects.
- Proposals must have a European/international dimension (i.e. the proposed project cannot be accomplished on an individual national level and should take in account differences in regions, cultures and in national health and care systems).

### Evaluation procedure and funding allocation

All eligible proposals will be evaluated and scored by a panel of independent experts (business, end-users, ICT) to establish a ranking list. Only proposals scoring above the required threshold will be considered in the allocation of co-funding from the AAL Programme. Funding contracts for individual project partners will be concluded with the relevant national funding

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<sup>11</sup>For more information see Guide for Applicants

<sup>12</sup> For more information see Guide for Applicants



authority. More details on the evaluation criteria and selection process can be found in the Guide for Applicants.

### Basic Information on Call AAL 2017

- Date of publication: 15 February 2017.
- Closure date: 24 May 2017, 17h00 Central European Time (CET).
- Indicative total funding: 26.3 mi €<sup>13</sup>.

This amount includes a contribution of up to 11.9 mi € by the European Commission.

The Consortia must submit one common project proposal with one partner acting as coordinator.

Approval of the list of selected proposals by the AAL General Assembly is expected for the beginning of October 2017.

### Characteristics of AAL Programme Projects

- Aim at ICT-based solutions to identified end-user aspirations, wishes and needs.
- Present a realistic business plan with time-to-market perspective of maximum 2 years after end of the project.
- Significant involvement of industry and other business partners, particularly SMEs are encouraged. The effort of industry and other business partners<sup>14</sup> in each project is expected to be 50% or more (in person months).
- Indicative project total budget: 5 M€.
- Maximum funding from the AAL Programme per project: 2,5M€.
- Proactive end-user involvement throughout the lifetime of the project.

### Consortium-level Eligibility Criteria

- Submission of a complete proposal through the AAL electronic submission system before the deadline, as specified in the Call for Proposals.
- English as the language of the proposal.
- Consortium composition of at least 3 independent eligible organizations (legal entities), from at least 3 different AAL Partner States participating in the Call for Proposals.
- Consortia must include at least one eligible for-profit business partner.
- Consortia must include at least one eligible for-profit SME partner which can be the business partner.
- Consortia must include at least one eligible end-user organisation.
- Size of the consortium: 3 – 10 partners.

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<sup>13</sup> See the last chapter for an overview of the AAL Partner States participation.

<sup>14</sup> Defined as partners who are aiming at commercialisation.

- Duration of the project: 18 – 36 months.
- Adherence to the specifications for structure and technical details (e.g. page count) of the proposal submission.

### National Eligibility Criteria

- Only organisations that are explicitly included in the national eligibility criteria published with the Call text are eligible for funding.
- It is highly recommended to contact the AAL National Contact Persons (NCPs) prior to submission of a proposal (list of NCPs and contact data can be found on the AAL Programme website [www.aal-europe.eu](http://www.aal-europe.eu)).
- In some countries, establishing contact with the NCP prior to the submission of the proposal is a **requirement** for being eligible for funding.
- In addition, the project may include organizations not requesting funding or organizations that are not eligible for funding according to national eligibility rules or organizations not residing in any AAL Partner State<sup>15</sup>. Such organisations may be associated with the project without funding from the AAL Programme, but they cannot be crucial for the project's implementation. They will not be taken into consideration when assessing the project proposal against the eligibility criteria and project characteristics stated above.

### Guide for Applicants

Please consult the Guide for Applicants for detailed information on:

- How to submit a proposal.
- Application pre-requisites.
- Evaluation criteria.
- Selection processes.
- Consortium level and national eligibility criteria.
- Guidelines for integrating end users.
- Guidelines for defining business cases.
- Ethical guidelines.
- Details on where to obtain further information.

**Note:** Applicants are encouraged to register on the AAL proposal submission website (<http://proposals.aal-europe.eu>) before end April 2017.

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<sup>15</sup> The participation of organisations residing outside an AAL Partner State is restricted to organisations residing in a Member State of the European Union that currently does not participate in the AAL Programme, i.e. Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Ireland, Latvia, Lithuania, Malta, Slovakia, Sweden and United Kingdom.

## AAL Partner States Participation

<b>AAL Partner State</b>	<b>Commitments for Call 2017</b>
Austria	2,000,000 €
Belgium – Innoviris	500,000 €
Belgium – IWT	2,000,000 €
Cyprus	400,000 €
Hungary	500,000 €
Italy (MIUR)	500,000 €
Italy (MoH)	1,000,000 €
Luxembourg FNR	325,000 €
Luxembourg Luxinnovation	325,000 €
Netherlands	1,350,000 €
Poland	500,000 €
Portugal	500,000 €
Romania	1,000,000 €
Slovenia	200,000 €
Spain (ISCIII) <sup>+</sup>	500,000 €
Spain (Biscay province)	300,000 €
Switzerland	2,000,000 €
<b>Total eligible for EC Contribution</b>	<b>13,900,000 €</b>
Canada <sup>++</sup>	265,496 €
<b>Total commitment by AAL Partner States</b>	<b>14,165,496€</b>
Expected EC contribution for AAL Call 2017 <sup>+++</sup>	11,939,000 €
<b>Expected total funding commitment</b>	<b>26,104,496.00 €</b>

<sup>+</sup> Pending national approval

<sup>++</sup> Indicative amount (CAD \$353,000), not subject to EC co-funding

<sup>+++</sup> Pending EC final approval

Please note: The EC co-funding is granted to the AAL Partner States (or member organisations) except for Canada on top of the indicated commitment. The final allocation depends on the call outcome.