ACTIVE AND ASSISTED LIVING PROGRAMME

CALL FOR PROPOSALS
AAL 2019

SUSTAINABLE SMART SOLUTIONS FOR AGEING WELL

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[1] Pending approval by the European Commission—the financial contribution of the European Commission in the AAL 2019 call is conditional to the internal approval and adoption of the financing decision by the Commission.

CONTENTS

1. 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 (TFEU).

The aim of the AAL Programme is to provide innovative Information and Communication Technologies (ICT)-based solutions including products, systems or services. These solutions aim to enhance older adults' quality of life, to improve the long-term sustainability of health and long-term care systems, and to strengthen the industrial base in Europe and internationally. The main goal is to improve the autonomy, participation in social life, skills, and employability of older adults.[2]

Solutions funded under the AAL Programme address the wishes and needs identified by end-users, are transnational, collaborative and cost-shared between private and public funding.

Since 2008, the AAL Programme has funded over 220 thematic projects in 11 calls.[3]

The AAL calls for proposals provide a targeted funding mechanism for the development of ICT-based solutions in response to 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), as well as to the Horizon 2020 2018-2020 Work Programme on Information and Communication Technologies.

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[2] 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'.

[3] Applicants are strongly encouraged to check the list of funded projects at http://www.aal-europe.eu/projects/.

2. CALL RATIONALE

GENERAL

It is generally recognised that ICT-based solutions can enhance different aspects of the quality of life of older adults and improve the long-term sustainability of the health and social care systems. The categorisation system below illustrates the variety of application areas for AAL (see TAALXONOMY—AAL Product and service categories).

TAALXONOMY: AAL PRODUCT AND SERVICE CATEGORIES

HEALTH & CARE

Health & Care comprises products and services which collect and manage medical data, which support therapy and care activities, as well as those assisting in nutrition and personal hygiene.

LIVING & BUILDING

The category Living & Building covers products and services for water and energy supply, light management, room climate as well as measures for design barrier-free rooms. Additionally, maintenance and access control are in this category.

LEISURE & CULTURE

The category Leisure & Culture consists of products and services which enrich or enable recreational activities in leisure time, and cultural activities. Sports, media and games are covered, as well as culture, religion and travelling.

VITALITY & ABILITIES

The category Vitality & Abilities includes products and services that support, train or enable basic physical, mental and social abilities that are essential requirements for independent living.

MOBILITY & TRANSPORT

Mobility & Transport consists of products and services that on the one hand serve as transportation measures for persons and goods, and on the other hand offers travel information, navigation and orientation solutions.

WORK & TRAINING

Participation in the working life is covered by the category Work & Training. It contains work supporting measures and products and services for job specific learning and training.

SAFETY & SECURITY

Safety & Security includes products and services which prevent damages and burglary or which support the user in cases of falls. Furthermore, localisation and emergency management is part of this category.

INFORMATION & COMMUNICATION

Information & Communication contains products and services which on the one hand present knowledge and offer advisory functions, and on the other hand support and enable interpersonal communication and organisation of daily living.

Source: TAALXONOMY (SYNYO, University of Innsbruck, Eurac)

Furthermore, quality of life concepts such as 'positive health', which describes health as the ability to adapt and self-manage in light of physical, emotional and social challenges,[4] or 'healthy ageing', developed by the World Health Organization, can provide guidance in the development of solutions to support older adults.

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[4] See more at: http://www.louisbolk.org/health-nutrition/integrative-medicine-3/new-concept-of-health

AAL MARKETS

Since the start of the AAL Programme, the 11 previous calls have not only delivered many useful solutions for older adults, they have also provided a more profound understanding of the different market segments for AAL solutions:

- There are solutions aiming at **private consumer markets** with aspects such as well-being, lifestyle, independence, work, fun and comfort. Buyers would mainly be the older adults themselves, or their families and social networks.

- On the other hand, there are solutions aiming at **regulated markets** such as health and care, social care and housing. In these markets the buyers are mainly secondary or tertiary end-user groups (such as care organisations or local government) who provide the solutions as part of a more complex service offer. These market segments usually have a mandatory requirement for evidence about the effects and cost-effectiveness of ICT-based solutions before adopting them fully. In addition, solutions have to fit into the vision and strategy of the organisations involved.

Both markets require different approaches.

In the AAL Programme, end-users play crucial roles in the co-creation, testing, evaluation and deployment of AAL solutions. It means that our funded projects must involve relevant end-users in different stages of the project.

DEFINITION OF END-USERS IN THE AAL PROGRAMME

Primary end-users	**Older adults** who are actually using AAL products and services. This group directly benefits from AAL solutions through an increased quality of life and autonomy. Primary end user organisations are organisations that represent older adults (e.g. senior organisations/cooperatives etc.).
Secondary end-users	**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 remotely) and indirectly when the care needs of primary end-users are reduced.
Tertiary end-users	**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 and local government organisations, social security systems, insurance companies, housing corporations** etc. Common to these organisations is that benefits from AAL come from increased efficiency and effectiveness which result in cost savings or by not having to increase expenses in the medium and long term.

FLEXIBILITY

Over the years end-user groups and other partners in consortia have reported that it is difficult to fully explore new approaches or target new business sectors or stakeholder groups within the closed framework and time schedule of a fixed multi-annual project. There is a need for a more flexible and short-term programme to support substantial cooperation.

The 2019 Call will respond by offering a flexible framework for developing ICT-based solutions for ageing societies.

3. CALL FEATURES

Following the positive experience from the previous call, AAL Call 2019 presents similar key features in terms of scope and flexibility.

1. The AAL Call 2019 is open to developing ICT-based solutions targeting any application area(s) within the AAL domain. The solutions need to be embedded into the strategies of the participating end-user organisations, service providers and business partners. The wishes and aspirations of older people in combination with the demands from the other stakeholders involved—e.g., providers and payers—will have a critical role in shaping useful and attractive AAL solutions with a high market potential.

2. The AAL Call 2019 allows for more flexibility regarding the scope, size and duration of the proposed projects.

Two types of projects can be funded:

	COLLABORATIVE PROJECTS	SMALL COLLABORATIVE PROJECTS
Aim	Collaborative Projects aim at developing and bringing to market ICT solutions in the AAL domain (see further specifications in this section, below).	Small Collaborative Projects aim at exploring new ideas, concepts and approaches for ICT-based solutions for older adults.
Duration	A Collaborative Project has a duration of 18 to 36 months.	A Small Collaborative Project has a duration of 6 to 9 months. They are intended to be quicker and more agile than Collaborative Projects regarding the submission process, grant signature and reporting.
Funding	The maximum funding from the AAL Programme per project is of €2.500.000 (the indicative total budget being €5.000.000).	The maximum funding from the AAL Programme per project is of €300.000.

TRL	Collaborative Projects funded under Call 2019 will be operating in technology readiness levels (TRL) 5-8.[5]	No TRL is applied to this type of project.
	MAIN FEATURES AND OBJECTIVES	**MAIN FEATURES AND OBJECTIVES**
	Collaborative project proposals in AAL Call 2019 are expected to be user-driven through co-creation and address a specified challenge. The call stresses a strong involvement of end-users—especially secondary and tertiary—and other relevant stakeholders in the shaping of solutions and in creating respective markets. Furthermore, the route to market needs to be clearly described and aligned with the business strategies of the partners responsible for commercialisation. The proposed solutions need to respond to different requirements, depending on the type of market. **SOLUTIONS TARGETING THE PRIVATE CONSUMER MARKETS** Proposals should aim to develop ICT-based solutions to support older adults by addressing issues such as well-being, lifestyle or comfort aspects. These projects have a short time-to-market (maximum 2 years), **a clearly described route to market and an identified leader for commercialisation. This could be SMEs, large industry, or end-users' organisations, acting as business partner.** Pilots and related testing and evaluation shall be carried out in at least two countries. **SOLUTIONS TARGETING THE REGULATED MARKETS** Submitted proposals for Collaborative Projects are expected to develop ICT-based solutions for supporting older adults that can be integrated in	They should reach out to new stakeholders for inclusion in (future) development of AAL solutions, build strong collaborations with end-user organisations, support community building with new customers and create shared agendas. They can result in well-substantiated ideas or proposals for AAL solutions to be submitted in a later AAL call (or elsewhere). Also, in Small Collaborative Projects, partners in submitted proposals are expected to collaborate intensively with end-users at an early stage in order to achieve one or more of the following objectives: • Thoroughly investigate the wishes and needs of end-users for appealing solutions; • Explore novel and improved approaches for involving all types of end-users and stakeholders in the development of AAL solutions; • Validate benefits for end-users and for end-user organisations, enhancing the latter's own processes (including for the improvement of service delivery); • Explore ways for opening up the market for ICT-based solutions for older adults; and • Assess the market potential of a proposed AAL concept.

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[5] 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.

the strategies of end-user organisations, service providers and business partners. These projects should also aim to have a short time-to-market (maximum 2 years), a clearly described route to market and an identified leader for commercialisation.

In both markets there is an urgent need for evidence about the effects and cost-effectiveness of AAL solutions. This implies a prominent role for iterative testing as well as substantial evaluation of the added value of the solution in at least two countries. This requires proposals to include a significant number of users as well as relevant providers and prospective purchasers of the proposed solution. Specifically in the case of regulated markets, secondary and tertiary end-user organisations are expected to be able to integrate the solutions in their policies, service offers to older adults and their networks, work processes, reimbursement systems, etc.

Since a substantial level of requirements analysis with older adults and informal carers have already been carried out in previous projects, it is expected that project consortia will build on knowledge that is already available[6]. If further requirement analyses are needed, this has to be justified in the proposal.

A strong business and market orientation are crucial in the projects in order to:
- Evidence the benefits of solutions for specified market segments/customer groups;
- Sell products and services on the consumer market within two years of the project end; and
- Launch solutions in the chosen segments of the regulated market within two years of the project end in collaboration with user organisations and service providers within two years after the project is completed.

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[6] See for example the public deliverables developed by past and ongoing AAL funded projects: http://deliverables.aal-europe.eu/.

	GENERAL REQUIREMENTS FOR COLLABORATIVE PROJECTS	GENERAL REQUIREMENTS FOR SMALL COLLABORATIVE PROJECTS

	Collaborative Projects need to:
	• Present a realistic business plan with time-to-market of 2 years (maximum) after the end of the project.
	• Demonstrate a significant involvement of industry and other business partners, particularly small and medium sized enterprises (SMEs). The effort of industry and other business partners[7] in each project must be 50% or more (in person months).
	
	The following points outline the general requirements for the main parts of the proposal:
	
	1. END-USERS
	  • A significant and meaningful number of all relevant types of end-users must be involved from the beginning of the project to its end. Their participation must be made clear in both the development process and in determining the effective use of the solutions (co-creation approach).
	  • If primary end users are involved, projects must adopt a holistic, inclusive and user-centred approach. The focus must be on their personal aspirations, satisfaction and self-esteem and not only on illness, impairments and limitations.
	
	2. SOLUTIONS
	  • The user interface for ICT solutions must be simple, intuitive, personalised and adaptable to the changing abilities and requirements of primary end-users.
		Small Collaborative Projects should comply with the following requirements:
		• Proposals must be focussed, creative, ambitious and go beyond solutions presently available or emerging on the market, taking into account aspects of social and business innovation;
		• Proposals must present a work plan specifying deliverables and milestones;
		• Proposals must describe how they plan to deal with ethical aspects, taking into consideration the relevant legal frameworks[10] of the countries involved, stakeholders and the EU/UN (if applicable);
		• Proposals must have a European/international dimension.

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[7] Defined as partners who are aiming at commercialisation.
[10] For more information see 'Guide for Applicants'.

- 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, this decision must be justified within the proposal.

3. MARKET
- The innovation approach for 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 for the proposed solution must be provided together with a business plan including a viable business model,[8] a description of the potential market, a roll-out plan and an estimation of the resources (personnel and financial) required to reach the market. In addition, there must also be a clear indication as to which partner(s) (in the consortium) will bring the solution to the international market.

4. THE PROPOSAL
- Proposals must be focused, creative and ambitious and go beyond state-of-the-art solutions presently available or emerging on the market or developed in any previously funded AAL projects and include aspects of social and business innovation.
- Proposals must present a work plan specifying the process, deliverables and milestones to develop and test the solution with a relevant number of end-users.
- Proposals must include a user-centred approach throughout the project.

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[8] For more information see 'Guide for Applicants'.

	• Proposals must consider the national ethical-legal frameworks[9] of relevant countries, stakeholders and EU/UN. • Proposals must describe how they deal with these 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, languages, purchasing power and in national health care and social care systems).	

4. ELIGIBILITY CRITERIA

4.1. CONSORTIUM-LEVEL GENERAL ELIGIBILITY CRITERIA FOR ALL PROJECTS

- Submission of a complete proposal through the AAL electronic submission system before the deadline, as specified in the 'Guide for Applicants'.
- English as the language of the proposal.
- Consortium composition of at least 3 independent eligible organisations (legal entities), from at least 3 different AAL Partner States participating in the Call for Proposals (Important: Applicants for Small Collaborative Projects should check in the list of countries reported below whether their respective funding agency will fund this type of project.)
- 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 for-profit business partner.
- Consortia must include at least one eligible end-user organisation.

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[9] For more information see 'Guide for Applicants'.

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4.2. CONSORTIUM-LEVEL SPECIFIC ELIGIBILITY CRITERIA

COLLABORATIVE PROJECTS	SMALL COLLABORATIVE PROJECTS
INDICATIVE SIZE OF THE CONSORTIUM The number of partners should be from 3 to 10, from at least 3 different participating countries. **Important**: Adherence to the specifications for structure and technical details (e.g. page count—maximum 30) of the proposal submission template for Collaborative Projects.	**INDICATIVE SIZE OF THE CONSORTIUM** Partners should be from at least 3 different participating countries; the number of partners should be proportionate to the scope of the project. **Important**: Adherence to the specifications for structure and technical details (e.g. page count—maximum 20) of the proposal submission template for Small Collaborative Projects.

4.3. NATIONAL ELIGIBILITY CRITERIA

- Only organisations that are explicitly described in the national eligibility criteria are eligible for funding. The national eligibility criteria are published together with the Call text.
- 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/contacts/national-contact-persons/).
- In some countries, establishing contact with the NCP prior to the submission of the proposal is mandatory in order to be eligible for funding. Also, please note that the submission of the proposal at national level might be required (contact the NCPs to check this if necessary).
- The project may include organisations not requesting funding, or organisations that are not eligible for funding according to national eligibility rules, or organisations not residing in any AAL Partner State.[11] 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.

5. EXPECTED IMPACT

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

In the proposal, applicants must outline the key performance indicators that will be used to measure impact(s) of the ICT-based solution, as well as the methodology to collect this data.

5.1. EXPECTED IMPACT ON QUALITY OF LIFE

ICT-based solutions in this Call are expected to help sustain or improve various aspects of the quality of life of older adults throughout the ageing process to support them to:

- Live a healthy, active and meaningful life;
- Live independently and safely for longer at home (maximising their decision-making and control over their daily activities) with support from their care networks; and
- Live with dignity and enjoyment.

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[11] 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, Estonia, Finland, France, Germany, Greece, Ireland, Latvia, Lithuania, Malta, Slovakia, Sweden and the United Kingdom.

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

- Reduce stress and care burden;
- Build resilience; and
- Improve the quality, efficiency and effectiveness of the care they provide.

For organisations and companies that support the quality of life of older adults and their social/support networks, it is important that the proposed ICT-based solutions can be (easily) integrated into their organisational environment.

5.2. EXPECTED IMPACT ON THE MARKET

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

- A large-scale exploitation of ICT based solutions for supporting older adults throughout the ageing process. This includes measures to support their care networks.
- A growing public/regulated and private consumer market of interoperable and scalable AAL systems to support active, healthy and independent living.
- More European/international collaboration, including between end-users, industry and other stakeholders who participate in the value chain.
- Savings for the social/care system, with older people being supported to live independently in their homes for longer, also through the help of family and community care networks, thus reducing the need for formal (paid-for) care and delaying the move to institutionalised care.

6. EVALUATION PROCEDURE AND FUNDING ALLOCATION

All eligible proposals will be evaluated and scored by a panel of independent experts (from business, end-users, ICT organisations) to establish a ranking list. Only proposals scoring above the required threshold will be considered for funding from the AAL Programme. Funding contracts for individual project partners will be concluded with the relevant national funding authority. More details on the evaluation criteria for the two types of collaborative projects and the selection process can be found in the 'Guide for Applicants'.

7. BASIC INFORMATION ON AAL CALL 2019

The AAL Call 2019 is open to Small Collaborative Projects as well as to Collaborative Projects with different objectives, characteristics, requirements, templates and evaluation criteria. However, the Call will have one closing date.

Note**:** Some of the funding agencies participating in the call may not fund Small Collaborative Projects. Please also refer to the document, 'National Eligibility Criteria'.

- Date of publication: 4 February 2019.
- Closure date: 24 May 2019 at 17:00 hours Central European Time (CET).
- Indicative total funding: €**27,725,400** [12]

This amount includes a contribution of up to €12,815,400   by the European Commission.

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

Evaluation scores will sum up to the same maximum score for both types of projects, which will lead to one combined list of selected proposals. Approval of the list of selected proposals by the AAL General Assembly is expected for the beginning of October 2019.

8. GUIDE FOR APPLICANTS

Please always consult the latest version of the 'Guide for Applicants' for detailed information on:

- How to submit a proposal
- Application prerequisites
- 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 (https://ems.aal-europe.eu) before the end of April 2019.

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[12] See the last chapter for an overview of the AAL Partner States participation.

9. AAL PARTNER STATES PARTICIPATION

AAL Partner State	Commitments for Call 2019	Funding collaborative projects	Funding small collaborative projects
Austria	2,000,000 €	yes	yes
Belgium – Innoviris	500,000 €	yes	yes
Belgium – Flanders Innov. & Entrepr. Agency	2,000,000 €	yes	yes
Cyprus	400,000 €	yes	no
Denmark *	450,000 €	no	Yes (only)
Hungary	500,000 €	yes	no
Italy (MIUR)	535,000 €	yes	no
Italy (MoH)	1,000,000 €	yes	yes****
Italy (Friuli Venezia Giulia)	200,000 €	yes	yes
Luxembourg FNR	325,000 €	yes	no
Luxembourg Luxinnovation	325,000 €	yes	no
Netherlands	1,350,000 €	yes	yes
Norway	400,000 €	yes	yes
Poland	500,000 €	yes	no
Portugal	500,000 €	yes	yes****
Romania	1,000,000 €	yes	yes
Slovenia	200,000 €	yes	no
Spain (ISCIII)	650,000 €	yes	yes****
Spain (Biscay province)	300,000 €	yes	no
Switzerland	1,775,000 €	yes	no
Total eligible for EC Contribution	**14.910,000 €**		
Canada**	231,779 €	yes	no
Total commitment by AAL Partner States	**€ 15,141,779 €**		
Expected EC contribution for AAL Call 2019***	12,815,400 €		
Expected total funding commitment	**27,725,400 €**		

* Awaiting official confirmation of informal commitment in February 2018
** Indicative amount (CAD $353,000), not subject to EC co-funding (Euro Foreign Exchange Reference Rate 7/12/2018 – 1€ = 1.5230 CA$ (ECB))
*** Pending EC final approval subject to final member commitments
**** Applicants for a SCP from this country should be aware that their respective national funding authority cannot provide a time to grant shorter than the ordinary one used for the collaborative projects

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