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AAL Call 2020

**HEALTHY  
AGEING WITH  
THE SUPPORT OF  
DIGITAL  
SOLUTIONS**

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# AAL CALL 2020

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The AAL Call 2020 is promoting a **life course approach** to health and wellbeing. In addition to a focus on older adults, proposals could consider the **applicability** of the proposed solutions **to other population groups where appropriate**, for example the transition phase from a working life to retirement

Proposed solutions should **meet the needs of end-users**, be **integrated into service delivery models** or in the end-user's **local/regional network** and support and strengthen existing and emerging **ecosystems** supporting healthy ageing.

Quality of life concepts such as '**positive health**' or '**healthy ageing**' should be used as guiding principles in the development of the solutions.

# TAALXONOMY

## 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**.



### 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.



### 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.



### 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**.



### 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**.



### 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.



### 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.



### 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)



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# **Different markets require different approaches**

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# AAL MARKETS (1)

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Call 2020 looks for solutions aiming at “**PRIVATE CONSUMER MARKETS**” with aspects such as sustained well-being, maintaining one’s lifestyle, staying independent (e.g. at home), continued employment.

**Buyers:** mainly older adults, families, social networks.



# AAL MARKETS (2)

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Call 2020 looks for solutions aiming at “**INSTITUTIONAL MARKETS**” such as health and care, social care, and housing.

**Buyers:** mainly secondary / tertiary end-user groups (care organisations, municipalities, ...)

- Solutions are provided as **part** of a more complex **service offer**
- Requirement for **proven evidence** about the effects and (cost)effectiveness of ICT-based solutions before adopting them fully.
- Solutions have to fit into the **vision and strategy** of the involved organisations.



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# What kind of projects can be funded?

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# PROJECTS

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In Call 2020 two types of projects can be funded:

- ***SMALL collaborative projects (SCP)***
- ***Collaborative projects (CP)***





# SMALL COLLABORATIVE PROJECTS (1)

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- Intended to be **quicker**
- More **agile** regarding submission **process**, grant signature and reporting
- Duration of minimum **6 months** and maximum **9 months**
- Maximum funding of **€ 300.000**

They **can** result in well-substantiated **ideas or proposals** for AAL solutions to be submitted in a later AAL Call (or elsewhere) – *not mandatory*



# SMALL COLLABORATIVE PROJECTS (2)

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- Aim at **exploring** new ideas, concepts and approaches
- Propose **proofs of concept** for further development of innovative ICT solutions
- Rapidly **evaluate the business potential** of available/new AAL products and services



# **SMALL COLLABORATIVE PROJECTS (3)**

Intense **collaboration with end-users** at an **early stage**:

- Thoroughly **investigate wishes and needs** for appealing solutions
- **Explore** novel /improved **approaches** for involving all types of end users
- **Validate benefits** for end-users and for end-user organisations, enhancing the latter's own processes
- **Explore** ways for **opening up the market** for ICT based solutions for older adults
- **Assess** the project concept in relation to **market potential**



# COLLABORATIVE PROJECTS (1)

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- User-driven through **co-creation**
- Address a **specified challenge**
- **Route to market** needs to be **clearly described and aligned** with the **business strategies** of the partners responsible for commercialisation
- Short **time-to-market** introduction  $\leq$  max. 2 years after project end
- Technology readiness levels **5-8**
  
- Duration of **12 to 30 months**
- Maximum funding of **€2.500.000.**



# COLLABORATIVE PROJECTS (2)

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- Aim is to **develop, test, validate, scale up** and integrate into service delivery models, ICT solutions for ageing well and to
- Contribute to the **creation/strengthening/connection of ecosystems with specific tasks** dedicated to this aim. Activities such as (but not limited to) **outreach, networking and engagement** with key stakeholders (regional/national authorities), sharing of **best practices** among ecosystems, **connection** of players, etc. should be foreseen



# COLLABORATIVE PROJECTS (3)

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- **Strong involvement of end users** - especially secondary and tertiary – and relevant stakeholders in shaping solutions and creating markets
- Requirement analyses: **building on knowledge that is already available.** If further requirement analyses are needed, this has to be duly justified.
- Strong **business and market orientation** (validate, sell, launch) & involvement of business partners ( $\geq 50\%$ )



# CP'S: TYPE OF MARKET

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Depending on the **type of market** the proposed solutions need to respond to **different requirements**.

- *Solutions targeting the PRIVATE CONSUMER MARKET(S)*
- *Solutions targeting the INSTITUTIONAL MARKETS*



# PRIVATE CONSUMER MARKETS

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- ICT-based solutions to support older adults by addressing issues such as **wellbeing, lifestyle, comfort or digital and health literacy** aspects
- **Clearly described route to market** and an **identified leader for commercialization** (SMEs, large industry, or end-users' organisations, acting as business partner)
- **Evidence:** iterative testing and evaluation of added value and among others, willingness to pay by consumers





# INSTITUTIONAL MARKETS

- ICT-based solutions that can be **integrated in the strategies of user organisations, service providers and business partners**
- The **ecosystem** in which the solution will be implemented has to be **properly described** and **at least one signed declaration of intent from relevant stakeholders must be provided at submission level**
- **Evidence** about the effects and cost-effectiveness: iterative testing and substantial evaluations in **min. 2 countries with significant # of users**
- Secondary end-user organisations: able to **integrate the solutions in their policies, service offers, work processes, reimbursement systems etc.**



# EXPECTED IMPACT (CP's)

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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
- **reliability and security** of solutions
- **financial viability**, with positive business cases for potential payers.

# EXPECTED IMPACT (CP) / **QUALITY OF LIFE**

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## OLDER ADULTS

- Living a **healthy, active and meaningful** life.
- Living **independently and safely** for longer **at home** (keeping decision/control of their daily activities) **with support** from their **carers** and **community**.
- Living in **dignity** and be **socially included**.

## INFORMAL and/or PROFESSIONAL CARERS (if relevant)

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



# EXPECTED IMPACT (CPs) / MARKET

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- A **greater 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 end-users, industry and other stakeholders in the value chain.
- **Better use of all resources 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.

# PARTICIPATING COUNTRIES/AGENCIES

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- **Austria**
- **Belgium**
  - Brussels' region – Innoviris
  - Flanders' region – VLAIO
- **Canada**
- **Cyprus**
- **Denmark**
- **Hungary**
- **Italy**
  - Ministry of Health (MoH)
  - Ministry of Education, Universities and Research (MIUR)
  - Friuli Venezia Giulia Region
- **Luxembourg**
  - FNR
  - LUXINNOVATION
- **Norway**
- **Poland**
- **Portugal**
- **Romania**
- **Slovenia**
- **Spain**
  - ISCIII
- **Switzerland**
- **Taiwan**
- **The Netherlands**



# THE AAL CALL - DATES

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- **30 January** Central Info Day
- **3 February** Publication of the Call
- **7 February** Submission platform open
- **22 May 17h00 CET** Deadline for submission – Call closed

# SUBMISSION

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## IMPORTANT!

- Submission is done via the **AAL EMS platform**
- Read carefully the **Call text, Guide for Applicants and National Eligibility Criteria Documents**
- Relevant **National Contact Persons** should **be contacted** for potential submission at national level before the deadline
- **Do not wait until the last minute** to submit your proposal !

For more information, contact us at:

[call@aal-Europe.eu](mailto:call@aal-Europe.eu) or visit our website [www.aal-europe.eu](http://www.aal-europe.eu)



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**Thank you for your attention!**

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