Active and Assisted Living Programme

Challenge-Led Call for Proposals
AAL 2016

LIVING WELL WITH DEMENTIA

Providing integrated solutions based on ICT to support the wellbeing of people living with dementia and their communities

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AAL 2016

"Living well with dementia"

Providing integrated solutions based on ICT to support the wellbeing of people living with dementia and their communities

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 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[2]. 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 at introducing their solution to the market within a maximum of 2-3 years after finalisation of the project.

The first phase of the AAL Programme already funded 150 thematic projects in 6 calls since 2008[3]. 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)[4].

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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] The proposals are strongly encouraged to check the list of project in http://www.aal-europe.eu/our-projects/

[4] http://ec.europa.eu/programmes/horizon2020/en/h2020-section/health-demographic-change-and-wellbeing

Rationale

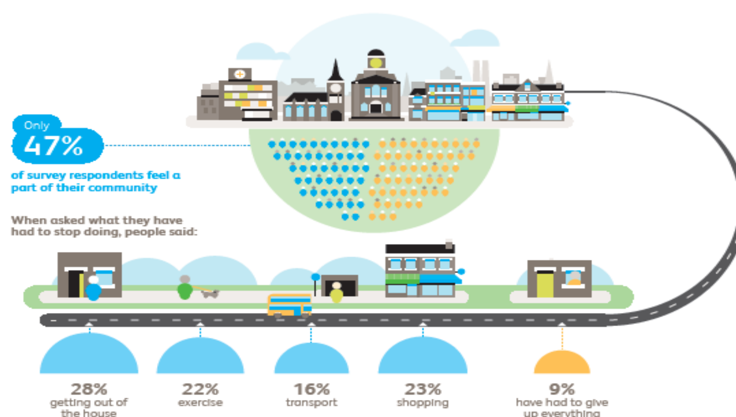
People with dementia are confronted with a syndrome that increasingly affects their memory, thinking, behaviour and ability to perform everyday activities. The average duration of dementia is between 2 and 10 years and ranges from mild cognitive impairments (MCI) to severe dementia. Dementia is overwhelming not only for the people who have it, but also for their caregivers and families and impacts them physically, psychologically and economically.

Dementia is strongly linked with age. Worldwide the number of people living with dementia is currently estimated at 47.5 million. This number will triple by 2050[5]. In Europe different forms of dementia are affecting more than 8.7 million people (1.55% of the population)[6] and this figure is expected to double every 20 years as the population ages. It currently costs approximately €130 billion per annum to care for people with dementia across Europe[7]. Existing treatments for neurodegenerative diseases are very limited and only treat the symptoms, rather than addressing the cause. In addition, no new drug treatment for Alzheimer's disease has been approved in the past five years. This means that care and support to increasing numbers of people who have MCI/dementia, their carers and communities will be needed in the coming years.

<u>Living with dementia</u>

Research shows that most people with dementia live at home (70%)[8], with many (30%) of these people living alone[9]. Only 40% is diagnosed. The reason for moving to a nursing home is mostly the overburdening or absence of a carer. In average the informal carer is 65 years old, 70% of them is female.

The 5 most important challenges as experienced by people with dementia are: lack of confidence (69%), fear of getting confused (68%), and of getting lost (60%), mobility problems (59%) and physical health problems (59%). The graphic below provides an impression of the activities people with dementia have to give up.



[5] WHO, *10 facts on dementia*, March 2015, http://www.who.int/features/factfiles/dementia/en/
[6] Alzheimer Europe, http://www.alzheimer-europe.org/Policy-in-Practice2/Country-comparisons
[7] JPI on Neurogenerative Diseases http://www.neurodegenerationresearch.eu/about/why/
[8] Alzheimer Netherlands, 2015
[9] www.alzheimer.co.uk, 2014

The five most pressing problems for informal carers are: coping with behavioural and mood changes, overburdening, resistance to admission in a nursing home, feeling that something is not right but not knowing where to go for help, bad communication with professional caregivers.

Potential of ICT

ICT/smart technologies offer enormous potential to support not only people with dementia to live well, but also their families, informal carers and professional carers. Furthermore it can facilitate engagement of the community in creating dementia friendly environments, as well as those that interact with people with dementia. ICT can also play an important role in prevention, detection, intervention and (self-)management:

- For people in early stages of dementia ICT/smart technologies can help them live with early (signs of) dementia by stimulating enjoyable and meaningful activities, compensating for loss of abilities, supporting memory and cognition and reducing isolation and depression.
- For people with dementia in the middle stage of dementia ICT/smart technologies can help improve their safety inside/outside of the home, orientation/navigation outside the house, provide extended support for more severe memory loss, fall prevention/alarms, sustaining day and night rhythms.
- For people with severe dementia ICT/smart technologies can support stimulation and active engagement, communication with others and help those with motoric and other physical limitations.
- For informal carers - often older adults themselves - ICT/smart technologies can help them to reduce the stress and care burden and to build resilience, for example with: information about the condition, safety of and remote communication with the person with dementia, sharing care and responsibilities, psychological/emotional support by peers and/or professionals, access to support networks and education and training.
- For professional carers ICT/smart technologies can: increase the effectiveness and efficiency of care; enhance communication and coordination of care between professionals and informal carers; improve working conditions, education and training, etc.
- For facilitating a dementia friendly environment ICT/smart technologies can help to inform, train and lead people in the community who provide services to or get in contact with people with dementia.

It is crucial that AAL solutions are user friendly, accessible, affordable and widely available on the market.
Besides the potential savings and benefits for the public sector, ICT solutions supporting people with dementia also offer opportunities for the private sector and for economic growth in Europe.

Call challenge

The focus of the 2016 Call Challenge of the AAL Programme is to fund ICT based innovative, transnational and multi-disciplinary collaborative projects with **a clear route to market** that

support people with dementia and their carers to live in dignity and provide satisfaction through all stages of dementia, with support of the community.

A key priority underlying this challenge will be to **bring together technologies and services** to create ICT based solutions with a clear route to market addressing the aspirations and challenges that will enable the wellbeing of people with dementia and their communities (family, caregivers, neighbourhood, service providers, care system, etc.). The proposals should include a user-centred approach as well as pilots with a considerable number of end-users involved in order to demonstrate the benefits and added-value necessary to make a significant impact on the market.

Expected Impact

Expected impact on quality of life

ICT-based solutions in this call challenge are expected to sustain or improve the capacity of people with dementia for:

- Living an active and meaningful life (social participation and wellbeing).
- 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 during all stages of dementia.

The ICT-based solutions should support informal and professional carers to:

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

Expected impact on the market

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

- A large(r) use of ICT/technology for people with dementia and their supporting community.
- A growing public and consumer market of interoperable and scalable AAL services and products to support active, independent and dignified living for people with dementia throughout all stages.
- More European collaboration, including end-users, industry and other stakeholders in the value chain.
- Savings for the social/care system as people with dementia live in their homes for longer, thus delaying the move to institutionalized care.

Applicants must outline the key indicators to measure the impact of the ICT-based solution 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 2016

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

1. END-USERS[10]

- A considerable number of all relevant types of end-users should 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 should adopt a holistic, inclusive and user centred approach, in their aims as well as their organisation and expertise. Focus should 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.

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.

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[10] **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.

- A clear competitive analysis of the proposed solution should be provided together with a business plan including a viable business model[11], 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 should also be a clear indication as to which member(s) (team) 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 should include a user-centred approach throughout the project.
- The field trials/pilots should include a considerable number of end-users and a reasonable time period 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 pilot should not take longer than 1 year after the start of the project. The field trials should start after maximum 1 year.
- Pilots/field trials must be organised in at least 2 countries.
- Proposals must consider the national ethical-legal frameworks[12] of relevant countries, stakeholders and EU/UN for the proposed AAL solution.
- Proposals must describe how to deal with ethical aspects related to involving people with dementia in the project.
- Proposals should have a European 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 authority. More details on the evaluation criteria and selection process can be found in the Guide for Applicants.

Basic Information on Call AAL 2016

- Date of publication: 26 February 2016.

[11] For more information see Guide for Applicants
[12] For more information see Guide for Applicants

- Closure date: 26 May 2016, 17h00 Central European Time (CET).
- Indicative total funding: 30,713,000 €[13].

This amount includes a contribution of up to 13,949,000 € by the European Commission.

Consortia 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 September 2016.

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 in each project is expected to be 50% or more (in person months).
- Project total budget: up to 5 M€.
- Maximum funding from the AAL Programme: 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.
- Duration of the project: 12 – 36 months.
- Adherence to the specifications for structure and technical details (e.g. page count) of the proposal submission.

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

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 (NCP) prior to submission of a proposal (list of NCPs and contact data can be found on the AAL Programme website 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[14]. Such organisations may be associated to 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.
- The application pre-requisites.
- The evaluation criteria.
- The selection processes.
- The 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.

The applicants are encouraged to register in the AAL proposal submission website (http://proposals.aal-europe.eu) before end-April 2016.

[14] 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, Latvia, Lithuania, Malta, Slovakia and Sweden.

AAL Partner States Participation

AAL Partner State	Commitments for Call 2016
Austria	2,000,000 €
Belgium – Innoviris	600,000 €
Belgium – Wallonia	300,000 €
Belgium – IWT	2,000,000 €
Cyprus	400,000 €
Hungary	500,000 €
Ireland	500,000 €
Italy (MIUR)	524,000 €
Italy (MoH) +	1000,000 €
Luxembourg FNR	325,000 €
Luxembourg Luxinnovation	325,000 €
Netherlands	1,350,000 €
Norway	625,000 €
Poland	500,000 €
Romania	1,000,000 €
Portugal ++	1,000,000 €
Slovenia	200,000 €
Spain (ISCIII) ++	500,000 €
Spain (Biscay province) +	300,000 €
Total eligible for EC Contribution	**13,949,000 €**
Canada +++	580,000 €
Switzerland*	2,000,000 €
Total commitment by AAL Partner States	16,529,000 €

Switzerland federal top-up*	1,800,000 €
Total commitment by AAL Partner States + Swiss federal	18,329,000 €
Expected EC contribution for AAL Call 2016	12,384,000 €
Expected total funding commitment	30,713,000 €

[*] *As partly associated to Horizon 2020, Switzerland is not eligible to receive AAL co-funding from the EU. The Swiss national funding body will therefore augment the national funding amount indicated above by the co-funding percentage granted to this AAL call by the European Commission.*

[+] *Administrative procedures being finalised.*

[++] *Commitment to be officially confirmed.*

[+++] *Indicative amount (CAD $353,000 + 250,000 €)*

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