

Opinion of the European Economic and Social Committee on the Proposal for a decision of the European Parliament and of the Council on the participation by the Community in a research and development programme aimed at enhancing the quality of life of older people through the use of new Information and Communication Technologies (ICT), undertaken by several Member States

COM(2007) 329 final — 2007/0116 (COD)

(2008/C 224/02)

On 10 July 2007 the Council decided to consult the European Economic and Social Committee, under Articles 169 and 172 of the Treaty establishing the European Community, on the

Proposal for a decision of the European Parliament and of the Council on the participation by the Community in a research and development programme aimed at enhancing the quality of life of older people through the use of new Information and Communication Technologies (ICT), undertaken by several Member States

The Section for the Single Market, Production and Consumption, which was responsible for preparing the Committee's work on the subject, adopted its opinion on 6 May 2008. The rapporteur was Ms Darmanin.

At its 445th plenary session, held on 28 and 29 May 2008 (meeting of 29 May), the European Economic and Social Committee adopted the following opinion by a unanimous vote.

1. Conclusions and recommendations

1.1 The EESC welcomes the proposal of the Commission aimed at enhancing the quality of life of older people through the use of new Information and Communication Technologies. AAL can be one of the tools which will effectively and primarily ensure the quality of life not only of older people but of any person who is currently precluded from being able to stay at his/her residence due to health issues.

1.2 The EESC firmly believes that the approach taken to such research and development in the field of ICT should first and foremost ensure that the needs of the beneficiaries are truly understood, addressed and met. The approach should therefore be a 'bottom up' approach where primarily the needs of the users are known and subsequently research and development is carried out accordingly.

1.3 The EESC believes that one of the important stakeholder in AAL is the person who shall ultimately be benefiting of this technology. Hence it is not only important to understand the needs of such people but also prepare these people in the use of such a technology and involve them in the design and testing of the technology.

1.3.1 It is also for this reason that the EESC considers EU policies related to Life Long Learning and eInclusion as being important. To this effect the Committee believes that the Commission should also take an integrated approach between AAL and such policies.

1.4 The EESC considers that first and foremost one views this programme as a very 'Human' programme rather than another R&D programme. This is truly a research programme but it is addressing social circumstances very often encountered at a delicate stage in life.

1.5 As delineated further hereunder, the EESC believes that the four core areas to be addressed concurrently under the AAL programme are: the User needs; User safety; the Health and Social Organisations (together with associations who represent professionals in these sectors); and the Technology to be used.

1.6 The EESC emphasises that due account should be taken of ethical and privacy issues in line with international guidelines. Hence commends the recognition of such issues within the Commission's proposal.

2. Gist of the Commission proposal

2.1 The proposal of the Commission has the specific aim of:

- Fostering the emergence of innovative ICT-based products and services for ageing well, thus increasing the quality of life of elderly people and reducing the costs of health and social care.
- Improving conditions for industrial exploitation by providing a coherent European framework to develop common approaches, facilitate localisation and reduce the cost of services.
- Creating and leveraging a critical mass of research, development and innovation at EU level in technologies and services in the field of ageing.

2.2 This proposal follows the Commission's launch of an Action Plan on ageing well in the information society. This action plan is seen as a key component in addressing the social and economic challenges being faced by Europe due to demographic changes. It is envisaged that Europe's population between the ages of 65 to 80 will increase by nearly 40 % between 2010 and 2030 ⁽¹⁾. ICT is seen as a means to improve quality life at this age, increase independence and staying healthier.

⁽¹⁾ COM(2007) 329 final.

2.3 The Commission aims at launching a 6 year programme, Ambient Assisted Living (AAL) which complements the ICT for Ageing under FP7 and also the Competitiveness and Innovation Programme (CIP). The AAL programme shall receive funds amounting to about EUR 300 million for the period 2008-2013, these funds are made up equally from Community and Member-State funds.

2.4 The legal framework on which the AAL programme is based is Article 169 of the Treaty. Article 169 enables the European Community to participate in research programmes undertaken jointly by several Member States, including participation in the structures created for the execution of national programmes. This specific legal framework has been selected for the AAL programme in order to achieve greater effectiveness in this research area through maximisation of cross border expertise; commitment from Member States in part financing this research; ensuring a coherent approach to the issue on a European level; ensuring genuinely in the internal market for interoperable ICT solutions for the ageing.

3. Background to the Commission proposal

3.1 A previous article 169 initiative, quoted by the Commission proposal as clinical trials in Africa EDCTP (European and Developing Countries Clinical Trials Partnership), has highlighted the importance of clear commitment from participating Member States in multi-annual financing of the project. The AAL programme in fact intends to have a 50-50 contribution from EU funds and national funds in the programme.

3.2 The preparatory work for this programme has been carried out through a Specific Support Action project 'Ambient Assisted Living' under the IST (Information Society Technologies) priority within the FP6 carried out in the period between 1 September 2004 and 31 December 2006. The consortium was composed of partners from the following Member States: Austria, Germany, France, Finland, Italy, Belgium and Switzerland. Partners came from the private sector, the public sector and a University.

3.3 The legal body of the AAL Joint Programme is the AAL Association. This association is currently made up of 21 Member States representatives. Being a bottom up driven programme a number of contact points have been appointed in the Member States pertaining to the Association.

4. General Comments

4.1 The EESC welcomes this AAL initiative under Article 169. In particular we recognise that the initiative takes full cognisance of the underlying demographic trends for the European citizens.

4.1.1 The EESC considers that in order to improve the economic, social and territorial cohesion of the Member States

which do not have enough infrastructure for executing the present proposal, the adoption of 'specific measures' such as those which can be found in the article 159 of the EU Treaty, would be necessary to correct the main regional imbalances within the European Union.

4.2 The EESC believes that the initiative should be viewed as more than an opportunity to build pilot systems whose purpose is to demonstrate proof of concept. It is very important that this opportunity should bring together the broad range of stakeholders that are required to be involved for the impact of this initiative to endure.

4.2.1 The main stakeholders are the ultimate beneficiaries of AAL. AAL is primarily intended at prolonging the independence of ageing people and also ensuring that this category within the population may live at home for as long a period as possible. One should bear in mind that this is not only limited to the ageing sector but also any individual who currently is impaired from residing at his/her premises independently due to health reasons. This initiative has to ensure that the needs and the exigencies of these stakeholders are truly at the heart of research.

4.3 Another important stakeholder is the health and welfare organisations. This initiative must take cognisance of their organisational needs. The EESC recommends that these organisations have opportunities to highlight issues such as integration and interoperability of systems to other project stakeholders so as to be successful.

4.4 It is highly recommended that the users of the systems that will be developed under this initiative be involved as key stakeholders in the work from the initial stages. The EESC recommends that consortia subscribe, where possible, to user-centred methods such as participative design for their development methodology, in particular to promote strong usability of devices and user interfaces. The Committee also commends the recognition that due account will be taken of ethical and privacy issues in line with international guidelines.

4.5 The EESC recognises the commitment provided to SMEs in the draft proposal, and supports the recognition of industrial organisations as key stakeholders that can support innovative, market-orientated business models that demonstrate inbuilt, clear pathways to exploitation. In particular, we commend the recognition that SMEs can contribute in particular to research that has a shorter time to markets (2+ years).

4.5.1 We encourage the recognition that SMEs are sometimes technologically agile and offer the potential to bring new technologies and business models into the market at times at a faster rate than larger companies or health and welfare organisations. This feature of SMEs is particularly resonant in this initiative. Consequently the concerted partnership between large organisations and SMEs stands to the benefit of the both.

4.6 AAL is based on the premise of supporting people to live at home for longer. To achieve this goal, there is a broad range of sensors, actuators, user interfaces, processors and communication equipment that are required, and frequently can only be provided by many different European SMEs.

4.7 Across all of these groups of stakeholders, we support measures in this initiative that encourage multidisciplinary networking between technologists, clinicians and other health and welfare organisations' staff and in particular with users, both home dwellers and their local carers and loved ones.

4.8 In the context of a European Innovation System, this initiative has the opportunity to adopt new models of innovation that reflect current progress in open and user innovation that drive progress towards connecting the Lisbon Strategy to a new and more user-driven European Innovation System.

4.9 The EESC affirms it is important that there is equal access by all types of organisations in all Member States to this initiative.

4.10 Furthermore, all national governments should be encouraged to participate. Currently Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Hungary, Ireland, Italy, the Netherlands, Poland, Portugal, Romania, Slovenia, Spain and Sweden as well as Israel, Norway and Switzerland have agreed to co-ordinate joint activities to contribute to the AAL programme.

4.11 The EESC is concerned that some countries are not participating due to the cost of co-financing the research. Such countries ought to be able to participate at any stage of the programme once they meet the programme requirements (predominantly the co-financing).

4.12 The EESC recognises that AAL can bring about a reduction in the cost of the social care system. However it reiterates that the scope of AAL is not cost reduction but the effectiveness in ensuring quality of life for a category of citizens. The cost reduction is a gladly accepted consequence.

5. Specific Comments

5.1 The EESC firmly believes that the AAL programme should keep in focus the specificities of the following three sectors: the User; the Health Organisations; and the Technology used.

5.2 The beneficiary and major stakeholders at times shall be the elderly. It is paramount that the Programme keeps in focus the needs of the ultimate users. Falling into the trap that the Users should only be used in research environments so as to test the research will unfortunately create innovation that may

not really suit the requirements of the main beneficiary. For this reason the needs of the Users should be kept in mind, such needs include: minimal behavioural change, mobility, choice, improved quality of life and respect for one's privacy.

5.3 One should bear in mind also that the elderly are possibly the category of the population who suffers from eExclusion and therefore the digital divide requires to be overcome. Furthermore connectivity is essential and therefore efforts should be made so as all regions, particularly the more rural ones have access to Internet connectivity (access in both physical and financial terms).

5.3.1 In essence it is essential that:

- Technology does not replace face to face contact with the carer or health provider
- The focus is preventive care, and self care
- Social inclusion is one of the main aims
- AAL should be integrated in one's way of living and together with other services
- Given the specific circumstances of the user, the technology employed should be safe and user friendly.

5.3.2 Hence the EESC firmly believes that the approach taken within AAL should be a bottom up approach. The focus and initiation of the whole process ought to be the needs of the users rather than the technology in itself. A clear study should be conducted in order to identify the whole spectrum of needs, some of which can be identified as: the need to be in touch with people particularly at a growing age (to this effect VOIPs such as SKYPE and email have proved to be effective and cheap tools); the lack of interest to update with the fast growing technological change; the ability to manage technological change; the readiness to use such technology. Furthermore the Users should be involved in the creation, implementation and evaluation of such technologies.

5.4 Health and Welfare organisations, their representatives, and the families of the Users, are ultimately the ones who shall be using the technology in order to provide care to the beneficiaries. It is essential that such organisations are involved in the various stages of the research in order to ensure that the resulting product fits into the operating system of such organisations. One may anticipate that organisational changes shall be required to be undertaken so as to implement new technologies for AAL, hence it is imperative that welfare organisations are ready for such changes and will undergo them in the smoothest manner so as to maximise the potential of technologies for AAL.

5.4.1 The Carer is truly an important factor in the whole welfare process even within AAL. Hence a paradigm shift should be aimed not only at the organisation level but also at a Carer level in order to ensure that the person who is having the direct contact with the person requiring AAL will not only be proficient in such technology but truly believes in the use of such technology so as to also further inspire the confidence of the person in such tools as a better means to quality of life.

5.4.2 The EESC also considers that the health system should be thoroughly scrutinised in order to ensure that not only there is organisational readiness for AAL but that Health and Social Care organisations can actually cope with having more people at home.

5.4.3 Furthermore with the adoption of AAL it is even more crucial that the cooperation and coordination between Health

organisations and Social organisations is improved. There again technology can be a tool to improve such cooperation however more crucial is the mindset of the need and will to cooperate.

5.5 It is envisaged that AAL systems shall be complex, therefore interoperability should be one of the key objectives within this programme. The innovation and technology should be wide scaled, customised, integrated and proactive.

5.6 The EESC believes that the Commission should also adopt an integrated approach to AAL and policies such as Life Long Learning. In fact, training under such policies, in particular, should also be targeted at the stakeholders of the AAL programme as training is an integral part of the success of such technology.

Brussels, 29 May 2008.

The President
of the European Economic and Social Committee
Dimitris DIMITRIADIS

Opinion of the European Economic and Social Committee on the Proposal for a directive of the European Parliament and of the Council on the taking-up and pursuit of the business of Insurance and Reinsurance SOLVENCY II

COM(2007) 361 final — 2007/0143 (COD)

(2008/C 224/03)

On 31 October 2007 the Council decided to consult the European Economic and Social Committee, under Articles 47(2) and 251 of the Treaty establishing the European Community, on the

Proposal for a directive of the European Parliament and of the Council on the taking-up and pursuit of the business of Insurance and Reinsurance — SOLVENCY II ()*

The Section for the Single Market, Production and Consumption, which was responsible for preparing the Committee's work on the subject, adopted its opinion on 6 May 2008. The rapporteur was Mr Robyns de Schneidauer.

At its 445th plenary session, held on 28 and 29 May 2008 (meeting of 29 May), the European Economic and Social Committee adopted the following opinion by 67 votes, with one abstention.

1. Recommendations

1.1 The EESC commends the Commission for the disciplined recast of many complex directives in one clear document while taking into account the rules governing the recast parts of the work. Since the EU legislative framework should not only focus on prudential policy, which deals with the part capital plays in providing insurance services that are important to the business and citizens of Europe in many other regards, the EESC

preserves its right to express its views about new features with regard to the relation between consumers and (re)insurers in due course, more specifically within the framework of the Commission's recent initiatives regarding retail financial services.

(*) The proposal was later amended to become COM(2008) 119 final. In this opinion the numbering of the articles in the Directive relates to this, the most recent version of the proposal for a Directive.

The EESC calls on the Commission to further pursue the harmonisation of legal aspects of the relationship between policyholder and insurer, as is currently being examined in the