

RSCN

REFERENCE SITE COLLABORATIVE NETWORK

4th Call for AHA Reference Sites Awards Ceremony

10 October 2022



Room 0A
Albert Borchette
Conference Center
Rue Froissart 36
Brussels

AGENDA

- 9:30 - Welcome
- 9:45 – European Insights
- 10:30 – Coffee/Tea & Networking
- 11:00 – Presentations on selected European funded projects
- 12:00 – Presentation of selected Good Practices
- 12:45 – Lunch & Networking
- 14:15 – Policy Panel Discussion
- 15:00 – Awards Ceremony
- 16:00 – Concluding Remarks, Announcements, Close

Welcome

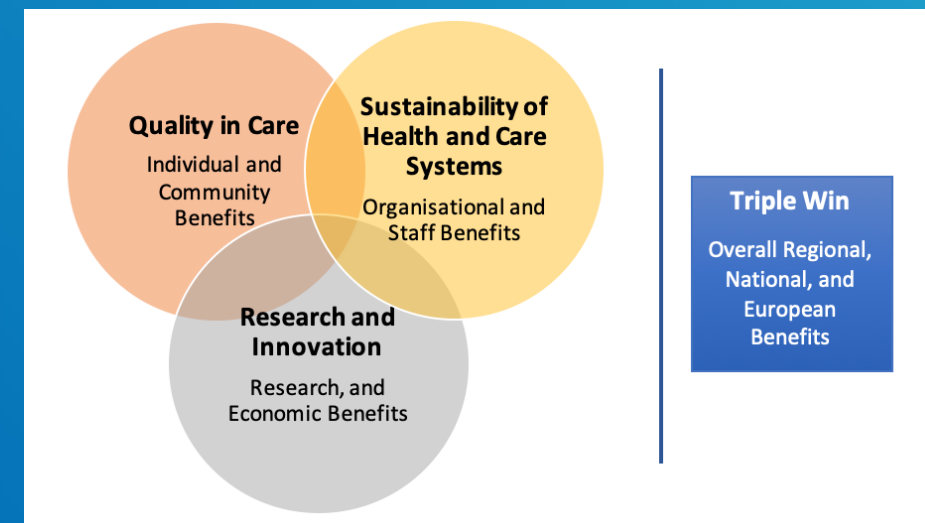


Maddalena Illario
RSCN – Chair and
Coordinator of Campania AHA Reference Site

VISION

Promoting and Facilitating the implementation and Scaling-Up of Innovation and Digital Solutions to address the life-course approach to active and healthy ageing

- ❖ Stakeholder-driven, dynamic initiative
- ❖ Fostering innovation in local ecosystem
- ❖ Valorizing the work done in each region



RSCN Mission

The RSCN aims to support AHA Reference Sites in Europe, and beyond, to:

- Promote all **actions** of AHA within a “whole life course”
- Accelerate the **deployment** of major innovations which will improve health, wellbeing, and care outcomes
- Develop **new business models** for innovative services
- Create growth opportunities through **new skills & new jobs**



RSCN Aims

- a) **Promote** a life-course approach applied to **specific targets and settings**
- b) **Accelerate** the scaling-up and deployment of major innovations and digital health and care solutions that are **tailored** to our Reference Sites

By bringing together all accredited AHA Reference Sites into a single network we:

- facilitate the sharing of knowledge and expertise;
- create opportunities for collaboration to address **common** health and care **challenges**;
- facilitate AHA Reference Site regions in the development and implementation of regional health and care **transformation programmes**;
- generate **connections** with European and International forums to promote a life-course approach to active and healthy ageing.

4th Call for AHA Reference Sites: an overview

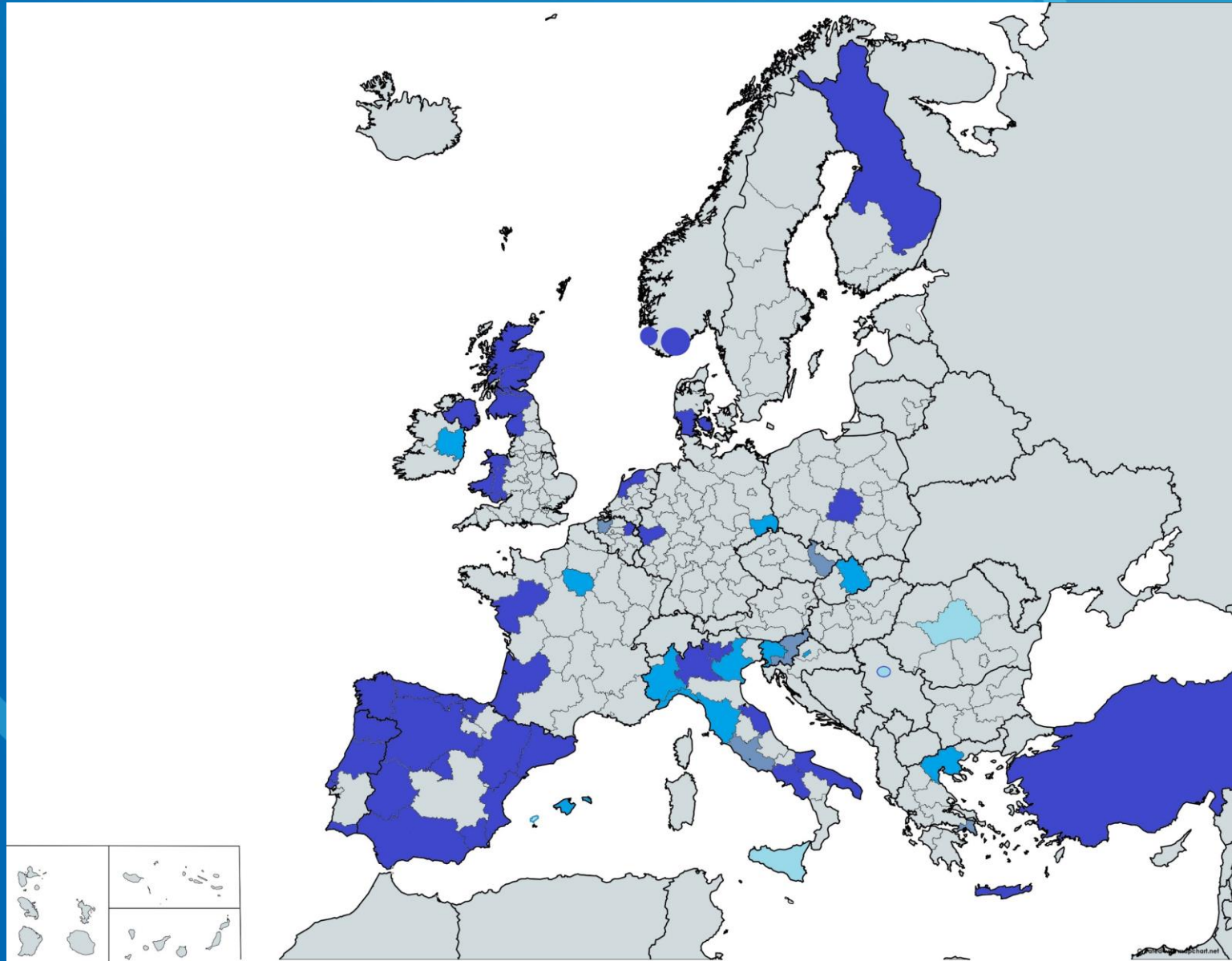
The objective of the 4th Call was to develop **high quality** AHA Reference Sites that can make a sustainable impact in addressing a life-course approach to active and healthy ageing in their region

Two Phases to the application:

- ❖ **Phase 1** – demonstration of evidence against the defined criteria for becoming an AHA Reference Site region
- ❖ **Phase 2** – maturity self-assessment using an adapted version of the Scirocco tool for AHA Reference Sites to facilitate regions in developing and strengthening the AHA Reference Site

65 regions are now accredited as AHA Reference Sites

RS Distribution in EU



Our Approach to Innovation

Health need

Environmental
context

Digital
Infrastructure

MULTIDIMENSIONAL INTERVENTIONS FOR LIFE-
COURSE HEALTH AND WELLBEING

ENGAGEMENT OF STAKEHOLDERS AT LOCAL,
NATIONAL AND INTERNATIONAL LEVELS

RSCN Outreach

Nigeria, Malawi, Uganda, Kenya



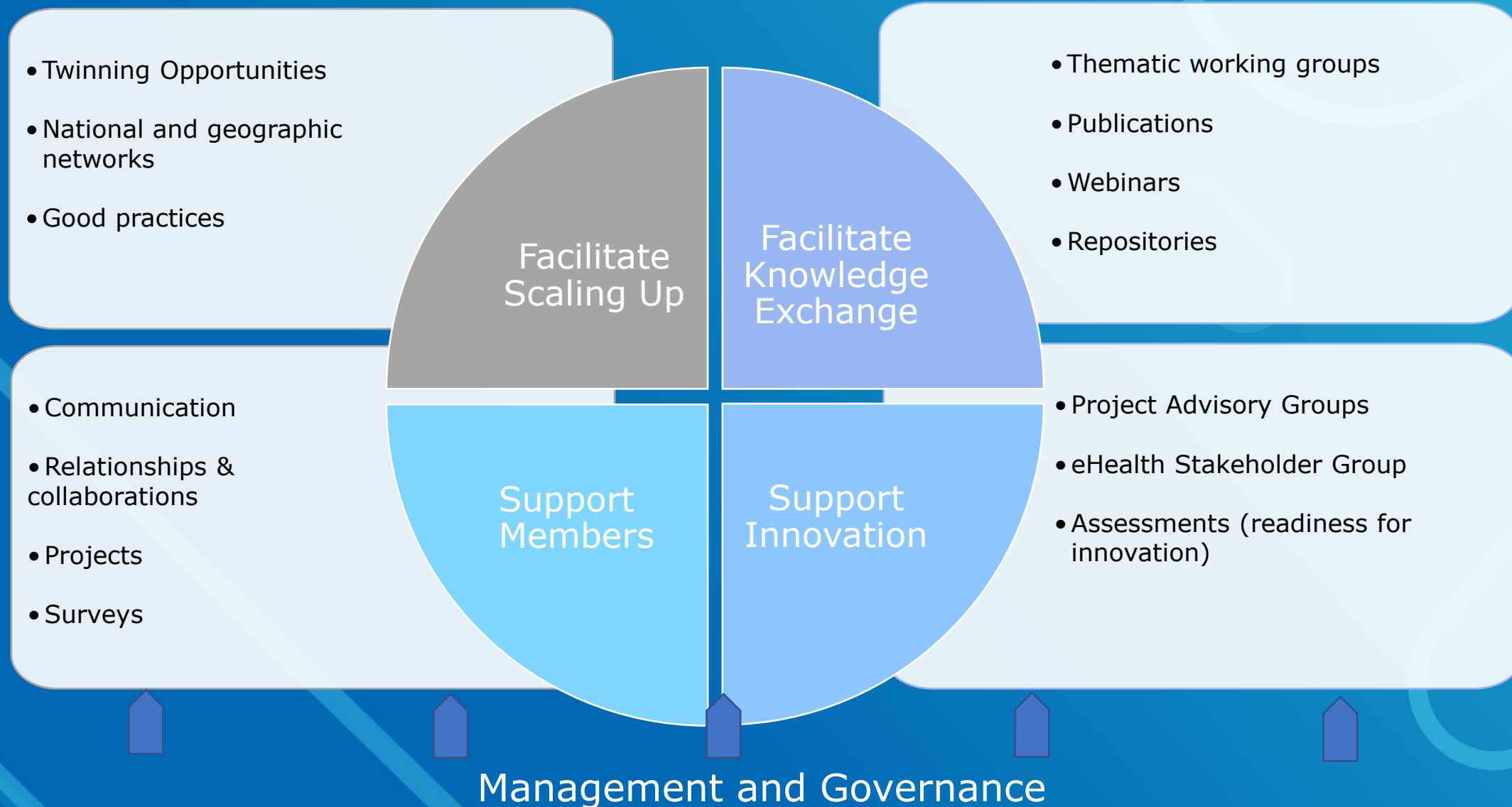
RSCN
European AHA
REFERENCE SITES



CARRIBEAN
Barbados



Strategic Objectives 2020 - 2023



Services for RS



i

INFORMING

Providing access to the latest information on health and care, active and healthy ageing, digital health including alerts to funding opportunities

S

SUPPORTING

Support knowledge sharing on evidence-based good practice approaches, Innovation, and digital health solutions

P

PROMOTING

Connection with and between policy makers, health and care providers, researchers, and business leaders

I

INSPIRE

inspire the development of local networks and build opportunities for collaboration on projects with other members

R

RESEARCH

Support the design of person-centered innovative solutions for lifecourse AHA

Collaborative activities



**GET
INVOLVED!**



Thematic Working Groups

identify and address research gaps
assess and evaluate good practices and case studies
support regions and organisations to adapt and adopt innovative solutions
spread knowledge and skills



Expert Panel

Supporting TWG, projects & Ex Board



Executive Board

Drive forward strategies, planning & implementation



Sharing Knowledge and Good Practice

Webinars
Workshops
Twinings
Documents & Papers

Session 1

Session 1: European Insights

Moderator: Ana Carriazo

Session 1

DIGITAL TRANSFORMATION OF HEALTH AND CARE IN TIMES OF DEMOGRAPHIC CHANGE

Irina Kalderon Libal, DG CONNECT



Digital Transformation of Health and Care in Times of Demographic Change

Irina KALDERON LIBAL,
Policy Officer
European Commission
DG CNECT/H3: “eHealth, Wellbeing and Ageing”

10 October 2022

Digital Health and Care



TRANSFORMATION OF HEALTH AND CARE IN THE DIGITAL SINGLE MARKET - Harnessing the potential of data to empower citizens and build a healthier society

European health challenges

- ⊗ Ageing population and chronic diseases putting pressure on health budgets
- ⊗ Unequal quality and access to healthcare services
- ⊗ Shortage of health professionals

Potential of digital applications and data to improve health

- Efficient and integrated healthcare systems
- Personalised health research, diagnosis and treatment
- Prevention and citizen-centred health services

What EU citizens expect..

- 90% agree** To access their own health data (requiring interoperable and quality health data)
- 80% agree** To share their health data (if privacy and security are ensured)
- 80% agree** To provide feedback on quality of treatments

Support European Commission:

1

Secure access and exchange of health data

Ambition:

Citizens can securely access and share (e.g. with doctors or pharmacies) their health data anywhere in the EU.

Actions:

- eHealth Digital Service Infrastructure will deliver initial cross-border services (patient summaries and ePrescriptions) and cooperation between participating countries will be strengthened.
- Proposals to extend scope of eHealth cross-border services to additional cases, e.g. full electronic health records.
- Recommended exchange format for interoperability of existing electronic health records in Europe.



2

Health data pooled for research and personalised medicine

Ambition:

Shared health resources (data, infrastructure, expertise...) allowing targeted and faster research, diagnosis and treatment.

Actions:

- Voluntary collaboration mechanisms for health research and clinical practice (starting with "one million genomes by 2022" target).
- Specifications for secure access and exchange of health data.
- Pilot actions on rare diseases, infectious diseases and impact data.



3

Digital tools and data for citizen empowerment and person-centred healthcare

Ambition:

Citizens can monitor their health, adapt their lifestyle and interact with their doctors and carers (receiving and providing feedback).

Actions:

- Facilitate supply of innovative digital-based solutions for health, also by SMEs, with common principles and certification.
- Support demand uptake of innovative digital-based solutions for health, notably by healthcare authorities and providers, with exchange of practices and technical assistance.
- Mobilise more efficiently public funding for innovative digital-based solutions for health, including EU funding.



Actions for Active and Healthy Ageing

- Over 80 H2020 projects (Integrated care, Independent Living, Robotics, Age-friendly home and work environments, virtual coaches, etc.)
- Large Scale Pilots with the DEI Health and Care cluster (150 Mil)
- [International Cooperation on AHA](#) and on EU Japan Cooperation on Smart environments for the Ageing population
- [European Innovation Partnership on Active and Healthy Ageing](#) (since 2012)
- [103 Reference Sites](#) and [Twinning](#)s
- [Active and Assisted Living Programme](#)
- Study on the [Silver Economy](#)
- Study on [Top 25 influential ICT for Active and Healthy Ageing projects](#)

DEI HEALTH & CARE CLUSTER



€ 22.379.512
CNR
(Italy)
2019-2023



€ 20.944.318
University of Ireland
Maynooth (Ireland)
2019-2023



€ 7.192.592
Engineering
(Italy)
2019-2022



€ 21.781.120
UNINOVA
(Portugal)
2019-2023



€ 25.202.348
Medtronic Iberica
(Spain)
2017-2020



€ 22.596.059
Medtronic Iberica
(Spain)
2019-2023



€ 21.319.813
Scuola Superiore S.
Anna (Italy)
2019-2023



€ 7.450.948
Kronikaune
(Spain)
2020-2023



€ 4.831.233
Waterford Institute of
Technology (Ireland)
2020-2022

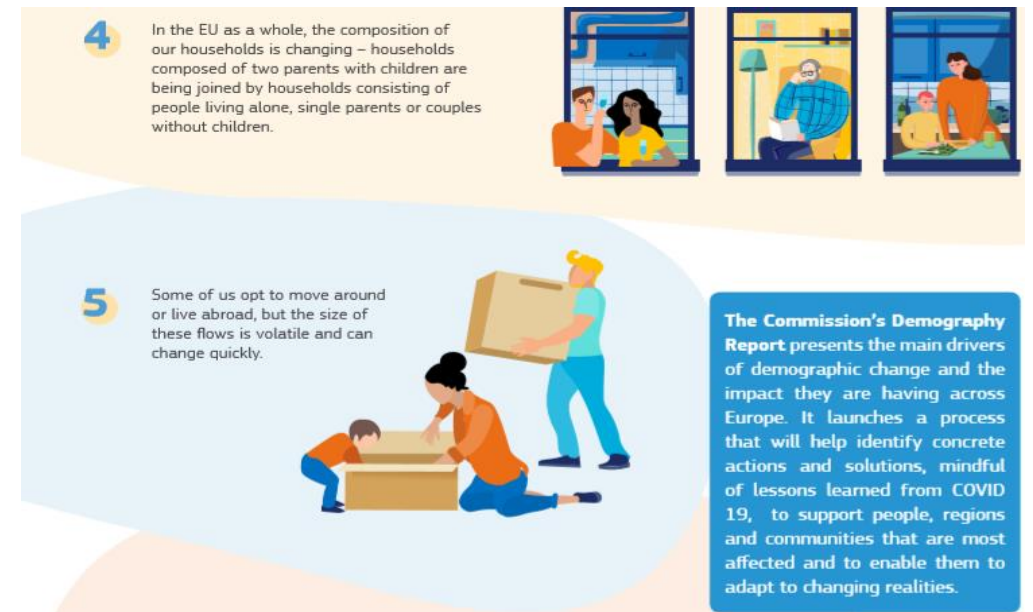
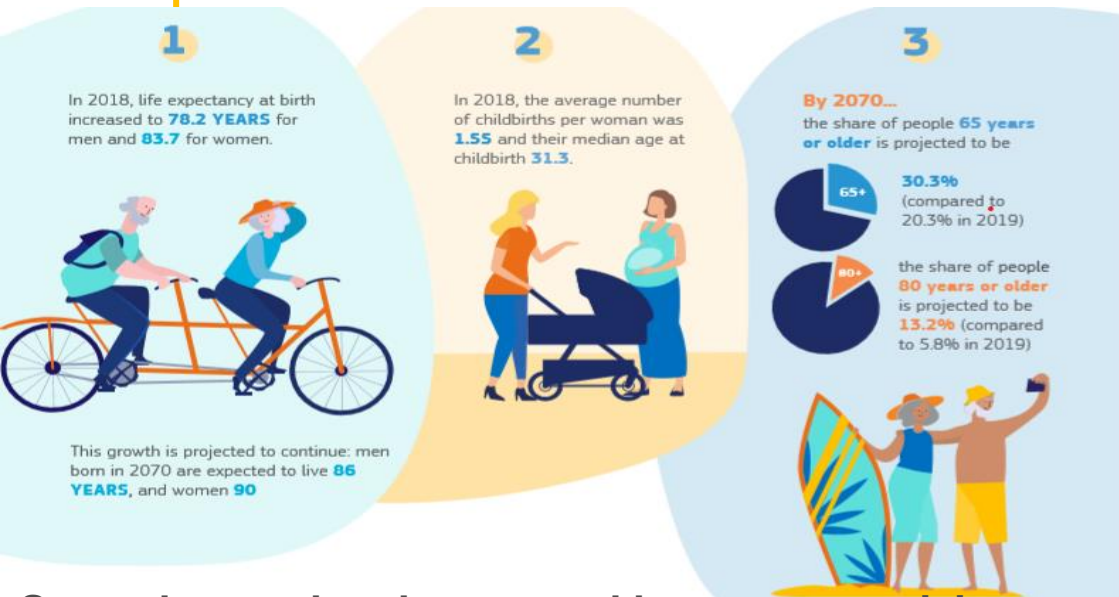
Health&Care
Cluster
> 150 M€

Large Scale Pilots > 87 M€



- Very large innovation actions
- Focus on open platforms and standard-based solutions
- Value-chain approach
- A set of compelling use cases with evidence of impact
- Cascading Funding (open calls)

Challenges of Demographic Change in Europe and in Regions



- Scarcely populated areas and lower connectivity
- Long-term care needs are rising rapidly with acute staff shortages
- Lack of age-friendly living and working environments
- Slow transition to family- and community-based care services
- Social and educational inequalities in life expectancy are rising (3.4 F & 6.9 M)
- Gap in digital skills for healthcare workforce and citizens/patients
- Additional COVID-19 challenges (isolation, mental health)
- Lack of uptake of digital innovations and eServices
- Homecare services at full market cost are unaffordable for 75 % of older persons
- Less than 3% of total health expenditure to prevention



Way forward for Active and Healthy Living

- Build on EIP on AHA achievements and focus on scaling-up and uptake of innovation
- EDIHs and ecosystems, EHDS, interoperability, AI Testing and Experimentation Facility in Health
- Specific Calls in Horizon Europe 23-24 WP – Staying Healthy in a rapidly changing society
- [Horizon Europe Partnership on Transforming Health and Care Systems](#) (EUR 100 Mil)
- [EU Care Strategy](#) and scale-up actions on Long-Term Care
- [TSI Flagship on Person-centred Integrated Care](#)
- [IN4AHA](#) CSA– Cross-border scale-up model for innovation for active and healthy ageing
- Digital skills (Master courses, short-term trainings, Pact for Skills, [IDEAHL](#), Horizon Europe and EU4Health)
- [Active and Healthy Living in the Digital World](#) Community platform

Active and Healthy Living in the Digital World



European Innovation Partnership on Active and Healthy Ageing

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Active and Healthy Living in the Digital World is a multi-stakeholder information and communication hub for European citizens, innovators, patients, health and care providers, researchers and policy makers engaged in research and innovation, deployment, exchange and dissemination of best practices, innovative solutions, scientific collaboration and policies related to active and healthy living and aging with digital tools. It builds on the achievements of the [European Innovation Partnership on Active and Healthy Ageing](#) and promotes active and healthy living throughout the life-course.



Subscribe to our newsletter >



Wellbeing and Health promotion



Ecosystems and Reference Sites



International Cooperation



Silver Economy & HealthTech



Age-Friendly environments



Digital Health Literacy

Session 1

HEALTHY AGEING IN THE WHO EUROPEAN REGION: TOWARDS A FRAMEWORK FOR ACTION

Dr Oxana Domentti, WHO REPRESENTATIVE TO THE EU

Healthy ageing in the European Region: Towards a framework for action

Dr Oxana Domenti, WHO Representative to the EU
10 October 2022



European Region



#HealthyAgeing | @UNDecadeAgeing



#AddingLifeToYears



Presenting the first
ever Healthy Ageing
50: Leaders
transforming the
world to be a better
place to grow older



Zdena Šarić



Presenting the first
ever Healthy Ageing
50: Leaders
transforming the
world to be a better
place to grow older



Zdena Šarić



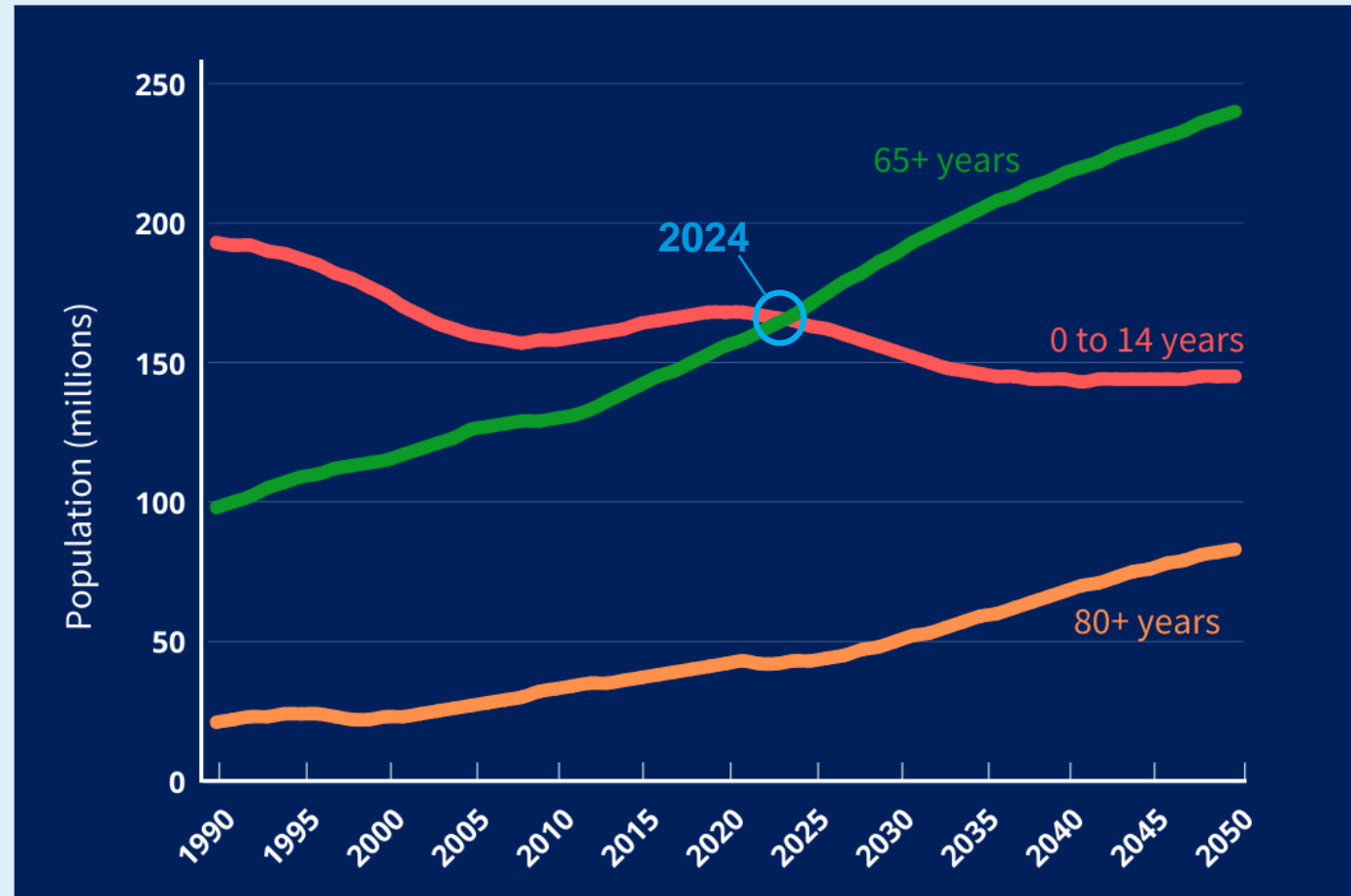
Paul McGarry

Population ageing has been accelerating in the WHO European Region

Europe has the highest median age of all Regions in the world

In 2024, the number of people 65+ will exceed the number of people <15 years

The 80+ population is the fastest growing age group



Population by age groups from 1990 to 2050

Sources: World Population Prospects 2022 (UN DESA (2022)).

Older people bore the brunt of the pandemic in Europe

2.8 million

Excess deaths among people 60+ associated with the pandemic in 2020 and 2021 in the European Region

200 000

Cumulative number of deaths attributable to Covid-19 among nursing home residents in EU countries



European Region

Older people were heavily affected by:



Interruptions of health & social services



Loneliness and social isolation



Declines in mental health

The Regional Office has stepped up work with Member States in policy areas of high impact



Vaccination and infectious disease control

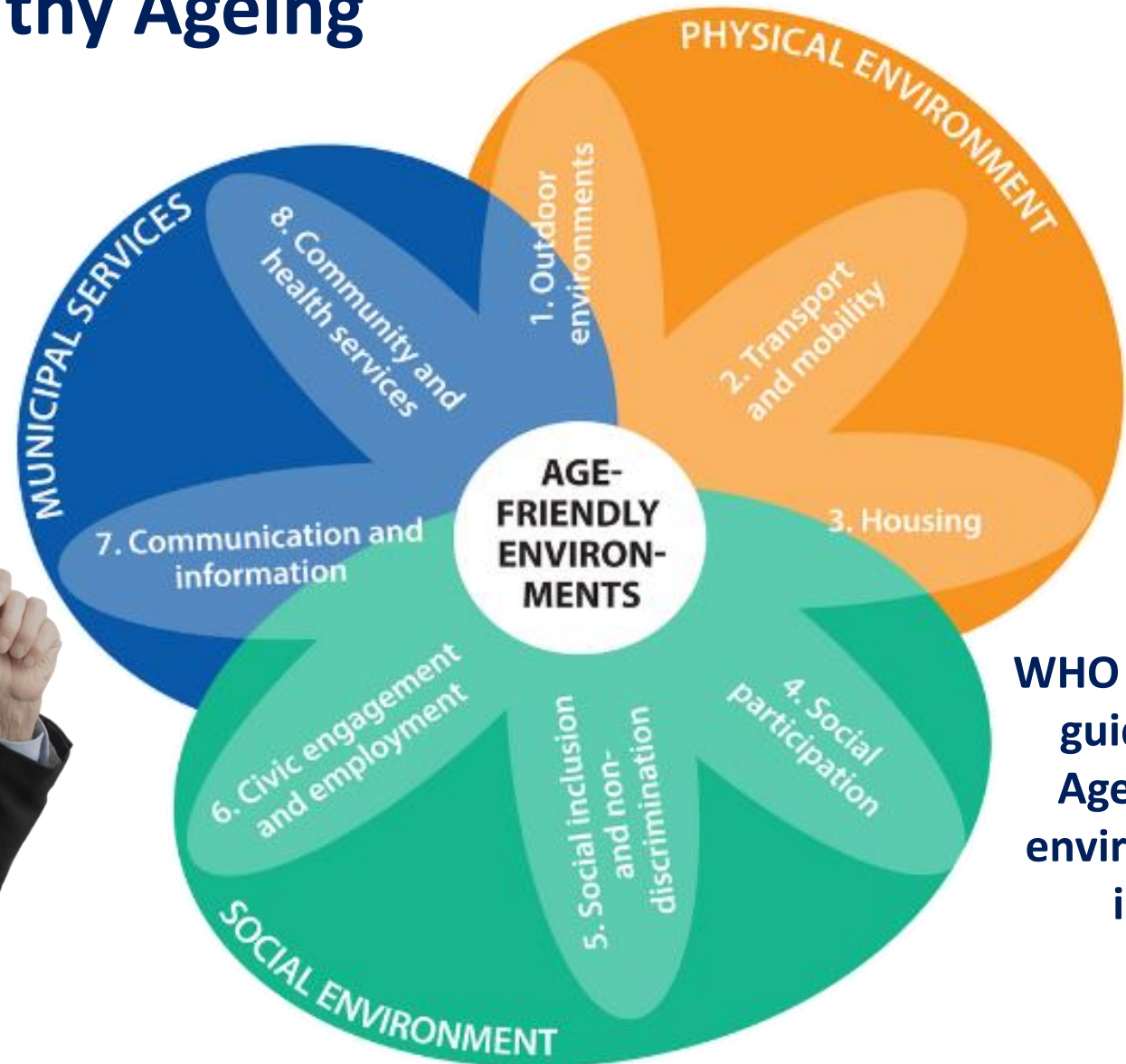


Long-term Care



Mental health and Well-being

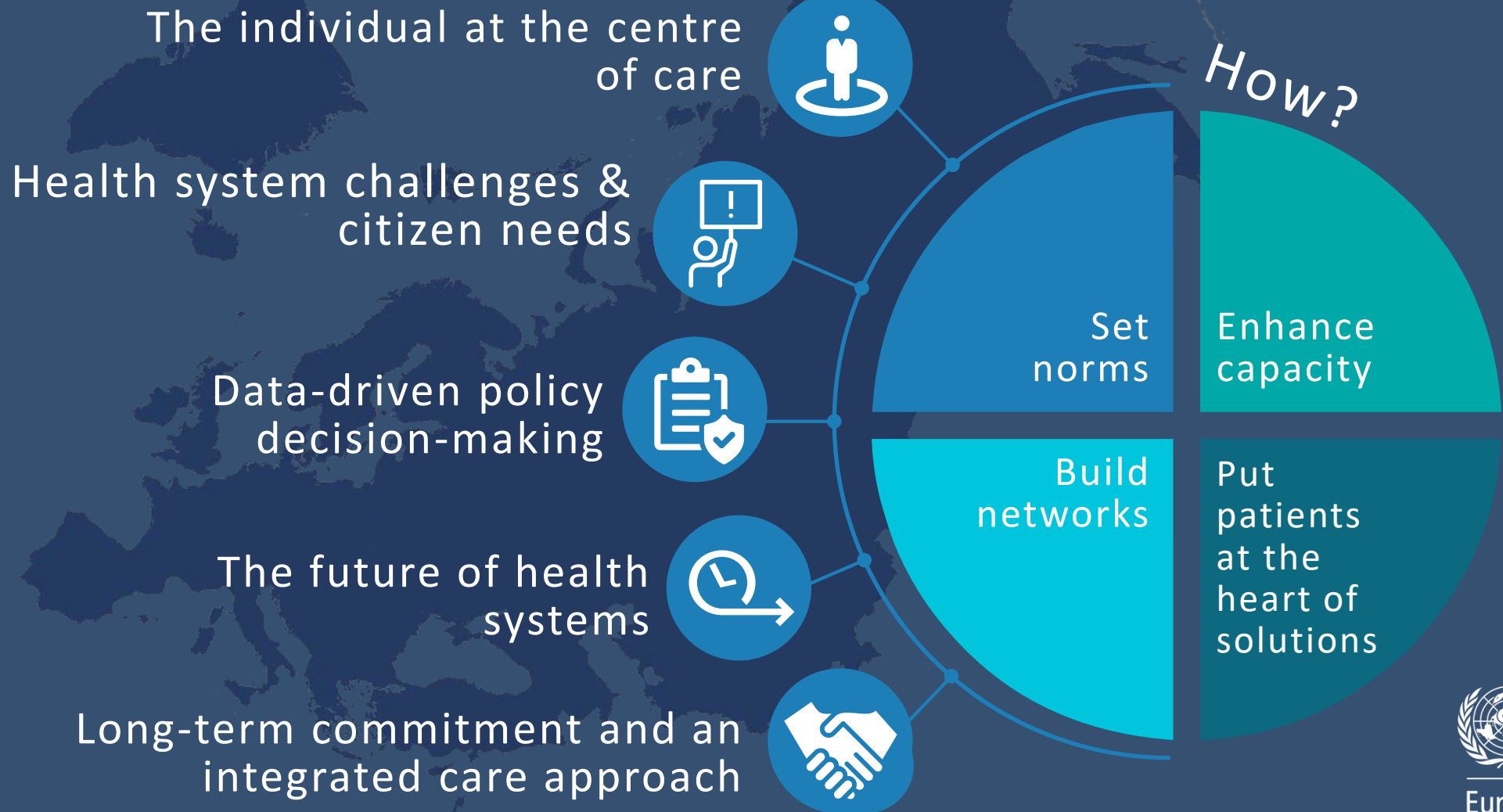
Intersectoral and multi-level initiatives are at the heart of the UN Decade of Healthy Ageing



WHO provides guidance on Age-friendly environments in Europe

Leveraging Digital Transformation for Better Health in Europe: Regional Digital Health Action Plan 2023-2030

Focus on:



Framework for action on healthy ageing in Europe: Proposed action areas



Thank you!



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Denmark



[WHO_Europe](https://twitter.com/WHO_Europe)



facebook.com/WHOEuro



instagram.com/whoeurope



youtube.com/user/whoeuro



World Health
Organization

REGIONAL OFFICE FOR
Europe



Organisation
mondiale de la Santé

BUREAU REGIONAL DE L'
Europe



Weltgesundheitsorganisation

REGIONALBÜRO FÜR
Europa



Всемирная организация
здравоохранения

Европейское региональное бюро



World Health
Organization

European Region

Session 1

EUROPEAN PARTNERSHIP ON TRANSFORMING HEALTH AND CARE SYSTEMS

Sabrine Montante, THCS PARTNERSHIP



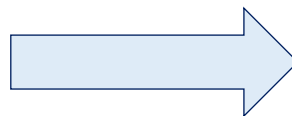
**EU Partnership on Transforming Health and Care Systems
(THCS)**

10 October 2022

Vision and objectives

High-quality, fairly accessible, sustainable, efficient, resilient and inclusive health and care systems for all.

2023-2030






- Increase funding opportunities and strengthen the research and innovation community
- Fill knowledge gaps
- Increase the ability to implement innovation
- Intensify cooperation among countries and beyond healthcare
- Increase stakeholders' involvement

THCS works embracing the whole knowledge and innovation cycle from fundamental research to implementation and transfer of innovation

Main Focus of THCS

Three main workstreams

-  Fill the knowledge gaps
-  Implementation and Transfer
-  Boosting Health and care systems

- The Partnership will last 7 years and will be cofunded by the EC at a rate of 30%
- The Partnership core activity will be the launch of Joint transnational calls (JTCs)
- Activities in kind will also need to be foreseen to support the implementation and the translation into policies and practices
- The geographical coverage will be ensured by a large number of organizations from MS, AC and also third countries

Expected Outcomes

- Increased engagement of researcher in enhanced collaborative research
- Use of research results to develop evidence-based strategies and policies and to learn from good practices.
- Implementation of innovative ways of delivering care and maintaining population health.
- Planning and implementation of efficient investments to use innovative solutions and care models
- Increased number of innovators and stronger ecosystems to facilitate the uptake of successful innovations
- Increased digital and health literacy for citizens and health and care professionals.
- Better cooperation and use of context-specific knowledge and evidence across Countries

Joint effort with other EU Initiatives

Areas for collaboration	Candidate Partnerships, Missions, EU Programmes	Synergy Areas
Design and Planning	<ul style="list-style-type: none"> • EU4Health • DIGITAL 	<ul style="list-style-type: none"> • Disease prevention actions • Reliable use/re-use of health data • Digital transformation solutions • Knowledge transfer actions
Implementation	<ul style="list-style-type: none"> • Cancer Mission • Personalized Medicine • Rare Diseases • One Health/AMR • Innovative Health Initiative • Pandemic Preparedness • EIT Health • ERIA4Health 	<ul style="list-style-type: none"> • Uptake & scale up technological innovations • Support & apply personalized medicine solutions trough EU • Align rare diseases reseach to context needs • Grant equity and improve quality of life to cancer patients • Improve AI-driven technologies towards VBHC
Funding	<ul style="list-style-type: none"> • ERDF • ESF+ 	<ul style="list-style-type: none"> • Implementing infrastructures, capacity building • Strenghtening education and training for HC professionals

Thanks for your attention

Session 1

EUROPEAN CARE STRATEGY

Flaviana Teodosiu, DG EMPLOYMENT



European
Commission

EUROPEAN CARE STRATEGY

AHA Reference Sites - Awards Ceremony

10 October 2022



#EUCareStrategy

*Employment,
Social Affairs
and Inclusion*

The Care Package

SWD on
consultation
activities

Communication on the European care strategy

**Proposal for a Council
Recommendation on the
revision of the Barcelona
targets**

**Proposal for a Council
Recommendation on
access to affordable
high-quality long-term
care**

Analytical
SWD on LTC



Commission Communication on the European Care Strategy

Scope

- Care receivers and carers
- Care in a lifelong perspective, with focus on early childhood education and care and long-term care
- Synergies with other policies and related EU initiatives (e.g. skills, employment, disability, healthcare, social dialogue, gender equality)

Areas of action

- Improving care services
- Improving working conditions in the care sector
- Better balance between work and care responsibilities
- Investing in care
- Improving the evidence base and monitoring progress

Council Recommendation on access to affordable high-quality long-term care

Affordability	Availability	Quality	Carers
<ul style="list-style-type: none">• social protection (timely, comprehensive, adequate)	<ul style="list-style-type: none">• more LTC services & more options• home care & community-base care• territorial gaps• innovative & digital solutions• accessibility	<ul style="list-style-type: none">• LTC quality principles• LTC quality assurance elements	<ul style="list-style-type: none">• formal (working conditions, skills needs and worker shortages, social dialogue)• informal (mapping carers, training, counselling, respite care)

More here:

[A European Care Strategy for caregivers and care receivers](#)

[Atlas of Demography](#)



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[Social Europe](#)



[EU_Social](#)

[#EUCareStrategy](#)

Thank you



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Social Europe



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#EUCareStrategy

Session 2

Session 2: Selected European Funded Projects

Moderator: John Farrell

TAKEAWAYS FROM IN-4-AHA FOR SUCCESSFUL SCALE-UP OF INNOVATION

Gisela A Garcia-Alvarez, CSG



TAKEAWAYS FROM IN-4-AHA FOR A SUCCESSFUL SCALE-UP OF INNOVATION.

Gisela Garcia-Alvarez
Galician Health Cluster, CSG
Managing director
10th of October 2022 – RSCN Award Ceremony



This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 101017603







<http://ec.europa.eu/digital-single-market/ehealth>

Innovation Networks for Scaling Active and Healthy Ageing (IN-4-AHA) goals:

The project brings together supply and demand actors to create sustainable, flexible yet standardised AHA innovation scale-up model.

- ✓ validated by a series of tests (technical conditions & living environments)
- ✓ complemented with a roadmap and long-term investment strategy
- ✓ outcomes are co-designed with the interest groups



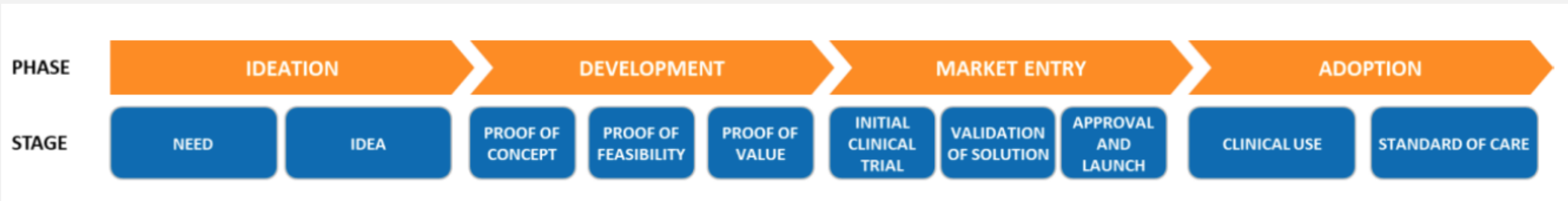
-  Meant for companies
-  Used as a guide
-  Non-linear long-term tool
-  Essential stakeholder involvement
-  Process aligned with company strategy
-  References to tools & info



Long-term investment plan not medical device



Long-term investment plan medical device





AVECEN by PLEXUS Tech is virtual Assistant for active ageing of people with neurodegenerative illnesses.



Reusable body temperature logger with mobile application for early detection of health risks, potential COVID-19 infection and other health related issues.

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<https://www.linkedin.com/groups/8912125/>



CIVITTA



PORTO4AGEING
CENTRO DE COMPETÊNCIAS PARA O
ENVELHECIMENTO ATIVO E SAUDÁVEL



CLUSTER
SAÚDE DE
GALICIA



Health
Scandinavia



euregha
European Regional and Local Health Authorities

praxis
think tank



**PROUD
ENGINEERS**



Tehnopol



XAMK
South-Eastern Finland
University of Applied Sciences

LEADERSHIP4SMES – INTELLECTUAL PROPERTY, THE KEY VALUE DRIVER FOR INVESTORS IN STARTUPS AND SMES – LESSONS LEARNT

Aleardo Furlani, INNOVA

IP management tools for early stage DeepTech start-ups

Lessons learnt from Leadership4SMES

H2020-INNOSUP-2020-10

10.10.2022

11:00

LEADERSHIP4SMEs service rendering is followed by **Access to finance support and coaching**

The goal is to enhance the valorisation process of formalized and non-formalized IPR assets of SMEs and Start-ups using new approaches **tailored to the pre-investment phase** through a coaching process

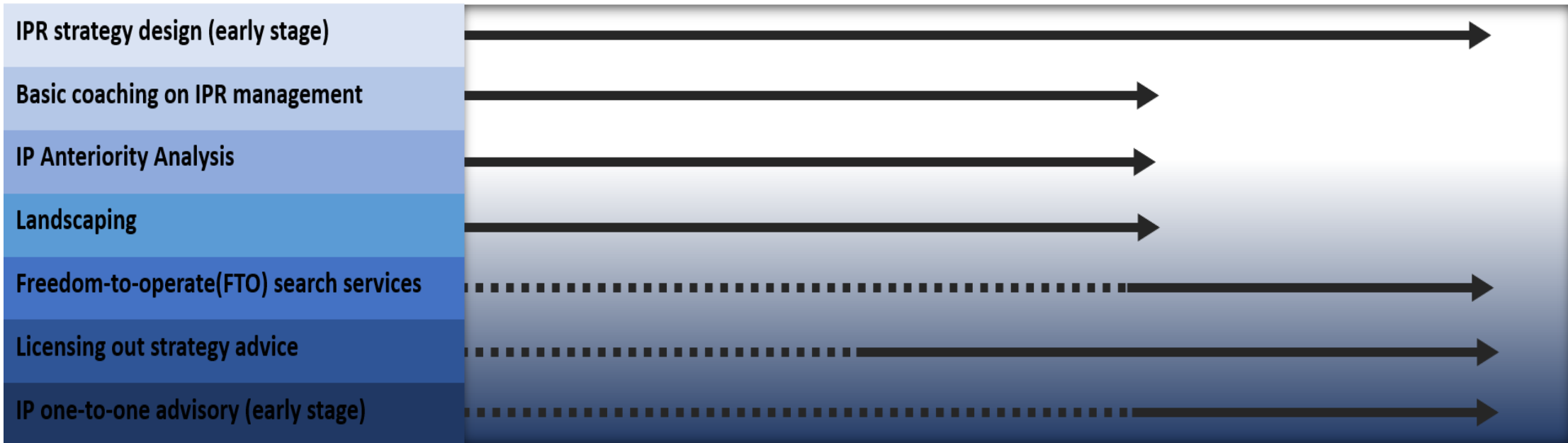
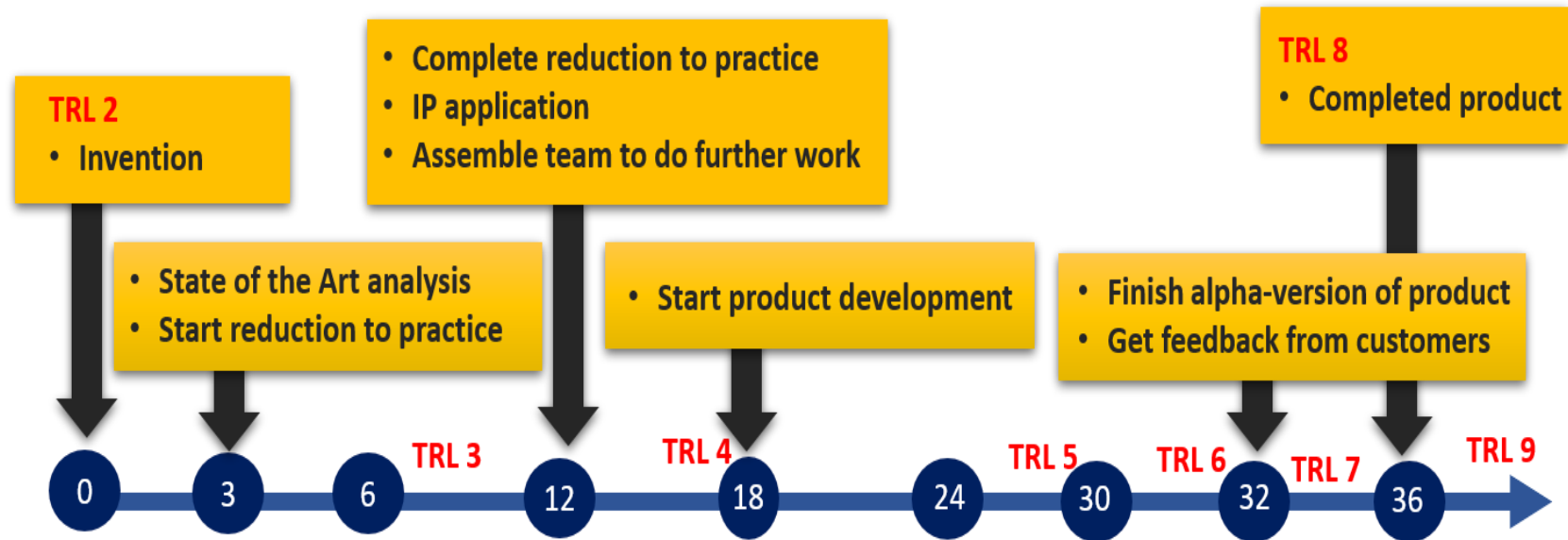
- IPR management services along the TRL scale
- Bilateral fine-tuning
- Enhance the IP management process in view of approaching the investors

LEADERSHIP4SMEs elaborated a number of tools **to enhance the IP management** of Start-ups and SMEs in view of the acceleration of the access to finance phase.

Innovation elements streamlined:

- Perform **business-driven IP portfolio management**, by understanding company's needs and developing roadmaps of change **on the basis of the TRL levels.**
- Support in making the of Start-ups and SMEs aware of the non formalised **intellectual property assets**
- Study the correlation between the use of IPR and the high growth potential of Start-ups and SMEs and develop a **IP rating system to assess** the potential to become an **high growth company**
- Matching tools to enhance the business strategy and the communication of the IP strengths to Investors of selected Start-ups and SMEs

IPR services deployed along the TRL scale



TRL- based Catalogue of IPR management services

No.	IPR Management Services	TRL	IP Tools	Access Condition	Dependencies
1	IP strategy design (early stage)	TRL6-9	Webinar	Open	0
2	IP Anteriority Analysis	TRL 1-6	Report structure	Restricted	1
3	Landscaping	TRL 1-6	Report structure	Restricted	1
4	Freedom-to-operate (FTO) Search Services	TRL6-7	Report structure	Restricted	1--3
5	Freedom-to-operate (FTO) Analysis Services	TRL6-7	Report structure	Restricted	1--2
6	Basic coaching on IPR management	TRL 1-6	Webinar	Open	0
7	Licensing out strategy advice	TRL6-7	Webinar	Open	1
8	IP one-to-one advisory on IP licensing out (early stage)	TRL 1-6	Report Structure	Restricted	4
9	IP strategy design (growth stage)	TRL 8-9	Webinar	Open	0
10	IP strategy implementation action plan	TRL 8-9	Report Structure	Restricted	1--8
11	IP one-to-one advisory (growth stage)	TRL 8-9	Checklist	Restricted	0
12	IP know-how risk mitigation advisory	TRL 8-9	Webinar	Open	9
13	IPR licensing in advisory	TRL 8-9	Webinar	Open	8
14	IPR economic valuation (funding)	TRL 8-9	Checklist	Restricted	9
15	IPR (single asset evaluation) economic valuation	TRL 8-9	Report structure	Restricted	8
16	IPR asset economic valuation (bankability)	TRL 8-9	Checklist	Restricted	9
17	Securitize IP asset -Assessment	TRL 8-9	Checklist	Restricted	14

Communicating IP Assets value

- Financial investors are participating in the growth of the company: as **the company's assets grow**, so does the value of their share in those assets.
- Communication to investors is not to be focused to **the immediate liquidation** potential of the IP Assets,
- Communication of IP Assets – being the platform for innovation and growth- should highlight also **future products and markets as well**.

Various Kinds of Trade Secret with Confidential Information

This slide is 100% editable. Adapt it to your needs and capture your audience's attention.



01

Formula – Crucial ingredients of product

02

Process – Cooking process with unique flavours

03

Methods – Calculations or algorithms that improve decisions, operations

04

Tools – Propriety design tools that improve quality and productivity

05

Patterns – Reusable solutions that lead to multiple designs and processes

06

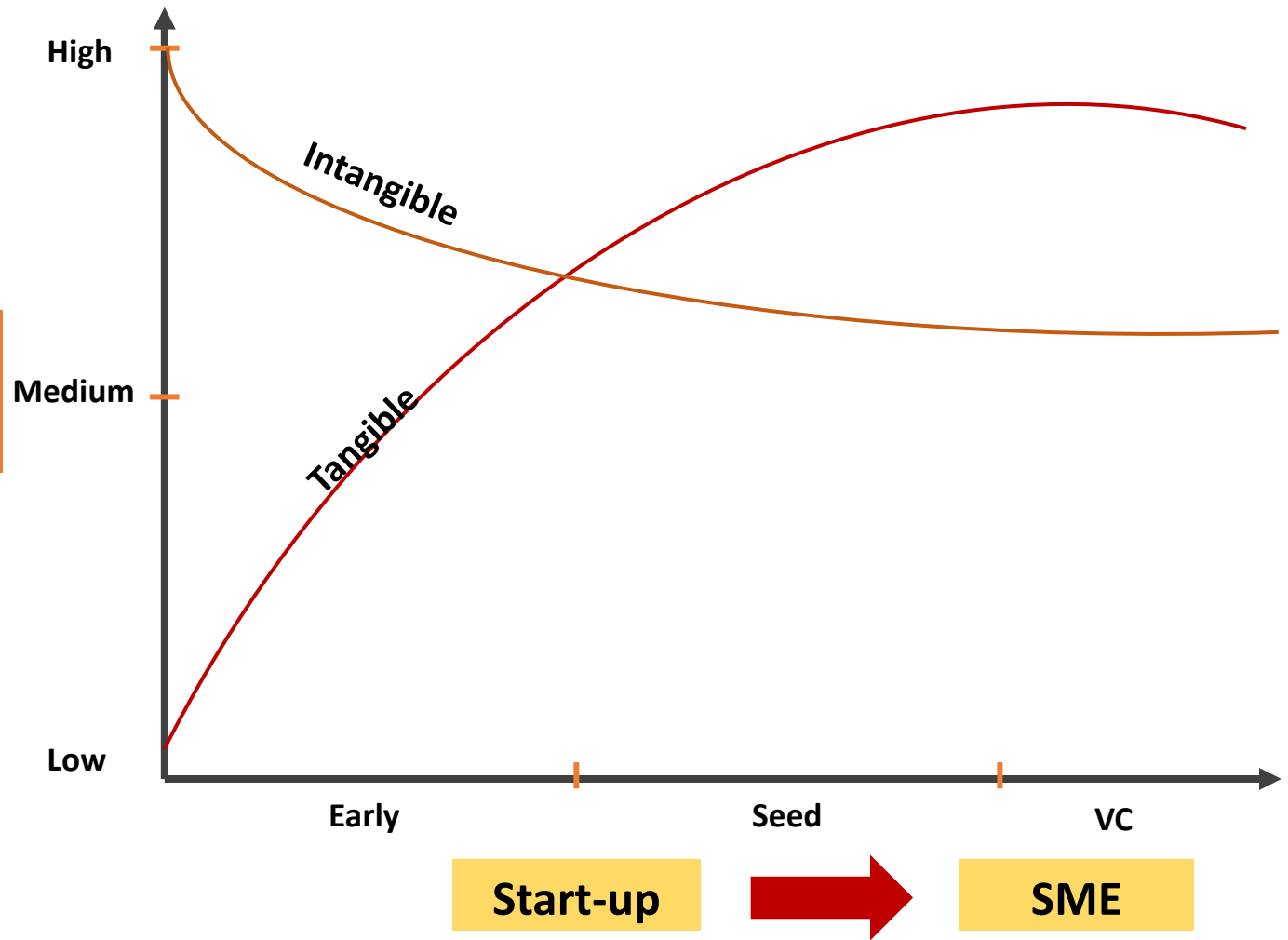
Automation – Systems that automate work to improve quality and efficiency

07

Design – Product or service design

The Communication of the Intangible Value

Company Value
Communication
Focus

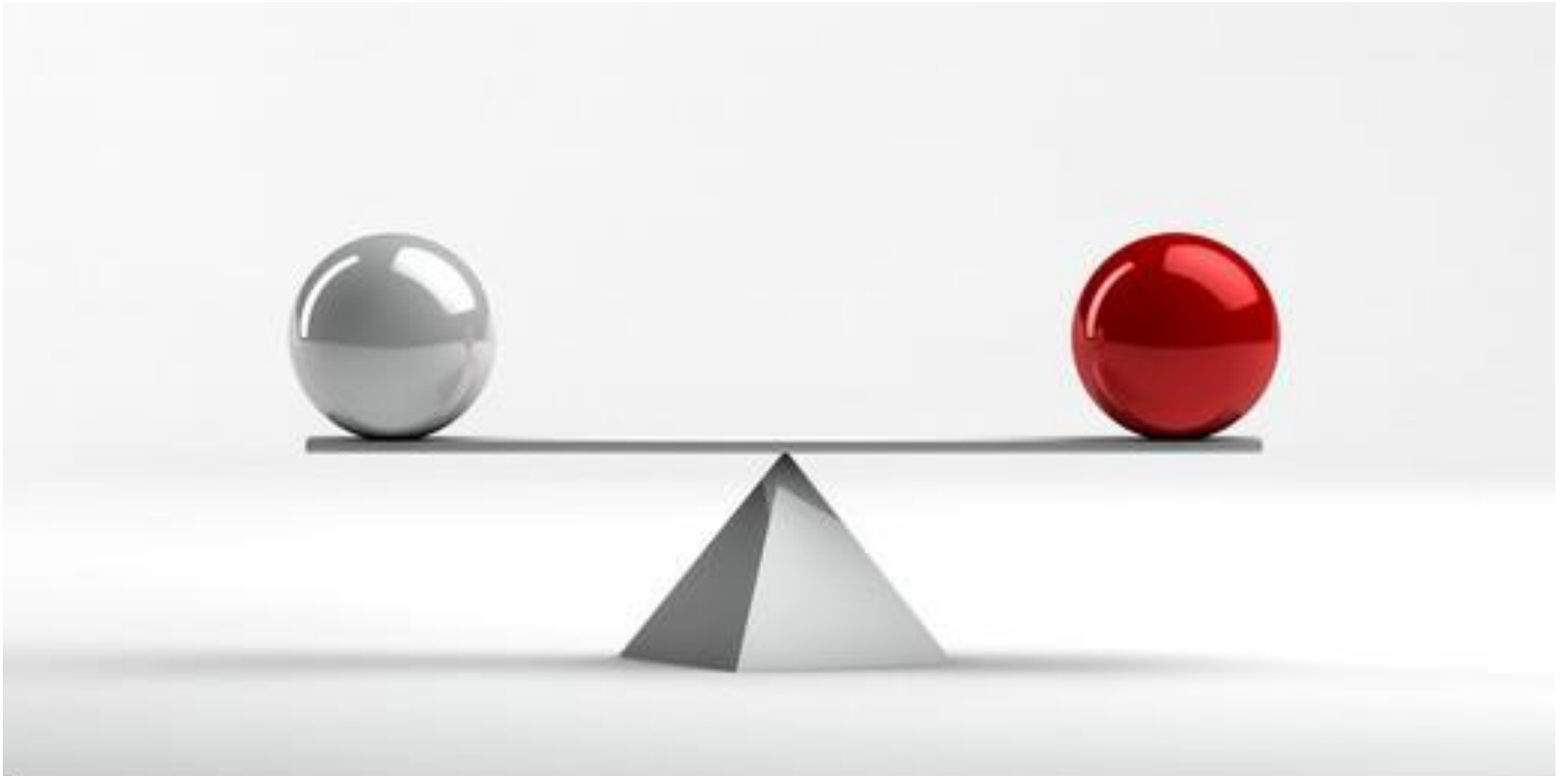


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IP Assets value for the investors

- Investors tend to focus on the **defensive significance** of IP Assets: the goal is to protect the company's own products,
- It is a **narrow point of view** that entirely misses the full value of these assets.
- YES, the correlation to the creation of **barriers to entry is important**
- But **IP assets** are also the key **demonstration driver of the Company value**
- **IP value is contextual**, as it largely depends on the IP holders and the uses they find for the IP Assets

Formalised vs non formalised IP = the secret sauce



Communicating IP Assets value

- In the analyzed cases, the communication of non formalized assets(confidential information, secrets, know-how) is understated
- However, the non formalized assets often carry **more value than the patent assets.**
- Their importance grows when **due diligence** is being carried out
- A patents cover a technology that **is not deployed in the market yet**, a factor that determines the current market value of patents.
- The non formalized assets, cover a **knowledge that is unique and** may last much more than a patent
- But they are linked to people: **implications?**

The communication of the “secret sauce”

- The “magic” in creating value
- The proprietary tech
- The proprietary Know-how
- The Commercial leads
- A picture is worth thousands words
- A demo is worth thousands pictures



Communicating the IP Assets value

- As IP Assets fill an **increasingly larger role in startup funding**, and as more types of investors and financial instrument show up in the market, the **communication of IP valuation** is the key value driver.
- **Intangible assets prevalence vs.** tangible assets
- the IP Value which resides in the formalized IP and non formalized IP
- The contextual nature of IP asset: the direct link between BP/Pitch and the **demonstration of the potential**

EUIPO selected value correlations of IPR ownership



	Number of employees	Revenue per employee (EUR '000/year)	Wages per employee (EUR '000/year)
Non-IPR owners	5.1	148.6	29.8



IPR owners	Any IPRs	13.5	178.6	35.6
	% difference compared with non-owners	163.8%	20.2%	19.3%
	Patent owners	28.7	202.4	45.5
	% difference compared with non-owners	460.1%	36.3%	52.6%
	Trade mark owners	13.5	179.6	35.0
	% difference compared with non-owners	164.3%	20.9%	17.4%
Design owners		29.1	196.3	38.7
	% difference compared with non-owners	467.9%	32.2%	29.7%

(Source: EUIPO 2019 and 2021)

Factors for development of IP rating tool

- LEADERSHIP4SMES is developing an original IP Rating for high growth for SMEs/Startups as a source of feed-back to assess the pre-level of IP protection and the likelihood to become an HGF.
- The correlation between the use of IPR and the high growth potential through indicators combining IP and other variables predicting the high growth potential **for SMEs and Startups** have been elaborated in literature :
 - EUIPO 'IP rights and firm performance'
 - KMU FORSCHUNG AUSTRIA
 - Universität Stuttgart
 - University of Padova
 - Elsevier Technovation

Correlation between IP rights and firm high growth

- **Prior IP filings perform best as HGF predictors**

The likelihood of becoming an HGF is 17% higher for SMEs that have filed at least one European IPR, compared with 6% for those that have only filed national IPRs. This difference is especially marked in the case of patents: SMEs that have filed at least one European patent are 34% more likely to become an HGF.

- **SMEs using bundles of trade marks, patents and designs instead of a single category of IPR are even more likely to achieve high growth.**

IP bundles involving trade-marks patents ,designs, systematically outperform (+33%) other bundles and single IPR categories, thus suggesting that trade-marks are the basic building block of effective IP bundles. Trade-mark registration is related to market entry and thus turnover growth.

- **The predictive power of patents is high in low-tech industries**

Food products and textiles: the prior filing of a European patent is associated with a 172% increase in the likelihood of the SME subsequently experiencing a high growth period.

- **Combining formal Bundles of IPRs and trade secrets confers a strong appropriation positioning**

1. IP Robustness

- Prior IP filing
- Sector of activity
- IP Economic valuation

2. Company Performance

- Funding
- Annual Revenue
- Company age
- Company size

3. IP Strategy effect

- IP management and strategy

Comparison of initial and final rating on beneficiaries

#	Name of Company	Country	Initial Scoring	Initial Rating	Final Scoring	Final Rating	Note
1	Company 1	Italy	140.00	B	300.00	A3	Change of scoring due to supporting the beneficiary to identify IP strategy and IP economic valuation
2	Company 2	Greece	405.00	A2	510.00	A1	Change of scoring due to supporting the beneficiary to identify their Trade secrets in the company and help them with certain protocols to avoid any risk and IP economic valuation
3	Company 3	Belgium	435.00	A1	525.00	A1	Change of scoring due to IP economic valuation
4	Company 4	Finland	230.00	A3	345.00	A2	Change of scoring due to supporting the beneficiary to enhance their IP strategy and implement them
5	Company 5	Italy	205.00	A3	307.50	A3	Change of scoring due to supporting the beneficiary to identify IP strategy
6	Company 6	Switzerland	230.00	A3	240.00	A3	Change of scoring due to supporting the beneficiary to register trademarks
7	Company 7	Switzerland	360.00	A2	450.00	A1	Change of scoring due to IP economic valuation

Key Learning Points

- IPR management services require an **approach** combining diverse competencies : business planning, IP protection and strategy formulation , technology foresight.
- It is a **new multidisciplinary job**, aligning IP protection strategy to **business development goals** and **investors needs** .
- IP management coaching is to **facilitate the decision making process** in a company, regarding market selection, technology positioning and investments.
- As illustrated above, the IP management services can be shaped according to the **TRL of the technology** while a IP rating can be deployed according to the presence of **indicators which can be considered suitable precursors of high –growth firms**.

Thank you!



Session 2

ICU4covid Tele(intensive care) medicine throughout Europe

Lukas Martin, University Hospital RWTH Aachen and Clinomic
Group GmbH



Cyber-Physical Intensive Care Medical System for Covid-19

ICU4Covid: Tele(intensive care) medicine throughout Europe

Priv.-Doz. Dr. Lukas Martin, MD, MHBA



This project has received funding from the European Union's Horizon 2020 research and innovation programme under the grant agreement No. 101016000.

Introduction to Aachen



RWTHAACHEN
UNIVERSITY

UNIKLINIK
RWTHAACHEN

 **clinomic**

Challenges in Intensive Care Medicine



- The demand for intensive care will **double** until 2030
- Massive **shortage of specialists** at the patient bedside
- No ubiquitous expertise in intensive care medicine



- Non-medical activities take up **50%** of working time
- Exponential increase in data
 - **1.000** datapoints per patient per hour
 - **30%** growth per year



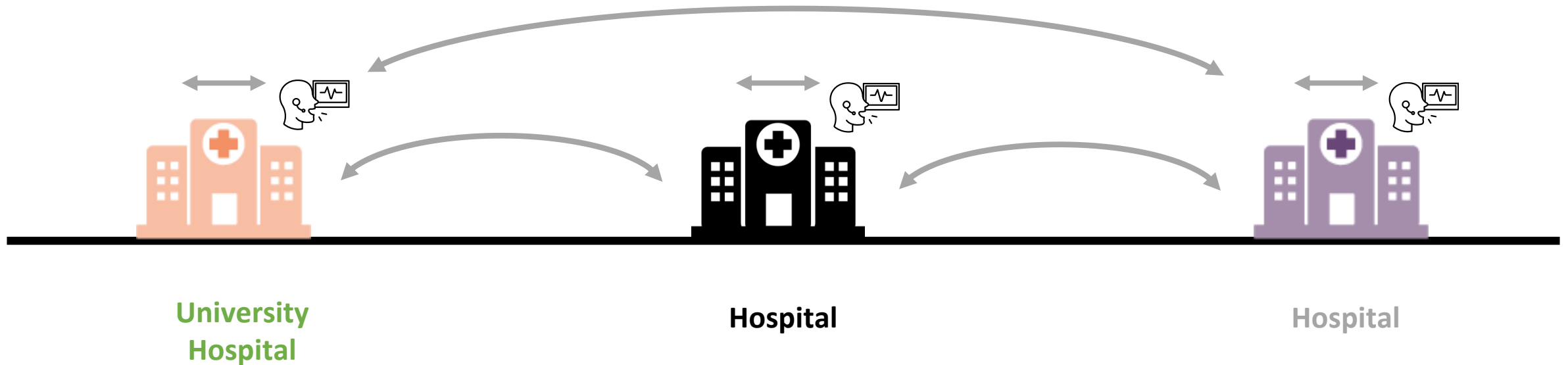
- Most **cost-intense** unit in the hospital
- Stressing **economic burdens** in European healthcare systems

Vision ICU4Covid

Deliver intensive care medicine fit for the fight against COVID-19 to the EU citizen and the health workforce rapidly and at scale by clinically validating and deploying the Cyber-Physical-system for Tele- and Intensive Care Medicine (CPS4TIC)

**The best medical treatment to:
Everyone, Everywhere, Any time**

Data-driven Tele(intensive) care medicine



Interdisciplinary, location-independent collaboration

Telemedicine to cooperating clinics or regional and national network solutions

- Professional exchange with intensive care colleagues at another location
- Daten-driven, interoperable technology, open data formats

MONA Medical Onsite Assistant

Telemedicine with TeleICU

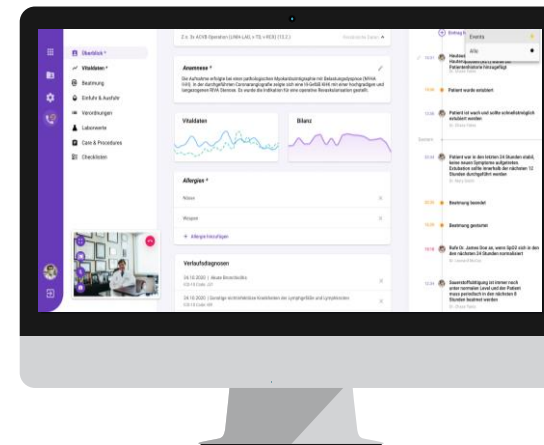
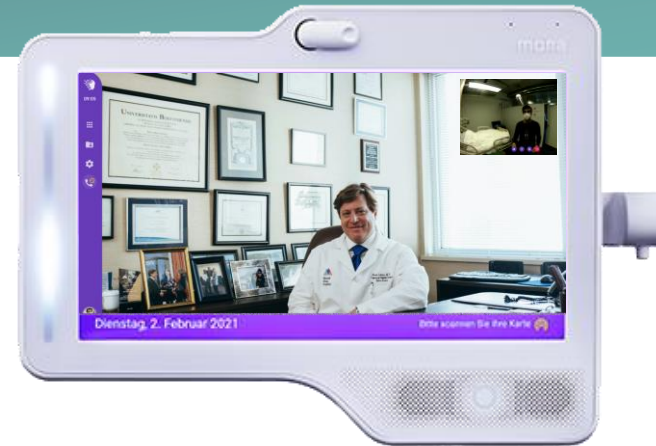
Mona provides **advanced telemedicine** to improve access to high-level intensive care at the patient bed

Improving the **treatment** and **process quality**

Enables clinicians to securely perform telemedicine through an **encrypted audio-video connection**

During the consultation, clinical partners will have the chance to **discuss patient cases** with other clinical specialists

No specialized hardware is required



NETHERLANDS:

- PEN
- AZM



LUXEMBOURG:

- ITTM



GERMANY:

- UKA
- RWTH
- UNIBI
- CLIN
- KHDN
- BETH
- JUL



PORTUGAL:

- UNINOVA
- KBZ
- AIDFM
- SRS
- Y4K
- HDES



AUSTRIA:

- UNIVIE
- MUW
- WIEN



GREECE:

- 4RHA
- UOI



ISRAEL:

- TAU



LATVIA:

- PSKUS



ROMANIA:

- SCBI



ITALY:

- CNR
- INT-NA



ICU Hub Germany

University Hospital - UKA
(central hospital)

Jülich Hospital - JUL
(peripheral hospital)



Düren Hospital - KHDN
(peripheral hospital)

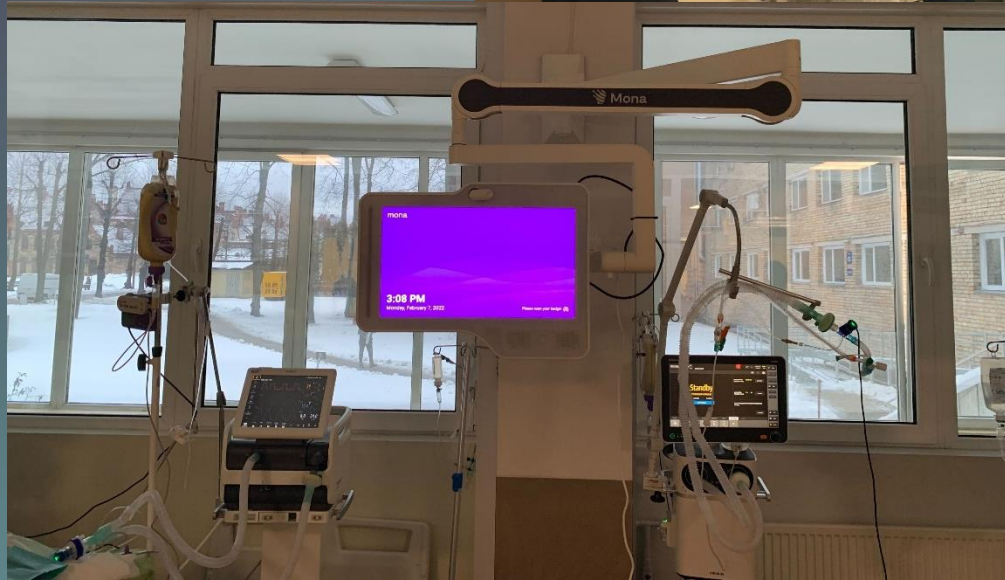


Bethlehem
Hospital – BETH
(peripheral
hospital)

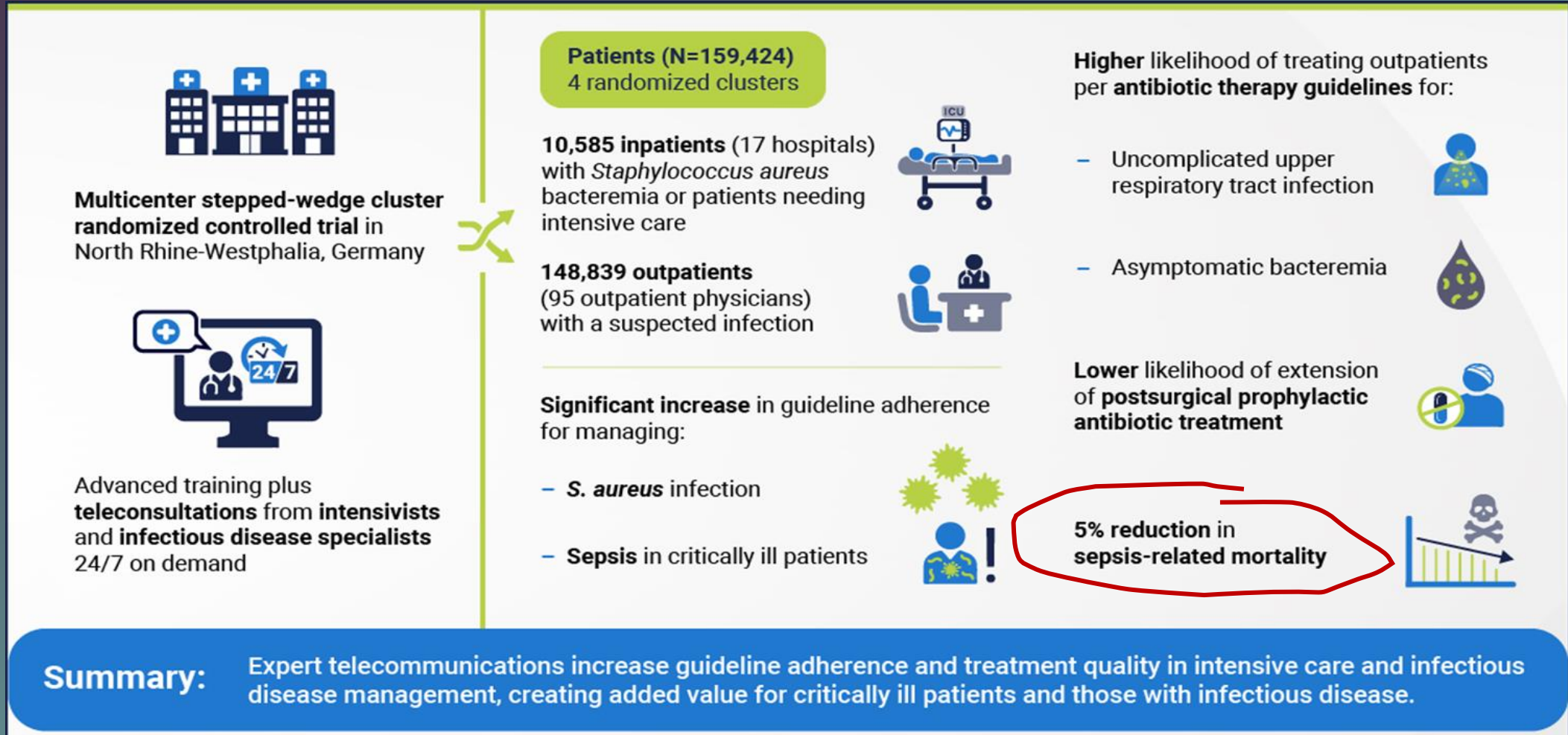


ICU Hub Latvia

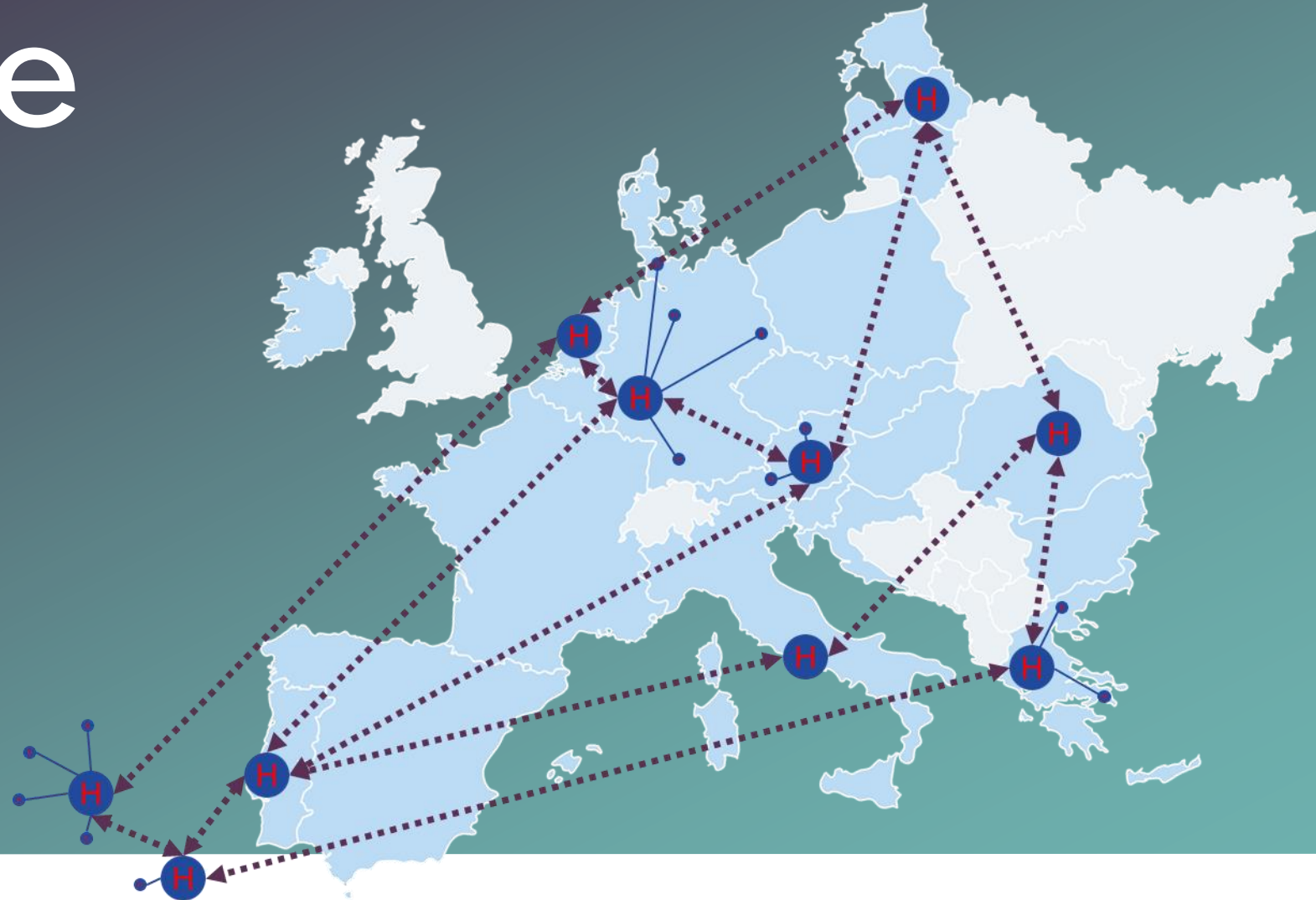
Paula Stradina Kliniska
Universitates Slimnica



Improving Quality of Care



Scaling Up throughout Europe





Priv.-Doz. Dr. Lukas Martin, MHBA

Senior Consultant Intensive Care Medicine

University Hospital RWTH Aachen

Chief Medical Officer and Co-Founder

Clinomic Group GmbH



www.clinomic.ai



lmartin@clinomic.ai



This project has received funding from the European Union's Horizon 2020 research and innovation programme under the grant agreement No. 101016000.



Session 2

PROCURE4HEALTH

Donna Henderson, DIGITAL HEALTH, SCOTLAND



Procure 4Health

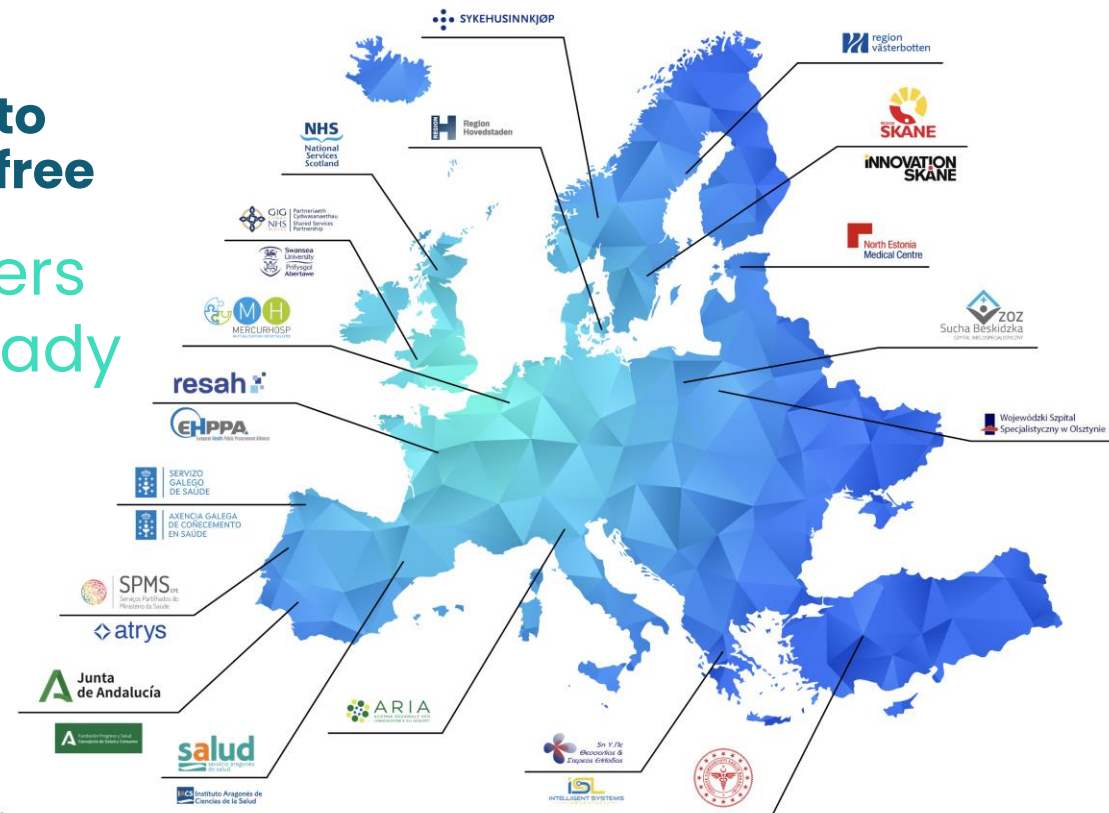
The European *community* of healthcare innovation procurers

www.procure4health.eu



 <p>CAPACITY BUILDING</p>	 <p>NETWORKING & MATCHMAKING</p>
 <p>COLLABORATIVE INNOVATION PROCUREMENT</p>	 <p>POLICY IMPACT</p>

Stay tuned to access our free services! 19 procurers have already joined



Supporting organisations



This project has received funding from the European Union. GA 101057209.

Session 2

SHAFE

Carina Dantas, SHINE 2EUROPE

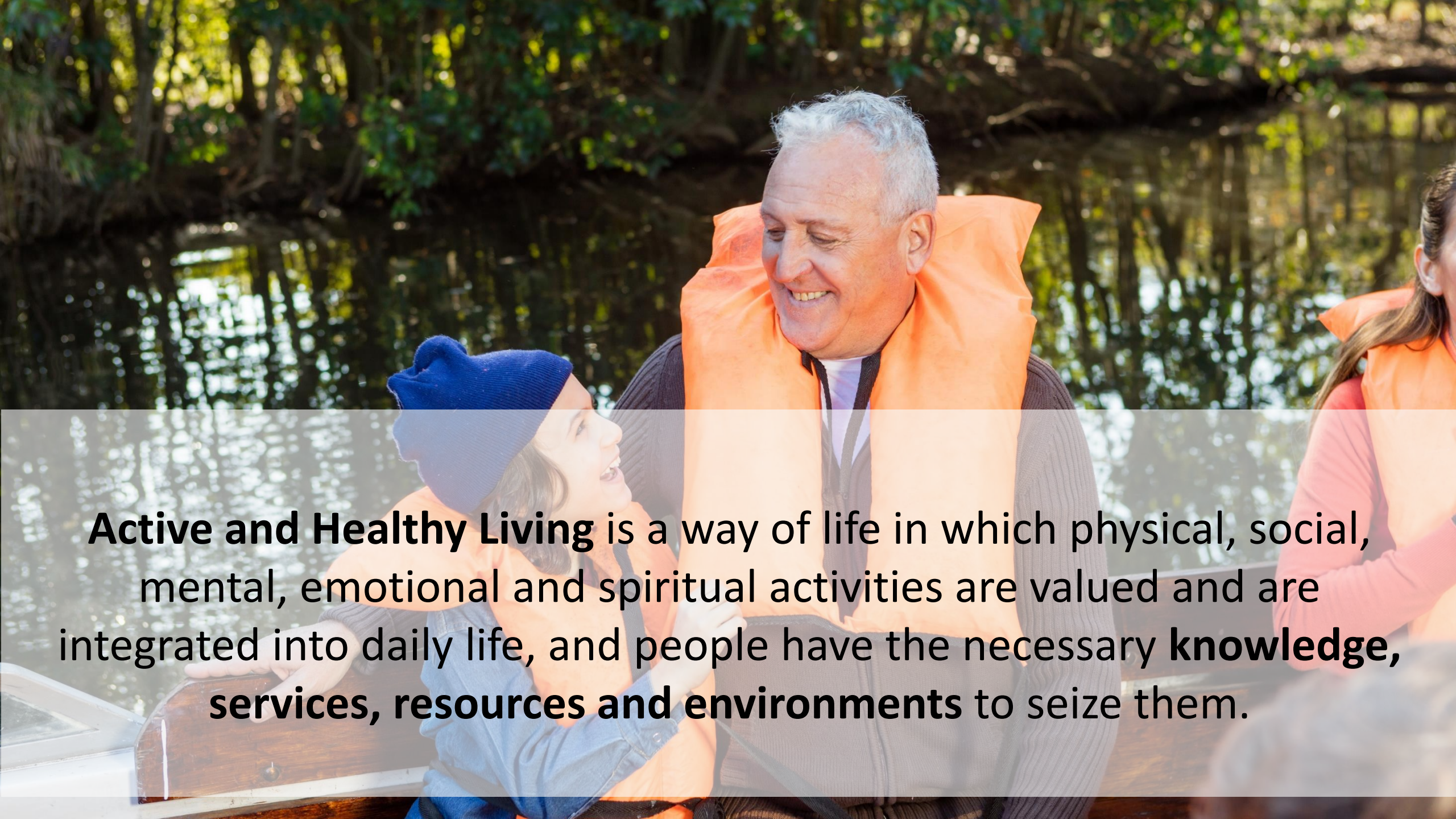


Taking the world a step forward

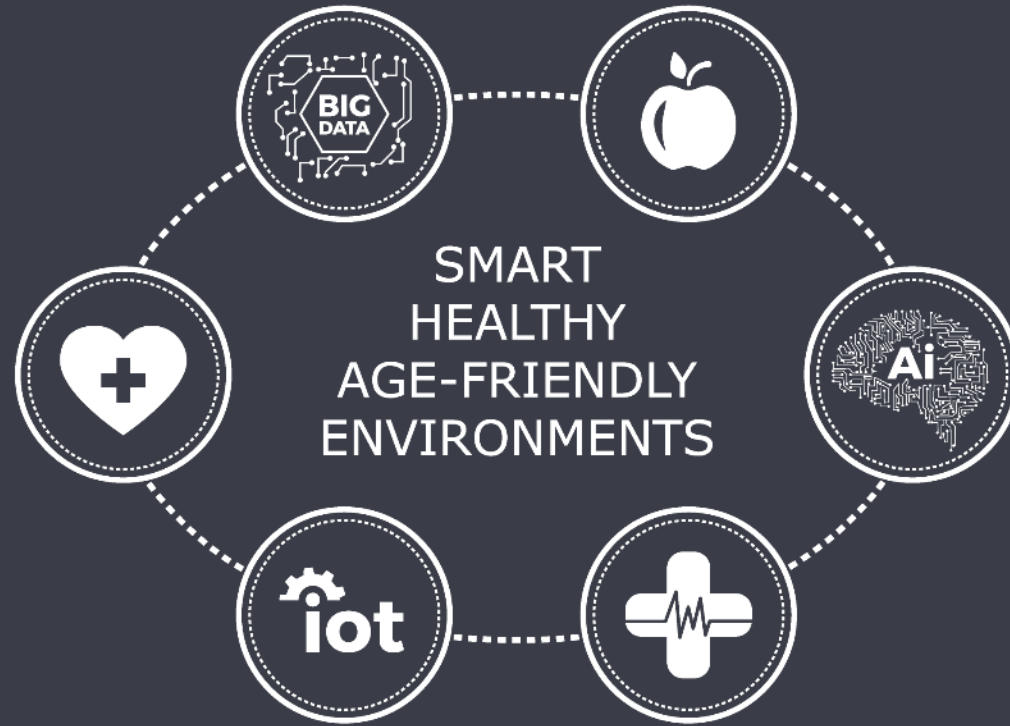


Carina Dantas

SHAFE and NET4@Age-Friendly
AHA Reference Site Awards Ceremony | 10 October 2022

A photograph of an older man and a younger woman on a boat. Both are wearing bright orange life jackets. The man, with white hair, is smiling and looking towards the woman. The woman, wearing a blue beanie and a blue jacket, is also smiling and looking back at him. They appear to be in a pleasant conversation. The background shows a body of water and a dense line of green trees under bright, natural light. A semi-transparent grey box is overlaid on the lower half of the image, containing text.

Active and Healthy Living is a way of life in which physical, social, mental, emotional and spiritual activities are valued and are integrated into daily life, and people have the necessary **knowledge, services, resources and environments** to seize them.



STAKEHOLDERS NETWORK

SHAFE

A new concept was created since 2017, based on the desire to implement **Smart Healthy Age-Friendly Environments (SHAFE)** across Europe, fostering happier and healthier people in all communities. This idea took shape and became a solid movement.



Carina Dantas
carinadantas@shine2.eu



Willeke van Staaldinuen
willeke@afedemy.eu

COORDINATORS



MAIN PARTNERS



SHAFE began as a Thematic Network, approved by the European Commission, with the ambition to draw policy makers, organisations and citizens' attention to the need of better alignment between health, social care, built environments and ICT, both in policy and funding.

The conclusions of this extensive work in 2018, gathering over 160 organisations as partners, was delivered to the European Commission and Member States in a Joint Statement and a Framing Paper in December 2018.

After this, SHAFE evolved to a European **Stakeholders Network**, which is currently working to achieve better COOPERATION and IMPLEMENTATION, as the major challenges for this next period.

JOINT STATEMENT ON SMART HEALTHY AGE-FRIENDLY ENVIRONMENTS



A SHARED VISION



COOPERATION
COMMUNICATION



FUNDING / CONDITIONS
FOR IMPLEMENTATION



NEEDS



CITIZEN
EMPOWERMENT

RESEARCH FOR
PREDICTION / PREVENTION



In the aftermath of the pandemic, what do we need for digital uptake?

CITIZENS need to improve:

- digital skills
- health literacy
- engagement and democratic participation
- less inequalities on access

ENVIRONMENTS have as major challenges:

- house retrofitting
- digital infrastructures
- public spaces & mobility
- climate neutral solutions

and, finally, **HEALTH AND CARE** need:

- reliable accessible big data
- integrated and person-centered pathways
- long-term funding solutions/
business models

**We acknowledge that all these challenges are interconnected
and that a global approach is needed!**

International Interdisciplinary Network on Smart Healthy Age-friendly Environments

With **researchers and
stakeholders** from all sectors.

NET4
Age-Friendly



Chair
Carina Dantas



Vice-Chair
Willeke van Staalduinen

 **cost**
EUROPEAN COOPERATION
IN SCIENCE & TECHNOLOGY

 **Funded by
the European Union**

This COST Action main goal is to foster **awareness and support the creation and implementation of smart, healthy indoor and outdoor environments** for present and future generations.



Public authorities,
standards organisations

Academics and scientists



Citizens

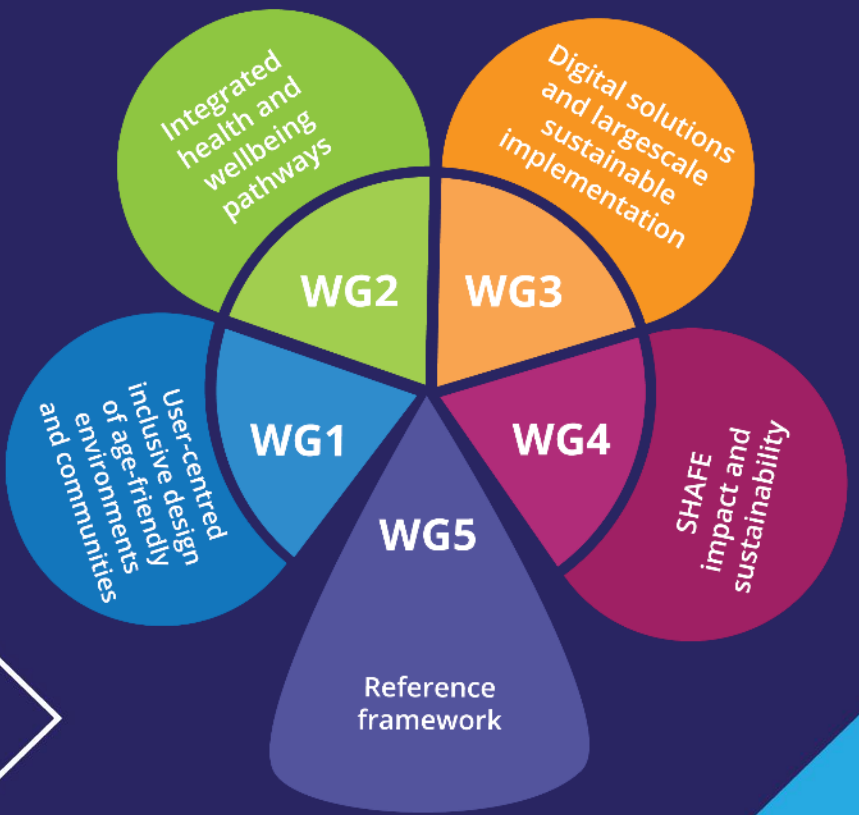
Businesses, caregivers, and
non-governmental
organisations

**MANAGEMENT
COMMITTEE**
51 Countries
FULL NETWORK
~485 participants

Establishment of local or regional ecosystems to work on **health & wellbeing in an inclusive digital world.**

With citizens, public authorities, businesses, NGOs and researchers.

They will be supported by 5 **Working Groups**.





Early stage core-partners



To promote active and healthy living throughout the lifespan, **an integrated and holistic approach** on the physical and mental development of children and adults is crucial.

We recommend the **CREATION AND MAINTENANCE OF LOCAL, REGIONAL OR NATIONAL ECOSYSTEMS** in which all citizens, researchers, business, NGOs, health and social care professionals and authorities are enabled to cooperate with each other.

Training opportunities, joint learning of skills regarding healthy lifestyles for all ages, ICT usage, safe housing and independent living, maintained and safe outdoor spaces are all **KEY AREAS FOR ACTION**, along with financial security, online connectivity, accessibility and inclusiveness for all.

Technology is growing at a fast pace and is often not looked at through the lens of older adults or those with less capabilities. Also, the pandemic enhanced the trend to higher efficiency in public services and cut spending by turning them completely digital.

But looking at the future, a lifelong approach with **DIFFERENT AND TARGETED LITERACY MEASURES**, fit to different age ranges is needed. Grassroot organisations are the most adequate to provide them.

We propose to stress the continuous **ADAPTABILITY AND PERSONALIZATION OF ENVIRONMENTS and ICT SERVICES** to the evolving needs of all people as they age.

COMMUNITY PARTICIPATION needs to be enabled as a valuable tool for continuous feedback and broader engagement in the use of ICT tools.

People should not need to adapt to environments or solutions

We advocate for solutions and environments that **include, adapt, grow, and respond to our personal needs, at any age or condition**

NET4
Age-Friendly



Smart Healthy Age-Friendly Environments

 **cost**
EUROPEAN COOPERATION
IN SCIENCE & TECHNOLOGY

 Funded by
the European Union

A concerted agenda to SHAFE



IT'S ALL ABOUT PEOPLE!





Questions & Answers



"Success is not final; failure is not fatal:
It is the courage to continue that counts."



shine2.eu



[shine2europe](https://www.linkedin.com/company/shine2europe)



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SHAFE | <https://shafe.eu/>

NET4Age-Friendly | <https://www.net4age.eu/>

Session 3

Session 3: Selected Good Practices from AHA Reference Sites

Moderator: Jawad Hajjam

Session 3

JOB RALLY – DEVELOPPING THE ATTRACTIVENESS OF HOME CARE
JOBS: AN INITIATIVE COORDINATED BY GERONTOPOLE
NOUVELLE-AQUITAINE, FRANCE

Erika Jouhet, Nadège Dubernard-Nègre, REGION NOUVELLE-
AQUITAINE

Murielle Bouin, GERONTOPOLE NOUVELLE-AQUITAINE



NOUVELLE-AQUITAINE REGION

Erika JOUHET

Head of the Health and Silver Economy Unit,
Nouvelle-Aquitaine Region

Murielle BOUIN

Director, Gérontopôle Nouvelle-Aquitaine

RSCN - AHA Awards Ceremony
Brussels, 10 October 2022



RÉGION
**Nouvelle-
Aquitaine**





> The regional organisation
in **Nouvelle-Aquitaine**
federating stakeholders
for active and healthy ageing

> A public interest group
with **over 200 members**



RALLYE DES MÉTIERS

de l'aide
À LA PERSONNE

**A job rally to develop
the attractiveness of
home care jobs**

IN NOUVELLE-AQUITAINE



WHY A JOB RALLY?

CONTEXT:

The **home care sector** is one of the largest growing sectors in France.

Challenges:

- ▶ an increasing demand due to the ageing population
- ▶ difficulties in finding and keeping qualified staff
- ▶ a complicated regulatory framework



WHY A JOB RALLY?

OBJECTIVE:

ENHANCE THE VALUE of home care jobs
in order to attract people to:

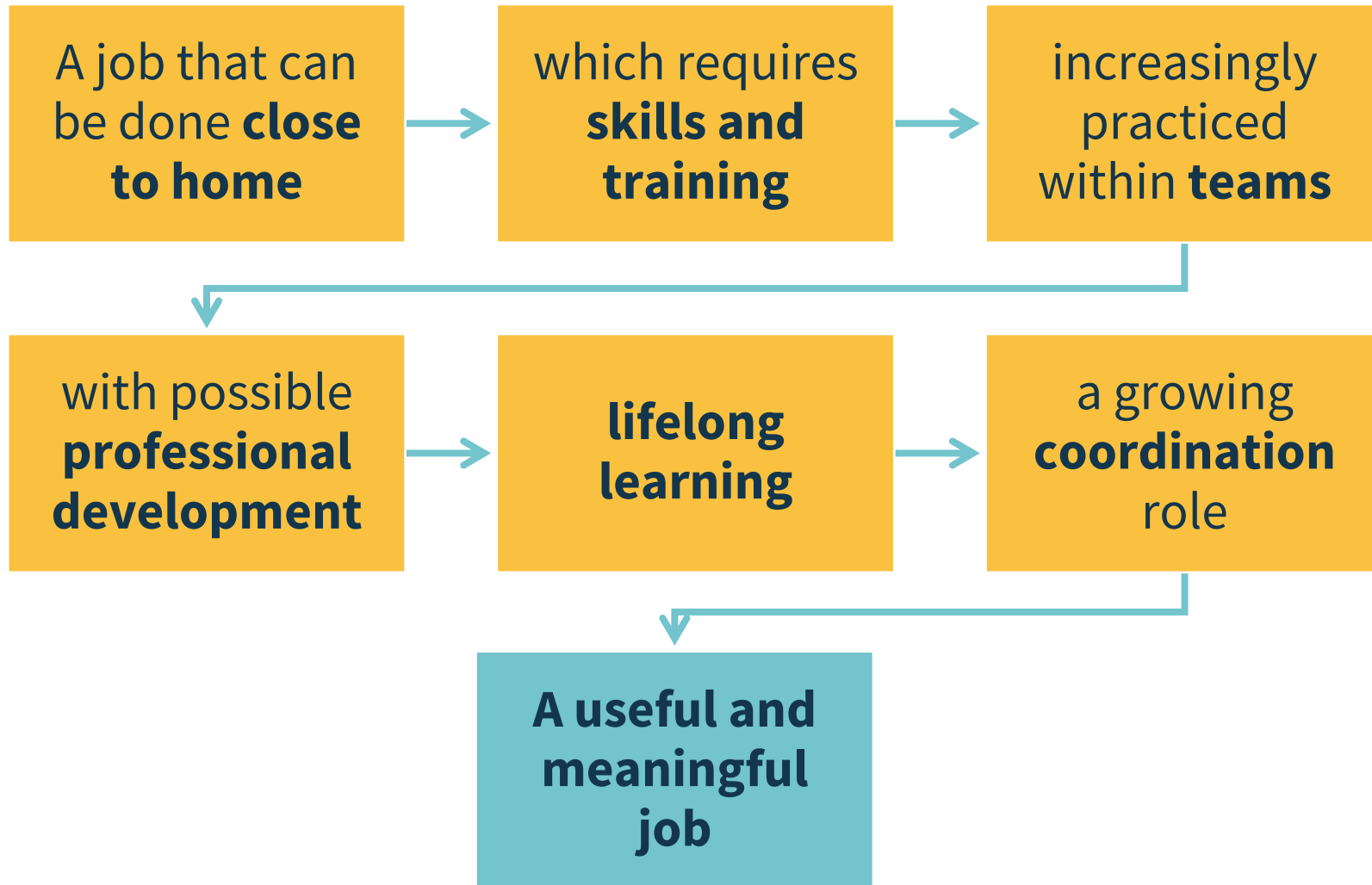
- ▶ **DISCOVER** the different aspects of these professions
- ▶ **UNDERSTAND** the possible career path(s)
- ▶ and therefore enable them to **CHOOSE** or not this profession with full knowledge of its aspects



REGIONAL HEALTH AND CARE PRIORITY:

Nouvelle-Aquitaine Region's silver economy 2018-2021 roadmap,
axis 2 "Helping people to age well": "Enhancing the value of
independent living professions: quality, recognition, job development"

KEY MESSAGE



THE JOB RALLY: 7 thematic workshops during 1 month

PARCOURS INDIVIDUEL

7 THÈMES > 7 ATELIERS À EFFECTUER



employers



**reality of
jobs**



**working
conditions**



**knowledge
of the
public**



training



**other home care
professionals**



**professional
development**

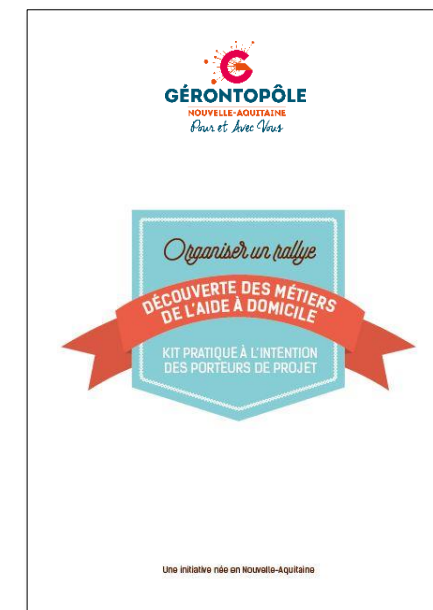


RÉGION
**Nouvelle-
Aquitaine**

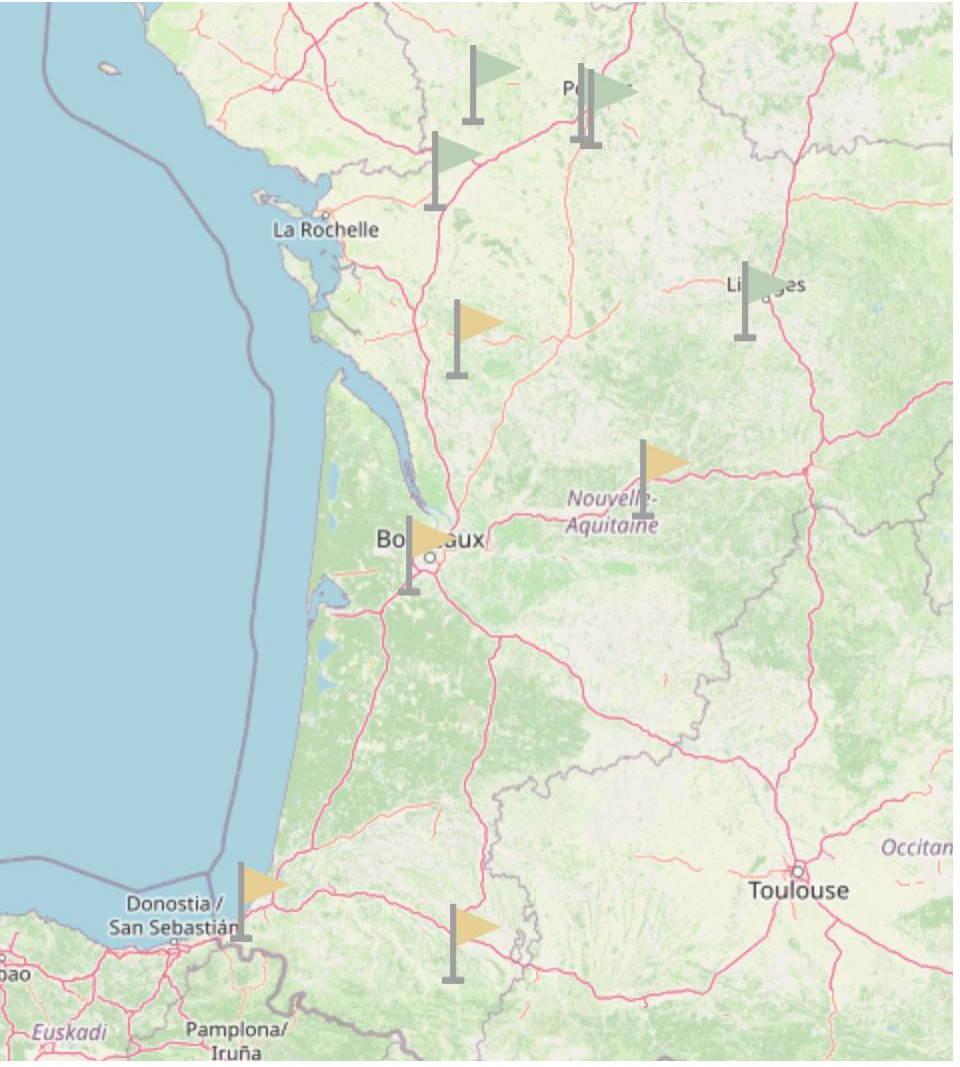
A “**Practical toolkit for project leaders who wish to organise a job rally to discover home care jobs**” including a methodology to set up this initiative with open-source documents



- ▶ Project governance
- ▶ Partnerships
- ▶ Workshops
- ▶ Management tools
- ▶ Opening and closing ceremonies
- ▶ Communication and dissemination
- ▶ Project evaluation



LARGE SCALE DEPLOYMENT



- ▶ **10 Job Rally editions** organised in **7 different Départements** (last one in May 2022 in Bordeaux)
- ▶ **More than 1 300 participants** overall

WHAT IS THE IMPACT OF THE RALLY?

- ▶ The rally enabled participants to:
 - ▶ gain a better understanding of the sector
 - ▶ build their ecosystem
 - ▶ for those interested: continue their integration into the sector (training, internships or even employment)
- ▶ A good partnership dynamic has been established (between players who were nevertheless in competition)

More information at www.rallyedelaidelaipersonne.fr

KEY LESSONS

Project governance

- ▶ A steering group that shares the same objectives with a clear division of tasks

Partnerships

- ▶ Ensure the involvement of the diversity of home care actors
- ▶ Identify the partners likely to organise workshops

Workshops

- ▶ Invite partners to co-organise workshops to enable participants to cover different themes within the same workshop
- ▶ Propose a readable, coherent and comprehensive programme
- ▶ Organise different types of courses to adapt them to groups, especially student groups

The most important is to involve as soon as possible organisations working on access to the labour market to reach a large audience.

It is key to the success of the initiative!



Thank you!

Erika JOUHET

Head of the Health and Silver Economy Unit,
Nouvelle-Aquitaine Region

Murielle BOUIN

Director, Gérontopôle Nouvelle-Aquitaine

RSCN - AHA Awards Ceremony
Brussels, 10 October 2022



RÉGION
**Nouvelle-
Aquitaine**



Session 3

PERSON-CENTERED CARE MODEL – BASQUE COUNTRY, SPAIN

Esteban De Manuel Keenoy



European Innovation
Partnership on Active
and Healthy Ageing
REFERENCE SITE

Special recognition for excellence

Person-centred care model Basque Country Reference Site

Esteban Manuel Keenoy

Director - Kronikgune Institute for Health Services Research

Euskadi, auzolana, bien común

ELUSKO JAURLARITZA



GOBIERNO VASCO

Basque Country general features

- High level of **self-government** and **own fiscal autonomy** (own system of taxation).
- **Ministry of Health** of the Basque Government control Health Services
- **Ministry of Equality, Justice and Social Policies** defines the social policies and social services, managed by local and provincial authorities.



- **Osakidetza** Basque Health Service is composed by 13 Integrated Healthcare Organizations (IHO).
- Highest investment in R&D in Spain (around European average.)

Basque Autonomous Community

2.2 million population; 7.235 Km²

> 23% population are >65 years old (2021)

Basque Country strategic framework

Health and care frameworks



Basque Strategy of Active Ageing 2015-2020



Social and Health Care guidelines 2021-2024



Health Ministry Strategy 2021-2024



Basque Strategy for Governance with the Elderly 2019-2022

Digital transformation frameworks



PCTI 2030: Smart Specialisation Strategy



Digital Transformation 2025



Research and Innovation Strategy in Health 2022-2025



Priorities:
Healthy ageing life-course approach
Person-centred care model,

Person-centred care model



Focus in...

increasing disability-free life expectancy, boosting prevention and health promotion in a whole life-course approach and transform citizen health and care system towards a person-centred care model.



Person-centred care model

Improve population health outcomes ensuring continuity of care and coordinating health and care actors (professionals, patients, caregivers).

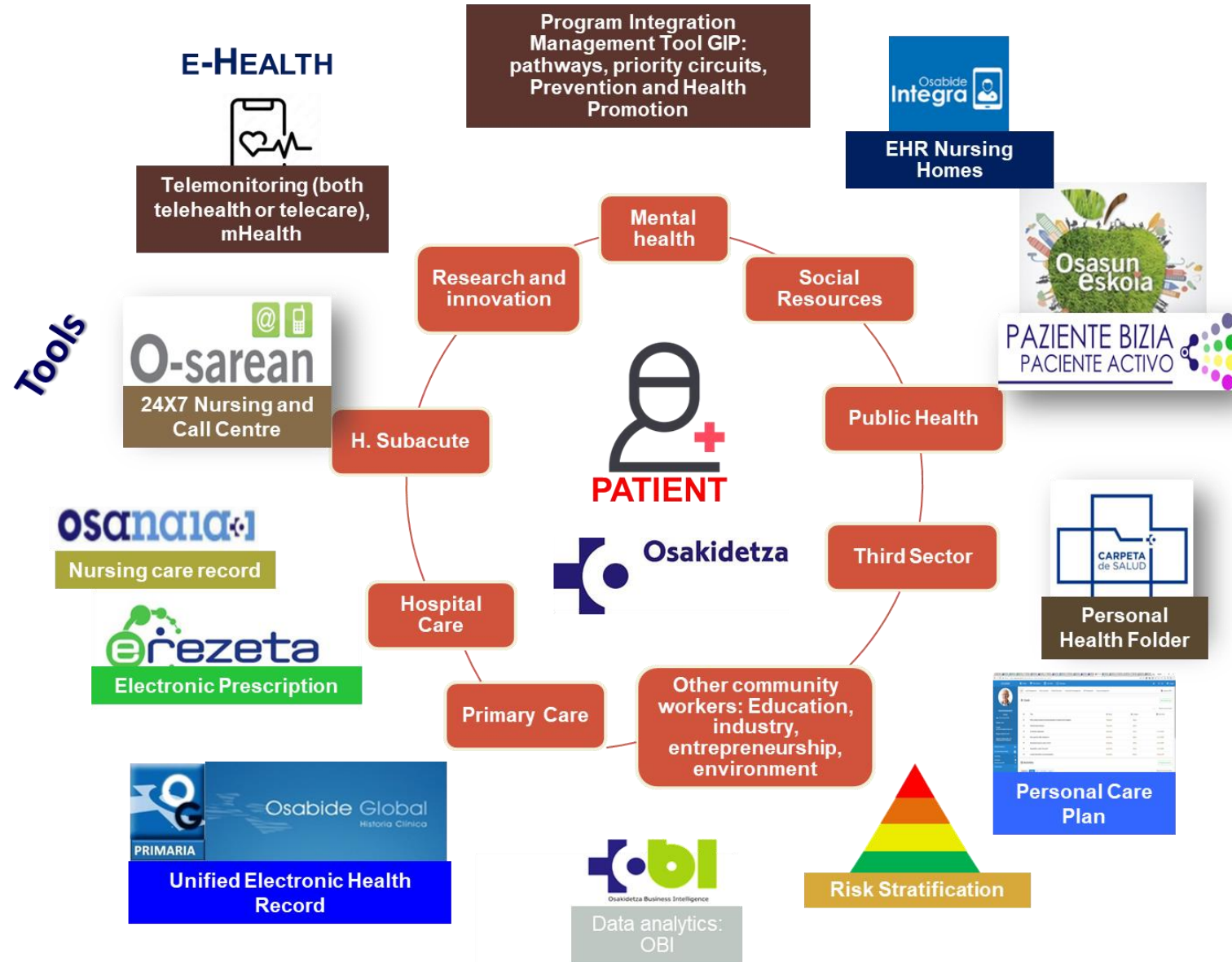


Osakidetza

Main components:

-  **Integrated Healthcare Organizations (IHOs)**
-  **Basque population risk stratification**
-  **Integrated Intervention Plans**
-  **Nursing new profiles**
-  **New School of Health**

Osakidetza healthcare system digital transformation



Evidence Data in 2021 (vs 2020)



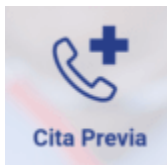
244,934 calls made to the e-health centre (-46%).



3,805,959 accesses to the PHF (+142%)



271,017 digital professionals' inter-consultations (+12%).



24,574,900 telephone consultation in PC 772 (+33%).



3,705,825 web appointments (+215%)



1,968,889 visits to the School of Health webpage (+224%).

Key messages for Person-centred care model

Clear strategic vision has provided leadership, explicit support and capacities to transform the health system towards person-centred care model.

Strong and maintained investment in digitalization and e-Health deployment to support integrated care and

Reinforcing organizational, functional and clinical coordination has improved **continuity and person-centred care** both at health and social care levels.

Adapt and advance **into a digital world** with an increasing role of robotisation, AI, electronic communication, cyber-security and big data, ensuring **better health outcomes, person decision making capacity and equity** .

Eskerrik asko!
Thank you very much!

Euskadi, auzolana, bien común

EUSKO JAURLARITZA



GOBIERNO VASCO



Session 3

TRAINING NURSING HOME PROFESSIONALS TO WORK IN THE CONTEXT OF THE PANDEMIC

Sandra Pais, COORDINATOR OF THE ALGARVE ACTIVE AGEING
REFERENCE SITE; UNIVERSITY OF ALGARVE, POTUGAL

Training Nursing Home Professionals to work in the context of the pandemic

Sandra Pais
University of Algarve



Algarve
Active
Ageing

Centro de Referência
para o Envelhecimento Ativo
e Saudável / EIP-AHA



Algarve



Algarve
Active
Ageing

Centro de Referência
para o Envelhecimento Ativo
e Saudável / EIP-AHA



RSCN

REFERENCE SITE COLLABORATIVE NETWORK



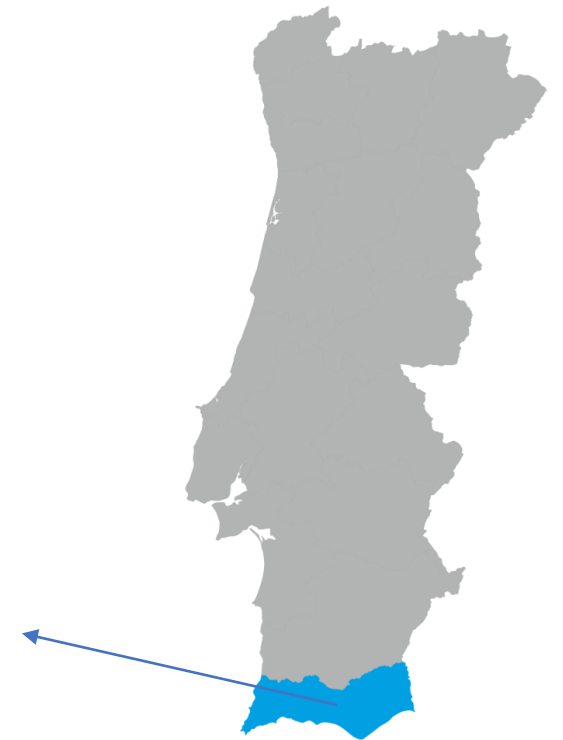
Portugal Population: 10.352.042

Algarve Population: 467.475

≥ 65 years old: **110.980 (23.7%)**

Area - 5000Km²

5.6 % of National Territory



Algarve



Algarve
Active
Ageing

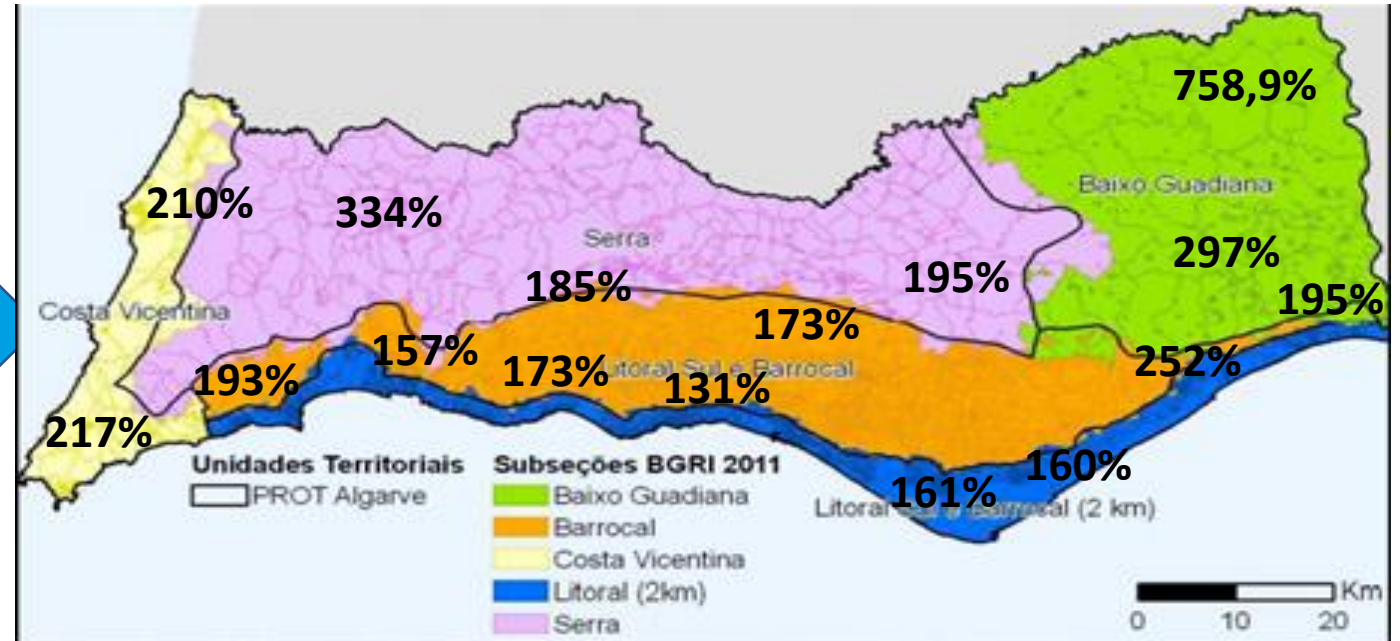
Centro de Referência
para o Envelhecimento Ativo
e Saudável / EIP-AHA



RSCN

REFERENCE SITE COLLABORATIVE NETWORK

- 66% of the population of the Algarve lives in just 22% of the territory.
- 49% live within 2 km of the coast (9% of the territory).



	Ageing Index							
	1960	1981	2001	2011	2014	2017	2019	2021
Portugal		45.4	101.6	125.8	138.6	153.3	164.1	182.7
Algarve	44.7	75.2	127.5	131.0	194.9	141.6	145.4	176.9

10 of the 16 Municipalities
Have higher Ageing than
Nacional mean

Who we are?



**Algarve
Active
Ageing**

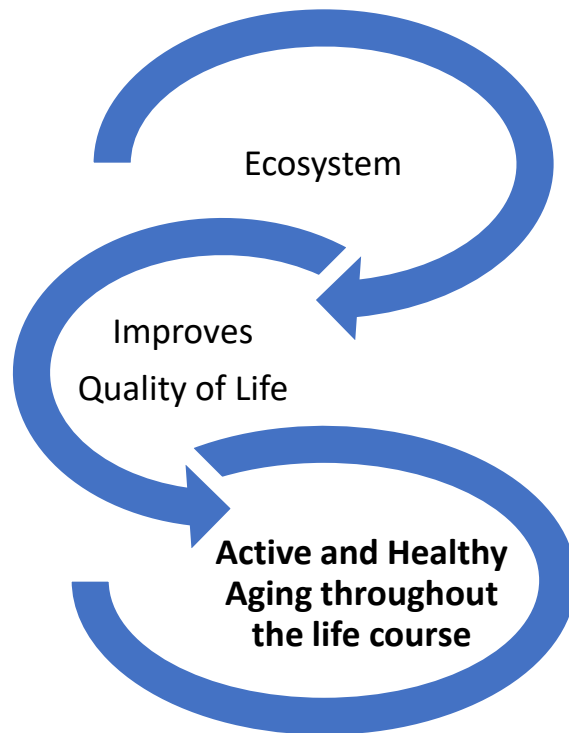
Centro de Referência
para o Envelhecimento Ativo
e Saudável / EIP-AHA



RSCN

REFERENCE SITE COLLABORATIVE NETWORK

Algarve Active Ageing



UAAlg

UNIVERSIDADE DO ALGARVE

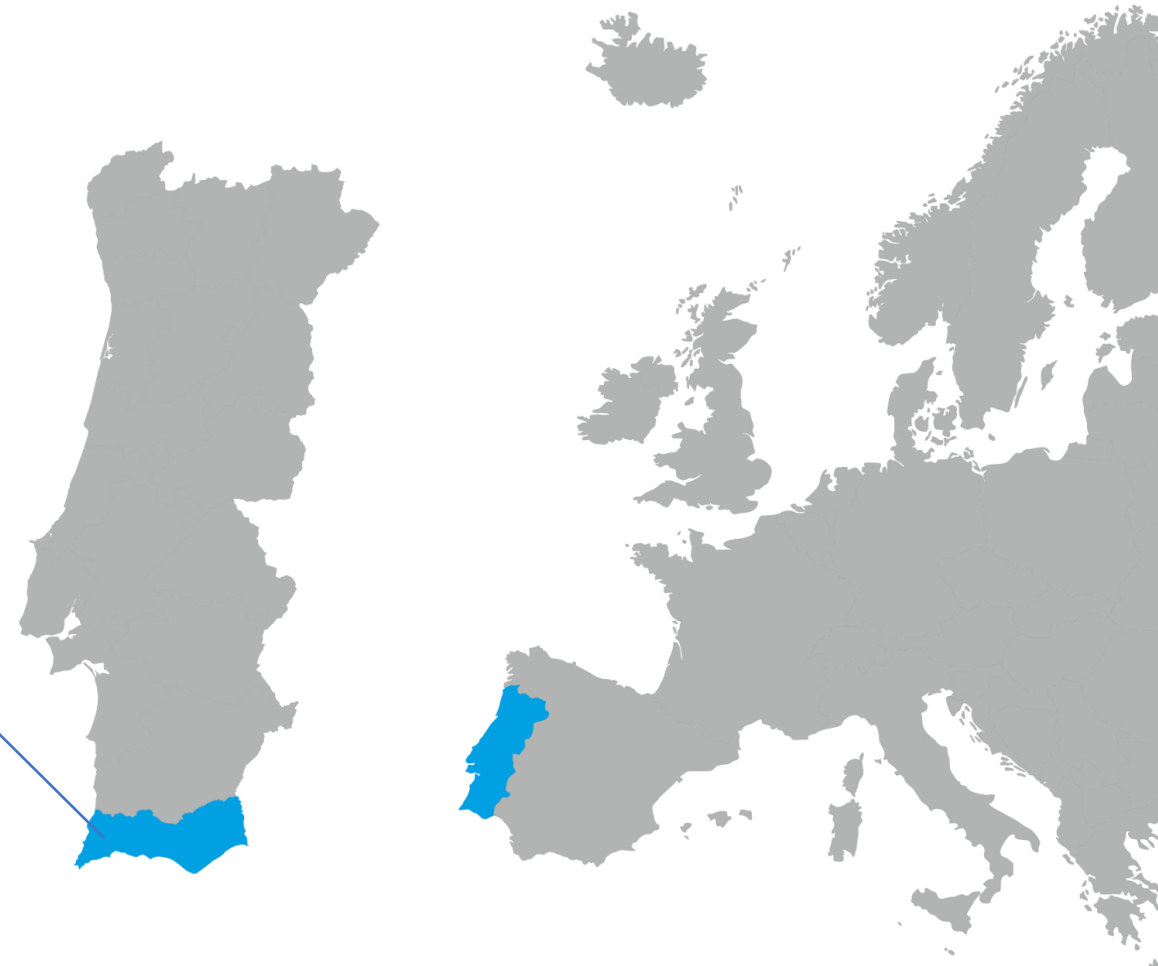


Portimão Campus

Gambelas Campus
Penha Campus



**CCDR
Algarve**



Who we are?



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Active
Ageing

Centro de Referência
para o Envelhecimento Ativo
e Saudável / EIP-AHA



RSCN

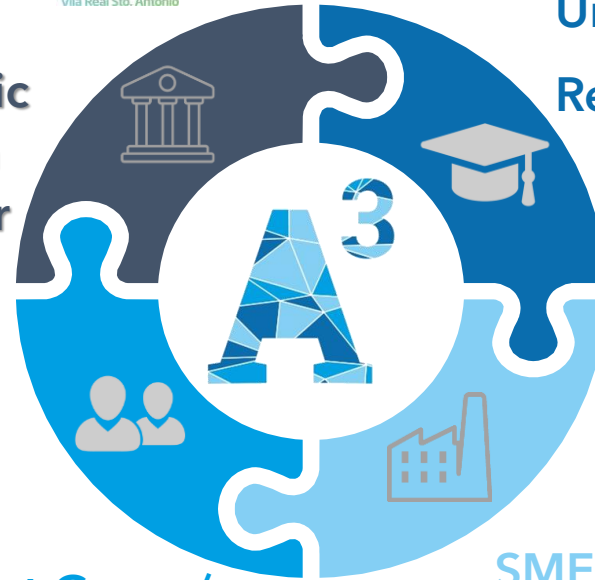
REFERENCE SITE COLLABORATIVE NETWORK

Government/Public
Authority/Health
and Care Provider

University/
Research

Patient Group/
Civic Society

SME/Industry



2019-Geriatric Assistants Profile in the Algarve



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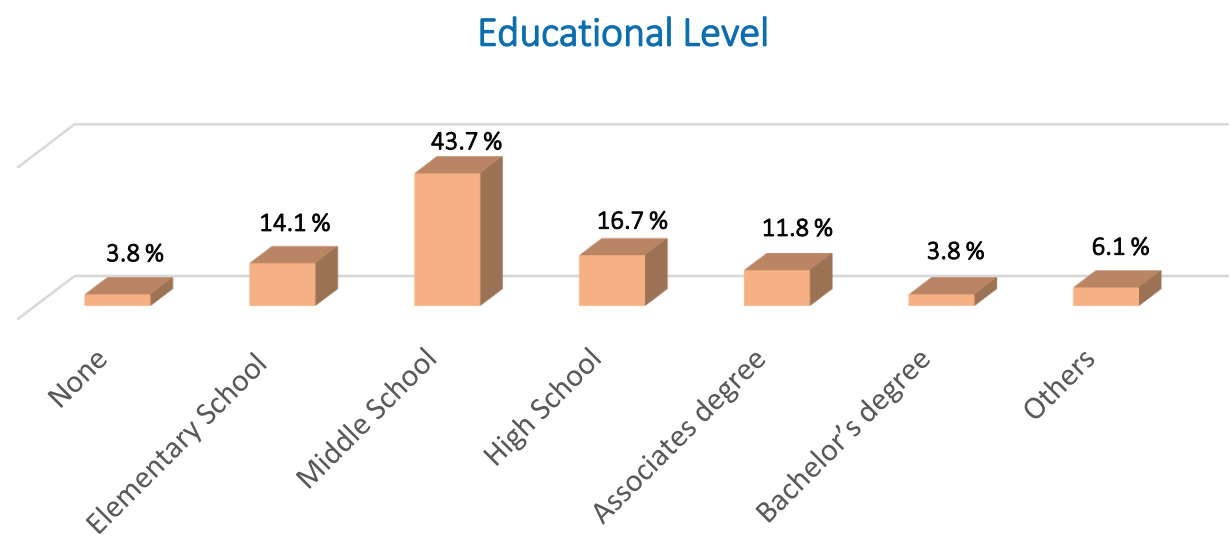
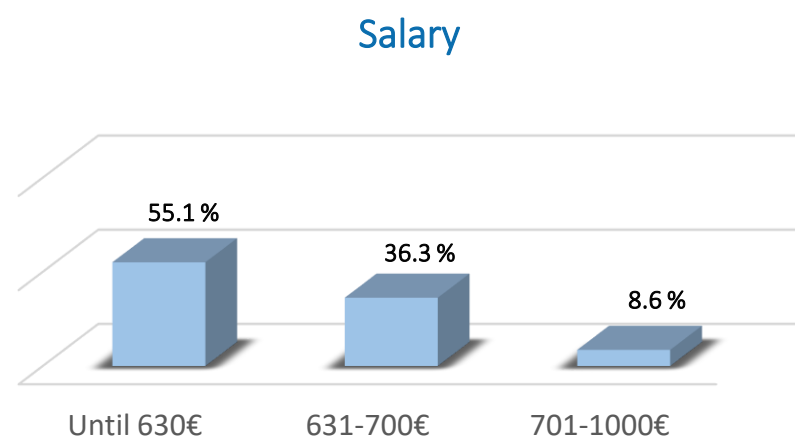
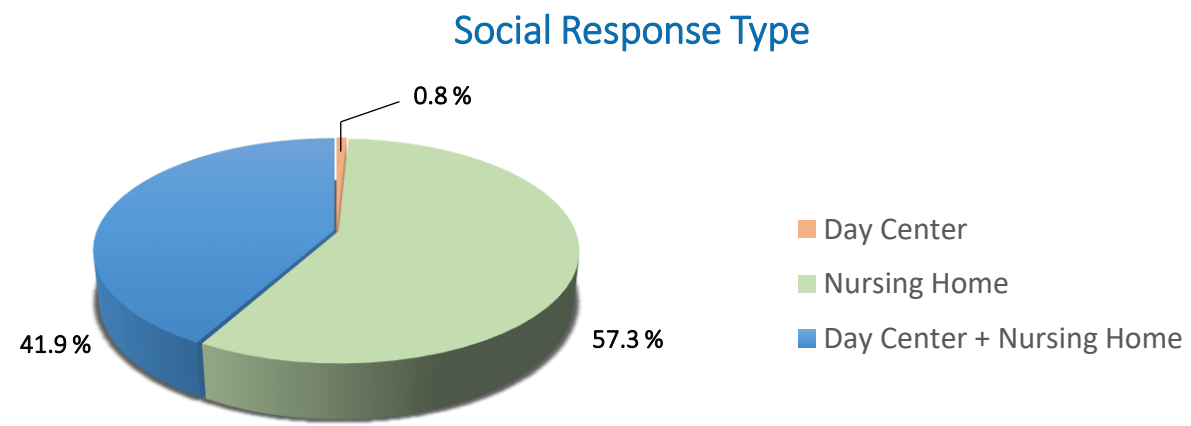
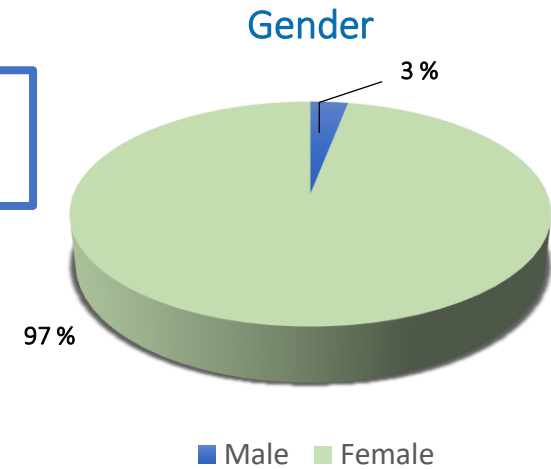
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n=263 Geriatric Assistants in institutions Region of Algarve



COVID-19 Pandemic in Portugal



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04.03.2020 → 05.10.2022

5.500.921 cases

25.082 deaths

NEW CONFIRMED CASES ACCUMULATED OVER 7 DAYS | PORTUGAL

19 703 | + 1 493

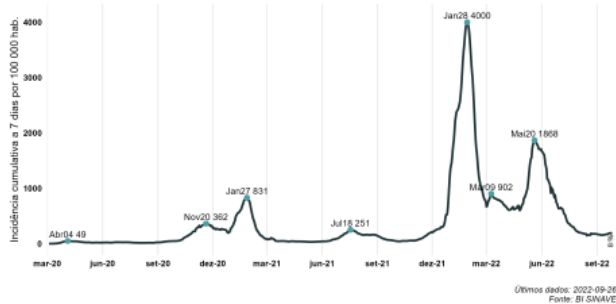
NEW CASES
CONFIRMED WEEKLY CHANGE

191 | + 8%

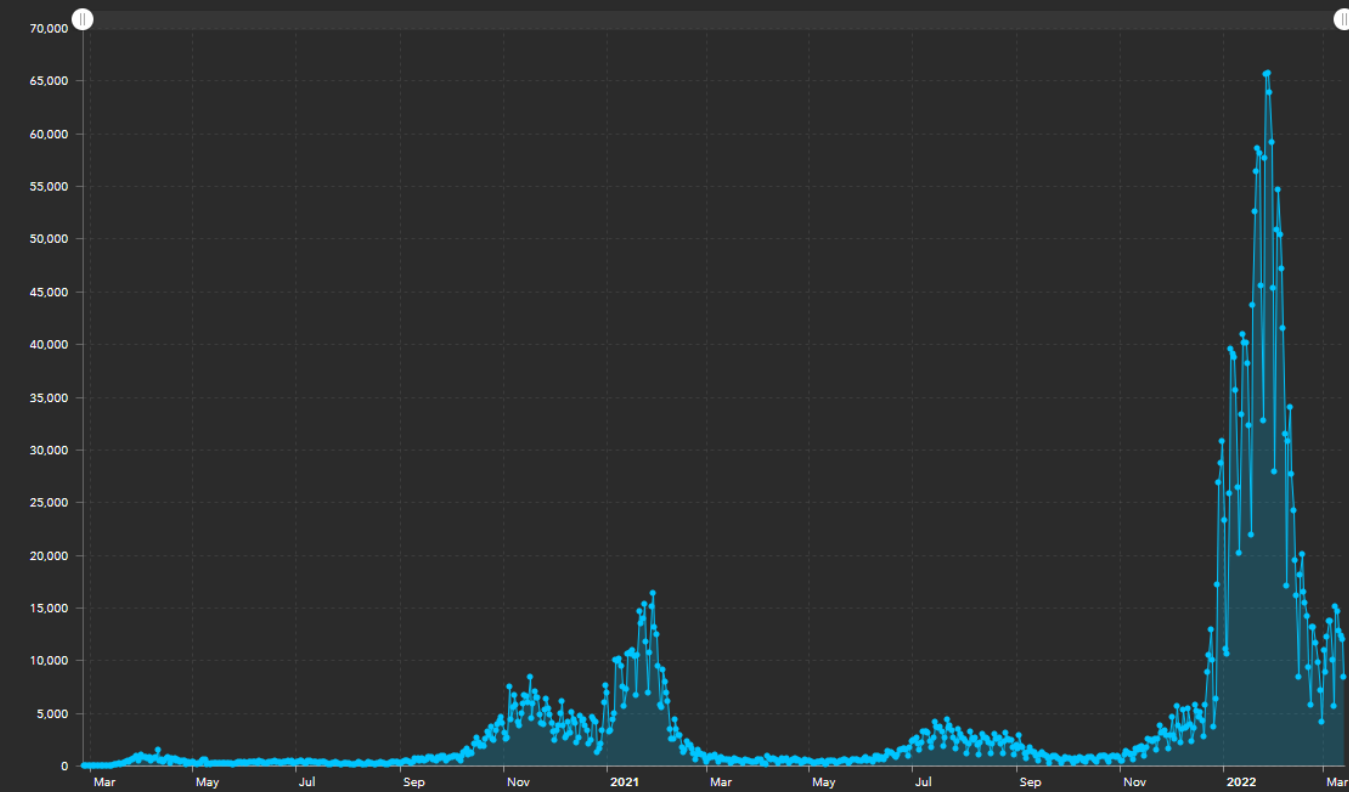
INCIDENCE (/ 100 000
HAB) WEEKLY CHANGE

1,06

R(t)



Evolution of New Cases





Article
COVID-19 Preparedness and Perceived Safety in Nursing Homes in Southern Portugal: A Cross-Sectional Survey-Based Study in the Initial Phases of the Pandemic

Óscar Brito Fernandes ^{1,2,3,4,*}, Pedro Lobo Julião ^{4,5,†}, Niek Klazinga ^{2,‡}, Dionne Kringos ^{2,‡} and Nuno Marques ^{4,5,‡}

- n= 720 (from March to July 2020)
- 93% female, 6 % male;
- 41 % had only middle school education (9 years or less);
- Mean age 45 (11);
- Had a long-lasting work contract (55%);
- Worked full-time (90%).
- Workers from 2 regions Algarve and Alentejo

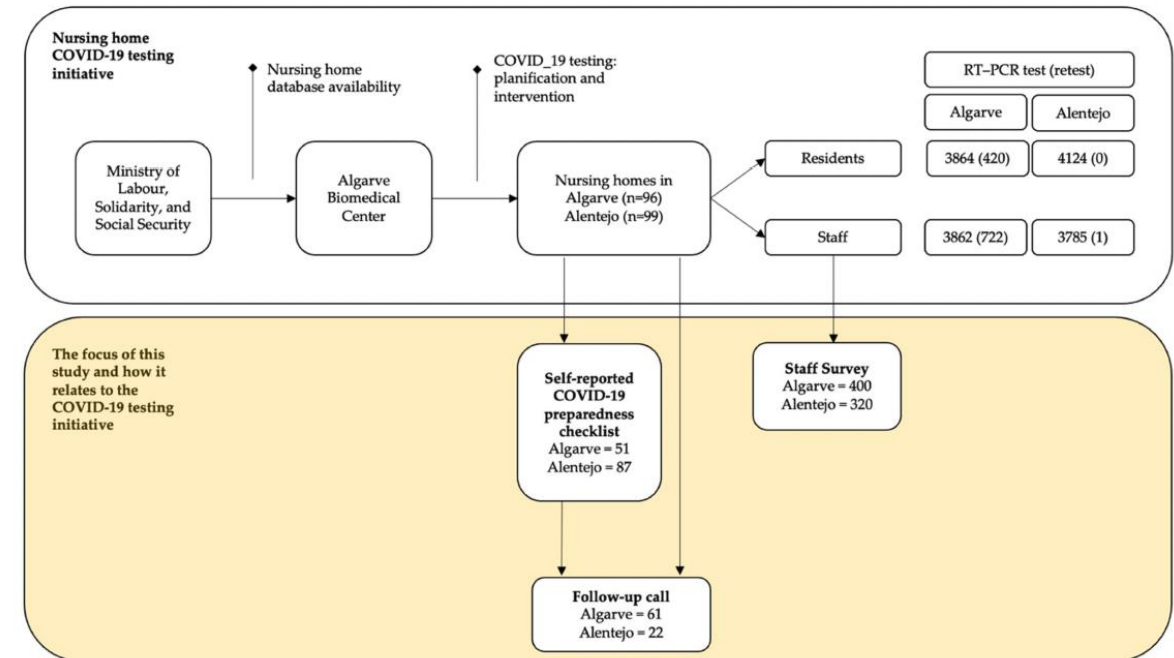


Figure 1. Descriptive frequencies of the nursing home COVID-19 testing initiative and the unfolding of this study, in Algarve and Alentejo (Portugal), amid the initial phases of the pandemic (March to July 2020).

Key items that were mostly highlighted by workers:



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- Poor communication channels, both internal and external, often failing to disseminate;
- The contingency plan among key stakeholders and engaging with health and other competent authorities;
- Inexistent or poor planning to isolate or transfer residents if needed;
- Poor surveillance systems to monitor for symptoms among residents and staff;
- Insufficient planning to overcome hindrances related to staff shortages and absenteeism, and infrastructure constraints (e.g., bed overcapacity in isolation rooms);
- The inexistent monitoring system of the effectiveness of the measures aiming at addressing; behavioral factors, both at the institutional and individual level;
- Misuse of personal protective equipment attributed to poor training and a generalized shortage of specific equipment (e.g., gowns and FFP2 face masks).

Training Nursing Home Professionals to work in the context of the pandemic



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Promoters:



- 5 training days - total duration of 35 hours.
- B-learning.

Aims:

- Special focus on how to interact with (potentially) infected residents
- Improve the overall capacity of nursing homes
- Ensure staff use adequate personal protective equipment in their daily activities
- Strengthen safety culture and promote work environments that support their well-being and mental health



Training Nursing Home Professionals to work in the context of the pandemic



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Regional Delegation	N.º Actions Initiated	N.º Trainees Covered			Target	% Execution	Training Hours	N. Actions Concluded	N.º Trainees Certificated			Rate Certification	Nº Institutions
		M	F	Total					M	F	Total		
Norte	17	13	299	312	400	78%	10 808	17	13	238	251	63%	17
Centro	14	12	231	243	300	81%	8 164	14	10	210	220	73%	15
Lisboa	13	13	186	199	400	50%	6 132	13	8	134	142	36%	13
Alentejo	13	21	238	259	200	130%	8 666	13	18	214	232	116%	13
Algarve	11	29	221	250	140	179%	8 022	15	22	176	198	141%	21
Total	68	88	1 175	1 263	1 440	88%	41 792	72	71	972	1 043	72%	79

Team: Pedro Julião (MD); Oscar Brito (PhD); Nurses: Filipe; Mauro Mota; Nita Simone, Gisela Braga, Lénia Ferreira, Elizabete Espinheira e Cristina Santos

Promoters:



Pandemic Responses



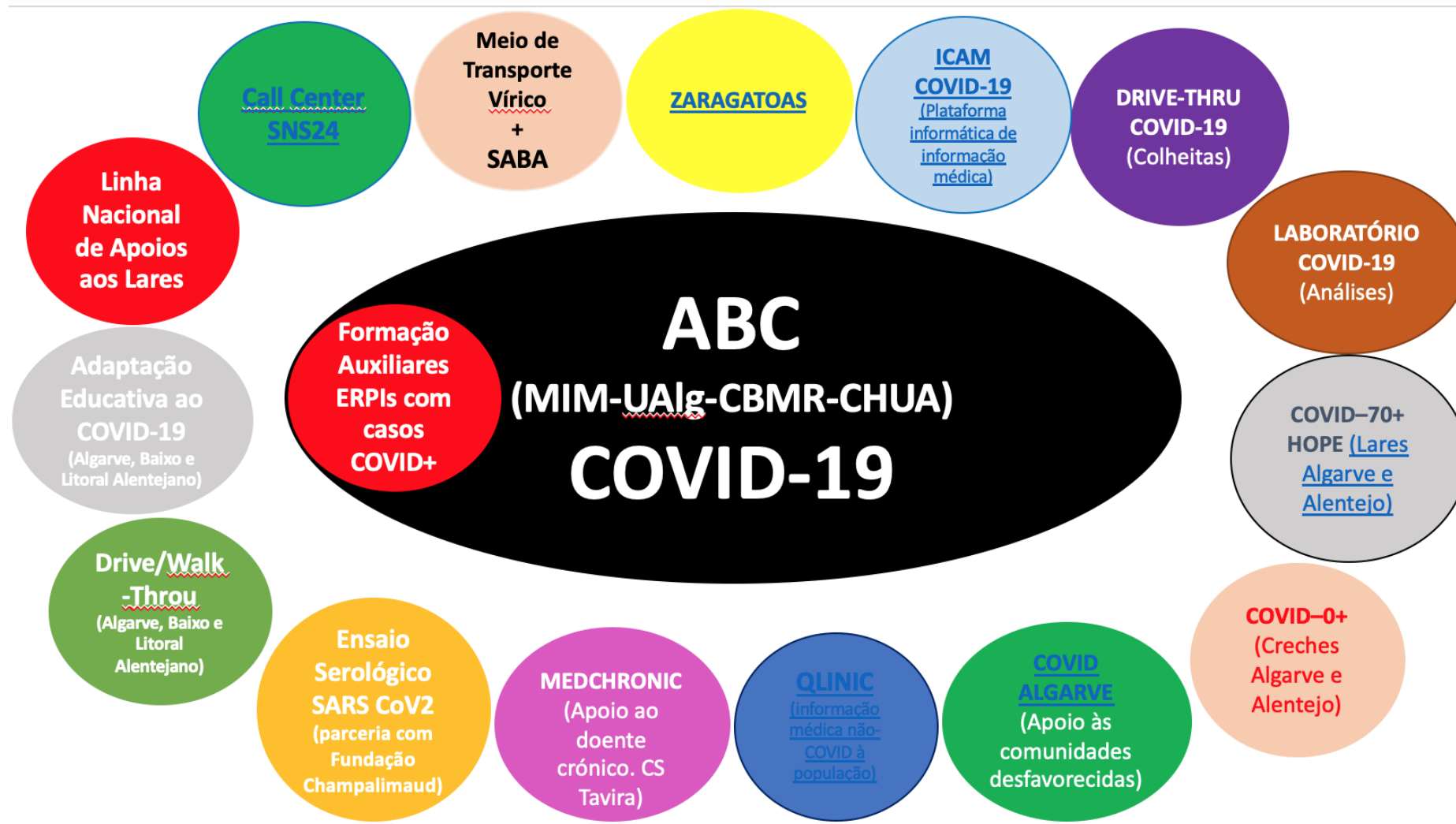
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Impact of the Pandemic Responses



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- Portugal is one of 7 EU countries with more cases but is below the EU average in the number of deaths.
- Portugal has one of the lowest % of covid deaths in nursing homes in the EU (27% by the end of 2021) (computed over the total of covid deaths).

The Region of Algarve through ABC and the References site A3 Ecosystem is recognized Nationally as an example of the importance of Regional organization and the Quadruple helix innovation models to respond to urgent populational needs such as the COVID-19 pandemic.

Promoters:





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Sandra Pais (spais@ualg.pt)

Session 3

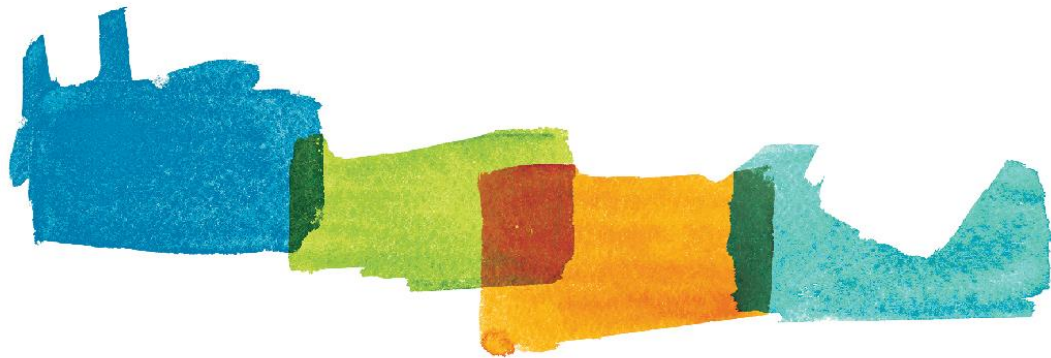
RESEARCH AND INNOVATION PRODUCTS IN HEALTHCARE AND BIOTECHNOLOGY: THE REGIONAL INNOVATION ECOSYSTEM OF CRETE

Angelina Kouroubali, RESEARCHER, FOTH, CRETE

Innovation in Healthcare and Biotechnology

The Regional Ecosystem of Crete

Dr. Angelina Kouroubali
Researcher, FORTH



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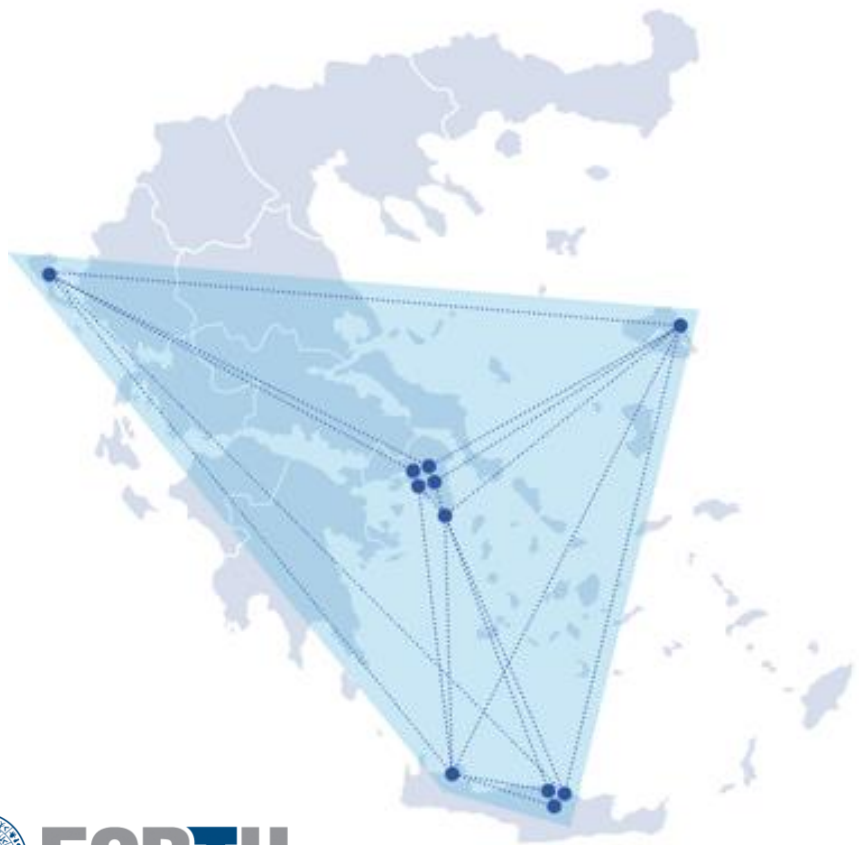
Crete ecosystem of Health & Biotech innovative companies



A highly competitive healthcare and biotechnology spin-off ecosystem was formed in Crete due to the commercialization of the top-notch research activities performed in the Research and Academic Institutions based in the Region of Crete

The largest Technology Transfer Offices Network in Greece coordinated by FORTH

Bridging innovative research with **society**, **industry** and **entrepreneurship**

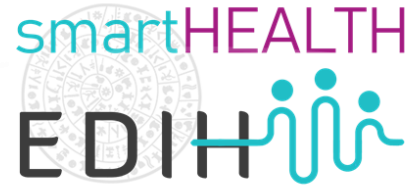


Hellenic Digital Health Cluster



- **Founded in 2021**
- **Strengthens the resilience of the Greek digital health ecosystem through networking and supporting actions**
- **Builds the innovation capacity of its members, especially SMEs, by providing or channeling specialised and customised business support services and upskilling**
- **HDHC ecosystem includes: i) academia/research, ii) companies in the ICT/Health sector (HEALTH IT), iii) Healthcare units, iv) startups and SMEs producing medical devices, sensors and wearables, v) innovation actors and consultancies**
- **www.hdhc.gr / info@hdhc.gr**

smartHEALTH: Precision Medicine and Innovative E-health



Innovative e-Health Services



61 areas of expertise
4 flagship services
... with state of the art HPC and Biotech equipment infrastructure

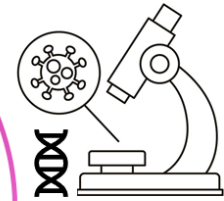
Offers:

- 6 Test before invest categories of services
- 6 Skills and training categories of services
- 7 Support to find investments categories of services
- 5 Innovation ecosystem and networking opportunities categories of services

... for both the private and public sector

Part of several Regional and Sectoral corridors

Precision Medicine



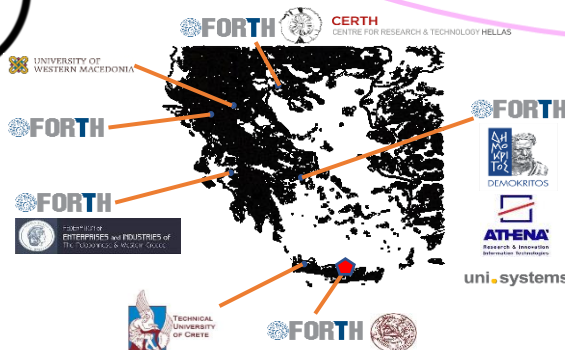
HMIU infrastructure



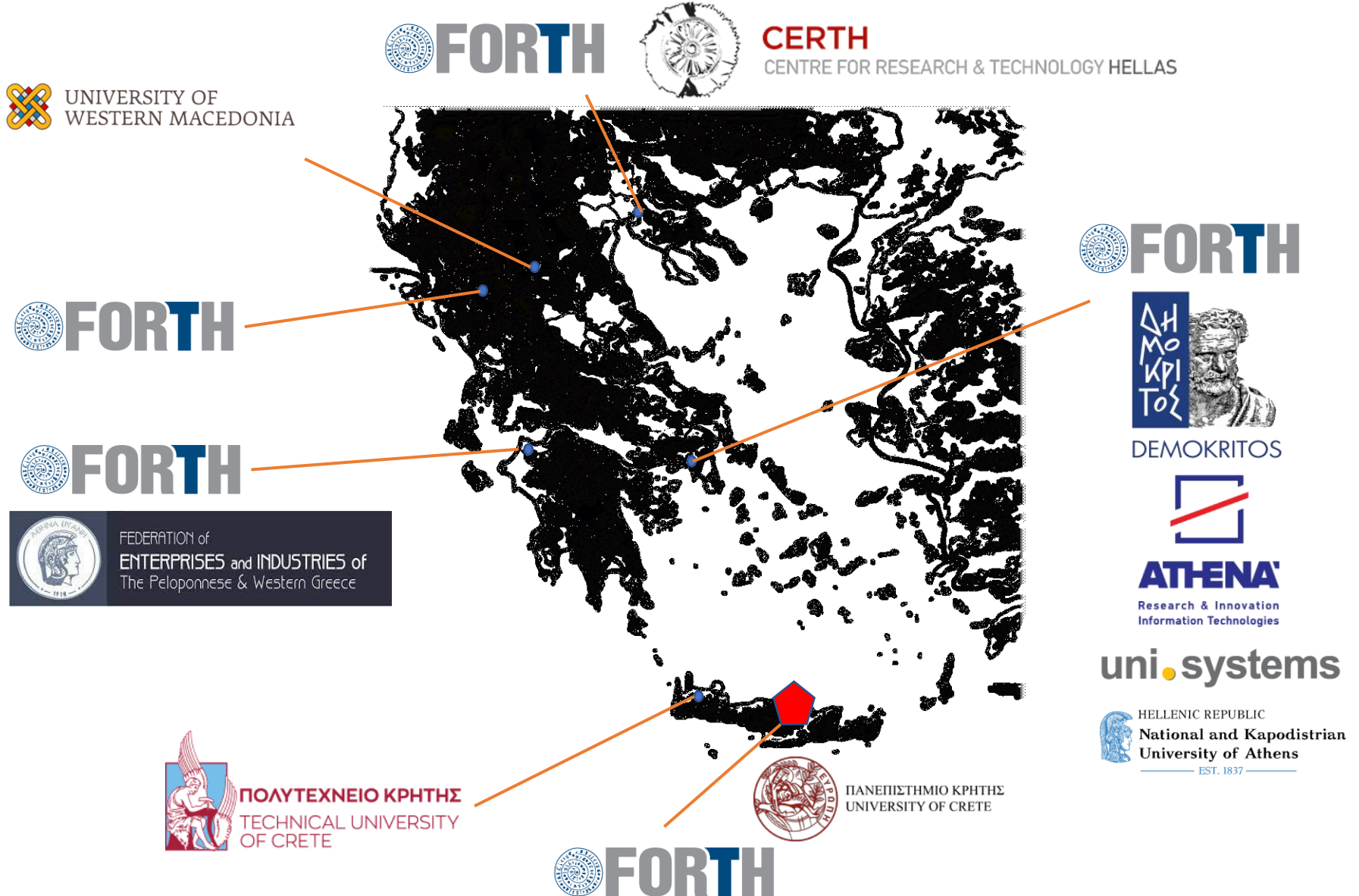
Public Sector Services



Cancer



European Digital Innovation Hub for Smart Health



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CENTRE FOR RESEARCH & TECHNOLOGY HELLAS

 UNIVERSITY OF WESTERN MACEDONIA

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TECHNICAL UNIVERSITY OF CRETE

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DEMOKRITOS



ATHENA'

Research & Innovation
Information Technologies

uni.systems

 HELLENIC REPUBLIC
National and Kapodistrian
University of Athens
— EST. 1837 —

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REFERENCE SITE
★★★★

Region of Crete Ecosystem for Active and Healthy Ageing



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*thank
you*

Dr. Angelina Kouroubali
Researcher, FORTH-ICS
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kouroub@ics.forth.gr

Networking break

LUNCH

Return at 14:15

Session 4

Session 4: Round Table – Aligning Regional Policies and Priorities Towards Developing Smart, Healthy, and Age-Friendly environments

Moderator: Maddalena Illario

Session 5

Session 5: Awards Ceremony

Moderator: John Farrell

Keynote speaker

Keynote Address

Marco Marsella –
Head of Unit – eHealth, Well-Being and Ageing
DG CONNECT - European Commission

Session 6

Session 6 – Concluding Remarks, Announcements, Close

John Farrell