



IDIH

INTERNATIONAL COLLABORATION
DIGITAL TRANSFORMATION
HEALTHY AGEING

D2.6

Report on the second Programme Level Cooperation meeting

APRE

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Abstract

On March 22, 2022, a 2nd PLC (Programme Level Cooperation) meeting took place online. The meeting involved Funding Agencies from the EU, Canada and the USA in the field of Digital Health for Active and Healthy Ageing (AHA). Funding Agencies provided comments and reflections on the most up to date outcomes from the IDIH Digital Health Transformation Forum, as well as the key highlights from the preliminary IDIH Roadmap (D3.7). Other funding agencies from the other IDIH Strategic Countries (China, Japan, South Korea) did not participate in this online meeting but have been approached remotely to provide their feedback on the same contents as presented to and discussed with the attendees in the 2nd PLC meeting.

Keywords

Digital Health, Active and Healthy Ageing, Policy, International Cooperation, Funding

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Abbreviations and Acronyms

Abbreviation	Description
ADRC	Alzheimer's Disease Research Centers (NIH/NIA – USA)
AHA	Active and Healthy Ageing
AI	Artificial Intelligence
APRE	Agenzia per la Promozione della Ricerca Europea (project partner)
ATC	Athens Technology Center S.A. (project partner)
CIHR	Canadian Institutes of Health Research (project partner)
DG	Directorate General (European Commission)
DHCoE	Digital Health Center of Excellence (FDA)
EC	European Commission
EEAS	European External Action Service
EG	Expert Group
EHR	Electronic Health Records
EU	European Union
FDA	US Food and Drug Administration
GSBC	Global SMEs Business Council (project partner)
Catalyst	Catalyst @ Health 2.0 (project partner)
G.A.C.	G.A.C Group (project partner)
HCP	Health Care Professionals
IDIH	International Digital Health Cooperation for Preventive, Integrated, Independent and Inclusive Living (full project title)
IHSPR	Institute of Health Services and Policy Research (CIHR)
IoT	Internet of Things
METI	Ministry of Economy, Trade and Industry (JAPAN)
NGI	Next Generation Internet
NIA	National Institute of Ageing (USA)
NIH	National Institute of Health (USA)
PLC	Programme Level Cooperation
SAWARABI	Sawarabi Group (project partner)
SDG	Sustainable Development Goals
SPS	School of Pharmaceutical Science Tsinghua University (project partner)
S2i	Steinbeis 2i GmbH (project coordinator)
TFEU	Treaty on the Functioning of the European Union
UCG	Users Consultation Group
UN	United Nations
WP	Work Package (of a project)

Executive Summary

This document summarises the **2nd meeting of the Programme Level Cooperation (PLC) that was held online on March 22, 2022, as part of IDIH** - International Digital Health Cooperation for Preventive, Integrated, Independent and Inclusive Living – a project funded under the European Union’s Horizon 2020 Research and Innovation Programme.

IDIH’s objective is to foster collaboration in the field of digital health for Active and Healthy Ageing (AHA) between the European Union and five Strategic Partner Countries (USA, Canada, China, Japan, and South Korea). IDIH focuses on four key areas that embrace common priorities of all countries/regions involved: Preventive care, Integrated care, Independent and Connected living, and Inclusive living.

By establishing a Digital Health Transformation Forum, an expert-driven and long-lasting umbrella mechanism to support the IDIH objective in these fields, **the IDIH project incorporates society, technology and industry with policy frameworks to support the development of joint activities in digital transformation of health and care for older people.**

Therefore, following an expert-driven approach, high level experts, executives, and advocacy groups from the six regions (Europe, China, Canada, Japan, South Korea, and USA) were consulted and their input has been gathered by IDIH to specifically work on defining **common priorities** in digital health and identifying **opportunities of mutual benefit.**

The role of **funding agencies** in this project framework is crucial, both as primary beneficiaries of the outcomes produced by the IDIH Experts Forum, as well as in their role as fundamental participants in the priority setting exercise performed by the same experts. For this reason, a **Programme Level Cooperation** was developed to engage the funding agencies specifically and facilitate the international policy dialogue around Digital Health for AHA.

The [1st PLC Meeting](#) marked the start of the **international policy dialogue around digital health for AHA** within the IDIH project. During this meeting, the PLC delegates focused their input on the 18 strategic priorities for AHA that emerged from the four Experts Groups in IDIH: Preventive Care, Integrated Care, Independent and Connected Living, and Inclusive Living. Therefore, as a first step towards the enhancement of international cooperation in the field of digital health for AHA, this first PLC meeting produced an important and strong set of preliminary orientations for future cooperation.

With this 2nd PLC meeting, the representatives of the funding agencies have provided their comments on the three main priority areas for cooperation (Data Governance; Digital Inclusion; Interoperability-by-design) that emerged from the IDIH Digital Health Transformation Forum. This critical input will be integrated to the finalization of the IDIH Roadmap (D3.7)

The present report includes the proceedings of the second PLC meeting as well as outlines a set of recommendations for improvement of the IDIH proposal for a Roadmap towards the enhancement of international cooperation in Digital Health for AHA.

1 Methodology

The purpose of the IDIH project is to **promote and increase international cooperation to advance digital health in the EU and five Strategic Partner Countries (Canada, China, Japan, South Korea, USA)** to support active and healthy aging through innovation. To this purpose, IDIH identifies shared priorities and sets up a Digital Health Transformation Forum as a long-lasting and expert-driven catalyst to foster collaboration between the EU and the Strategic Partner Countries.

The role of **policy makers and funding agencies** in this project framework is crucial, both as primary beneficiaries of the outcomes produced by IDIH (a Roadmap towards an international collaboration in digital health), and as fundamental participants in the priority setting exercise performed by the IDIH Forum of Experts. For this reason, a **Programme Level Cooperation** was developed, built to engage the policy makers, and facilitate the international policy dialogue around Digital Health for AHA.

The setting of such Programme Level Cooperation is fully described in the [Report D2.5](#) where the proceedings of the 1st PLC meeting are included.

Due to time zone differences and the limited availability of representatives of the six funding agencies, invited to take part in the 2nd PLC meeting, it was decided that the meeting would be limited the following funding agencies:

Funding Agencies involved in the 2nd PLC meeting

- **Directorate-General for Communications Networks, Content and Technology (DG CONNECT), European Commission, EU**
https://ec.europa.eu/info/departments/communications-networks-content-and-technology_en
- **National Institute on Aging (NIH – NIA), USA**
<https://www.nia.nih.gov/>
- **Canadian Institutes of Health Research (CIHR) - Institute of Aging, Canada**
<https://cihr-irsc.gc.ca/e/8643.html>
- **Canadian Institutes of Health Research (CIHR) - Institute of Health Services and Policy Research (IHSPR), Canada**
<https://cihr-irsc.gc.ca/e/13733.html>

In order to be able to engage the relevant funding agencies from China, Japan and South Korea¹ who were unable to attend the meeting, the same input of information that was presented to the funding agencies that participated in the 2nd PLC meeting were shared with these agencies. Feedback was collected via remote survey. Results from these agencies are presented in section 2.8. During the 2nd PLC meeting, funding agency representatives were also asked if they would like to be put in contact with their IDIH Asian counterparts in order to keep consolidating the geographical coverage in the Programme Level Cooperation, and its added value.

¹ See the [IDIH D2.5 – Report on 1st PLC meeting](#).

2 Welcome and introduction

The Project Coordinator (S2i) has welcomed the participants and presented a short overview of the IDIH project, while [APRE](#), the partner responsible for the set up and management of the PLC in IDIH, introduced the rationale of the meeting, its aims and the agenda.

The aims and the agenda of the meeting were presented followed by background information that summarized the results of the [1st PLC Meeting](#), the methodological approach to the works of the IDIH Forum and the outcomes of the most recent Experts Group Workshop.

2.1 Aims of the 2nd PLC meeting

- **Provide** policy the relevant funding agencies with the **latest findings of the IDIH Experts Forum**, introducing the **three Priority Topics** identified as a common ground to enhance international cooperation in the field of Digital Health for an Active and Healthy Ageing.
- **Provide** the relevant funding agencies with **recommendations on key aspects to be addressed** to better undertake the path for enhancement of international cooperation around the three Priority Topics.
- **Gather feedbacks** from the relevant funding agencies about the IDIH recommendations and priorities presented, starting from the structure of the IDIH Roadmap: towards the enhancement of international cooperation in Digital Health for AHA.
- **Explore eventual alignments** of the IDIH recommendations and priorities with the current policy agendas at national/international level.
- **Explore the interest of the funding agencies** involved about eventual future (possibly joint) funding initiatives based on the IDIH priority topics.

2.2 Agenda of the 2nd PLC meeting

AGENDA	
14.30 – 14.35	Welcome and introduction <ul style="list-style-type: none">▪ <i>Kristin Dallinger, S2i (IDIH Coordinator)</i>
14.35 – 14.40	Data Governance: the findings of the IDIH Experts Forum <ul style="list-style-type: none">▪ <i>Mathilde De Bonis, APRE (IDIH Partner)</i>
14.40 – 15.00	Feedback from the Funding Agencies involved <ul style="list-style-type: none">▪ <i>Irina Kalderon Libal, Policy & Programme officer, DG CONNECT, European Commission</i>▪ <i>Jane Rylett, Scientific Director of the CIHR Institute of Aging</i>▪ <i>Rick Glazier, Scientific Director of the CIHR Health Services and Policy Research</i>▪ <i>Yuan Luo, Program Director, Division of Neuroscience, National Institute on Aging, NIA</i>
15.00 – 15.05	Digital inclusion: the findings of the IDIH Experts Forum <i>Mathilde De Bonis, APRE (IDIH Partner)</i>
15.05 – 15.25	Feedback from the Funding Agencies involved <ul style="list-style-type: none">▪ <i>Irina Kalderon Libal, Policy & Programme officer, DG CONNECT, European Commission</i>▪ <i>Jane Rylett, Scientific Director of the CIHR Institute of Aging</i>▪ <i>Rick Glazier, Scientific Director of the CIHR Health Services and Policy Research</i>▪ <i>Yuan Luo, Program Director, Division of Neuroscience, National Institute on Aging, NIA</i>

15.25 – 15.30	Interoperability-by-design: the findings of the IDIH Experts Forum <ul style="list-style-type: none">▪ <i>Mathilde De Bonis, APRE (IDIH Partner)</i>
15.30 – 15.50	Feedback from the Funding Agencies involved <ul style="list-style-type: none">▪ <i>Irina Kalderon Libal, Policy & Programme officer, DG CONNECT, European Commission</i>▪ <i>Jane Rylett, Scientific Director of the CIHR Institute of Aging</i>▪ <i>Rick Glazier, Scientific Director of the CIHR Health Services and Policy Research</i>▪ <i>Yuan Luo, Program Director, Division of Neuroscience, National Institute on Aging, NIA</i>
15.50 – 15.55	The IDIH Roadmap to enhance international cooperation in Digital Health for Active and Healthy Ageing: structure and key highlights <ul style="list-style-type: none">▪ <i>Mathilde De Bonis, APRE (IDIH Partner)</i>
15.55 – 16.30	Open Discussion
16.30	Closure

Figure 1 Agenda of the 2nd PLC meeting

2.3 Background information shared with participants

As part of the preparatory activities preceding this event, the participants were provided with background information about the 1st PLC meeting results and the progress of the IDIH Forum towards the elaboration of a Roadmap to enhance international cooperation in Digital Health for Active and Healthy Ageing. This preliminary information was presented and discussed in detail during the introductory phase of the 2nd PLC meeting.

2.3.1 Key project achievements

The [1st PLC Meeting](#) marked the start of the **international policy dialogue around digital health for AHA** within the IDIH project. During this exploratory meeting of the Programme Level Cooperation, delegates focused their input around the four topics considered as strategic for AHA, and around which the IDIH Experts Groups are organized: Preventive Care, Integrated Care, Independent and Connected Living, and Inclusive Living.

The priorities identified as suitable for international cooperation in each of these domains by the EGs (in total, **18 priorities**), were brought to the attention of the attending international funding agencies, in order to collect their feedback and further inputs in relation to the policy agendas and future national/regional perspectives around digital health for AHA.

Several **areas of major interest for the funding agencies** (summarized in the image below) have been identified, as domains at national/regional level that have been already addressed/funded (in line with current policy agendas), and/or as topics with potential for R&I strategies at international level, demonstrating potential for future (possibly joint) funding initiatives.

Areas	In line with current policy agendas	With potential for future R&I strategy at international level
Innovative digital solutions for AHA co-created among researchers, manufacturers, users, formal and informal carers.		
Dementia-friendly communities		
Learning Health Systems		
Unlock the potential of data coming e.g. from wearables or sensors through AI, machine learning algorithms		
Sharing data on degenerative diseases		

Figure 2 Areas of major interest by funding agencies at the 1st PLC meeting

Therefore, as a first step towards the enhancement of international cooperation in the field of digital health for AHA, **the first PLC meeting produced a set of preliminary orientations for cooperation, around three main priority-areas** identified by the IDIH Expert Groups:

- **EG Inclusive Living - Priority 1:** Understanding marginalization connected to ageing and promote targeted and co-created inclusive solutions (connected with “Dementia-friendly communities”)
- **EG Inclusive Living - Priority 2:** Sharing tools and methodology, practices in the field of LHS (learning health systems) to reduce health disparities in ageing populations (connected with “Learning Health Systems”)
- **EG Preventive Care - Priority 2:** Development of international standards and procedures for interoperable outputs of wearable (and all) technologies (connected with “Unlock the potential of data coming e.g. from wearables or sensors through AI, machine learning algorithms”).

The results of the IDIH Experts Forum were then consolidated **following the 3rd Experts Groups Workshop** towards a common vision of how to enhance international cooperation in the field of Digital Health for AHA. Three main areas of potential intervention (priority topics) emerged: Data Governance, Digital Inclusion, and Interoperability-by-design.

Description of Priority Topic 1 – Area: Data Governance

To foster a shared understanding of the determinants of healthy ageing through new/existing multi-modal and forward/backward longitudinal studies as well as big data analytics based on the use of multiple data sources (such as patient-reported data, patient-validated data in EHRs, biometrics and biological data), validated with and by patients through personalised medicine approaches and according to a shared international validation framework.

Description of Priority Topic 2 – Area: Digital Inclusion

To favour inclusive healthcare systems through age-friendly technologies that address social isolation and loneliness, based on empowerment models, inclusive co-design and enhanced digital literacy practices, supported by international and multi-/transdisciplinary research towards the adoption of the 5-As approach (acceptability, applicability, accessibility, affordability, accuracy).

Description of Priority Topic 3 – Area: Interoperability by Design

To ensure accessibility, sharing and protection of data from different sources, such as IoT wearables and sensors through the development of international standards, and procedures and incentives for producers accessible for all countries based on an interoperability-by-design approach of digital solutions for preventive and integrated care, independent and inclusive living of the older persons.

These Priority Topics were further analyzed in the light of political, economic, social, technological, environmental, and legal implications that may concern their implementation at national/ regional/ international level. For each Priority Topic, the IDIH experts provided in particular an enabling scenario for their implementation, highlighting envisaged impacts, barriers and opportunities, proving their relevance with the IDIH “wider” Community in several public occasions for considering also the policy framework around Digital Health & Ageing at international level, as follows.

2.3.2 Policy framework considerations

In order to ensure the alignment of all the IDIH experts, some key messages from leading policies at the EU and international level were selected and shared as follows within the IDIH Forum, in order to nurture the discussion and guide the experts’ works.

Europe's strategy for international cooperation in a changing world

The Commission leads many global research partnerships. These partnerships are important for the EU to meet its international commitments like the Sustainable Development Goals (SDGs). Yet international cooperation in research and innovation is taking place in a transformed global landscape, where geopolitical tensions are rising and human rights and fundamental values are being challenged. Europe's strategy for international cooperation in a changing world² aims to (i) preserve a leading role for the EU in supporting international research and innovation partnerships, and to (ii) deliver

² European Commission (2021). Communication on the Global Approach to Research and Innovation. Retrieved from https://ec.europa.eu/info/files/communication-global-approach-research-and-innovation_en

innovative solutions to make European societies green, digital and healthy. The EU's response is to lead by example, promoting multilateralism, openness, and reciprocity in its cooperation with the rest of the world. The EU thereby aims to facilitate global responses to global challenges, such as climate change or pandemics, respecting international rules and fundamental EU values and strengthening its open strategic autonomy.

This Communication of the European Commission has been taken as a starting point for discussion by the IDIH Experts to develop priorities suitable for international cooperation in Research and Innovation.

Shaping Europe's digital future

As stated in the [Communication of the European Commission "Shaping Europe's digital future"³](#): "Commission wants a European society powered by **digital solutions that are strongly rooted in our common values, and that enrich the lives of all of us**: people must have the opportunity to develop personally, to choose freely and safely, to engage in society, **regardless of their age, gender or professional background**. Businesses need a framework that allows them to start up, scale up, pool and use data, to innovate and compete or cooperate on fair terms. And Europe needs to have a choice and pursue the digital transformation in its own way."

This vision and the approach to the European technological sovereignty has been brought to the attention of the IDIH Experts, compared with the EU Global Approach to Research and Innovation, highlighting how such sovereignty "is not defined against anyone else, but by focusing on the needs of Europeans and of the European social model. The EU will remain open to anyone willing to play by European rules and meet European standards, regardless of where they are based."

Green Paper on Ageing

Demography represents a hot topic on the EU policy agenda: the Commission's June 2020 [report on the impact of demographic change⁴](#) showed that in the last 50 years, life expectancy at birth has increased by about 10 years for both men and women.

In this framework, the "[Green Paper on Ageing. Fostering solidarity and responsibility between generations⁵](#)" was adopted on January 27, 2021, to launch a **broad policy debate** on the challenges and opportunities of Europe's ageing society. It sets out the impact of this pronounced demographic trend across our economy and society and will be followed by the long-term vision for rural areas that will also investigate the



³ European Commission (2020). Communication Shaping Europe's Digital Future. Retrieved from https://ec.europa.eu/info/sites/default/files/communication-shaping-europes-digital-future-feb2020_en_4.pdf

⁴ European Commission. (2020). Report on the Impact of Demographic Change. Retrieved from https://ec.europa.eu/commission/presscorner/detail/en/ip_20_1056

⁵ European Commission. (2021). Green Paper on Ageing. Fostering solidarity and responsibility between generations. Retrieved from https://ec.europa.eu/info/sites/default/files/1_en_act_part1_v8_0.pdf

question of depopulation, in compliance with the UN 2030 Agenda for Sustainable Development and UN Decade for Healthy Ageing.

A briefing note for the Experts in the IDIH Forum briefly reported on the main concepts of this paper, to serve as milestones for a common ground.

WHO Decade of Healthy Ageing

The [United Nations Decade of Healthy Ageing \(2021-2030\)](#) is a global collaboration, aligned with the last ten years of the Sustainable Development Goals, that brings together governments, civil society, international agencies, professionals, academia, the media, and the private sector to improve the lives of older people, their families, and the communities in which they live.

Experts considered the **Decade Action Areas** and the **Decade Enablers**, as well as the provisions of the Action Plan for its implementation. The IDIH consortium developed communication materials to facilitate the comprehension of this UN initiative, such as can be seen in this [IDIH Infographics](#).

UN Decade of Healthy Ageing
2021-2030

Decade Action Areas

- Age-friendly environments**
Physical, social and economic environments are important determinants of healthy ageing
- Integrated Care**
Old people require access to good quality and essential services
- Combatting Ageism**
The narrative around age negatively impacts on old adults and their well-being
- Long-term Care**
Long-term-care systems enable old people to live a consistent life

Decade Enablers

- Voice and engagement**
Give voice and actively engage older people is crucial to give them visibility
- Connecting stakeholders**
Multi-stakeholder approach leverages new knowledges and resources
- Leadership and capacity building**
Governance has to design specific policies and foster capacity-building systems
- Strengthening research, data and innovation**
Research can drive national policies and actions

UN DECADE OF HEALTHY AGEING 10-YEARS ACTION PLAN

The Plan aims to achieve Healthy Ageing the possession of full functional ability for well-being

- 27% PERSONS with social and economic inequality
- +34% PEOPLE BY 2030
- 14% OF OLD PEOPLE CANNOT MEET BASIC NEEDS
- +6 YEARS OF LIFE FOR HIGHLY EDUCATED
- +22 EXPECTANCY IN 2020

Change the approach to age | Foster old people ability | To foster healthy ageing, the Action Plan focuses on 4 AREAS OF ACTION to be implemented by Member States, WHO Secretariat and National and International Partners

- Deliver person-centered care
- Provide long-term care

PARTNERSHIP FOR CHANGE
A platform will be established to listen to diverse voices, nurture leadership and build capacity, connect diverse stakeholders, strengthen data, research and innovation

MONITORING MECHANISM
A set of indicators by process and outcomes will provide key information for planning, investment and implementation

GOVERNANCE
The Plan will establish a strong governance to support a whole-society response

Committee chaired by WHO with representations from regions and experts

Secretariat at WHO headquarters to coordinate country, region and Headquarter's level

Opportunities for International Cooperation on Digital Health by G20

CEPS Researchers Nadina Iacob and Felice Simonelli produced the policy brief “*Opportunities for International Cooperation on Digital Health*”⁶ as a part of ‘Task Force 4 – Digital Transformation’ organised by The Think20 (T20), the official engagement group of the G20. The group serves as the ‘ideas bank’ of the G20 and aims to provide research-based policy recommendations to G20 leaders.

⁶ CEPS (2021). Policy brief: Opportunities for International Cooperation on Digital Health. Retrieved from <https://www.ceps.eu/download/publication/?id=34027&pdf=TF4-PB9-Opportunities-for-International-Cooperation-on-Digital-Health.pdf>



It was finalised as part of T20 Italy in advance of Italy’s hosting of the annual G20 summit in October 2021.

The document argues for action in three key areas: (i) establishing technical and legal building blocks, (ii) gaining end users’ trust, and (iii) fostering research, innovation, and competition. It has been also considered as a reference document in the development of the Priority Topics suitable for international cooperation in Digital Health for AHA by the IDIH Experts.

European Scaling-up Strategy in Active and Healthy Ageing

A high number of good examples in the field of active and healthy ageing have been mapped through Europe by the European Innovation Partnership on Active and Healthy Ageing (EIP on AHA) for three years (2012 – 2014). A comprehensive strategy (European Scaling-up Strategy in Active and Healthy Ageing) is needed to scale-up the most innovative features to other European contexts which could benefit from the experience of the most advanced ones. The EIP on AHA has developed a document ([European Scaling-up Strategy in Active and Healthy Ageing](#))⁷ proposing a 5-step framework for developing an individual scaling up strategy, that has been also considered as a basis for discussion on how to address key-topics in the field as part of the IDIH Roadmap.

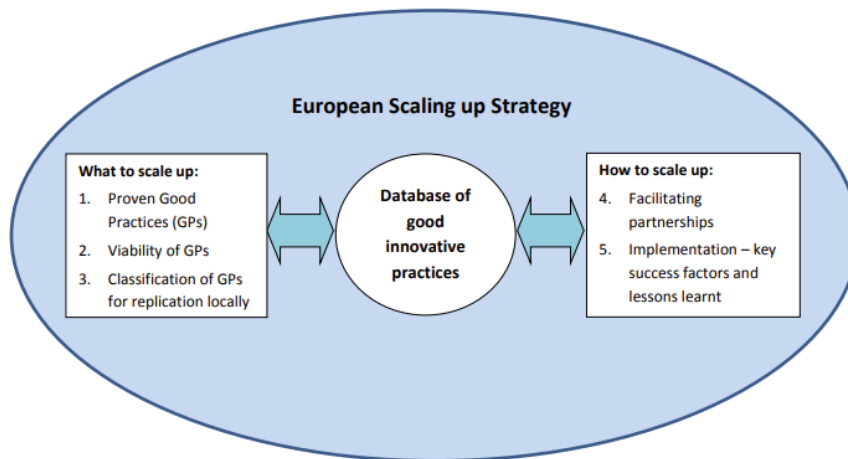


Figure 3 [European Scaling-up Strategy in Active and Healthy Ageing](#) (overall approach)

Following the welcome and introduction for this second PLC meeting, the most updated outcomes from the IDIH Experts Forum were presented to the funding agency representatives including an in-depth review of the three **Priority Topics**, the structure and some key highlights from the **IDIH Roadmap** that is being finalized by the IDIH consortium, in synergy with the IDIH Experts’ Forum.

Below is a summary of the feedback from the representatives of the funding agencies with respect to each Priority Topic and the proposal for the IDIH Roadmap as they were presented during the meeting.

⁷ EIP on AHA (2014). European Scaling-up Strategy in Active and Healthy Ageing. Retrieved from [https://www.policlinico.unina.it/siti/eip-aha/doc/eventi/ConferenzaPartners/FINAL_European_Scaling%20up_Strategy%20in%20AHA%20\(1\).pdf](https://www.policlinico.unina.it/siti/eip-aha/doc/eventi/ConferenzaPartners/FINAL_European_Scaling%20up_Strategy%20in%20AHA%20(1).pdf)

2.4 Priority Topic 1 – Area: Data Governance

2.4.1 Description of priority topic 1

To foster a **shared understanding of the determinants of healthy ageing** through new/existing multi-modal and **forward/backward longitudinal studies** as well as **big data analytics** based on the use of multiple data sources (such as patient-reported data, patient-validated data in EHRs, biometrics and biological data), validated with and by patients through **personalised medicine approaches** and according to a **shared international validation framework** which also addresses cybersecurity aspects.

Expected impacts:

- **Smoother and faster implementation by tech providers** of more sophisticated digital solutions and services that meet the future demand of data handling and allow a timely intervention on older persons and/or their care givers.
- **Improved self-management and quality of life of the older persons** through enhanced quality of more personalized, accessible and participatory health care services.
- **Reduced workload and burnout risk for formal and informal carers/caregivers.**
- Improved **communication** between patients and caregivers.
- **Improved planning and evaluation of health care services** based on the optimization of available data better informing decision making.
- **Reduced economic burden** of health care systems.
- Older persons and all citizens getting more familiar with sharing personal health data and allow **services integration**
- **Improved research outcomes** based on more accessible and accurate data
- **Enabled data driven and interoperable solutions** for different fields and applications.
- **Societal recognition of the importance of health determinants** throughout the life course.
- Improved **security** of health information systems.

2.4.2 Assessment by the funding agencies involved

All funding agency representatives appreciated how this Priority Topic was formulated, agreed on its significance at national and international level and commented as follows:

Canadian Institutes of Health Research (CIHR) - Institute of Aging, Canada

A very relevant barrier with regards to the **accessibility of older adults to technologies** is the extent to which they are able to use that technology. Another important point to consider is the **heterogeneity of the older population**; there are younger older adults, but also much older adults and the needs and challenges of these populations are different. In addition, their facility and ability to use technology and to gain benefits from it should be considered.

In order to address these aspects, **public information, education, digital literacy** and the presence of **support systems** are needed to help people get familiar with use and access to digital solutions, and thus be able to benefit from technology.

Another relevant issue to point out is the educational aspect and the **awareness around data security**. Individuals need to feel comfort and security when their data has been accessed and used.

One particular challenge is **how fragmented the health systems are, not only at international level, but also within the same country** among different regions/provinces. Under this context **procurement issues** for technology tend to be very fragmented as well in sectors such as home-care, long-term care, hospitals, etc. because they have their own procurement approaches and even the different technologies and IT systems do not integrate with each other.

From the opportunity side, due to the Covid pandemic, these gaps have been raised very clearly and the situation has forced better interconnection and enhanced exchange data. The pandemic unfortunately provided an opportunity to test digital health and interconnectivity.

National Institute on Aging (NIH – NIA), United States of America

Health disparity is one of the main barriers to be considered in this field. In order to address Health disparity NIH grants request project proposals to present a strategy on how to include other disparaged populations, gender, minorities, remote regions.

The opportunity that digital technology has provided by producing a lot of **remote measurable data in fields like cognitive decline and social engagement has been a lesson learned from Covid-19**. Concomitantly, due to the covid pandemic, older people took the opportunity to take a step forward regarding the use of technology.

The US Food and Drug Administration (FDA) started a [Digital Health Center of Excellence \(DHCoe\)](#) with the main goal of empowering stakeholders to advance health care by fostering **responsible and high-quality digital health innovation**. It will align and coordinate digital health work across the FDA. It marks the beginning of a comprehensive approach to digital health technology, setting the stage for advancing and realizing the potential of digital health. The DHCoe provides regulatory advice and support to the FDA's regulatory review of digital health technology but it is not responsible for making marketing authorization decisions.

Directorate-General for Communications Networks, Content and Technology (DG CONNECT/EC), EU

Over the last several years the EU has been working on a Data Strategy and Data Governance Act, proposing a [Regulation on European data governance](#) that will play a vital role in ensuring the EU's leadership in the global data economy, as well as a Regulation (February 23, 2022) on harmonised rules on fair access to and use of data (Data Act). [The Data Act](#) is a key pillar of the European strategy for data. Its main objective is to make Europe a leader in the data economy by harnessing the potential of the ever-increasing amount of industrial data, in order to benefit the European economy and society.

Due to the **heterogenous landscape**, discussions in these domains are quite intense and it is difficult to reach an agreement regarding [Artificial Intelligence Act](#) (which regulates AI in Europe) as well.

Additionally, European **health systems are very fragmented**. The EU has only supported competences (Article 6 of the TFEU) in the field of health; which means that it can intervene only to support, coordinate or complement the action of EU Member States. Legally binding EU acts must not require the harmonisation of EU countries' laws or regulations. This results in diversity about how health systems work, how they procure innovative solutions, how they reimburse particular solutions, etc.

There are many challenges also regarding **digital literacy** of older people and **ageism**. It is necessary to consider that older people are very different, just like any other population, and that digital solutions targeting older people should be oriented on a **needs-based** instead of an *age-based* approach.

Another challenge is **interoperability**. Even if there are recommendations regarding standards, these are not largely implemented by EU Member States.

2.5 Priority Topic 2 – Area: Digital Inclusion

2.5.1 Description of priority topic 2

*To favor inclusive healthcare systems through **age-friendly, and cultural appropriation, technologies** that address social **isolation and loneliness**, based on **empowerment** models, **inclusive co-design** and enhanced **digital literacy** practices, supported by international and **multi-/transdisciplinary research** towards the adoption of the **5-As approach** (acceptability, applicability, accessibility, affordability, accuracy).*

Expected impacts:

- **Reduced social isolation and loneliness** of older citizens
- Ensure **equitable access** to public services for older citizens regardless of their background
- **Increased digital literacy** of older citizens
- Improved healthcare system engagement for older persons
- **Improved offer of personalized care** services
- Expanded co-operation and knowledge sharing with EU and partner countries, also for **adaptation and replication** of successful models and tools **internationally**
- More inclusive strategies adopted for the engagement of older people in programmes of digital literacy for AHA

2.5.2 Assessment by the funding agencies involved

All representatives appreciated how this Priority Topic was formulated, agreed on its significance at national and international level and commented as follows:

Canadian Institutes of Health Research (CIHR) - Institute of Aging, Canada

The **perception of age/ageing for society** is very important when we talk about Digital Inclusion. Society has mostly a negative view of older people, regarding their ability to acquire, use and develop technology that is different from that of other age groups like younger and mid-life individuals. This was clearly demonstrated during the pandemic period, where we understood that it is very important to explore how technology can help and support older people towards better ageing. **Education remains the fundamental pillar** if we want to change this social perception around ageing.

The Covid Pandemic was a very real test in order to understand at which stage older people are or are not included in society from a digital point of view. In another situation some relatives/friends could

come over and help them, but under Covid that was not possible, and showed the **low digital literacy** and their difficulties to be socially included from a digital perspective.

This becomes a challenge but, at the same time, an opportunity highlighting the need of health systems to enroll people to help the older persons with technology and improve their digital literacy.

Finally, when dealing with Digital Inclusion, it is important to refer to the **WHO's definition of Healthy Ageing**, as “the process of developing and maintaining the functional ability that enables wellbeing in older age.” **Functional ability** is about having the capabilities that enable all people to be and do **what they have reason to value**. This includes a person's ability to:

- meet their basic needs;
- learn, grow and make decisions;
- be mobile;
- build and maintain relationships; and
- contribute to society.

*[According to [WHO](#)] **Functional ability** | consists of the intrinsic capacity of the individual, relevant environmental characteristics and the interaction between them.*

Intrinsic capacity comprises all the mental and physical capacities that a person can draw on and includes their ability to walk, think, see, hear and remember. The level of intrinsic capacity is influenced by several factors such as the presence of diseases, injuries and age-related changes.

Environments include the home, community and broader society, and all the factors within them such as the built environment, people and their relationships, attitudes and values, health and social policies, the systems that support them and the services that they implement. Being able to live in environments that support and maintain one's intrinsic capacity and functional ability is key to healthy ageing.

National Institute on Aging (NIH – NIA), United States of America

Under several projects funded by NIH **social engagement** is promoted, for example, by using iPads in clinical trials and also through exercise/sport. Social engagement is very important in order to reduce this gap between technology and older people, but also among different generations and cultures.

Directorate-General for Communications Networks, Content and Technology (DG CONNECT/EC), EU

The EC has funded a lot of technology developments and innovative solutions in the last years addressing older people, e.g. apps, games, etc. which encourage them to be **more active either physically or cognitively**. Older people need (more) time to start using these technologies or solutions. We have some funding actions under Horizon Europe focused on active and health ageing particularly on **mental health and isolation** that due to the pandemic have strongly increased their relevance.

Moreover, the EU is working on a [European Care Strategy](#) to strengthen **long-term care** and early childhood education and care, as envisaged under the European pillar of social rights. It will help strengthen gender equality and social fairness, while promoting the **Silver Economy**. This initiative does not target only patients and citizens but also **informal carers** (family, relatives, neighbours, etc.) who play a key role complementing primary care.

2.6 Priority Topic 3 – Area: Interoperability by Design

2.6.1 Description of priority topic 3

To ensure **accessibility, sharing and protection of data** from different sources, such as IoT wearables and sensors through the development of **international standards**, and procedures and incentives for producers accessible for all countries based on an **interoperability-by-design approach** of digital solutions for preventive and integrated care, independent and inclusive living of the older persons.

Expected impacts:

- **Facilitated access to tools with proven and validated program design from other countries and enhanced collaboration on datasets.**
- **Enhanced evidence-based policy making** through knowledge exchange at international level, towards **standardization of key findings** and common approaches in the field.
- **Increased target groups participation** through **international** cooperation for better research outcomes and a **meaningful impact on societies.**
- **Better outcomes in interoperability (at international level and among devices) will positively affect Integrated Care** at country level.

2.6.2 Assessment by the funding agencies involved

All representatives appreciated how this Priority Topic was formulated, agreed on its significance at national and international level and commented as follows:

Canadian Institutes of Health Research (CIHR) - Institute of Aging, Canada

Work among countries is obviously an opportunity but also a barrier at the same time due to the differences for example regarding datasets. Interoperability is fundamental in order to be able to exchange the most homogeneous data as possible. This, starting from the **principle “one person – one record”** which means that there are hundreds of data systems, but they feed into one common place because of interoperability.

Even at a national level, between provinces or regions, there are differences that make it difficult for cooperation. As an example, with regards to data sharing (if we would like to use a data set), even if the funds are coming from the national government, which would facilitate the standardization of datasets, usually there are regions/provinces that may act differently.

We would **need new pilots/studies based on information or data that already exists** and not to develop new ones.

National Institute on Aging (NIH – NIA), United States of America

Within US a new department at the NIH called [Office of Data Science Strategy](#) was recently opened. The Office of Data Science Strategy (ODSS) leads implementation of the [NIH Strategic Plan for Data Science](#) through scientific, technical, and operational collaboration with the institutes, centers, and offices that comprise NIH. The office was formed in 2018 within the Division of Program Coordination,

Planning, and Strategic Initiatives, which plans and coordinates trans-NIH initiatives and research supported by the NIH Common Fund. The complexity and volume of basic, translational, and clinical research data generated by NIH-supported investigators continues to rapidly increase. To take full advantage of these data, NIH integrates the collection, storage, analysis, use, and sharing of these data according to **FAIR practices** and foster a talented and diverse data science workforce. The NIH ODSS provides leadership and coordination on a broad range of NIH-wide data science activities to realize the Agency's vision for a **modernized and integrated biomedical data ecosystem**. The idea is to catalyze new capabilities in biomedical data science by providing trans-NIH leadership and coordination for modernization of the NIH data resource ecosystem, development of a diverse and talented data science workforce, and building strategic partnerships to develop and disseminate advanced technologies and methods.

At the NIH there is a policy regarding funded projects over 500k USD (but also smaller ones) in which **data sharing is a requirement**. Data sharing methodology is evaluated by peer-review and, if not included, the project will not be funded.

Directorate-General for Communications Networks, Content and Technology (DG CONNECT/EC), EU

There are many differences between not only countries/regions but also among different facilities/hospitals, etc. We are working on a [Health Data Exchange](#) format in order to **standardize health records**. The EC is working now for a long time on a legislative proposal on a [European Health Data Space](#), a very complex decision with so many issues to address like privacy, different interpretations of GDPR among Member States, cybersecurity, etc.. The ambition is to promote better exchange and access to different types of health data (electronic health records, genomics data, data from patient registries etc.), not only to **support healthcare delivery** (so-called primary use of data) but also for **health research** and **health policy making purposes** (so-called secondary use of data). This secondary use of health data is very critical issue to approach, but we have overcome this barrier, for example, with the Covid certificate in EU exchanging standardized data among countries.

By 2030, the ambition in the EU is to **make 100% of the electronic health records accessible** to the populations, this means that of course people with low **digital literacy** (usually older people) need to be informed about how to utilize technology and navigate through the system in order to use those records.

2.7 IDIH Roadmap to enhance international cooperation in Digital Health for AHA: structure and key highlights

IDIH proposal for a Roadmap addressing policy makers and funding agencies with recommendations on how to enhance international cooperation in Digital Health for AHA, was presented to the representatives of the Funding Agencies attending the meeting.

2.7.1 Description of roadmap structure and key points

The roadmap and its main contents have been showed as in the image below, presenting the two-fold structure of the document:

[WHAT] to enhance

- A common understanding of **Healthy/Active Ageing as a global challenge**, among the most remarkable success story in Humanity.
- Cooperation around 3 *areas* and, in particular **3 Priority Topics**:

DATA GOVERNANCE	DIGITAL INCLUSION	INTEROPERABILITY-BY-DESIGN
To foster a shared understanding of the determinants of healthy ageing through new/existing multi-modal and forward/backward longitudinal studies and Big Data analysis based on the use of multiple data sources (such as patient reported data, patient validated data in EHRs, biometrics and biological data), validated with and by patients through personalised-medicine approaches and according with a shared international validation framework which also addresses cybersecurity aspects.	To foster inclusive healthcare systems through age-friendly technologies that address social isolation and loneliness, based on empowerment models, inclusive co-design and enhanced digital literacy practices, supported by international and multi/transdisciplinary research towards the adoption of the 5-A approach (acceptability, applicability, accessibility, affordability, accuracy).	To ensure accessibility, sharing and protection of data from different sources, such as IoT wearables and sensors, through the development of international standards, and procedures and incentives for producers accessible for all countries based on an interoperability-by-design approach of digital solutions for preventive and integrated care, independent and inclusive living of the older persons.

- A shared **Vision** around the **Expected Impacts** of international cooperation in these areas.

[HOW] to enhance

- **Action Plan** for the implementation of the 3 Priority Topics at national/international level: from *policy formation* to *policy evaluation*
 - Which **key-stakeholders** to be involved and when
 - Which **barriers** to consider and possibly remove
 - Upon which **enablers** to leverage to possibly favour implementation:
 - **Current policies and funding schemes** for R&I and international cooperation
 - **Cluster organizations & partnership**



Some highlights have been provided, in particular, presenting the **barriers** already identified by the IDIH experts as external factors that may affect the implementation of the each Priority Topic at national/international level:

BARRIERS related to Priority Topic 1 – Area: Data Governance

- Lack of **digital health literacy** [*Level of likelihood: low*]
- **Conservative tendencies of health care industry** where verification and application processes are tight and strict, making political, economic and social change slower [*Level of likelihood: low*]
- Lack of **organizational resources of Health Systems** to meaningfully engage/empower patients in the process and address change management challenges. [*Level of likelihood: medium*]
- Lack of a **harmonized regulatory framework for data integration and interoperability** that would facilitate data transfer and exchange, mainly due to a scattered decision making throughout the management levels of public affairs [*Level of likelihood: high*]
- **Non-availability of health data and EHRs** [*Level of likelihood: high*]

BARRIERS related to Priority Topic 2 – Area: Digital Inclusion

- **Digital technology is still too expensive** for some older citizens to purchase. The high costs of digital solutions implementation may be the cause and should be addressed. [*Level of likelihood: high*]
- Not all citizens have **equitable access to digitally enabled infrastructure** (e.g. secure broadband, mobile data). [*Level of likelihood: medium*]

- Some older citizens may be concerned that **digital inclusion may disrupt ‘non-digital’ forms of inclusion** and social relationships. [*Level of likelihood: medium*]
- **Differences in health care systems and models across countries** may represent a level of complexity to be addressed by international and multi/transdisciplinary research. It is necessary to consider national, as well as individual, differences for the verification and standardization of research results¹⁵. [*Level of likelihood: high*]

BARRIERS related to Priority Topic 3 – Area: Interoperability by Design

- **Differences in Data Security policies and regulations** remain an issue for international research and innovation. It is important to include a preliminary study phase on this field and consider to favour a policy dialogue at international level, supporting and accompanying the R&I actions proposed. [*Level of likelihood: high*]
- If Data Interoperability and some international standards already exist, huge **implementation challenges** are still affecting research outcomes and this is often due to the **lack of interoperable health data made available by the health care services** according with specific government policies. [*Level of likelihood: medium*]

ENABLERS related to Priority Topics 1-3

Moreover, with respect to the **enablers** that could favour the implementation of the three Priority Topics at national/international level, some of them have been presented to the funding agencies involved, as key factors to be considered in the Action Plan, with a special attention to **cluster organizations**, defined as network organisations gathering in their ecosystems actors from the quadruple helix: academic / research organisations, industry players among which notably SMEs, R&I support organisations such as accelerators or incubators, but also policy support organisations and users’ associations.

In line with the EU’s strategy in this field, strongly supported by the European Commission DG GROW, cluster organisations have a **strong interest in international collaboration** and are thus, for a large majority, constantly seeking for international collaboration opportunities with relevant organisations from other countries (inside and outside of the EU). These collaboration schemes are developed for the purpose of supporting their members and above all the academic/research organisations and SME of the clusters’ ecosystem. This is why cluster organisations can be seen as important enablers for international collaboration in Research, Development and Innovation, supporting also the international policy dialogue.

In particular, the **European Strategic Cluster Partnerships Going International (ESCP)**, among the others, have been identified as target groups to ensure an efficient uptake of the IDIH results and targeted dissemination towards the ongoing ESCP-4is.

Moreover, the same [IDIH Community](#) in the future, as the **International Experts Forum for Health Innovation** under the umbrella of the [ENRICH GLOBAL network and its thematic group on Health Innovation](#), will continue to serve as a catalyst for the key stakeholders involved in Digital Health and Ageing internationally.

ENABLERS

ENRICH GLOBAL Health Innovation Thematic Group: International Collaboration for Health Innovation

#Health #InternationalCooperation #Policies #Research&Innovation #Digitalization #Ageing #Stakeholders Engagement

Aim:

- Facilitate international cooperation and policy dialogue on global health issues by harnessing the networking potential and critical mass of ENRICH Global members and their projects.

Activities:

International Experts Forum for Health Innovation
establishment and management: this will be done by leveraging on the **IDIH Community of experts** +300 stakeholders. Activities and events engaging the Forum (1 Forum event per year, online) will be planned through a Bi-annual Plan.

- Target groups: *Researchers, Care providers, Users/Patients Associations, Health Tech providers, etc.*

International Policy Dialogue Workshops: (1 per year, online) to discuss about global Health challenges and compare Health policies, in a mutual learning and exchange environment that will also encourage eventual joint funding initiatives, to enhance international cooperation in specific sectors of Health*.

- Target groups: *Policy makers and funding agencies in the Health/R&I field*

*Evidence-based policy making will be also favoured through the participation in the workshop of the R&I experts from the *International Experts Forum for Health Innovation*.

Coordinated by: APRE

Co-lead by: GAC

Members: DUR-PT

Figure 4 ENRICH GLOBAL Health Innovation Thematic Group as a sustainability solution for IDIH

Finally, the rationale behind the Action Plan elaboration was also presented to the funding agencies involved, as part of a co-design exercise jointly put in place by the IDIH consortium and facilitated by APRE, here represented through this Jamboard in the figure below, as a result of the partners' brainstorming.

	DATA GOVERNANCE	DIGITAL INCLUSION	INTEROPERABILITY BY DESIGN	
<p>WHY: To co-design the Action Plan for the implementation by policy makers/funding agencies of IDIH recommendations</p> <p>HOW: use a sticky note for duplicate this one to write your thoughts. Then, move the sticky note under the relevant IDIH recommendation.</p>	<p>To foster a shared understanding of the determinants of healthy ageing through new/existing multi-modal and forward/backward longitudinal studies and Big Data analytics based on the use of multiple data sources (such as patient reported data, patient validated data in EHRs, biometrics and biological data), validated with and by patients through personalised-medicine approaches and according with a shared international validation framework.</p>	<p>To favour inclusive healthcare systems through age-friendly technologies that address social isolation and loneliness, based on empowerment models, inclusive co-design and enhanced digital literacy practices, supported by international and multi/transdisciplinary research towards the adoption of the 5-As approach (acceptability, applicability, accessibility, affordability, accuracy).</p>	<p>To ensure accessibility, sharing and protection of data from different sources, such as IoT wearables and sensors, through the development of international standards, and procedures and incentives for producers accessible for all countries based on an interoperability-by-design approach of digital solutions for preventive and integrated care, independent and inclusive living of the older persons.</p>	
<p>AGENDA SETTING (relevant framework policy priorities at regional/international level)</p>	<p>EU Green Paper on Ageing</p> <p>Communication on EU Strategy for the 2020-2025</p> <p>MATHILDE (other public from Strategic Countries)</p>	<p>MATHILDE (other public from Strategic Countries)</p> <p>UN Decade on Digital Health and Well-being</p>	<p>MATHILDE (other public from Strategic Countries)</p> <p>UN Decade on Digital Health and Well-being</p>	
<p>POLICY FORMATION (mapping SoA, stakeholders consultation, trends and enablers to exploit)</p>	<p>Cluster organizations (EU & European Partnership)</p>	<p>Cluster organizations (EU & European Partnership)</p>	<p>Cluster organizations (EU & European Partnership)</p>	2 YEARS
<p>DECISION MAKING (single out a particular course of action - e.g. funding scheme) partnership - considering resources available and opportunities</p>	<p>GEORGE</p>	<p>GEORGE</p>	<p>GEORGE</p>	5 YEARS
<p>POLICY IMPLEMENTATION (concrete implementation of a particular course of action - e.g. funding scheme/partnership)</p>				
<p>POLICY EVALUATION (government and all stakeholder follow up on whether or not the policy is bringing desired results and impact)</p>	<p>UN DECADE (2030)</p>	<p>UN DECADE (2030)</p>	<p>UN DECADE (2030)</p>	2 YEARS

Figure 5 Co-design exercise for elaboration of rationale for IDIH Roadmap's Action Plan (Jamboard)

This **rationale for the Action Plan** was developed looking at the steps of the policy making process, suggesting specific durations for each key step and an overall timeframe for implementation of eight years, looking at the goals of the UN Decade for Healthy Ageing in 2030:

1. **Agenda setting:** highlighting to policy makers the relevant framework policy priorities at regional/international level to be taken into account, justifying the need for an action in the fields proposed by the IDIH Forum [*at time 0*].
2. **Policy/Programme formation:** supporting the policy makers and the relevant funding agencies to map the state-of-the-art in the field of Digital Health and Ageing, consult the key stakeholders at national/international level (through Programme Level Cooperation) and identify the trends and enablers to be potentially exploited [*Duration suggested: 2 years*]
3. **Decision making and policy/programme implementation:** supporting the policy makers and the relevant funding agencies to single out and manage a particular course of action - e.g. joint funding scheme/partnerships and other initiatives at national/international level considering the resources available and the opportunities at stake. [*Duration suggested: 5 years*]
4. **Policy/programme evaluation:** suggesting the policy makers and the relevant funding agencies about a methodology for a follow up on whether or not the policy/programme has brought the desired results and impacts, pointing out, in particular, knowledge mobilization through workshops with users and policy makers (now experienced as a best practice from CIHR/Canada) as an option to be put in place in this phase and possibly replicated in different countries and internationally. [*Duration suggested: 2 years*].

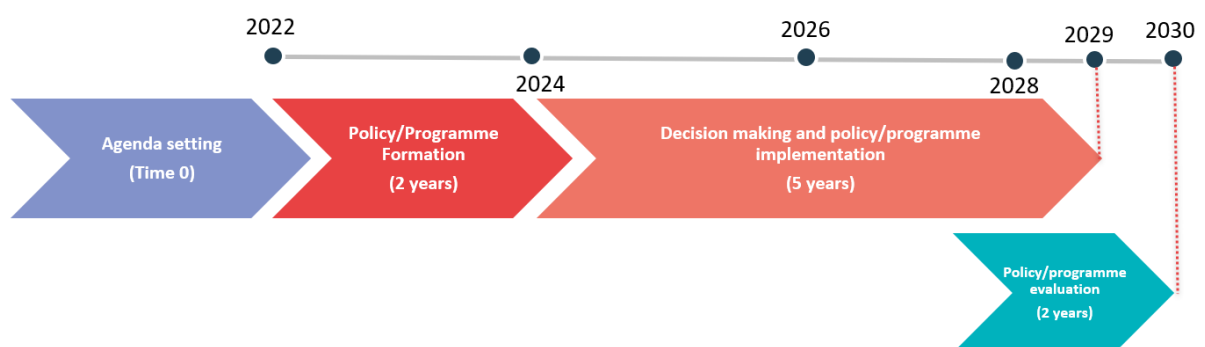


Figure 6 Timeframe for the Action Plan within the IDIH Roadmap

2.7.2 Open discussion with the funding agencies involved

All representatives of the funding agencies involved appreciated how this Action Plan was conceived and agreed on the timing proposed, considered as reasonable for the implementation of eventual initiatives at national/international level. Other comments are reported here below.

Canadian Institutes of Health Research (CIHR) - Institute of Aging, Canada

It is a rational timeline. As a research funder there are a lot of opportunities to interact at national/international level. CIHR would be very interested in continuing the collaboration in this regard. We need to address big issues; these three strategic topics are the basis on which to move forward. The idea of identifying the most challenges issues, such as these three Priority Topics, is extremely helpful and it is a very appropriate frame.

These strategic topics provide real international cooperation opportunities. The basis for facilitating this cooperation would be **an international comparative policy approach** that could identify the most promising practices and bring policy options together. The way that this can be structured is around the cluster organizations, not only considering government, academia and industry but **also including patients, caregivers and citizens (older adults)** specially because they are the center of the policy.

As the Covid situation showed (e.g. covid certificate) it would be possible to collaborate without barriers if necessary, it can be done if it becomes a real (international) priority.

National Institute on Aging (NIH – NIA), United States of America

Concerning the proposed timeframe for the Action Plan, it is important to provide **more specific/detailed information at the short-term**, specifically during the first two years. It is necessary to **standardize education about healthy ageing** in order to have credible and formal information through a common repository or database which everybody can have access.

Directorate-General for Communications Networks, Content and Technology (DG CONNECT/EC), EU

The EC agrees with the timing, very comprehensive and reasonable. Very often those more active in funding innovative solutions and implementing them are small local communities. So it is very important then to involve **regions, bigger communities and ecosystems** giving them the opportunity to collaborate. A **bottom-up interregional cooperation** (even among different countries) is really the key for having a wider impact.

2.8 Results of the survey with the funding agencies not attending the 2nd PLC meeting

The funding agencies asked to comment and provide feedback to the latest works of the IDIH Digital Health Transformation Forum were:

- **KIHDI – Korea Health Industry Development Institute (SOUTH KOREA)**
- **NSFC – National Natural Science Foundation of China (CHINA)**
- **METI – Ministry of Economy, Trade and Industry (JAPAN)**
- **MIC – Ministry of Internal Affairs and Communication (JAPAN)**

Among those, **KHIDI**, through its delegate to IDIH, positively commented the materials sent and confirmed that the IDIH recommendations reflect the orientations of the Korean government in the field. Moreover, KHIDI expressed the interest to be in touch with IDIH to allow the project to further explore the digital health and care system in South Korea, and how this is facing the challenges to support Active and Healthy Ageing through innovation.

Moreover, through the collaboration with the Japanese IDIH partner SAWARABI, IDIH secured potentially the deepening of the relations with METI and MIC in the field.

All the relationships with the funding agencies from the IDIH Strategic Partner Countries will be facilitated in the near future through the initiatives of the [ENRICH GLOBAL Health Innovation Thematic Group](#) that will take over the sustainability of the IDIH Community of Stakeholders.

All other agencies (EC, CIHR, NIH) demonstrated their interest in getting in touch with the Asian counterparts and in further strengthening Programme Level Cooperation internationally.

2.9 Next steps

As next steps following the 2nd PLC meeting, the representatives of the funding agencies involved have been informed about the sustainability path planned for IDIH's key exploitable results, among which the [IDIH Community](#) and the Programme Level Cooperation set in the project framework. In particular, the initiatives of the newly established Thematic Group on Health Innovation under the umbrella of the [ENRICH GLOBAL network](#) have been presented to the participants in the meeting.

Moreover, the actions foreseen to engage the relevant funding agencies from China, Japan and South Korea have been presented, also asking the attendees in the 2nd PLC meeting, if they would have appreciated to be put in contact with IDIH's Asian counterparts (about relevant funding agencies from China, Japan and South Korea: see in the [Report D2.5](#)).

All proposals for next steps have been positively received from the participant in the 2nd PLC meeting, who will be provided with a follow-up within the following two months.

2.10 Conclusions

The [1st PLC Meeting](#) marked the start of the **international policy dialogue around digital health for AHA** within the IDIH project. During this exploratory meeting of the Programme Level Cooperation delegates focused on the 18 priorities considered as strategic for AHA, which resulted from the different Experts Groups in IDIH: Preventive Care, Integrated Care, Independent and Connected Living, and Inclusive Living. Therefore, as a first step towards the enhancement of international cooperation in the field of digital health for AHA, the 1st PLC meeting produced a set of preliminary orientations for cooperation based on reflection on such preliminary results.

Now that the end of the project is approaching, **with this 2nd PLC meeting**, the representatives of the following funding agencies have commented on a set of more consolidated results of the IDIH Digital Health Transformation Forum around three main priority areas for cooperation (Data Governance, Digital Inclusion, Interoperability-by-design), and contributed to the finalization of the IDIH Roadmap.

Funding Agencies involved

- Directorate-General for Communications Networks, Content and Technology (DG CONNECT), European Commission, EU
- National Institute on Aging (NIH – NIA), USA
- Canadian Institutes of Health Research (CIHR) - Institute of Aging, Canada
- Canadian Institutes of Health Research (CIHR) - Institute of Health Services and Policy Research (IHSPR), Canada

During the meeting, APRE - as partner responsible for the set up and management of the Programme Level Cooperation (PLC) in IDIH - has reported about the most updated outcomes from the IDIH Experts Forum, presenting the **three consolidated Priority Topics** in detail, as well as the structure and key highlights from the **IDIH Roadmap** under finalization by the IDIH Consortium in synergy with the IDIH Experts' Forum.

All representatives of the funding agencies involved appreciated how the Action Plan of the IDIH Roadmap was conceived and agreed on the timing proposed, considered as reasonable for the implementation of eventual initiatives at national/international level.

Moreover, all representatives appreciated how these Priority Topics were formulated, agreed on its significance at national and international level and commented by providing inputs from their regional landscape for R&I and by highlighting several aspects to be particularly addressed in the IDIH proposal for a Roadmap to enhance international cooperation in Digital Health for AHA, here summarized as follows:

- [cross-cutting] Addressing the **older population** at all levels as a **heterogeneous target group**
- [cross-cutting] Addressing Healthy Ageing according with the [WHO](#) definition that defines it as “the process of developing and maintaining the **functional ability** that enables wellbeing in older age.”
- [cross-cutting] Ensuring a full **engagement of citizens, patients, and informal caregivers** in Research, as well as in Policy/Programme formation
- [cross-cutting] Supporting the action proposed addressing **educational/digital literacy needs**, also dealing with **ageism** and the social perceptions connected with ageing, preferring, this, a needs-based approach in R&I and policy making, rather than an age-based approach.
- [data governance/interoperability-by-design] Addressing the interoperability of EHRs as a matter of increased need for digital literacy, especially if EU intends to **make 100% of the electronic health records accessible by 2030**.
- [barrier/opportunity] Considering **health systems fragmentation both at international and national level** as a shared challenge in the regions under investigation, and therefore, basis for

further international cooperation, complemented by the activation of a **bottom-up interregional cooperation approach**, leveraging, thus, on the potential of local authorities in terms of impact.

- [opportunity] Promoting testing **opportunities for new international R&I initiatives** and supporting collaboration on basis of interoperable formats for shared needs.

Background: The **Covid pandemic** provided an opportunity as a test bench for digital health and interconnectivity and was an occasion to better understand at which stage older people are or not included from a digital point of view into the society, showing also low digital literacy levels upon which to build new R&I international initiatives. Moreover, the pandemic showed (e.g. covid certificate) that international collaboration is possible on the base of standardized/ interoperable formats, if this is a shared necessity that can become a real (international) priority.

- [visions] Including a **comparative international policy approach** in the Action Plan of the IDIH Roadmap in order to identify the most promising practices and bring policy options together.



IDIH

INTERNATIONAL COLLABORATION
DIGITAL TRANSFORMATION
HEALTHY AGEING