



EIP ON AHA

New opportunities and support services for Reference Sites

Anett Ruszanov, WE4AHA

Outline

Who is who?

Value proposition for high quality services

What do we need from you?

Tools and instruments

Next steps

Who is who?

General support services



Jose Usero



Jon Switters



Anett Ruszanov

I2M team



Valentina Tageo



Elena Lopez



Myriam Martin

Blueprint team



Veli Stroetmann



Strahil Birov



Christianne Lavin

MAFEIP team



Francisco Lupianez



Frans Folvord

Value proposition for high quality services ⁽¹⁾

Needs analysis => short questionnaire

Networking

- market place for twinnings, proposals, exchange => profile for the website
- decentralised meetings with study visits
- task forces for events, finding solutions => highlighted topics: ecosystem building, co-creation

Mutual learning

- additional support for improvement => webinars, bilateral discussions, twinnings

Funding opportunities

- funding section on the portal (ongoing)
- newsletter selection

Value proposition for high quality services (2)

Partnering

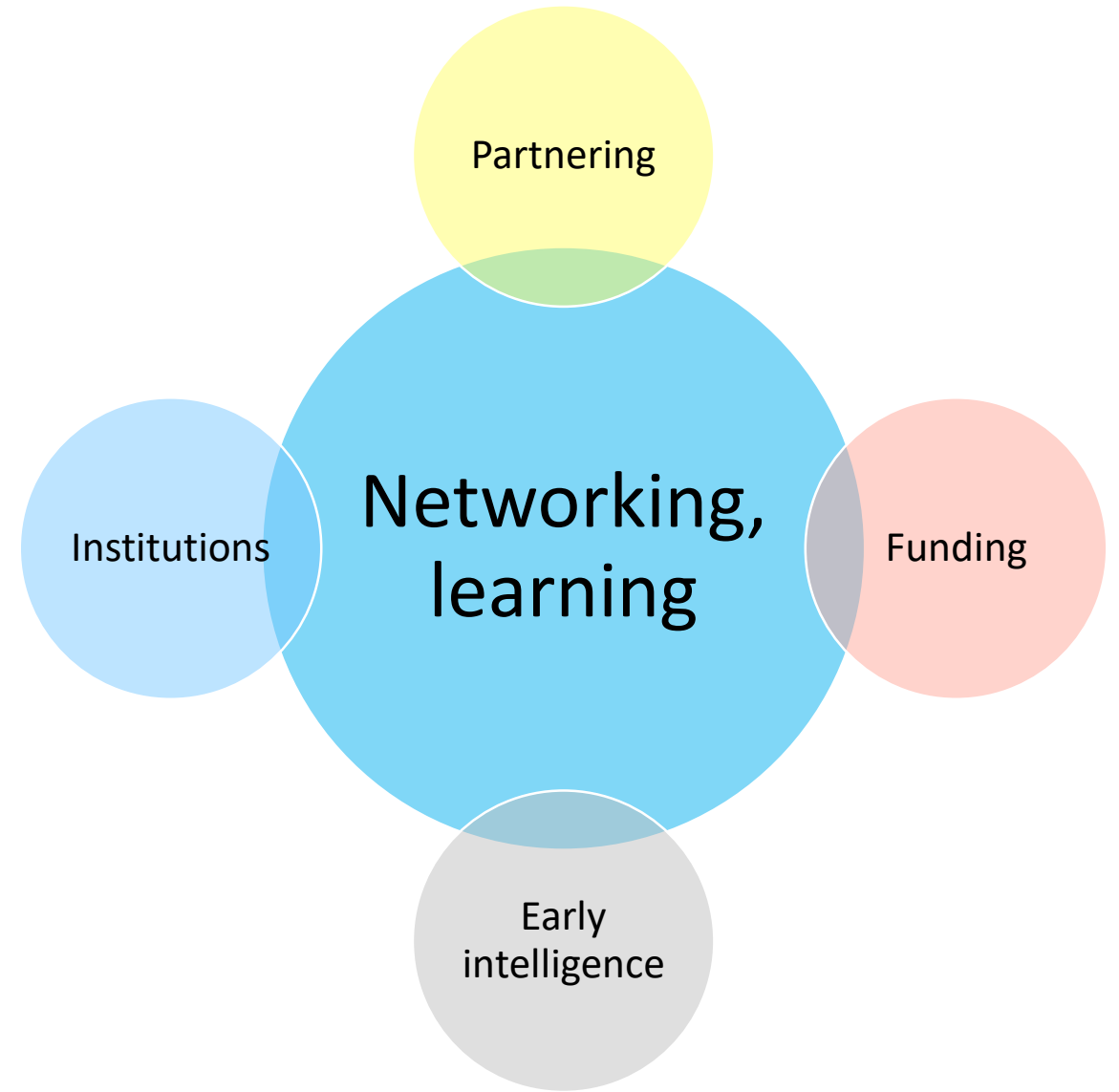
- newsletter
- portal?? Or any other ideas?

Institutional relations

- trusted, long-lasting relations => EC, CoR, EP
- high-level events with clear objectives
- Visibility for the assets and achievements

Early intelligence and opportunities for ecosystems

- DIH
- S3 partnership
- Horizon Europe co-funded partnership

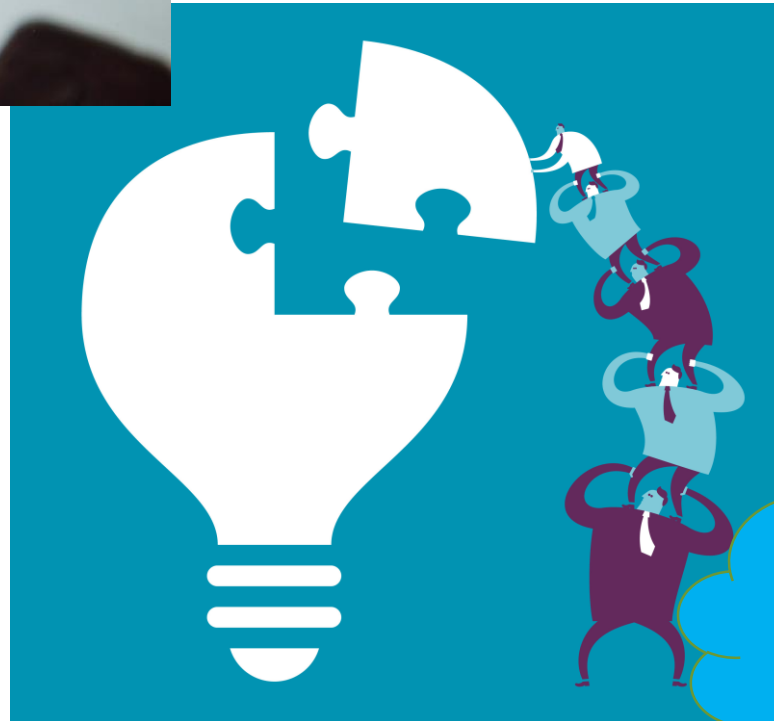


What do we need from you?



Knowledge from the ground, updated Repository

Proposals, ideas, activities



Political support - institutions CoR, EP



Tools and instruments

- platform => upload quality news
- newsletter => send

EIP on AHA Newsletter, Issue Sept 2019



News



→ Registration to the Conference of Partners 2019 is now open!

150 free tickets available to the EIP on AHA community for the 2019 Conference of Partners that will be jointly organised with the AAL Forum on the 23-25 September 2019 in Aarhus, Denmark.



→ Support for Digital Innovation Hubs (DIH): Top healthcare accelerators in Europe

An accelerator aims to take the brightest young startups and put them on a fast track to success. Learn about the best ones in Europe that might help to boost your DIH.



→ Research and innovation in the field of ICT for health, well-being and ageing - an overview

A catalogue has been published by DG CNECT of EU-

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EUROPEAN INNOVATION PARTNERSHIP on Active and Healthy Ageing

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[About the partnership](#)

[Action Groups](#)

[Reference Sites](#)

[I2M](#)

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>Welcome to the EIP on AHA portal

This platform is a communication and information hub for all actors involved in Active and Healthy Ageing through Europe. It is the place to encourage partner engagement, promote news and events, meet and exchange ideas with peers, and look for potential partners on innovative projects. Join our growing and productive community of stakeholders. Let's work together to make the EU a place of excellence in innovation for healthy ageing!



Next steps

- Needs analysis
- Contacts and profile to kick off the work
- Enlargement of the RS community – need your help!
- Call for twinning in Jan-Feb 2020
- Thematic workshops in spring 2020



@EIP_AHA

Thank you!

www.eiponaha.eu



PRO.M.I.S.
Programma Mattone Internazionale Salute

Coordination of Reference Sites at national level The case of ProMIS

EIP on AHA Conference of Partners

**Regional innovation scaling-up
Aarhus, 24 September 2019**

Antonio Maritati

ProMIS Coordinator

Director of the Health Committee and Social & Health

Relations Organization Unit – Social and Health Area

Veneto Region



WHAT IS ProMIS



ProMIS - Mattone Internazionale Salute Programme, is an institutionalized network, led by Veneto Region

➤ Promoting opportunities of cooperation for the Italian Regions

➤ Promote connections with central and national institutions (Ministry of Health, AGENAS and the Health Committee)

advantAGE
MANAGING FRAILTY



VIG)OUR



ProMIS ACTORS

- **Health Commission – The Conference of the Regions and Autonomous Provinces.**
- **21 regional representative/focal points** (all Regions have a seat) appointed by the Regional Health Ministers.
- **Other stakeholders** (Ministry of Labour; Ministry of Education, University and Research; National Agency for Health; Ministry of Cohesion.



MAIN ACTIVITIES

- Management of the regional network and **horizontal activities**;
- Analysis of **regional priorities and planning** of Italian in social and health sector;
- Support **collaborative activities** focusing on common/complementary interests/needs;
- Identification of **cross-cutting activities** with other policies
- Stimulate and **support Italian clusters** to join European consortia and transnational initiatives;
- Support Regions and other public administrations in reciprocal **knowledge and competences transfer** across the network and beyond at EU level

ProMIS Tools

➤ Communication

Info Days & thematic workshops

ProMIS News with monthly newsletter

Website section: «Subproject for supporting the Italian Reference Sites on Ageing issue»

➤ **Repository of commitments** (list of commitments submitted by Italian Regions, in the framework of EIP-AHA I and II calls)

➤ **European projects Database** (European and International projects portfolio of Italian Regions, Social-Health authorities)

➤ **European calls section** where monitoring the funding opportunities

➤ **Thematic Working Groups**



Healthy ageing, il made in Italy premiato dall'Ue

DI LISA LEONARDINI *

accademico e la società civile (come per esempio le organizzazioni che rappresentano gli anziani e i pazienti) in un ecosistema integrato.

Gli 11 reference site italiani si sono impegnati a investire oltre 600 milioni di euro, nel periodo che va dal 2016 al 2019, in soluzioni innovative che porteranno: miglioramenti nella qualità della vita della popolazione, efficienza e sostenibilità per la salute, supporto all'assistenza sociale e, infine, crescita economica e aumento della competitività. Si prevede che questi investimenti porteranno benefici per circa 800mila persone nei prossimi tre anni.

Come noto, in Italia i processi demografici, che perdurano ormai da diversi anni e che influenzano l'indice di vecchiaia, sono riconducibili all'aumento della popolazione in età anziana, alla riduzione di quella in età

L'invecchiamento demografico e il calo del tasso di natalità creano stress sui sistemi di welfare e implicano la necessità di interventi mirati, come politiche d'integrazione lavorativa e d'inclusione socio-culturale degli anziani. Con l'active ageing si può agire sul sistema economico nel suo complesso, favorendo anche giovani e donne. L'aumento prospettico delle persone attive e la conseguente diminuzione dei carichi socio-assistenziali sono fonte, infatti, di ricadute positive sulla tenuta dei sistemi di welfare regionali.

La partecipazione all'Eip-Aha offre, quindi, all'Italia l'opportunità di sperimentare e implementare buone pratiche capaci di sviluppare ricadute positive: riduzione della spesa pubblica (calo dei consumi e dei costi dei servizi socio-sanitari), aumento degli

cifiche che hanno dato impulso a interventi finalizzati a garantire un'ottimale integrazione socio-sanitaria, secondo una visione centrata sui bisogni del paziente, e orientata a superare la frammentazione dei servizi e i tradizionali dualismi ospedale-territorio, sanitario-socio-sanitario. La Campania punta al trasferimento delle innovazioni biomediche e tecnologiche per il mercato, sfruttando l'integrazione tra ricerca, formazione e fornitura di servizi attraverso collaborazioni internazionali. La Liguria sta studiando l'applicazione di sistemi digitali che coinvolgono le zone rurali e arrivano ai cittadini maggiormente isolati. Il Piemonte scommette sulla formazione, per diminuire l'ospedalizzazione, formando alle tecniche dell'infermeristica di comunità un team di professionisti in diverse zone montane. La

muovendo l'aderenza a cure basate sulle evidenze. L'Emilia Romagna ha sviluppato un modello predittivo per la diagnosi precoce di condizioni pre-fragili e fragili legate a fattori sociali e sanitari. La Pa di Trento ha realizzato la piattaforma di sanità elettronica denominata TreC (Cartella clinica del cittadino) attiva, attraverso le sue applicazioni, nel contesto di continuità assistenziale ospedale-territorio. Anche il Veneto è impegnato nel campo digitale con lo sviluppo della Regional health information exchange (Hie) che consente ai cittadini di accedere ai servizi sanitari elettronici. Trasversalmente, la "presa in carico della cronicità" rappresenta il cuore delle buone pratiche italiane attraverso modelli gestionali innovativi basati sulla presa in carico proattiva e integrata del malato. Il premio sarà conferito dal Commissario Ue per l'economia e la società digitali Oettinger in occasione dell'European summit on digital innovation for active and healthy ageing.



48



BUONE PRATICHE

Anziani, anche la sanità digitale aiuta a restare attivi in tarda età

Undici regioni italiane riconosciute «siti di riferimento» nell'ambito del progetto «Partenariato europeo per l'innovazione sull'invecchiamento attivo e in buona salute». Un riconoscimento alle politiche e soluzioni innovative, attuate a favore degli anziani

di Maria Giovanna Faiella

eu news

L'Europa in italiano

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Hot Topics

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Roma 2017

Tajani

Oneuro



L'Europa premia 11 territori italiani per politiche digitali rivolte agli anziani

Ann Ist Super Sanità 2017 | Vol. 53, No. 1: 60-69

DOI: 10.4415/ANN_17_01_12

The Italian reference sites of the European innovation partnership on active and healthy ageing: Progetto Mattone Internazionale as an enabling factor

Maddalena Illario¹, Vincenzo De Luca¹, Giovanni Tramontano¹, Enrica Menditto², Guido Iaccarino³, Lorenzo Bertorello⁴, Ernesto Palummeri⁵, Valeria Romano⁶, Giuliana Moda⁶, Marcello Maggio⁷, Mirca Barbolini⁸, Lisa Leonardini⁹ and Antonio Addis¹⁰ for the Italian EIP-AHA Working Group*

Sanità24

Il Sab 24 ORE

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4 apr 2017

EUROPA E MONDO

Digitale e domotica alleati di una società che invecchia. Le best practice regionali

di Lisa Leonardini (Coordinatore CTO - ProMIS Programma Mattone Internazionale Salute Regione del Veneto, Uo Commissione Salute e Relazioni socio sanitarie)

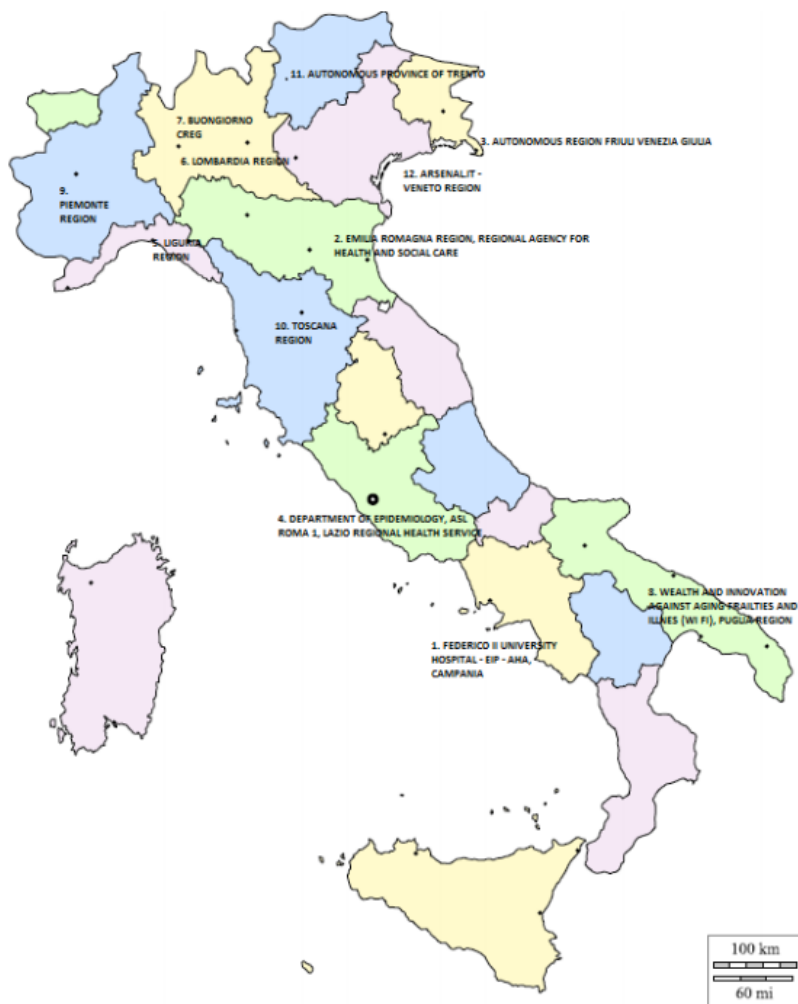
SEGNALIBRO ☆

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ITALIAN REGIONS RS - 2016

RS description



15% of the total European Regions



ITALIAN REGIONS RS - 2019

1. Campania Region
2. Clinica Oculistica, Ospedale policlinico San Martino;
3. Department of Epidemiology, Lazio Regional Health Service;
4. Department of Health & Social Policies of the Autonomous Province of Trento – TrentinoSalute4.0;
5. Friuli Venezia Giulia Autonomous Region;
6. Local health and social Authority ULSS 3 Serenissima (AULSS3), Veneto Region;
7. Lombardy Region – D.G. Welfare;
8. Municipality of Rome;
9. Regional Agency for Health and Social Care of Emilia-Romagna Region;
10. Regione Liguria;
11. Regione Marche, Servizio Sanità;
12. Regione Piemonte and IRES;
13. Regione Puglia;
14. Sicilian Region, Regional Health Department;
15. Tuscany Region.

19% of the total European RS



Take home message

The engagement in international activities of Italian region:

- Has been improving collaborative activities at the regional and national level
- Has been strengthening regional contributions to innovative approaches with potential for national scale-up
- Has been stimulating coherent participation of Italian RS to EU consultations and surveys
- Improving alignment of investments for health innovation at regional and national levels

ProMIS is a success case that can be benchmarked by other Countries for the impressive progress at qualitative and quantitative level



THANK YOU





EIP ON AHA

REFERENCE SITE



Regional innovation scaling-up

An evidence-based opportunity for regional innovation beyond 2020

Regional case study: Campania Region

New policy framework: 2018 EC Communication

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 securely access their health data and health providers (doctors, pharmacies...) can exchange them across 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.



1|2018/01/2018

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:

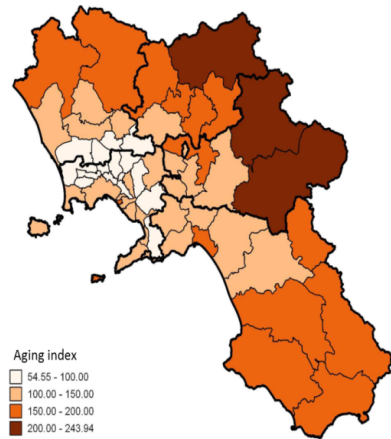
Citizens can monitor their health, adapt their lifestyle and interact with their doctors and carers (receiving and providing feedback).

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 taken to deploy reforms in the healthcare system



National

- Plan for Chronic Diseases
- Plan for Disease Prevention
- HTA coordination
- HCR
- PON GOV

Regional

- Address health inequalities
- Reduce hospitalization
- Strengthen integrated home care services
- Deploy health promotion
- Align education and training

5,869 million residents

Third most populated region

The most crowded: 432 inhab/km²

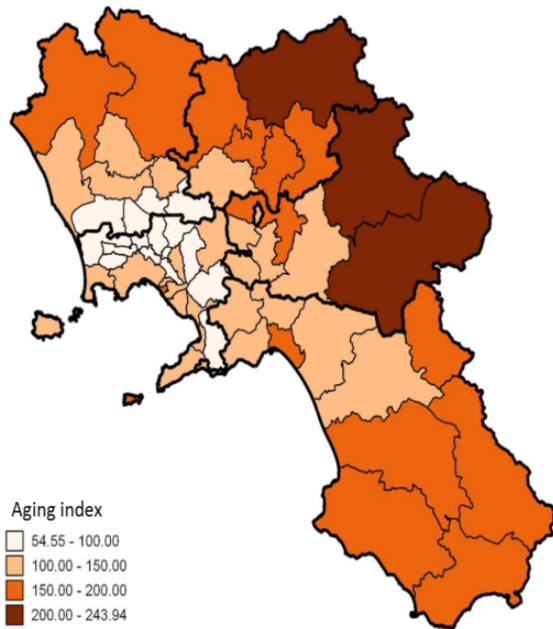
Life expectancy Campania Region / National Average (F, 2016): 83.5 / 85.1

Life expectancy Campania Region / National Average (M, 2016): 78.9 / 80.6

Life expectancy Campania Region / National Average (F, 2018): 83,7 / 85.2

Life expectancy Campania Region / National Average (M, 2016): 79,2 / 80.8

Emerging directories



- ❖ Strengthening care coordination and integration
- ❖ Increase technological readiness of the Regional Health System
- ❖ Capacity building at administrative, organizational, professional levels stimulating multidisciplinary
- ❖ Comprehensive, multiactor and multiorganizational approach



Campania RS Architecture: *work in progress*



Regional Health System

ProMIS@Campania network



Universities

University of Salerno

Federico II University of Naples

No Profit Organizations

ANT, AIMA, Health Campus, Salute in Collina, Alpha...

Industry

Campania Digital Innovation Hub (*Confindustria Campania*)

9 Active Working Groups

Health friendly people and
places: *upcoming*

Link international and national GPs with regional development

The directory of health tourism

- Improve accessibility of services in internal areas
- Diversify tourist offer
- Collaborate with other regions to set up complementary offer
- Improved sustainability of tourism activities
- Increased attractiveness for more destinations
- Improved system competitiveness
- Increased social cohesion

Possible Link with RIS3: what for?

RIS: Regional Strategy for Research and Innovation for Smart Specialisation.

Gateway to the resources within the ERDF Regional Operational Programmes, framed within the objectives and thematic prioritisation set by RIS3.

- Address health inequalities
- Reduce hospitalization
- Strengthen integrated home care services
- Deploy health promotion
- Align education and training
- Capacity Building for change management in health service provision
- Support multilevel/interinstitutional governance
- Strengthen services to internal areas
- Digital inclusion and participation
- Incentivize and support multi and interdisciplinary training and education

New markets & sustainable development

Campania RS cluster evolution



Regional Decree N. 622/2014
Regional Decree N. 221/2017

2013

2016

2019+

Digital Innovation Hubs in Digital Europe Programme

Putting people at the centre
of **health and care**

Enabling secure access to health data across the EU

Data sharing for better research and personalised healthcare

Empowering patients with digital tools

#DigitalSingleMarket
#DigitalHealth

*DG Communications Networks, Content
and Technology (DG CONNECT)*

Directorate H Digital Society, Trust &
Cybersecurity

Unit H3, eHealth, Well Being and Ageing

Birgit Morlion

AAL Forum – EIP-AHA CoP

Workshop 14 Regional innovation scaling-up

24 September 2019 - Aarhus

Digital Health and Care



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Support European Commission:

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Secure access and exchange of health data

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Ambition:

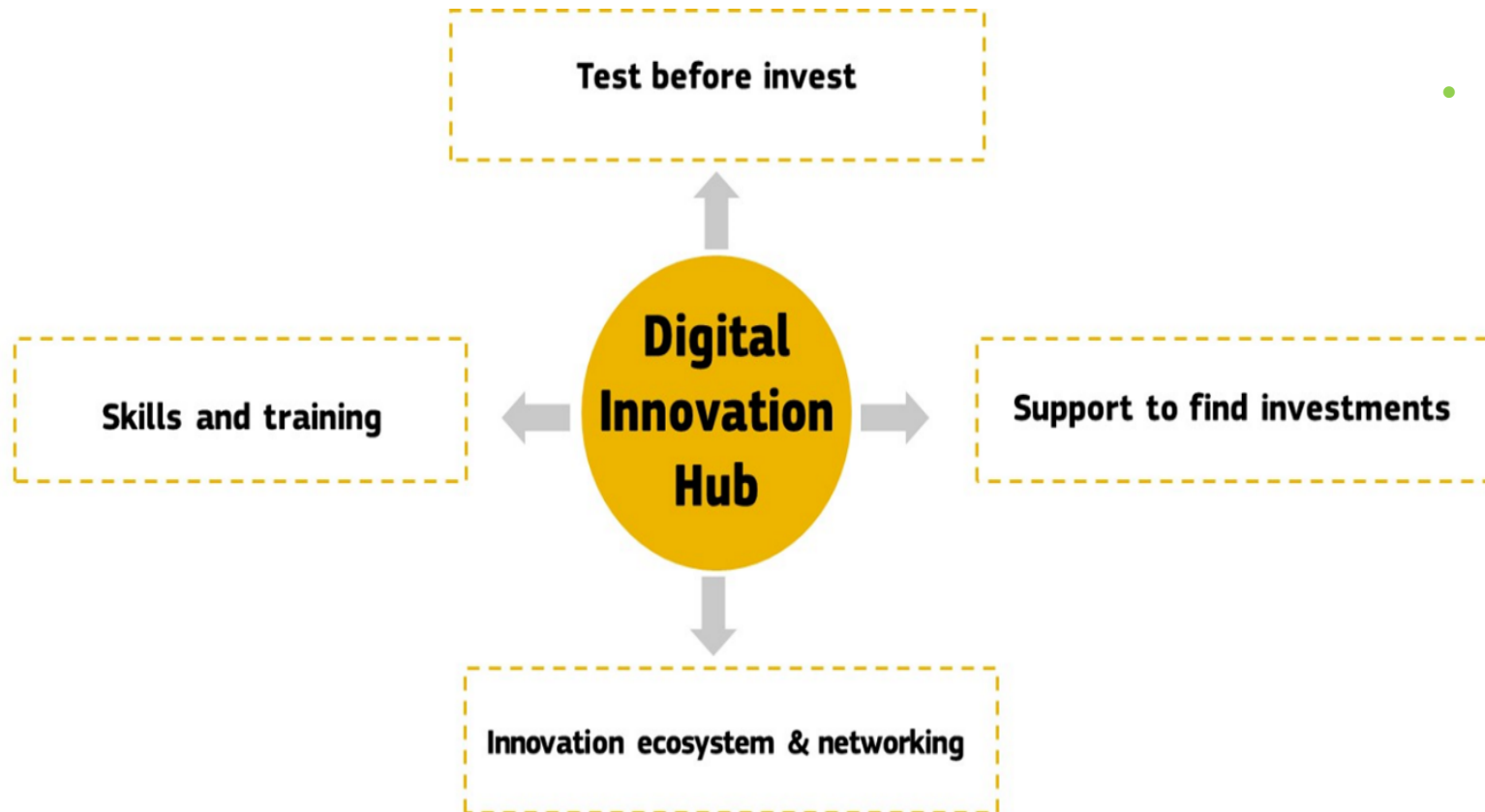
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European Digital Innovation Hubs provide technological expertise and experimentation facilities to enable the digital transformation of the industry and the public sector



- **Typical participants:**

- **Research and Technology Organisations, Technical Universities**
- **In collaboration with:**
 - **Industry associations**
 - **Clusters**
 - **Enterprise Europe Network**
 - **Accelerators/Incubators**
 - **Innovation agencies**

Digital Innovation Hubs

Search
Enter any search term

Countries
None selected ▾

Evolutionary Stages
1 selected ▾

Technical Competences
None selected ▾

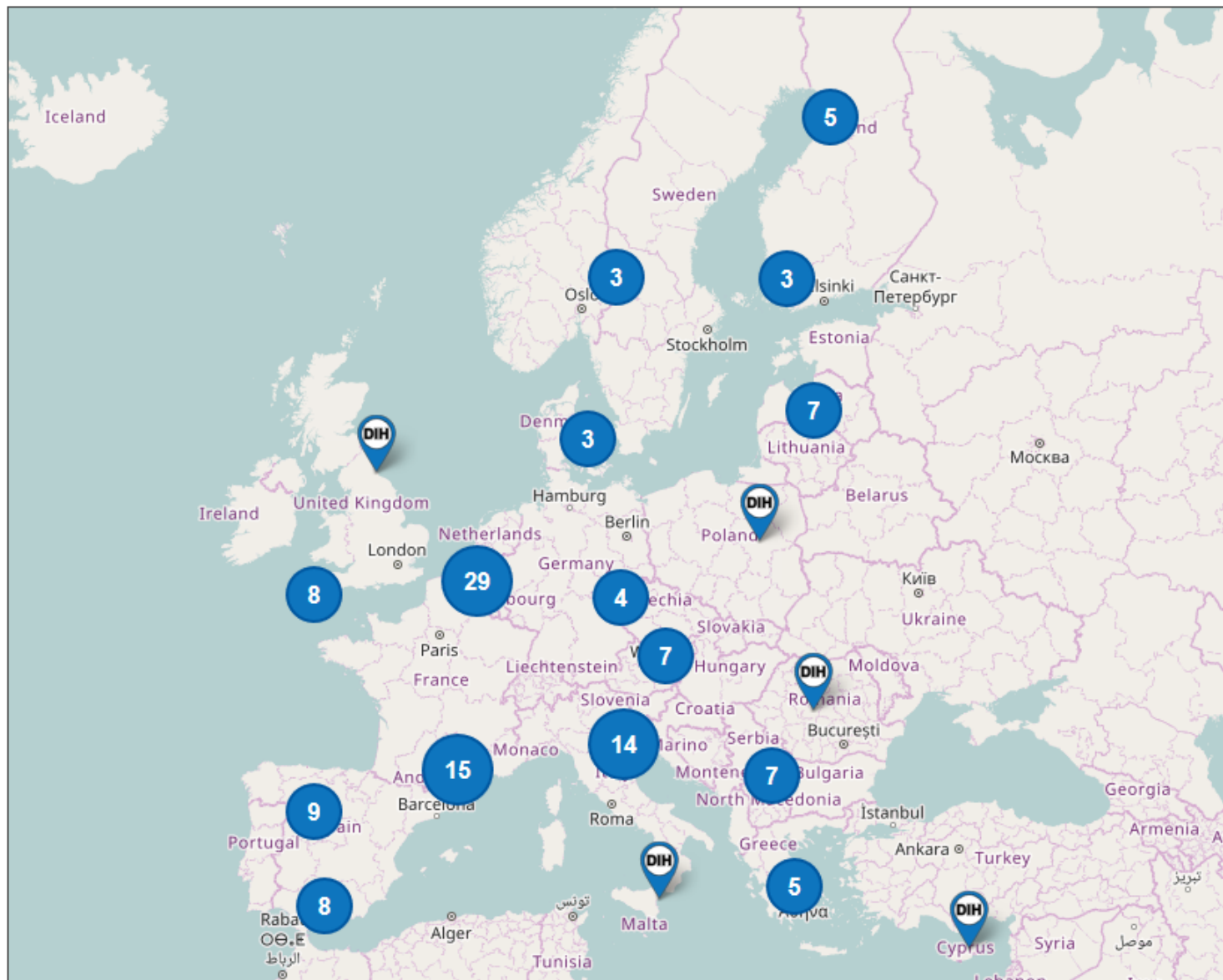
Services Provided
None selected ▾

Focus on TRL
None selected ▾

Market sectors
1 selected ▾

SEARCH

Contact us in the following email: JRC-B3-DIH@ec.europa.eu



Click on the following link if you want to propose new HUB.

Leaflet | © OpenStreetMap contributors | Disclaimer

Fully Operational In preparation No longer in operation



Digital Europe programme – What?

Digital Europe Programme

*Reinforcing digital capacities
Ensuring their best use*

Digital transformation & Interoperability

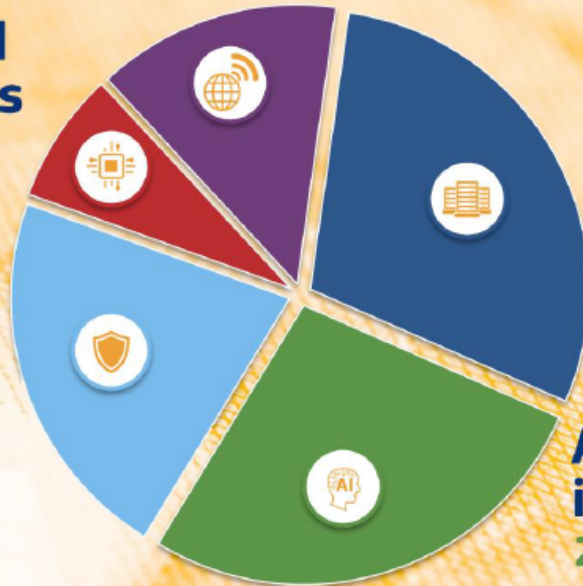
1.3 € billion

Advanced digital skills

0.7 € billion

Cybersecurity & trust

2 € billion



**€ 9.2 billion
in total**

High performance computing

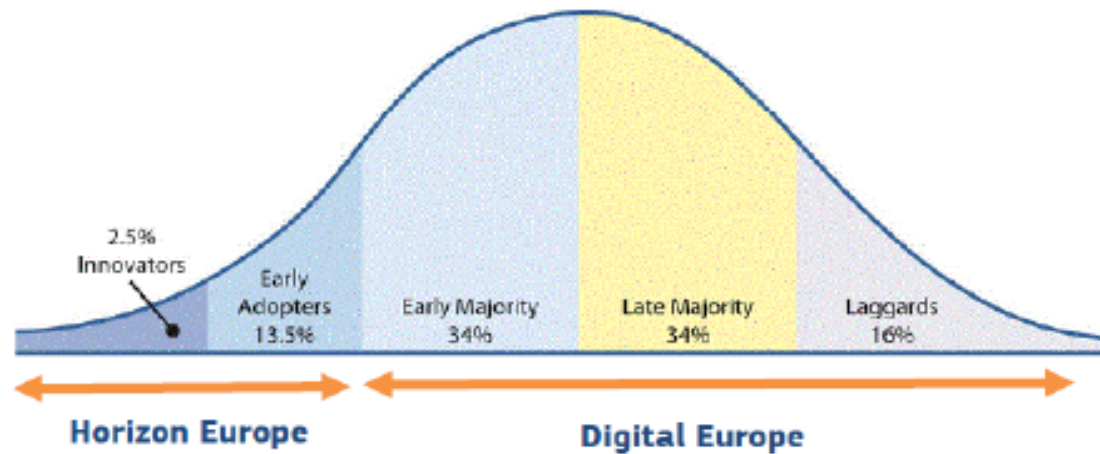
2.7 € billion

Artificial intelligence

2.5 € billion

#EUBudget
#DigitalEurope

Technology adoption curve



Timeline:

- Preparation of new Programmes: 2019/20
- Envisaged start: 1 January 2021

Allocated at European level

Horizon Europe: Support to SMEs and mid-caps to experiment with highly innovative digital technologies in a cross-border setting

Digital Europe: Digital transformation of SMEs and administrations across the whole economy, with a focus on AI, HPC, cybersecurity and digital skills

InvestEU: Incentives and risk reduction programmes to help companies find follow-up investment to further complete their digital transformation

Allocated at national level

European Regional Development Fund: Investments allocated by the Member States and regions to build-up or strengthen the Digital Innovation Hubs infrastructures in their territories, and to reduce the digital divide

Digital Innovation Hubs

Test before invest:

Testing HPC, AI, cybersecurity, blockchain for public admin

Facilitate agile procurement through working with smaller GovTech suppliers

Giving advice on digital by default

Skills and training:

Awareness raising about the potential of AI, HPC, cybersecurity and European CEF DSIs.

Training public administrations on CEF DSIs, once only principle, Single Digital Gateway, eIDAS, etc.

DIHs as one-stop-shops

Support to find investments:

DIHs could help public administrations develop specifications for joint innovation procurement (PPI/PCP)

Innovation ecosystem and networking opportunities

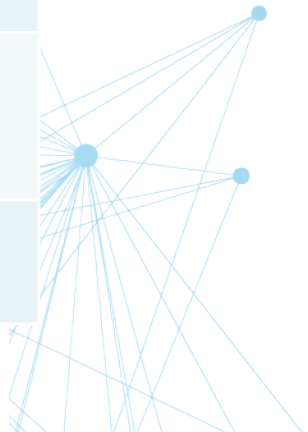
Replicating locally developed digital public services via DIHs

Offering CEF DSIs to SMEs Liaising with DIH of other specialisation



**Specialisation of a hub is required, addressing the (future) needs of the industry and public administration.
If ERDF is used it should be in line with the smart specialisation.**

DEP	Other Technologies	Application areas	Sector
AI, HPC, or Cybersecurity	Simulation Supply chain integration	Industry 4.0 Circular economy	Manufacturing
	Wearables, interoperability	Digital Health	Health & Care
	Robotics, Simulation	Exo-skeletons, Automated building	Construction Health & Care
	Digital solutions for governments, AI, Cybersecurity	Services for citizens, once only principle	Public administration
...



Knowledge flow



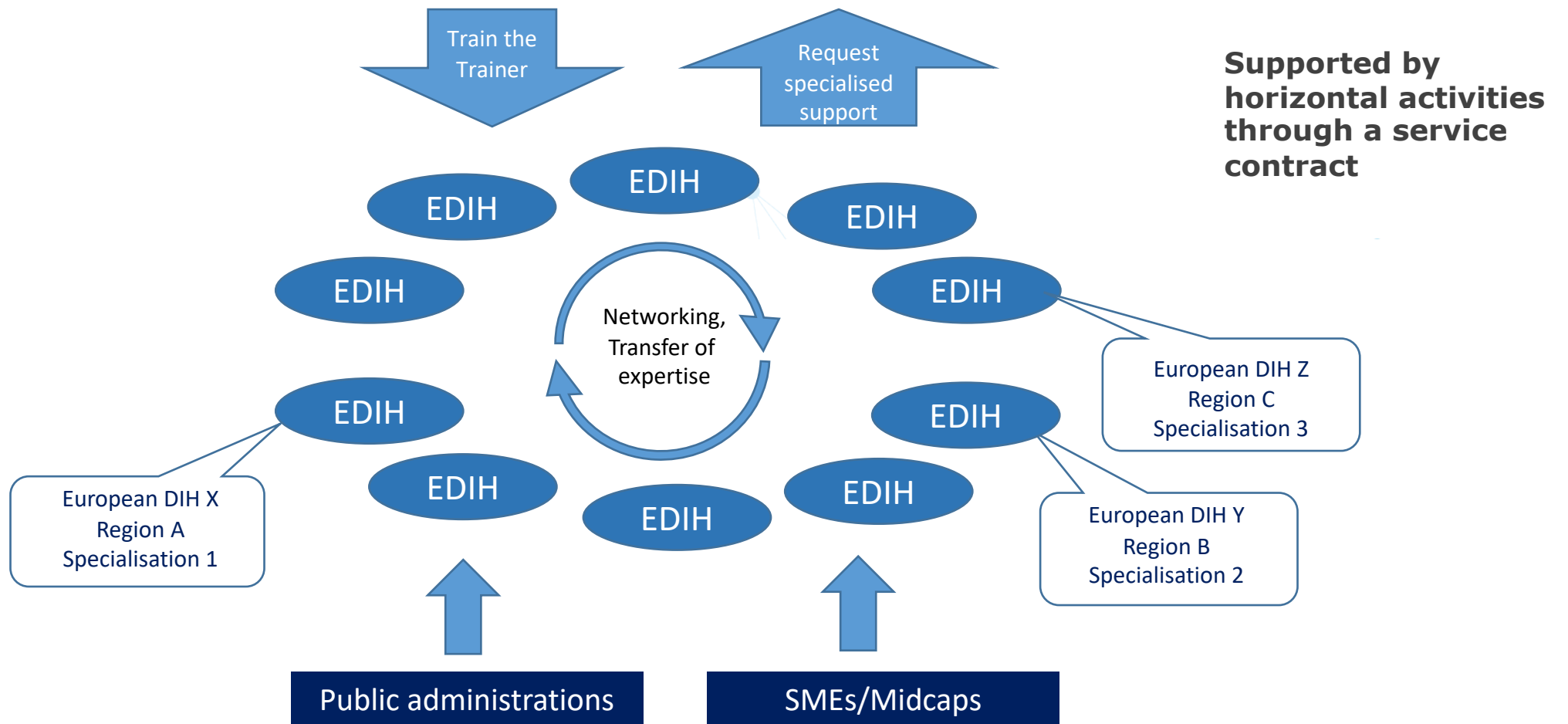
HPC
Competence
Centres

Cybersecurity
Competence
Centre Network

AI Testing and
Experimentation
Facilities

Advanced Digital
Skills

Digital Service
Infrastructures





EU funding will bring European added value to locally funded hubs and it will trigger local investments

Exporting / Importing DIH excellence :

- **Opening up of complementary competence and infrastructure**
 - Help SMEs with expertise and facilities not locally available
 - Help SMEs tap into other markets, develop EU value chains

DIH capacity building:

- Exchange of experience, good practice, mirroring successful set-ups
- A more mature DIH helps a less mature DIH (cohesion)
- Learning from specialists in HPC, Cybersecurity, AI, Advanced training, areas of public interest through the DEP train-the-trainer approach
- Making use of the new solutions developed by the HPC, Cybersecurity Competence Centres and AI world class reference sites



One grant for one hub, extendable up to 7 years, size of the network between 130-280 hubs

- **Funding should be used for capacity building of a hub**

Grant, through a lump sum

Can cover investments in hardware and software, and people to deliver services to stakeholders + some travel costs for cross-border purposes

- **50 % co-funding with Member States, ERDF may be used for MS part**

MS contribution can be in-kind or in-cash

DEP grant will be signed on the condition MS contribution is available

- **Exact budget not known yet due to ongoing negotiations**

2 Step Selection Process

EC defines criteria for EDIH selection based on

- Input from Member States
- Basic Act
- Financial Regulation



Expression of Interest by EC directed to MSs

MS designate a list of entities that:

- Fulfil the criteria
- Will get or already got co-investment
- **Based on open and competitive process**



EC issues a restricted Call to entities designated by MSs

Designated entities submit proposals that are evaluated by the Commission with the support of external experts.

EC selects together with MS from those proposals exceeding the pre-defined quality threshold balancing

- regional coverage
- technology coverage
- sector coverage

[Endorsement by MS committee]



Thank you!

@eHealth_EU
@DSMeu

Birgit.Morlion@ec.europa.eu

- eHealth: <https://ec.europa.eu/digital-single-market/en/policies/ehealth>
- R&D&I: <http://ec.europa.eu/horizon-europe>
- EU future budget: http://ec.europa.eu/budget/mff/index_en.cfm
- Digital Programme: http://europa.eu/rapid/press-release_IP-18-4043_en.htm
- DIH: <https://ec.europa.eu/digital-single-market/en/news/working-group-meeting-member-states-artificial-intelligence-digital-innovation-hubs-and-digital>



The need of ICT accessibility

Susanna Laurin
Chief Research & Innovation Officer

Funka

- Founded by the disability movement
- Private company 2000
- Consulting and development
- Research & innovation
- Position of trust
- Standardisation
- We4AHA

IAAP International Association
of Accessibility Professionals





7,3 billion reasons for **diversity**

Situational

Cognitive

Hearing

Concentration

Speech

Motor

Social interaction

Ageing

Temporary

Seeing

Sensitive

Reading and writing



15 % of the population

Efficient digitalisation

- Worth while
- Smooth
- Accepted
- Broad

>> accessibility is key!

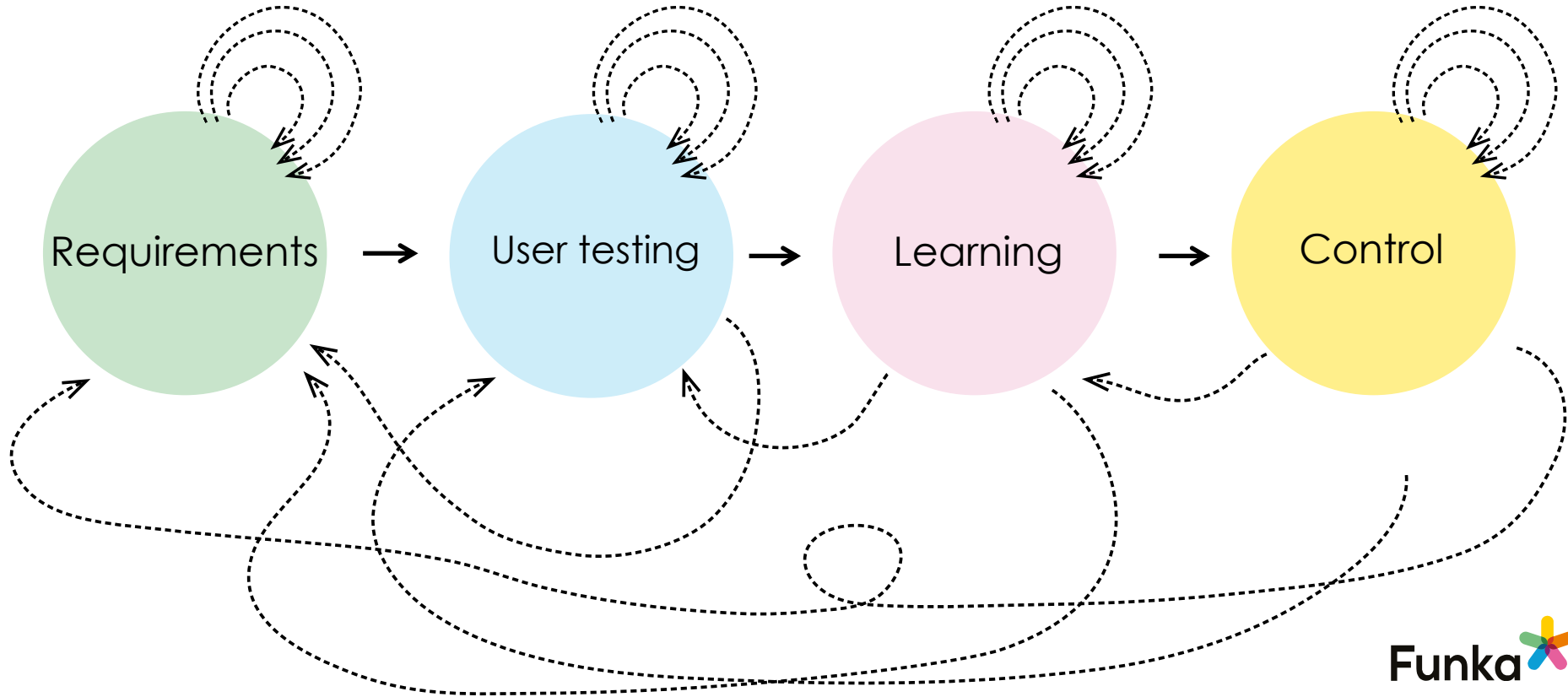


23 % less phone calls

Web Accessibility Directive



A moving target



Democracy





BECAUSE THE
PEOPLE WHO
ARE CRAZY
ENOUGH TO
THINK THEY CAN
CHANGE THE
WORLD ARE THE
ONES WHO DO.

-STEVE JOBS

**There is no such thing
as an average user**



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