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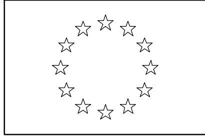

EUROPEAN COMMISSION

Brussels, 1.9.2011
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COMMISSION STAFF WORKING PAPER

The Pilot European Innovation Partnership on Active and Healthy Ageing (AHA)
First experiences on governance and processes

TABLE OF CONTENTS

1. Introduction 3
2. Background to the AHA governance and processes 4
3. Main features of the AHA governance model 5
4. The AHA governance model in practice: first experiences 6
4.1. Simple and flexible 6
4.2. Representative and balanced 7
4.3. Inclusive and open 9
4.4. Providing synergies and joining-up initiatives and actors 12
4.5. Clear relations with existing initiatives and instruments 14
4.6. Ensuring ownership, commitment and mobilising power 14
5. Conclusions 16

1. INTRODUCTION

In its communications on the Europe 2020 Strategy and on Innovation Union Flagship initiative[1], the Commission proposed to launch European Innovation Partnerships (hereinafter: "EIPs").

European Innovation Partnerships are a novel concept to speed up breakthrough innovations that address major societal challenges and gain competitive advantage for growth and jobs in Europe. The Innovation Partnership concept involves pooling forces through a challenge-driven approach, acting across the whole research and innovation cycle by bringing together all relevant actors at EU, national and regional levels to:

- step up research;
- coordinate investments in demonstration and pilots;
- anticipate and fast-track any necessary regulation and standards;
- mobilise demand.

Active and Healthy Ageing (hereinafter: "AHA") was proposed as pilot project to "*help validate the added value of the concept, gauge the interest and commitment of all key stakeholders, provide insights into how best to develop work packages and assure effective governance*"[2].

In its resolution of 11 November 2010 and in the Merkies Report of 11 May 2011 the European Parliament welcomed the AHA Pilot Partnership and called on the Commission to report to and involve the Parliament in all stages of its implementation.

In its conclusions of 26 November 2010 and of 9 March 2011, the Competitiveness Council endorsed the EIP concept. It encouraged the Commission to continue developing it in close cooperation with the Council and Member States, taking into account experience from the AHA Pilot Partnership and underlined that the Council would take the necessary political decisions on EIPs before they were launched.

This Commission staff working paper reports on the first available experiences in terms of governance and processes. It includes a short description of the background to the AHA Pilot European Innovation Partnership (Chapter 2). It summarises the main features of the AHA governance model as explained in the relevant Commission documents and identified as essential elements of an EIP governance structure and processes (Chapter 3) before drawing lessons for the governance of future partnerships (Chapter 4).

Clearly, at this stage of the partnership development, it is not possible to assess efficiency and effectiveness. The scope of the analysis is therefore limited to the processes that have been set up to date. As requested by the Council, other evaluations will follow in due course, in line

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[1] Commission communications of 3.3.2010 *"Europe 2020. A strategy for smart, sustainable and inclusive growth"* (COM(2010)2020), and of 6.10.2010, *"Europe 2020 Flagship Initiative. Innovation Union"*(COM(2010)546 final).

[2] COM(2010)546 final)

with the different steps in the life-cycle of partnerships which has become clear during the set-up of the AHA EIP[3].

2. BACKGROUND TO THE AHA GOVERNANCE AND PROCESSES

This chapter briefly describes the background to the governance model and processes, referring to the most relevant steps. The main documents, events and actions related to the AHA Pilot Partnership and its governance model (from both institutional and operational points of view) are presented in Annex 1 to show the sequence for the AHA's development phase.

From an institutional point of view, the overall process was characterised by

– a prompt response from the European Parliament (resolution of 11 November 2010);

– several debates at Council working groups both before and after endorsement of the pilot by the European Council on 4 February 2011;

– endorsement of the Member State representation in the Steering Group, without prejudice to the governance arrangements of future EIPs (Competitiveness Council conclusions of 9 March 2011);

– insistence by the Council's on its active involvement in the further development of the EIPs (Competitiveness Council conclusions of 9 March 2011).

In parallel, the preparatory consultation phase allowed national and regional authorities and stakeholders to become involved through a series of events and meetings organised by the Commission and national institutions. The event that kicked off the entire consultation process took place on 26 November 2010, when the Commission launched a broad on-line public consultation, raising enormous interest of a wide range of stakeholders. The consultation attracted 524 contributions, which resulted in a first mapping of existing initiatives, as well as of barriers and bottlenecks and also indicated future ideas for action.[4]

In December 2010, the Commission services published a non-paper on “Frequently Asked Questions regarding European Innovation Partnerships under Europe 2020”[5] to respond to the numerous questions raised with regard to the concept and governance arrangements.

The AHA EIP Steering Group was set up in April 2011. Commissioners Kroes and Dalli invited 33 high profile individuals, representing different sectors and stakeholder communities, to become members of the Steering Group in a personal capacity.

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3 These steps are: Identification of a topic, public consultation, proposal by the Commission in form of a Communication, agreement by Council and Parliament to launch the partnership, setting up of the Steering Group and development of the Strategic Implementation Plan, presentation of the Implementation Plan by the Commission to Council and Parliament, endorsement by Council and Parliament, yearly reports by the Commission.

4 See *Synthesis report on the public consultation on the European Innovation Partnership on Active and Healthy Ageing* of 4 April 2011. Weblink:http://ec.europa.eu/research/innovation-union/index_en.cfm?section=active-healthy-ageing&pg=home

5 See web link note 2

Representatives from the Council and the European Parliament were also invited to the Group (see list of members in Annex 2).

On 2 May 2011, the Steering Group held its first meeting. Members expressed their willingness to be involved and to commit themselves to delivering the EIP's targets and objectives. They stressed the need to continue focusing on innovation, European added value and the need to address both short-term delivery and the longer-term perspective. Regarding working methods and activities, the Steering Group focused on how to conceive the involvement and commitment of its members to deliver a Strategic Implementation Plan (SIP) for the partnership. The Steering Group also highlighted the importance of focusing on thematic areas of work organised around relevant working groups. These then took place with dedicated workshops addressing specific themes such as prevention and early diagnosis, care and cure, independent living and active ageing as well as tackling horizontal issues such as framework conditions and funding.

The Steering Group is supported by "Sherpas", who provide assistance in drawing up agendas, and help to ensure efficiency and continuity at technical level. The “Sherpas” started work at a meeting called in April 2011 and they meet in principle on a monthly basis.

On 13 May 2011, a Commission services Staff Working Paper, entitled “A Guidance paper for the Steering Group of the Pilot European Innovation Partnership on Active and Healthy Ageing”[6], provided guidance on the role of the Steering Group and, in particular, on how its works should be organised, on the necessary commitment, and on what it should *deliver* to draw up the SIP (the Steering Group primary target) and achieve the Partnership objective.

A series of thematic workshops was organised on the basis of three main themes that the Steering Group identified at its first meeting. A small group of co-leaders, representing Steering Group members or Sherpas, volunteered to prepare these workshops, with the Commission acting as Secretariat. The outcome of the workshops, the public consultation and concrete proposals received through the advocacy of the Steering Group provided substantial input for developing the SIP.

3. MAIN FEATURES OF THE AHA GOVERNANCE MODEL

Partnerships aim to accelerate breakthrough innovations. To this end, there is only one guiding principle for their governance features: delivery.

The Commission has identified the following main features[7] as essential to guarantee effective governance. These were broadly endorsed by the Council in its conclusions of 9 March 2011 and they were re-confirmed for AHA in the Commission's Guidance paper of May 2011.

Governance and processes should be *simple* and *flexible* enough to facilitate the task and to be adapted to each Partnership’s target.

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6 See web link note 2

7 COM of 6.10.2010, *“Europe 2020 Flagship Initiative. Innovation Union”*(COM(2010)546 final).

They should help in building *representative and balanced* partnerships by ensuring that they include the participation of Member States (Ministers), Members of the European Parliament, industry leaders, researchers, and other key stakeholders. They should also ensure that participation is balanced so that diverging interests do not affect effectiveness and results.

Governance and processes should ensure that Partnerships are *inclusive* and *open.* This means that they should fully take into account all views and relevant input and contributions from stakeholders, and that relevant information (particularly procedures and results of work) should be available to interested parties.

Governance and processes should help in *providing synergies* and in *joining up actors, instruments, and policies.* This also entails *clear relationships with existing policy initiatives and instruments.*

Last but not least, processes and governance mechanisms should provide strong decentralised operational responsibilities to ensure effective *ownership* by practitioners and other key stakeholders. They should ensure high-level *commitments* and pave the way to *mobilise powers,* obtaining commitment from legislators and budgetary authorities, so as to reach each Partnership's target and objective.

The high-level Steering Group is the main actor in each Partnership and its primary role is to draw up the Strategic Implementation Plan, comprising a set of actionable recommendations to deliver. Its work should be fully in compliance with the above-mentioned governance principles. Steering Group members have been asked to act as "ambassadors" for the EIP in their respective sector.

4. THE AHA GOVERNANCE MODEL IN PRACTICE: FIRST EXPERIENCES

Considering the timing of this working paper within the lifespan of the AHA pilot, it is too early to assess all aspects of the governance and processes fully. In particular 'efficiency' and 'effectiveness', which entail evaluation of the decision-making and the partnership's results, can be fully assessed only once the SIP has been adopted and implemented.

Nevertheless, some useful lessons can be already learnt in terms of the governance principles mentioned under Section 3.

4.1. Simple and flexible

The AHA's governance arrangements have been structured around a single body, the high level Steering Group, chaired by Commissioner Neelie Kroes, Vice-President for the Digital Agenda and by John Dalli, Commissioner for Health and Consumers, supported by a secretariat provided by Commission services. The Steering Group uses existing premises and resources for its activities. Members were invited directly by the Commissioners responsible. The group has no formalised status, members are not paid and they take part in a personal capacity.

There are no financial or legal obligations resulting from the Steering Group set-up, whether for its members or for the secretariat (only administrative expenses on the Commission side for workshops, meetings etc.).

The participation of the Member States representatives is without prejudice to the governance arrangements of future EIPs and without prejudice to the Council's position as to the recommendations arising from the work of the Steering Group[8].

Finally, since the success of the partnership concept depends on its simplicity, the steering group must focus on the first task of drafting the Strategic Implementation Plan, with a different degree of involvement in the monitoring of implementation. Its mandate is therefore limited. This is the approach followed by the AHA Steering Group, which would not be permanent, and would offer members the possibility of remaining 'Ambassadors' for the Partnership. However, the partnership will propose governance mechanism for the phase after adoption of the Strategic Implementation Plan.

Lessons learnt: AHA is structured around a single body, the Steering Group, as the key actor. It can therefore be considered as simple. It can also be considered as flexible enough to be adapted to the specificity and objective of each Partnership, since the Council has underlined that the AHA governance model is without prejudice for future partnership. However, it is too early to say whether the simple structure is able to deliver sufficient commitment and the necessary prioritisation and validation of proposals.

4.2. Representative and balanced

To ensure effective governance and delivery, every partnership should be adequately *representative* of all constituencies to address key barriers across the entire innovation value chain. This should be reflected, first of all, in the composition (membership) of the Steering Group, depending on the specific need of each of partnership and the range of interests within the stakeholder community.

At the same time, the membership of the Steering Group needs to ensure a *balanced* representation both across sectors and within the different components of each sector (e.g. the private sector should be represented not just by established players, but also by small and recently created businesses; Member States should be represented by ministers with competences in the relevant areas.

In the case of AHA, the high-level steering group is composed of a broad membership of 33 members (see list in Annex 2) drawn from a wide variety of backgrounds and stakeholder communities. The number of members, which exceeds the target of a maximum of 20-25 cited in the non-paper on "Frequently Asked Questions", is due to the complexity and cross-cutting nature of active and healthy ageing: There is an exceptionally wide range of actors/interests in the innovation value chain. The following stakeholders are represented:

– industry (medical devices, telecom, e-health, pharmaceuticals, nutrition);
– health and care providers (national and regional, local authorities, health care professionals);
– carers - formal and informal;
– users (including patients and older citizens);

8 Council conclusions of 10 March 2011

– planners, implementers of health projects, regional authorities, academia, research, insurers and venture capital.

The AHA Steering Group composition goes beyond traditionally represented stakeholders, by including, for instance, essential actors from 'the active and healthy ageing' value chain that until now were less present in the 'innovation' chain (e.g. informal carers) and, conversely, actors from the 'innovation chain' that are traditionally less present in 'the active and healthy ageing' chain (e.g. venture capital). Including these actors has turned out to be fruitful for the development of AHA as it ensures the widest possible picture.

The Steering Group also includes representatives of three programming initiatives, namely two Joint Programming Initiatives (on "Neurodegenerative diseases" and "More Years Better Lives") and the Ambient Assisted Living Association. Besides enhancing coherence and coordination between different instruments (see chapter 4.4), this could prove instrumental in leveraging national and regional resources.

The industry component is well represented (mainly large companies and one SME, operating in the areas of e-health, telecoms, medical devices, pharmaceuticals, food/nutrition, insurance). Some stakeholders consider it relevant to involve other industry sectors (e.g. building industry, transport, sport), though the strong presence of industry at the first Steering Group meeting was highlighted.

As regards Member States, the AHA Steering Group includes five ministerial level politicians, representing the Council Trio at the moment of the launch of the partnership plus the current presidency (ES, BE, HU, PL) - which is unique and was welcomed by the Competitiveness Council of 9 March 2011 – and the Health Minister from Spain as representative of the eHealth Governance Initiative[9]. Four of the five ministers are in charge of the same portfolio, namely Research/Science/Education. This partial representation could have an impact on the capacity to deliver in the regulatory field.

The European Parliament is not participating in the Steering Group for institutional reasons. Nevertheless, several Members of the European Parliament have shown strong interest in the partnership and organised a series of round tables and conferences.

Opting for a broadly representative Steering Group has some positive impacts (such as the 'multiplier' effects of the different members of the Steering Group ensuring wider consensus and interest from other participants in the process). However, it also presents some clear challenges:

a) Focus: it is difficult to have a focused discussion on a limited list of key concrete thematic areas and deliverables given the presence of a wide variety of stakeholders with different, often diverging priorities;

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[9] The eHealth Governance Initiative to bring forward eHealth for the "deployment and actual use of interoperable eHealth services within and between national healthcare systems". The overall objective of the proposed initiative, as outlined at the first informal meeting of State Secretaries which took place in Prague on February 18th, 2009 and confirmed in the last meeting on October 23rd, is to contribute actively to the shaping of the eHealth political agenda at EU level, with a specific focus on interoperability. Member States aim at achieving Interoperability and increasing the quality and efficiency of care by strengthening their cooperation at High Political Level to get support in how to deploy eHealth services also across borders.

b) Timing: keeping on schedule to produce a draft Strategic Implementation Plan by October/November 2011 and first tangible deliverables by 2012 is a challenge not just for the Commission secretariat (to help consolidate the many inputs) but also for associations and representative organisations taking part in discussions, as they need time to consult their members;

c) Agendas: the number and the high level of participants in the Steering Group makes it difficult to find convenient dates for meetings.

To address some of these challenges, Sherpas have supported the Steering Group. The interplay between Sherpas and the Steering Group seems to work effectively.

However, because of the wide range of stakeholders involved, selecting and prioritising key actions is difficult. The Group's first key deliverable, the Strategic Implementation Plan, is still in preparation, so it is too early to conclude whether or not a large Steering Group can deliver actions for breakthrough innovations. Nevertheless, future partnerships need to effectively deal with the clear trade-off: 'representative' versus 'decisive'; 'inclusive' versus 'focused'.

The reason for involving a wide range of stakeholders in the Steering Group could also be related to the level of 'granularity' of the chosen headline target.

One could consider involving in future EIPs innovative, independent thought leaders in the first phase of target definition, then testing their output with the Steering Group. They could also assist with prioritisation and validation of the draft Strategic Implementation Plan.

Lessons learnt:

A balanced composition of the Steering Group is essential. Sufficient presence of competences (e.g. from the different Ministries at national level, etc) is required notably for demand-side follow-up such as regulation, standardisation and procurement.

There is a trade-off between 'representative' and 'decisive', 'inclusive' and 'focused'. AHA has opted for a large Steering Group, which can work if supported by efficient Sherpa groups. Nevertheless, future partnerships could consider a more limited overall target, a smaller Steering Group, bringing in a personality from public life as facilitator of the Steering Group and the involvement of independent thought leaders in the target definition or prioritisation and validation of actions to be included in the Strategic Implementation Plan.

4.3. Inclusive and open

Applicable governance models and processes should make the Partnership *inclusive* and *open*. Both aspects are essential for a partnership to reach its objectives and full potential. They are the means to ensure understanding, wide support and recognition of the partnership concept.

These aspects are well covered in the AHA, both in its *preparation phase* (before the Steering Group was set up) and in the *definition phase* (between the first meeting of the Steering Group and the Strategic Implementation Plan, due in November).

In the preparation phase, numerous public meetings and discussion took place around the theme of active and healthy ageing at all levels (Commission, Council, European Parliament, Member States, regional authorities, platforms and networks - see Annex 1), making it a very open process which has attracted significant levels of interest from the community of stakeholders, portraying a wide diversity of interested actors. The specific common target (two healthy life years more by 2020) and the EIP concept itself turned out to be strong mobilisers.

The stakeholder event on 26 November 2010 was a first occasion for stakeholders to put forward their views and, most importantly, their ideas on the pilot European Innovation Partnership on Active and Healthy Ageing. It gathered more than 200 stakeholders from the entire innovation cycle, including public authorities, patients and senior citizens' organisations, health professionals associations, as well as industry and other organisations active in age related issues. They exchanged views on the need for the Partnership, possible areas in which it could have an impact, what it could achieve and how. A case study session put meaning to the concept of the Partnership by presenting real life examples from stakeholders on their collaborative (public-private partnerships and already existing regional innovation partnerships) work in the area of active and healthy ageing, where innovation can make a difference. The public consultation, carried out between November 2010 and January 2011, generated 524 responses coming from a wide range of stakeholders (EU, National, regional and local, associations of care professionals and patients, industry and the research community; also from non-EU countries such as the US, Israel, Norway). The contributions also showed a wealth of experiences and initiatives demonstrating that the field was ready and mature to welcome and engage in the AHA partnership. Furthermore, in response to the public consultation, some partnerships were built at national/regional level in the field (e.g. in UK and NL), showing the role of EIP as a catalyst and incentive to join up actors.

This wealth of input has been synthesised in a report which is publicly available on the website of the AHA[10]. The results of the public consultation, as well as other events such as debates, meetings and fora, have been a useful means of feeding the partnership with content, as well as defining the governance structure and membership.

The wide interest stakeholders showed in the AHA preparation phase is certainly very positive but may become a challenge in the definition phase, when stakeholder expectations need to be managed.

In the setting up the AHA Steering Group, this challenge has been addressed by trying to make the processes inclusive through the creation of three working groups[11], which organised three workshops on the main topics identified, involving a wider set of external stakeholders. They were under the responsibility of the Steering Group (working in synergy), and co-led by the Sherpas.

The large participation in these workshops[12] indicates the success of this approach, which brought several additional actors into the process (industry, NGOs, users). Their contribution, reflected in minutes and detailed notes describing possible actions to be implemented through the Strategic Implementation Plan, will be used to select actions to be included in the SIP.

[10] see note 3
[11] Innovation and Prevention, Innovation for care and cure, Innovation for Independent Living
[12] 78, 81 and 30 participants respectively in the three workshops

This is considered good practice to maximise the impact of an inclusive process. In addition, future partnerships should consider bringing in additional thought leadership through structured processes for prioritisation and validation.

Sherpa's have successfully worked as an interface between the Steering Group and the wider partnership stakeholders in the working groups. However, what could be improved is a systematic and channelled feedback mechanism between the steering group and the wider group of stakeholders, so as to reach interested parties who are not members of the working groups.

In line with an *open*, accessible and transparent process, information on processes and governance should be publicly available and easily accessible.

AHA is performing well in terms of the most relevant documents being posted on the Innovation Union website, where the minutes of the first Steering Group as well as the workshops minutes have been published under the EIP AHA pages. The websites of DG INFSO and DG SANCO provide cross-references to this main website for AHA. Consistency of information needs to be ensured. In order to provide easy access, future partnerships should provide for a unique website to be created, preferably dedicated exclusively to the partnership. In addition, information on the 'public' events, workshops, etc is not centrally available, which is quite important in both preparation and definition phase. New media, such as social networks are only used partially on the Innovation Union website.

Stakeholders have also perceived a lack of clarity and information on the selection criteria used for appointing Steering Group members and the same applies to the way stakeholders invited to the workshops were selected. This could be attributed to the dynamics of the process and the new approach based on a 'light and flexible' way of managing the pilot EIP. This implies a trade-off between simple and light governance and the degree of transparency and openness possible.

Following a 'learning by doing' process (justified given that this is a pilot), AHA gradually introduced four elements of process management:

(1) creating a common reference base (such as the AHA Guidance Paper);

(2) putting necessary structure(s) in place promptly (i.e. the Steering Group and working groups);

(3) planning for wider involvement (e.g. beyond an initial public consultation, also involvement during the definition phase);

(4) having clear processes and planning for decision-making commensurate with intended time scales (e.g. Steering Group planning and decision making by Council).

Lessons learnt:

The preparatory phase was very rich of consultation events, the most important of which was the stakeholder event which launched the on-line consultation. The whole process helped to prove the high level of interest from the entire research-innovation value chain and to raise

interest further. Such an inclusive process proved very useful for both AHA content and structure building.

The inclusive approach in the AHA definition phase proved successful by enabling a number of external stakeholders to buy in to the process in thematic working groups/workshops.

However, the rationale for selecting the members of the Steering Group needs to be more explicitly communicated.

Full use needs to be made of web-tools, with all information (e.g. minutes of the meetings of Steering Group, Sherpas, workshops) available and easily accessible on a central web-site.

Moreover, effective process management is needed from the very beginning of the partnership to provide clarity and predictability. This should include a common reference base, prompt setting up of the necessary structures, feedback mechanisms between the Steering Group and the Sherpas to wider groups of stakeholders as well as clear processes and planning for decision making.

4.4. Providing synergies and joining-up initiatives and actors

It is quite an early stage in the AHA life to identify already concrete synergies deployed between different instruments. For this reason, this chapter focuses rather on AHA governance mechanisms in place to enable the exploitation of synergies with related policy initiatives (point a). In addition, it is already possible to identify synergies amongst actors (point b).

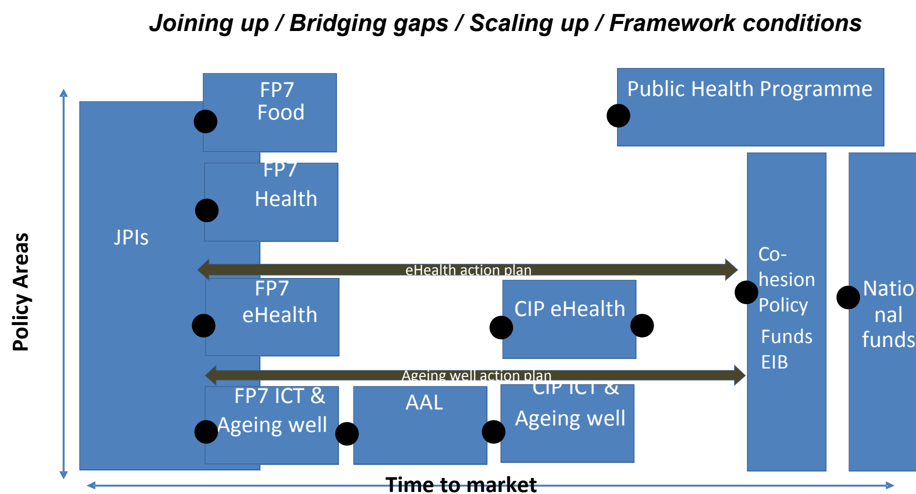
a) Governance mechanisms relating to initiatives

There are a number of instruments that support activities promoting active and healthy ageing across the entire innovation cycle from research to market, e.g. Seventh Framework Programme for Research and Development (FP7)[13], Joint Programming Initiatives (JPI), Ambient Assisted Living (AAL), Public Health Programme, Competitiveness and Innovation Programme (CIP), e-health Lead Market Initiative (LMI), Structural Funds (SF).

AHA pro-actively ensured synergies by having representatives of AAL and the JPIs on Neurodegenerative Diseases and on More Years Better Lives in the Steering Group and by holding discussions with the High Level Group for Joint Programming (GPC) and the European Research Area Committee (ERAC). This helped to create wider opt-in and shared shaping of the concept.

[13] Including the Marie Curie Mobility Actions where 34% of the projects address Health and Ageing challenges in terms of education, research and innovation.

EIP AHA in relation to programmes



b) Synergies at the level of actors (institutions and stakeholders)

At the level of stakeholders, synergies have already been observed in the work of the Steering Group. Three Working Groups formed to discuss specific issues were co-led by Members of the Steering Group / Sherpas representing different sectors, e.g. a working group co-led by industry (Philips and J&J), insurers (ESIP), a Member State ministry (Spanish Ministry of Health) and carers/nurses organisation (EFN). Feedback suggests this allows actors to complete rather than compete, with a clearly perceived added value of cooperation and working with joint forces in the partnership spirit, aiming at common vision and objectives.

As regards the Council, the competence falls on different configurations due to the cross-cutting nature of actions on active and healthy ageing. First meetings were held in the research and competitiveness Council/Working Group, since they focused on governance and processes. Public Health Council/Working Group and the Information Society Working Group were involved as well, with a focus on content. To ensure synergies, for example, the chair of the Working Group on Health took part in the Working Group on Research and vice versa.

As regards the Commission, the AHA governance structure is unique: AHA is the joint responsibility of Commissioners Dalli and Kroes (and two Directorates General, SANCO and INFSO), while being coordinated in terms of process and governance by Máire Geoghegan-Quinn, the Research and Innovation Commissioner. This interrelation and resulting coordination implied a change of cooperation culture and entailed some delays in the process at first. However, after a transition period of reciprocal 'adaptation' and thanks to an intensive 'learning by doing' process (typical of a pilot approach) and specific training for staff, a very good level of collaboration and synergy was achieved. This helped to break down silos among Commission services involved in the AHA, and extended to other DGs working on partnerships, such as Enterprise and Employment.

For partnerships in which two or more Commission services are co-chairing, it should be ensured that tasks are carried out with an equal level of resources and involvement. In addition, duplication should be avoided: Joint work requires strong coordination, otherwise overlapping will decrease productivity and the effectiveness of resources mobilised.

Lessons learnt:

The experiences and work already undertaken by related initiatives (JPI, ETPs, Art. 185) should be taken into account and be considered as a first step to build on. Mapping exercise of JPIs should be exploited, as was the case for AHA.

Representatives of related initiatives should consider themselves as major actors in the definitions of the actionable recommendations to be proposed in the Strategic Implementation plan. Their presence in the Steering Group should ensure that overlaps and duplications of activities are avoided and that synergies with existing actions are fully exploited.

The partnership approach has also allowed for further strengthening of cooperation among policy departments within the Commission.

4.5. Clear relations with existing initiatives and instruments

With hindsight, it is clear that the relationship between the pilot EIP and other initiatives was insufficiently explained. This gave rise to misunderstandings. The two biggest misconceptions were that EIPs would supersede and replace other instruments, for instance, joint programming, and that they would pre-determine the future allocation of research funding. Understandably, this misconception triggered doubts and even some hostility to the partnership concept.

It is therefore crucial to clarify from the start of a partnership that related policy initiatives and instruments keep their independent nature, that they will not be taken over and that their implementation should be actively pursued. It is also important to clarify from the very start that partnerships are an important contributor to the definition of research priorities in the annual work programmes for EU research and innovation funding, and not a substitute for existing decision mechanisms, as the definition of research priorities is not their main goal.

Lessons learnt:

The pilot partnership showed that the relationship to other policy initiatives and to funding instruments was not clear from the start. It has now been clarified that partnerships do not take over other initiatives and that they are not a means of determining research priorities outside the institutionalised procedures.

4.6. Ensuring ownership, commitment and mobilising power

The partnership 'belongs' to the Steering Groups members and to the entire range of stakeholder they represent (*ownership)*. Stakeholders and more specifically the Steering Group members are meant to be the real owners of the Strategic Implementation Plan, which they will conceive and endorse. The Commission acts as catalyst and arbitrator.

In the case of AHA, at this stage, *ownership* is work in progress. While the Steering Group has shown a lot of interest and active engagement in the works of the EIP and willingness to commit, the Commission was initially seen as an owner rather than a facilitator. Gradually, with the evolution of the AHA EIP and the work of the Steering Group, it is clear that ownership is attributed to the members of the Steering Group, including the Commissioners involved.

The Steering Group invited workshops participants to provide concrete proposals for actions. This seems to be good practice, which should be encouraged further in order to ensure ownership beyond the Steering Group members.

It is also important to involve programme owners from the beginning, together with instrument coordinators, regional authorities and real action implementers as 'owners' of the EIP - as done in AHA – since they will be in charge of implementing actions and/or adapting where necessary their programmes/instruments to EIP objectives.

Commitment is vital to ensure the partnership objective is achieved. It can have different meanings from the point of view of governance.

First, it refers to a *commitment to deliver* on the main objectives of the partnership.

Secondly, it refers to a *commitment to obtain commitment from other key players.* This second type of commitment entails the notion of 'mobilising power', a key determining factor in the success of the partnership.

At this stage of the process, only a general commitment to the main objective of the partnership can be identified. More concrete commitments related to specific actions to be implemented will come at a later stage, with the adoption of the Strategic Implementation Plan.

The Steering Group members were asked at the first Steering Group meeting to ensure high-level advocacy for the partnership and individual commitment within their own means and remit to achieve the aim of the partnership (appointment to the Steering Group "to do, rather than to be"). In addition, the pre-condition for participating in the workshops for stakeholders was to be 'ready to commit' and working groups received a number of calls from different stakeholders, offering their expertise, resources, existing programmes and facilities (database, website etc.).

The Steering Group members were also asked to involve and obtain the commitment of other key partners in the action to be undertaken, especially those that have the power to bring the action to fruition.

The commitment issue is still under discussion with the Steering Group and stakeholders. Regarding *commitments to deliver* different rounds of commitments by different stakeholders on sets of actions are foreseen.

The importance of the Commission's commitment as an incentive for other stakeholders to commit has also clearly emerged in recent discussion.

Lessons learnt:

The partnership 'owners' are the stakeholders. It is also important that all stakeholders understand the process, whereby the Steering Group proposes the Strategic Implementation Plan and the Commission also offers its commitment to it through a Commission Communication.

Vital for the success of future partnerships are the commitment to deliver and commitment to obtain the commitment of other key players in the actions (mobilising power). This must be clear to the Steering Group members from the start.

Discussions in Council have allowed clarifying the process of endorsement at EU level. Following the presentation of the Strategic Implementation Plan by the Steering Group, the Commission will present a Communication to the Council setting out its commitment and requesting the Council's endorsement. While this is a lengthy process, it is necessary to win the commitment of Steering Group members and stakeholders.

At this early stage, mobilising power has been visible only in the great interest and extensive involvement that a wide array of stakeholders has shown in the preparatory phase, and their willingness to commit. To make a real impact, mobilising power needs to involve the full spectrum of demand and supply-side measures, improving regulatory and framework conditions and building-up a demand-led approach.

5. CONCLUSIONS

The new concept of partnerships and the launch of the pilot on active and healthy ageing gave rise to much interest from stakeholders throughout the entire research and innovation cycle. It is now important to keep the momentum. To this end, this first stock-taking exercise regarding experience and lessons which can be learnt at this early stage in terms of governance and processes can provide useful insights and pave the way for proposing and launching other partnerships needed to achieve Europe 2020 objectives. As the scope of the analysis is limited to the governance and processes set up to date, other evaluations relating to efficiency and impact will follow in due course.

The facts analysed in this staff paper suggest that the pilot EIP on active and healthy ageing was very successful in mobilising stakeholders in the preparatory phase (through intense stakeholder consultation events and conferences at all levels). A Steering Group has been set up with a wide range of high-level stakeholders. It has adopted simple working methods focusing on drawing up the Strategic Implementation Plan with the support of Sherpas, working groups and workshops. At this stage, the Steering Group has delivered a shared problem analysis and understanding of the problematic, a strong basis for action. The scene is set for an ambitious Strategic Implementation Plan, to be drafted before the end of 2011.

However, the launch of the pilot also encountered a number of challenges.

The pilot partnership suffered from a lack of clarity of the EIP concept, in terms of its processes, added value (joining up, bridging gaps, and improving framework conditions). Relations with other initiatives and instruments were particularly unclear. It has now been clarified that EIPs reinforce coherence of research and innovation priorities as well as measures to facilitate the uptake of new solutions, while they do not supersede and replace other initiatives or instruments. They provide one important contribution among others to the definition of research priorities in the annual work programmes for EU research and

innovation funding. Nevertheless, given the risk of misunderstandings, close attention must be paid to the adequate reflection of supply-and demand-side measures in the forthcoming Strategic Implementation Plan.

Moreover, the breadth of the Steering Group membership and the inclusive approach in its workings have had implications on its ability to focus. In addition, it appeared difficult for AHA to ensure equal representation of the relevant sector ministries in the Steering Group, which will be important to ensure delivery at EU, national and regional level. It will be key that not only the research community is mobilised (as it already appears), but also that policy-making and regulatory institutions are strongly involved and activated to fully exploit the mobilising power of the partnership allowing for regulatory follow-up.

Many lessons have been learnt in this pilot phase and have led to adjustments in the process. Future partnerships will be able to benefit from these valuable experiences with the following practical lessons learnt:

(1) Simple and flexible: set up Steering Group as single body with members serving in a personal capacity without legal and financial obligations;

(2) Representative and balanced: consider a smaller granularity of the target; a smaller Steering Group; the involvement of independent thought leaders in the target definition or prioritisation and validation; seek involvement of the European Parliament and representatives from all relevant sector Councils;

(3) Inclusive and open: the consultation phase is crucial to feed the partnership with content and define governance structure and membership; communicate rationale for selecting Steering Group members; provide single website; invest in process management (common reference base, prompt setting up of the necessary structures, feedback mechanisms between the Steering Group and the wider groups of stakeholders, planning for decision making);

(4) Synergies and joining up: include representatives of related initiatives in Steering Board;

(5) Clear relations with existing initiatives and instruments: clarify the EIP concept from the very start;

(6) Ownership, commitment and mobilising power: clarify that Steering Group is the main owner.

Moreover, the pilot partnership has clarified that there will be strong involvement of the European Parliament, the Council and the Commission throughout the different stages of a partnership, reflecting a high level of commitment to deliver.

Finally, it should be noted that the AHA pilot has had unexpected results with positive spill-over effects: partnerships have been built at national/regional level as a result of the stakeholder consultation. Commission Directorates-General in charge of the different policies involved have developed strong interrelations and new ways of working together, exploiting synergies and avoiding overlaps, following a real 'partnership' approach.

Accompanying statements

Commissioner Máire Geoghegan-Quinn*: "Partnerships are a way of achieving a small amount of objectives in a short period of time. I am very grateful to all those who have got engaged in this pilot project to add two active and healthy life years to Europe's citizens and I am full of admiration for the dedication I have seen from many. Now is the time to distil the thorough analysis and the many good ideas gathered into a compelling package of a limited number of very focused measures which we then will take up in our respective fields of responsibilities."*

Commissioner John Dalli: *"The massive interest we've met confirms that it was right to choose active and healthy ageing as pilot for the European Innovation Partnerships. I believe that this is a very important political signal. Active and healthy ageing is central for our citizens. We're making good progress to select the first priority actions by autumn. The partners will then need to implement these actions in the next two years with effective support from the Commission."*

Commissioner Neelie Kroes: "*European Innovation Partnerships are about increasing coordination and breaking down silos in policy-making and in public expenditure and about removing unnecessary barriers to the deployment of innovation. Commissioners Dalli, Geoghegan-Quinn and I are delighted that under our joint leadership the Commission services have pioneered a sustained collaboration that has enabled us to deliver so much in the space of a few months including breaking our internal silos. The chosen approach is unique as it depends fully on the commitment from stakeholders to identify and undertake concrete actions, overcoming the obstacles that kept innovations in health care delivery from reaching the people, doctors, and carers."*