

European Commission

# **Mid-Term Assessment Report 2003**

## **Executive Summary**

### **Key Action 6**

### **The Ageing Population and Disabilities**

### **1999-2002**

Directorate-General for Research  
5<sup>th</sup> Framework Programme  
Quality of Life and Management of Living Resources



## LEGAL NOTICE

Neither the European Commission nor any person acting on behalf of the Commission is responsible for the use which may be made of the following information.

A great deal of additional information on the European Union is available on the Internet. It can be accessed through the Europa server (<http://europa.eu.int>).

Luxembourg: Office for Official Publications of the European Communities, 2004.

**European Commission**

Directorate General for Research

Quality of Life and Management of Living Resources

Key Action 6. The Ageing Population and their Disabilities

**Mid-Term Assessment Report 2003: Executive Summary**

Editor: Gesa Hansen, Scientific Officer, DG Research

Rapporteur: Ivor Ambrose, External Consultant

© European Communities, 2004

Reproduction is authorised provided the source is acknowledged

## Foreword

*Vappu Taipale*

Director General, Finnish National Centre for Welfare and Health (STAKES),  
and Chairperson of the Key Action 6 Expert Advisory Group

*“Ageing is the most important issue facing the European Union for the next 40 years”.*

There are few things in economic and social life that are predictable, however the ageing of the population is one such thing in EU countries. All EU member states are being faced with demographic, structural, social and technological changes which will have major impacts on their economies. The ageing process will change the population structure of most if not all EU countries profoundly and will affect all policy areas.

Increasing people’s life expectancy has been our explicit objective in many contexts. We have built pension systems and improved health care systems and social services. In spite of this progress we still lack knowledge about ageing itself as a phenomenon and especially about the needs of older people.

In the Fifth Framework “Quality of Life” Programme, the EU has launched a broad range of research and development projects under key action 6, “The Ageing Population and Their Disabilities”. This Mid-Term Assessment Report maps out the specific research themes that are being addressed under this key action, showing how the funded projects aim to meet the programme objectives that were set out and developed over a four-year period. The report shows where the current research work is focused, the level of EU investment by area and the gaps and weaknesses which remain. It is intended that a follow-up assessment will examine the programme’s overall impact at a later date.

The mid-term assessment indicates that European research on ageing has been given a considerable boost. However, the coverage of ageing research themes is only partial and what there is, is somewhat fragmented. A stronger research contribution is needed in many areas, such as organising care and nursing. The key action also aimed to encourage a somewhat different model of action, that is, a holistic, multi-disciplinary approach to ageing research. It appears that relatively few research groups were fully attuned to this approach but advances towards new, collaborative and integrated research activities are being made in some areas. Building up a genuinely multi-disciplinary approach takes time and trust, it cannot be simply “ordered”.

The research reported here has established a baseline for a broad spectrum of European research activities which can, on the one hand, contribute to improving the quality of life of older European citizens and, on the other, provide research-based knowledge for enabling society, its institutions and

industries to adapt to the changing conditions brought on by the ageing of the European population.

In relation to the development of ageing policies in Europe, all Member States will need much greater knowledge of the needs and requirements of their older populations - and the options available, as the "senior-boom" takes hold. Research-based solutions will be needed to feed into medical and industrial innovation on a massive scale, not only in terms of products and assistive devices for disability and rehabilitation, and innovations for prevention and care, but also for enabling a higher standard of living and quality of life for increasingly active senior citizens.

Unlike Europe, our main competitors, USA and Japan, have strong national ageing research programmes and institutions. Key Action 6 has acted as a kind of explorer of ageing research within the EU. The Sixth Framework Programme does not include a similar structure. Ageing problems, however, have not been solved and the need for research, including research findings for policy development, remain strong. The EU will certainly need to return to the theme of ageing in the context of its later research frameworks.

## Contents

<b>Foreword .....</b>	<b>3</b>
<b>Executive Summary.....</b>	<b>6</b>
Objectives and Main Questions.....	6
Main Findings and Key Issues of the Assessment .....	7
Coverage of the Areas of the Key Action .....	9
Conclusions.....	14
Recommendations .....	16
Structure of the Mid-Term Assessment Report .....	17

## List of Tables

Table 1 : Overview of Key Action 6, The Ageing Population and Their Disabilities: Summary Results of the Evaluations of the Four Calls for Proposals.....	9
Table 2 : The Ageing Population and Their Disabilities - Overall Statistics From the 4 Calls. ....	11

## **Executive Summary**

This report presents the results of a mid-term assessment of *Key Action 6 on The Ageing Population and Their Disabilities*, which was part of the Specific Programme on Quality of Life and Management of Living Resources, under the Fifth Framework Programme of Community Research and Technological Development (RTD). The study was conducted on the initiative of the External Advisory Group (EAG), which was responsible for periodically assessing the key action, advising the Commission on the development of the Work Programme and the scheduling of calls for proposals between 1998 and 2002.

In this key action all the different health-related components of ageing research have been put together under one heading. The key action thus covered a wide range of ageing research themes from molecular science, disease and illnesses, to technologies, public health and social research.

## **Objectives and Main Questions**

The objective of the mid-term assessment was to describe, analyse and evaluate the key action, focusing primarily on the funded projects and other activities which have resulted from the implementation of the programme.

In essence, the “baseline” for evaluating the key action at mid-term is to measure how well it is succeeding in meeting its own objectives, as elaborated in the work programme and the successive calls for proposals. As such, this report first presents a description of the key action, the scope of its five action lines, the workshop activities conducted with sector actors and the nature of the intended research. The report then provides an analysis of the funded projects across the action lines and a commentary on the characteristics and expected results of this work, noting also where possible gaps exist.

At the current stage of the key action, while the projects are still underway, the assessment seeks to identify and analyse the range of the research work which has been initiated, area by area, and then to record the anticipated results and their likely impacts – both in terms of research achievement and their practical application. Where there are remaining gaps in the various sub-areas of ageing research, (for example, due to a lack of suitable proposals in certain subjects), these themes are also highlighted. Such findings might usefully feed into the research plans of organisations and research groups.

A study of the long-term impact of the key action is planned to take place when the projects have produced their results. This study would examine the range of research findings and their take-up, either in further research or in the relevant policy areas and industrial applications for which they are intended. The effects of the research on the lives of older citizens themselves would also be an important objective of study in the forthcoming impact assessment.

This mid-term assessment seeks therefore to examine the key action in terms of the following four questions:

1. Has the key action attracted the intended interest of the relevant European research constituencies in terms of innovative and well-founded research proposals?
2. Has the key action developed a distinctive research identity? (E.g. projects that are utilising holistic, multi-disciplinary approaches with a high degree of user involvement).
3. To what extent can the key action be expected to deliver applicable results relevant to the problems of an ageing European population?
4. What will be the probable outcomes of the RTD in this area, and what remaining issues might need to be addressed in future RTD programmes?

### **Main Findings and Key Issues of the Assessment**

Summary answers to the above questions are given, as follows:

(1) The key action has attracted strong interest from the European research constituencies active in the areas of bio-medicine, health, technology, and the physiological aspects of ageing. Here many innovative and well-founded research proposals have been funded. Researchers in the fields of demography, longitudinal studies of ageing, and health and social care services have shown a lower rate of interest, with fewer submitted proposals – and lower participation in the key action.

(2) Key action 6 was conceived with the intention to foster a holistic, multi-disciplinary and user-centred approach to ageing research, especially due to the multi-faceted aetiologies of age-related diseases and disabilities and the complexity of alleviating such problems. Those projects that have most clearly conducted their research in this way include the Thematic Networks in general and projects in the more applied fields of coping with functional limitations in old age, and health and social care services. The EAG has played a significant role in helping to define and promote this approach.

(3) The key action is expected to deliver a wide range of applicable research results both in terms of improved knowledge-bases for the pharmaceutical industry and for clinical practice. It is also anticipated that results will lead to the advancement of specialised systems and services for better care management and the practice of caring by both professionals and families. Certain health and care products are also likely to arise from – or be improved by – the findings of research and development studies, thus directly enhancing the life quality of older people. However, there will be fewer usable results in certain fields such as hearing disorders, due to the low number of projects.

(4) The probable outcomes of the RTD in this area lie in the advancement of knowledge which targets age-related diseases and disabling conditions. Coping with these problems requires a multi-faceted approach, including studies of medical, clinical, demographic, technological, care-management

and societal issues and appropriate responses to these. The key action has begun addressing this complex and interrelated range of issues.

However, certain gaps remain, especially in consideration of the demographic developments in Europe towards an ageing society. Future directions for RTD will require a closer examination of the genetic factors in ageing and age-related disorders. Even though there are over 40 projects addressing Alzheimer's disease, numerous research problems still remain and will require further RTD. There is also a need to pursue holistic and multi-disciplinary RTD on systems and technologies for coping with the problems of ageing.

In the field of health and social care there remains an inevitable need for new approaches to social care, welfare and pensions systems which take into account the ageing of European populations. The key action has funded few projects under this heading, as many proposals contained poorly described methodologies, due to lack of precision and concise explanation. One possible structural reason for difficulties on the part of proposers is the lack of compatible approaches and conditions across Europe. Such incompatibility does not suggest the inappropriateness of research but rather the need for new research models and improved methods of calibration. Future research should therefore be encouraged in this essential area, taking into account the varieties of experience and approaches in health and social care, while focusing on common problem areas and development possibilities.

The development of a possible *European Area for Ageing Research* would provide an important and useful infrastructure for the organisation and implementation of new research work. First steps are already being taken in this direction through the "Research Managers' Forum" project funded under action line 6.3 *Demography and Epidemiology of Ageing*. This accompanying measure has been formed to foster the integration and consolidation of ageing research in this area among the Member States and other countries participating in the 5FP.



### Coverage of the Areas of the Key Action

Key Action 6 has successfully launched over 120 projects<sup>1</sup> in the area of the ageing population and their disabilities, with a budget of more than 190 MEURO of EC funding. A summary table showing the RTD constituency's response to the four calls for proposals 1999 – 2002 is shown below:

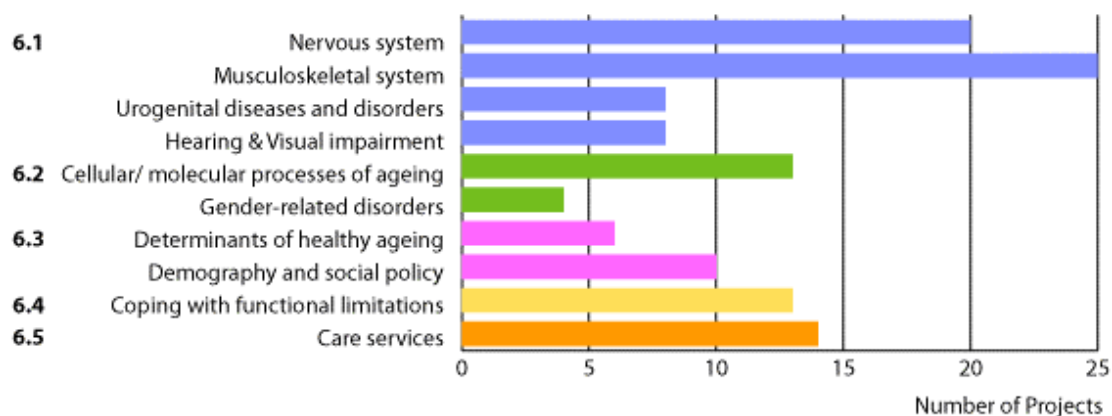
Proposals/Projects						
Call	Submitted	Evaluated	Main-listed	Reserve	Selected for funding	Success rate
1	222	211	27	7	<b>29</b>	14%
2	158	146	33	0	<b>33</b>	23%
3	124	112	25	3	<b>27</b>	24%
4	149	130	32	2	<b>32</b>	25%
<b>Total</b>	<b>653</b>	<b>599</b>	<b>117</b>	<b>12</b>	<b>121</b>	<b>21%</b>

**Table 1 : Overview of Key Action 6, The Ageing Population and Their Disabilities: Summary Results of the Evaluations of the Four Calls for Proposals.**

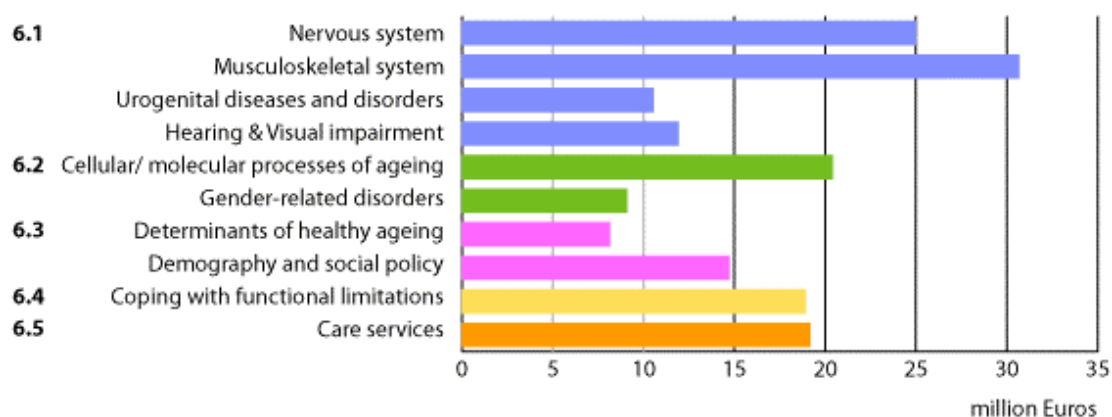
The two diagrams on the following page show, respectively, the number of projects funded by area of the Key Action, and the EU financial contribution to this Key Action, also by area

<sup>1</sup> The 121 projects include: all RTD (Research and Technological Development) projects, CA – Concerted Actions, and TN - Thematic Networks, but the number does not include SME-specific projects (CRAFT programme), Accompanying Measures and Research Fellowships.

**Figure 1. Projects by Area of the Key Action on Ageing**



**Figure 2. EU Financial Contribution by Area**



**NOTE:** In both the two figures above, CRAFT projects, Accompanying Measures and Fellowships are excluded from the statistics.

The allocation of funding to the different action lines of the key action is shown in Table 2, below:

<b>ACTION LINE</b>	<b>Eligible number of proposals</b>	<b>Selected number of proposals (main-list)</b>	<b>Estimation Community Contribution (M€)</b>	<b>Percentage Estimation of Community Contribution</b>	<b>Success rate</b>
<b>6.1 "Age-related diseases"</b>	207	51	64.4	37%	25%
<b>6.2 "Physiological ageing"</b>	142	26	43.3	25%	18%
<b>6.3 "Demography and policy"</b>	67	13	18.5	11%	19%
<b>6.4 "Coping with functional limitations"</b>	98	18	29.3	17%	18%
<b>6.5 "Health and social care"</b>	85	13	19.6	11%	15%
<b>TOTAL (ave.)</b>	<b>599</b>	<b>121</b>	<b>175.1</b>	<b>100%</b>	<b>(21%)</b>

**Table 2 : The Ageing Population and Their Disabilities - Overall Statistics From the 4 Calls.**

A breakdown of the funded projects reveals that there are 99 RTD (research) projects, 3 RTD and Demonstration (combined) projects and 19 Concerted Actions or Thematic Network projects.

In addition to the 175.1 MEURO funding shown above, additional funding was allocated to other activities, as shown below:

121 RTD, demonstration and CA/TN projects	175,1 MEURO
19 Accompanying Measures	2,8 MEURO
18 SME measures (11 EA and 7 CRAFT)	4,7 MEURO
31 Fellowships (24 individual and 7 host)	7,5 MEURO
<b>TOTAL Funding for KA6 Projects and Actions</b>	<b>190,1 MEURO</b>

A summary assessment of each of the action lines is given as follows:

The area of action line *6.1: Age Related Illnesses and Health Problems* covered:

- Gender related disorders
- Hearing and visual impairment
- Incontinence, urogenital diseases and disorders
- Nervous system, including Alzheimer's disease and Parkinson's disease
- Osteoporosis, musculoskeletal system
- Obesity

In all, 51 projects have been funded in this action line. In order to bring a focus to this area, the EAG identified diseases and chronic disorders that are of paramount importance either for the need to understand their aetiology and pathogenesis or to devise new methods of diagnosis and intervention.

Somewhat surprisingly, proposals addressing hearing disorders were very few and only one project on hearing was funded. This constitutes a severe research gap in KA6, considering that hearing loss is so widespread in older people.

Currently there is no effective therapy nor early diagnosis for Alzheimer's disease. Taken together, the projects addressing the nervous system aim at developing pre-symptomatic diagnosis, rational and effective prevention, and therapeutic targets and strategies. Several of these projects are expected to produce results that will also be relevant to the early diagnosis, prevention and treatment of other neuro-degenerative diseases, notably Parkinson's disease, and also of certain cerebro-vascular conditions.

Although little weight was given by proposers to primary prevention or health promotion under this area, the longitudinal *European Male Ageing Study (EMAS)*, which has been funded under action line 6.2 for a 6-year period, is a notable exception. The project investigates both morbidity in cohorts of older men, and a range of factors such as diet and exercise, that may reveal the concomitants of healthy ageing.

While excellent proposals were submitted to this area with respect to basic scientific problem solving, clinically orientated proposals were less successful, e.g. those dealing with such important areas such as incontinence, osteoporosis, gastrointestinal age-related problems and the ageing of sensory systems.

The area of action line *6.2: Determinants of Healthy Ageing / Basic Processes of Physiological Ageing* covered:

- The determinants of ageing (RTD on frailty, longevity, well-being, lifestyle)
- Cellular and molecular processes of ageing

In this area there are 26 funded projects, with the majority addressing biomedical factors and physiological processes associated with ageing, such as cellular function and senescence, the onset of the menopause, tissue and organismic changes with age, age-related changes in learning and memory, muscle weakness, epigenetic and genetic factors in ageing, and age-related disorders such as sleep disturbances. There are relatively few projects addressing social and socio-economic conditions. There remains a strong need for future research, not only in the field of long-term cellular-molecular science, but also in the exploration of possible synergies between this and other areas, for example, social and health policy.

The area of action line *6.3 Demography and Policy* covered:

- Determinants of ageing
- Social impact of population ageing

This area was clearly under-subscribed both in terms of proposals and funded projects, (only 13 projects), especially given the present lack of knowledge about the elderly population. Part of the reason for a lack of high quality proposals may have been due to the difficulty of establishing comparable cross-national calibration and sampling techniques, given the differences in national statistics, definitions and care provisions relating to older people. A common approach to demographic and policy issues can be particularly challenging in the ageing field. The area is also influenced strongly by differing cultural norms and the interplay between policies on social welfare, employment, disability, pensions and family support. There is undoubtedly a need to coordinate closely the RTD in this area, in the future.

The area of action line *6.4 Coping with Functional Limitations* covered:

- Rehabilitation
- Technologies to enable older people to cope with daily life

18 projects are funded under this area. In the rehabilitation area, the main emphasis was seen on mobility and motor impairment, relative to other areas, e.g. sensory impairment. The EAG notes that *very few projects* addressing rehabilitation of *hearing impaired* elderly people were submitted and none of them funded. It is notable however, that projects that are funded under action line 6.4 show a good appreciation of the applied- or 'problem-solving' approach, which was intended in the KA6 objectives.

The EAG considers that the RTD community in the area of Rehabilitation Technology and Assistive Technology needed a lot of stimulation to submit multidisciplinary, holistic proposals with the necessary high quality required to receive funding. Those successful projects that were funded were not only based on innovative ideas but also had solid project management as well as exploitation and technology implementation plans.

The area of action line *6.5 Health and Social Care* covered one general theme:

- Health and social care services

Key issues in this area include: improving service delivery at the interfaces between primary, acute and residential care; home care services; support for disabled older people and their lay carers; assessing predictors and health outcomes; and the care of elderly persons from minority groups.

13 projects are receiving funding under this area. This area had the lowest evaluation success rate for proposals within the key action. The most common reason for failure in this area was that methodologies were not sufficiently described, typically due to lack of precision and concise explanation. One possible structural reason for difficulties on the part of proposers is the lack of compatible approaches and conditions across Europe. Such incompatibility does suggest the need for new models and approaches with a high degree of creativity. Future research should therefore be encouraged in this essential area, taking into account the varieties of experience and approaches in health and social care, while focusing on common problem areas and development possibilities.

### **Conclusions**

From the overview of funded projects presented in the mid-term assessment report it can be seen that KA6 covers a broad range of important subjects within ageing research, spanning the fields of biomedicine, functional disabilities and socio-economics. It may be anticipated that important results will feed into these areas of research as well as find use in product development, care management, technological systems and health care and services for older people.

The endeavours of KA6 to boost *a holistic approach to ageing research* have met with partial success. Further adoption of this approach may be seen in the future as Member States develop their research centres and establish new facilities and programmes. These national centres may then serve as platforms for implementing a new phase in European ageing research.

In terms of overall investment, the key action has provided strong support to the biomedical and cellular research fields. It is therefore anticipated that the projects in these areas will deliver a significant body of results, concerning:

- the condition of the aged population, particularly in terms of its health problems and illnesses;
- the aetiologies and prevalence of major age-related diseases.

This work is likely to provide valuable background and possible input to future research funded under Framework Programme 6. It is well known that successful research can also lead to *increased* research demands and this applies especially to the need for further studies on the molecular processes of ageing, due partly to the great strides which have been taken in mapping the human genome.

Research in the areas of disability and socio-economics has received relatively less funding. Here the results, although important, will invariably be less substantial, considering that there are many inter-related factors which influence the process of ageing and ways of alleviating its effects. The demand for solutions in these fields is still great and, despite the projects which have been established, there are significant gaps in the research concerning:

- demographic variation, morbidity and health;
- long-term epidemiological research at European level;
- technologies and systems for coping with functional limitations; and
- health and care services.

Furthermore, there are many areas where social, organisational and technological innovation might significantly modify and alleviate the effects of population change by promoting *active ageing*. Here may be several relatively unexplored avenues for RTD in the future. The key to healthy ageing is the ability to maintain an independent life for as long as possible, improving the quality of life of older persons by enabling them to remain in charge of their own lives and to be productive. There has been enormous medical progress over the last thirty years or so, which has driven up life expectancy and reduced debilitating diseases and age-related disorders. However, the fact remains that the last few years of life are still often accompanied by increasing ill health and disability. It is, therefore, legitimate and important to direct a potent research programme toward a study of these issues, too.

The major challenges in promoting *active ageing policies* include:

- Extension of Working Life;
- Improvement of Quality of Life of Older People; and
- Development of Innovations for Prevention and Care.

Each of the above policy areas needs to be informed by further RTD at the European level.

During the implementation of KA6, Thematic Workshops on ageing research were organised, bringing together all the important stakeholders, creating a platform for discussion and stimulating multidisciplinary research approaches.

The workshop themes were:

1. Non Governmental Organisations' (NGO) Workshop
2. United States – European Union Workshop on Ageing Research
3. Recovery from Stroke
4. Male Osteoporosis
5. Older People's Mobility and Living at Home
6. Research on Active Ageing and Life-style
7. Improving Postural Stability and Preventing Falls
8. End-of-Life Care
9. Gender as a Determinant of Health.

More information about the ageing process is needed. This is anticipated in 6FP under the heading of "Human Development and Ageing" within "Priority 1 Life Sciences, Genomics and Biotechnology for Health".

## Recommendations

The following recommendations for future EU-funded and co-ordinated activities in the field of ageing are made by the members of the External Advisory Group of the key action, 'The Ageing Population and their Disabilities'. The main purpose of these recommendations is to maintain the momentum of KA6, leading to the successful application of the results of the projects, and to extend the research agenda for future activities, using the available research structures and funds to optimal effect.

The recommendations are:

1. To advertise and promote ageing in a positive and active way.
2. To cover the whole spectrum of research on ageing. The focus should be on multidisciplinary and holistic approaches. KA6 has introduced and promoted a 'multi-disciplinary', 'holistic' and user-centred approach among the projects to some degree: indeed, in ageing RTD it is not possible to pursue a mono-disciplinary approach. It is essential that future research into ageing maintains a multidisciplinary approach in order to ensure relevance and added value to the Community.
3. An EU-wide study to define strengths and weaknesses of European ageing research should be commissioned, based on the quality and number of projects submitted under the umbrella of KA6 and national research programmes.
4. The social and economic determinants of healthy ageing must be investigated and elaborated. Research work should examine a wide range of factors including occupational status, work conditions, and (at a younger stage), educational attainment, housing, etc. In order to promote healthy ageing, researchers must investigate the extent to which the roots of health inequalities in old age lie in socio-economic circumstances earlier in life.
5. Future technologies and technologically supported services must be designed on the basis of well-researched parameters, taking into account the needs and preferences of older people across Europe. Care must be taken not to allow technological solutions to lead to the isolation of elderly people. In this and other areas, SMEs should be encouraged to participate more actively in future gerontological research in collaboration with basic and applied scientific groups.
6. Research on ageing and health requires a gender perspective. From a physiological and a psychosocial viewpoint, the determinants of health as we age are intrinsically linked to gender. While women experience greater burdens of morbidity and disability, men die earlier. In addition, research efforts should be targeted towards gender-specific training of health-care workers, who can respond to the unique health concerns of older people.



7. The European Research Area should be developed to meet the societal challenges of an ageing population. Research provides the scientific basis both for educational strategies and for appropriate policy formulation and implementation. Already FP5 has helped to create some trans-national research groups on ageing and support others, so they can become more effective, with long-term potential. Opportunities should be made to focus and further consolidate ageing research in multidisciplinary teams across Europe.
8. It is imperative that decision-makers are provided with evidence-based research results in order to shape the future policies for the ageing society. Therefore, future scientific programmes should target research for policy-making and policy assessment at the European level.
9. To ensure the quality and relevance of themes for future ageing research, a wide range of actors and stakeholders should be consulted. Multidisciplinary workshops should be considered as a useful tool for defining common approaches for future research.

### **Structure of the Mid-Term Assessment Report**

A summary of the contents of the Mid-Term Assessment Report is given here.

In Section 1, “*Introduction*”, the objectives of the key action and its structure are described, focusing on the five different action lines:

- 6.1 Age-related illnesses and health problems
- 6.2 Determinants of healthy ageing
- 6.3 Demography and epidemiology of ageing
- 6.4 Coping with functional limitations in old age
- 6.5 Health and social care services to older people.<sup>2</sup>

The nature of the key action’s particular ‘problem-solving and holistic approach’ is then outlined, followed by a description of the various project funding instruments.

Section 2, “*Building the European Ageing Research Community*” gives an overview of the key action’s efforts to strengthen and shape the European ageing research community. In this regard, the External Advisory Group (EAG) made a significant contribution to the development and implementation of the key action by giving advice to the Commission for its annual updates of the Work Programme. The EAG also participated – significantly - in *Sector*

---

<sup>2</sup> The names of some action lines changed slightly in the 4 calls, due to different emphases in the annual updates of the Work Programme. These changes are described in Annex 1 of the Impact Assessment Report.

*Workshops*, which succeeded in focusing the research themes and also in bringing in and working together with NGOs and all other important stakeholders. During the course of the key action the EC services staff, in cooperation with the members of the EAG, organised a series of 9 workshops between 1999 and 2001.

Several workshops directly stimulated proposals in these fields, and some were found suitable for funding. One of these was the “Falls Network” project, which was prepared through 4 international workshops and a preparatory meeting of the consortium partners. The summary reports from these workshops are included in this section of the report, and they give some indication of the range of RTD constituencies involved in the key action, their research interests and commitment to collaboration in European ageing research.

Section 3 of the mid-term assessment report, “Funded Projects”, presents an overview of all projects in the key action, analysed by action lines. Acknowledging the varieties of expertise called for by the key action, this section assesses how the different RTD constituencies have been able to respond to the challenges offered by the key action, by submitting high quality research proposals suitable for receiving EC funding.

Section 4, “*The KA6 Baseline and Challenges for the Future*” provides an overview of where the key action began in research terms and recommendations concerning remaining RTD challenges, considering the achieved distribution of funding and the remaining “gaps” as compared to the intentions of the key action. This section examines, in broad terms, the potential of the funded projects for stimulating innovative policies (by governments and other stakeholders) and the development of new products by industry, as well as new practices in the fields of health care, rehabilitation and social care. The section concludes with proposals by the EAG for future RTD in the area of European ageing research.

Appendix 1 of the report presents an overview of the key action 6 Workprogramme updates and the successive call texts, including the analyses and recommendations made by the EAG.

Finally, Appendix 2 contains a glossary of abbreviations and terms referred to in the report.