



Clemens Tesch-Roemer, PhD
Chair, European Region
International Association of Gerontology and Geriatrics

Madrid, October 27, 2015

Dear Professor Tesch-Roemer,

My name is Prof. Leocadio Rodriguez Mañas, a geriatrician leading the Geriatric Service at the Getafe University Hospital in Madrid, and former President of the Spanish Society of Geriatric Medicine (SEMEG). Under my presidency, SEMEG met IAGG, a fact that can be considered one of the most outstanding achievements of this period.

It is my pleasure to inform you that, on behalf of the Spanish Society of Geriatric Medicine (SEMEG), I would like to present the candidacy to organize the 2025 IAGG World Congress. I am happy to say that the other Spanish member of the IAGG (the Spanish Society of Geriatrics and Gerontology-SEGG), strongly supports this candidacy.

As you surely know, Spain is one of the countries with a great development both Clinical Gerontology and Gerontological sciences and practice. This development is expressed through the remarkable implementation of facilities and resources to attend older people.

The recognition of the specialty with its own training program in both Medicine and nursery, the widespread presence of Clinical Gerontology Services and Departments along the National Health Service, the extended network of care and nursing homes, and the building of Health Policy initiatives like the document "Management of Frailty and Falls in Older adults" recently released by the Ministry of Health are a few examples to be cited.



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Additionally, Spain has a strong commitment in the field of research and development on different aspects of ageing. In this regard, Spain is the unique country with a National Research Network on Frailty and Ageing (RETICEF), led by us, composed by 26 groups of excellence in the field of ageing, embracing from basic sciences to clinical and epidemiological ones, nursery, demographers and other professionals. This network has allowed a comprehensive approach to the study of the problems of aging. This same focus has been the framework for several EU-funded research projects that we are leading and participating and has given to 24 groups in Spain the opportunity to be members of the GARN network, launched by IAGG to promote research on ageing all over the world and develop an international research capacity in ageing.

Finally, Spain is actively participating in international initiatives under the advocacy of the European Union and its program European Innovation Partnership-Active Healthy Aging. Our country also collaborates with several regions of the IAGG (mainly Europe and COMLAT), and the WHO, with the aim of releasing Position Papers and Guidelines and delineating strategies to expand and improve the attention paid to the multifaceted needs of older adults and to promote active ageing.

In all of these efforts SEMEG and its members have made substantial contributions. Thus, we do feel that now is the time to give another step in promoting age-related sciences, contributing to the best diffusion of the many progresses and initiatives of all those who are working in the thrilling world of ageing everywhere. For these reasons, we are keen candidates to the Organization of the 2025 World Congress of IAGG, dedicated to the prevention of disability in a new era, to the anticipatory care to prevent, detect and intervene on the earlier phases of disability thus promoting an ageing free of disability and dependency (see Appendix).

Madrid, the capital town of Spain, will be the venue of the Congress. It is the nest of the Spanish Clinical Gerontology. With its population around 3,300,000, Madrid is visited by 8 million tourists every year. Here are some reasons for selecting Madrid as the best location for holding a congress, with some comments on the city's advantages, especially in the case of international events.



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1. **Madrid Barajas Airport.** This is Europe's fourth largest airport, used by 48 million passengers with capacity for up to 70 million. It has won the Stirling Prize for architecture. It offers direct flights to 69 different countries and 177 cities all over the world. It is only 16 km from the city center and can be reached by metro (only 4 stops). Travel to the city from the airport is cheap and convenient, allowing large numbers of participants to attend events. The airport is the headquarters of Iberia, merged with British Airways, and is the ideal gateway for congress participants coming from all parts of the Americas. Through *the Madrid Convention Bureau, there is an agreement with Iberia Airlines for large conventions, covering both discounts for participants and congress exhibition material.*
2. **Urban transport:** As well as its urban (215) and intercity bus services and the city's 15,000 taxis, Madrid has the second largest underground network in Europe, with 293 km of lines and 300 stations. The fare is only between €1.50 and €2 per trip and a 10-trip card can be purchased for €12.30. **Madrid Convention Bureau offers reduced price for congress delegate travel cards.** The fact that the city has an extensive, fast, convenient and economical public transport network is very advantageous for organizers, who can save on transport costs.
3. **Culture and leisure:** The Madrid region is home to 106 museums, including the Art Walk, which connects the Thyssen-Bornemisza, Prado and Reina Sofia museums. There are 61 theatres and 87 art galleries and a great offer on exhibitions and musical events. It boasts 4,200 shops, 93 shopping centers, and 22,000 bars, restaurants, cafés, pubs and clubs. Only in the capital, there are nine restaurants awarded stars from the Michelin Red Guide, a European hotel and restaurant reference guidebook. One obtained 3 stars, five of them obtained 2 stars and three received 1 star.
4. **Accommodation:** Madrid has 36,000 rooms in hotels ranging from 1 to 5 stars, offering the best value in Europe (recent studies show that only Berlin has comparable standards). The average age of the buildings is very low, as a lot of new constructions were undertaken in recent years in response to the city's bids



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to host the Olympic Games. The availability of accommodation makes prices very competitive.

5. **Meeting rooms:** In Madrid there are 554 meeting rooms of all kinds and each year about 80 fairs are held, attracting over 2 million people. The city has 4 major venues for larger congresses: IFEMA, Municipal Congress Palace, Auditorium Hotel & Convention Center and Casa de Campo. Some 200 venues are available for social events. Congress organizers can hold special private events at such unique places as the Prado Museum or the Santiago Bernabeu Stadium.

6. **High-speed rail and UNESCO heritage cities:** Madrid is the hub for the AVE high-speed train service in Spain. Visitors can travel to Toledo, Ávila, Segovia, Valencia, Barcelona, Valladolid, Zaragoza, Malaga and Cordoba in times ranging from 15 minutes to 2 hours 45 minutes, allowing congress participants to go and return in a single day. This makes Madrid specially attractive as a congress location and promotes Spain as a destination, with a positive effect on the number of congress participants. Madrid is also the only city that can offer six UNESCO heritage sites within an hour's travel (Alcalá de Henares, Aranjuez, Ávila, El Escorial, Segovia and Toledo).

7. **Climate:** Madrid averages 2,700 hours of sunshine per year, with mild weather in most months.

Here there are some examples about meetings of Scientific Societies held in Madrid in the last years and other ones that will happen in the forthcoming ones:

2018

WORLD CONGRESS OF TRANSPLANTS 5.000 Delegates

2017

ESMO EUROPEAN SOCIETY OF MEDICAL ONCOLOGY 20.000 Delegates

EULAR - EUROPEAN LEAGUE AGAINST RHEUMATISM 13.000 Delegates

EAO - EUROPEAN ASSOCIATION FOR OSTEOINTEGRATION 3.500 Delegates

FDI - INTERNATIONAL DENTAL FEDERATION 10.000 Delegates



2016

EUROPEAN PSYCHIATRY CONGRESS 4.000 Delegates

2015

EAU - EUROPEAN ASSOCIATION OF UROLOGY 12.000 Delegates

2014

ESMO - EUROPEAN SOCIETY OF MEDICAL ONCOLOGY 19.000 Delegates

2013

EULAR - ANNUAL EUROPEAN CONGRESS OF REUMATOLOGY 15.000 Delegates

Finally, we are honoured that a number of relevant bodies and institutions - have shown their support to our initiative. They include the Foundation Age and Life, endorsed by the biggest association of older people in Spain (CEOMA-Confederación Estatal de Organizaciones de Mayores), and other academic, scientific and professional institutions, the National and Regional Ministry of Health, several Societies of Gerontology and Geriatrics not only in Europe but also in Latin-America, as well as their outstanding members in all fields of aging.

Hoping that you, the other members of the IAGG Executive Committee and the member Societies of the IAGG will share this view,

Yours faithfully

Prof. L. Rodríguez Mañas
Former President of the Spanish Society of Geriatric Medicine
Member of the IAGG-GARN network
Head of the Geriatric Service
Getafe University Hospital
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APPENDIX

FIRST DRAFT OF THE PROGRAM OF THE 2025 IAGG WORLD CONGRESS MADRID-SPAIN

1.- The ageing process: perspective of life cycle

- A) Biological basis
- B) Life styles (including environmental issues) and healthy aging
- C) Diseases as risk factors: which is the evidence
- D) Approaches for prevention and managing: which ones and at which time
- E) Intrinsic capacity: genetic, health characteristics and personal components

2.- The early stages of the disabling process: From robustness to disability.

- A) Basis of the disabling process: its main causes (4 Round Tables/Workshops)
- B) Different trajectories of disability: Role of chronic diseases (4 R
- C) Different trajectories of disability: Role of psychological factors, including cognitive impairment and dementia
- D) Different trajectories of disability: Role of social factors
- E) Evidence for interventions: Physical exercise, Nutrition, Drugs, Multimodal approaches
- F) Managing, screening and diagnosing the first stages of the disabling process

3.- Models of care

- A) Core components of a model of care for older people at risk for functional decline.
- B) The WHO model. What about it ten years later (2015-2025)?
- C) Preventing frailty and functional decline in hospital settings
- D) Long-term care at home
- E) Long-term care in institutions



F) Breaking barriers and changing concepts: From the segmentation of care settings and stakeholders towards a true person-centred, integrated, coordinated and continued care

4.- Economic facts of the disabling process

- A) Economic consequences of frailty and functional decline. The true threatening for the sustainability of Health and Social Systems
- B) Functional decline and disability: cause or consequences of weak economies
- C) Role of functional issues in the economic consequences of chronic conditions and diseases
- D) Barriers to the implementation for models of care due to economic restrictions
- E) Developing models of care fitted to the prevention of frailty and functional decline in low and middle-income countries.

5.- ICTs

- A) ICTs: a new paradigm in the development of care. Do they work?
- B) The role of ICTs in providing a continued and coordinated care: the evidence about the usefulness of telemedicine and platforms
- C) Big Data management: an opportunity to provide lessons from our own experience
- D) The role of clinical records, wearable and static sensors, robotics, etc for capturing data and information

6.- Role of professions, new professional profiles to face the challenge: From health-related professionals to other ones (chiefs, waiters, tourism sector, transportation, etc)

- A) A new curriculum for Health providers. The perspective of the Universities
- B) A new curriculum for Health providers. The perspective of non-university teaching bodies
- C) A new curriculum for Health providers. The perspective of the Users (older people)



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D) Non-health related professions and the challenge of aged societies

E) Coping with the new demands of an aged society: from leisure time to the financial needs.

7.- Changing the regulatory bodies framework:

A) The issue for Drugs Approval Agencies

B) Legal issues to protect people at risk for disability

8.- Research challenges