

Call for Tender

Coordinator for the Patient Access Partnership

12/1/2015

1 Purpose and context of contract

The purpose of this tender is to invite applications to coordinate the Patient Access Partnership, (referred hereafter as the Partnership) a newly established patient-led organisation, dedicated to improving access to quality health care services in the European Union, The Partnership is a structure involving the wide spectrum of stakeholders in health. See annex 1 for more information.

2 Subject of contract

This Contract refers to coordination work to support the development of the Patient Access Partnership and the achievement of objectives in its first year of operations (see report of inaugural meeting for further information, annexed).

3 Reporting and cooperation

The Coordinator shall report to the Chair of the Patient Access Partnership. For day to day matters s/he will liaise with the EPF Secretary General.

In performing this assignment the Coordinator shall cooperate closely with leaders of the work streams set up to take forward the priority areas of the Partnership, and the interim steering group appointed to ensure the sound establishment of the Partnership.

The coordinator should work in part from the EPF office, which will be the official address of the Partnership. Admin support will be provided by NPO.

4 Duration of the contract

The assignment shall start in March 2015 and shall be completed by 31 December 2015, subject to possible renewal.

5 Tasks for the Coordinator

The service will be considered completed upon successful accomplishment of the following tasks:

Task1: Building the Partnership during its first year of operation, including setting up the office, servicing the steering group, drafting internal rules, drafting and disseminating appropriate communications tools, reaching out to potential new members, seeking Institutional finance, developing a draft roadmap-2016-2017, preparing the Partnership Assembly meeting.

Task2: Overall coordination of the work streams to ensure optimum effectiveness and delivery of tangible outcomes, and support as necessary on drafting materials etc.

Task3: Coordination with the European Parliament Interest Group on Patient Access to ensure maximum synergies and political impact and awareness

Task4: Overall management of the secretariat, ensuring effective internal and external communications and accountability, including liaison with the Partnership's Accountant.

Task 5: Ongoing evaluation and recommendations at the end of the contract term on how to move forward with the Partnership, based on strategic insights acquired

6 Participation in the tendering procedure

6.1 Eligibility criteria

The Partnership is seeking proposals from individuals with at least 5 years of proven successful experience in European coordination work, if possible in the Public Health arena.

Knowledge and experience in one or more of the following areas will be considered key assets:

- Working with a diverse range of stakeholders towards common goals
- Understanding of the health inequalities faced by many patients across Europe and the political and human implications thereof
- Drafting robust and ambitious policy and strategic documents
- Management of a small secretariat, and accountability to an appointed group

6.2 Language requirements

Applicants must have excellent knowledge of the English language.

6.3 Selection procedure

Participation in this tendering procedure is open on equal terms to all natural and legal persons fulfilling the abovementioned eligibility criteria and language requirements.

The selection will be done based on expertise (75%) and price (25%).

All applicants will receive acknowledgement of receipt of their tender and will be informed of the outcomes of the selection process within 1 week following the deadline date.

7 Volume of contract

The maximum contract price is 40,000 EUR including fees and VAT. At least 100 days are required to complete this assignment, divided roughly into 10 days per month.

Prices must be fixed amounts in Euro.

The amount of VAT should be shown separately.

8 Terms of payment

Payment will be made in equal monthly instalments on the receipt of an invoice and brief summary of progress made in relation to each of the tasks identified in the tender.

9 Quality issues

In delivering the service the consultant shall ensure the highest quality standards of which the Patient Access Partnership Steering Group shall be the sole judge

10 Confidentiality

The Coordinator undertakes that they will not at any time, either before or after the termination of this service, use or disclose or communicate to any person confidential information relating to the affairs of the Patient Access Partnership. This restriction shall continue to apply after the termination of the service without limit in point of time.

11 Conflict of interest

To ensure the independence of terms of their contract, the winning tenderer will sign a declaration certifying that they have no conflict of interests in relation to the tasks to be undertaken and undertakes to inform the chair of the Partnership steering group should this status change

12 Tender submission

To be considered for this service, the tenderer with the required profile shall submit the following documents:

- A tender submission, outlining how the tenderer would complete the assignment, drawing on the notes from the first Partnership meeting and other background materials, his/ her commitment to patient access, and track record or transferable experience in managing a multi-stakeholder venture.
- CV
- 2 references with full contact details

The offer needs be submitted electronically in English by the **23rd February COB** to Ms Nicola Bedlington at nicola.bedlington@eu-patient.eu

ANNEX 1

Patient Access Partnership
Partners' Assembly

9th December 2014

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Main conclusions: Priority workstreams and Open Call for Participation

Priority workstreams for next 18 month period

- Mapping exercise- This will be the leading priority of the Partnership in its first 12 months, and will seek to assess patient experiences of access across Member States through the development of a questionnaire on the 5 a's under the Partnership's S definition of access
- Measurement tool- This tool will be a longer term deliverable, and will be shaped by the work completed under the mapping exercise in order to create a tool to measure patient access
- Ensuring access is high on the agenda(formerly known as the European Semester)- This workstream will be broader than the originally proposed 'European Semester' workstream, and will aim to ensure access is high on the political level at the EU and national level through all instruments, including the European Semester

Open call to all Access Partner Assembly members for participation in priority workstreams

- The first meeting of the workstream working groups will take place immediately after the European Parliamentary Informal Interest Group meeting on the 27th January 2015 from 15.00 – 17.00
- A separate form is being sent to identify intended participation in one (or more) workstreams

European Parliamentary Informal Interest Group meeting

- All partners are invited to the European Parliamentary Informal Interest Group meeting on the 27th January 2015
 - Please inform EPF by the 12th January on any concrete ideas for political initiatives or topics to be raised with MEPs at the European Parliamentary Informal Interest Group meeting on the 27th January 2015
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Partners' Assembly Minutes

Welcome

Tamsin Rose, independent health advocate

- Tour de table
- See annex for attendees
- Run through of the agenda for the day
- Apologies
 - Dr. Andrey Kovatchev, Member of European Parliament
 - Nicoline Tamsma, researcher on Health inequality at RIVM
 - ISPOR, International Society on Pharmacoeconomics and Outcomes Research

Partnership Overview

Stanimir Hasurdjiev, chairperson, NPO

- Objectives for the partners' assembly
 - To prioritize and define the scope of up to three work streams to complete in the first two years of the Partnership
 - To agree on a modus operandi to advance this work
 - To formally appoint an interim Steering Committee
 - Progress to date
 - Stakeholder meetings – November 2013 and March 2014
 - 4 Informal Steering Group meetings
 - Approved Work Plan 2014
 - Participation of the Partnership at the European Health Forum Gastein – 1-3 October 2014
 - Formal registration of the Patient Access Partnership as a legal entity - November 2014
 - Definition of access
 - Access is a complex issue from the patients' point of view
 - The 5 A's definition of Access: accessible, appropriate, affordable, adequate, available
 - This basic definition agreed by participants at the last stakeholder meeting in March, but is not set in stone and will be refined
 - Political traction
 - MEPs Access Interest Group: Informal discussion on equity of access to quality healthcare – January 2014
 - Commissioner's hearing
 - EPF Election campaign – prioritizing access
 - Patients' Manifesto that called upon the political groups within the European Parliament, MEPs, prospective MEPs, national representatives in EU Member States, and the new Commission, to commit to the legitimate rights and needs of patients and to make access to healthcare in their priority
 - Governance slides
 - Please see annex
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New European Commission mandate

Artur Carvalho, DG Sanco

- Mr Carvalho spoke on the alignment of the Partnership with the objectives of the European Commission.
- Whilst the mandate letter from President Juncker is very broad, it centres on building more information on the performance of health systems and inputting into the European semester.
- Commissioner Andriukaitis has stated that prevention, promotion, protection should be a priority.
- The Commission's Communication on effective, accessible and resilient health systems, published in April 2014, defines three pillars for health systems, one of which is access.
- The Commission has a number of joint actions ongoing on patient safety and healthcare workforce, and on cost effective use of medicines with Member States.
- There is also the implementation of the Directive on patients' rights in cross-border healthcare. Under this DG Sanco hopes to increase transparency for patients on national health systems by requesting Member States to publish their mandate of care. The deadline for transposition was October 2014 and DG Sanco is checking the completeness of this, and will further conduct a compliance check.
- The European reference networks will be a priority in 2015.
- We now have an expert group on health system performance assessment.
- A new European semester is starting now. DG Sanco does not expect changes on the semester
- There is no agreement on the 2015 budget yet, and the work programme has not been published yet.

Comments

- **Ekaterina Karamfilova:** There is reluctance by some political groups to measure access, as it puts money into gathering statistics than delivering access. The question around access was raised by MEP Karin Kadenbach during the hearing on behalf of the socialists, and by her MEP Kovatchev for the EPP. The EPP was the only group that supported the idea of an Intergroup on health, but the other groups did not support it so it failed. The informal group on access will therefore be key to push the agenda of health in the European Parliament
- **Thomas Heyneish, DG Enterprise:**
 - DG Enterprise published a staff working document summarizing progress to date. President Juncker declared he wished to break down the silo thinking with regard to pharmaceuticals. The modalities of cooperation between DG Sanco and DG Enterprise still need to be sorted out. Access will be one of the aspects to comprehensive approach in the pipeline but also related to small markets and orphan drugs. When we had our meeting in Rome (DG Enterprise to circulate minutes), we asked all parties to contribute to priority topics. EPF has sent a response that highlighted the Patient Access Partnership's work
 - Cooperation with DG ECFIN has been limited and we plan to be more vocal on that

Workstreams

Tamsin Rose

The following 5 potential workstreams to address access to quality health care in Europe were presented and then discussed by the attending partners, who were divided up into working groups per workstream based on their preference for relevance and interest.

1. The European Semester
2. Health outcomes
3. Non-discrimination
4. Measurement tool
5. Mapping exercise

They were also encouraged to identify any other burning topic where the Partnership may wish to engage in the future.

The three priorities for the early phases of the access partnership will need to fit the following criteria:

- When is the political **opportunity** and relevance, and the Commission has just given us some indicators on that
- Useful to be able to deliver something **concrete** and achievable within 18 months
- Does the partnership have the **capacity** within it in terms of skills, expertise and knowledge to deliver?

The group was then tasked with narrowing down the workstreams to a maximum of three as a priority for the next 18 months.

The European Semester, renamed the 'Ensuring Access is on the Agenda' workstream

Interested participants:

- MEP Andrey Kovatchev (Ekaterina Karamfilova on behalf of); EGA; Burson-Marsteller; EPHA (in absentia)

Summary:

- This workstream will be broader than the European Semester, and seek to ensure access remains on the agenda at the EU and national level through all instruments, the European Semester being just one of those instruments
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- It was agreed that the broader aim is to keep access on the agenda in the EU institutions and Member States, and to leverage our power to speak stronger collectively. As such it was agreed that this workstream would be renamed and made broader to centre activity on ensuring access is on the political agenda.
- There was concern about the impact of the European Semester to date, how young and flawed the process still is and the opportunity to influence it in any meaningful way.
- An upcoming political opportunity to leverage exists as the European Parliament Committee on Constitutional Affairs (AFCO) will start working on two own initiative reports on deepening integration under the Lisbon Treaty, and potential Treaty changes. These could provide opportunities to change and enhance the EU's competency in health.
- The violation of fundamental rights was also seen as a potential leverage to highlight access.
- Launching a European Citizen's Initiative was also explored as another option for political action.
- All MEPs will be invited to participate in this workstream

Health outcomes

Interested participants:

- European Federation of Nurses Association; Pharmaceutical Group of the European Union (PGEU); Standing Committee of European Doctors; European Association of Hospital Pharmacists (EAHP); EuropaBio; GIRP (European Association of Pharmaceutical Full-line Wholesalers); Abbvie; GSK

Summary:

- It was agreed that this workstream, while valuable, should not be prioritised given a lot of work already exists and is being driven by the HCP groups and we shouldn't replicate
- EFN highlighted that they are already undertaking a study with CPME and EPHA for DG Sanco on this

Non-discrimination

Interested members:

- Ministry of Health Belgium; Burson-Marsteller; EPF

Summary:

- The group concluded that this workstream would naturally form part of the mapping workstream, and therefore should not form a separate workstream.
 - This workstream was also seen as already covered by the work of the Social Platform and may duplicate existing legislative pipeline initiatives from the European Commission
 - People often have multiple discriminations, e.g. physical, geographical, linguistic, and many others which each compound each other and would form part of any assessment on barriers to access.
 - In terms of existing information, it was noted that the Belgian Health Ministry has a Green and White Paper on access to healthcare as a resource they would make available.
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Measurement tool

Interested participants:

- MedTechEurope; NPO; Sanofi; EPF;PGEU; EuropaBio; European Health Advisors (Rostislava Dimitrova); EAHP;Nicoline Tamsma, Dutch Institute of Public Health (in absentia); DG Sanco (observer)

Summary:

- This was seen as the most important deliverable of the Partnership, to show consensus by all participating stakeholders on what access means but would need to be shaped by the mapping exercise first.
- This tool will need to stem from the work done under the mapping exercise, and will explore what evidence exists on each of the 5 a's
- It was also seen as the most ambitious initiative for the Partnership, suitable for a medium to longer term deliverable.
- Suggested first step was a pilot to focus on two or three disease areas that are typical of barriers to access, e.g. chronic disease, infectious disease, and rare disease. Further consideration would be to look assess a more horizontal component, e.g. prevention.
- Mapping existing tools and indicators viewed as a key starting point before embarking on any pilot project in this area.
- Contributions and research support could be provided by the European Parliaments' research services, as well as direction from the European Commission's working group on health systems and performance assessment

Mapping exercise

Interested participants:

- EFPIA; Med-El; Burson-Marsteller; GSK; NPO; PGEU; EGA; MedTechEurope

Summary:

- To assess existing indicators of access and political initiatives on access
 - This is seen as the leading priority, and should encompass generating a questionnaire on the 5 a's on patient experiences of access
 - This mapping exercise can inform the measurement tool on what the problems are, which could in turn inform the political action workstream
 - A patient survey on experiences and outcomes could complement the mapping exercise, and the outcome of the entire mapping exercise could shape the measurement tool
 - Proposed plan to ask patients, HCPs (first and second line), pharmacists, wholesalers, national governments to assess barriers to access alongside desk research on what already exists on the subject
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- Proposed timing could comprise the development of a questionnaire with consideration of a qualitative questions alongside this in quarter 1 2015. Quarter 2 could seek to assess the interim results and then present these at the European Health Forum Gastein October 2015
- Point emphasized on the need to identify who the Partnership will work with on a national level to ensure we get the best data as this is where we need most traction and commitment by all 28 Member States at the national level.

Interim Steering Committee

An interim Steering Committee will be in office for 12 months during the Partnership's formative period. The interim Steering committee comprises the following members:

Dr. Andrey Kovatchev, MEP

- Emma Woodford, EPHA
- Birgit Beger, Standing Committee of European Doctors
- Nicoline Tamsma, Dutch National Agency and academic with published on the issue of access, Board of EuroHealthNet
- Richard Bergstrom and Elizabeth Kuiper, EFPIA
- Stanimir Hasurdjiev, NPO
- Nicola Bedlington and Anders Olauson, EPF

The steering committees not representatives of other stakeholders in the Partnership and are not sitting on the Steering Committee on behalf of any organization but their own. It was agreed an interim steering committee is needed to ensure that effective processes are put in place to kick off the work streams, and coordinate the partnership.

European Parliamentary Informal Interest Group on Patient Access

The launch of the MEP Interest Group on Access in the European Parliament is planned for the 27th January 2015.

- This will be hosted by MEP Kovatchev
 - All welcome! The save the date has been sent out.
 - Outreach is currently underway to secure co-chairs for the Interest group and the largest political representation possible, extending beyond ENVI to ensure a breath of hooks to leverage the issue of access
 - Commissioner for Health Andriukaitis accepted to speak
 - Objective: motivate MEPs to understand the worth of measuring access and to turn MEPs into advocates in the longer term and also at national level
 - Caution voices against calling for greater competency of the EU on health, so we do not alienate potential supporters early on
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Interim Steering Committee Minutes

Interim steering committee mandate and year one programme

Interim steering committee

- Interim committee are not the leaders / spokespeople / representatives of the partnership
- Comprised of volunteers based on available capacity
- Always two reserved seats for the founding members
- Steering committee needs to show the diversity of stakeholders involved
- Appointed for a period of 12 months (until December 2015)
- Next meeting to take place as a working dinner on the evening of the 27th – FH to book
- Subsequent interim steering committee meetings to take place every couple of months, either via skype or face to face

Elected Steering Committee

- To be made up of a volunteer per stakeholder category
- Assembly partners to vote for the Steering Committee member per stakeholder category

Governance structure & housekeeping

Financial resources: operational funding

- Stan to develop a budget for 2015 (12 months) and finalise payment for the Nov- January work
Stan to develop a paper explaining the contractual procedure to support a Partnership project, e.g. workstream, administration more broadly
 - Partnership to be funded through industry associations, with a view to obtaining Commission resources in the longer term
 - EUCOMED and EGA to also to be invited to contribute financially
- Anke, EPF Head of Office, to open a bank account manage Access Partnership invoices during the first phase prior to employing a coordinator/ appointing treasurer and seek an independent accountant

Terms of reference for application to the partnership

- EPF to develop terms of reference for applying to the Partnership
- Consultants can be members of the partners assembly

Corporate identity & secretariat

Human resources

- EPF to develop the terms of reference for a full time position under Belgian law to be shared with the partnership, with recruitment to begin in the New Year, once resources have been secured through a public advertisement of position
- Coordinator to be based in the EPF office and role to cover workstream coordination, funding management, supporting the steering group
- Interim support will need to be secured via an independent freelancer – EPF to develop terms of reference for this interim role also. Recommendations welcome by Partners; this post will also be advertised through EPF's website

Corporate identity

- Dedicated Partnership corporate identity to be created
 - Creation of logo, domain name registration, website design and email address to be secured and developed by NPO in advance of the MEP Interest Group event on January 27th. Cynthia from EPF may be able to provide names of additional designers
 - FH to propose updated logo options to steering committee for input by 17 December
 - NPO to consider developing visual for 5 a's
 - Creation of website
 - To list Partners
 - NPO to send domain name options: patientaccess.eu and .org are currently available
 - NPO to draft website text and design structure, with repository of relevant information on website and news updates
 - NPO to create one general access partnership email
 - Workstream sections per website to list partners involved and timeframe
 - Participants to be published on website after every assembly meeting
 - Information outlined what each Partner has been involved in and working on to be published on website
 - Create a partnership newsletter to be explored in order to keep all partners updated on activities
 - Social media outreach
 - Steffen Thejll-Moller to deliver training and support in advance of 27th January event

Partners' Assembly follow-up

Workstream implementation plan and coordination

- Terms of reference
 - EPF to draft terms of reference for workstream members by early January
 - EPF to create workstream template
 - Aoife Gallagher to draft open call to participate in workstreams ahead of kick-off meeting per work stream, with a form outlining the three workstreams, options to lead or be part of, how they might contribute, requesting relevant information for information relevant to the
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5 a's on what the issues with access are per MS and what's being done about them and what's best practice

- Implementation
 - Kick off meeting per workstream on 27th January in the afternoon from 15.00 – 17.00 after the MEP interest group event
 - Recommendations on budget and level of support to be identified out of kick-off meeting
 - Each work stream meeting to take place in the offices of CPME, EPF and EPHA
 - Each group to confirm availability of rooms
 - One steering committee representative to attend each workstream meeting
 - EFPIA to attend mapping exercise
 - Nicoline / Birgit to attend the measurement tool workstream
 - EPHA to attend the political workstream

Next partners' assembly

- December 2014 unless there is a clear reason before then
- Define partners and their role and commitment

European Parliamentary Informal Interest group

Speakers

- Bulgarian health minister confirmed, mirroring access partnership at local level
- Stanimir Hasurdjiev to speak on behalf of the partnership
- Elizabeth to ask Richard Bergstrom to follow-up with UK Ministers George Freeman to attend
- MEP co-chairs to speak
- MEP Kovatchev as host
- Health Commissioner Andriukaitis confirmed to give keynote speech
- Anders Olauson to facilitate event

Media

- Ekaterina to ask EP TV to make a short video for the EP website
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Annex

Partners Assembly Agenda

9.00 – 12.30, 9th December 2014

The Netherlands I, Thon Hotel, Rue de la Loi 75, 1040 Brussels

Topic	Speaker	Timeframe
<p>Welcome</p> <ul style="list-style-type: none"> • Tour de table • Agenda for the day • Apologies 	<p>Tamsin Rose Independent health advocate</p>	9.00 – 9.20
<p>Partnership Overview</p> <ul style="list-style-type: none"> • Objectives for the partners' assembly • Progress to date & governance structure • Definition of access 	<p>Stanimir Hasurdjiev Chairperson, National Patients Organisation</p>	9.20 – 9.30
<p>New European Commission mandate</p> <ul style="list-style-type: none"> • Alignment of the Partnership with the Commission's programme 	<p>Artur Carvalho DG Sanco, European Commission</p>	9.30 – 9.40
<p>Workstreams</p> <ul style="list-style-type: none"> • Criteria for workstream priorities • Proposed workstream selection • Assignment of working group leads and members 	<p>Moderation by Tamsin Rose</p>	9.40 – 10.45
<p>Workstream discussion</p> <ul style="list-style-type: none"> • Break out groups per workstream identified • Proposed approach and deliverables per workstream 	<p>Break out groups</p>	10.45 – 11.15
<p>Workstream plan</p> <ul style="list-style-type: none"> • Break out groups per workstream identified 	<p>Feedback per group</p>	
<p>Next steps</p> <ul style="list-style-type: none"> • Steering Committee representatives • Launch, European Parliamentary Informal Interest Group on Patient Access 	<p>Nicola Bedlington Secretary General, European Patients' Forum</p> <p>Ekaterina Karamfilova Advisor to MEP Kovachev</p>	12.00 - 12.20
<p>Wrap up</p> <ul style="list-style-type: none"> • Summary of next steps and agreed actions 	<p>Tamsin Rose</p>	12.20 – 12.30

List of Participants

NGO's :	
European Association of Hospital Pharmacists (EAHP)	Richard Price
European Federation of Nurses (EFN)	Paul De Raeve
European Patients Forum (EPF)	Nicola Bedlington
European Patients Forum (EPF)	Cynthia Bonsignore
European Patients Forum (EPF)	Laurène Souchet
European Patients Forum (EPF)/Federation of Polish Partners	Tomasz Szlagowski
National Patients 'Organisation (NPO)	Stanimir Hasurdjiev
National Patients' Organisation (NPO)	Martin Georgiev
National Patients' Organisation (NPO)	Daniela Shikova
Pharmaceutical Group of the European Union (PGEU)	John Chave
Standing Committee of European Doctors (CPME)	Birgit Beger
Industry	
Abbvie	Alexandra Moutet
GSK	Paul Van Hoof
MED-EL Medical Electronics	Patrick D'Haese
MSD	Stephanie Lane
Sanofi	Milena Richter
Industry Associations	
European Association of Pharmaceutical Full-line Wholesalers (GIRP)	Martin Fitzgerald
European Federation of Pharmaceutical Industries and Associations (EFPIA)	Elizabeth Kuiper

European Generic medicine Association (EGA)	Clara Zachmann
MedTech Europe - Alliance of European medical technology industry associations	Tanja Valentin
Policy makers	
European Commission	Artur Carvalho
European Commission DG Enterprise and Industry	Thomas Heynisch
European Commission DG SANCO	Rostislava Dimitrova
European Parliament	Ekaterina Karamfilova
Ministry of Health Belgium	Tom Verheaghe
Consultancies	
ADS Insight	Wendy Wiel
BursonMarsteller	Elena Bertozzi
BursonMarsteller	Agata Duczmal
FIPRA	Laura Batchelor
Fleishman Hillard	Aoife Gallagher
Independent	
Tamsin Rose	

Interim steering committee meeting

12.30 – 16.00, 9th December 2014

The Netherlands I, Thon Hotel, Rue de la Loi 75, 1040 Brussels

Agenda

Roles and responsibilities

- Mandate and year one programme
- Governance structure & housekeeping
- Corporate identity & secretariat

Partners' Assembly follow-up

- Workstream implementation plan & coordination
- Next partners' assembly: timing and agenda

European Parliamentary Informal Interest Group

- Launch event: agenda & speakers
- Follow-up report and Interest Group programme

Next steps

- Steering committee meetings

Interim Steering Committee Attendees

- Birgit Beeger, Standing Committee of European Doctors
- Elizabeth Kuiper, EFPIA
- Stanimir Hasurdjiev, NPO
- Nicola Bedlington, EPF
- Apologies:
 - Nicoline Tamsma, Dutch National Agency and academic with published on the issue of access, Board of EuroHealthNet
 - Emma Woodford, EPHA who could not attend due to an urgent matter

Partners statutes

The partnership is open to a wide range of associations, governmental and non-governmental organizations and their representatives.

- Advocacy organisations, healthcare professionals and the private sector will be represented through European level umbrella groups and trade associations. Individual organisations and companies can be involved in work streams directly.
- The Partners' Assembly will be convened at least once a year for its ordinary meetings.
- In principle, no more than one representative per individual organisation may attend a Partners Assembly, or two representatives from umbrella organisations.
- An extraordinary meeting can be convened upon unanimous decision by the establishing members.

List of Access Partnership participants to date

Abbie	Alexandra Moutet
ADS Insight Spri	Wendy Wiel
AdvocacyAligned Limited	Andy Dyson
Astra Zeneca	Fredrik Moen
BMS	Athanasia Kanli
Burston-Marsteller	Elena Bertozzi
Burston-Marsteller	Agata Duczmall
DG Enterprise and Industry	Thomas Heynisch
EFPIA	Elizabeth Kuiper
EFPIA	François Bouvy
EGA	Adrien Van Den Hoven
EGA	Clara Zachmann
Eli Lilly	Gráinne Crowley
EP, Group of the European People's Party	Zofija MAZEJ KUKOVIČK
EP, ALDE/Austria	Angelika Werthmann
EP, ALDE/Bulgaria	Vladko Panayotov
EP, Alliance of Liberals and Democrats for Europe	Antonya Parvanova
EP, Alliance of Liberals and Democrats for Europe	Andrey Kovatchev

EP, Group of the European People's Party	Alojz Peterle
EP, Group of the European People's Party	Vladimir Urutchev
EP, Group of the European People's Party	Peter Liese
EP, Group of the European People's Party	Petru Luhan
EP, Group of the Progressive Alliance of Soc	Pavel Poc
EPF	Robert Johnstone
EPF	Cynthia Bonsignore
EPF	Laurène Souchet
EPF/Federation of Polish Par	Tomasz Szelagowski
EPHA	Leonardo Palumbo
EPP, European Parliament	Andrey Kovatchev
EUCOMED	John Brennan
European Association of Hospital Pharmacists	Richard Price
European Commission	Artur Carvalho
European Commission	Nathalie Chaze
European Federation of Nurses Association	Paul De Raeve
European Parliament	Ekaterina Karamfilova
European Public Health Alliance	Sascha Marschan
FIPRA	Laura Batchelor
Fleishman Hillard	Aoife Gallagher
GIRP (European Association of Pharmaceutical Full-line wholesalers)	Martin Fitzgerald
GSK	Paul Van Hoof
GSK	James Anderson
HOPE	Pascal Garel
Independent	Tamsin Rose

Independent Healthcare Consultant	Rostislava Dimitrova
Janssen	Stephen Hogan
MED-EL Medical Electronics	Patrick D'Haese
MedTech Europe	Tanja Valentin
Merck	Lukas Pfister
Ministry of Health Belgium	Tom Verhaeghe
MSD	Stephanie Lane
Novartis	Karen Strandgaard
Novartis	Andras Fehervary
Ogilvy Healthworld Market Access	Sophie Catherin
Pfizer	Vincent Clay
Pfizer	Heike Galbraith
Pharmaceutical Group of the European Union (PGEU)	Giovanna Giacomuzzi
Pharmaceutical Group of the European Union (PGEU)	John Chave
Positive Voice	Nikos Dedes
Sanofi	Milena Richter
Standing Committee of European Doctors	Kristina Mickeviciute
Standing Committee of European Doctors	Birgit Beger

5 As rationale

Since there is no single definition of the notion of 'access' in the healthcare environment, there is room and opportunity to construct a creative and exhaustive definition of the subject matter. In the context of attaining quality health care services, the participants at the Stakeholder meeting held on March 20th2014 agreed on proposed key principles supporting the notion: *Availability, Adequacy, Accessibility, Affordability* and *Appropriateness*, or in short – the Five A principles.

The *Five A* principles stand for the following:

Availability: Whether services are available in the first place.

Adequacy: Whether there is an adequate and continued supply of available services.

Accessibility: Whether the services are effectively available for utilization. Access measured in terms of *utilization* is dependent on the physical accessibility and acceptability of services and not merely adequacy of supply. This can also refer to the **time** to get necessary healthcare, for example.

Affordability: a system for financing health services so people do not suffer financial hardship when using them.

Appropriateness: Services available must be relevant to the different parts of a population in terms of their health needs and material and cultural settings if the population is to 'gain access to satisfactory health outcomes'. In other words, available health care resources should meet the needs of different population groups.

The Five As were given as an example of how the Partnership might frame the definition of access, but these are mere building blocks on which the entity will establish its image. The initial drive to start this ambitious project came from the crippled state many healthcare systems in Europe are currently in and the supporters of the Partnership should remember this drive and reflect it in the build-up of the new organization.

Indeed when discussing access to quality treatment, we first need to ask whether there *is* quality treatment in all European Member States, and only after assess the patients' access to certain care and how it can be improved.

Although the Five A principles were approved as a good starting point, there were several remarks on the wording of the definition of each characteristic. For example, affordability of treatment carries two different meanings – one for the patients and another for the government. What is more, the universal application of the Five A (across different EU Member States) was put under question, as there are certain differences in the healthcare priorities among countries (e.g. number of patients with certain disease are significantly more in one country compared to another).

It was also proposed to shorten the Five As by removing the term *accessibility* as it sounds redundant. However, it was agreed that accessibility, within the wider notion of *access*, suggests the physical ease of access to treatment (e.g. proper medical emergency system, medical facilities in rural regions, etc.).

Finally, it was agreed that certain semantic changes need to be made, as well as more concrete wording to be used, in order to construct a more clear and specific set of definitions for the Five A principles.

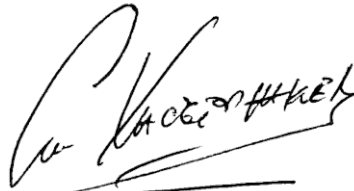
THE ADOPTED MINUTES HAVE BEEN SIGNED AND APPROVED BY:



ANDERS OLAUSSON

CHAIRPERSON

PATIENT ACCESS PARTNERSHIP



STANIMIR HASARDZHIEV

SECRETARY-GENERAL

PATIENT ACCESS PARTNERSHIP
