

# Access Partnership Partners' Assembly 9<sup>th</sup> 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 27<sup>th</sup> 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 27<sup>th</sup> 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 27<sup>th</sup> January 2015

## 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

## 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
- 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.

### *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
- 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 are 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 27<sup>th</sup> 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

## 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 27<sup>th</sup> – 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 27<sup>th</sup>. 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 27<sup>th</sup> 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 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

## Annex

### Partners Assembly Agenda

9.00 – 12.30, 9<sup>th</sup> December 2014

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

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

## List of Participants

<b>NGO's :</b>	
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 Szelagowski
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
<b>Industry</b>	
Abbvie	Alexandra Moutet
GSK	Paul Van Hoof
MED-EL Medical Electronics	Patrick D'Haese
MSD	Stephanie Lane
Sanofi	Milena Richter
<b>Industry Associations</b>	
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
<b>Policy makers</b>	
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
<b>Consultancies</b>	
ADS Insight	Wendy Wiel
BursonMarsteller	Elena Bertozzi
BursonMarsteller	Agata Duczmal
FIPRA	Laura Batchelor
Fleishman Hillard	Aoife Gallagher
<b>Independent</b>	
Tamsin Rose	

## Interimsteering committee meeting

12.30 – 16.00, 9<sup>th</sup> 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

<b>Abbvie</b>	<b>Alexandra Moutet</b>
<b>ADS Insight Sprl</b>	<b>Wendy Wiel</b>
<b>AdvocacyAligned Limited</b>	<b>Andy Dyson</b>
<b>Astra Zeneca</b>	<b>Fredrik Moen</b>
<b>BMS</b>	<b>AthanasiaKanli</b>
<b>Burston-Marsteller</b>	<b>Elena Bertozzi</b>
<b>Burston-Marsteller</b>	<b>Agata Duczmall</b>
<b>DG Enterprise and Industry</b>	<b>Thomas Heynisch</b>
<b>EFPIA</b>	<b>Elizabeth Kuiper</b>
<b>EFPIA</b>	<b>François Bouvy</b>
<b>EGA</b>	<b>Adrien Van Den Hoven</b>
<b>EGA</b>	<b>Clara Zachmann</b>
<b>Eli Lilly</b>	<b>Gráinne Crowley</b>
<b>EP, Group of the European People's Party</b>	<b>Zofija MAZEJ KUKOVIČK</b>
<b>EP, ALDE/Austria</b>	<b>Angelika Werthmann</b>
<b>EP, ALDE/Bulgaria</b>	<b>VladkoPanayotov</b>
<b>EP, Alliance of Liberals and Democrats for Europe</b>	<b>AntonyiaParvanova</b>
<b>EP, Alliance of Liberals and Democrats for Europe</b>	<b>Andrey Kovatchev</b>
<b>EP, Group of the European People's Party</b>	<b>AlojzPeterle</b>
<b>EP, Group of the European People's Party</b>	<b>Vladimir Urutchev</b>
<b>EP, Group of the European People's Party</b>	<b>Peter Liese</b>
<b>EP, Group of the European People's Party</b>	<b>PetruLuhan</b>
<b>EP, Group of the Progressive Alliance of Soc</b>	<b>Pavel Poc</b>
<b>EPF</b>	<b>Robert Johnstone</b>
<b>EPF</b>	<b>Cynthia Bonsignore</b>
<b>EPF</b>	<b>Laurène Souchet</b>
<b>EPF/Federation of Polish Par</b>	<b>Tomasz Szelagowski</b>
<b>EPHA</b>	<b>Leonardo Palumbo</b>
<b>EPP, European Parliament</b>	<b>Andrey Kovatchev</b>
<b>EUCOMED</b>	<b>John Brennan</b>
<b>European Association of Hospital Pharmacists</b>	<b>Richard Price</b>
<b>European Commission</b>	<b>Artur Carvalho</b>
<b>European Commission</b>	<b>Nathalie Chaze</b>
<b>European Federation of Nurses Association</b>	<b>Paul De Raeve</b>
<b>European Parliament</b>	<b>Ekaterina Karamfilova</b>
<b>European Public Health Alliance</b>	<b>Sascha Marschan</b>
<b>FIPRA</b>	<b>Laura Batchelor</b>
<b>FleishmanHillard</b>	<b>Aoife Gallagher</b>
<b>GIRP (European Association of Pharmaceutical Full-line wholesalers)</b>	<b>Martin Fitzgerald</b>
<b>GSK</b>	<b>Paul Van Hoof</b>

GSK  
HOPE  
Independent  
Independent Healthcare Consultant  
Janssen  
MED-EL Medical Electronics  
MedTech Europe  
Merck  
Ministry of Health Belgium  
MSD  
Novartis  
Novartis  
Ogilvy Healthworld Market Access  
Pfizer  
Pfizer  
Pharmaceutical Group of the European Union (PGEU)  
Pharmaceutical Group of the European Union (PGEU)  
Positive Voice  
Sanofi  
Standing Committee of European Doctors  
Standing Committee of European Doctors

James Anderson  
Pascal Garel  
Tamsin Rose  
Rostislava Dimitrova  
Stephen Hogan  
Patrick D'Haese  
Tanja Valentin  
Lukas Pfister  
Tom Verhaeghe  
Stephanie Lane  
Karen Strandgaard  
AndrasFehervary  
Sophie Catherin  
Vincent Clay  
Heike Galbraith  
Giovanna Giacomuzzi  
John Chave  
Nikos Dedes  
Milena Richter  
Kristina Mickeviciute  
Birgit Beger

## 5 a's 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 20<sup>th</sup> 2014 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 buildup 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