

Opinion on Public procurement in healthcare systems

Expert Panel Expert Panel on Effective Ways of Investing in Health

EURIPHI reflection

February 2021

The following consideration was developed by the EURIPHI Health & Social Care Regions Network and EURIPHI consortium (www.euriphi.eu) as a response to the Draft Opinion on Public Procurement in Healthcare Systems by the Expert Panel on Effective Ways of Investing in Health.

The EURIPHI Health & Social Care Regions Network (the Network) was created in the framework of the EURIPHI EU H2020 funded project (GA n° 825922). The objective of the Network is to introduce innovation/innovative solutions in European health and care systems - to respond to common unmet needs/shortcomings - by means of (cross-border collaborative) value-based Innovation Procurement (e.g. PPI, PCP, Innovation Partnerships).

Additional comments

We welcome the Draft Opinion on Public Procurement in Healthcare Systems and we acknowledge the consideration on innovation procurement. We welcome the recognition of the clear potential for alignment between the goals of the health sector, regional development and industrial policies. We support the role of public procurement as a strategic instrument to achieve more innovative, efficient, sustainable health systems and the proposed EU initiatives in the field. However, we would like to draw your attention on the following points.

3.2.4.	Procurement of innovation
Relevant paragraph in Draft Opinion (p. 38) and suggestion for rephrasing (in red)	The program's budget in 2018-2019 was 124 million euros and supported CPP PCP and CPTI PPI initiatives. Thanks to this kind of funding, since of 2012, 24 CPP PCP projects and 15 CPTI PPI projects have been co-financed by the EU (European wide Innovation Procurement in Health Care, 2020).
Explanation	– 'CPP and CPTI initiatives', which recall respectively the Spanish acronyms of Compra Pública Precomercial and Compra Pública de Tecnología Innovadora, should be reported as 'PCP' and 'PPI' initiatives" which are most known acronym of English words

3.2.5.	Green public procurement
Relevant paragraph in Draft Opinion (p. 38) and suggestion for rephrasing (in red)	These considerations can be incorporated into procurement through inclusion and technical specifications, award criteria, and contract performance conditions (Testa et al., 2016, Fuentes-Bargues et al., 2017, Fuentes-Bargues et al., 2019). Beyond contract conditions also a more general Value-Based Agreements (VBA) approach could be considered as the legal means to align the interests of both procurer and supplier as they enable the risk mitigation and incentivise the maximisation of benefits.
Explanation	<ul style="list-style-type: none"> – What is reposted as 'contract performance conditions' is very well related to Green public procurement. – Yet, we think that a more general concept of Value Based Agreement (VBA) should be highlighted and referred not only to the purpose of Green public procurement. – Value-Based Agreements (VBA) should be considered especially when expected outcomes, benefits or the cost impact are less clear or lack detailed evidence at time of the awarding and contracting. – This forms a good basis for a mutual benefit and solid partnership, and it is especially critical to address sustainability and resilience of health and care systems.

3.2.6.	Procurement as a tool for economic growth
Relevant paragraph in Draft Opinion (p. 43) and suggestion for rephrasing (in red)	This experience suggests that Regional Development Authorities, including regional development authorities and regional health and care authorities , can play an important role in supporting public procurement processes.
Explanation	<ul style="list-style-type: none"> – Regional health and care authorities play a crucial role and must be included in procurement processes. – We welcome the mention of Regional Development Authorities, but the involvement in procurement processes should not be limited only to those.

3.2.6.	Procurement as a tool for economic growth
Relevant paragraph in Draft Opinion (p. 43) and suggestion for rephrasing (in red)	Thus, procurement procedures are to be imbedded in a more general framework of relationship, where dialogue involving health and care regional authorities and innovators/developers/suppliers is key to ensure that the solutions procured respond to population's unmet needs.

Explanation	<ul style="list-style-type: none"> - Regional health and care authorities play a pivotal role in ensuring high-quality care to the population and economic development in their territories. Therefore, taking into consideration the local dimension is fundamental to address both unmet needs and economic growth. - In a procurement procedure, the local dimension is taken into consideration by adopting an approach based on '<i>what is valued</i>'. - Such an approach considers the specificities of a given context, including societal, environmental, cultural and legal aspects. - The identification of '<i>what is valued</i>' requires a dialogue between the involved stakeholders. Hence, regional health and care authorities and economic operators should be involved in all the phases of procurement procedures – from pre-tender dialogue to contracting – to ensure highest economic gain by adopting a demand-driven approach. - Regions play a key role to create the market conditions to boost innovation while fostering sustainable local development. - Innovation procurement is recognised to be a lever for achieving sustainable development, provided that the local dimension is taken into consideration. - The EURIPHI cross-border collaborative model supports sustainable regional development by adopting a demand-driven approach, as it balances innovation and transnationality, through local decision making.
-------------	---

3.4.	Cross cutting considerations
Relevant paragraph in Draft Opinion (p. 61) and suggestion for rephrasing (in red)	Those responsible for procuring in the health and care sector should work with patients (actual and potential), frontline practitioners, health and care providers, health regional authorities, innovators/developers/suppliers and payers to increase the use of non-price measures of value, that are relevant to those who use and benefit from what is being procured. This should draw on the principles of co- production co-creation, increasingly widely used in health and care research
	<ul style="list-style-type: none"> - The involvement of procurers, health and care regional authorities, innovators/developers/suppliers and payers is key to increase the use of non-price measures of value in purchasing strategy. - The adoption of non-price measures should aim to the highest economic gain, which could be reached through an approach based on '<i>what is valued</i>' for the patients, the health and care systems and the society. - A shared purchasing strategy – defined according to the context and to broader aspects (societal, environmental, cultural and legal) - built with the help of the market knowledge can preliminarily assess if it is possible to integrate regional development goals together with new

	<p>health and care innovation needs and understanding better eventual risk and minimising it when relevant.</p> <ul style="list-style-type: none"> – Principles of co-creation - instead of co-production - relate to knowledge sharing and co-design between buyers (not exactly the same as final users) and suppliers (what is called 'providers'). – The objective of the co-creation should be targeted to better set-up a purchasing strategy for the buyer which is not strictly related to a single procurement procedure but to a much wider view (considering environmental, societal, sustainability aspects) which is normally non the first goal of a co-production solution from the point of view of the final user.
--	---

3.5.2	Building a knowledge base for health and care procurement
Relevant paragraph in Draft Opinion (p. 65) and suggestion for rephrasing (in red)	While noting the emergence of Europe-wide initiatives to convene those involved in health sector procurement to exchange experience (e.g. EURIPHI Health & Social Care Regions Network), we encourage other pan-European organisations involved in the exchange of information on health and care management and health and care systems to place health and care sector procurement on their agendas
Explanation	The EURIPHI Health & Social Care Regions Network fosters the exchange of information among regional health and care authorities on: <ul style="list-style-type: none"> – identification and prioritisation of common unmet needs – good practices on the use of EU innovation procurement as a strategic policy tool

3.5.4.	Procurement in emergency situations <i>How can cross border procurement be used to increase efficiency?</i>
Relevant paragraph in Draft Opinion (p. 72) and suggestion for rephrasing (in red)	Cross-border collaboration might be one way for two or more public procurers in different Member States to acquire the advantages of economies of scale
Explanation	<ul style="list-style-type: none"> – Cross-border procurement might realise economies of scale, if some conditions occur. – By performing joint procurement across the borders, procurers involved might share the risk of common tender procedures and stimulate the market increasing their purchasing power. – Participating in a joint tender procedure across the borders, is expected to foster mechanisms of identification and prioritisation of common unmet needs. – Therefore – in support of a cross-border approach - health and care authorities and health and care providers are encouraged to define

	<p>what are the highest priorities in their agenda as well as the resources to invest to meet these priorities.</p> <ul style="list-style-type: none"> – If the institutions involved prioritise the same unmet needs, cross-border procurement could bring to positive consequences – including knowledge sharing and economy of scale - in the health and care systems.
--	--

3.5.4.	Procurement in emergency situations <i>How can cross border procurement be used to increase efficiency?</i>
Relevant paragraph in Draft Opinion (p. 74) and suggestion for rephrasing (in red)	Joint procurement may reduce this incentive to keep prices high if the procurement procedure replaces administrative prices through international referencing. However, the effect of joint procurement on price is unclear as joint procurement could lead to higher prices in general, given that differences in pricing policies across the countries are no longer applied.
Explanation	Prices may converge towards the highest option, therefore causing inefficiencies.

3.6.	What further EU cooperation can be developed?
Relevant paragraph in Draft Opinion (p. 77) and suggestion for rephrasing (in red)	Further EU cooperation related to procurement in the health and care sector is recognised if synergies among funds (HorizonEurope, DigitalEU, ERDF, ESF, etc.) are created and really applied in a simplified executable method.
Explanation	<ul style="list-style-type: none"> – Funds supporting the implementation of innovation procurement as a tool to foster access of innovation into health and care systems and regional development via innovation (European Social Fund, European Regional Development Fund, HEurope and co-investments in PPI/PCP; etc.) should be cumulative. – EU4Health foresees provision to regulate on this. EU could support the assessment of the different European regulation in order to simplify the process of cumulation of funding.

Recommendation 1	Member States together with public buyers and decision-makers should develop purchasing strategies in the health and care sector in order to achieve a more innovative, efficient and sustainable health and care systems , including digital technologies.
Relevant paragraph in Draft Opinion (p. 78) and suggestion for rephrasing (in red)	Member States together with regional/local authorities , public buyers, suppliers/innovators/developers and decision-makers should develop purchasing strategies in the health and care sector in order to achieve a more innovative, efficient, resilient and sustainable health and care system, including digital technologies.

Explanation	<ul style="list-style-type: none"> – Health and care regional authorities are key in responding to unmet needs and care delivery shortcomings. – Hence, – together with innovators/developers/suppliers – health and care regional authorities should be involved in the definition of purchasing strategy and of the specificities that arise in the procurement of innovative solutions, including e-health. – ‘Subject-matter’ definition is the first step of a procurement procedure, which should not be limited to considerations on technology but look at innovative solutions addressing unmet needs and care delivery shortcomings. – Within the current legislative framework, increased attention and initiatives are needed to understand the market readiness and therefore, to foster a dialogue with the industrial partners to clarify the needs and what the subject-matter (some technology, services or proposed solutions) should be. – Co-creation would enable: <ul style="list-style-type: none"> ○ <i>Adoption of a demand-driven approach in the definition of ‘subject-matter’, and the transition from innovation supply to innovation responsiveness;</i> ○ <i>Adaption of innovation procurement to evolving situation, where the identification of unmet needs and care delivery shortcomings would be a clear starting point to address health system’s new challenges. This would reduce uncertainty for procurers, who would more luckily consider innovative solutions as a means to respond to evolving situations. Key point to deploy innovative solutions is the implementation of a solid framework minimising the risk for procurers.</i>
-------------	---

Recommendation 1, point 1.1	The European Union and national governments should take steps to increase the quality of procurement of health technology.
Relevant paragraph in Draft Opinion (p.78) and suggestion for rephrasing (in red)	<p>The European Union, national governments and regional authorities should take steps to increase the quality of procurement of health technology</p> <p>Finally, procurement of health technology should engage from the outset with all the stakeholders involved in the process - including regional/local health and care authorities and innovators/developers/suppliers; those who will use it and, where relevant, those on whom it will be used to ensure that it fully meets their requirements, including acceptability of use.</p>
Explanation	(Standardisation does not fit with a demand-driven delivery of care, which is based on addressing unmet needs through innovative solutions developed on the basis of ‘what it is valued’ by the users)

	<ul style="list-style-type: none"> – When preparing the solution requirements and procurement objectives, dialogue involving relevant stakeholders should be fostered. This is key to ensure that the solution procured meets relevant stakeholders' requirements. – The coalition should be composed of representatives from those who buy, pay and use the innovative solution across the full care pathway; these potentially being individual organisational entities.
--	--

Recommendation 1, point 1.2	The European Union and national governments should take steps to synthesise the specificities that arise in the procurement of e-health products and develop appropriate responses.
Relevant paragraph in Draft Opinion (p. 79) and suggestion for rephrasing (in red)	It is essential that users, and where appropriate, patients, are fully engaged in this process from the outset, together with procurers, health and care regional representatives and innovators/developers/suppliers.
Explanation	<ul style="list-style-type: none"> – Adopt a demand-driven approach in the definition of 'subject-matter' requires that considerations are not limited to technology but look at innovative solutions addressing unmet needs and care delivery shortcomings. – This would foster the transition from innovation supply to innovation <i>responsiveness</i>. – This transition would in turn promote the provision of high-quality care so long as the innovation procured is deployable into the health and care system.

Recommendation 1, point 1.3	Those responsible for health and care policy and its implementation should recognise explicitly that public procurement is a means to achieve the goals of the sector, including improvement in health and care and responding to the legitimate expectations of those who use it.
Relevant paragraph in Draft Opinion (p. 79) and suggestion for rephrasing (in red)	Those responsible for procuring in the health and care sector should work with patients (actual and potential), frontline providers, health and care regional authorities and innovators/suppliers/developers to increase the use of non-price measures of quality.
Explanation	<ul style="list-style-type: none"> – Improvement in health and responsiveness to the legitimate expectations of users increases quality, provided that the solution addressing unmet needs is deployable and adaptable. – Co-creation is needed to adapt innovation procurement to evolving situation and address the health and care system's new challenges. – The identification of unmet needs and care delivery shortcomings would be a clear starting point to address health and care system's new challenges.

	<ul style="list-style-type: none"> – This would reduce uncertainty for procurers, who would more luckily consider innovative solutions as a means to respond to evolving situations. – Key point to deploy innovative solutions is the implementation of a solid framework minimising the risk for procurers.
--	---

Recommendation 3	Member States should take measures to professionalise procurement, and to recruit, retain, and continuously develop the necessary skills and expertise
Relevant paragraph in Draft Opinion (p. 81) and suggestion for rephrasing (in red)	While noting the emergence of Europe-wide initiatives to convene those involved in health and care sector procurement to exchange experience (including EURIPHI Health & Social Care Regions Network)
Explanation	The EURIPHI Health & Social Care Regions Network fosters the exchange of information among regional health authorities on: <ul style="list-style-type: none"> – Identification and prioritisation of common unmet needs – Good practices on the use of EU innovation procurement as a strategic policy tool.

Recommendation 4	Cooperative procurement, including joint procurement, should be encouraged at the appropriate level (regional, national, EU) whenever there is good evidence of its potential benefits
Relevant paragraph in Draft Opinion (p. 82) and suggestion for rephrasing (in red)	Regardless of the decision made in any particular case, we support existing initiatives and encourage those involved to look beyond their individual actions to exploring whether they can develop common templates, procedures, and standards that can be used more widely. The EURIPHI cross-border collaborative model is an example on how optimise procurement across the borders, by applying a collaborative approach.
Explanation	<ul style="list-style-type: none"> – Performing cross-border collaborative procurement could bring to relevant opportunities, although it is a complex procedure. – A well-defined cross-border collaboration between European public procurers is key to generate more benefits for end-users through value-based procurement. – EURIPHI conceived a tool to optimise stakeholders' collaboration across the borders. – The EURIPHI cross-border collaborative procurement model takes into consideration the EU context of cross-border joint procurement as well as the opportunities and challenges faced by the demand and supply side. – According to the EURIPHI model, two or more public procurers with similar needs and structure cooperate in the pre-tender phase but tenders are issued individually taking into consideration the national / local specificities.

	<ul style="list-style-type: none"> – By enabling local decision making, the risks of performing the whole procurement process across the borders are mitigated and the opportunities exploited. – Cooperation in the pre-tender phase and individual tender issue turned out to be an interesting model, because of its foreseeable consequences. Sharing good practices and evidence is key to foster the use of cross-border joint procurement in the EU.
--	---

Appendix 1 European initiatives related to procurement in health and care	EU co-financed coordination and networking projects related to PCP and PPI
Relevant paragraph in Draft Opinion (p. 85) and suggestion for rephrasing (in red)	Add reference to EURIPHI: EURIPHI (completed): Network of regional health and care authorities, policymakers, and payers who, in collaboration with other key stakeholders, are willing to prioritise investments and foster the deployment of Value Based PPI/PCP to address unmet needs.
Explanation	

Key-messages

The following key-messages have been developed by the EURIPHI Health & Social Care Regions Network and EURIPHI consortium to facilitate the understanding of the logic behind the additional comments provided above. The key-messages are cross-cutting consideration referring to the whole Draft Opinion on Public Procurement in Healthcare Systems, therefore addressing several concepts mentioned by the Expert Panel on Effective Ways of Investing in Health. The key-messages reflect the outcomes developed in the framework of the EURIPHI project.

Key-message 1: the 'subject-matter' and the definition of purchasing strategy, informed by pre-tender discussion.

'Subject-matter' definition is the first step of a procurement procedure, which should not be limited to considerations on technology but look at innovative solutions addressing unmet needs and care delivery shortcomings. Health and care regional authorities play a pivotal role in responding to unmet needs and care delivery shortcomings. Hence, – together with innovators/developers/suppliers – health and care regional authorities should be involved in the definition of purchasing strategy and of the specificities that arise in the procurement of innovative solutions, including e-health.

Within the current legislative framework, increased attention and initiatives are needed to understand the market readiness and therefore, to foster a dialogue with the industrial partners to clarify the needs and what the subject-matter (some technology, services or proposed solutions) should be. Co-creation is needed.

This would enable the:

- *Adoption of a demand-driven approach in the definition of 'subject-matter', and the transition from innovation supply to innovation responsiveness;*
- *Adaption of innovation procurement to evolving situation, where the identification of unmet needs and care delivery shortcomings would be a clear starting point to address health and care system's new challenges. This would reduce uncertainty for procurers, who would more luckily consider innovative solutions as a means to respond to evolving situations. Key point to deploy innovative solutions is the implementation of a solid framework minimising the risk for procurers.*

In the framework of the EURIPHI project, care delivery shortcomings in the field of integrated care¹ in multiple disease areas have been identified. Health and care regional authorities contributed to this exercise, by clarifying what common needs are as well as what their readiness in using PPI as a *strategic tool* to address this challenge² is. A finding of the EURIPHI project has been that across disease areas, there are common horizontal needs. For some of them, advanced and adaptable solutions have been developed. Fostering this exchange will be of interest.

Key-message 2: an approach based on 'what is valued' and driven by the values of the health and care system³.

The way forward to obtain the highest economic gains results in translating an approach based on '*what is valued*' into practice, which should be considered when applying what award criteria beyond 'lowest price' should be introduced according to MEAT. The concept of '*what is valued*' should not be restricted to technical quality criteria but applied to the specificities of health care sector.

In the framework of the EURIPHI project, the '*what is valued*' approach was applied along the full procurement pathway – from pre-tender phase to contracting. Lessons learned are reported as follows:

- In the *pre-tender phase*, dialogue on '*what is valued*' would contribute to the mitigation of uncertainty on the procurement and supply side as the specifications would be defined according to the context and what the innovators should expect. This was enabled by the use of the MEAT Value Based Procurement framework⁴ and organisation of Open Market Consultations.

¹ Deliverable D3.1 EURIPHI Health Regions Survey Integrated care: https://www.euriphi.eu/wp-content/uploads/euriphi_d3.1_m8_final.pdf

² Deliverable D1.1 Mapping of Health Regions readiness for value-based PPI and mechanisms of identification of unmet health and health systems' needs: <https://www.euriphi.eu/wp-content/uploads/euriphi-d1.1.pdf>

³ Incorporating value in investment decisions in health across Europe: https://www.medtecheurope.org/wp-content/uploads/2019/06/2019_MTE_incorporating-value-in-investment-decisions-in-health-across-Europe.pdf

⁴ <http://www.meat-procurement.eu/page.pdf>

- In the *awarding phase*, the MEAT Value Based Procurement framework was – again - applied. The framework defines and categorises the most relevant criteria from which a procurement project team can select and build on, including the initial identification and selection of the most important (value-based) award criteria.
- In the *contracting phase*, Value-Based Agreements (VBA) were considered as the legal means to align the interests of both procurer and supplier. VBA enable the risk mitigation and incentivize the maximisation of benefits. This especially when expected outcomes, benefits or the cost impact are less clear or lack detailed evidence at time of the awarding and contracting. This forms a good basis for a mutual benefit and solid partnerships and it is especially critical to address sustainability and resilience of health and care systems.

By performing this exercise, we learned that:

- The concept of '*what is valued*' should be defined according to the context and to broader aspects (societal, environmental, cultural and legal);
- Therefore, '*what is valued*' should be clearly translated into solution requirements and procurement objectives;
- When preparing the solution requirements and procurement objectives, dialogue involving relevant stakeholders should be fostered. The coalition should be composed of representatives from those who buy, pay and use the innovative solution across the full care pathway; these potentially being individual organisational entities.

Results of applying the '*what is valued*' approach into practice, are reported in ANNEX.

Key-message 3: the local dimension is key to ensure the delivery of high-value and quality care responding to specific needs.

Centralised procurement should apply a lot-based approach at the local level to ensure delivery of high-value and quality care. The local dimension is key to exploit the opportunities of centralised procurement across the border. More specifically:

- Imbalance between *quantity* and *quality* could occur when performing centralised procurement but quality should be the main target. The imbalance between quantity and quality could be overcome by taking into consideration the local dimension. Regions are aware about the populations' needs and how address them by adopting a personalised approach.
- The *EURIPHI cross-border collaborative model*⁵ is a good tool to optimise cooperation across the borders, as it implies localised decision making. The model fosters the adoption of an approach centered on quality, giving the possibility to regional authorities to manage at their own pace the policy they want to prioritise. Finally, the EURIPHI cross-border collaborative model would help to increase resilience, as it supports the identification of real priorities.

Key-message 4: The role of regions in ensuring a trade-off between innovation and transnationality.

⁵ EURIPHI Reflection Paper 'Advancing health systems in Europe through cross-border value-based innovation procurement: <https://www.euriphi.eu/wp-content/uploads/euriphi-cross-border-collaborative-procurement-final-1.pdf>

The EURIPHI cross-border collaborative model provides an opportunity to maximise the benefits of collaboration across the borders while addressing the specificities of local and regional health and care systems. Regions play a key role to create the market conditions to boost innovation while fostering sustainable local development. Innovation procurement is recognised to be a lever for achieving sustainable development, provided that the local dimension is taken into consideration. The EURIPHI cross-border collaborative model supports sustainable regional development, as it balances innovation and transnationality, through local decision making.

Key-message 5: EU role in support of innovation procurement: enhance funding synergies, share best-practices and facilitate networking.

- *Enhance funding synergies:* funds supporting the implementation of innovation procurement as a tool to foster access of innovation into health and care systems and regional development via innovation (European Social Fund, European Regional Development Fund, HEurope and co-investments in PPI/PCP; etc.) should be cumulative. EU4Health foresees provision to regulate on this. EU could support the cumulation of funding.
- *Share best-practices:* knowledge exchange among regions would accelerate the adoption of innovation procurement as a tool to innovate health and care delivery.
- *Strengthen dialogue between innovators and procurers:* to reduce uncertainty; provide better response to unmet needs; ensure deployment of innovation into health and care systems.
- *Mitigate procurers' risk aversion:* as procurers are averse to risk, there is the need of putting in place a solid framework to reduce such risk and supporting procurers to adapt to the evolution of health and care systems. This would contribute to health and care systems' resilience via innovation.
- *Foster identification of unmet needs, via appropriate funding:* cooperation across the borders should be fostered when it comes of identifying common unmet needs. This would enhance the adoption of a demand-driven approach and the transition from innovation supply to innovation responsiveness.
- *Foster the professionalisation of procurers,* which in turn would ensure balance in negotiation between purchaser and supplier.

ANNEX

Results of applying the '*what it is valued*' approach into practice, are reported here below:

- EURIPHI Reflection Paper EURIPHI Reflection Paper 'Applying a value-based approach to innovation procurement in healthcare': <https://www.euriphi.eu/wp-content/uploads/euriphi-value-based-innovation-procurement-final-1.pdf>
- EURIPHI Reflection Paper 'Advancing health systems in Europe through cross-border value-based innovation procurement': <https://www.euriphi.eu/wp-content/uploads/euriphi-cross-border-collaborative-procurement-final-1.pdf>
- European cross-border innovation procurement in health and social care – brochure (legal guidance): https://www.euriphi.eu/wp-content/uploads/euriphi_cross-border-ppi_legal-guidance.pdf
- Deliverable 5.1 Prioritization and test case learnings: https://www.euriphi.eu/wp-content/uploads/euriphi_d5.1.pdf
- Deliverable 6.1 Business case: https://www.euriphi.eu/wp-content/uploads/euriphi_d6.1_m18_final.pdf
- Deliverable 6.2 Functionalities and technical prescriptions: https://www.euriphi.eu/wp-content/uploads/euriphi_d6.2_m15_final.pdf
- Deliverable 6.3 Patient-centered assessment framework: https://www.euriphi.eu/wp-content/uploads/euriphi_d6.3_m15_final.pdf
- Deliverable 6.4 Buyers group proposed model of governance: https://www.euriphi.eu/wp-content/uploads/euriphi_d6.4_m18_final.pdf