GIRP's reflections on elements to be covered in the Pharmaceutical Strategy for Europe (PSE) to ensure availability of medicines

Summary of Recommendations

1. GIRP calls on the EU institutions and policymakers to recognise the **critical public service role and function** full-service healthcare distributors (licensed as 'wholesale distribution authorisation holders' and also referred to as pharmaceutical full-line wholesalers) provide. Through their stock-keeping and financing function, their tight web of distribution centres and warehouses, as well as through their logistic excellence, full-service healthcare distributors offer the unique service of safely delivering any medicine in Europe within a very short time span to even the most remote location.

2. GIRP calls for the PSE to address the issue of **financial viability** of full-service healthcare distributors to improve the long-term resilience of healthcare systems. In some countries, they suffer from precariously low margins regulated by national governments which will ultimately endanger the availability of, and access to medicines. The permanent availability of the full range of medicines including the holding of buffer stocks has to be adequately remunerated.

3. GIRP calls for the European Commission to work with EU Member States to ensure the **accurate interpretation, implementation and enforcement of Article 81, paragraph 2 of Directive 2001/83/EC** in national legislation which should provide for an **auditable and enforceable right for full-service healthcare distributors to be appropriately and continuously supplied** by MAHs with the full range of products.

4. GIRP calls for the PSE to foresee a **general revision of the wholesale distribution licensing system** and introduce a **distinction between full-service healthcare distributors and other operators**, storing and distributing by choice only a selective range of products.

5. Ensuring early access to new and innovative medicines by **advancing the EU Single Market**: GIRP calls for the PSE to separate the issue of pricing and reimbursement for centrally (EMA) registered products from the availability of centrally registered products on national markets.

6. Ensuring the **free flow of medicines within the EU Single Market**: GIRP calls for the PSE to only allow temporary restrictions to the free movement of medicines through controls of parallel exports if they are in conformity with a set of clear recommendations and for specific listed medicinal products, recognising parallel trade as an instrument to make medicines available in Member States where the product is not marketed by MAHs due to economic reasons among others.

7. GIRP calls for the PSE to introduce the legal basis for a **European-wide early warning system for anticipated and existing shortages**, involving all supply chain stakeholders, from manufacturers, full-service healthcare distributors, online and community pharmacists to prescribers, the national competent authorities and EMA for coordination at European level.

8. GIRP calls for the PSE to address the significant differences in shortages reporting and monitoring across the EU Member States and implement **EU-wide harmonised categories for root causes of shortages** in national shortages databases.

9. GIRP calls on the PSE to ensure recognition of full-service healthcare distributors as **critical infrastructure** in order to be able to fulfil their obligations of a continuous and equitable distribution of medicines to patients in Europe, even more so in times of pandemics, crises or forces majeures.

10. GIRP calls on the PSE to evaluate the capability of full-service healthcare distributors as the **providers of the right infrastructure for stockpiling measures for emergency preparedness,** with appropriate remuneration.

11. Full-service healthcare distributors competence could be further utilised to **support and ensure the supply of medicines to hospitals**, in addition to nursing and special care homes (under pharmacy supervision).

12. **Essential information sharing**, serving for the exclusive purposes of supplying medicines in times of crisis and limited to what is strictly necessary, should be **temporarily exempted from certain regulatory prohibitions and data protection laws.**

1. Recognition of the role of full-service healthcare distributors

The continuous availability of medicines for patients whenever and wherever they are needed is one of the primordial pillars of healthcare systems. Full-service healthcare distributors (licensed as 'wholesale distribution authorisation holders' and also referred to as pharmaceutical full-line wholesalers) are considered key strategic pillars of healthcare systems which help ensure availability. GIRP calls on the EU institutions and policymakers to recognise the **critical public service role and function** full-service healthcare distributors endorse.

Full-service healthcare distributors, through their **stock-keeping and financing function**, their tight national and European **web of distributions centres and warehouses**, as well as, through their **logistic excellence** are able to deliver any medicine in Europe within a very short time span to even the most remote location (average delivery time in Europe is 2.5h). However, hurdles such as medicines shortages, overly stringent supply quotas by manufacturers placed on distributors, and / or selective distribution models that circumvent full-service healthcare distributors, may prevent patients from having reliable access to their medicines.

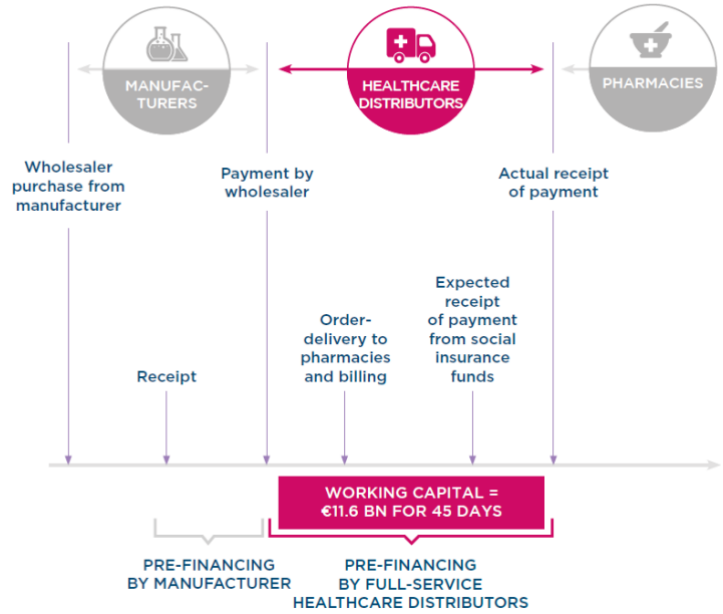
The continuity of supply and guaranteed availability of medicines are key necessities and therefore unique dynamics are required within the pharmaceutical market. Full-service healthcare distributors are committed to ensuring that even the most isolated patients can receive even the most specialised medicines via their pharmacist in a safe and timely manner.

Full-service healthcare distributors commit to:

- **carrying and distributing the complete assortment of products** in range and depth within the frame set by the authorities and the market;
- continuously **ensuring product availability** to patients within a matter of hours;
- creating and maintaining **quality standards** that ensure, above all, **safety and integrity of the medicine** when delivered to the retail pharmacists as well as other healthcare professionals;
- performing a **public service function**.

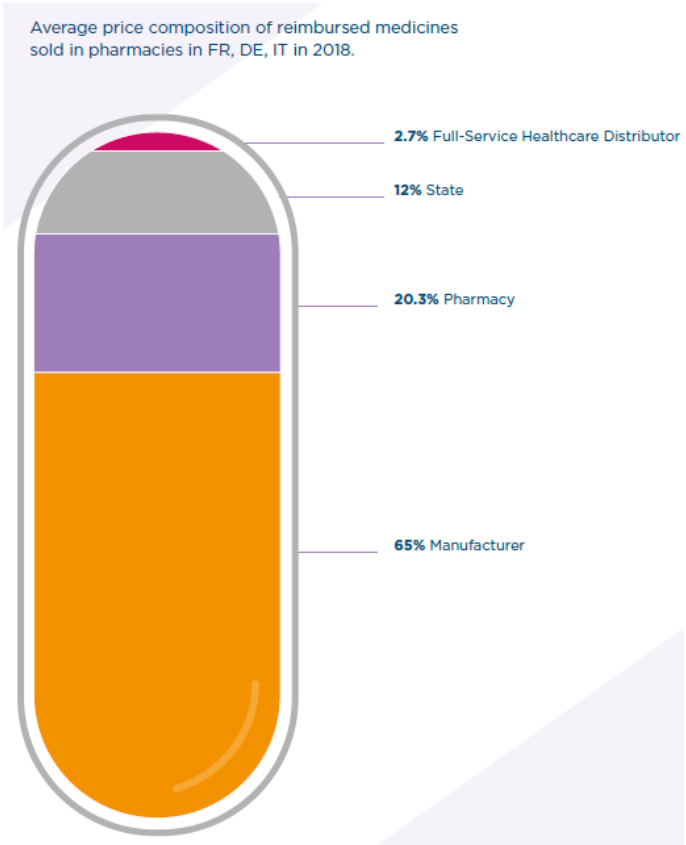
Full-service healthcare distributors are the only actors in the medicines supply chain to assume a **financing function towards manufacturers, pharmacies and payers**. They guarantee the continuous supply of all medicinal products by buying large amounts of medicines from manufacturers and making them available at any time and in any quantity to pharmacies. At the same time, they also secure the cash flow of social and statutory health insurers. Full-service healthcare distributors of the six main markets in Europe (DE, ES, FR, IT, NL, UK) **finance on average EUR 11.6 bn over a period of 45 days**.

With this, they finance the majority of medicines in the European market and ensure pharmacies economic stability.



2. Ensuring the sustainability of medicines distribution

A key factor for a healthcare system's overall resilience is that the full-service healthcare distributors' financial viability is ensured.



GIRP calls on the EU institutions and policy makers to encourage and work with Member States to promote measures, such as the application of a sustainable remuneration for the full-service healthcare distribution sector, to **support the financial viability of the sector** which is a key pillar of healthcare system's overall resilience. In most Member States, margins for medicines' distribution are regulated by law. While full-service healthcare distributors provide a vital and crucial function in the supply chain, remuneration is often disproportionately low (*see diagram*).

In several Member States, these low margins for medicines' distribution cannot cover the costs of current service levels and could **compromise the continuous availability of all medicines** for patients in the near future.

GIRP calls on policy makers to ensure that all **new legislative and regulatory measures are subject to economic impact assessment** reviews prior to their implementation. While the remuneration for full-service healthcare distributors is regulated at national level, **EU institutions and policymakers should ensure the cost of compliance is made transparent** in order to be properly covered by the different national remuneration systems for healthcare distributors.

GIRP calls on authorities to build supply chain solutions based on the existing infrastructure and processes of full-service healthcare distributors, which due to their seamless functioning are often little known.

3. The right to be supplied to adequately and continuously fulfil patients' needs

Some supply chain system failures can be addressed through the **full implementation, effective monitoring and enforcement of Article 81, paragraph 2 of the Directive 2001/83/EC.** Article 81 paragraph 2 should be interpreted and appropriately set out in national legislation in a way that places obligations on both Marketing Authorisation Holders (MAH) and full-service healthcare distributors, as most importantly provide the "**right to be adequately and continuously supplied**" for full-service healthcare distributors.

GIRP calls for the European Commission to work with Member States to ensure the accurate interpretation of this provision in national legislation (as it is the case in Belgium, France and Germany) which should provide for an **auditable and enforceable right for full-service healthcare distributors to be appropriately and continuously supplied with the full range of products by MAHs** in order to fulfil the needs of patients in the Member States in an appropriate manner. Full effective implementation can ensure that **appropriate levels of buffer stocks** are maintained at national and European level to help mitigate medicines shortages and effectively prepare for health emergencies such as possible future waves of the COVID-19 pandemic or other cases of force majeure. Such measures must provide for adequate financial protection in the event of stock not being needed.

If there is a justifiable need to impose supply quotas for medicinal products due to a national shortage, full-service healthcare distributors should be made aware of the existing or anticipated shortage and informed about their respective allocated quantities in advance (no "black-box" quotas with unknown amounts of products per distributor or warehouse) to allow optimised allocation of the available quantities of medicines to the dispensing points across the national territory. **Supply quotas in general are highly problematic** and should be abolished based on legal and ethical grounds. The practice of supply quotas cannot be reconciled with Public Service Obligations (PSOs) or public service functions, as they can force full-service healthcare distributors in turn to apply quotas to pharmacies and are therefore rather contributing to the occurrence of shortages than avoiding them.

4. Streamlining the wholesale licensing system and differentiating full-service healthcare distributors / full-line wholesalers by law

In order to improve safety and reliability while removing inequity from the supply chain, a distinction should be made between full-service healthcare distributors (pharmaceutical full-line wholesalers) - who ensure the continuous availability of all medicines and healthcare products they can procure within the limitations of the legal framework and market conditions - and other actors, storing and distributing by choice only a selective range of products. **GIRP therefore calls for a general revision of the wholesale distribution licensing system, differentiating full-service healthcare distributors by law**. Full-service healthcare distributors require a license to operate yet some operators are not required to hold such authorisations. The National Medicines Verification Systems (NMVS) could act as indicator of active wholesale distribution authorisations and distributors not connected should see their license revoked. Ultimately, a single European licensing system – as it is the case for the distribution of veterinary products - would simplify the supply chain and regulatory processes.

5. Advancing the EU Single Market for Medicines[1]

GIRP believes that a balance is to be found between the needs of governments and healthcare systems to contain healthcare spending and the need to provide the most efficient and innovative medicines to all European citizens through **the advancement of the EU Single Market for medicines**.

GIRP calls on the European Commission to propose that the issue of pricing and reimbursement for centrally (EMA) registered products should be separated from the availability of centrally registered products on national markets. **In case of a detachment of pricing and reimbursement, products could be immediately placed on the market** (with a European or a multi-country package including all necessary national requirements) after the centralised marketing authorisation has been granted. Pharmaceutical manufacturers should be able to set an ex-factory price of their medicine for the whole EU market. Due to the principle of subsidiarity, Member States would then have to decide upon the public price and the reimbursement of the product. Derogations should be applied for Member States where the access to the market is not possible prior to a reimbursement decision. According to these derogations, a pharmaceutical product could access the market prior to a reimbursement decision based on a freely set ex-factory price.

Manufacturers at production level (or pre-wholesalers contracted by the manufacturers to do this) should have the right to make the **necessary adaptations to the 'blue box' in accordance with the national requirements of an already standardised package**, without having to obtain an additional manufacturing authorisation, so that the same medicines can be made available throughout the European Single Market. The existence of a single manufacturing authorisation valid for the entire EU granted by the EMA, together with the marketing authorisation, **could be a first step towards a real Single Market for medicines** and would **at least ensure immediate availability of the most innovative medicines for all European citizens**.

Temporary restrictions to the free movement of medicines through controls of parallel exports for specific listed medicinal products may be considered suitable only if they are **in conformity with the 2018 clear recommendations of the European Commission**, laying down that these restrictions should:

- apply only to medicinal **products for which a shortage is likely or certain** to occur and if the medicinal product is part of the essential medicines list;
- are **established by a medicine's agency** or an independent third-party **which can verify** the potential for a shortage of a particular product;
- are established through **transparent and auditable criteria** that are known in advance having been confirmed following a consultation of all supply chain stakeholders;
- **take into account the possibility of substitution** or the availability of alternative treatments in the Member State concerned;
- are **revised on a regular basis** taking into account the latest occurrences or risks of shortages of essential medicines for public health;
- are **proportionate to the prevention of shortages**, transparent and communicated in time;
- are open to be contested before court / administrative bodies by all stakeholders.

We strongly encourage the European Commission as guardian of the EU Single Market to take a more active role in monitoring national export restrictions and counteracting any disproportionate measures.

1 See GIRP position paper: Advancing the Single Market for Medicines

6. Mitigating medicines shortages through information sharing at European level

Full-service healthcare distributors play a vital and crucial role and function in managing the supply of medicines to pharmacies, hospitals (in some countries) and other dispensing points in such a way that patients in Member States can be assured timely, fair and equal access to medicines. If full-service healthcare distributors were to process orders received from retail pharmacies and other dispensing points strictly according to the 'first come first served' principle, a misallocation of medicinal products could occur, causing some pharmacies and patients to remain empty-handed. In order to prevent this from happening, **full-service healthcare distributors have to optimise available stocks** and adapt incoming orders to ensure that all pharmacies receive a fair and balanced share of available stocks. To be able to do so, they **must be kept informed of any anticipated and existing shortages** to allow for a fair and equitable allocation of products. This allocation is performed by reference to available data (including stock level data) and based on experience.

GIRP therefore calls on regulatory authorities to **implement a European-wide early warning system for anticipated and existing shortages,** involving all supply chain stakeholders, from manufacturers, full-service healthcare distributors (pharmaceutical full-line wholesalers), pharmacists to prescribers, the national competent authorities and EMA for coordination at European level.

Additionally, legislation should foresee the **obligation of early notification of shortages by MAHs** to full-service healthcare distributors (as well as to the National Competent Authorities), contributing to better stock management and supply.

GIRP has analysed **shortages monitoring systems in the EU Member States** which include signals from the market and has identified best practice infrastructures in Member States across Europe: France, Spain, The Netherlands and Bulgaria.
From the study of these systems, GIRP sees a set of points to be considered in the building of a European-wide early warning system:

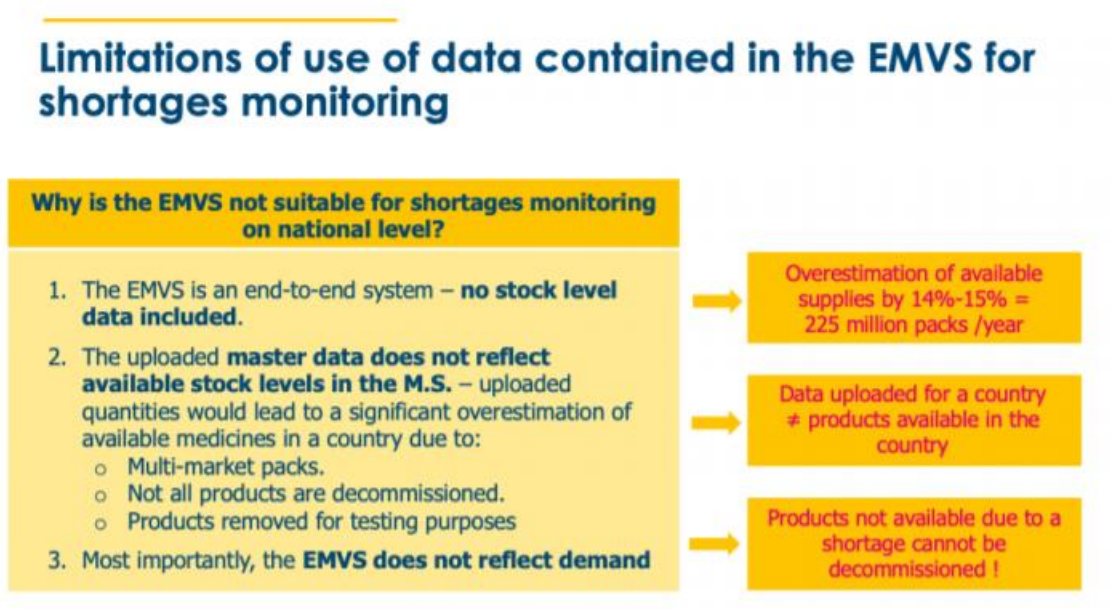
- **All and every stakeholder from the pharmaceutical supply chain must be involved.**
- Critical to define which **kind of data must be recorded** (to be organised at national level).
- **Data must be scrupulously safeguarded.**
- The system should focus on early-warning, with 2 entries of notifications:
  - **Signals from market**, based on demand, and
  - **Communication from manufacturers** on anticipated and confirmed shortages as well as on actions they intend to undertake to mitigate the shortage of products
- Second layer of interpretation operated by NCAs: **severity and expected duration**.
- NCAs are crucial partners in establishing this system and must take the lead.
- The system should be **built on existing infrastructure**, such as the e-prescription system.
- **NCAs must focus on the solving of the issue**: short term and long term.
- Implement **harmonisation between countries** to facilitate solidarity.
- System to be **automated** both for collection of data and for reporting.
- System should be **accessible for authorities and stakeholder** of the pharmaceutical supply chain.

Recently, some supply chain actors have been promoting the **European Medicines Verification System (EMVS)** as a solution for the monitoring of medicines shortages and we would like to shortly outline why the EMVS, built to protect patients from falsified medicines, cannot provide an overview of national stock levels and even less so, serve as an indicator of demand.

On the supply side, the deficiency of the EMVS lies in **a huge overestimation of available supply levels** as the data contained therein will – due to multi-market packs among other reasons - always be significantly higher than the number of packs actually shipped to the national markets.

Most importantly, however, data about products decommissioned from the system **in no way show the national demand**. Leaving aside the many cases when products are currently not decommissioned - especially in case of a shortage – there are no products available to be decommissioned and therefore the figures would be highly misleading and lead to **wrong conclusions on demand with a detrimental impact on patients' access to medicines.**

For more information, please follow this link.



Master data sets generated by the MAHs to upload their data to the EMVS (and later on to be used in the SPOR database) can be a very useful basis for **stock level information**. GIRP recommends a real time reporting by MAHs of available stock levels of medicines on national level as **the only reliable source for monitoring the supply situation**.

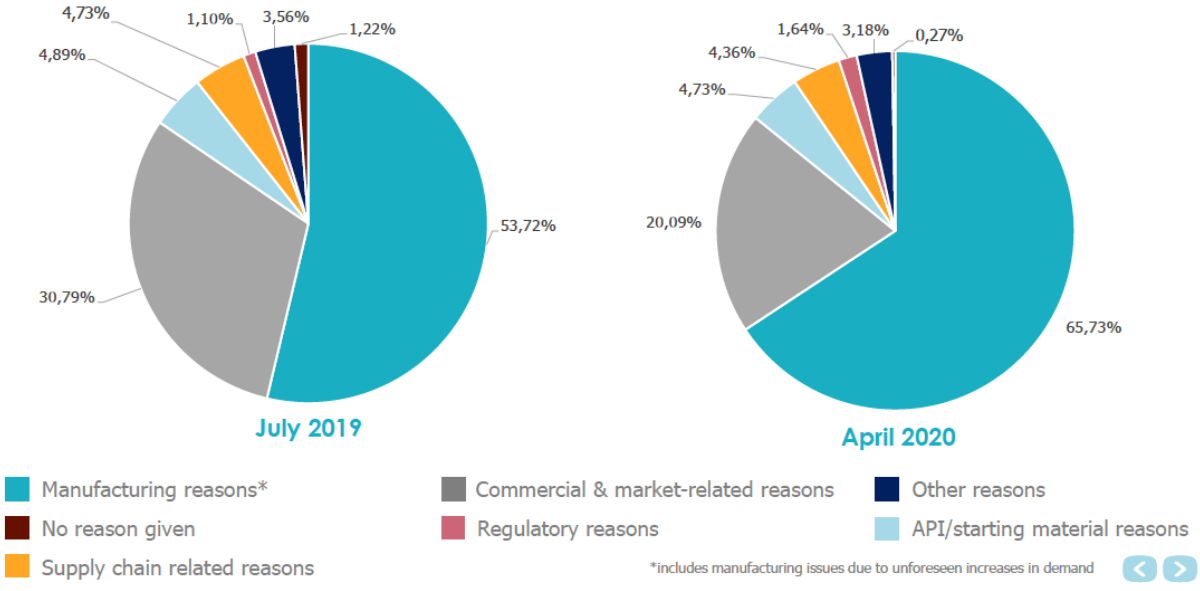
E-prescribing systems, which have been swiftly advancing especially during the COVID-19 crisis, can serve as basis for the most accurate estimation of demand.

GIRP has analysed the lists of medicines shortages published by the Member States in July 2019 and again in April 2020 during the COVID-19 crisis. From the currently still 28 EU Member States only 17 countries have published a list of medicines in shortage, with inconsistent updating of said-lists, and only 11 countries have included their root causes – however - with very different degrees of granularity. Please find some of our findings on the root causes for shortages, summarising 11 countries under this link.

Parallel trade, often quoted as a reason for shortages, is only listed in Spain as one of the root causes. A back-data analysis impressively demonstrates that Spain could decrease shortages caused by parallel trade from 2 % in 2018 and to 0,2% in July 2019.

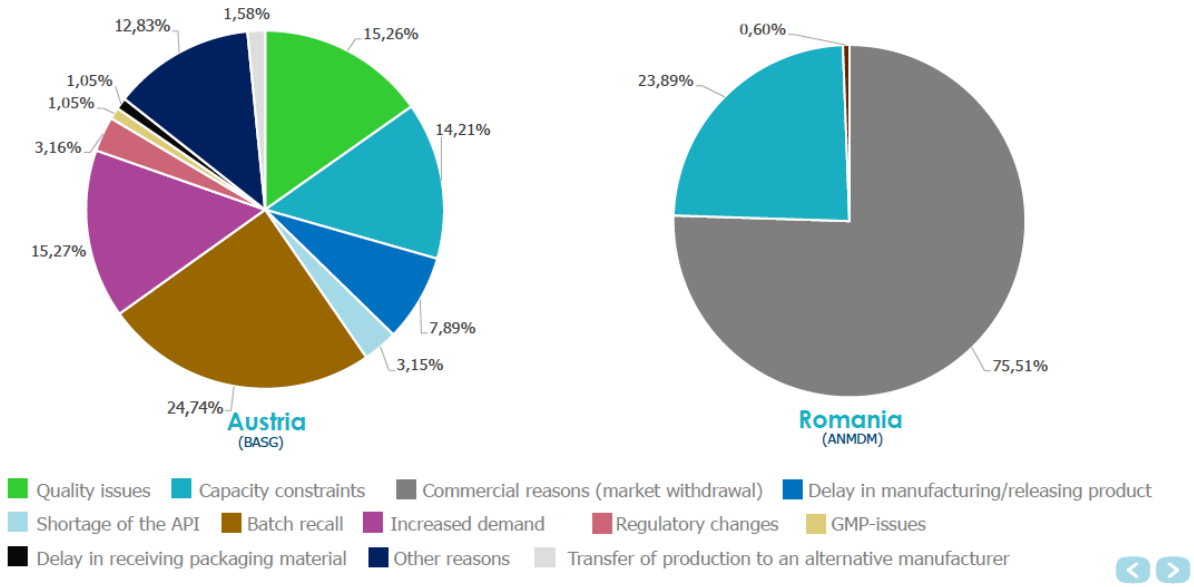
Causes of supply disruptions – Summary

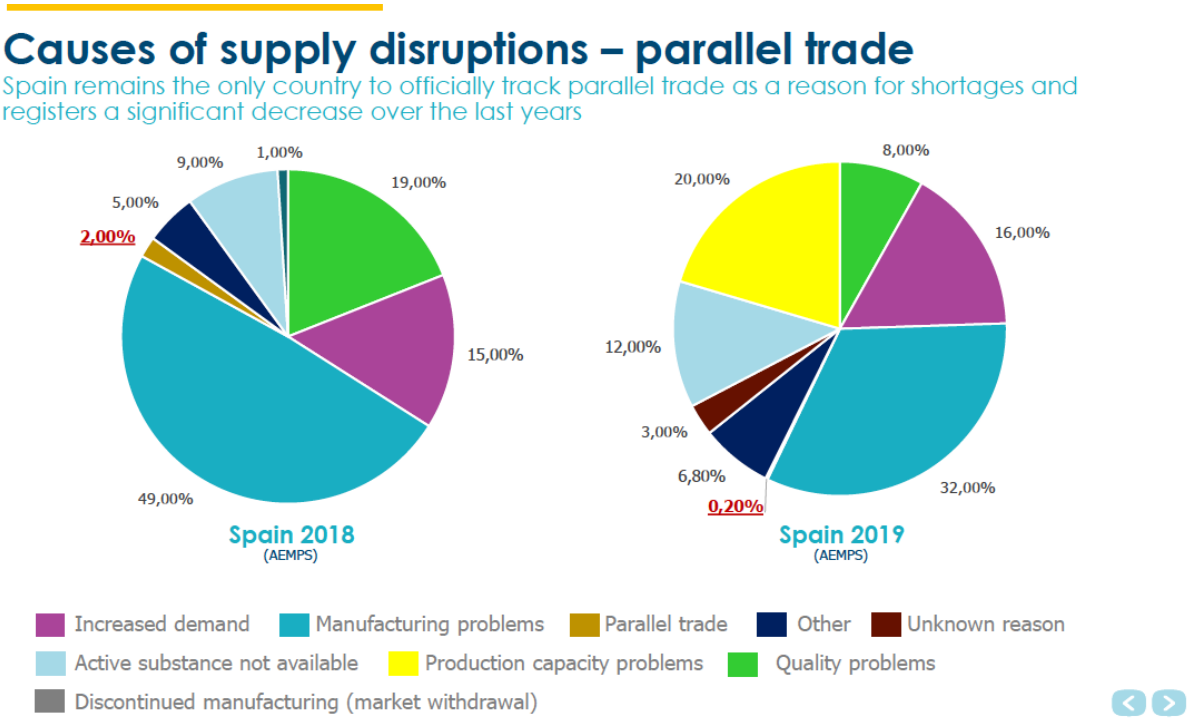
Driven by an unexpected increase in demand of medicines during the COVID-19 pandemic, manufacturing issues remain the major cause for shortages, directly followed by commercial reasons



Causes of supply disruptions – Granularity of data

Granularity of data varies greatly across EU and some countries consider withdrawal from market of a product a reason for a shortage, others do not





This slide deck shows the results of the GIRP data analysis of root causes of shortages from publicly available sources in European countries

- *First analysis: July 2019, second analysis: April 2020*
- *Databases with public information on root causes of shortage: Austria, Belgium, Croatia, Czech Republic, Germany, Hungary, Ireland, Italy, Norway, Romania*
- *Note: quality and granularity of data as well as periods of updates of information in databases vary greatly from country to country*

Information in databases usually obtained from MAHs with no "signals from the market" (i.e. calculated demand based on no. of prescriptions)
Greater harmonisation and transparency across Europe needed

GIRP therefore recommends the implementation of **EU-wide harmonised categories of root causes** in national medicines shortages databases as well as the **inclusion of the API throughout the EU Member States** as a pre-condition for further comparisons and analysis.
This will drastically increase **transparency** and enable more efficient mitigation of shortages impact by, for example, importing products from other Member States and a more efficient tackling of root causes.

7. Lessons learned from COVID-19 crisis for the availability of medicines in Europe

Over the past months during the ongoing COVID-19 crisis, full-service healthcare distributors have proven time and time again **their resilience and efficiency in ensuring the continuous supply of medicines**. Across Europe retail pharmacies, GPs and hospitals have been confronted with an **unprecedented level of demand from customers and patients**. Full-service healthcare distributors were able to respond to the high number of orders in a timely manner with great additional efforts. Citizen, government, customer, and patient confidence in the supply chain at community pharmacy level has been maintained.

In order to respond to future threats from the COVID-19 crisis, full-service healthcare distributors have rapidly developed coordinated contingency plans and aligned their quality and risk management systems to ensure and guarantee a continuous supply of medicines needed. This allows for the deployment of measures at short notice to respond to newly arising needs during eventual subsequent waves.

Information recorded since February 2020

- **Demand**
  - Demand for medicinal products **rose sharply** in the weeks shortly **before and after lockdown due to patients stockpiling**
  - **Drastic drop in demand after 4-6 weeks of lockdown** due to earlier peak of sales (up to 20% below levels of the same period in previous year) and major reduction in patient footfall in pharmacies – volumes and sales at unsustainable levels
  - Full-service healthcare distributors heavily invested in staff, systems and stock to maintain the continuous supply of medicines and medicinal products and distribute them in an equitable manner

- **Supply**
  - Demand peaks led to **back orders** of products from pharmaceutical manufacturers, while stock levels at full-service healthcare distributors' sites were soaring to secure highest possible service levels after initial peak sales → much uncertainty over future inbound supplies
  - **Some critical products experienced shortages** (e.g. paracetamol, antibiotics, IU medicines) due to high demand levels, significant shortages regarding Personal Protective Equipment (PPE), disinfection solutions and gels also for own staff!
  - **Shortages exacerbated by export bans within EU** (significantly impacting parallel trade) and from countries (e.g. export ban of certain APIs from India) and by **disruption in supply chains** due to lockdowns (e.g. China)

- **General**
  - In many countries full-service healthcare distributors had to reduce service-levels to reflect manpower limitations (up to 30% in some distribution centres and pharmacies due to self-isolation and illness) (e.g. moving from multiple daily deliveries to once a day delivery, moving from normal orders to consolidated orders, and from full SKUs to reduced / priority SKUs)
  - However, patients received their required medicines through the dedicated work of full-service healthcare distributors and their dedicated staff!

Problems encountered & measures taken by MS or at EU level

Problem	Measure
Restricted areas in EU MS caused problems for full-service healthcare distributors to access quarantined areas/red zones and initially rendered delivery of medicines difficult	**Official recognition** of full-service healthcare distributors as **critical infrastructure,** permitting staff to access the logistic centres and drivers to enter quarantined areas to deliver medicines to pharmacists, hospitals and other dispensing points (with exception of following countries: Estonia, Latvia, Lithuania, France and Slovenia)
MS closed borders and applied border controls at the beginning of the crisis, which considerably impacted the transport of medicines for all actors in the supply chain.	The **creation of green lanes** proved very helpful and opened essential transportation routes.
The ban by some MS of certain medicines and medical equipment from being exported to other EU countries inhibited the free flow of crucial medicines within the Single Market and created shortages across the EU	No significant counter measures taken at EU or MS level which exacerbated the situation of medicines shortages across the EU. However, MS gradually lifted export restrictions

Problem	Measure
Shortage of medicines due to hording at hospital, pharmacy and especially patient level	Some MS reacted by imposing quotas on patients (e.g. for paracetamol)
Shortage of PPE and sanitisers have led MSs to take at times unreasoned measures such as stock seizing and taking over the management of supplies, thereby interfering in market dynamics	No significant counter measures taken
Shortage of PPE for healthcare distributors (warehouse workers and drivers) – despite recognition as critical infrastructure in most EU countries	No significant counter measures taken at EU or MS level (partly due to overall shortage in PPE equipment)

Proposals for Measures for increased resilience: MID-TERM

- **Ensure the free flow of medicines within the EU Single Market:** only allow temporary restrictions to the free movement of medicines through controls of (parallel) exports if they are in conformity with the set of clear EC recommendations and for specific listed medicinal products.
- Ensure recognition of full-service healthcare distributors as **critical infrastructure in order to be able to fulfil their obligations** of a fair and equitable distribution of medicines to patients in Europe.
  - Special permits for drivers to allow access to quarantined / locked-down / restricted areas and to travel without restrictions
  - Staff permitted to travel to their work sites, because of their direct contact to pharmacies and pharmacy staff.
  - Special status for premises to have "rapid decontamination" or deep cleans, if required
  - Staff access to on-duty schools and creches, where possible
  - Staff access to special funding measures, where possible
  - Access to PPE for staff and drivers
  - Support from army or police, if necessary
- **Evaluate the capability of full-service healthcare distributors as the providers of the infrastructure for stockpiling measures for emergency preparedness** with a cost covering remuneration (e.g. in the context of rescEU).
  Full-service healthcare distributors can ensure that medical products are not only safely and professionally stored, but also accessible to all dispensing points in a Member State within a matter of hours. This safeguards the professional, safe, timely, optimised and rationalised handling of medicines, medical products and PPE. Full-service healthcare distributors have the possibility to hold **rotating emergency stocks, preventing products from expiring by applying FEFO (first expired first out) principles**, through the integration of emergency stocks into normal operations (thereby strictly respecting the agreed buffer quantities), which is a unique capability of our sector. In addition, information on available stock levels and quantities can be made transparent to authorities providing a real-time overview of the supply situation by demand demonstrable. Stockholding at national level has played a major role in providing solutions to medicines availability during the COVID-19 crisis to bridge the gap in case of inter-EU border closing as experienced during the first couple of months of the lockdown in Europe. GIRP calls for dialogue with European and national authorities on preparing for this phase.
- Ensure **adequate financial protection** in the event of buffer stocks held by full-service healthcare distributors not being needed.
- **Essential information sharing**, serving for the exclusive purposes of supplying medicines in times of crisis and limited to what is strictly necessary, **should be temporarily exempted from competition and data protection laws.**
- Deviate medicines normally dispensed in hospitals to community pharmacists to be picked-up by out-patients to avoid contamination
- A close collaboration **and exchange between all stakeholders** like regulators, MAHs, full-service healthcare distributors, pharmacies, hospitals, and payers is **crucial to tackle the multi-faceted**

challenges of this crisis and to ensure continuous availability of medicines to European patients.

- In case of a second, and possible subsequent waves, of COVID-19 outbreak, an immediate increase of demand is likely to occur. In the event of a subsequent wave or for further crisis, GIRP calls on all NCAs to **enable stock optimisation measures to be introduced by full-service healthcare distributors or their customers on patients to restrict deliveries or the number of products dispensed to ensure availability of products for other pharmacies, hospitals, clinics and ultimately patients** who also need treatment. Governmental, physician and pharmacist driven communication towards patients should be in place to prevent over-stocking at patient level.

Proposals for Measures for increased resilience: LONG-TERM

- Full-service healthcare distributors' **competence could be further utilised to support and ensure the supply of medicines to hospitals**, in addition to nursing and special care homes (under pharmacy supervision).
- The **financial viability of full-service healthcare distributors** has **to be ensured** to safeguard the long-term resilience of the healthcare distribution system. Healthcare distributors already suffer in several EU Member States from precariously low margins which cannot sustain the permanent availability, immediate commissioning and distribution as well as the significant buffer stocks of all medicines, regardless of their price and contribution to the result (the storage and distribution of loss-making products cannot be discontinued).
- **Increase EU competency in health policy will help to coordinate and streamline national measures to ensure a better health outcome for European patients**.

ABOUT GIRP

GIRP, the European Healthcare Distribution Association, is the umbrella organisation for pharmaceutical full-line wholesalers and distributors of healthcare products and services in Europe. It represents the national associations of over 750 pharmaceutical wholesalers serving 33 European countries, as well as major international and pan-European healthcare distribution companies. GIRP members employ over 140,000 people and distribute around 15 billion packs of medicines as well as a wide range of healthcare products per year. As the vital link in healthcare, they are committed to developing and providing innovative and efficient healthcare products and services to improve health and wellbeing of patients across Europe.