

Press release

Medicines shortages - a top priority for healthcare distributors

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Brussels, Belgium – On the occasion of its Autumn Meetings, the European Healthcare Distribution Association (GIRP) places medicines shortages at the top of its policy priorities.

Bernd Grabner, President, GIRP, is acutely aware of how “shortages in the EU are a growing problem across all countries and have become a major media headline and political concern everywhere”. Shortages are not a new issue, however “European, national authorities and supply chain stakeholders are facing extreme and mounting pressure to find urgent solutions to what has become an intolerable situation for patients”.

Root causes for shortages

The GIRP President speaks about the reasons for shortages “which are many and include technical, quality and economic issues at manufacturing level, lack of investment in production capabilities, too low pricing, unexpected demands, and supply disruptions”.

What is striking in Grabner’s view is how “the causes do not contribute equally to the number of incidences of shortages.” He explains how based on a review of the websites of national medicines agencies¹, it is clear that manufacturing and quality issues are attributing to the highest number of incidences of shortages. While there is no harmonisation in the categorisation of terms of root causes, it can generally be said, manufacturing/quality related issues account for greater than 60% of cases of shortages, marketing/commercialisation for more than 27%, while parallel trade in Spain, for example, accounts for only 2%. Therefore, the President believes “real causes must be truly acknowledged and addressed with effective and proportionate measures, although it has to be said, that there are no short-term solutions.” Governments are encouraged to focus on the true causes and less on measures which have little practical impact.

Together tackling shortages

Monika Derecque-Pois, Director General, GIRP, argues the need to tackle the real root causes and states that there is a need for “in-depth dialogue with governments and supply chain stakeholders.” “Our members” she continues, “can for their part focus on optimal allocation of the available market supply and help mitigate the impact of a shortage by keeping buffer stocks.” “There is a need”, she states, “for a monitoring system which not only use notifications from manufacturers but takes the signals from the market about lacking medicines into account.” To this end, the conference today, she said, “is aimed at comparing systems involving all supply chain stakeholders and our objective is to establish requirements for a shortages’ monitoring system apart from manufacturers notification systems.”

Addressing recent calls from some stakeholders and authorities to use the European Medicines Verification System (EMVS) for shortages monitoring, Bernd Grabner disagrees. “The system is not designed for this purpose” he explains. To do so, he outlines, “will require a significant re-design and major industry investment. It can only meet this expectation when it contains accurate stock level data.” At the moment, he points out, “the system does not contain actual stock level data. As not all packs are checked-out of the system, it contains multi-country packs, which are counted for all countries where they could be potentially sold in the number of packs uploaded in the system leading to a huge overestimation of available supplies. On the other hand, there

¹ Austria, Belgium, Croatia, Czech Republic, France, Germany, Hungary, Ireland, Italy, Norway, Romania and Spain.

is a complete lack of demand side data. Demand side data can only be available through a link to full e-prescription systems in the countries".²

Can only supply what is received

"Healthcare distributors are only in a position to supply what they themselves receive", Derecque-Pois states. While acknowledging there is sometime a need for authorities to address a genuine shortage due to exports, "restrictions, which result in temporary barriers to the single market, should only be deployed when necessary and appropriate to achieve their objective". Restrictions of supply must be adopted based on transparent, publicly available and non-discriminatory criteria that are known in advance by healthcare distributors. The restrictions she argues "must clearly follow the criteria established by the European Commission for this purpose."³

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European Healthcare Distribution Association (GIRP) ([website](#))

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 34 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.

² GIRP reflections on potential use of data contained in the EMVS for shortages monitoring (http://girp.eu/sites/default/files/documents/girp_position_on_use_of_emvs_for_monitoring_of_shortages.pdf)

³ Paper on the obligation of continuous supply to tackle the problem of shortages of medicines Agreed by the Ad-hoc technical meeting under the Pharmaceutical Committee on shortages of medicines on 25 May 2018