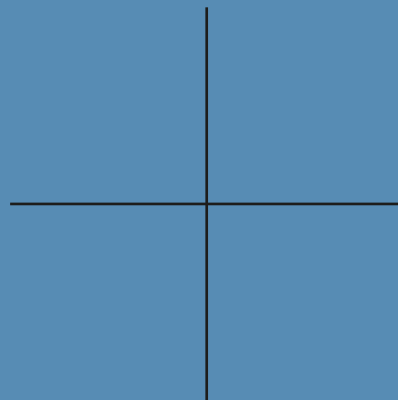


European Federation of Pharmacy Chains



Annual report 2020

Annual report 2020

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Foreword

Letter from the EFPC Head of Executive Board

Dear Friends,

The present Annual Report summarises activities carried out by the European Federation of Pharmacy Chains (EFPC) in the past year. The pharmacies our federation represents become part of the front-line health care during the pandemic that began in the spring of 2020. In view of that, as well as due to other factors, the pharmacy sector, as numerous others, has been impacted by the globally spread disease.

In this regard, I am happy to report that the EFPC has proved its viability despite the extremely complicated circumstances. We have been joined by an important member (Poland), work continued on enlarging the scope of the federation's activities.

As a result of complications caused by restrictions imposed to curb the pandemic, which included limited personal contact and made it virtually impossible to plan international travel due to prohibitions, we were forced to carry out all communication on a long-distance basis. Despite these limiting factors, EFPC's members demonstrated their ability to cooperate effectively, which is a basic condition for maintaining the federation in an operational state.

Even though the pandemic forced us to cancel the second edition of our expert conference planned for the fall of 2020, conditions were created thanks to a joint effort for rescheduling the event to the early days of 2021. This way, we were once again able to provide a platform for the presentation of expert standpoints, qualified comments, and objective analyses.



Daniel Horák, Head of Executive Board, EFPC

Although the conference does not chronologically fit within the scope covered by the 2020 Annual Report, it deserves to be mentioned because it took place during the first year of the pandemic. I want to add that this virtual event, which was organized mainly thanks to colleagues from Romania and the Czech Republic, featured erudite lecturers, as a result of which the conference was well received by pharmacy sector professionals. The video link between the virtual studios in Bucharest and Prague proved to be the ideal format, attractive for the featured speakers and viewers alike.

To conclude, I cannot fail to mention the grass roots of our federation, namely chain pharmacies in five countries and the health professionals they employ. I want to use this opportunity to express my admiration and gratitude to all of them for the courage, hard work, and dedication to quality with which they have provided pharmacy services. This way, they have helped fulfil one of the objectives defined by the EFPC upon its establishment: protecting the patient's interests.

Daniel Horák

Head of the Executive Board, EFPC

Membership

EFPC Members and Observers in 2020

It has been two years since the European Federation of Pharmacy Chains (EFPC) was founded by three national associations. The EFPC has had five regular members since 2018. This year, we proudly announced that PharmaNET, the Polish pharmacy association that has been associated with the EFPC since its establishment, became the fifth EFPC regular member on 4 October 2020. We are pleased that Marcin Piskorski, the Chairman of the PharmaNET's Administrative Board, became part of the EFPC Executive Committee. This extension enriched the EFPC activities and expand topics to focus on.

Unpredictable situation of Covid-19 which all the world was interfaced changed the EFPC plans as well. The EFPC has been affected by COVID-19 as other organizations and society on the whole. Because of the pandemic, travel restrictions, and the availability of transport in Europe, face to face meetings with potential members/observers have been postponed until after the pandemic. Despite this the Board members were active and initiated online meetings and stayed in touch with all of the potential members and partners of the EFPC and discussions have continued by remote.

As we declared last year, our goal is Serbia become regular member of the EFPC in 2021. We can announce that this goal is in process and the membership of Serbia is possible as never before.

In the end, in the autumn of 2020, the Association of Private Pharmacy Chains Belgrade was founded by three Serbian pharmacy chains: Dr. Max, BENU, and Vega. The constitutive meeting was attended by the EFPC 's representatives via ZOOM.

Serbia is a candidate country scheduled to apply in 2021.



2020

- 5,550 pharmacies
- 31,700 pharmacy experts
- 5 members

Czech Republic:

- Number of public pharmacies: 2,450 (+250 OOV L)
- APLS: 650 pharmacies (approx. 26% market share)
- Pharmacy professionals: 4,000

Romania:

- Number of public pharmacies: approx. 9,360
- ADRFR: 1,251 pharmacies (approx. 13% market share)
- Pharmacy professionals: 6,204

Slovakia:

- Number of public pharmacies: approx. 2,150
- APSL: 418 pharmacies (approx. 20% market share)
- Pharmacy professionals: 2,200

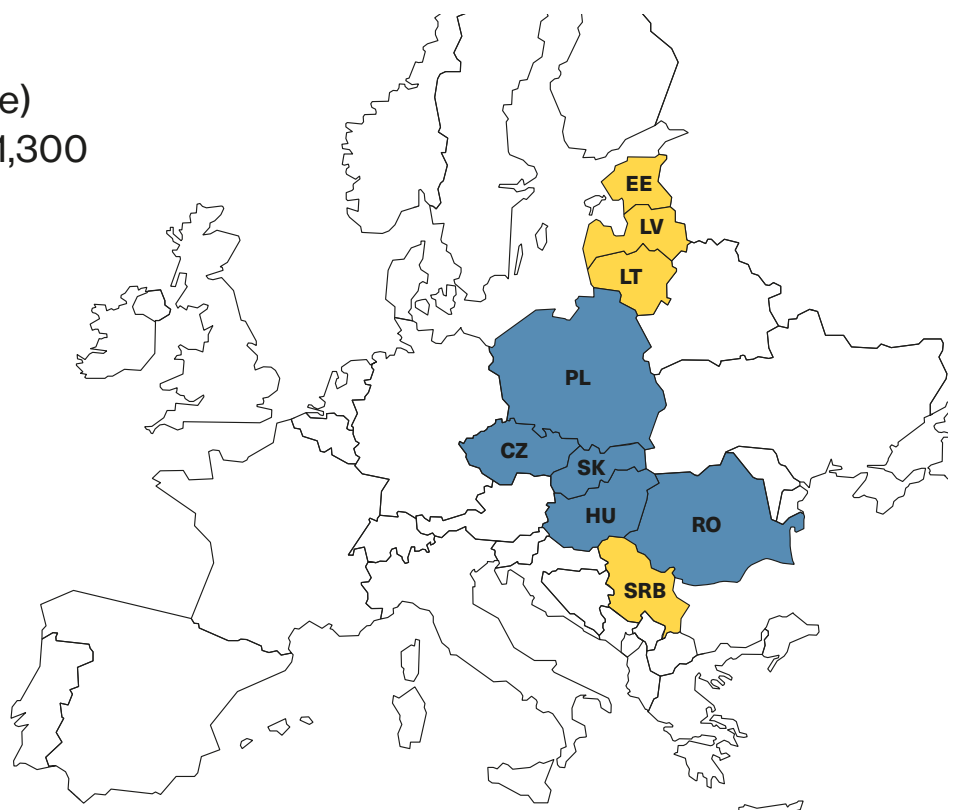
Poland: (since October 2020)

- Number of public pharmacies: approx. 12,300
- PharmaNET: 3,000 pharmacies (approx. 25% market share)
- Pharmacy professionals: 18,000

Hungary:

- Number of public pharmacies: approx. 2,400
- HGYSZ: 248 pharmacies (approx. 10% market share)
- Pharmacy professionals: 1,300

- Member countries
- Observers / Membership negotiations





Marcin Piskorski, Member of Executive Board, EFPC

Poland becomes the fifth member country of the European Federation of Pharmacy Chains

The Polish Association of Pharmaceutical Employers PharmaNET joined the European Federation of Pharmacy Chains (EFPC) as its fifth member country in October 2020. Apart from Poland, the EFPC's members include pharmacy chain associations from the Czech Republic, Hungary, Romania, and Slovakia. Overall, the EFPC represents more than 5,500 pharmacies and 31,700 specialists from Central and Eastern Europe.

The Polish Association of Pharmaceutical Employers PharmaNET represents over 3,000 pharmacies and 18,000 pharmacy professionals, which translates into 25% of the entire pharmaceutical sector in Poland. According to Executive Director Zdeněk Blahuta, Poland's joining of the EFPC has been long overdue, "We are very pleased that Poland has finally become a regular EFPC member because PharmaNET officials helped during the establishment of our federation and took active part in defining its mission."

PharmaNET brings to the EFPC its expertise and experience from the Polish market, where significant intrusions into the ownership rights of pharmacy owners have taken place in recent years. "It is the long-term objective of all EFPC members to use the federation as a platform for opposing such intrusions into matters of private ownership. All EFPC members are resolved to do their utmost to prevent such actions and efforts as well as to provide information about the consequences for patients of disparities caused by such interventions," said Daniel Horák, EFPC Executive Committee Chairman.

The Sejm, the Polish parliament's lower house, is currently debating a bill of the Pharmacist Profession Act (UoZF), which patients, pharmacy owners and workers, and pharmaceutical wholesalers regard with significant concerns. If the proposed legislation enters into effect, the

continuity of supplies to pharmacies might be disrupted, which would hinder patients' access to medications.

“Until now, the bill contained a clause stating that the license of a pharmacy or a pharmaceutical wholesaler can be revoked if its operator continues to violate professional independence requirements that apply to pharmacists. However, one of two amendments that have been introduced proposes that a pharmacy license could be revoked already if such a violation were no more than suspected. It means that a simple disagreement between a pharmacist and the operator of a pharmacy could be used as pretext for revoking the pharmacy’s license,” explains Marcin Piskorski, Chairman of the PharmaNET’s Administrative Board.

“The other amendment, which complements the first one to some extent, aims to introduce the option to shut down a pharmacy, or even a pharmaceutical distributor, effective immediately for a period of up to three months. All things considered, running a pharmacy in Poland is becoming a highly risky business,” Piskorski adds.

Piskorski points out that the recent legislative developments would not improve the quality of pharmaceutical care and are liable to jeopardize the availability of pharmacy services for all patients in Poland.

Highlights of the Year

- 8 July 2020
Pan-European survey about COVID-19 in pharmacies
- 13 August 2020
EFPC members survey about patient services
- 15 October 2020
APAVision podcast session “Pharmaceutical care in Europe face to face the pandemic“
- 10 March 2021
2nd EFPC Conference “Pharmacy Care — Beyond the Pandemic“

Pan-European survey about COVID-19 in pharmacies

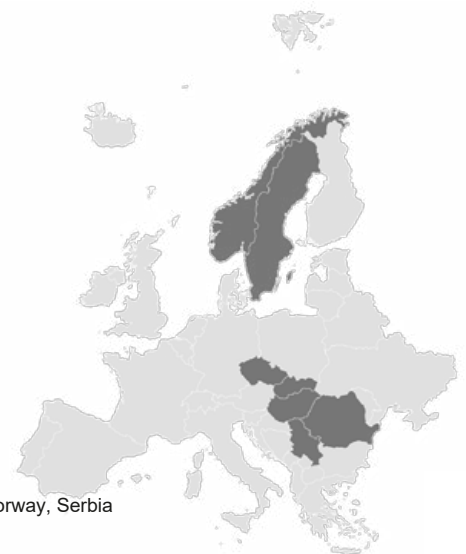
European pharmacy chains on the front line in fighting COVID-19

The results of a survey conducted in June by the European Federation of Pharmacy Chains (EFPC) shows that pharmacies provided healthcare to patients in Europe while it was restricted or completely unavailable during the COVID-19 pandemic. Thanks to rapidly adopting a variety of safety precautions, pharmacies were able to remain open and continue serving patients. In some regions, pharmacies remained the sole available providers of healthcare.

As many as 97.5% of pharmacy outlets of European operators of pharmacy chains stayed open during the COVID-19 pandemic and continued to provide primary healthcare to patients. The data have been published by the European Federation of Pharmacy Chains based on a questionnaire survey. According to respondents, the most important measures included introducing strict hygienic requirements for both staff and patients and modifying the opening hours.

97,5 %
average

pharmacies have
remained open during
the coronavirus crisis.



Participating countries: Czech Republic, Slovakia, Hungary, Romania, Sweden, Norway, Serbia

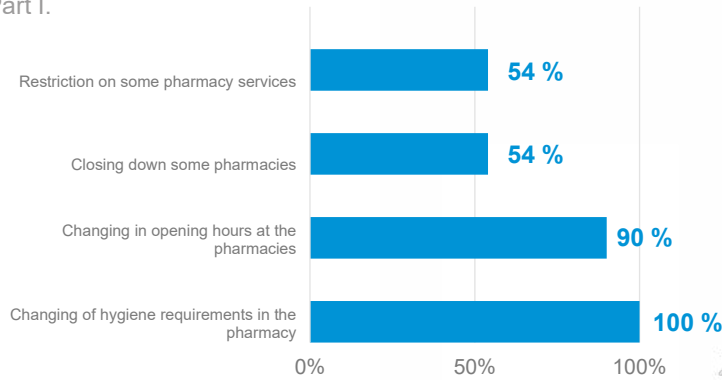
“During the pandemic, chain operators had to show a considerable degree of flexibility. Many of them had to introduce new pharmacy services virtually overnight in line with the laws in effect in their respective countries in order to deliver services to patients who were quarantined or self-isolating. Another group were vulnerable people who had to stay at home for safety reasons,” explained Daniel Horák, the Chairman of the European Federation of Pharmacy Chains. In this regard, one fifth of European pharmacy chain operators reported that they introduced home delivery of medicinal products.

In connection with the COVID-19 pandemic, debates have begun in many countries regarding amending the law to allow new services, such as Rx online, vaccination in pharmacies, and using pharmacy outlets as accessible contact points in the prevention of future pandemics.

All respondents from the ranks of pharmacy chain operators stated that in order to continue providing service, they had to adopt strict, costly measures to protect not only patients, but also, and more importantly, pharmacy staff. The most frequently implemented measures included safe distancing requirements between patients as well as between patients and staff members. As many as 80% of the measures taken consisted of procuring and regularly distributing personal protective equipment for pharmacy workers. Protective devices included facemasks, respirators, gloves, safety goggles, and face shields. The cost of personal protective equipment was paid for by pharmacy chain operators with the exception of the Czech Republic, where protective devices were distributed to pharmacists employed by pharmacy chains by the Ministry of Health through their employer while the cost was paid by the government.

Which organizational measures were taken in chain pharmacies of your members (or your pharmacy chain)? *(multiple choice question)*

Part I.

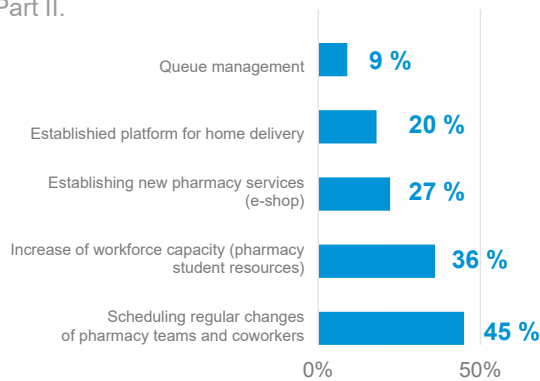


Participating countries: Czech Republic, Slovakia, Hungary, Romania, Sweden, Norway, Serbia, Poland



Which organizational measures were taken in chain pharmacies of your members (or your pharmacy chain)? *(multiple choice question)*

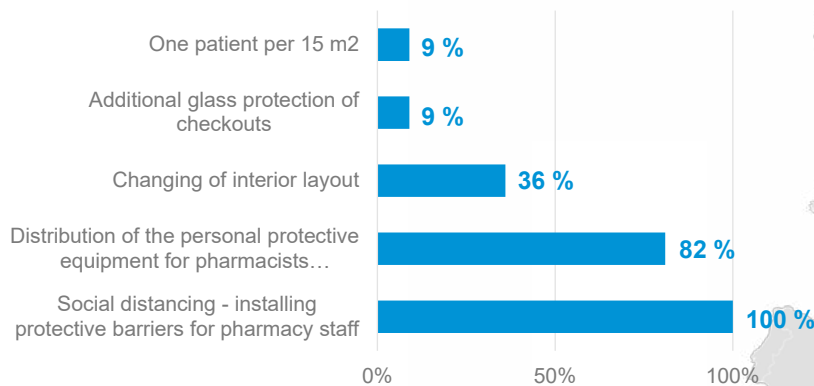
Part II.



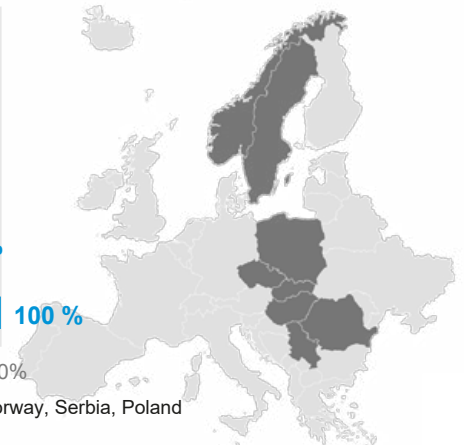
Participating countries: Czech Republic, Slovakia, Hungary, Romania, Sweden, Norway, Serbia, Poland



Which technical measures were taken in chain pharmacies of your members (or your pharmacy chain)? *(multiple choice question)*



Participating countries: Czech Republic, Slovakia, Hungary, Romania, Sweden, Norway, Serbia, Poland



7 %
average

of pharmacists and
pharmacy technicians
weren't able to work
during the coronavirus.

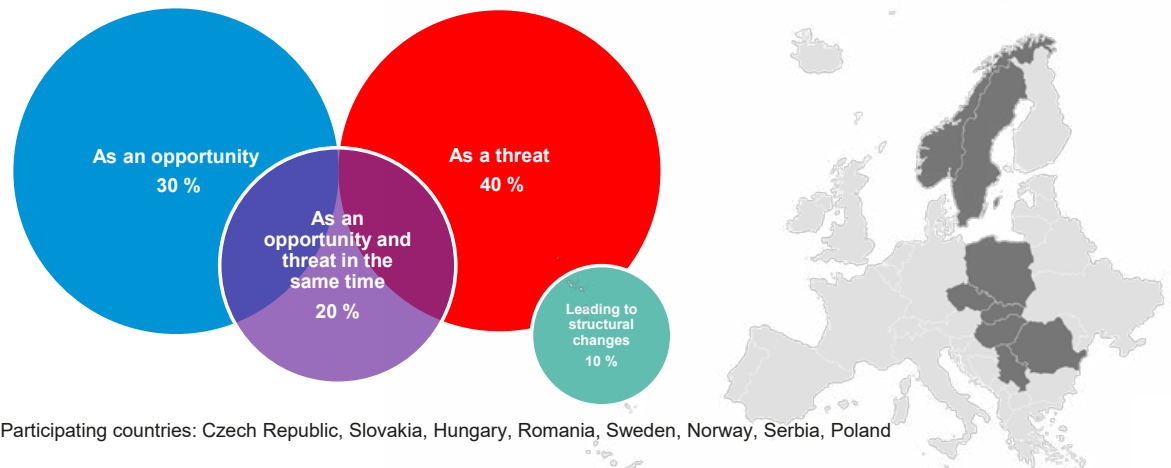
Participating countries: Czech Republic, Slovakia, Romania, Serbia



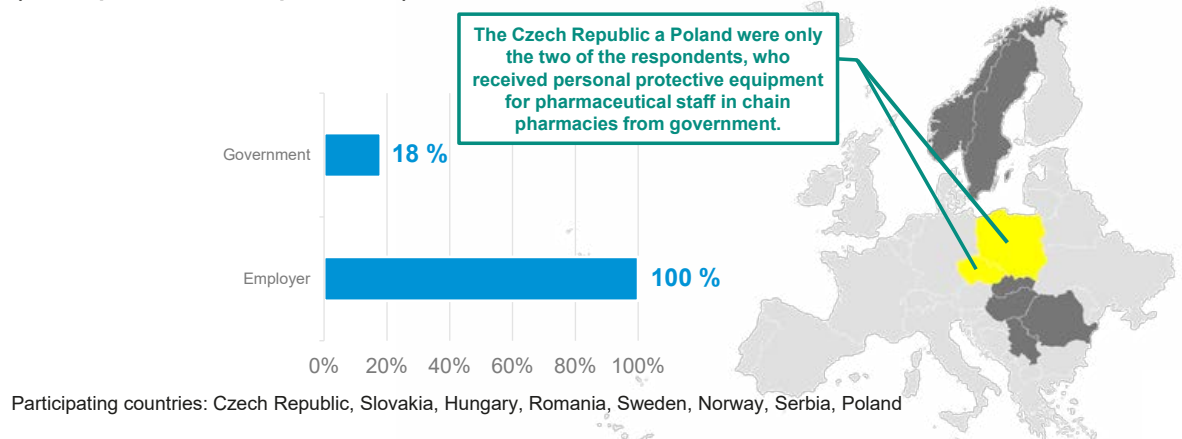
Unfortunately, due to 50% of the adopted measures, the availability of some pharmacy services was restricted. “Most pharmacy chain operators stated that they restricted services involving direct contact with patients, such as measuring blood pressure or blood sugar and providing advice regarding dermatology products.”

Despite the difficulties, 30% of the respondents see the current situation as an opportunity that will lead to positive changes in the development of pharmacy services in their countries. Conversely, 40% consider the current situation a threat to the local pharmacy sector.

How do you analyze current crisis to your pharmacy chain/associated pharmacies (economically, politically, new services, ownership etc.)?



Who did provide the personal protective equipment to the pharmaceutical staff in chain pharmacies of your members (or your pharmacy chain)? (multiple choice question)



The survey included 10 organizations (pharmacy chain operators and pharmacy chain associations) from seven European countries.

EFPC patient services overview

The EFPC done pharmacy services overview in the membership countries in 2020.

Participating countries

Czech Republic, Slovakia, Hungary, Romania, Poland



Healthcare services provided in member's pharmacies:

5 countries of 5 | 4 countries of 5 | 2 countries of 5 | 1 country of 5 | NO COUNTRY



Blood pressure measurement

Czech Republic, Slovakia, Hungary, Romania, Poland

Healthcare services provided in member's pharmacies:

	5 countries of 5	4 countries of 5	2 countries of 5	1 country of 5	NO COUNTRY
 Medicines use review					Czech Republic, Slovakia, Hungary, Romania
 Disposal of medicines waste					Czech Republic, Slovakia, Hungary, Romania
 Night services					Czech Republic, Hungary, Romania, Poland





Healthcare services provided in member's pharmacies:

	5 countries of 5	4 countries of 5	2 countries of 5	1 country of 5	NO COUNTRY
 Smoking cessation					Czech Republic, Slovakia
 Cholesterol measurement					Czech Republic, Hungary
 Glucose measurement					Czech Republic, Hungary
 Weight management					Czech Republic, Romania






Healthcare services provided in member's pharmacies:

	5 countries of 5	4 countries of 5	2 countries of 5	1 country of 5	NO COUNTRY
 Repeat dispensing					Czech Republic, Slovakia
 Emergency contraception					Czech Republic, Slovakia
 Pregnancy test					Czech Republic, Slovakia

Healthcare services provided in member's pharmacies:

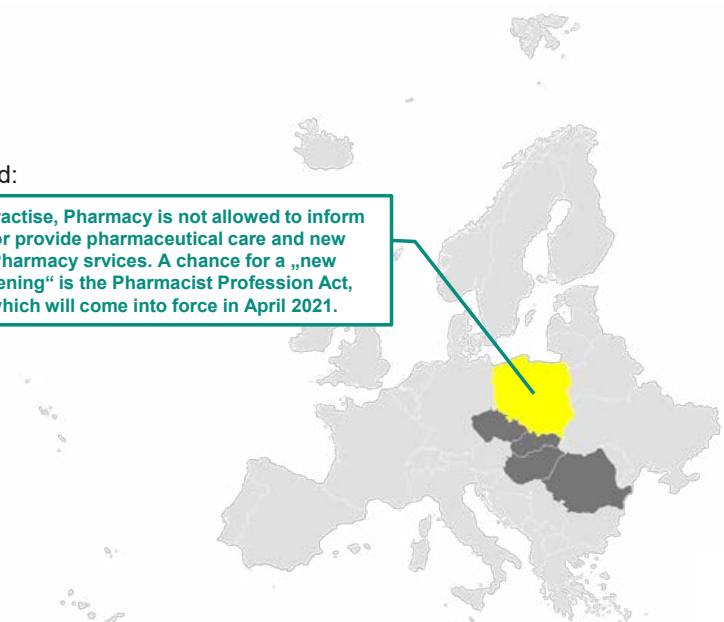
	5 countries of 5	4 countries of 5	2 countries of 5	1 country of 5	NO COUNTRY
 Vascular age				Slovakia	
 Diabetes management				Hungary	
 Alzheimer's disease care				Czech Republic	
 Hypertension management				Hungary	

Healthcare services which aren't provided in member's pharmacies:

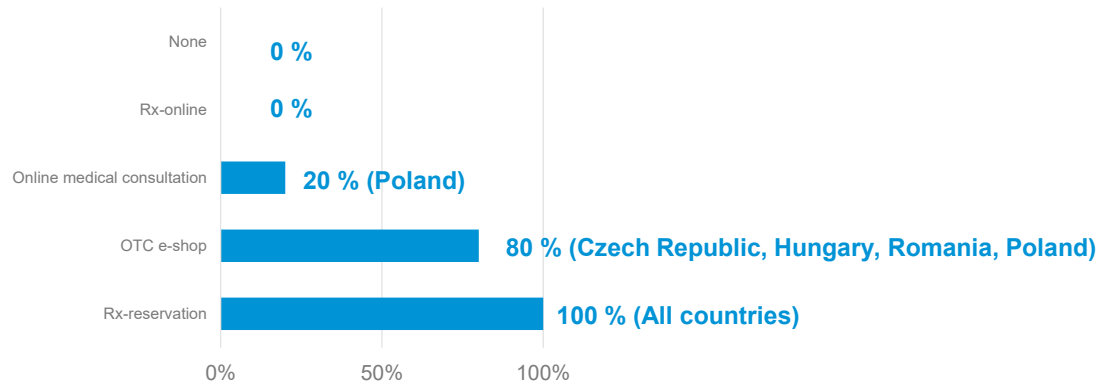
	5 countries of 5	4 countries of 5	2 countries of 5	1 country of 5	NO COUNTRY
 Lung age					
 Early screening and testing					
 Vaccination					
 Astma management					
 Homecare services					
 New medicine services					

Poland:

In practise, Pharmacy is not allowed to inform nor provide pharmaceutical care and new Pharmacy services. A chance for a „new opening“ is the Pharmacist Profession Act, which will come into force in April 2021.

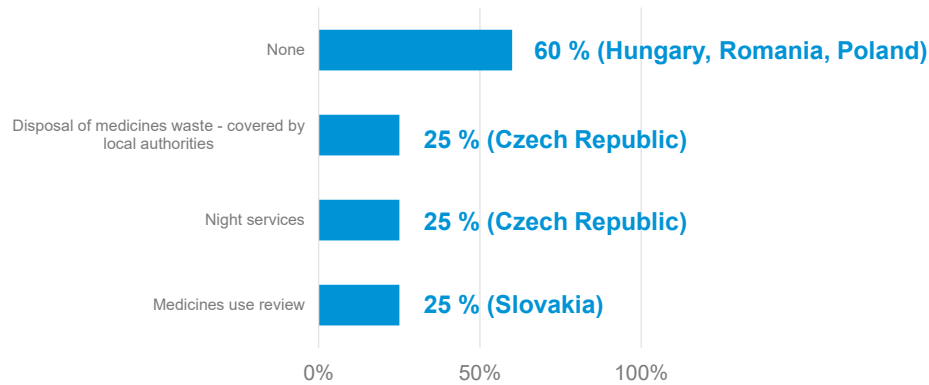


Online services provided in member's pharmacies: (multiple choice question)



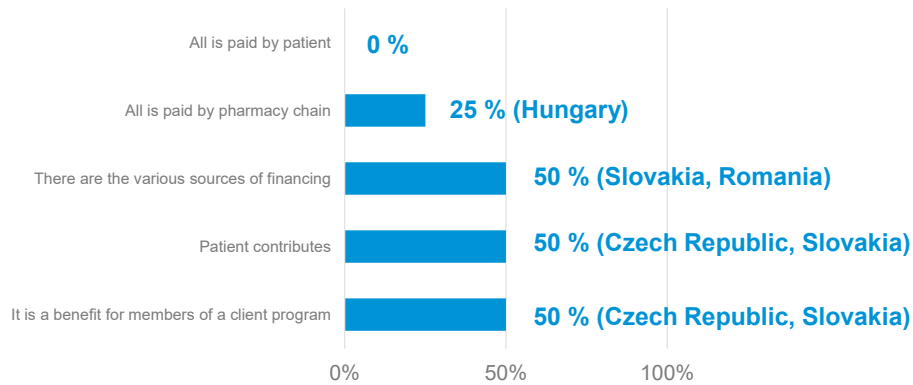
Participating countries: Czech Republic, Slovakia, Hungary, Romania, Poland

Healthcare services covered by insurance companies: (multiple choice question)



Participating countries: Czech Republic, Slovakia, Hungary, Romania, Poland

All services that are not covered by insurance companies are paid by: (multiple choice question)



Participating countries: Czech Republic, Slovakia, Hungary, Romania

2nd EFPC Conference “Pharmacy Care — Beyond the Pandemic”

(was rescheduled to a date beyond 2020, no later than summer 2021)

INNOVATIONS IN PHARMACY HELP IN FIRST YEAR OF COVID-19 PANDEMIC

European pharmacists have been an unquestionable part of the medical frontline during the coronavirus crisis. This was highlighted by every participant of an international conference organised by the European Federation of Pharmaceutical Chains (EFPC). They agreed that the deployment of health professionals, the willingness to take innovative approaches and the ability to implement rapid change were all key to working in exceptional circumstances.

Bucharest / Prague, 10 March 2021 – The PHARMACY CARE – BEYOND THE PANDEMIC conference organised by the EFPC, unlike its last conference in 2019, took place virtually, via video links and two studios as a result of coronavirus crisis restrictions. A broadcast centre was set up in Bucharest, the capital city of Romania. Prague was chosen as the second centre. In total, 360 participants registered for the conference.

In his introductory speech, Daniel Horák, Head of EFPC executive board and head of the Czech Association of Pharmacy Chain Operators, highlighted the fundamental changes undergone in pharmacy in the first year of the pandemic. While brick-and-mortar pharmacies recorded a year-on-year decline, online pharmacies demonstrated clear successes and confirmed the legitimacy of certain innovative trends. First, however, the safety of staff in both pharmacies and logistics had to be ensured, even in situations where the global market was experiencing a lack of protective equipment. Thanks to this, pharmacies could provide almost uninterrupted services, even when some surgeries were closed. Therefore, they represented the most accessible routine medical care.

Innovations that helped them cope fundamentally with the changed situation were the electronic prescription and the medication reservation system. It has also become evident that real needs can push the boundaries of applicable legislation – this applies with home deliveries of prescribed medicines, which Czech law does not permit in normal circumstances, but has been tolerated throughout the COVID crisis. The next speaker, Sebastian Ring, member of EFPC executive board, confirmed that pharmacists all over Europe had played an essential role in frontline healthcare, followed by Alexandru Rafila, a Deputy Speaker of the Romanian Chamber of Deputies and World Health Organization (WHO) Executive Board Member, who addressed the subject of a sufficiently robust healthcare system.

The pharmaceutical market has experienced serious shortages during the pandemic, which was reflected in the temporary unavailability of certain products and protective equipment. The next speaker, Nathalie Moll, Director General of the European Federation of Pharmaceutical Industries and Associations (EFPIA), mapped out the bottlenecks behind the shortages of medications and noted that there was still a lack of consensus within the EU about how to prevent them. Feller Antal, Head of the executive board of the Hungarian Association of Pharmaceutical Wholesalers, first compared the different definitions of drug shortages across the European Countries. Then he analyzed the many causes of shortages, provided data on the Hungarian situation and finally spoke about the new European guidelines regarding drug shortages.

Former Dean of the Faculty of Pharmacy at Bratislava's Comenius University, Ján Kyselovič, went on to declare that alongside temporary shortage issues, the lack of qualified staff was a long-standing issue in pharmacy, which proved to be particularly pronounced during the pandemic. In his opinion, the current critical situation has recorded a shift of the regulatory barriers in healthcare, since pandemic reality has demonstrated the limited practicality of the existing regulations in exceptional circumstances. In his view, this has significantly restricted the launch of new services in pharmacies. In this context, there has been much talk recently about vaccination by pharmacists. The former head of the Czech State Institute for Drug Control and EFPC Executive Director,







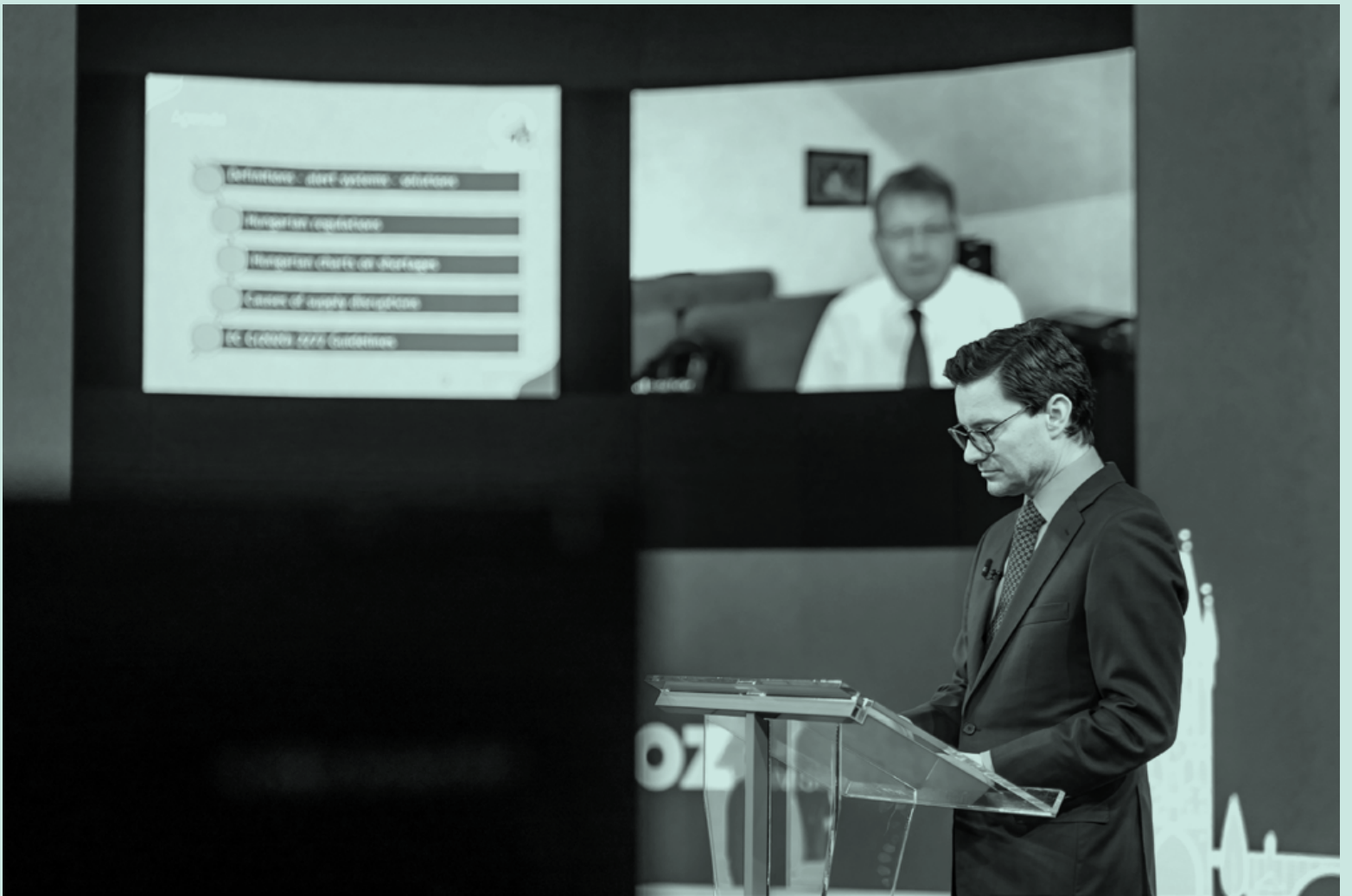
Zdeněk Blahuta, also spoke of this, comparing, for instance, the degree of willingness to be vaccinated between healthcare professionals and the general public. He highlighted that it was only slightly higher amongst medical professionals. The former Czech Minister of Health, Roman Prymula, provided a comprehensive overview of the current vaccination options against COVID-19. Secretary of the Health Committee at the Romanian Senate, Mr Attila enforced the idea of implementing the pharmaceutical services in pharmacies and, also the pharmacist role as a health professional during the pandemic.

Marcin Tomasik, legal expert of the Polish Association of Pharmaceutical Employers, pointed out that Europe is not a legislative monolith in terms of the organization of pharmacy markets, the number and rules of pharmacy operation. European legislation in this respect is very diverse and historically and culturally conditioned. So there is no clear pattern of development for the pharmacy market. Some countries like Great Britain, Ireland, the Netherlands, Switzerland, Norway, Sweden etc. are examples of liberal markets, with a tendency to open them up to improve the availability of drugs and pharmacy services. In others, such as in Spain, Austria or France, a high level of state interference in the market persists. However, even where the pharmacy market is strictly regulated, usually two types of restrictions are most common, with numerous exceptions. Meanwhile, in four Central and Eastern European countries: Poland, Hungary, Latvia and Estonia, as many as four types of restrictions have been introduced in the last decade. Additionally, Poland introduced a total ban on advertising activities of a pharmacy – a phenomenon against both the CEE and the EU background.

The EFPC plans to hold its next conference in 2022 in Warsaw.

The General Partner of the conference

SANDOZ A Novartis
Division



EFPC 2021 Annual Conference – The Backstage





Pharmaceutical Care in Europe in the Face of the Pandemic

APATYKÁŘ® , a Czech pharma portal established more than 20 years ago, has organized another conference as part of a series of events held in the framework of its APAvision project.

Entitled Pharmaceutical care in Europe in the Face of the Pandemic, the eighth edition of the conference was held on 15 October 2020. Because of the worldwide restrictions adopted in connection with the COVID-19 pandemic, the conference for the first time featured an online format. Invitations to attend the event extended by pharmacist Martin Dočkal who runs the APATYKÁŘ® portal have been accepted by top representatives of pharmacy operators from Central and Eastern Europe.

The attending invitees included Daniel Horák, Chairman of the Board of Directors of the European Federation of Pharmacy Chains and CEO at Česká lékárna holding / Viapharma, Sebastian Ring, Executive Director at Farmexim and Help Net Pharma, Catalina Pinteá, Regulatory Affairs Manager at Help Net Pharma, Sína Niku, Secretary of the Slovak Association of Pharmacy Chain Operators, Karolina Korodi, Chairwoman of the Board of Directors of the Hungarian Association of Pharmacy Chains, Tamás Marjai, Pharmacist, Director of the Hungarian Association of Pharmacy Chains, and Marija Golubović Marković, Pharmacist, Professional Development Director at Dr.Max Serbia.

Home Delivery, Reservation

Martin Dočkal opened the discussion by bringing up the issue of recently introduced new services for patients. Dočkal asked all of the debaters about services introduced in pharmacies in their countries, whether the services have been profitable for operators, and whether the services would continue to be offered after the pandemic ends.

Tamás Marjai noted that despite the fact electronic prescriptions were introduced in Hungary in 2017, they only began to be used on a widespread scale recently during the pandemic, when their use rose by as much as 90%. Marjai reported that Hungarian pharmacists experienced a surge in demand for home delivery while the state of emergency was in effect.

“At this point, we don’t have enough information, as pharmacists continue to experiment with the configuration and use of these services. It’s too early to tell how successful the services are and whether they are substantiated,” said Marjai.

Data show that demand for the new services essentially ended after the end of the first wave, and pharmacies stopped providing them. Marjai reported that a large number of pharmacies launched e-shops during the first wave. As in the case of the abovementioned new services, however, more time is needed to evaluate the effect of online shopping.

Dočkal asked the same question to the Romanian delegates because BENU pharmacies are highly active throughout Europe, for example as far as prescription reservation systems are concerned.

“I’m certain that the option to reserve medicinal products via pharmacy websites is here to stay. Nonetheless, the quantity of reservations remains relatively low, at least in the case of BENU, and reservations don’t constitute the core of our services,” confirmed Sebastian Ring.

Ring, as well as partners associated under the ADRFR, an association of distributors and pharmacies, thinks that allowing pharmacies to deliver vaccination against the flu is an issue of greater importance in Romania.

In Ring's view, it is not only vaccination against the flu, but also Romania's preparedness for vaccination against COVID-19. According to Ring, Romania's problem is low flu vaccination coverage, an area where significant improvement could be achieved through pharmacies.

The professional competence of pharmacists is used in numerous countries, where they routinely administer vaccines. Because of that, Ring

regards this issue as the principal challenge, and hopes that Romanian pharmacists will be able to carry out a pilot vaccination project in the country.

Ring's statements were followed by Catalina Pinteau who attested to good relations between pharmacists and government authorities, based on which efforts are planned to institute e-prescriptions transmitted by e-mail or via such platforms as WhatsApp. Accordingly, pharmacists are currently engaged in establishing telemedicine services in pharmacies, including teleconsultations.

The rising popularity of e-prescriptions was confirmed by Daniel Horák in reference to the Czech Republic. According to him, pharmacies have benefited considerably from the recently established option to collect prescriptions against the presentation of a personal ID. In addition, online transactions are a relatively important part of OTC sales for Dr.Max, as shopping from home has gained popularity among consumers. However, the majority (over 70%) of consumers surprisingly continue to collect orders at pharmacies.

While there was a sharp rise in online turnover in March and April, revenues in June and July dropped considerably below the turnover recorded in February.

“Our figures indicate that consumers resorted to online purchases of OTC pharmaceuticals only temporarily. The shift to online shopping wasn't as pronounced as in other segments. Data show that the importance of brick-and-mortar pharmacies has not changed.”

As far as innovative services, Horák opined that COVID-19 provided a momentous opportunity to debate the importance of the home delivery of prescription pharmaceutical products to patients, specifically the pros and cons of making an investment to that effect.

“The result is clear. Reservations are something consumers truly appreciate, as evidenced by the fact that demand was very high. People perceive this service as useful. I believe that COVID has helped

reservations to become a standard pharmacy service. As regards home delivery, the results are rather surprising. Demand for this service has been very low. We had orders in the single digits per day, in only a few cities.“

“Real-world data show that we don’t always have to introduce all services as fast as sometimes suggested by some, perhaps with the exception of Prague,“ concluded Horák.

New Challenges

Horák continued by addressing the status and ability of pharmacies to respond to such challenges as COVID-19. Even though vaccination in pharmacies is not permitted in the Czech Republic at present, it is logical that pharmacies will be considered as points where vaccines can be administered. Consequently, it is necessary to amend the relevant legislation, which has now remained unchanged for many years.

Horák believes that the conditions for pharmacy operation need to be reviewed in consideration of various factors, including amenities and spaces pharmacies are required to have. If such services as vaccination are to be provided on pharmacy premises, it will be necessary to reassess requirements for their layout.

Apart from vaccination, testing is another area where Horák thinks pharmacies can offer contribute. This option was mentioned in connection with a recent statement by politicians who proposed COVID-19 testing in Czech pharmacies. Nonetheless, appropriate conditions would have to be created, such as a separate entrance, a dedicated room, and other amenities, to prevent potentially infected persons from coming into contact with other individuals.

“For me, personally, the current situation is a great opportunity to see how patients perceive pharmacies and their services. It helps us determine the changes that will have to be made in the future, including the use of online services. The experience we're gaining allows us to see what services are feasible on the one hand, and what services are in demand among patients on the other. Likewise, we can start a discussion with government authorities regarding the strategy for the future,“ added Horák.

His statements about the importance of brick-and-mortar pharmacies were seconded by pharmacist and the moderator of the discussion, Martin Dočkal. Recently, certain stakeholders have initiated numerous debates about replacing traditional pharmacies with online outlets. Real-world figures, however, show that patients clearly harbour a different opinion.

Sína Niku confirmed that demand for online sales of OTC pharmaceuticals increased essentially immediately after the onset of the first wave of the pandemic. Even though pharmacies remained open, entering was subject to severe restrictions. Long queues often formed. Consumers who preferred not to visit a pharmacy, for example due to concerns about becoming infected, resorted to the option of purchasing medicines online. Like others, Niku confirmed that the situation had a major effect on the introduction of such services as reservation of medical products. The resulting demand was responded to by numerous pharmacy operators, pharmacy chains in particular.

As regards home delivery, efforts were made to launch novel services, but the current laws pose a considerable amount of restrictions. Only pharmacists are authorized to dispense and provide information on medicinal products.

Niku examined available options for legalizing the process. One of the options the legality of which he mentioned was empowering another person, such as a family member, to collect medicinal products. As far as pharmacy services per se, Niku believes that the current events allow patients to see clearly that pharmacies were one of few services that remained available and accessible to patients, unlike for example physicians. He also mentioned that Slovakia is experiencing a shortage of general practitioners.

Due to inherent reasons, there is therefore room for the introduction of innovative services by pharmacies, but the legal framework is currently missing.

“It is paradoxical. Pharmacies are perceived as providers of healthcare. Healthcare is a service. However, the only earnings pharmacies have are

margins on dispensed medical and pharmaceutical products. In other European countries, pharmacies provide a number of diverse services, ranging from blood pressure checks to vaccination. Not in Slovakia.“

One of the facts Niku objects is the opposition to the introduction of new services on the part of physicians who do not want to lose control over the delivery or medical treatments. This phenomenon can be typically observed in the case of generic substitution. Even though physicians are able to prescribe generics, they insist on brand-name drugs.

According to Marija Golubović Marković, the situation in her country, Serbia, is very similar to that in Slovakia. Demand for home delivery was high after the lockdown was imposed, particularly among certain groups of patients. After the restrictions were lifted, demand dropped off significantly. In contrast, interest in e-shop solutions continues to rise steadily. In addition, similarly as in Slovakia, the law does not define home delivery, and only pharmacists are permitted to dispense medical and pharmaceutical products. Hence, pharmacists were the only source of medicinal products during the first wave of the pandemic, which placed considerable burden on pharmacy operations. Because of these factors, initiatives emerged at the onset of the second wave, aiming to instigate suitable amendments to the current legislation.

“The problem I can see is that pharmaceutical services in Serbia are not defined under the law. In essence, the only service the law recognizes is the dispensation of pharmaceuticals. There are no provisions for blood pressure tests, blood sugar tests, and the like. We are making efforts through the Chamber of Commerce and the Chamber of Pharmacies to change the situation. Together with the Ministry of Health, we want to launch a pilot project of administering flu vaccines in pharmacies. We have secured wide support, including support from universities, and we’re now awaiting the government’s response,” added Golubović Marković.

Who Will Pick Up the Tab?

Dočkal made additional comments regarding the issue of home delivery, and invited the guests to comment on the service in terms of its logistical and cost-related impacts. Among other factors, he pointed out, for

example, that German medical insurance companies have shown no interest in paying for this service.

According to Horák, home delivery will be in demand among specific cohorts of patients, such as those unable to leave their dwelling during a pandemic, people residing in specific localities, and others. Nonetheless, profitability remains questionable.

According to Horák, the principal problem is zero reimbursement from insurance companies. Officially, this service is not permitted even though it was very marginally provided, in one form or another, during the first wave. Horák regards home delivery as a PR effort, rather than an actual service.

He believes that rules for home delivery must be established, including communication and logistics. Without that, the price for the service cannot be correctly set. Because it is a premium service, the cost will have to be assumed by the patient. At this time, however, home delivery is profitable for pharmacies only in the case of expensive pharmaceuticals.

“Home delivery simply must make sense in terms of how the rules are set, which includes the safe delivery of the service and setting a fair price,” said Horák.

Pharmacists as Couriers

Tamás Marjai concurred with Horák's standpoint. A pharmacy that wants to provide the home delivery service must consider the price because the margin is derived from it. Likewise, rules must be established to allow pharmacies to provide telemedicine consultations.

During the first wave of the pandemic, several pharmacies in Hungary began offering home delivery. In addition, the services was offered by certain local authorities and social services, which collected prescriptions from patients, visited pharmacies, and subsequently delivered medicines to patients.

“The question is whether the logistics are to be done by the pharmacist or secured through social services, particularly in small towns, and whether home delivery should be provided only in large cities over short distances. Like in other countries, Hungary suffers from a dire shortage of pharmacists, which means that from the economic viewpoint, it makes little sense to have the pharmacist on the road as a delivery boy,” opined Marjai.

With regard to this issue, Horák pointed out the professional chamber’s counterproposal concerning home delivery – house calls by pharmacists. However, Horák believes that house calls make little sense because, based on his experience, pharmacists do not view this service favourably, and it would be unproductive for pharmacists to spend time traveling to customers.

“For a long time, I have been telling the chamber that online prescriptions are only a matter of time. It’s better to focus on defining the rules, giving the service a concrete shape, rather than figuring out ways of postponing it because that leads to such crazy ideas as the house call service,” explained Horák.

The pandemic has shown that it is not necessary to change the law; changing certain routines is sufficient. As regards this issue, however, Horák believes that pharmacists have the last chance to determine the parameters of the home delivery service. Later, they will no longer have control over the matter.

A testimony to the fact that such prospects are realistic is a case from last March, when an operator launched a similar service and identified pharmacies as alleged providers without their consent and knowledge.

Marjai confirms this trend: “Prior to the pandemic, it was unthinkable that doctors would diagnose patients over the telephone. Yet, the law was quickly changed, bringing about a major shift in telemedicine. Patients can now even receive a prescription based on a telephone consultation. So, why couldn’t pharmacists provide telephone consultations as well? I think

that there is a realistic chance that a similar change will happen in the pharmacy sector in the near future.“

Sebastian Ring introduced a new element into the debate, namely good distribution practice. He believes that if the service is introduced, it will have to be regarded from the viewpoint of good distribution practice, particularly as regards compliance with temperature requirements during transport to the patient's home.

“We must consider the patient’s welfare first and foremost. Only then we can plan the details of the service. Step by step. In addition, we must be very cautious in defining the legislation, if it comes to that.“

Marija Golubović Marković believes that challenges similar to those posed by the current pandemic are certain to reoccur. It will be therefore necessary to amend the law to lay a foundation for such services as home delivery.

“Be it as it may, the rules under which services are provided must be defined to make it not only beneficial for patients, but also profitable for pharmacy operators,“ opined Golubović Marković.

For example, the main chains in Serbia provide services of this type through third parties in respect of OTC products.

Niku drew an apt analogy to Kodak’s initial announcements of the replacement of traditional photographs to digital images. He believes that brick-and-mortar pharmacies have a very strong position in respect of their existing business model, and focusing exclusively on online business will not generate sufficient revenues. Nonetheless, consumer patterns are changing, and Niku is logically asking how long it will take for traditional pharmacies to resist online dispensation, not to mention that they might introduce such services as home delivery themselves: “When I entered the pharmacy sector 10 years ago, people wanted to collect prescription drugs in pharmacies. From somebody in a white coat with appropriate knowledge. I’m now 100% sure that they no longer care. If you run a good PR campaign, people will gladly pick up their medicaments at a train

station, of all places. It is amusing that the Czech chamber is proposing home delivery, and I can see that will work. If there are vending machines in pharmacies, pharmacists can go around and deliver medicines. But that probably wasn't how the proposal was intended. Anyway, seriously, let's ask how long it would take before online prescriptions become reality if home delivery is established as a legit service."

Reservations

Martin Dočkal pointed out that it is only up to pharmacists and operators how they advertise for their services. He went back to the issue of reservations, and asked the debaters about their stance regarding this service.

Sebastian Ring considers it important to offer the option to reserve medical and pharmaceutical products; it should be part of services provided to patients. Particularly in this time. Ring believes that the option to order medicaments online or using a mobile application from a specific brick-and-mortar pharmacy is needed. At the same time, he believes that the position of traditional pharmacies remains strong. In this regard, Sína Niku disagreed: "I believe in pharmacists' expertise, and I consider the pharmacist an important part of the system. The same goes for the option to receive an expert consultation. Perhaps it doesn't matter to some people where they pick up their medicines. But I think that the vast majority harbour a great deal of trust in pharmacists. For most people, the pharmacy is the first place they go to when they're sick."

Like elsewhere, an increase in reservations has been registered by the Czech division of Dr.Max. Horák opines that the reasons include not only the fact that consumers find this service convenient, but also a shortage of certain medical products on the market. Acting based on previous experience, customers use reservations as a way to prevent an extra trip to the pharmacy in case that the product they want is out of stock.

"I agree with Sína that the number of people who don't care where they pick up their prescriptions is unfortunately growing. Still, this is still not the case with the majority. There continue to be large numbers of people who purposely visit pharmacies, for numerous reasons, including social

interactions,” opined Horák. His stance is underscored by data from the first wave, which indicate an initial increase in online orders that was followed by a drop in June and July, as people returned to pharmacies. Nevertheless, Horák believes that the number of consumers who prefer new services offered by pharmacies will continue growing.

Sína Niku concurs that this service belongs to the portfolio of the modern pharmacy. Particularly in today’s era of smartphones. However, he is unsure whether the traditional model of brick-and-mortar pharmacies will suffice in the future. Once again, he drew a parallel to printed and online media: “When the now very popular home delivery of meals was starting in the Czech Republic, many naysayers were predicting that people will only order online specialties, heavy foods, and expensive stuff. Reality has shown that the most common foods, such as a simple sandwich, account for the majority of orders. It’s a matter of trust and, say, laziness.”

Although the service is not widely used in Hungary, there are several applications that allow reservation. This is mainly because the applications were developed specifically for paper prescriptions prior to the introduction of e-prescriptions.

With the onset of the pandemic, e-prescriptions were launched; however, if a medicinal product is not available in a brick-and-mortar pharmacy, it is highly likely that it cannot be obtained through these applications either. According to Marjai, reservation is not the reason why consumers should use the applications.

“I do think that the applications will play a role in the future. However, there must be a legislative framework and their use must be tied to e-prescriptions. Possibly, there could be a direct link to home delivery services as well. It’s hard to estimate the demand, but I think that there is a niche on the market for a service of this kind,” explained Marjai.

Golubović Marković concurred that Serbia too has a pilot project to trial reservations in a specific cohort of patients: “I agree that even though this service is not the most important issue, it is important and needs to be tested in pharmacies. On other hand, I believe that pharmacists play

a paramount role because they have the expertise to recommend the best prescription or over-the-counter medicinal product. We have to be able to offer this option to patients to allow them to choose whether they wish to pick up their prescriptions in a pharmacy or have them delivered.”

Vaccination

Vaccination in pharmacies is a hot current topic discussed on a variety of platforms, including the current APAvision session. Martin Dočkal has been following the development of this premium service in the global context for the past 25 years. In-pharmacy vaccination is his favourite topic, both on Apatykář and elsewhere. Logically, the issue was discussed during the conference.

Because the earliest legislative changes are planned in Romania, the first person invited to debate the issue was Catalina Pinteá.

She referred to a significant problem that exist in Romania with regard to anti-vax initiatives, on account of which vaccination coverage in the country has declined considerably, a fact manifested during a recent epidemic of measles. The epidemic, among other factors, has helped during negotiations with Romanian regulatory authorities regarding the preparedness of pharmacists to provide vaccination services. At this time, pharmacists are not authorized to administer vaccines. Nonetheless, intensive lobbying efforts are being made to change the current rules to pave the way for pharmacies to administer not only flu shots, but also vaccination against COVID-19. This way, pharmacists would be able to play an important role in vaccination efforts.

“Even though there is sizeable opposition from general practitioners, we firmly believe that a pilot flu vaccination project will be launched in pharmacies in Bucharest at the end of the year,” added Pinteá.

Sína Niku commented on the situation in Slovakia, which he believes to be highly rigid and inconvenient from the patient standpoint. Moreover, there are legislative issues, and it is also unclear whether pharmacists want to administer vaccination, which is an invasive action. Experience gained in a campaign conducted in the past shows that pharmacists are reluctant

to administer blood tests. Niku also mentioned vaccination-related emergencies, such as the rare occurrence of anaphylactic shock, as well as opposition on the part of medical doctors. He believes, however, that the pharmacy is a venue where various medical and prevention services should be provided, where vaccination represents the ultimate goal. Nonetheless, the introduction of vaccination in pharmacies faces an excessive number of hurdles in Slovakia at this time.

“Moreover, I’m not sure whether we are internally ready to start vaccination if we’re given the green light,” contemplated Niku.

His statement was seconded by Catalina Pinteau who mentioned that physicians in Romania had too been confronted with regard to adverse reactions. For this reason, legislative efforts aim at allowing pharmacists to vaccinate only people with no health issues or individuals who have already been vaccinated at least once. Persons from high-risk groups will continue to be vaccinated exclusively by medical doctors.

Romanian pharmacists have organized numerous training events and hands-on practices for vaccination with the aim of providing information on ways of resolving adverse reactions and other problems that may occur.

In Horák’s opinion, vaccination as a service is surrounded by numerous problems, which need to be resolved. Nonetheless, he concedes that the Romanian project is a source of valuable lessons to be learned.

Horák thinks that the majority of Czech pharmacies are not equipped to administer vaccination. Likewise, he is unsure whether consumers expect pharmacies to provide this service.

All in all, careful consideration needs to be given to whether pharmacies are not biting more than they can chew. Horák’s personal survey among pharmacists regarding their desire to offer vaccination revealed that fewer than 50% were interested: “Vaccination is not a new topic in the Czech Republic, it is only discussed more right now. It’s all talk but no action. Nobody is saying anything specific about how vaccination should be done. The way I see it at this point is that lobbyists are engaged in discussions.”

Horák's another concern is the reaction of medical doctors. He mentioned that experience shows that all efforts to reduce the share of physicians' pie came to naught in the past.

“Take a look at midwives. They wanted to build a system that is commonplace throughout the West, but opposition from physicians was enormous. I'm afraid that if an adverse event happened in connection with vaccination, it would be perceived as something that normally occurs in health facilities. But if it took place in a pharmacy, it would be immediately in the media, and there surely are groups of people who would make sure that whatever is published in the media will destroy all our efforts,” added Horák.

According to him, vaccination would definitely not be offered by all pharmacies.

In Hungary, vaccination is administered exclusively by physicians and vaccination centres. Marjai remarked that government authorities have decided that the flu vaccine would be free and, moreover, distributed by general practitioners.

“It is obvious that vaccination and vaccination coverage are currently hot topics in Hungary, but the authorities have not come up with the idea that vaccines should be administered by pharmacists,” explained Marjai.

He added that the topic is widely debated among pharmacists, but only some of them are interested in providing vaccination. Many are inhibited by concerns to inject people. Likewise, he emphasized that there is no suitable specialized protocol defining vaccination on pharmacy premises; a protocol to that effect would have to be created. In addition, staff would have to be trained, and a training program would have to be created to that end. No less importantly, the layout of pharmacies would need to be modified because vaccination cannot take place in a public area.

There are a limited number of pharmacies that would have staff and space to administer vaccination. Marjai concurred with Horák that vaccination will definitely not be provided by all pharmacies.

“Personally, I would like to provide vaccination service in my pharmacy because I think that pharmacies should offer patients more medical services. I also think that doing so would be generally favourable for the pharmacy sector as a whole,” added Marjai.

Pintea agreed, adding that the principles described by Marjai were used as a basis for a service for which legislation was expected to be passed in Romania by the end of 2020, specifically the voluntary nature of vaccination, appropriate amenities for pharmacies, and proper theoretical and hands-on training for pharmacists.

In addition, experts from Romania’s pharmacy sector have teamed up with government authorities to create a specialized protocol for vaccination and a training program for pharmacists.

As elsewhere, vaccination in pharmacies is currently a widely discussed topic in Serbia. The Chamber of Pharmacists and university professors are endeavouring to have rules for this service incorporated into the law, but they are facing strong opposition from general practitioners, a fact confirmed by Golubović Marković: “When you talk to actual pharmacists in pharmacies, they are less than ecstatic about this to say the least. They’re concerned that they don’t have the necessary education, skills, and they’re afraid of adverse reactions. In addition, the space in our pharmacies is insufficient. In short, a lot of things will have to be done before vaccination in pharmacies becomes reality in Serbia. The service definitely has to be offered on a voluntary basis. Be it as it may, I’m a pharmacist, and I think that vaccination is a service that pharmacies should offer.”

Marjai asked Catalina about who pays for the service, whether it is paid for by the customer, the government, medical insurance companies, or whether it is offered free of charge by pharmacies.

Pintea replied that the legislation plans to introduce in-pharmacy vaccination as a voluntary service. Because of that, the cost of the vaccine and its application will not be covered by the government, but paid in full by the customer. Nonetheless, Romanian pharmacists are currently lobbying to have the costs reimbursed by insurance companies.

Second Wave

Pharmacist Martin Dočkal who moderated the discussion subsequently returned to the onset of the second wave of the pandemic and asked the guests about the preparedness of pharmacies in their countries and the effect of the pandemic in terms of employees who have been infected.

Sína Niku outlined the situation in Slovakia, where the second wave brought a higher number of cases than the first wave, similarly as in other countries. This applies to pharmacy staff as well, resulting in the need to adjust scheduling, dividing employees into two groups that do not meet, restricting the number of clients in pharmacies, and dispensing medications via a take-out window. Despite facing staff shortages due to quarantine requirements, Niku praised Slovak pharmacists for cooperation. For example, compared to the first wave, Niku's home turf, the Dr.Max chain, currently has a sufficient quantity of personal protective equipment for employees, which means that services do not have to be drastically curbed and patients have access to medicinal products.

In the case of Serbia, Golubović Marković referred to a third wave, the second having taken place last year in late summer. In contrast to the spring, however, the events show that people visiting pharmacies exhibit a lesser degree of fear. In the spring, the number of infected employees in her chain was minimal, in the single-digit figures. At present, there are approximately 80 cases out of the total of 700 workers.

Sebastian Ring confirmed that preparedness for the further progress of the pandemic is sufficient as far as personal protective equipment. Infection occurs at home or in other places, not in the workplace. Only one pharmacy had to be temporarily closed.

“During the first wave, a number of pharmacies were closed while the state of emergency was in effect. They were closed due to being located in shopping malls that were shut down as well. I admit that I'm sceptical about future development, however. We'll see what's in the pipeline,” concluded Ring.

During the first wave, only five or six out of 2,300 pharmacies in Hungary were closed for a short period of one to two weeks due to quarantine. Unfortunately, as this wave of the pandemic is gaining momentum, Marjai expects that a larger number of pharmacies will close down because the public-health situation is precarious. As in other countries, Hungary assigns utmost importance to protecting pharmacy staff. Plastic barriers, disinfectant, gloves, and respirators are standard throughout the sector. To date, no case of a pharmacy worker infected in the workplace has been recorded in Hungary; all infections have occurred at home or elsewhere.

In the Czech Republic, the number of cases is a considerable problem (at the time the podcast was recorded, the Czech Republic had the highest number of cases per capita). Horák expressed indignation regarding communication methods used by the government and its very sluggish response to the situation: “There is a new habit here. Everyone is an expert and everyone has an opinion about public health. Generally, there is nothing wrong with that. Everybody has the right to have an opinion. The problem is that certain celebrities have started to promote opinions that reject the restrictive measures. Some, such as dentists, have become epidemiology experts overnight. Unfortunately, what genuine experts consider laughable is perceived as serious by the general public.”

Unlike during the first wave, the situation in Czech pharmacies is now different. There are sufficient quantities of protective equipment. In addition, most cases originate in settings other than the workplace. On the other hand, while infected employees in Dr.Max pharmacies in the Czech Republic were in the single-digit numbers during the first wave, there have been dozens cases in the second wave.

Horák sees as problematic the different protocols followed by public-health authorities in individual regions. Circumstances under which pharmacies are allowed to stay open in one area are deemed a reason for requiring outlets to close elsewhere.

Likewise, there are differences in the methodology for testing, quarantining, response from the authorities is very slow, and there are many other problems. Hence, Dr.Max has had to set its own rules to protect workers.

“In this regard, I must praise our employees because despite the fact that the situation is worsening day after day, they remain dedicated to their duties and continue to provide care to patients. Workers are very flexible and provide us with maximum assistance in fine-tuning operations,” added Horák.

He thinks that a high risk is posed by regions where emergency conditions exist, not in terms of COVID-19, but in terms of long-term staff shortages, mostly in the northwest part of Bohemia. If the number of infected individuals in these areas rises, pharmacies will have to close.

Apart from the risk of contracting the disease, another reason why pharmacies are facing problems in connection with COVID-19 is that women account for 85% of all pharmacists. At present, they have to stay at home to care for children because of the government restrictions. Paradoxically, the disease causes fewer staffing problems than measures imposed to prevent it. If the government restrictions remain in place over a protracted period, the chain will most likely have to resort to reducing the opening hours or closing certain outlets.

Finally, Horák sees a considerable problem in the fact that more and more people are refusing to respect the rules and enter pharmacies without facemasks, and exhibit aggressive behaviour if they are reminded by staff. Such actions pose high risk to pharmacists and pharmacy assistants, and compromise the availability of pharmacy care.

Concluding Statements

To conclude the event, pharmacist Martin Dočkal who moderated the discussion provided the debaters from individual countries with time to send a message to other pharmacists, workers, patients, and customers.

“I’m very proud of my colleagues who remain at work and continue providing pharmacy care despite having the opportunity to stay at home. As in the Czech Republic, mothers in our country who have children aged up to 12 years can stay home. Despite that, the vast majority of them have not left their colleagues in the lurch and stayed with them on the front line helping patients,” said Golubović Marković in praising pharmacy workers.

“I’m very proud of my colleagues among pharmacists and pharmacy assistants as well as workers in the distribution chain. Everyone works at the limit of their ability to ensure the distribution and dispensation of pharmaceuticals to patients. And because everyone is highly responsible, I’m confident that we’ll be able to handle the second and any subsequent wave of the pandemic and continue delivering medicines to consumers,” remarked Marjai in praising the hardworking attitude of pharmacy staff.

“We were very afraid that panic would develop and result in various problems because the cases were rising, and risks faced by employees were high. Everyone is also under pressure from family members and afraid of making them sick. In addition, most pharmacists are women. Nevertheless, none of that happened, and our pharmacists and pharmacy assistants have remained in pharmacies to provide care to patients. They deserve immense respect and recognition for their dedication,” said Niku in praising pharmacy workers.

“I have immense respect for pharmacy workers across Europe in this terrible time. We have a sufficient quantity of personal protective equipment, which means that the risk of infection faced by patients in pharmacies is minimal. All of us have to get through this pandemic, and I appeal to everyone to wear facemasks, observe social distancing rules, and follow all other measures. We’re in it together,” summarized Ring.

“It’s astonishing how well pharmacists and pharmacy assistants are able to cope with the current situation. They work eight to 12 hours a day, wear a respirator, take care of patients, then come home and take care of children, help them with schoolwork, handle family affairs. Patients should be grateful to be receiving such great care across the whole Europe,” concluded Horák.

Full podcast from the entire APAvision conference is available on the project website at <https://www.apavision.cz/apavision-8/>.

APAvision is a professional platform for the exchange of opinions and experiences regarding specific topics concerning pharmacy and pharmaceuticals. Its aim is to seek consensus and vision for the future

development of the sector. The purpose of this think-tank is to provide a platform for people with expert knowledge with a view to advancing the development of the sector.





Moderator: Martin Dočkal (Czech Republic)



Marija Golubović Marković (Serbia)



Daniel Horák (Czech Republic)



Karolina Korodi (Hungary)



Tamás Marjai (Hungary)



Sina Niku (Slovakia)



Catalina Pinteá (Romania)



Sebastian Ring (Romania)

EFPC Regular Sessions

- 14 January 2020
Executive Committee Meeting in
Bucharest
- 11 February 2020
Executive Committee Meeting — online
- 21 April 2020
Executive Committee Meeting — online
- 23 June 2020
Members' Meeting — online
- 8 September 2020
Members' Meeting — online
- 4 October 2020
Members' Meeting — online
- 15 October 2020
Executive Committee Meeting — online
- 16 December 2020
Members' Meeting — online

Executive Committee Meeting in Bucharest — 14 January 2020

Daniel Horák informed that the EFPC annual publication is in process and would be published during March 2020. Horák also stated that a presentation facilitating the introduction of the EFPC to potential members would be created.

During the meeting, a list of potential member countries was compiled.

The Head of the Board introduced a schedule of activities for 2020. The international conference for 2020 was discussed. Romania was suggested as next host country of the EFPC conference in 2020. The conference will be held during 14 – 15 October 2020, including a social gathering for delegates and speakers.

The Head of the Board suggested continuing the APAvision project and organizing a session in April again. The APAvision conference will be held in Bratislava, Slovakia.

Executive Committee Meeting — Online — 11 February 2020

The APAvision representatives were chosen and issues were discussed. The cost of organizing the 2020 Conference was estimated.

The main issue of the meeting was a membership update.

Executive Committee Meeting — Online

— 21 April 2020

Considering the current, and potentially future, situation regarding the novel coronavirus (Covid-19) in Europe and around the world, the Board decided to postpone indefinitely the planned ApaVision conference in Bratislava. This decision is based on official travel and health information.

The EFPC conference set to take place in Bucharest in October has been postponed due to spread of the novel coronavirus (Covid-19) in Europe as well.

The Executive Director introduced changes to the EFPC Articles and recommended approving the draft EFPC Articles at the next annual meeting in June.

In addition, he announced that an EFPC snap survey had been created. The main purpose of the survey is to get relevant information about coronavirus crisis in the pharmacy sector. The survey will be conducted among all EFPC pharmacies, both members and non-members of European associations, and pharmacy chain representatives. The outcome of the survey will be used as a basis a further action taken by the EFPC.

Members' Meeting — Online — 23 June 2020

The Executive Director announced that the draft EFPC Articles had been prepared and introduced three types of the EFPC membership status:

- 1) Full membership
- 2) Full contributory membership
- 3) Allied membership

The number of EFPC Board members was increased from four to five.

The Head of the Board restated that the EFPC Board had decided to reschedule the EFPC Conference to March 2021. The conference will be held during 9 – 10 March 2021.

The 2019 Profit and Loss Statement was approved.

Members' Meeting — Online — 8 September 2020

The new EFPC Articles were adopted.

The EFPC Executive Director announced that he had received a membership application from the Polish association Pharma NET.

The meeting was attended by Serbian representatives who reported on the progress of the establishment of the Serbian national association.

The EFPC Executive Director stated that because of the pandemic, the scheduled meetings with candidate members were postponed.

Issues pertaining to the second EFPC Conference were discussed.

Members' Meeting — Online — 4 October 2020

PharmaNET became a regular member of the EFPC with the right to vote in October 2020. At the Members' Meeting held in online regarding PharmaNET's membership application, all EFPC members unanimously voted in favour of awarding EFPC membership to PharmaNET.

Marcin Piskorski was appointed a new member of the EFPC Executive Committee.

Executive Committee Meeting — Online — 15 October 2020

A new membership strategy was discussed.

The EFPC Executive Director introduced the members of the Conference Organization Committee responsible for organizing the 2nd EFPC Conference. All matters concerning the conference status, speakers, and topics were updated.

The Romanian members of the EFPC presented a survey entitled Cost and Effectiveness of Training Pharmacy Staff.

Members' Meeting — Online

— 16 December 2020

Election of the Executive Director for 2020 – 2022. Mr. Zdeněk Blahuta was elected the EFPC Executive director for the next two years.

The Head of the Board announced that the EFPC Conference Organization Committee had decided to make the EFPC Conference virtual due to the public health situation and travel restrictions in Europe. The annual EFPC Conference will be held online on 10 March 2021. The new concept of the conference was introduced.

The Head of the Board informed the attendees of the budget for 2020 and 2021.

Two options for paying membership dues were approved.

A new EFPC working group was established. The group provides a platform for sharing pharmaceutical-market experience and facilitating cooperation on crucial issues among all EFPC members.

Impact of Covid-19 on Pharmacies

Czech Republic

According to Horák, the first wave taught pharmacy operators to deal with an entirely new situation, never before faced by the pharmacy sector or other segments of society. Most of all, they have learned to implement solutions fast. Horák recalled the Czech government's rapid response by declaring a state of emergency in March 2020, which had a major effect on the operation of pharmacies.

Czech chains focused on operations and protection of their staff first and foremost. As Horák mentioned, none of that was simple. Procuring such protective equipment as facemasks, gloves, disinfectant, and glass barriers was close to impossible. New partners had to be approached throughout the world, and numerous personal contacts had to be forged.

“The amusing thing was that even though the current demand was in the tens, hundreds of thousands of units, the minimum order during this period corresponded to the carrying capacity of an airplane. That amounts to some 1.5 million pieces. The situation was somewhat better with regard to protective plastic barriers, where we were able to produce a prototype essentially overnight. That was received with relief by our employees who felt much safer within only a few days.”

The daily consumption in the biggest chain in the Czech republic was approximately 6,500 units of protective equipment, respirators and facemasks, but problems in supply meant that chains had only 10,000 items in stock, which translates into approximately 1.5 days.

As a result, managers of supply chains focused on protection and safety in pharmacies during the first few to six weeks. That decision was correct because the first wave resulted in only few COVID-positive employees in all open pharmacies.

The situation taught pharmacy chains to communicate internally through regular newsletters distributed to pharmacies because communication during this period was of paramount importance, needed to reassure workers and make them feel safe.

“We began communicating in an as open manner as possible regarding any issue. Positive cases, restrictions, supplies of protective equipment, pharmacy closures, and all other factors,” said Horák.

As regards the impact on business performance, there are several factors. At the end of February and the beginning of March, the chain recorded high turnovers thanks a surge in demand that encompassed a variety of drugs, including standard flu remedies containing acetaminophen, ibuprofen, and vitamins. That lasted only a few weeks, however, after which became evident that the share of these categories of medicinal products in total revenues was minimal: “It was difficult for us to subsequently explain the situation to our business partners. Because the media were portraying pharmacies as a business raking in huge money, the pandemic's winners. It seemed that acetaminophen sales accounted for 80% of our turnover. That is obvious nonsense,” explained Horák.

After the national lockdown was imposed, revenues hit rock bottom. The reasons were several. First, all shopping malls in the Czech Republic were closed, and even though pharmacies and food shops remained open, there were significantly fewer shoppers, and revenues dropped by as much as 70%. People were afraid and stayed at home or only used the closest pharmacy to make the most urgently needed purchases. These factors cause the turnovers of pharmacies to drop significantly starting in March.

Horák believes that another aspect was a sizeable decline in the quantity of prescriptions, during some weeks by as much as 50%, owing to the fact that a large part of the chain's revenues are generated by prescription drugs: “I want to express my gratitude to the pharmacy sector because all pharmacies in the country have stayed open. Thanks

to that, pharmacists remained an important contact point for patients because most physicians began giving telephone consultations and some even closed their offices altogether. I'm convinced that this has significantly increased the credit people give to pharmacies."

Demand for traditional cold remedies was relatively low because people bought them in advance in February. Others stayed at home on account of the state of emergency, and coming into contact with a sick person outside the home was close to impossible.

The pandemic has prompted the chain to transform internal processes, in many cases fundamentally. Firstly, the staff situation was complicated because of infected individuals, which required the fast implementation of new processes. Orders and deliveries were restricted, multiple orders were merged on specific days, and the like.

Another factor that impacted financial parameters was the subsequent decrease in the sales of standard summer products, such as sunscreens and skin care products. In addition, attempts at negotiations with suppliers were largely unsuccessful because the media painted pharmacies as the "winners of the pandemic" despite the quite different reality. Whatever expectations there were, they remained largely unfulfilled.

The chains introduced regular teleconferences. The communication method introduced during the first wave proved effective and will remain in place permanently, including in such areas as continuing education provided to pharmacy staff. According to Horák, 60 – 70% of employees want this training method to continue in the future.

Hungary

In Hungary, pharmacists were often almost the only workers manning the first line, as Hungarian operators were scrambling for personal protective equipment for employees. Operators made efforts to communicate with pharmacies on a daily basis to provide appropriate ongoing support, using various remote communication formats.

From the very beginning of the pandemic, Hungary faced a crisis caused by an extreme surge in demand for medicinal products that resulted from patients panic-buying supplies in advance. That was clearly caused by a decision made by regulatory authorities, which required pre-stocking for 90 days in advance to cater to patients' needs.

“During the first few weeks, the supply of goods from distributors to pharmacies was very deficient. That forced pharmacists and other pharmacy workers to stay at work after the closing hour until midnight to receive stocks of medicinal products,” explained Karolina Korodi.

At the beginning of March, Hungarian pharmacies recorded significantly higher revenues, but sales dropped off as early as in April and May. The biggest decline occurred in pharmacies located near doctor's offices and in medical buildings. These pharmacies lost 50% and more of their revenues because physicians were legally permitted to provide telemedicine services. As a result, patients did not have to visit their doctor and picked up prescriptions in pharmacies other than the outlets they regularly used before the pandemic. Telemedicine has been permitted until the end of 2020.

Other victims were pharmacies located in business districts because most office workers had home office arrangements. For some pharmacies, another challenge was supplying medicines to retirement homes and detention facilities.

Romania

Romania declared a state of emergency on 16 March 2020, following a several days of an extreme surge in pharmacy sales caused by customers who were panic-buying medicines in anticipation of things to come. At that time, the situation regarding personal protective equipment in pharmacies had not been resolved.

“I’m immensely pleased with pharmacists and other pharmacy workers for their resolve to continue working and helping people, while their safety was questionable during the initial days of the pandemic. It’s great to see the professionalism of workers in the pharmacy sector. I’m truly proud of all of them,” said Ring.

The beginning of March saw a 22% increase in revenues earned by Romanian pharmacies, where sales dropped off considerably in the following months, by 30% in April and 70% in May. One of the factors behind the figures was a strict lockdown imposed in Romania. Home office arrangements were mandatory, as workers were allowed to visit offices only exceptionally, with a special authorization issued by the employer. Likewise, the quantity of prescriptions decreased substantially as medical facilities were closed.

According to Ring, one positive aspect has been the spread of digitization, which has been debated in many countries for years, but was rapidly implemented virtually overnight, similarly as telemedicine and electronic prescriptions. Hence, the pandemic has facilitated the introduction of numerous innovations.

High costs were incurred in the procurement of protective equipment, of which large quantities have been necessary. In response, distributors dealt with the increase in costs by adjusting and combining orders, changing delivery schedules, and other measures. According to Ring,

pharmacies and distributors introduced remote communication channels using video-conferences. These methods have proved effective and will remain in place: “The new communication channels are better because less travel is required, and sales teams do not have to be concentrated at the head office. On the contrary, I’m convinced that we’ll go back to a mixed approach to some extent, which means both tele-conferences and communication in person. I think that personal contact is sometimes unavoidable and important.”

Catalina Pinteau pointed out critical shortages of certain medicinal products. Specifically Euthyrox, a medicine consumers bought in advance due to concerns about the imminent state of emergency. Consequently, pharmacies had to team up with regulatory authorities to find a solution to the shortage. However, communication was excellent.

One of the reasons behind the shortage was the pricing scheme in Romania, which Pinteau believes to be inadequate and causing shortages of pharmaceuticals on the market. Thus, the pandemic has opened a debate about ways of transforming the pricing system in effect in Romania.

Slovakia

In Slovakia, representatives of the pharmacy sector and government officials held a meeting in the morning on 6 March 2020 to discuss the potential course of action in the event of a pandemic. The discussion was conducted in a leisurely “let’s not panic” atmosphere. That only lasted until the afternoon, when things rapidly changed, as the first case of a COVID-19 positive patient was detected.

Niku pointed out that unlike pharmacies, as many as one third of medical facilities were closed. For Slovak pharmacies, the number one objective was to remain open and available to patients. For the most part, their efforts were successful.

Compared to the first wave, the situation during the second wave of the pandemic is now more serious because a large number of pharmacy workers are infected. At the onset of the pandemic, Slovakia, like other countries, faced immense problems regarding the availability of personal protective equipment.

Niku thinks that the pandemic has had a positive effect by speeding up the introduction of electronic prescriptions. Even though they were permitted before the pandemic, e-prescriptions were not widely used. That changed as the pandemic progressed: “There has been an observable shift in patient comportment patterns. Patients have stopped frequenting pharmacies located in medical buildings and began shopping at pharmacies in shopping malls. The traditional model has changed. People call their doctor, the doctor issues them an e-prescription, and they pick up their medicines on a trip to the supermarket.”

Poland

Even before the announcement of the state of epidemiological emergency by the government, pharmacy chains associated with PharmaNET introduced standards and procedures based on the recommendations of the Chief Sanitary Inspector, which were improved along with the development of the situation. In parallel, employers have taken steps to physically protect staff and patients. It was not easy, because from the beginning of the epidemic, there was a shortage of personal protective equipment and disinfectants on the market. However, the pharmacy owners did their best to deliver them on time and in the right quantities.

The pharmacies associated with APE PharmaNET have introduced, among others:

- Buffer zones to keep a safe distance
- Masks, gloves, visors for all pharmacy employees
- Disinfecting and antibacterial liquids for both employees and patients
- Extra gowns and coveralls
- Plexiglass screens that separate pharmacists from patients
- Limiting the number of patients staying in a pharmacy at one time, taking into account the number of open windows
- Service of the patient through the “window“, where possible
- Introducing appropriate procedures in the event of coronavirus infection

Some networks have introduced a support system for parents of children in preschool and early school age, under which employees of the headquarters and regional managers organize childcare for pharmacists. Mental health has not been forgotten – the pharmacy staff exposed to

constant stress can also benefit from free and anonymous psychological consultations, during which specialists help in this difficult period.

The selection of COVID-19 related regulatory changes for pharmacy market:

- during the pharmacy's working hours, the pharmacy must ensure the presence of a licensed pharmacist;
- pharmacists have been authorized to issue pharmaceutical prescriptions *pro auctore* and *pro familiae*;
- pharmacists have been authorized to issue a pharmaceutical prescription in the event of any health emergency, and not only a sudden one (as it resulted from the previous wording of the regulations);
- pharmacists have been authorized for qualification and vaccination against COVID-19;
- the government has announced vaccination in pharmacies (during legislative process).

The pharmacy market in Poland in 2020

A statistical pharmacy in Poland had a turnover higher by 5.8% in 2020 than in 2019 and by as much as 19.4 percent than in 2018. On average, they amounted to almost PLN 2.8 million. However, the number of patients fell by 5.6% to 44.1 thousand.

The turnover of the statistical average pharmacy in Poland is growing, so it might seem that it is good. However, this was mainly due to the decline in the number of pharmacies. Almost 460 pharmacies and pharmacy outlets have disappeared from the market, we now have about 13,000, and there was a period when about 15,000 were in operation. It seems that this downward trend will not be stopped.

According to the data of the analytical company PEX Pharma Sequence, isolation has an impact on the inhibition of drug sales, which resulted in a decrease in infections and reduction of medical visits. Although the category of products for disinfection and strengthening immunity recorded increases, sales in the entire pharmacy market dropped by over 3%.

Serbia (observer)

In Serbia, the principal task was to secure a sufficient quantity of personal protective equipment for pharmacy staff. According to Golubović Marković, Serbian officials focused on the safety of pharmacists and patients alike, and immediately had plastic barriers installed in outlets, which pharmacists viewed favourably.

While the number of infected pharmacists in Serbia during the first wave was low, the second wave arrived faster, at the end of the summer. Because of that, Golubović Marković refers to the current situation as the third, rather than second wave.

Another big problem was a shortage of disinfectant. That was resolved by producing disinfecting agents in pharmacy laboratories based on an agreement with the Chamber of Commerce, which brokered the supply of ethanol.

In addition, Dr.Max pharmacies introduced so-called emergency stock, a certain minimum extra quantity of goods in stock ensuring that all patients can obtain their medicines.

“The rapidly announced lockdown in Serbia caused numerous problems, particularly for patients and tourists from other countries. The authorities allowed people only a several hours a week during which they were permitted to leave their dwellings,” explained Golubović Marković.

In response, this chain set up a system for home delivery to patients. The home delivery service was offered to captive groups of patients as well as persons unable to pick up their medicines at a pharmacy.

The developments of the last year show that the pandemic has been a driving force behind the implementation of electronic prescriptions in all countries.

Executive Director Letter

Letter from the EFPC Executive Director

As for the rest of the world, 2020 was a year of change for the EFPC. We had expected that our actions would seamlessly build on work we did in 2019. At the beginning of 2020, we prepared a schedule of events that was to culminate with the second edition of the EFPC Conference, our most representative event and main discussion platform. Apart from the conference, we planned events that were to be less formal, but that much more action-oriented, aimed at current trends and problems in the pharmacy sector. We can now report with pride and satisfaction that the EFPC has displayed great maturity in coping with the fundamental transformation of its operations from the time before the pandemic, despite an increase in membership.

Never did we expect that the second edition of our annual conference, scheduled for the fall, would have to be postponed and its organization, form, and events fundamentally changed. Regular meetings, ad hoc consultations, meetings of working groups, and Executive Committee conferences were all held using the videoconference format. We organized ApaVision, a stimulating, very favourably received online event, during which invited experts from a number of countries examined pharmacy care during the pandemic, innovations, new health services in pharmacies, and vaccination-related issues. Despite last year's restrictions, we carried out several ad hoc surveys that targeted the impact of the COVID-19 pandemic on the pharmacy sector, the development of novel services, and the introduction of innovations in consideration how events unfolded rapidly in real time. In some areas, progress was so fast that we were forced to seek consensus and formulate statements acceptable to all of the current and future EFPC members in consideration of the vast differences in developments taking place in member and candidate countries.

I am proud to report that the EFPC's everyday efforts in 2020 demonstrated that innovations are not only an item on our agenda, but also an integral part of our operations.

One of the EFPC's main targets in 2020 was increasing membership by accepting new members from the ranks of candidate countries. In October 2020, the EFPC was joined by PharmaNET, Poland's national association of pharmacy sector employers. Our new member took active part in the EFPC's day-to-day operations, and the Executive Director of PharmaNET was appointed as the fifth member of the EFPC Executive Committee. At the end of the year, we assisted in the establishment of Serbia's national association of pharmacy chains, which resolved at its constituent assembly to apply for EFPC membership following its registration with Serbian authorities.

To conclude, allow me to thank all readers of the 2020 EFPC Annual Report for the attention they paid to our activities in the reported year. I am confident that the scope of our endeavours and steadfast dedication to the improvement of services for patients and clients will once again allow us to make an important step ahead in 2021. I am honoured to be part of it.

Zdeněk Blahuta
Executive Director, EFPC



Zdeněk Blahuta, Executive Director, EFPC

About the EFPC

The European Federation of Pharmacy Chains (EFPC) was established on October 10, 2018, with operation to launch in January 2019 in Prague. The EFPC brought together Pharmacy chain associations from the Czech Republic (APLS CZ), Slovakia (APLS SK) and Hungary (HGYSZ).

The EFPC is the only organization representing pharmacy chains in Europe. The EFPC is an independent, voluntary, non-political and non-governmental organization, which cooperates and encourages strong links between the European organizations in order to solve issues of pharmacy sector.

It represents over 31,700 pharmacy experts, 5,550 pharmacies and 5 European countries.

An important part of the EFPC activities is support and protection of the interest of its members, conduct and report of surveys work related issues. Furthermore, the Federation provides educational activities in the pharmaceutical field and advocacy service for the members. The EFPC was developed from a response to negative trends in some Central and Eastern European countries which are in conflict of patient interests.

The EFPC is reliable partner for national and European regulatory authorities, stakeholder and beyond and support an open and constructive discussion in the pharmaceutical sector.

Vision:

The EFPC members believe that liberalization of the pharmacy market is the best way to improve patient comfort and it leads to high consumer satisfaction with the functioning of the pharmacy market. The EFPC sees of patients' changing shopping behavior in other fields and aware that

there is a high probability that these changes will arise within a short time in pharmaceutical sector as well. By that time, an implementation of some processes should be led by legislators to meet patients' needs and ensure the safe servicing and keep right practice expedition.

Mission:

The mission of the EFPC is defend liberal market and the interest of patients, pharmacy workers and owners in Europe. The EFPC creates optimum conditions for the development of the pharmacy business and the activities of pharmacy operators in EU members states, and the provision of services related to the performance of their activities and established against any violation of the fundamental right to their properties / shareholding rights. The EFPC wants to bring attention to actions that go against activities include promoting the concept of "Pharmacy for the Pharmacists", which is unheard of in any other field.

The EFPC represents and protects economic, business and social interests of its members in pharmacy business.

Aims and Objectives of the EFPC

- Defend the interests of patients and pharmacy workers and owners
- Monitoring activities which could have tendency to limit patient rights, worsening accessibility, reducing the effectiveness of pharmacy care in our members countries
- Protecting economic, business and social interests of the EFPC members
- Creation of optimum conditions for the development of the pharmacy business
- Closest cooperation with members of national associations
- Coordinated PA and PR activities

Communication

Statement

In January 2020, the EFPC published The Statement of Development of the online Pharmacy Service, where was established that all members of the EFPC fully respect and strictly follow national and European legislation during the conduct of pharmacy operations.

At present, the EFPC's members have different attitudes towards mail-order dispensing and other indirect supply processes of medical products, because members are bound by different legislative systems and processes.

Through it, non-prescribed medicines are mostly available over the Internet for patients from the EFPC's member countries, although the service is provided on different levels in each country right now. Some countries have just started to provide online services for selling non-prescription medicines, while some others already have a fully working system which patients use daily.

The EFPC doesn't have ambitions to initiate or actively encourage the mail-order dispensing of prescription medicines nor its' extension in Europe. However, we aware that there is a high probability that the need will arise within a short time because of patients' changing shopping behavior in other fields. By that time, an implementation of the process should be led by legislators to meet patients' needs under the following principles:

- The EFPC recommends implementing the mail-order dispensing of prescription medicines after both professional and wider, public discussion.
- There are a few steps necessary to ensure the real interest of the patients, safe servicing and keep right practice expedition.

1. Rx RESERVATION

This kind of service will allow for the reservation of prescription medicines over the Internet. What we suggest is the implementation of a certification process for pharmacy operators who should be able to confirm the authenticity of each e-prescription from data storage. It should preview the name of the medication and the recommended dosage.

According to the EFPC, the operator should work only with anonymized data (without access to the personal data and medical records of the patient). Operators should not be allowed to change an e-prescription. Despite making a reservation with one operator, the patient would still be free to pick up the prescribed medication at another pharmacy.

2. Rx ONLINE

The EFPC suggest the implementation of a distance dispensing system of prescription medicines two years after Rx RESERVATION has launched. This two-year period provides sufficient time for professional discussion, legislative preparation, rules drafting and an open-minded assessment which will guarantee that the service will not be operated beyond state control.

Newly adopted rules should include conditions which guarantee that medicines purchased over the Internet will be bound to a particular pharmacist. Likewise, the implementation of the service must not impair patients' right to the correct dispensation at a minimum and compliance with the cold chain for medicines provided to the patient.

Upcoming Events 2021

Due to the coronavirus pandemic and its vast impact on the world, including the EFPC's events in 2020, members of the EFPC Board have decided to reschedule all planned events to 2021, particularly the annual EFPC Conference. The conference took place in Bucharest in March 2021. The second EFPC International Conference has been moved online because of uncertainties related to the current development of the pandemic.

The EFPC is going to attend and participate in national and the international conferences in Europe wherever possible.

EFPC members plan to continue organizing round-table discussions and academic conferences, which will be held online to ensure safety for all participants and attendees.

The coronavirus pandemic affected membership as well. The EFPC will continue negotiating with potential member countries, such as Ireland and Croatia, and communicating with Baltic representatives. As mentioned, the membership of Serbia has been postponed due to the pandemic and its effects on legislative procedures in Serbia. Members of the EFPC Executive Board anticipate that Serbia will become a full EFPC member in the following year.

To attract additional members from the ranks of pharmacy sector operators, the EFPC is going to announce and apply a special membership program that has been created specifically for individuals.

One of the EFPC's goals for the forthcoming years is to provide a joint platform for national and European pharmaceutical associations and to get them involved in a pan-European discussion. The EFPC strongly feels

a need for building a strong umbrella organization for strategic planning and coordination of action regarding issues concerning the European pharmacy sector.

The EFPC plans to launch a new exchange program focused on employees and pharmacists working for pharmacy chains. The program aims to strengthen contacts and communication and to improve knowledge of laws and regulations and their impact in individual countries. Details of the new program will be announced in the course of 2021.

The EFPC Executive Team

The EFPC Executive Director



Zdeněk Blahuta, Czech Republic

He has more than 30 years of experience with management of public pharmacies, hospital pharmacies and pharmaceutical wholesalers. He is former Head of the State Institute for Drug Control in the Czech Republic (SUKL) and he was Member of Board of the European Medicines Agency (EMA) and former Covid-19 vaccination strategy coordinator in the Czech Republic.

The EFPC Executive board



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Head of Executive Board



Karolina Korodi
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Výroční zpráva 2020
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