



PGEU Position Paper on Health Preparedness



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Executive Summary

European pharmacists play a **crucial role in reinforcing Europe’s health preparedness** and are strongly committed **to strengthening Europe’s resilience to health crises**. Community pharmacies are essential healthcare hubs providing unique on-the-ground support during emergencies. Recent crises have exposed structural vulnerabilities in Europe’s health security, from pandemics and epidemics to energy and cyber disruptions, as well as war-driven population displacement. Throughout these shocks, **community pharmacists have been a constant, highly accessible point of care**.

During COVID-19, pharmacies supported mass vaccination programs, delivered testing, produced disinfectants, and ensured continuity of treatment when other services were curtailed. In response to the threat of avian influenza (H5N1), pharmacists have supported the controlled dispensing of antivirals and helped ensure access to personal protective equipment (PPE), such as protective masks. Pharmacies have also provided practical support to displaced people, including those arriving in countries such as Poland following the war in Ukraine, by facilitating access to medicines, advice and vaccination. Even when essential services are disrupted, including during major power outages in Spain and Portugal, pharmacists have continued to support patients by providing guidance and helping maintain access to medicines where possible.

These crises underscored that **the dense network of community pharmacies is vital in supporting local communities and relieving pressure on other parts of the health system**. The essential services provided by pharmacies ensure continuity of treatment at all times, bringing essential added value during emergencies. Recent critical infrastructure disruptions in some Member States (e.g. power outages or storms damages) have also shown that preparedness must include operational continuity of community pharmacy services, such as, resilient power, redundant communications and workable e-prescription/IT solutions.

Building on these lessons and in light of current challenges, such as geopolitical instability and supply chain vulnerabilities, PGEU proposes the following priorities to reinforce Europe’s preparedness and response capacity:

7 PRIORITIES FOR A MORE PREPARED EUROPE



1. Include community pharmacies and pharmacists in emergency governance

Pharmacies are distributed across the territory and strategically located, providing extensive population coverage. No other health infrastructure offers this combination of reach and proximity. In emergencies, this footprint enables rapid mobilization for patient assistance and administration of medical countermeasures, continuity of ongoing treatments, and consistent risk communication.

To use this capacity effectively, pharmacies should be formally integrated into EU and national crisis management structures, with defined roles, two-way information channels, and procedures that link planning, activation, and recovery. Pharmacists' representatives should be formally included in emergency task forces, pandemic committees, and advisory bodies.

We call for a stronger involvement of pharmacists in DG HERA's (Health Emergency Preparedness and Response Authority) initiatives so that the pharmacy perspective is heard in decision making. The EU should clarify DG HERA role within the EU architecture. It should play a crucial role in ensuring that preparedness is treated with a holistic approach to public health, and not as an industrial matter only.

Clear roles must be defined for community pharmacists in crisis, preparedness and response plans, from planning to on-the-ground patients care with regular coordination between authorities and representatives or pharmacy professional bodies.

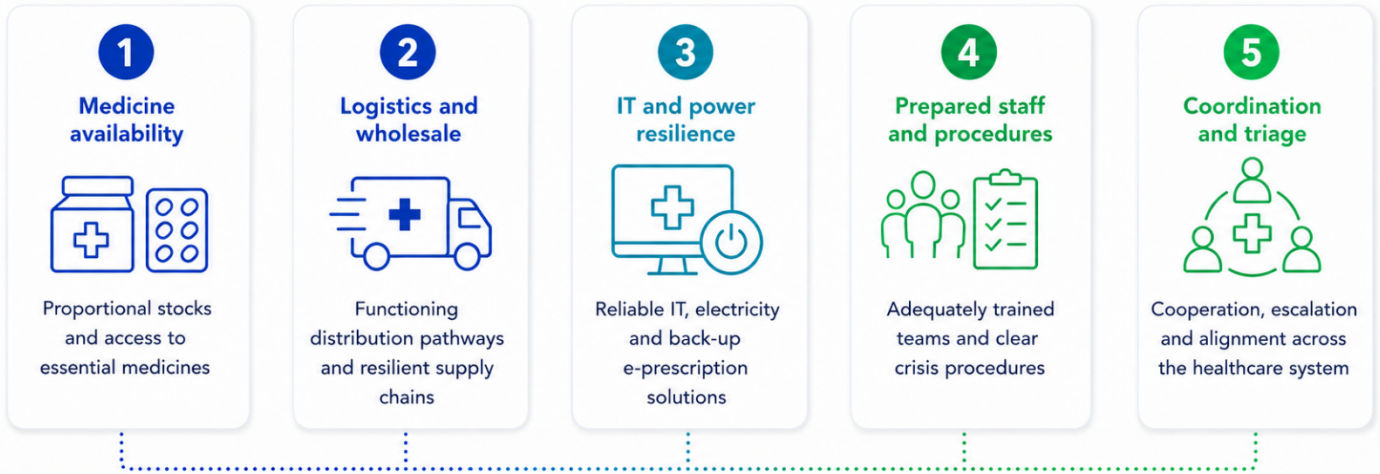
Including pharmacies and pharmacists' representatives in governance will improve information flows and ensure the pharmacy network can be effectively mobilized when a crisis hits.

Pharmacists rely on essential daily deliveries from wholesalers. The role of the traditional distribution chain is especially relevant in times where disruptions might threaten the link between pharmacies and wholesalers. The traditional supply chain should be efficiently managed to reduce risks and increase resilience, especially during crises. In addition, EU-level risk assessments and preparedness recommendations should take into account the practical feasibility of sustaining back-up power (including refueling logistics and priority where generators are used) to preserve the cold chain and maintain essential dispensing operations during prolonged outages.

The continuity of pharmaceutical care is a core responsibility of pharmacists and pharmacy owners. In practice, however, continuity depends not only on the availability of medicines but also on the operational conditions that enable safe dispensing and coordination: functioning distribution and logistical pathways, IT systems and electricity to ensure access to and exchange of information with prescribers, patients and wholesalers (including resilient back-up solutions for e-prescriptions), and adequately trained staff. Preparedness planning should therefore combine proportional supply measures with operational preparedness and clear procedures for rapid coordination across the healthcare system, including cooperation with doctors and other healthcare professionals. An efficient triage system with clear escalation processes should be ensured to prevent discrepancies between different regions.

Emergency frameworks should also recognise that prolonged disruptions may increase risks to the physical security of essential community-based health infrastructure. EU-level preparedness work can support guidance on safe operation, escalation and rapid contact protocols that help protect staff and patients while maintaining continuity of access.

CONTINUITY OF PHARMACEUTICAL CARE



All pillars are needed to ensure continuity of pharmaceutical care during crises.



Preparedness planning should combine supply measures, operational resilience and rapid coordination across the healthcare system.



2. Optimize contingency stocks of essential medicines and medical devices by establishing a regulatory framework for critical products, bearing in mind the respective competences of the EU and Member States

In Europe, several Member States activated a wide array of measures affecting the management of stocks of medicines and medical devices. Often, these measures have been defined with overlapping terms. It is important that the EU **clarifies and distinguishes between the different types of obligations**.

On one hand, there is the national strategic stockpiling of essential medicines by the Member States as a targeted national security measure. It is important to stress that member States should be able of building stockpiles of essential products in necessary cases to ensure resilience in the face of potential security crises.

On the other hand, there is the decision of a Member State to establish contingency stocks managed by marketing authorization holders (MAHs) and wholesalers. This model should be improved and coordinated to ensure appropriate preparedness and avoid disproportionate measures, including risks to availability of medicines.

While these contingency stocks measures are necessary to ensure the continuous supply of medicines, the proportionality of such provisions should be better ensured. In addition, without European coordination, such unaligned efforts risk leading to inefficient allocation of medicines.

PGEU calls for a rational approach to contingency stocks with the aim of ensuring proportionality and appropriateness of the obligations.

Contingency stocks should be required on a **product-by-product basis** to **avoid expiry, duplications and medicines waste**. A medicinal product specific approach should be used in understanding at which medicinal product level the obligation should apply (e.g. active pharmaceutical ingredient, semi-finished, or finished dosage form). Different products will require different practical arrangements. Different approaches are required for medicines with seasonal and recurring demand increases and for medicines with unforeseen and sudden spikes in demand. We call for evaluating product-specific characteristics when imposing stock holding obligations.

To optimize contingency stocks, a **“rolling stock” approach** should be adopted at the manufacturing and wholesaling level. Instead of requiring sudden large stock, which can trigger supply strains or lead to large quantities expiring, manufacturers should gradually increase buffer stocks of critical medicines over time. Inventory management should follow a **first-expiry-first-out (FEFO)** principle rather than the simple first-in-first-out (FIFO), so that reserves are continuously rotated. This practice would keep emergency reserves fresh and minimize waste from expiry.

With regard to flexibility in the holding and sharing of medicinal products for which a contingency measure is mandated, we stress the importance of ensuring that flexibility is **temporary, product specific, and proportionate**. Directive 2001/83/EC already provides in article 63.3 an exemption that can be used in these specific cases. Additional measures, expanding the scope of these already granted flexibilities is unnecessary and poses safety risks for patients. Crucial patients' information in the packaging and labelling should always be provided. Keeping a paper patient information leaflet inside the packages (e.g. in multi-language format in limited and specific cases, where needed) of each medicine ensures access to medicine information without any compromise. This is especially relevant in times of crises, where a cybersecurity attack or a blackout might impede digital access to key information.

PGEU also calls for **a coordinated European framework** to medicine contingency stocks, built on transparency and solidarity between countries. This framework should set proportionate criteria for which medicines require contingency stocks, in what quantities, and for how long, ensuring that national requirements complement one another rather than compete. All obligations should be based on realistic risk assessments to avoid unnecessary strains on the supply chain or wastage of medicines due to expiry.

Union level contingency stock measures should not be a duplication of national efforts. Union level stocks decisions should be carefully planned, proportionately managed and directed only to specific medicinal products for which such an approach would be needed. Member States should voluntarily decide to participate according to their national needs and requirements. EU-level reserve schemes such as rescEU should act as a targeted backstop that complements existing efforts.

European solidarity must be at the heart of any contingency stock system. PGEU recommends expanding mechanisms such as the Medicines Shortages Steering Group's voluntary solidarity mechanism, whereby a Member State experiencing a critical shortage can notify others and receive emergency supplies from their stocks in a swift and coordinated manner.

PGEU also stresses that **pharmacies do not stock high volumes**. Community pharmacies operate on just-in-time logistics and rely on daily wholesaler deliveries. On-hand stock is small, fast-moving, and highly variable. Pharmacy stocks are based on individual, locally influenced factors (for example, doctors' prescribing habits or particular patient needs). **Using pharmacy-level stocks data as a proxy for national availability would generate misleading data.** Additionally, **imposing enhanced contingency stocks obligations on pharmacies**, which do not have storage capacity and appropriate resources to handle such measures, **would disproportionately affect the sustainability of the profession.**

The Critical Medicines Act and the EU stockpiling strategy present a timely opportunity to include these coordination principles into a resilient European safety net for medicines. By optimizing contingency stocks in a collaborative way, Europe can ensure that an emergency reserve of essential medicines is always available to protect patients.

3. Expand pharmacists' scope of practice for crisis response

To maximize healthcare capacity during emergencies, pharmacists across Europe should be empowered to utilize their full range of skills in patient care.

Under appropriate legislation or protocols, pharmacists should be enabled to **dispense and/or administer vaccines and critical medicines** (e.g. antivirals or other medical countermeasures) in all Member States. Pharmacists already offer a wide range of pharmacy services that go well beyond the sole dispensing of medicines, demonstrating the added value of these qualified healthcare professionals in crisis and response situations.

Pharmacists should also be permitted to provide **point-of-care testing for infectious diseases** and, when indicated, dispense timely treatment or provide referral based on the results. These steps would make primary care more accessible during a crisis and **reduce the burden on hospitals and GPs**.

As highly accessible contact points, pharmacies can contribute to **early-warning systems** through surveillance, monitoring trends in medicines' demand, and reporting signals that may indicate emerging outbreaks or supply disruptions.

Furthermore, the expansion of pharmacists' scope of practice is needed to improve continuity of treatment when usual care pathways are disrupted. Pharmacists should be authorized, when appropriate and through a shared decision-making process with the prescriber and the patient, to perform **prescription adaptations** (for example, adjusting dosage or formulation when the exact prescribed product is unavailable) and to **substitute equivalent generic or therapeutic alternatives** in case of medicine shortages. They should also be allowed to dispense medicines in appropriate pack sizes or alternative formulations to ensure continuity of treatment, and to compound essential medicines locally when no authorized product is available, including proactively as part of preparedness planning.

Health emergency preparedness must also include planning for **pharmacy workforce surge capacity**. Joint training, flexible staffing models and measures to prevent burnout are essential to ensure that community pharmacies can safely sustain extended opening hours and increased workloads during crises.

Access to disinfectants is a critical element of crisis response and infection prevention. During recent emergencies, including COVID-19, community pharmacies helped address supply gaps by preparing disinfectant solutions locally for patients and healthcare services. However, administrative and regulatory hurdles linked to the EU Biocidal Products Regulation can limit or delay pharmacies' ability to manufacture disinfectants when market supply is disrupted. PGEU therefore calls on the European Commission and Member States to create clear, harmonized and time-limited derogations within the EU biocidal products framework to enable pharmacies to prepare

disinfectants on an individual/local basis, when necessary, subject to appropriate quality standards, traceability and oversight.

Long-term preparedness requires a strong primary healthcare infrastructure that can surge when needed. Community pharmacies must be sustainably resourced and supported so they can remain operational and effective during crises. PGEU calls for **fair remuneration of pharmacy services** – both those provided day-to-day, and those expanded during emergencies. Many pharmacies took on new responsibilities during COVID-19 (such as vaccination, testing, chronic disease management, renewal of chronic therapy, medicine shortages management, medication use reviews, and even services like smoking cessation counseling) often without dedicated funding. To make these services sustainable, pharmacists need to be adequately compensated for the additional care they provide.

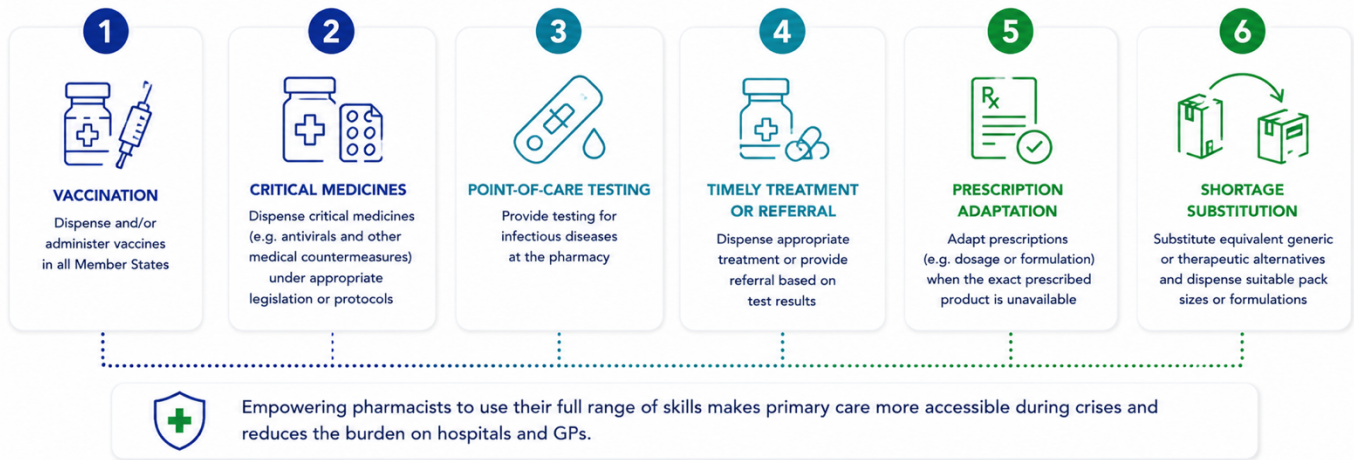
In addition, targeted investments are needed to reinforce pharmacy infrastructure. This includes support for continuous professional training (so that pharmacists and their staff are well-prepared for new tasks), upgrades to IT connectivity and granting pharmacists' access to health records (to integrate pharmacies into e-health and surveillance systems and cybersecurity against external threats), maintenance of cold-chain equipment for vaccines and other temperature-sensitive medical supplies, and the provision of protective equipment to pharmacies. Such investments will ensure that pharmacies remain safe for staff and patients and can function optimally even under high demand and challenging conditions. Last but not least, it is important to ensure that community pharmacies can rely on local power and communication supply, also in emergency situations. Municipalities and districts should include them in their contingency plans.

When pharmacies face damage to premises, equipment, IT systems or temperature-sensitive stock, rapid restoration of operational capacity is essential to protect patients and reduce avoidable pressure on other parts of the healthcare system. EU-level preparedness and recovery instruments can support this by enabling resilience upgrades (e.g. back-up power, connectivity, cybersecurity and cold-chain monitoring) through procedures that are proportionate and fast in crisis contexts. In parallel, insurance and risk-sharing approaches should evolve to reflect modern disruption profiles, including prolonged power outages, cold-chain losses and operational downtime, helping pharmacies recover quickly and remain sustainable.

The European Commission should work with Member States to bolster the financial and structural sustainability of community pharmacies as a critical component of health systems. A resilient pharmacy network – one that is **adequately funded, staffed, and equipped** – is an essential prerequisite for any effective health emergency preparedness and response plan. Investing and strengthening pharmacies today will pay dividends when the next crisis strikes.

Empowering pharmacists in this way ensures that patients can continue to receive appropriate care quickly during a crisis, even when standard channels are under strain.

PHARMACISTS' EXPANDED CRISIS RESPONSE TOOLKIT



4. Enhance collaborative procurement initiatives by harnessing pharmacy data

Community pharmacists generate valuable real-world data (RWD) on medication use and patient outcomes through their routine interactions with patients. These data, from dispensing records, medication reviews, point-of-care testing, vaccination records, and daily patient consultations, can be aggregated into real-world evidence (RWE) to inform public health decision making.

PGEU urges that the EU's forthcoming preparedness initiatives create mechanisms to fully harness this potential **without increasing the administrative burden** on the profession that such requests for reporting might generate. Leveraging such real-world evidence will enable more responsive, evidence-based interventions in a crisis. Data should be gathered in an **aggregated format**, making use of already existing IT solutions, including the EHDS, **without imposing new reporting obligations** on pharmacies or compromising data confidentiality and business secrets. The sharing of data should be done in full compliance with the relevant data protection and privacy legislation at national level and at the European level, with specific respect to the General Data Protection Regulation (GDPR).

Such information should also be harnessed in joint procurement or collaborative procurement decisions. Member States willing to cooperate should receive appropriate support to develop collaborative procurement and joint procurement measures.

PGEU supports Member States voluntarily deciding to cooperate in joint or collaborative procurement where it demonstrably adds value, respecting national competences and subsidiarity. Cooperation should be **needs-driven and informed by real-world data from pharmacies**. At the same time, such schemes must not be used to introduce or normalize regulatory flexibilities on packaging and labelling or to replace the paper patient information leaflet with an e-PIL-only approach. Any exceptional derogations, where strictly necessary, should remain **temporary, product-specific, proportionate and accompanied by robust safeguards**.

Pharmacist organizations should be involved in governance and in drawing up specifications and service conditions to protect continuity of patient care. The products affected by these measures should be those with accessibility issues. Procurement should ensure that proportionality and equity principles are respected. This balanced, voluntary model enables collaborative purchasing to improve resilience and affordability.

5. Address the availability of MCMs, diagnostics, therapeutics and PPEs

The EU should improve its efforts on addressing medicine shortages. As the European Court of Auditors highlighted in its report on medicine shortages, Europe must strengthen its efforts by leveraging the already existing frameworks.

Additional funding should be allocated to the EU initiatives on the problem, including the Critical Medicines Act. Efforts should be better targeted where there is a **real and concrete supply chain bottleneck**. **Product-by-product vulnerability evaluations** should be done to ensure that the differences in the supply chain of each single product are reflected in the proposed solutions.

Public authorities should ensure **better enforcement of the already existing supply and reporting obligations** on manufacturers. This will enhance the transparency and accountability of the upstream supply chain.

Shortages of medical countermeasures (MCMs), diagnostics and therapeutics essential for crises, and personal protective equipment (PPE) should be specifically addressed with targeted measures to ensure diversification and reinforcement of the supply chain.

Medicine shortages are a persistent challenge that becomes especially acute in times of crisis. Tackling shortages requires real-time communication and coordinated action across the supply chain. Authorities must establish **timely, two-way communication channels with community pharmacies** to both inform them of looming supply issues and receive feedback from pharmacists about shortages impact.

The European Shortages Monitoring Platform (ESMP), introduced at EU level to monitor and mitigate shortages, should be fully utilized and the Medicines Shortages Steering Group (MSSG) within the European Medicines Agency's extended mandate (as established by Regulation (EU) 2022/123), should be further explored. We also call for the **inclusion of healthcare professionals in the Critical Medicines Act's coordination group**.

Community pharmacies already spend **nearly 11 hours per week on average managing shortages**, essential time taken away from direct patient care. Reducing this burden through better information flows, expedited shortage management protocols will free up pharmacists' capacity to care for patients and will ensure that products are available when especially needed in times of crisis.

6. Leverage pharmacies for improved risk communication

Public communication is a central pillar of crisis management, and community pharmacists are ideally positioned to serve as trusted communicators to European citizens.

Pharmacists are among the most accessible healthcare professionals, and patients frequently turn to their local pharmacy for information and reassurance. Authorities should leverage this trust by **actively incorporating pharmacies into risk communication strategies** during health emergencies.

The network of pharmacies in Europe, strategically located to efficiently cover the whole national territory, can be further utilized to amplify messaging, communicating science-based and trustworthy information, contributing to **mitigating misinformation** in times of crisis. Misinformation and disinformation can spread rapidly in a crisis, undermining public confidence and compliance with health measures. As highly qualified healthcare professionals, pharmacists already provide evidence-based advice on issues such as vaccines, treatments, and preventive measures.

We urge governments and health authorities to provide community pharmacists with **up-to-date, accurate information and communication tools**, through **specialized communication channels**. By acting as essential providers of public health guidance, pharmacists help ensure that citizens receive clear and correct information, counteracting misinformation and disinformation.

Moreover, by equipping pharmacists with timely situation updates and unified messages, authorities can ensure that **millions of people receive the same accurate guidance**, whether about a disease outbreak, a vaccination campaign, or the proper use of antibiotics, from their nearest healthcare professional. This not only improves public adherence to health recommendations but also maintains trust in the overall response.

Pharmacists consistently rank among the most trusted health professionals, and that trust is underpinned by the long-standing, continuous support that community pharmacies provide to their communities.

Beyond acute crises, pharmacists also play a key role in ongoing public health communication, for example in raising awareness about the threat of **antimicrobial resistance (AMR)** and promoting prudent use of antibiotics. Their involvement in risk communication should therefore be seen as part of a broader strategy to keep communities informed and engaged in protecting their health.

7. Strengthen interprofessional preparedness collaboration between community pharmacists and other healthcare professionals

Effective emergency response requires a **whole-of-health-system approach**. Crises disrupt usual care pathways and intensify demand for primary care, hospital care and public health action. Community pharmacies are often the **first point of contact**, but pharmacy interventions are safest and most effective when coordinated with prescribers, hospital services, public health authorities and other frontline professionals. **Interprofessional collaboration must therefore be organized before a crisis hits.**

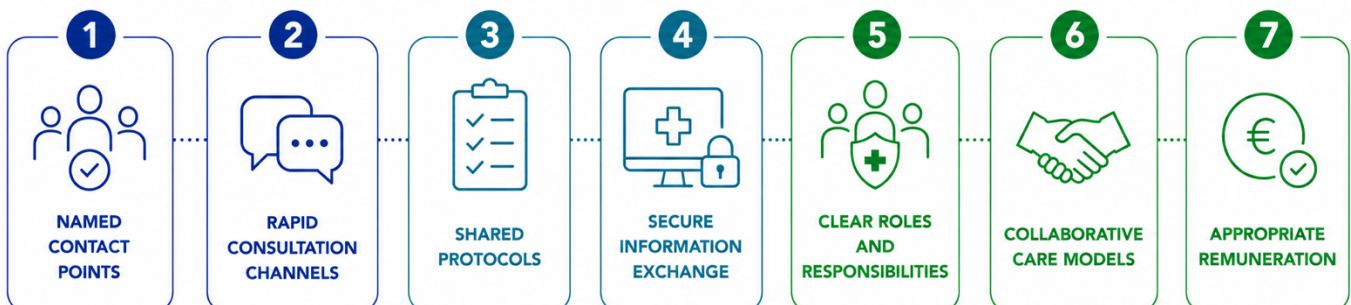
PGEU calls on Member States to establish **structured preparedness and response cooperation mechanisms** linking community pharmacies with GP practices, hospital services (including hospital pharmacists), nursing services, long-term care facilities and emergency services. These mechanisms should include **named contact points, rapid consultation channels and shared protocols** for crisis scenarios such as infectious disease outbreaks, mass vaccination and testing campaigns, medicine shortages, cyber incidents and major power outages.

Effective collaboration also requires **secure, interoperable information exchange**. Pharmacists should be able to communicate with prescribers in **real time** to verify prescriptions, document pharmacy interventions, and ensure timely referrals where needed. This requires **resilient e-prescription and health information systems**, supported by practical back-up procedures that maintain continuity during IT failures.

Preparedness planning should strengthen collaborative care models that improve continuity between care settings. These arrangements should be underpinned by **clear clinical governance, defined responsibilities, and appropriate remuneration.**

By investing in structured, routine collaboration between community pharmacists and other healthcare professionals, health systems can safeguard continuity of treatment, improve surge capacity and deliver a coordinated, patient-centered response when the next crisis hits.

7 PRIORITIES FOR STRONGER INTERPROFESSIONAL COLLABORATION



Conclusion

By embedding community pharmacy in emergency governance, enabling pharmacists to fully deploy their expertise, investing in sustainable services, and ensuring transparent, coordinated supply chains, the EU's health crisis preparedness plan can deliver concrete improvements in emergency response and patient outcomes across Europe. **PGEU and Europe's community pharmacists stand ready to work with the Commission and Member States to turn these recommendations into action.** We are committed to helping implement practical, patient-centered solutions that will strengthen Europe's ability to prevent and respond to health crises, thereby safeguarding the health of our communities now and in the future.



Annex: National experiences from PGEU members



Belgium: Iodine stocks in Belgium

[Click here](#)



Denmark: During the Covid-19 pandemic, Danish pharmacies played a central role.

[Click here](#)



France: A range of pharmacy solutions to shortages available in France

[Click here](#)



Germany: During the coronavirus pandemic, legislators in Germany tasked pharmacies with supplying protective masks to high-risk groups

[Click here](#)



The Netherlands: Regional contingency planning and crisis coordination in the Netherlands

[Click here](#)



Portugal: Community pharmacy response to public health emergencies and territorial crises

[Click here](#)



Spain: Collaborative dispensing of medicines (which was implemented as a result of COVID-19 pandemic)

[Click here](#)



Spain: Pharmacy response during the power outage in April 2025.

[Click here](#)



Spain: Community Pharmacists intervention during the Valencia floods in 2024.

[Click here](#)

About

The Pharmaceutical Group of the European Union (PGEU) is the association representing community pharmacists in 33 European countries. In Europe over 500.000 community pharmacists provide services throughout a network of more than 200.000 pharmacies, to an estimated 46 million European citizens daily.



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