**INTRODUCTION**

In the last years increasing use of innovative medicines, health status and life expectancy have risen the pharmaceutical expenditure between 4% and 13% per annum [1]. Governments and health insurers are looking for a way to yield savings on the health care budget. A procedure to purchase medicines is tendering, defined as “the acquisition of pharmaceuticals based on a competitive bidding process where the contract is granted to the pharmaceutical supplier who offered the best bid following strict criteria”. The objective of the procedure is to create savings on health budget by lowering prices for pharmaceuticals [2]. Tender is a key tool in procuring medicines for the public sector in many countries worldwide [3].

**OBJECTIVE**

Overview of the state of the art and definition of a general framework of the current public hospital drug procurement differences in the most important EU countries, looking for cases of service quality feedback on past contracts used as additional award criterium.

**METHOD**

Literature review and analysis on public reports investigating the current experience in drug procurement for the hospital sector, in the most important European and OECD countries.

**RESULTS**

Three recent surveys that involved European countries (28 countries [1]; 30 countries [2]; 27 EU countries, Norway and Turkey) carried out an investigation of the status of drugs procurement and showed that many European countries applied different purchasing policies as tenders or direct negotiation in hospitals [1,2,4].

**TENDER POLICY**

- Tendering as the sole policy for ALL medicines:
  - Finland, Sweden, Iceland, Norway, UK (only in secondary care)
- Tendering as the sole policy for MAJOR medicines:
  - Cyprus, Estonia, Italy, Latvia, Malta Norway, Sweden, UK
- Mix of Tendering and negotiation:
  - Austria, Germany and some EU member states in Central and Eastern Europe as Romania and Slovakia

- All countries should have adopted the legal basis for tendering programs by European Directive 2004/18/EC into their national law [3].
- Tenders were only launched if demanded by EU legislation
  - Medicines for special purpose such as vaccines, pharmaceuticals in pandemic plans or against communicable diseases
  - Medicines for specific customers such as military, pensioners or prisoners

**WHO?**

- The centralized procurement is carried out by Ministry of Health, social health insurance institutions or procurement agencies (in Denmark and Norway).

**WHICH KIND OF MEDICINE?**

- Although the introduction of quality as award criterium, it is just a promise on future activities, the procurement mechanisms lack of:
  - Lowest price/ best offer
  - Quality
  - Availability
  - Most reliable supplier
  - Lowest price

For the majority of countries this is the unique criterium

- a) an effective EU standardization of the procedures;
- b) feedbacks of supplier quality of the previous services as award criterium (e.g., on time delivery).

**CONCLUSIONS**

The policy to purchase medicines through tendering with the aim of increasing the health resource saving by lowering contract price is very diffused. However, costs originated by a low quality service during contract are not taken into account as an award criterium. The introduction of the quality feedback may induce a reduction of effective low-quality service related costs during the contract.

**REFERENCES**

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