



**PROPOSAL FOR REVISION OF
WHO GOOD DISTRIBUTION PRACTICES
FOR PHARMACEUTICAL PRODUCTS**
(INCLUDING MEASURES AGAINST PENETRATION OF
COUNTERFEITS INTO THE LEGITIMATE SUPPLY CHAIN)

DRAFT FOR COMMENT

Please address comments on this proposal, by 31 October 2009, to Dr S. Kopp, Executive Secretary, ad interim, IMPACT and Manager, Quality Assurance Programme, Quality Assurance and Safety: Medicines, Essential Medicines and Pharmaceutical Policies, World Health Organization, 1211 Geneva 27, Switzerland, fax: (+41 22) 791 4730 or e-mail: kopps@who.int with a copy to bonnyw@who.int.

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SCHEDULE FOR THE PROPOSED ADOPTION PROCESS OF DOCUMENT QAS/08.252:
PROPOSAL FOR REVISION OF WHO GOOD DISTRIBUTION PRACTICES
FOR PHARMACEUTICAL PRODUCTS
(INCLUDING MEASURES AGAINST PENETRATION OF COUNTERFEITS INTO THE LEGITIMATE
SUPPLY CHAIN)

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| Adoption of WHO good distribution practices (GDP) by fortieth meeting of the WHO Expert Committee on Specifications for Pharmaceutical Preparations (WHO Technical Report Series, No. 937, Annex 5, 2006) http://whqlibdoc.who.int/trs/WHO_TRS_937_eng.pdf#page=191 | 24-28 October 2005 |
| Creation of IMPACT partnership | February 2006 |
| IMPACT meeting in Bonn, Germany, decided to revise existing WHO GDP to improve security of distribution chain vis-à-vis counterfeits | November 2006 |
| First draft prepared Dr Thomas Zimmer, on behalf of EFPIA and circulated to all the members of IMPACT's Regulatory Implementation Working Group (IRIWG) | March 2007 |
| IRIWG met in Washington and discussed draft and recommended amendments | 23-25 April 2007 |
| Revised draft circulated among the members of IRIWG | May 2007 |
| Final draft made available on WHO's web site for further comments, all IMPACT members (including medicines regulatory authorities of 60 WHO Member States, plus the other IMPACT partners) encouraged to provide comments | 30 September 2007 |
| Draft further revised and finalized at IMPACT General Meeting held in Lisbon, Portugal | 13 December 2007 |
| Final text submitted by IMPACT Secretariat reflecting consensus reached at Lisbon meeting, as a recommendation from the IMPACT stakeholders to the WHO Expert Committee on Specifications for Pharmaceutical Preparations | January 2008 |
| Circulation to WHO Expert Advisory Panel on the International Pharmacopoeia and Pharmaceutical Preparations, specialists, NGOs, WHO Collaborating Centres and other parties collaborating in the WHO standard-setting process for medicines quality assurance guidelines | March 2008 |
| Collation of comments | April-May 2008 |
| Provision of comments to IMPACT RIWG | June 2008 |

(Schedule continued)

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| Discussion during informal consultation on medicines quality assurance, with members of IMPACT IRIWG, for final recommendations to forthcoming Expert Committee | June/July 2008 |
| Presentation to the forty-third WHO Expert Committee on Specifications for Pharmaceutical Preparations for possible adoption | 13-17 October 2008 |
| Recommendation to arrange meeting with IMPACT, WHO and European Community experts. | |
| Preparation of a new comments document by Ms S.J. Putter, South Africa | August 2009 |
| Meeting to discuss revision of the WHO guideline on good distribution practices for pharmaceutical products and subsequent assistance in preparing the next revision by Ms S.J. Putter | 31 August-1 September 2009 |
| Circulation of revised text on IMPACT web site and through WHO channels | September 2009 |
| Presentation to the forty-third WHO Expert Committee on Specifications for Pharmaceutical Preparations | 12-16 October 2009 |
| Any other follow-up action as needed | |

BACKGROUND

Following the adoption of the WHO guideline for good distribution practices (GDP) by the Fortieth WHO Expert Committee on Specifications for Pharmaceutical Preparations in October 2005: http://whqlibdoc.who.int/trs/WHO_TRS_937_eng.pdf#page=191 (WHO Technical Report Series, No. 937, Annex 5, 2006) this guideline has been revised by the International Medical Products Anti-Counterfeiting Taskforce (IMPACT) partnership. The following text gives an outline of the process followed.

The World Health Organization spearheaded the creation of the IMPACT partnership which includes representatives from the following organizations: ASEAN Secretariat; Asociación Latinoamericana de Industrias Farmacéuticas; Commonwealth Secretariat; Council of Europe; European Association of Pharmaceutical Full-line Wholesalers; European Commission; International Council of Nurses; International Federation of Pharmaceutical and Manufacturers' Associations; International Federation of Pharmaceutical Wholesalers; International Generic Pharmaceuticals Alliance; International Pharmaceutical Federation; Interpol; Organization for Economic Co-operation and Development; Pharmaciens sans frontières; World Bank; World Customs Organization; World Intellectual Property Organization; World Medical Association; World Self-medication Industry; World Trade Organization.

IMPACT met in Bonn, Germany, in November 2006 and decided that the existing GDP should be revisited and, if necessary, amendments proposed with the specific issue of improving the security of the distribution chain vis-à-vis counterfeits. This was based on the consideration that in highly regulated countries counterfeit medicines reach patients through the regulated distribution chain.

Dr Thomas Zimmer, on behalf of the European Federation of Pharmaceutical Industries and Associations (EFPIA), prepared a first draft which was circulated (March 2007) to all the members of IMPACT's Regulatory Implementation Working Group (IRIWG). The IRIWG met in Washington on 23-25 April 2007 and, in addition to other work, discussed the draft and recommended amendments. A revised draft was circulated among the members of IRIWG until a final draft was made available on WHO's web site for further comments. All IMPACT members (which include the medicines regulatory authorities of 60 WHO member states, plus the other stakeholders mentioned above) were encouraged to provide comments, comments were welcomed from other sources as well but no specific action was taken to trigger such comments.

The draft was further revised and then finalized at the IMPACT General Meeting held in Lisbon, Portugal, in December 2007. The final text presented below reflects the consensus reached at the Lisbon meeting and is submitted here as a recommendation from the IMPACT stakeholders to the WHO Expert Committee on Specifications for Pharmaceutical Preparations. It is hoped that the Expert Committee will consider the proposed amendments and issue an appropriate revision of the text.

The Expert Committee recommended discussing the document further with IMPACT, European Community and WHO in view of discrepancies in the preparation of comments received. A meeting was, therefore, arranged in Geneva on 31 August-1 September 2009 further to preparation of a new "With comments" document by Ms S.J. Putter, South Africa. The revised document resulting from this meeting is attached and will be further discussed, along with any further comments received, at the Expert Committee meeting in October 2009.

GOOD DISTRIBUTION PRACTICES FOR PHARMACEUTICAL PRODUCTS
(INCLUDING MEASURES AGAINST PENETRATION OF COUNTERFEITS INTO THE
LEGITIMATE SUPPLY CHAIN)
(Version 10, 2 September 2009)

1. Introduction
2. Scope of the document
3. Glossary
4. General principles
5. Regulation of the distribution of pharmaceutical products
6. Organization and management
7. Personnel
8. Quality system
9. Premises, warehousing and storage
10. Vehicles and equipment
11. Shipment containers and container labelling
12. Dispatch
13. Transportation and products in transit
14. Documentation
15. Repackaging and relabelling
16. Complaints
17. Recalls
18. Returned products
19. Counterfeit pharmaceutical products
20. Importation
21. Contract activities
22. Self-inspection
23. References

1. INTRODUCTION

Distribution is an important activity in the integrated supply-chain management of pharmaceutical products. Various people and entities are generally responsible for the handling, storage and distribution of such products. In some cases, however, a person or entity is only involved in and responsible for certain elements of the distribution process. The objective of these guidelines is to assist in ensuring the quality and identity of pharmaceutical products during all aspects of the distribution process. These aspects include, but are not limited to, procurement, purchasing, storage, distribution, transportation, repackaging, relabelling, documentation and record-keeping practices.

The storage, sale and distribution of pharmaceutical products are often carried out by various companies, institutions and individuals. This document sets out appropriate steps to assist in fulfilling the responsibilities involved in the different aspects of the distribution process within the supply chain and to avoid the introduction of counterfeits into the market place via the distribution chain. The relevant sections should be considered by various participants as applicable to the particular role that they play in the distribution of pharmaceutical products.

The nature of the risks involved is likely to be similar to those encountered in the manufacturing environment, e.g. mix-ups, adulteration, contamination and cross-contamination. When the distribution chain is interrupted by manufacturing steps such as repackaging and relabelling the principles of good manufacturing practices (GMP) should be applied to these processes.

Counterfeit pharmaceutical products are a real threat to public health and safety. Consequently, it is essential to protect the pharmaceutical supply chain against the penetration of such products. Vulnerabilities in the distribution processes of pharmaceutical products provide an avenue for counterfeit as well as illegally imported, stolen and substandard medicines to enter into the supply chain. This is a concern in both developed and developing countries. The methods whereby such products enter the supply chain have become increasingly complex and have resulted in the development of thriving secondary and grey markets throughout the world. The involvement of unauthorized and unlicensed entities in the distribution and sale of pharmaceutical products is a particular concern. Only a joint approach including all parties involved in the supply chain can be successful in the fight against counterfeit pharmaceutical products and, therefore, all players active in the market should ensure collaborative activities.

Different models for the distribution of pharmaceutical products are used in different countries and sometimes within the same country, for example, in the public and the private sector. These guidelines are intended to be applicable to all persons and outlets involved in any aspect of the distribution of pharmaceutical products from the premises of the manufacturer of the product to the consumer. This includes all parties involved in trade and distribution of medicines, pharmaceutical manufacturers, including the manufacturers of finished products, and pharmaceutical wholesalers as well as other players such as brokers, suppliers, distributors, logistics providers, traders, transport companies and forwarding agents and their employees.

The relevant sections of the guidelines should also be considered for implementation by, among others, governments, regulatory bodies, international procurement organizations, donor agencies, certifying bodies, as well as all parties including health care workers involved in any aspect of the trade and distribution of pharmaceutical products. The guidelines can also be used as a tool in the prevention of the distribution of counterfeit pharmaceutical products. It should, however, be noted that these are general guidelines which may be adapted to suit the prevailing situations and conditions in individual countries. Additional guidelines may be developed based on specific needs and situations in a particular region or country.

To maintain the original quality of pharmaceutical products, every player active in the distribution thereof has to comply with the applicable legislation and regulations. Every activity in the distribution of pharmaceutical products should be carried out according to the principles of GMP, good storage practice (GSP) and good distribution practice (GDP) as applicable. These guidelines do not deal with all aspects of the standards for the storage of pharmaceuticals which are covered in the *WHO guide to good storage practices for pharmaceuticals (1)*. These guidelines should also be read in conjunction with other guidelines such as: *WHO GMP (2)*; *Guidelines for implementation of the WHO Certification Scheme on the quality of pharmaceutical products moving in international commerce (3)*; *WHO pharmaceutical starting materials certification scheme (SMACS) (4)*; and the *Guidelines on import procedures for pharmaceutical products (5)*.

2. SCOPE OF THE DOCUMENT

This document lays down guidelines for the distribution of pharmaceutical products. Depending on the national and regional legislation on pharmaceuticals, this guide may apply equally to products for human and for veterinary use. It thus covers products for which a prescription is required by the patient, products which may be provided to a patient without a prescription, biologicals and vaccines. Although medical devices are not included in the definition of pharmaceutical products for the purposes of this document, the main principles established in this document may also be used where applicable for medical devices.

The document does not specifically cover GMP aspects of finished products in bulk, distribution of labels or packaging, as these aspects are considered to be covered by other guidelines (2).

The principles for the distribution of starting materials (active pharmaceutical ingredients (APIs) and excipients) are also not covered here. These are laid down in the WHO guidance *Good trade and distribution practices for pharmaceutical starting materials* (6)

3. GLOSSARY

The definitions provided below apply to the words and phrases used in these guidelines. Although an effort has been made to use standard definitions as far as possible, they may have different meanings in other contexts and documents.

agreement

Arrangement undertaken by and legally binding on parties.

auditing

An independent and objective activity designed to add value and improve an organization's operations by helping an organization to accomplish its objectives by using a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

batch

A defined quantity of pharmaceutical products processed in a single process or series of processes so that it is expected to be homogeneous.

batch number

A distinctive combination of numbers and/or letters which uniquely identifies a batch, for example, on the labels, its batch records and corresponding certificates of analysis.

consignment

The quantity of pharmaceutical products supplied at one time in response to a particular request or order. A consignment may comprise one or more packages or containers and may include pharmaceutical products belonging to more than one batch.

container

The material employed in the packaging of a pharmaceutical product. Containers include primary, secondary and transportation containers. Containers are referred to as primary if they are intended to be in direct contact with the product. Secondary containers are not intended to be in direct contact with the product.

contamination

The undesired introduction of impurities of a chemical or microbiological nature, or of foreign matter, into or on to a starting material, intermediate or pharmaceutical product during handling, production, sampling, packaging or repackaging, storage or transportation.

contract

Business agreement for the supply of goods or performance of work at a specified price.

counterfeit pharmaceutical product

A pharmaceutical product which is deliberately and fraudulently mislabelled with respect to identity and/or source. Counterfeiting can apply to both branded and generic products and counterfeit pharmaceutical products and may include products with the correct ingredients or with

the wrong ingredients, without active ingredients, with insufficient active ingredients or with fake packaging.

cross-contamination

Contamination of a starting material, intermediate product or finished product with another starting material or product during production, storage and transportation.

distribution

The procuring, purchasing, holding, storing, selling, supplying, importing, exporting, or movement of pharmaceutical products, with the exception of the dispensing or providing pharmaceutical products directly to a patient or his or her agent.

distributor

Any person or entity engaged in one or more of the following activities: the procuring, purchasing, holding, storing, selling, supplying, importing, exporting, or movement of pharmaceutical products, with the exception of a person dispensing or providing pharmaceutical products directly to a patient or his or her agent.

expiry date

The date given on the individual container (usually on the label) of a pharmaceutical product up to and including the date on which the product is expected to remain within specifications, if stored correctly. It is established for each batch by adding the shelf-life to the date of manufacture.

first expiry/first out (FEFO)

A distribution procedure that ensures that the stock with the earliest expiry date is distributed and/or used before an identical stock item with a later expiry date is distributed and/or used.

forwarding agent

A person or entity engaged in providing, either directly or indirectly, any service concerned with clearing and forwarding operations in any manner to any other person and includes a consignment agent.

good distribution practices (GDP)

That part of quality assurance that ensures that the quality of pharmaceutical product is maintained by means of adequate control of the numerous activities which occur during the distribution process as well as providing a tool to secure the distribution system from counterfeits, unapproved, illegally imported, stolen counterfeit, substandard, adulterated, and/or misbranded pharmaceutical products.

good manufacturing practices (GMP)

That part of quality assurance which ensures that pharmaceutical products are consistently produced and controlled to the quality standards appropriate to their intended use and as required by the marketing authorization.

good storage practices (GSP)

That part of quality assurance that ensures that the quality of pharmaceutical products is maintained by means of adequate control throughout the storage thereof.

good trade and distribution practices (GTDP)

That part of quality assurance that ensures that the quality of pharmaceutical products is maintained by means of adequate control throughout the numerous activities which occur during the trade and the distribution process. (6)

importation

The act of bringing or causing any goods to be brought into a customs territory (national territory, excluding any free zone).

intermediate product

Partly processed product that must undergo further manufacturing steps before it becomes a bulk finished product.

labelling

Process of identifying a pharmaceutical product including the following information, as appropriate: name of the product; active ingredient(s), type and amount; batch number; expiry date; special storage conditions or handling precautions; directions for use, warnings and precautions; names and addresses of the manufacturer and/or the supplier.

manufacture

All operations of purchase of materials and products, production, packaging, labelling, quality control, release, storage and distribution of pharmaceutical products, and the related controls.

pedigree

A record that traces the ownership of and transactions relating to a pharmaceutical product as it is distributed through the supply chain from the manufacturer up until the receipt of the product by the entity responsible for the dispensing or providing of the pharmaceutical product to a patient or his or her agent.

pharmaceutical product

Any product intended for human use or veterinary product intended for administration to food-producing animals, presented in its finished dosage form, that is subject to control by pharmaceutical legislation in either the exporting or the importing state and includes products for which a prescription is required, products which may be sold to patients without a prescription, biologicals and vaccines. It does not, however, include medical devices.

product recall

A process for withdrawing or removing a pharmaceutical product from the pharmaceutical distribution chain because of defects in the product, complaints of serious adverse reactions to the product and/or concerns that the product is or may be counterfeit. The recall might be initiated by the manufacturer, importer, wholesaler, distributor or a responsible agency.

quality assurance

A wide-ranging concept covering all matters that individually or collectively influence the quality of a product. It is the totality of the arrangements made with the object of ensuring that pharmaceutical products are of the quality required for their intended use.

quality system

An appropriate infrastructure, encompassing the organizational structure, procedures, processes and resources, and systematic actions necessary to ensure adequate confidence that a product (or services) will satisfy given requirements for quality.

quarantine

The status of pharmaceutical products isolated physically or by other effective means while a decision is awaited on their release, rejection or reprocessing.

sampling

Operations designed to obtain a representative portion of a pharmaceutical product, based on an appropriate statistical procedure, for a defined purpose, e.g. acceptance of consignments or batch release.

shelf-life

The period of time during which a pharmaceutical product, if stored correctly, is expected to comply with the specification as determined by stability studies on a number of batches of the product. The shelf-life is used to establish the expiry date of each batch.

standard operating procedure (SOP)

An authorized, written procedure giving instructions for performing operations not necessarily specific to a given product but of a more general nature (e.g. equipment operation, maintenance and cleaning, validation, cleaning of premises and environmental control, sampling and inspection). Certain SOPs may be used to supplement product-specific master and batch production documentation.

storage

The storing of pharmaceutical products up to the point of use.

supplier

A person or entity engaged in the activity of providing products and/or services.

transit

The period during which pharmaceutical products are in the process of being carried, conveyed, or transported across, over or through a passage or route to reach the destination.

vehicle

Vehicle refers to trucks, vans, buses, minibuses, cars, trailers, aircraft, railway carriages, boats and other means which are used to convey pharmaceutical products.

4. GENERAL PRINCIPLES

4.1 All parties involved in the distribution of pharmaceutical products have a responsibility to ensure that the quality of pharmaceutical products and the integrity of the distribution chain is maintained throughout the distribution process from the site of the manufacturer to the entity responsible for dispensing or providing the product to the patient or his or her agent.

4.2 The principles of GDP should be included in national legislation and guidelines for the distribution of pharmaceutical products, in a country or region as applicable, as a means of establishing minimum standards.

4.3 The principles of GDP are equally applicable to pharmaceutical products moving forward in the distribution chain from the manufacturer to the entity responsible for dispensing or providing pharmaceutical products to the patient, as well as products which are moving backwards in the chain as a result of, for example, the return or recall thereof.

4.4 There should be adherence to the principles of GDP in the case of pharmaceutical products which are donated.

4.5 All entities involved in the distribution process should apply due diligence with adherence to the principles of GDP, for example, procedures relating to traceability, recognition of security risks, etc.

4.6 There should be collaboration between all parties including governments, customs agencies, regulatory authorities, manufacturers, distributors and entities responsible for the supply of pharmaceutical products to patients to ensure the quality and safety of pharmaceutical products and prevent the exposure of patients to counterfeit pharmaceutical products.

5. REGULATION OF THE DISTRIBUTION OF PHARMACEUTICAL PRODUCTS

5.1 National legislation should be in place to regulate the activities of persons or entities involved in the distribution of pharmaceutical products.

5.2 The distributor or the organization to which the distributor belongs should be an entity that is appropriately authorized in terms of applicable legislation to perform the function(s) that it intends to perform. The distributor or the organization to which it belongs should be held accountable for the activities that it performs which relate to the distribution of pharmaceutical products.

5.3 Only persons or entities which are authorized to do so and/or hold the appropriate licence should be entitled to import or export pharmaceutical products.

5.4 Distributors or their agents may only distribute a pharmaceutical product within or to a country or territory if a marketing authorization, or similar authorization has been granted which allows the use of that pharmaceutical product in that country or territory.

5.5 Holders of an authorization to distribute pharmaceutical products should obtain their supplies of pharmaceutical products only from persons or entities which are in possession of the applicable authorization to sell or supply such products to a distributor.

5.6 Distributors or their agents should supply pharmaceutical products only to persons or entities which are themselves authorized to acquire such products either in terms of an authorization to act as a distributor or to sell or supply products directly to a patient or his or her agent.

5.7 Some duties and responsibilities may be delegated or contracted out to suitably designated persons or entities as authorized and as necessary. Duties and responsibilities may only be delegated to entities which are suitably authorized in line with the national legislation. Duties and responsibilities should be specified in a written agreement. There should be no gaps or unexplained overlaps with regard to the application of GDP. These activities should be documented in quality agreements or contracts. There should be a periodic audit of such activities with regard to application of GDP.

5.8 Only finished pharmaceutical products (FPPs) should be held and distributed by distributors, i.e. no bulk products should be held.

5.9 If a distributor or his or her agent subcontracts an activity to another entity, the person or entity to whom the activity is subcontracted must be appropriately authorized to perform the subcontracted activity and uphold the same standards as the distributor.

5.10 Where the sale of pharmaceutical products takes place via the Internet, this practice should be limited to registered and authorized mail-order pharmacies or other authorized entities.

6. ORGANIZATION AND MANAGEMENT

6.1 There should be an adequate organizational structure defined with the aid of an organizational chart. The responsibility, authority and interrelationships of all personnel should be clearly indicated.

6.2 Duties and responsibilities should be clearly defined and understood by the individuals concerned and recorded as written job descriptions. Certain activities may require special attention such as the supervision of performance of activities, in accordance with local legislation. At every

level of the supply chain, employees should be fully informed and trained on their duties and responsibilities.

6.3 A designated person should be appointed within the organization, who has defined authority and responsibility for ensuring that a quality system is implemented and maintained.

6.4 Managerial and technical personnel must have the authority and resources needed to carry out their duties and to set up and maintain a quality system, as well as to identify and correct deviations from the established quality system.

6.5 The responsibilities placed on any one individual should not be so extensive as to present any risk to product quality.

6.6 There should be arrangements in place to ensure that management and personnel are not subject to commercial, political, financial and other pressures or conflict of interest that may have an adverse effect on the quality of service provided or the integrity of pharmaceutical products.

6.7 Safety procedures relating to all relevant aspects including the safety of personnel and property, environmental protection and product integrity, should be in place.

7. PERSONNEL

7.1 All personnel involved in distribution activities should be trained and qualified in the requirements of GDP. Training should be based on written standard operating procedures (SOPs). Personnel should receive initial and continuing training relevant to their tasks, and be assessed as applicable, in accordance with a written training programme. In addition, training of the applicable personnel should include the topic of product security, as well as aspects of product identification, the detection of counterfeits and the avoidance of counterfeits entering the supply chain. A record of all training which includes details of subjects covered and participants trained should be kept.

7.2 Key personnel involved in the distribution of pharmaceutical products should have the ability and experience appropriate to their responsibility for ensuring that pharmaceutical products are distributed properly.

7.3 There should be an adequate number of competent personnel involved in all stages of the distribution of pharmaceutical products in order to ensure that the quality of the product is maintained.

7.4 There should be compliance with national regulations relating to the qualifications and experience of personnel.

7.5 Personnel dealing with hazardous pharmaceutical products (such as highly active, and radioactive materials, narcotics, and other hazardous, environmentally sensitive and/or dangerous pharmaceutical products, as well as products presenting special risks of abuse, fire or explosion) should be given specific training.

7.6 Personnel involved in the distribution of pharmaceutical products should wear garments suitable for the activities that they perform. Personnel dealing with hazardous pharmaceutical products, including products containing materials that are highly active, toxic, infectious or sensitizing, should be provided with protective garments as necessary.

7.7 Appropriate procedures relating to personnel hygiene, relevant to the activities to be carried out, should be established and observed. Such procedures should cover health, hygiene and clothing of personnel.

7.8 Procedures and conditions of employment for employees, including contract and temporary staff, and other personnel having access to pharmaceutical products must be designed and administered to assist in minimizing the possibility of such products coming into the possession of unauthorized persons or entities.

7.9 Codes of practice and disciplinary procedures should be in place to prevent and address situations where persons involved in the distribution of pharmaceutical products are suspected of, or found to be implicated in any activities relating to the misappropriation, tampering, diversion or counterfeiting of any products.

8. QUALITY SYSTEM

8.1 Within an organization, quality assurance serves as a management tool. In contractual situations quality assurance also serves to generate confidence in the supplier. There should be a documented quality policy describing the overall intentions and requirements of the distributor regarding quality, as formally expressed and authorized by management.

8.2 The quality system should include an appropriate organizational structure, procedure, processes and resources and systematic actions necessary to ensure adequate confidence that a product or service and documentation will satisfy given requirements for quality. The totality of these actions is described as the "Quality System".

8.3 The quality system should include provisions that the holder of the marketing authorization, labelled entity (if different from manufacturer) the appropriate national and/or international regulatory bodies, as well as other relevant competent authorities, should be informed immediately in case of confirmed or suspected counterfeit pharmaceutical products. Such products should be stored in a secure segregated area and clearly identified to prevent further distribution or sale.

8.4 Where electronic commerce (e-commerce), i.e. using electronic means for any of the distribution steps, is used, defined procedures and adequate systems should be in place to ensure traceability and confidence in the quality of pharmaceutical products. Any electronic transactions (including those conducted via the Internet) relating to the distribution of pharmaceutical products should only be performed by authorized persons or entities.

8.5 Authorized procurement and release procedures for all administrative and technical operations performed should be in place, to ensure that appropriate pharmaceutical products are sourced only from approved suppliers and distributed by approved entities. The approval should come from the competent authority of the individual country where the legal entity is registered.

8.6 Inspection, auditing and certification of compliance with a quality system (such as the applicable International Standardization Organization (ISO) series, or national or international guidelines) by external bodies is recommended. Such certification should not, however, be seen as a substitute for compliance with any national, regional or international regulations, such as adherence to these GDP guidelines and the applicable principles of GMP relating to pharmaceutical products.

8.7 If measures to ensure the integrity of the pharmaceutical products in transit are in place, they should be managed properly. For example, if seal control programmes for transit shipment are used, these should be issued in a tracked and sequential manner, the integrity of seals should be monitored and numbers verified during transit and upon receipt. Written procedures should be in place for use in situations where pharmaceutical products are suspected or found to be counterfeit.

8.8 Distributors should from time to time conduct risk assessments to assess potential risks to the quality and integrity of pharmaceutical products. The quality system should be developed and implemented to address any potential risks identified. The quality system should be reviewed and revised periodically to address new risks identified during a risk assessment.

Traceability of pharmaceutical products

8.9 There should be product traceability throughout the supply chain. This is a shared responsibility among the parties involved. There should be procedures in place to ensure and document traceability of products received and distributed to facilitate product recall.

8.10 All parties involved in the supply chain should be identifiable, depending on the type of product, and on national policies and legislation.

8.11 Regulations should foster a safe, transparent, and secure distribution system by establishing measures to ensure that pharmaceutical products have a form of documentation that can be used to permit traceability of the products throughout distribution channels from the manufacturer/importer to the entity responsible for selling or supplying the product to the patient or his or her agent.. (see also 14.2). Records including expiry dates and batch records may be part of a secure distribution documentation enabling traceability.

8.12 There should be a procedure in place that describes pedigree documentation as well as the visual and/or analytical identification of potential counterfeit products. The procedure should include provisions for notification, as appropriate of the holder of the marketing authorization, labelled entity (if different from manufacturer), the appropriate national and/or international regulatory bodies, as well as other relevant competent authorities, when a potential counterfeit pharmaceutical products is identified.

8.13 A suitable and, to the extent possible, internationally compatible product coding, and identification system should be in place and developed in collaboration with the various parties involved in the supply chain. While it is understood that a differentiated approach may be necessary for different products and regions, pedigree and/or track-and-trace technologies provide possible options to ensure traceability.

[Note from the Secretariat: Comments on the above section would be most appreciated.]

9. PREMISES, WAREHOUSING AND STORAGE

9.1 Good storage practice (GSP) is applicable in all circumstances where pharmaceutical products are stored and throughout the distribution process. For additional guidance relating to the general principles of storage of pharmaceutical products, refer to the "WHO guideline on good storage practices" (1).

Storage areas

9.2 Precautions must be taken to prevent unauthorized persons from entering storage areas. Employees should comply with the company policies to maintain a safe, secure and efficient working environment.

9.3 Storage areas should be of sufficient capacity to allow the orderly storage of the various categories of pharmaceutical products, namely commercial and non-commercial products, products in quarantine, and released, rejected, returned or recalled products and as well as those suspected to be counterfeits.

9.4 Storage areas should be designed or adapted to ensure appropriate and good storage conditions. In particular, they should be clean and dry and maintained within acceptable temperature limits. Pharmaceutical products should be stored off the floor and suitably spaced to permit cleaning and inspection. Pallets should be kept in a good state of cleanliness and repair.

9.5 Storage areas should be clean, and free from accumulated waste and vermin. Organizations in charge of distribution must ensure that premises and storage areas are cleaned up on a regular basis. There should also be a written programme for pest control. The pest control agents used should be safe, and there should be no risk of contamination of pharmaceutical products. There should be appropriate procedures for the clean up of any spillage to ensure complete removal of any risk of contamination.

9.6 If sampling is performed in the storage area, it should be conducted in such a way as to prevent contamination or cross-contamination. Adequate cleaning procedures should be in place for the sampling areas.

9.7 Receiving and dispatch bays should protect pharmaceutical products from the weather. Receiving areas should be designed and equipped to allow incoming containers of pharmaceutical products to be cleaned, if necessary, before storage.

9.8 Where quarantine status is ensured by storage in separate areas, these areas must be clearly marked and access restricted to authorized personnel. Any system replacing physical quarantine should provide equivalent security. For example, computerized systems can be used, provided that they are validated to demonstrate security of access.

9.9 Physical or other equivalent validated (e.g. electronic) segregation should be provided for the storage of rejected, expired, recalled or returned products and suspected counterfeits. The products and areas concerned should be appropriately identified.

9.10 Unless there is an appropriate alternative system to prevent the unintentional or unauthorized use of quarantined, rejected, returned, recalled or suspected counterfeit pharmaceutical products, separate storage areas should be assigned for their temporary storage until a decision as to their future has been made.

9.11 Radioactive materials, narcotics and other hazardous, sensitive and/or dangerous pharmaceutical products, as well as products presenting special risks of abuse, fire or explosion (e.g. combustible/flammable liquids and solids and pressurized gases) should be stored in a dedicated area(s) that is subject to appropriate additional safety and security measures.

9.12 Pharmaceutical products should be handled and stored in such a manner as to prevent contamination, mix-ups and cross-contamination.

9.13 A system should be in place to ensure that pharmaceutical products due to expire first are sold and/or distributed first (FEFO). Exceptions may be permitted as appropriate, provided that adequate controls are in place to prevent the distribution of expired products.

9.14 Broken or damaged items should be withdrawn from usable stock and stored separately.

9.15 Storage areas should be provided with adequate lighting to enable all operations to be carried out accurately and safely.

Storage conditions and stock control

9.16 Storage and handling conditions should comply with applicable national and local regulatory requirements. (7)

9.17 Storage conditions for pharmaceutical products should be in compliance with the recommendations of the manufacturer.

9.18 Facilities should be available for the storage of all pharmaceutical products under appropriate conditions (e.g. environmentally controlled when necessary). Records should be maintained of these conditions if they are critical for the maintenance of the characteristics of the pharmaceutical product stored.

9.19 Recorded temperature monitoring data should be available for review. There should be defined intervals for checking temperature. The equipment used for monitoring should be checked at suitable predetermined intervals and the results of such checks should be recorded and retained. All monitoring records should be kept for at least the shelf-life of the stored pharmaceutical product plus one year, or as required by national legislation. Temperature mapping should show uniformity of the temperature across the storage facility. It is recommended that temperature monitors be located in areas that are most likely to show fluctuations.

9.20 Equipment used for monitoring of storage conditions should also be calibrated at defined intervals.

9.21 Periodic stock reconciliation should be performed by comparing the actual and recorded stocks. This should be done at defined intervals.

9.22 Stock discrepancies should be investigated in accordance with a procedure, to check that there have been no inadvertent mix-ups, incorrect issues and receipts, theft and/or misappropriation of pharmaceutical products. The written report of the outcome of the investigation should be kept.

10. VEHICLES AND EQUIPMENT

10.1 Vehicles and equipment used to distribute, store or handle pharmaceutical products should be suitable for their use and appropriately equipped to prevent exposure of the products to conditions that could affect their stability and packaging integrity, and prevent contamination of any kind.

10.2 The design and use of vehicles and equipment must aim to minimize the risk of errors and permit effective cleaning and/or maintenance to avoid contamination, build-up of dust or dirt and/or any adverse effect on the quality of pharmaceutical products being distributed.

10.3 Consideration should be given if feasible to adding technology, such as GPS electronic tracking devices and engine kill buttons to vehicles which will enhance the security of pharmaceutical products whilst in the vehicle.

10.4 Dedicated vehicles and equipment should be used, where possible, when handling pharmaceutical products.

10.5 Where non-dedicated vehicles and equipment are used, procedures should be in place to ensure that the quality of the pharmaceutical product will not be compromised. Appropriate cleaning should be performed, checked and recorded.

10.6 Procedures should be in place to ensure that the integrity of the products is not compromised during transportation.

10.7 Where third-party carriers are used, distributors should develop written agreements with carriers to ensure that appropriate measures are taken to safeguard pharmaceutical products, including maintaining appropriate documentation and records. Such agreements should be in line with national and regional regulatory requirements.

10.8 Defective vehicles and equipment should not be used, and should either be labelled as such or removed from service.

10.9 There should be procedures in place for the operation and maintenance of all vehicles and equipment involved in the distribution process, including cleaning and safety precautions.

10.10 Vehicles, containers and equipment should be kept clean and dry and free from accumulated waste. Organizations in charge of distribution must ensure that vehicles used are cleaned on a regular basis.

10.11 Vehicles, containers and equipment should be kept free from rodents, vermin, birds and other pests. There should also be written programmes and records for such pest control. Cleaning and fumigation agents should not be used that may have an adverse effect on product quality.

10.12 Equipment used for the cleaning of vehicles should be chosen and used so as not to constitute a source of contamination. Agents used for the cleaning of vehicles should be approved by management.

10.13 Special attention should be given to the design, use, cleaning and maintenance of all equipment used for the handling of pharmaceutical products which are not in a protective shipping carton or case.

10.14 Where special storage conditions (e.g. temperature and/or relative humidity), different from, or limiting, the expected environmental conditions, are required during transportation these should be provided, checked, monitored and recorded. All monitoring records should be kept for a minimum of the shelf-life of the product distributed plus one year, or as required by national

legislation. Recorded monitoring data should be made available for inspection by the regulatory or other oversight body.

10.15 Equipment used for monitoring conditions within vehicles and containers, e.g. temperature and humidity, should be calibrated at regular intervals.

10.16 Vehicles and containers should be of sufficient capacity to allow orderly storage of the various categories of pharmaceutical products during transportation.

10.17 Where possible mechanisms should be available to allow for the segregation during transit of rejected, recalled and returned pharmaceutical products as well as those suspected to be counterfeits. Such goods should be securely packaged, clearly labelled, and be accompanied by appropriate supporting documentation.

10.18 Measures should be in place to prevent unauthorized persons from entering and/or tampering with vehicles and/or equipment, as well as to prevent the theft or misappropriation thereof.

11. SHIPMENT CONTAINERS AND CONTAINER LABELLING

11.1 All pharmaceutical products should be stored and distributed in shipment containers which do not have an adverse effect on the quality of the products, and which offer adequate protection from external influences, including contamination.

11.2 Shipping containers should bear labels including sufficient information on handling and storage conditions and precautions to ensure that the products are properly handled and secure at all times. The shipment container should enable identification of the containers' content and source.

11.3 The need for any special transport and/or storage conditions should be stated on the shipment container label. If a pharmaceutical product is intended for transfer outside the control of the manufacturer's products management system, the name and address of the manufacturer, special transport conditions and any special legal requirements including safety symbols should also be included on the container label.

11.4 Normally internationally and/or nationally accepted abbreviations, names or codes should be used in the labelling of shipment containers.

11.5 Special care should be used when using dry ice in shipment containers. In addition to safety issues it must be ensured that the pharmaceutical product does not come into contact with the dry ice, as it may have an adverse effect on the quality of the product.

11.6 Written procedures should be available for the handling of damaged and/or broken shipment containers. Particular attention should be paid to those containing potentially toxic and hazardous products.

12. DISPATCH

12.1 Pharmaceutical products should only be sold and/or distributed to persons or entities that are authorized to acquire such products in accordance with the applicable national, regional and international legislation. Written proof of such authority must be obtained prior to the distribution of products to such persons or entities.

12.2 The supplier of pharmaceutical products should, prior to the dispatch of such products, ensure that the person or entity, e.g. the contract acceptor for transportation of the pharmaceutical products, is aware of the pharmaceutical products to be distributed and complies with the appropriate storage and transport conditions.

12.3 The dispatch and transportation of pharmaceutical products should be undertaken only after the receipt of a valid delivery order or material replenishment plan which should be documented.

12.4 Written procedures for the dispatch of pharmaceutical products should be established. Such procedures should take into account the nature of the product, as well as any special precautions to be observed. Pharmaceutical products under quarantine will require release for dispatch by the person responsible for quality (see 6.3).

12.5 Records for the dispatch of pharmaceutical products should be prepared and should include at least the following information:

- date of dispatch;
- complete business name and address, (no acronyms), type of entity responsible for the transportation, telephone number, contact persons;
- complete business name, address, (no acronyms), and status of the addressee (e.g. retail pharmacy, hospital, community clinic);
- a description of the products including, e.g. name, dosage form and strength (if applicable);
- quantity of the products, i.e. number of containers and quantity per container (if applicable);
- assigned batch number and expiry date;
- applicable transport and storage conditions; and
- a unique number to allow identification of the delivery order.

12.6 Records of dispatch should contain enough information to enable traceability of the pharmaceutical product. Such records should facilitate the recall of a batch of a product, if necessary, and facilitate the investigation of counterfeit or potentially counterfeit pharmaceutical products.

12.7 Methods of transportation, including vehicles to be used, should be selected with care, and local conditions should be considered, including the climate and any seasonal variations experienced. Delivery of products requiring controlled temperatures should be in accordance with the applicable storage and transport conditions.

12.8 Delivery schedules should be established and routes planned, taking local needs and conditions into account. Such schedules and plans should be realistic and systematic. Security risks should also be taken into account when planning the schedules and routes of the delivery.

12.9 Care should be taken to ensure that the volume of pharmaceutical products ordered does not exceed the capacity of storage facilities at the destination.

12.10 Vehicles and containers should be loaded carefully and systematically, where applicable on a first-out/last-in basis, to save time when unloading, prevent physical damage and reduce security risks. Extra care should be taken during loading and unloading of cartons to avoid damage.

12.11 Pharmaceutical products should not be supplied or received after their expiry date, or so close to the expiry date that this date is likely to occur before the products are used by the consumer.

13. TRANSPORTATION AND PRODUCTS IN TRANSIT

13.1 Products and shipment containers should be secured to prevent or provide evidence of unauthorized access. Vehicles and operators should be provided with additional security, as appropriate, to prevent theft and other misappropriation of products during transportation. Product shipments should be secured and include the appropriate documentation to ensure that identification and verification of compliance with regulatory requirements is facilitated. Policies and procedures should be followed by all persons involved in the transportation to secure pharmaceutical products.

13.2 The persons responsible for the transportation of pharmaceutical products should be informed about all relevant conditions for storage and transportation. These requirements should be adhered to throughout transportation and at any intermediate storage stages.

13.3 Pharmaceutical products should be stored and transported in accordance with procedures such that:

- the identity of the product is not lost;
- the product does not contaminate and is not contaminated by other products;
- adequate precautions are taken against spillage, breakage, misappropriation and theft; and
- appropriate environmental conditions are maintained, e.g. using cold chain for thermolabile products.

13.4 The required storage conditions for pharmaceutical products should be maintained within acceptable limits during transportation. If a deviation has been noticed during transportation by the person or entity responsible for transportation, this should be reported to the distributor and recipient. In cases where the recipient notices the deviation, it should be reported to the distributor. Where necessary, the manufacturer of the pharmaceutical product should be contacted for information about appropriate steps to be taken.

[Note from the Secretariat: Comments would be greatly appreciated on this section.]

13.5 Where special conditions are required during transportation that are different from or limit the given environmental conditions (e.g. temperature, humidity) these should be provided, by the manufacturer on the labels, monitored and recorded.

13.6 Written procedures should be in place for investigating and dealing with any violations of storage requirements, e.g. temperature violations.

13.7 Transportation and storage of pharmaceutical products containing hazardous substances, such as toxic, radioactive materials, and other dangerous pharmaceutical products presenting special risks of abuse, fire or explosion (e.g. combustible/flammable liquids, solids and pressurized gases) should be stored in safe, dedicated and secure areas, and transported in safe, dedicated and secure containers and vehicles. Products containing toxic and/or flammable substances should be stored and transported in suitably designed, separate and closed containers. In addition, there should be compliance with applicable international agreements and national legislation.

13.8 Products containing narcotics and other dependence-producing substances should be transported in safe and secure containers and vehicles and be stored in safe and secure areas. In addition, applicable international agreements and national legislation should be complied with.

13.9 Spillages should be cleaned as soon as possible to prevent possible contamination, cross-contamination and hazards. Written procedures should be in place for the handling of such occurrences.

13.10 Physical or other equivalent (e.g. electronic) segregation should be provided for the storage and distribution during transit of rejected, expired, recalled or returned pharmaceutical products and suspected counterfeits. The products should be appropriately identified, securely packaged, clearly labelled and be accompanied by appropriate supporting documentation.

13.11 The interiors of vehicles and containers should remain clean and dry while pharmaceutical products are in transit.

13.12 Packaging materials and shipment containers should be of suitable design to prevent damage of pharmaceutical products during transport. Seal control programs should be in place and managed properly.

13.13 Drivers of vehicles should identify themselves and present appropriate documentation to identify that they are authorized for the load.

13.14 Damage to containers and any other event or problem that occurs during transit must be recorded and reported to the relevant department, entity or authority, and investigated.

13.15 Pharmaceutical products in transit must be accompanied by the appropriate documentation.

14. DOCUMENTATION

14.1 Written instructions and records should be available which document all activities relating to the distribution of pharmaceutical products, including all applicable receipts and issues.

14.2 Records should be kept by distributors of all pharmaceutical products received which contain at least the following information: date, name of the pharmaceutical product, quantity received, or supplied, name and address of the supplier.

14.3 Procedures should be established and maintained for the preparation, review, approval, use of and control of changes to all documents relating to the distribution process. Procedures must be in place for both internally generated documents and those from external sources.

14.4 Documents, and in particular instructions and procedures relating to any activity that could have an impact on the quality of pharmaceutical products, should be designed, completed, reviewed and distributed with care.

14.5 The title, nature and purpose of each document should be clearly stated. The contents of documents should be clear and unambiguous. Documents should be laid out in an orderly fashion and be easy to check.

14.6 All documents should be completed, approved, signed (as required) and dated by an appropriate authorized person(s) and should not be changed without the necessary authorization.

14.7 The nature, content and retention of documentation relating to the distribution of pharmaceutical products and any investigations conducted and action taken, should comply with national legislative requirements. Where such requirements are not in place, the documents should be retained for at least one year after the expiry date of the product.

14.8 The distributor must establish and maintain procedures for the identification, collection, indexing, retrieval, storage, maintenance, disposal of and access to all applicable documentation.

14.9 All records must be readily retrievable, and be stored and retained using facilities that are safeguarded against unauthorized modification, damage, deterioration and/or loss of documentation.

14.10 Documents should be reviewed regularly and kept up to date. When a document has been revised, a system should exist to prevent inadvertent use of the superseded version.

14.11 Mechanisms should exist to allow for transfer of information, including quality or regulatory information, between a manufacturer and a customer, as well as the transfer of information to the relevant regulatory authority as required.

14.12 Records relating to storage of pharmaceutical products should be kept and be readily available upon request in accordance with the WHO guidelines on good storage practice (1).

14.13 Permanent records, written or electronic, should exist for each stored product indicating recommended storage conditions, any precautions to be observed and retest dates. Pharmacopoeial requirements and current national regulations concerning labels and containers should be respected at all times.

14.14 Procedures should be in place for temperature mapping, security services to prevent theft or tampering with goods at the storage facilities, destruction of unsaleable/unusable stocks and on retention of the records.

14.15 Where the records are generated and kept in electronic form, backups should be maintained to prevent any accidental data loss.

15. REPACKAGING AND RELABELLING

15.1 Repackaging and relabelling of pharmaceutical products should be limited, as these practices may represent a risk to the safety and security of the supply chain. Where they do occur they should only be performed by entities appropriately authorized to do so and in compliance with the applicable national, regional and international guidelines, i.e. in accordance with GMP principles. In the event of repackaging by companies other than the original manufacturer, these operations should result in at least equivalent means of identification and authentication of the products.

16. COMPLAINTS

16.1 There should be a written procedure in place for the handling of complaints. A distinction should be made between complaints about a product or its packaging and those relating to

distribution. In the case of a complaint about the quality of a product or its packaging the original manufacturer and/or marketing authorization holder should be informed as soon as possible.

16.2 All complaints and other information concerning potentially defective and potentially counterfeit pharmaceutical products should be reviewed carefully according to written procedures describing the action to be taken, including the need to consider a recall where appropriate.

16.3 Any complaint concerning a material defect should be recorded and thoroughly investigated to identify the origin or reason for the complaint (e.g. repackaging procedure or original manufacturing process).

16.4 If a defect relating to a pharmaceutical product is discovered or suspected, consideration should be given to whether other batches of the product should also be checked.

16.5 Where necessary, appropriate follow-up action should be taken after investigation and evaluation of the complaint. There should be a system in place by which the complaint, the response received from the original product manufacturer, or the results of the investigation of the complaint, are shared with all the relevant parties.

16.6 Product quality problems or suspected cases of counterfeit products should be documented and shared with the appropriate national and/or regional regulatory authorities.

17. RECALLS

17.1 There should be a system which includes a written procedure, to effectively and promptly recall pharmaceutical products known or suspected to be defective or counterfeit, with a designated person(s) responsible for recalls. The system should comply with the guidances issued by the national or regional regulatory authority.

17.2 Such procedures should be checked regularly and updated as necessary.

17.3 The original manufacturer and/or marketing authorization holder should be informed in the event of a recall. Where a recall is instituted by an entity other than the original manufacturer and/or marketing authorization holder, consultation with the original manufacturer and/or marketing authorization holder should, where possible, take place before the recall is instituted. Recall information should be shared with the appropriate national or regional regulatory authority. If a recall of the original product is necessary due to a counterfeited product which is not easily distinguishable from the original product, the relevant manufacturer of the original product and the relevant health authority should be informed.

17.4 The effectiveness of the arrangements for recalls should be evaluated at regular intervals. All recalled pharmaceutical products should be stored in a secure, segregated area pending appropriate action.

17.5 Recalled pharmaceutical products should be segregated during transit and clearly labelled as recalled products. Where segregation in transit is not possible, such goods must be securely packaged, clearly labelled, and be accompanied by appropriate documentation.

17.6 The storage conditions applicable to a pharmaceutical product which is subject to recall should be maintained during storage and transit until such time as a decision has been made regarding the fate of the product in question.

17.7 All customers and competent authorities of all countries to which a given pharmaceutical product may have been distributed should be informed promptly of any intention to recall the product because it is, or is suspected to be, defective or counterfeit.

17.8 All records should be readily available to the designated person(s) responsible for recalls. These records should contain sufficient information on pharmaceutical products supplied to customers (including exported products).

17.9 The progress of a recall process should be recorded and a final report issued, which includes a reconciliation between delivered and recovered quantities of products.

17.10 When necessary emergency recall procedures should be implemented.

18. RETURNED PRODUCTS

18.1 A distributor should receive pharmaceutical product returns or exchanges pursuant to the terms and conditions of the agreement between the distributor and the recipient. Both distributors and such respective parties should be accountable for administering their returns process and ensuring that the aspects of this operation are secure and do not permit the entry of counterfeit product.

18.2 The necessary assessment and decision regarding the disposition of such products must be taken by a suitably authorized person. The nature of the product returned to the distributor, any special storage conditions required, its condition and history and the time elapsed since it was issued, should all be taken into account in this assessment. Where any doubt arises over the quality of a pharmaceutical product it should not be considered suitable for reissue or reuse.

18.3 Provision should be made for the appropriate and safe transport of returned products in accordance with the relevant storage and other requirements.

18.4 Rejected pharmaceutical products and those returned to a distributor should be appropriately identified and handled in accordance with a procedure which involves at least the physical segregation of such pharmaceutical products in quarantine in a dedicated area, or other equivalent (e.g. electronic) segregation, to avoid confusion and prevent distribution until a decision has been taken with regard to their disposition. The storage conditions applicable to a pharmaceutical product which is rejected or returned should be maintained during storage and transit until such time as a decision has been made regarding the product in question.

18.5 Provision should be made for the appropriate and safe transport of rejected pharmaceutical products prior to their disposal.

18.6 When pharmaceutical products are destroyed this should be done in accordance with international, national and local requirements regarding disposal of such products, and with due consideration to protection of the environment.

18.7 Records of all returned, rejected and/or destroyed pharmaceutical products should be kept.

19. COUNTERFEIT PHARMACEUTICAL PRODUCTS

19.1 Counterfeit pharmaceutical products found in the distribution chain should be kept apart from other pharmaceutical products to avoid any confusion. They should be clearly labelled as not for sale and national regulatory authorities and the holder of marketing authorization of the original product should be informed immediately.

19.2 The sale and distribution of a suspected counterfeit pharmaceutical product should be suspended and the national regulatory authority notified without delay.

19.3 Upon confirmation of the product being counterfeit a formal decision should be taken on its disposal, ensuring that it does not re-enter the market, and the decision recorded.

20. IMPORTATION

20.1 Consideration should be given to the "WHO guidelines on import procedures for pharmaceutical products" (5). The following aspects should be given particular attention.

20.2 The number of ports of entry in a country for the handling of imports of pharmaceutical products should be limited by appropriate legislation. Such ports could be designated by the state.

20.3 The most appropriately located and best equipped to handle imports of pharmaceutical products should be chosen as the port(s) of entry for the import of such products into a country.

20.4 At the port of entry, consignments of pharmaceutical products should be stored under suitable conditions for as short a time as possible.

20.5 All reasonable steps should be taken by importers to ensure that products are not mishandled or exposed to adverse storage conditions at wharves or airports.

20.6 Where necessary, persons with pharmaceutical training should be involved with the customs procedures or should be readily contactable.

20.7 The WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce should be used to provide data regarding quality assessment of imported pharmaceutical products.

20.8 Customs, enforcement agencies and regulatory agencies responsible for supervision of pharmaceutical products should establish means for cooperation and information exchange in order to prevent importation of counterfeit pharmaceutical products.

21. CONTRACT ACTIVITIES

21.1 Any activity relating to the distribution of a pharmaceutical product which is delegated to another person or entity should be performed by parties appropriately authorized for that function and in accordance with the terms of a written contract which is agreed upon by the contract giver and the contract acceptor.

21.2 The contract should define the responsibilities of each party including observance of the principles of GDP and relevant warranty clauses. It should also include responsibilities of the

contractor for measures to avoid the entrance of counterfeit medicines into the distribution chain, such as by training measures.

21.3 All contract accepters should comply with the requirements in these guidelines.

21.4 Subcontracting may be permissible, under certain conditions subject to the written approval of the contract giver; however, they should be authorized for the function.

21.5 Any contract accepter should be audited periodically.

22. SELF-INSPECTION

22.1 The quality system should include self-inspections. These should be conducted to monitor implementation and compliance with the principles of GDP and if necessary, to trigger corrective and preventive measures.

22.2 Self-inspections should be conducted in an independent and detailed way by a designated, competent person.

22.3 The results of all self-inspections should be recorded. Reports should contain all observations made during the inspection and, where applicable, proposals for corrective measures. There should be an effective follow-up programme. Management should evaluate the inspection report, and the records of any corrective actions taken.

21. REFERENCES

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Draft for comment