



THE LOADSTAR

LongRead

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Writers: Alex Lennane & Ian Putzger
Research: Dig Worldwide
Production: David Badger
Design: Alison Rolph

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5 Morocco St, London SE1 3HB

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Pharmaceutical Logistics



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It's a growing and profitable sector, but constantly changing regulations, strict temperature control, strong competition and new technologies means logistics providers must keep up, and stay close to the shippers

A new flu vaccine is coming on the market. It requires no injection, is a simple sticking plaster – but most importantly, it has no need for refrigeration, and can be stored at an ambient temperature for up to a year.

This development could have significant implications for pharmaceutical logistics, a sector dominated by regulations and requirements. And that, of course,

means it is also a sector with high costs for shippers – and high yields for those logistics providers which can meet all the rules.

What's more, it is also a sector which is growing and becoming increasingly competitive across all transport modes.

Pharma freighters, drones, a cornucopia of new monitoring devices,

as well as the looming spectre of Amazon breaking into the market are marking the battle zones for the pharma logistics market. It is giving rise to a broad arsenal of tactics, tools and speculation, as an ever-growing number of carriers and logistics providers vie for a piece of the action.

It is easy to see why. Last September market research firm Evaluate Pharma projected a global growth rate of 6.3% CAGR for the global pharma industry through 2022 to reach \$1.12 trillion in prescription drug sales.

“The anticipated rate of growth exceeds all other segments,” says Ameet Sareen, general sales manager, product business development cargo at Air Canada. The airline has enjoyed double-digit growth in this sector in the past three years.

But the market is not one for the faint-hearted. Regulation and quality are critical.

Besides demographic trends, tightening regulations have been a major driver of growth, especially serialisation, which mandates tracing by serial number in an effort to battle counterfeit drugs. More than 40 jurisdictions – including the EU, US, South Korea, China and Brazil – are on board. According to industry tracking provider Tracelink, over 75% of prescription medications worldwide will be covered by the new rules by the end of 2018.

And increasingly, pharma companies, driven by harsher regulations, are calling on their logistics providers to ensure quality and greater visibility.

“Focus on quality continues to be a major trend,” says Mr Sareen.

“Customers are constantly asking for more visibility on the condition of their shipments, including physical location, ambient temperatures and humidity levels.”

High-end versus generic

While high-end pharma traffic commands juicy margins and brings out the full expertise and technology of carriers and forwarders, it is dwarfed by generic drugs, which require simpler and more robust and cost-effective solutions.

Carriers like Air Canada reflect this with separate offerings for temperature-sensitive commodities that require active temperature-controlled ULDs, and for vaccines and medications that can be moved with passive temperature control measures.



“Customers are constantly asking for more visibility on the condition of their shipments, including physical location, ambient temperatures and humidity levels.”

**– Ameet Sareen,
general sales manager,
product business development cargo
at Air Canada**

With the latter, the Canadian airline typically uses Tyvek covers for LD-7 size shipments, says Carolyn van Vliet, cargo products business development manager. Growth has been strong in both segments, she notes.

Ultimately, the question for every player in this sector is whether a focus on one segment is more productive than trying to cover the full range of the pharma industry, and make the most of both volumes and high-yield niches.

“For one carrier to offer the entire gamut with the same level of competence can prove challenging,” says Mr Sareen.

Susanne Wellauer, vertical industry manager, pharma & healthcare at Swiss WorldCargo, finds that there is enough common ground to go after the full spectrum.

“Good distribution practice (GDP) rules apply to both high-end and generic pharmaceuticals, and they are

governed by the same principles,” she says. “If the gap between low- and high-end is widening, it depends how willing players are to invest.”

Brendan Beech, director of trade lane development at Maltacourt Global Logistics, says: “If you have the capability and the knowledge of the business, you can do both. We handle both. Some companies focus on one end.”

Product placement

More and more airlines have homed in on pharmaceuticals with special offerings, while established players in this sector have refined their services. Air Canada set up an internal support group for pharma to ensure all aspects of the operation function smoothly.

Forwarders welcome the carriers’ focus on pharma traffic, says David Bang, CEO of LifeConEx, the healthcare specialist outfit of DHL Global Forwarding.

“Airlines’ inventory is all part of the ecosystem. It strengthens it.”

Still, carriers face an uphill struggle to attract new clients who already have stable carrier relations. Most logistics operators in this sector work chiefly with a small number of preferred airlines which move the bulk of their pharma traffic.

“We try to concentrate our spread with a handful of carriers with whom we have close relationships. If we need a special service for a new customer,

Taking further.



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Training: a work very much in progress

Pharmaceuticals are among the most expensive things to move – not because of the price of the cargo, but because of the regulations and expertise required. Products can't be released to the commercial market if they have been damaged – to do so is a criminal offence, and a 'responsible person' must be nominated to sign off shipments.

And that's where training comes in. It differentiates those carriers that offer a 'pharma product', but can't necessarily guarantee its safety, from those who have the expertise to properly ensure there are no temperature excursions.

"Training is a work-in-progress every day of the year," says Alan Dorling, global head of pharma and life sciences at IAG Cargo.

"New personnel must meet EU Good Distribution Practice requirements as well as IATA's temperature control guidelines. We have a dedicated global training manager, and we have made a big investment internally and with our ground handlers."

Alongside internal training, outside companies such as Exelsius offer workshops to anyone interested from all parts of the supply chain.

IAG Cargo, which has a quality standard, offers refresher training every two years. And if issues occur at a particular station, the training manager is sent there immediately to audit and then train.

And training does prevent mistakes. Of 40,000 temperature-controlled shipments flown last year by IAG, 165 had transport excursions, when the package – but not the contents – went outside its temperature limit. IAG recorded no instances of product temperature excursions.



Every ground handler that works for the carrier must have two agents at any time in the warehouse that are the 'responsible person' for pharma, and trained as such.

"It's part of our service level agreements with the handlers," says Mr Dorling. "The product is simply too critical to get wrong. It's a very different category of cargo."

Handlers are trained over several days. It does, of course, add to the cost.

"There are numerous debates going on about quality versus cost," says Mr Dorling. "But if shippers want consistent quality then there is a substantial investment needed."

"We refuse to engage with the yield erosion strategies seen in the Middle East and Asia. This cannot be commoditised, it needs specialisation. And if price was the singular most important thing to shippers, we wouldn't be growing," he points out.

we can go to the head of the carrier," says Paul Martins, CEO of MNX Global Logistics, which specialises in time-critical shipments, especially in the medical sector.

He stresses that there is a need for airlines to offer more than services.

"We need airline partners that understand the importance of it and the unique challenges of it," he says. MNX has worked closely with Delta, which consults the logistics firm on how staff should be trained.

Increasingly, airlines are expected to accommodate cold chain and, especially, monitoring technology from customers that move pharma traffic. Air Canada has active temperature control ULDs from Envirotainer and C-Safe in its arsenal, but it also carries va-Q-tec units bought by customers. Down the road, such units may become part of the airline's portfolio, Ms van Vliet notes.

Sensors and tracking devices have proliferated at a prodigious rate.

"There is a new tracker coming into the market almost every day," says Alain Guerin, head of products,

services & technology management at Swiss.

Steven Polmans, head of cargo & logistics, strategic development of Brussels Airport Company, sees a role for BRUCloud, the Belgian airport's cargo community platform, to improve visibility and speed up the data flow between participants. This is one of the priorities at Brussels this year, while another is the deployment of more cool dollies between aircraft and warehouse, so all pharma shipments can be moved this way.

Collaborative technology

"The feedback we get is that ramp transportation is still the most vulnerable time," Mr Polmans says. Brussels started using such dollies last year and has four.

A third focus for him is on establishing certified pharma lanes. Having developed the CEIV initiative at Brussels, he is now pursuing pharma alignments with other airports to provide end-to-end solutions.

"I think what Swiss did with lane validation is the way forward," he says.

The Swiss airline joined hands with ground handlers in Switzerland and Singapore last year to establish a 'pharma corridor', and it has since expanded the concept to other routes.

"The pharma industry is more and more a multi-site industry. You can't be only good at the hub," says Mr Guerin. By the end of the year the carrier aims to have 100 lanes covered.

Air Canada's Mr Sareen explains: "The quality departments of the shippers are looking for tradelane or route qualifications. This enables them to understand the operational handling capabilities of the various parties involved; temperature profiles on that tradelane, ie, what will possibly be the maximum and lowest temperatures shipments will be exposed to on that tradelane; and risk evaluation of that tradelane, in order to better package the shipments."

Mr Guerin believes collaboration with logistics providers is the only way forward in this sector. He points to serialisation, which makes it important that all the relevant information is shared.

"Collaboration is absolutely crucial,"



“The pharma industry is more and more a multi-site industry. You can’t be only good at the hub,”

**– Alain Guerin,
head of products, services
& technology management
at Swiss**

agrees Mr Martins. The more information a supply chain partner like a carrier or a handler has, the better service the company can provide, he reasons.

For Maltacourt, collaboration is also key. Being a mid-sized operator, it has moved to expand its reach beyond its own footprint through the Pharma Network of the WCA Group.

“This way we can sell more international tradelanes. We can sell not only at origin but we can show the customer that we can cover the destination as well,” says Mr Beech. “We’ve got some exciting things in the pipeline with agents in the US.”

In June, DHL outlined three key developments that will change the industry in its Future of Life Sciences and Healthcare Logistics report: pressure to cut costs; consumer behavioural change; and digitisation – or big data.

Mr Bang says visibility is no longer about pallets or containers, “and it’s not just arrived and cleared, but also, is this compliant?” he said. “This is where big data comes in.”

According to him, big data analytics and the internet of things are the way forward.

“They are not just looming, they are there with us right now,” he says. “We invested in these in the last three years,

and we are starting to get the benefits. With big data analytics we can predict where a problem may occur or where a packaging issue may arise.”

Personalised medication is another game-changer, although the volumes are small. In some cases, an injection twice a year may replace a daily intake of medication, notes Ms Wellauer. Mr Guerin believes the high value and unique nature of these shipments raises the bar for speed and cold chain integrity and may require special security arrangements as well.

“As drugs become more patient-centric, there is greater need for accountability and visibility,”

**– Paul Martins, CEO of MNX
Global Logistics**

“As drugs become more patient-centric, there is greater need for accountability and visibility,” says Mr Martins.

Mr Bang points to the ramifications for the final mile of the cold chain, as these shipments are largely delivered to hospitals or directly to patients. This favours logistics providers with final-mile capability, he says.

“And we need to be faster than ever

before, and more accurate,” he says, adding that monitoring and tracking technology is also affected.

“What was good visibility 10 years ago is no longer good enough,” he says.

Mr Guerin says: “Maybe it will bring a need for faster delivery, maybe it will change delivery volumes in some areas. It may require more speed, and more delivery to the door in future.”

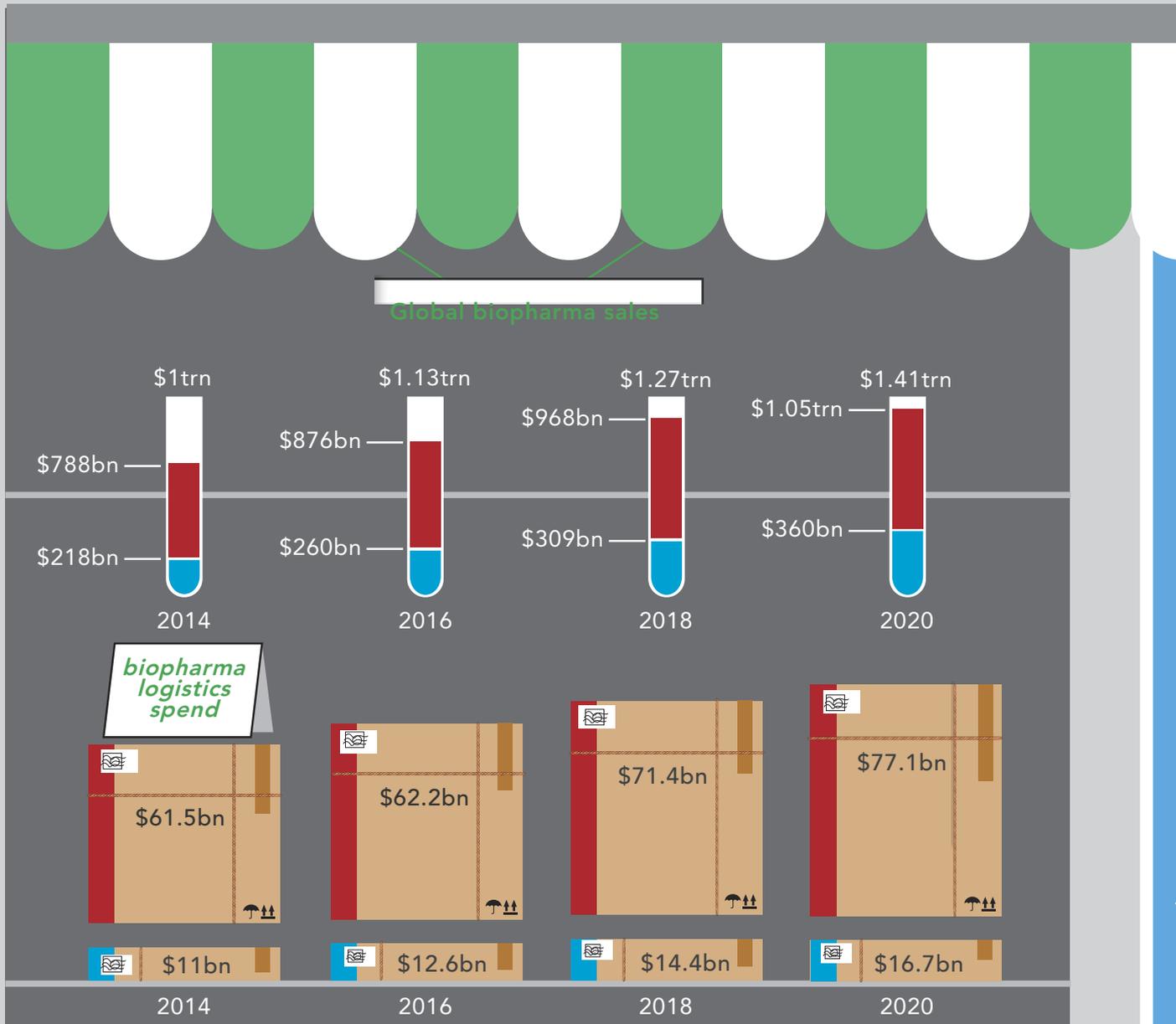
Door deliveries are already happening. Chinese e-commerce giants such as Alibaba and JD.com are investing heavily in China’s \$1.1bn online pharmacy market. Amazon has already partnered with some of Japan’s pharmacies and speculation is mounting that the giant e-tailer is poised to enter the pharmaceutical market.

Amazon has not commented, but according to one report, it has hired a general manager to lead the business and personnel for it.

It has the infrastructure and a formidable technology platform to enter this market. It would seem that this gives Amazon the potential to disrupt the generic side of the business, but it would be harder for it to leave a mark at the high end.

“We have to continue to be very specialised, very personalised. That’s what’s required in this industry,” reflects Mr Beech. “Amazon is too big for personal detail.”

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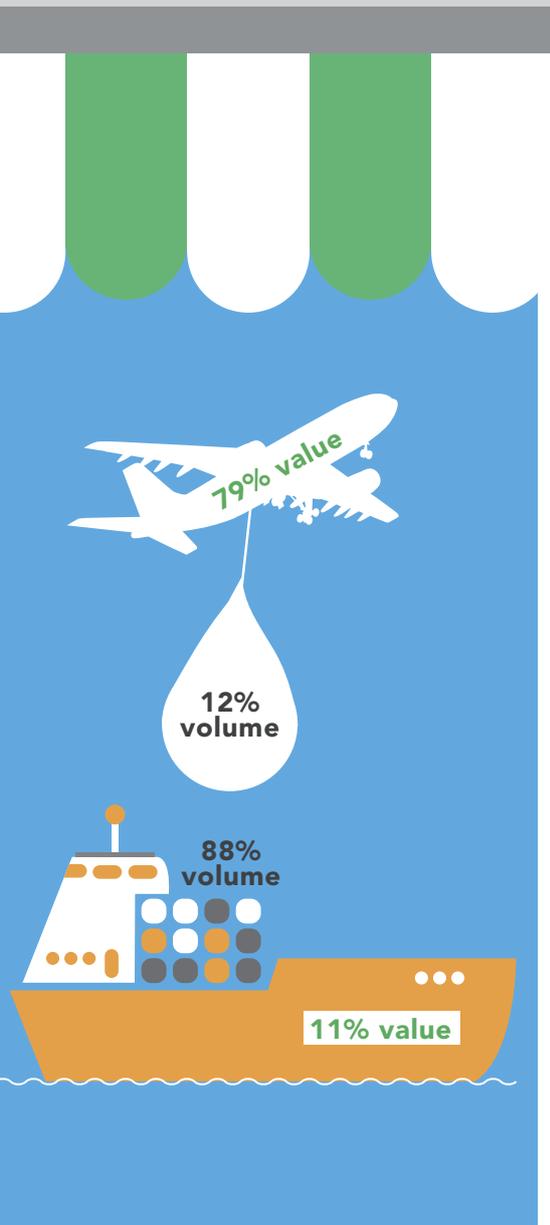
Sales of cold-chain drugs and biologics will outpace overall industry growth through 2020.

Source: Pharmaceutical commerce

Biopharma Logistics Spend:

- cold-chain
- non-cold chain

MACY +



Air: ETA: 24 hours
Sea: ETA 3 weeks+

Shippers choose from:
5 shipping lines or **50** airlines

Online pharmaceutical
market: **\$128bn** by **2023**

Internet of things-enabled
healthcare devices in
2015:108m. In **2020:646m**

The future for shippers: digital health



The pharma companies will need to act fast and smart as disruptors enter their marketplace. And the pharma-serving logistics companies need to understand where the market is heading

Technology has disrupted us all. From shopping to shipping, from Apple to Uber, nothing is the same. Traditional industries need to address – and embrace – this change.

Disruption has come later to highly regulated, slow-moving, cost-heavy industries such as pharmaceuticals. But while pharma may be high-cost, it is also high-margin – with ever-increasing global demand. That makes the sector ripe for the entry of low-cost, high-innovation and very disruptive tech companies.

And they already have a major foothold in the health sector, changing the competitive landscape significantly.

The figures tell it all. Some 3.4 billion people have smartphones, and half of these have a health-related app.

More than 70% of doctors in the UK,

France and Germany have recommended an app or tech-related healthcare: 97,000 MHealth (mobile health) apps are already available, principally in the consumer sectors of weight loss, exercise, sleep and women's health. About 30% of the apps target healthcare professionals.

The MHealth market is said to be worth \$26bn this year and \$59.15bn by 2020. Shippers ignore these numbers at their peril.

IT firms are investing big in healthcare. They are aggressive, unhampered by red tape and attracted by healthy margins. And they are very fast movers – in direct contrast to the research-heavy, highly regulated pharma companies.

It took 10 years for smartphones to become ubiquitous – newer technology, such as wearables, will permeate even

faster. Fitbits took three years to become commonplace and now camera technology helps phone users easily get a diagnosis for ear infections. The market is accelerating.

Uptake is faster in developing countries with less medical infrastructure, less access and less regulation. Already, for example, a million people have signed up for phone consultations with doctors in Mexico, for \$5 a month. In the developing world, accessibility is key.

Tech will find more resistance in developed countries, where regulatory authorities and existing infrastructure create a barrier. But consumers – as well as the medical profession, which is stretched financially – are backing this tech revolution.

Most apps relate to data capture and patient monitoring – and they are

moving forward fast. Germany's Vitaphone offers 24-hour advice, telemedical monitoring, charts and remote ECG analysis.

Medical-grade wearables are starting to be approved by regulators: smart diapers, for example, can detect type 1 diabetes, urinary tract infections and kidney problems. Smart inhalers can track pollution. The child's syndrome of lazy eye can now be corrected with a computer programme.

The tech companies are courting the regulators, and while the picture is still blurry, with many questions to be answered, the motivation is there. And once there is evidence of disease reduction, uptake will be unstoppable.

A portable device allows healthcare to be decentralised – as has happened in numerous other industries. It also edges patients away from pills. (On the plus side for pharma, it also reduces counterfeiting.)

So how is pharma responding to this attack on its market? Not very well.

The major pharma companies have relatively few apps – most of which are

static and non-responsive, available in just one or two languages. The best companies learned quickly that they needed to partner, rather than compete with technology. J&J, Novartis, GSK and AstraZeneca all have teamed with tech for various developments; most large pharma companies now have a digital health or MHealth division.

Growing global demand for healthcare, with an ageing population, widening middle class and more tracked diseases, has come at the same time as spiralling costs and financial constraints.

Apps are cheap. They can keep people out of hospital. But there are financial gains to be made for pharma too.

An American hospital launched a clinical trial on Apple's ResearchKit. Within 24 hours, 11,000 potential patients had signed, which would normally take a year.

About 140 interventional trials are currently using MHealth – which gives better data and greater patient retention.

MHealth is expected to save €99bn in healthcare costs in the EU, while adding

€93bn to EU GDP this year. Of course, there is resistance and challenges. Data privacy, hacking, concerns over accuracy, regulation, errors and insurance can all present problems. Loss of revenue for private players could slow down the advance. But most of these challenges are from within the existing industry, while the drivers for change are on the outside.

And change is coming from single back-bedroom entrepreneurs, medical groups and tech corporations like Microsoft, IBM, Intel, Apple, Google, Amazon and Telefonica.

Amazon, for example, has already partnered with Japanese pharmacy chains and will not be as fazed as other companies by the high regulatory hurdles in selling and delivering pharmaceuticals. In June, it hosted Bayer at one of its German fulfillment centres.

But the question is, what actually will be delivered?

"We might soon enter an era where healthcare professionals will be prescribing a lot more apps than pills," said MHealth pioneer Erik Topol.

Pharma by sea

There was a palpable sense of alarm a couple of years ago when industry observers first reported that some pharma producers had started experimenting with transportation by ocean carrier.

In an era of sluggish demand and falling yields, this suggested that the final bastion of air cargo might also succumb to the pressure to sacrifice speed for cost savings.

The shipping lines are keen to get in on the action. Ocean freight has several advantages, not least of which is cost. But more critically, its reefer containers offer seamless temperature control from door to door.

Since July, all the reefer equipment on German line Hamburg Süd, has met GDP guidelines for the transportation of pharmaceutical products.

"With our new offering, we can respond even better to the complex requirements of our customers and provide a high-grade and significantly cheaper alternative to airfreight," says Frank Smet, member of the executive board of Hamburg Süd.

"At the same time, we are positioning ourselves in a strategically important growth market."



It is not alone among carriers in trying to attract pharma customers. The biggest container line of all, Maersk, has its sights firmly set on the business.

And Maersk has gone one step further by putting visibility into its system. Last year it introduced a remote container management (RCM) system. Five years in the making, the project saw the line's fleet of 270,000 reefers equipped with a remote container device that uses a 3G sim card and GPS unit, as well as an antenna.

In addition, some 400 vessels have been equipped with a VSAT dome on the roof of the bridge, which receives data sent by a reefer's antennae. This data is then transmitted to orbiting

satellites and retransmitted to Maersk HQ in Copenhagen and back to the vessel, giving it complete visibility into the containers.

"We offer cost savings and a good product," says Maersk's global pharmaceutical lead, Hristo Petkov. "We have clean containers that receive pre-trip inspection before each use, and global coverage. We are developing a global quality system. We recognise that we were not where our customers wanted us to be, but we are almost ready now.

"We have quality teams, we are creating transparency and we have done GDP training. Our sales teams have pharmaceutical transportation

knowledge, so they know what's important for pharmaceuticals and operational coordination. And we can speak their language.

"In the past year, we have been becoming more educated and we are

now openly offering pharma shipments. We know we can handle pharma. It does cost more to ship, but the price is not based on the cargo's value, but on the additional value we offer, such as training, packaging,

expertise and peace of mind. Naturally that comes at a premium. But the generics market is increasing all the time, and that pays less."

Ocean freight rates for pharma are, on average, about 15-20% higher than

A badge of honour – and of quality

IATA's Centre of Excellence for Independent Validators (CEIV) is on a roll. In May, LATAM Cargo became the first Latin American carrier to obtain its badge of compliance, and participation keeps rising – at the latest count, 151 stations/ companies were certified.

Head of cargo at Brussels Airport Steven Polmans helped push forward the CEIV initiative to establish a quality standard for logistics firms engaged in pharma traffic at Brussels which could be certified by independent auditors. And CEIV built up enough momentum last year to become regarded as a global standard. It is viewed as an entry ticket to the game, and is explicitly asked for in tenders, he adds.

"There is definitely value in CEIV," agrees Carolyn van Vliet, products business development manager at Air Canada Cargo.

"There was a lot of ambiguity around Good Distribution Practice (GDP)," she says, adding that CEIV provides step-by-step guidance, including designating who is responsible for each step.

However, for most shippers, GDP remains the key criterion in terms of logistics providers' certification.

"A lot of pharma customers want you to be GDP-compliant," says Paul Martins, CEO of MNX Global Logistics.

However, CEIV, which takes six to seven months to acquire, is making gains on shippers, according to IATA, which says it is reaching out to more.

"We have had very positive feedback from multiple shippers," explains Ricardo Aitken, IATA's assistant manager, cargo. "For example, not so long ago we received a letter of endorsement for the programme from Merck Sharp and Dohme Asia Pacific. In addition, we have support from Baxter, the European Shipper's Council, Janssen and Zoetis, to name but a few."

For Brussels, which can boast the world's largest CEIV cluster of 20 firms certified, the initiative appears to be paying off. Last year pharma export volumes surged 36%.

Some forwarders have started building consolidation hubs for pharma traffic in Brussels, says Mr Polmans, adding that pharma shippers are increasingly looking to consolidate traffic across borders, something they have been reluctant to do.

Rather than certify their operations in individual stations, some large forwarders are pursuing CEIV accreditation for their complete pharma network. Kuehne + Nagel has blazed a trail here, and Mr Polmans expects others to follow. This way, forwarders can demonstrate certified set-ups at both ends of a pharma tradelane.

As cold chains hinge on compliance of all participants, all along the route, it was logical to extend the CEIV concept beyond individual airport communities to end-to-end coverage, which prompted Brussels and Miami to team up. They went on to launch the Pharma.Aero initiative, which was formally established last autumn and had grown to 16 participants by April, including airports, logistics providers and shippers. This goes in the direction of pharma corridors that give end-to-end coverage. All members must have CEIV accreditation.

There are currently 11 communities in the process of CEIV, and six in discussions – one of the benefits of a community approach is sharing information and best practice.



"There has been a growing expectation from the pharma companies to see standardisation, certification and transparency across the supply chain," says Mr Aitken. "As a result, CEIV Pharma is expanding globally and CEIV-certified tradelanes are now emerging at a rapid pace."

But, he adds: "Even if only one station is certified, the knowledge gained from the training courses, as well as the gap analysis report and implementation plan obtained from the assessment stage, always provides benefits to one-station participants."

DHL Global Forwarding has signed up for Pharma.Aero. Nevertheless, David Bang, CEO of DHL subsidiary LifeConEx, reckons that other organisations will spring up alongside Pharma.Aero.

"I don't mind multiple organisations, but not all working in different directions," he says.

Others, though, are continuing along the GDP route, having claimed that CEIV is an expensive, marketing-driven exercise. But IATA counters that.

"The best recognition of the effectiveness of a programme or standard is when it is adopted by the industry," says Mr Aitken. "In the framework of continuous improvement aimed at having global certified tradelanes, CEIV Pharma has taken the industry and moved it to another level.

"The industry is now driving itself toward that global certification. It is a 'snowball effect', focusing on quality in the air cargo industry."

IAG Cargo's Alan Dorling finds that there is little to be gained in comparing CEIV and GDP.

"There is too much debate on the difference," he says. "It's not necessary. CEIV is excellent for companies such as ground handlers – in our hubs we focus on GDP. The customers want competence in all parts of the supply chain."

for general cargo – but this is still significantly lower than by air.

While airlines argue that the speed of transit, plus unreliability, could hold back the lines' ambitions, Mr Petkov thinks otherwise. "Yes, inventory is at sea, but customers have a supply chain and if it's planned, it's something they can do."

Cargo can be delayed, and there is an estimated time of delivery, but it is more or less fixed. "Delays do happen, but they don't impact the customer as they are aware of them."

The other issue is insurance, which limits the amount of high-value cargo ships can carry. But Mr Petkov says: "There are no problems with insurance. We do accept high-value cargo, up to \$20m per container."

However, according to IAG Cargo's Alan Dorling, airlines can sometimes ship just one pallet, with products worth between \$10m and \$15m. You could put up to 11 standard pallets in a 20ft container, meaning a containerised shipment could be worth some \$200m.

"What if there was a container malfunction?" he asks. "How accessible are they to fix? If you stack them at the back, what are the concerns for exposure to sea water? Ocean freight does not compete."

Air Canada agrees it has not seen any noticeable impact of modal shift, and that air continues to have advantages.

"The type of pharma shipments that travel by air are extremely sensitive to both temperature and time," says Ameet Sareen, product business development cargo.

"Given the significantly shorter elapsed travel time by air, pharma companies are able to mitigate the risks of extended unfavourable temperature exposures should something go wrong. On the Air Canada network, a pharma shipment can pretty much get from origin to destination within 24 hours, including tender and retrieval times.

"If a pharma shipment can sustain the long travel time and the risks associated with it, then sea freight may be a better option. However, the air freight industry continues to work towards improving the airlines' pharma offerings with greater emphasis on quality and is likely giving the pharma industry reasons to continue to stick with air transport."

Maersk says it has seen growth, but

so has air freight, indicating that the market is growing, rather than a significant modal shift to sea.

David Bang, CEO of LifeConEx, the temperature-controlled logistics arm of DHL, finds that a mode shift is happening, but it is not necessarily an easy or smooth migration. He agrees that instability on the ocean carrier side and limits on carrier liability in this segment are hampering the appeal of ocean transportation.

Despite the slower speed, some requirements are the same as for air cargo, but visibility into reefers is more important.

"It's the same level of GDP requirements as for air cargo, but there are unique features. You need real-time tracking devices and IoT embedded in the shipment, because you need to

understand the situation faster than in air cargo," he said.

DHL Global Forwarding launched its marine version of its 'Thermonet' service for temperature-controlled shipments last year, and it has been catching on quickly, according to Mr Bang.

The choice of carriers is also more limited on the ocean side. Whereas the logistics firm works with more than 50 airlines, of which about one dozen are preferred carriers, on the maritime side it works with only the top five carriers.

Shipping lines may have attracted lower-yield pharma traffic, but there is enough momentum at the higher end to ensure that this segment will still enjoy growth, which translates into demand for airfreight, adds Steven Polmans, head of cargo & logistics at Brussels Airport Company.

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