Report on FIP work with the World Health Organization (WHO)

September 2024 – July 2025

fip International Pharmaceutical Federation

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1. Introduction

1.1. World Health Organization (WHO)

The World Health Organization (WHO) is an intergovernmental agency that directs and coordinates international health matters and belongs to the United Nations family. It was founded in 1948.

The WHO is involved at global level through its headquarters in Geneva (Switzerland), through Regional Offices (the WHO world is divided into six regions) and at national levels through the WHO country offices.

The WHO is led by an elected Director-General (DG). Currently, the WHO DG is Dr Tedros Adhanom Ghebreyesus from Ethiopia, who was first elected in 2017. A Director-General can be re-appointed once, in accordance with the World Health Assembly (WHA) rules and procedures. Accordingly, in May 2022, he was re-elected to serve his second five-year term (from 2022 to 2027).

1.2. FIP relationship with WHO

Since the creation of WHO, FIP has held the status of a Non-governmental Organisation (NGO) in Official Relations with WHO, together with 205 other NGOs across the globe. As a result, FIP is allowed to speak at the meetings of the governing bodies of WHO and take an active role in the technical work of WHO.

Every NGO in official relations with WHO has a focal point (a person, called the WHO Designated Technical Officer (DTO)). For FIP, this is Dr Luther Gwaza, who is a pharmacist by background, and a former member of FIP's Early Career Pharmaceutical Group (ECPG) Steering Committee. He is the Team Lead in Norms and Standards for Pharmaceuticals (NSP), Health Products Policy and Standards (HPS) and Access to Medicines and Health Products Division (MHP) at WHO.

In addition, every three years, the WHO reviews the collaboration with FIP and decides on the desirability of maintaining the NGO in Official Relations with WHO status. The existing plan for collaboration between WHO and FIP (2025-2027, Annex 4.2) is in line with the WHO Global Programme of Work, alongside a memorandum of understanding (MoU) which was signed during the WHA in 2019, which itself expired at the end of 2023. FIP was one of the signatories to the MoU signed between members of the World Health Professions Alliance (WHPA) and the WHO in November 2022.

2. Interactions and meetings with WHO governing bodies in 2025

The WHO is governed by its governing bodies: the Executive Board and the World Health Assembly (WHA). The WHA is the General Assembly of Member States, represented by their ministers of health or their representatives. This is the equivalent of the FIP Council. To handle daily matters, the WHA votes for the WHO Executive Board (EB), which consists of 34 countries. If we wished to draw comparisons, the WHO EB could be compared to the FIP Bureau. The WHO EB meets twice a year in January/February and May, while the WHA meets once a year in May.

Given that FIP is an NGO in Official Relations with WHO, FIP representatives can attend and make health policy interventions during the meetings of the WHO governing bodies (WHA and EB), ensuring that the voice of pharmacy, pharmacists and pharmaceutical scientists is heard. Health policy refers to decisions, plans, and actions undertaken to achieve specific healthcare goals within society. It outlines priorities and the expected roles of diverse groups.

2.1. FIP at the 156th WHO Executive Board

The WHO Executive Board meeting was held in February 2025 in Geneva, Switzerland.

FIP made a statement on relevant points of the agenda and promoted pharmacists' activities and roles on the following topic:

- Agenda item 10. Substandard and falsified medical products

In addition, FIP contributed to the following agenda items:

- Agenda Item 12: Health and care workforce; Constituency statement with WHPA.
- Agenda Item 22. Climate change and health; Constituency statement with WHPA, International Federation of Biomedical Laboratory Science (IFBLS), and the International Association for Hospice and Palliative Care (IAHPC).
- Agenda Item 15. WHO's work in health emergencies; Constituency statement with the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), Global Self-Care Federation (GSCF), International Alliance of Patients' Organizations (IAPO), Global Diagnostic Imaging, Healthcare IT & Radiation Therapy Trade Association (DITTA) and International Generic and Biosimilar Medicines Association (IGBA).

All FIP interventions are included at the end of this document, for reference.

2.2. FIP at the 78th World Health Assembly

The 78th WHA was held from 19 to 27 May 2025. As in the past years, FIP invited its member organisations to join, leading to an impactful participation.

The FIP delegation comprised 33 members, which included members of the Bureau, CEO, representatives from Member Organisations (MOs, PSMOs), Early Career Pharmacy Group (ECPG) representatives, and FIP staff members. The details of this year's engagement are described in a dedicated report published in July 2025, available for FIP member organisations.

Throughout the WHA, FIP made significant contributions by presenting statements on relevant agenda items during the Assembly. In addition, the FIP delegation participated at several side events, exploring critical issues affecting global health.

FIP hosted its own side event in collaboration with the International Federation of Red Cross and Red Crescent Societies (IFRC), at their premises in Geneva, with a networking reception, fostering collaboration among FIP delegates, colleagues from allied organisations, and WHO officers. The theme of the event was 'Pharmacist and pharmacy – Evidence-based solutions to global threats', highlighting the contributions of pharmacists to AMR, vaccination, communicable and non-communicable diseases, workforce and linking the campaign 'Think Health, Think Pharmacy' to the WHO One Health campaign.

Furthermore, FIP participated in several other side events as event moderators and/or speakers, amplifying the presence of pharmacy at each such event.

2.3. Meeting at WHO Headquarters

While being in Geneva for the WHA, members of the FIP Bureau met with senior WHO technical leads. The purpose of the meeting was to exchange high-level updates on WHO's Access to Medicines Roadmap and FIP's priority initiatives, to review progress in current joint workstreams, and to identify new collaboration opportunities.

At this meeting, FIP offered an extensive, evidence-based resource base that underpins every element of the collaboration discussed during the meeting. Leveraging these tools side-by-side with WHO programmes will help accelerate progress towards universal health coverage (UHC), strengthen the pharmaceutical workforce, and embed safe, equitable access to medicines and health technologies worldwide.

At the meeting, WHO emphasised its Access to Medicine and Health Products Roadmap 2025-2030 as a pillar for achieving UHC. FIP confirmed that its new Strategic Plan, which is tabled for adoption at the Council meeting in September 2025 in Copenhagen, and the existing FIP Global Roadmap 2030 align with the WHO's roadmap.

During this meeting, several collaborations, such as on workforce intelligence, AMR, vaccination, patient and medication safety challenges, substandard and falsified (SF) medicines, assisted technologies, and a competency framework for UHC, were proposed between the parties. In addition, both parties agreed to revisit the 2019 WHO-FIP MoU on workforce development, broadening it to cover AMR, SF medicines, and expanded roles of pharmacists, with a target to sign before WHA79 in May 2026.

2.4. WHO Academy

FIP's attendance was requested at a meeting with the WHO Academy executive director to explore how the WHO Academy's new lifelong-learning platform and flagship programmes can align with FIP's education, workforce development, and Provision & Partnerships programmes, and to outline next steps for a collaboration framework.

The WHO Academy was established in 2024 and aims to build a partner ecosystem. Potential collaborations will be considered in due course.

3. FIP's strategic alignment with WHO initiatives and advocacy priorities towards 2030

The WHPA was chaired by FIP in 2024. It has strengthened its relationship with the WHO, particularly with Human Resources for Health (HRH). Following significant advocacy, WHPA is now positioned to engage more directly with WHO's workforce initiatives, especially in the context of upcoming changes leading to 2030. This is a good opportunity for the Alliance and one that FIP is availing of too.

We are ensuring we align the FIP strategy (2025-2030), due to be signed off by Council and launched in Copenhagen, and its forthcoming initiatives with WHO's evolving priorities to ensure relevance and impactful engagement and direct FIP engagement with health ministers globally.

FIP's strategic opportunities and action points:

1. Input into WHO agenda and HRH discussions:
WHO's primary HRH focus is on education, investment, employment, retention, and migration of health professionals. FIP can influence these discussions, both with WHPA and alone, offering expert input on strategies to recruit and retain healthcare professionals. WHO's interest in early engagement presents an opportunity for FIP to assert its voice in the global HRH dialogue, particularly through advocacy on professional migration and workforce investment. We note that changes to WHO may require new engagements with different teams to be established.

2. Parallel workstream and side event at WHA 2025
In addition to collaborating with WHO's agenda, FIP developed a parallel workstream, culminating in the side event at the WHA in May 2025. This event enabled FIP to amplify its advocacy on workforce issues, presenting country case studies on healthcare migration and linking these insights to WHO's global report.

3. Workforce investment
One of the key advocacy messages that FIP can advance relates to the need for structural investments in the healthcare workforce. High-income countries often rely on professional migration while underinvesting in local workforce development. FIP can shape arguments for recruitment and retention strategies that go beyond continuing professional development (CPD) to address broader structural investments.

4. Celebration of women's rights and health professions
2025 marks the 30th anniversary of gender equity and women's rights at the United Nations, providing FIP with an opportunity to highlight women's roles in healthcare, education, science, and pharmacy. This aligns with ongoing work on ethical issues, including gender disparities in the workforce, healthcare research and clinical trials, making FIP's advocacy timely and relevant and a way to amplify our work on FIPWiSE and supporting women across all sectors. As above, we note that changes to WHO may require new engagements with different teams to be established.

5. Digital strategy and advocacy
The expiration of WHO's digital strategy in 2025 presents a timely opportunity for FIP to align its priorities on digital health and innovation with WHO's agenda. By engaging with the WHO Task Force on Digital and Innovation and other relevant bodies, FIP (across its advisory groups and constituencies) is advocating for digital transformation in healthcare systems. This will also tie into broader workforce development, ensuring digital health solutions support safe and effective healthcare delivery.

Key advocacy messages

Workforce investment
FIP should advocate for broader workforce investments beyond CPD, focusing on recruitment and retention strategies critical for global health.

Migration and professional mobility
FIP can lead discussions on professional migration, working with case studies from countries like Canada and the Philippines to influence global policy.

Digital transformation
FIP's involvement in the digital health agenda, especially the expiring WHO digital strategy, will ensure that pharmacy and healthcare professionals are well-positioned for the future.

Women's rights and health professions
FIP should highlight the contributions of women in healthcare, addressing ethical issues in medical research and ensuring that women's rights are at the forefront of discussions on healthcare workforce development.

Patient safety and safe practices
Amplifying FIP's work in promoting safe workplaces, safe staffing levels, and the role of pharmacy in patient safety is critical. This can be highlighted during events like Patient Safety Day with a campaign theme such as "Think Safety, Think Pharmacy."

The list of actions can be found at the end of this document under Annex 5.1.

FIP-WHO regional engagement event

Pharmacy care and pharmaceutical services: A high-level policy symposium

A jointly organised hybrid event by FIP and the WHO Regional Office for Europe was held on the 24th September 2024 at the UN City, Copenhagen, Denmark. This high-level policy event, which marked World Pharmacists Day, focused on discussing the expanded role of pharmacists in healthcare delivery, particularly in response to health workforce shortages, increased patient and public need, and the alignment with primary healthcare (PHC) and UHC.

Health ministers and policymakers gathered together with WHO and FIP officers and representatives from WHO member states (ministries of health) and FIP member and allied organisations. They met to consider what pharmacists can, and should, contribute to the delivery of primary healthcare, and how these roles dovetail into the multidisciplinary approach to health in hospital and community settings.

The meeting began with a welcome from the WHO Regional Director for Europe, Dr Hans P Kluge via a video recording, followed by keynote addresses from Portugal's Health Minister, Prof. Ana Paula Martins, Spain's Secretary of State for Health, Dr Javier Padilla, and FIP's professional secretary, Mr Luís Lourenço.

Two WHO Europe officers gave presentations on the strengths and challenges of the health workforce in the European region and patient-centric pharmacy, respectively.

The FIP CEO, Catherine Duggan, moderated a panel discussion with the minister and the secretary of state and with the participation of FIP professional secretary, Luís Lourenço, FIP vice president, Rob Moss, and the FIP's Board of Pharmaceutical Practice (BPP) chair, Daragh Connolly. This discussion explored obstacles to leveraging pharmacists as fundamental to

patient-centric interdisciplinary care models, how to achieve sustainable primary health care services and care delivery, pharmacy-based vaccination, and common ailments schemes.

Closing remarks were made by the FIP BPP chair, Daragh Connolly, and the WHO Europe director, division of country health policies and systems, Dr Natasha Azzopardi-Muscat.

Example of FIP advocacy

Health ministers and policymakers gathered together with WHO and FIP officers and representatives from WHO member states (ministries of health) and FIP member and allied organisations. Pharmacists were at the forefront of the discussions, with representations made on their contribution to the delivery of primary healthcare, and how these roles dovetail into the multidisciplinary approach to health in hospital and community settings. Read about the event here.

Pharmacy care and pharmaceutical services: A high-level policy symposium jointly organised by FIP and the WHO Regional Office for Europe in the run-up to the celebrations of World Pharmacists Day on 24 September 2024.

4. Technical contributions to WHO work

4.1. FIP contributions to WHO work

Workforce development and education

4.1.1. Global Situation Report on Pharmacy 2025 (GSRoP)

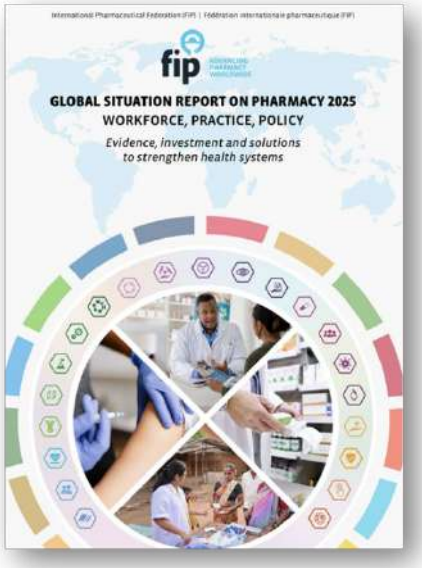
The WHO Global Workforce Strategy 2030 focuses on key areas such as:

- Workforce for health programmes
- Self-care and human resources for health agendas
- Protecting and investing in healthcare workers
- The Code of Practice for international recruitment of health personnel.

While WHO provides the global health policy framework, FIP holds a unique role in offering early leadership and profession-specific insights into how pharmacy and medicines-related workforce development can shape these agendas. It is also FIP's responsibility to ensure that pharmacy-specific strategies remain relevant, impactful, and aligned with these broader priorities.

In May 2025, at the WHA, the WHO Director General's report provided a global update on HRH progress. With just five years left to achieve the Sustainable Development Goals (SDGs), FIP capitalises on this moment to reflect on the past decade and strategise for the future, especially within our new strategy 2025-2030.

To support this effort, FIP is launching the Global Situation Report on Pharmacy 2025 (GSRoP), a major milestone aligned with the WHO Director-General's HRH update presented at the 2025 WHA. With only five years remaining to meet the SDGs, this report reflects on the past decade and offers a forward-looking strategy under FIP's 2025–2030 plan.



The GSRoP is underpinned by intelligence collected from FIP member organisations, regional partners, and verified global data sources. It captures the current landscape of pharmacy workforce capacity, education, service delivery, and scope of practice—offering a comprehensive overview of trends, challenges, and opportunities for health systems worldwide.

Teasers of these insights were shared at the WHA and the full report will be launched at the 2025 Congress in Copenhagen. More information is available here.

Explore the teasers:

GSRoP Infographic – Priority actions by stakeholder	
GSRoP postcards – 12 action areas with impact stories	

4.1.2. Collaboration with the health care workforce

Through our alliance with the four other professions of the WHPA, FIP has contributed to the shaping of the WHO 14th General Programme of Work (GPW14) for the years 2025-2028. This document holds significant importance given the outlined overarching goal, strategic objectives, and proposed outcomes. This work builds on the WHPA MoU with WHO that was signed with the five international organisations of the World Health Professions Alliance (WHPA)[1].

4.1.3. Working with WHO on obtaining pharmacy workforce data

Building on the 2023 FIP Global Pharmacy Workforce Capacity Surveillance project, a follow-up survey focused specifically on the pharmacy technician and support workforce across the globe was launched in 2024 and is currently ongoing. This expanded initiative seeks to update critical data on workforce capacity, distribution across healthcare settings, and scope of practice, as well as the educational pathways and professional development programme available to support career growth. By addressing these areas, the project aims to inform workforce planning and optimise the role of pharmacy technicians and support workforce in healthcare delivery.

4.1.3.1. Data on pharmacists as SDG#3 indicator

In the context of the SDG agenda, the measurement of health worker density and distribution, which now includes pharmacists, is an indicator of the progress of SDG3 on health. In addition to workforce data, FIP will review the data it collects on pharmacy practice and science around the world, through the GPO.

A major component of this is the testing and validation of a developed list of FIP process indicators, which started in January 2024. These indicators are associated with the FIP Development Goals, which are in return mapped to the SDGs and WHO priorities. Links have been made between the GPO and the WHO's data and analytics team.

Example of FIP advocacy

Thanks to the advocacy work of FIP and others, countries will have to consider pharmacists as core healthcare professionals who need to be measured when tracking the achievement of the target 3c and thus the progress of SDG3 on health and universal health coverage.

4.1.3.2. Gender equity

Operating under the motto 'Pharmacy leaving no one behind', FIP's EquityRx programme is a large programme encompassing many unique areas of work, all of which come together to support equity and equality for all. EquityRx is underpinned by FIP DG 10: Equity & Equality which calls for clear strategies to address inequalities in the pharmaceutical workforce and education, widen access and equity of pharmaceutical care services and access, as well as equity in global capacity in pharmaceutical sciences development. The EquityRx programme

[1] The World Health Professions Alliance (WHPA) consists of the World Medical Association (WMA: representing medical doctors), the World Dental Federation (FDI: representing dentists), the World Confederation for Physical Therapy (WCPT: representing physiotherapists), the International Council of Nurses (ICN: representing nurses) and the International Pharmaceutical Federation. More information: www.whpa.org.

currently has five programme areas, each highlighting a different aspect of equity and equality in healthcare. These areas are vaccine equity, health literacy, gender equity, maternal health, and FIP women in science and education (FIPWiSE).

FIPWiSE is an initiative that was launched on 11 February 2020 on the United Nations' International Day of Women and Girls in Science. In May 2024, FIPWiSE hosted a digital event, "Reducing inequities in the health and pharmacy workforce: The importance of maternity and parental leave policies," addressing discrimination against pregnant women and mothers and advocating for equitable policies.

In 2024, FIP also launched the FIPWiSE interview series which featured three episodes highlighting exceptional women in science and education. The first episode focused on careers for women in the pharmaceutical field. The second included a discussion with the new FIPWiSE chair on leadership, advocacy, and creating positive work environments. The third explored building a gender-equal health workforce, ensuring decent work conditions, and achieving work-life balance.

FIPWiSE collaborated with the FIP Early Career Pharmaceutical Group in 2024 to develop and implement a mentorship programme. Members of the FIPWiSE working group served as mentors, and the programme was officially launched at the FIP world congress in Cape Town, South Africa, in 2024.

Finally, the FIPWiSE 'Breaking Down the Barriers' survey was launched in the final quarter of 2024 to identify the factors affecting women in pharmacy and pharmaceutical work environments.

In March 2025, FIP, under its EquityRx programme, marked International Women's Day with a digital event centred on 'Women in Pharmacy: Leadership & Empowerment'. The event featured women leaders from diverse regions who shared their experiences, challenges, and lessons in leadership. The discussion highlighted strategies to support and empower women to thrive in leadership roles within pharmacy and healthcare.

In June 2025, and to mark the 30th anniversary of the Beijing Declaration, new short learning resources were launched to support the implementation of positive practice environments (PPEs) for women in science and education. The first set focused on equal incentives for equal work, featuring videos, flashcards, and one-page summaries from the FIPWiSE Toolkit. Four more sets will be launched over the new few months, each focusing on a different aspect of PPEs.

In addition, to mark International Men's Health Week in June 2025, a new report on men's health, 'Advancing men's health through pharmacy', was published. This report explores key health challenges faced by men, while identifying behavioural, cultural, and systemic barriers to their engagement with pharmacy services. It also highlights effective strategies for improving men's health outcomes, including targeted communication, inclusive pharmacy environments, and cross-sector policy support.

Communicable diseases

4.1.4. Antimicrobial resistance (AMR)

FIP is continuing its leadership on AMR, as outlined in FIP Development Goal 17, aiming for frameworks in place to deliver services for antimicrobial stewardship (AMS). The FIP Commission on Antimicrobial Resistance has delivered multiple outputs, such as a resources repository for pharmacists, a series of awareness events, a collaboration with WHO, as well as the Centers for Disease Control and Prevention (CDC) in the USA, and successful sessions at FIP Congresses since 2020.

Annually, the Commission prepares a series of events dedicated to the World Antimicrobial Awareness Week (WAAW). This year, FIP collaborated with WHPA on a digital event focusing on interprofessional collaboration during the World AMR Awareness Week. During the event, there was a fruitful discussion on how to educate various health care professional teams on AMR and AMS. Additionally, increasing awareness of One Health, integrating One Health concepts into pharmacy curricula, and fostering collaboration with various sectors within One Health, was also discussed. Around 400 attendees joined the event online while others watched the live video stream on YouTube.

Example of FIP advocacy in AMR

FIP speaking at the 2024 WHPA panel on AMR, highlighting the multidisciplinary approach to AMR

On 18th November 2024, FIP co-organised a webinar on AMR, highlighting the multidisciplinary approach to AMR. FIP also contributed to the WHPA AMR campaign to commemorate the World Antimicrobial Awareness Week.

WHPA panel on AMR, highlighting the multidisciplinary approach to AMR

During the WAAW 2024, FIP ran a campaign focused on sore throat and how pharmacists can support patients affected. The campaign was running on FIP's social media and FIP engaged with pharmacists worldwide on avoiding misuse of antibiotics.

FIP is preparing AMR sessions at the FIP Congress in Copenhagen, dedicated to empowering pharmacists for safe and responsible antibiotic access in community health. Last year, at the FIP Congress in Cape Town in September 2024, the chairs and members of the FIP Commission participated in several sessions, sharing best practices in AMR. In the upcoming FIP Congress in Copenhagen, there will be full-day AMR-related sessions to highlight the issue.

FIP prepared AMR regional roadmaps for 2024-2028. The report is developed in collaboration with FIP's five regional pharmaceutical forums and—because there is no regional

pharmaceutical forum in the European regions— with FIP member organisations in Europe, including 22 countries in total. The roadmaps were based on the 53 actions from the FIP Statement of Policy Mitigating Antimicrobial Resistance (AMR) through Antimicrobial Stewardship (AMS). The policy statement includes various actions for governments, policymakers, member organisations, and pharmacists relating to establishing governance and regulations, embracing the One Health approach, monitoring antimicrobial use and consumption, and leading education and awareness campaigns. Moreover, it includes necessary actions for practice documentation, prescription patterns, and consumption observation for real and relevant research, as well as following the 'green pharmacy' five principles for antimicrobials.

The key priority area has been identified as "Encouraging the use of point-of-care diagnostic tools to screen for early signs of infectious diseases, to differentiate between viral and bacterial infections and inform the choice of empirical antimicrobials, where appropriate as part of clinical pathways". Other identified actions globally and regionally are described in the report here. FIP's aim is for regional forums and FIP member organisations in the European Region to strengthen their AMS activities and reduce antimicrobial consumption and resistance in the future through the priority actions identified in the report.

At the end of 2024, FIP ran a global survey on antimicrobial stewardship (AMS). The results of the survey will help identify what resources are needed for AMS across regions to determine training relating to AMS.

Previously, FIP collaborated with WHO to provide educational materials to healthcare professionals. FIP was one of the reviewers of the first **Interprofessional Competency Framework on AMR Control** (2018) and, consequently, FIP contributed to the **WHO Health Workers' Education and Training on Antimicrobial Resistance: Curricula Guide** (2019).

4.1.5. Vaccination

Policy and advocacy resources

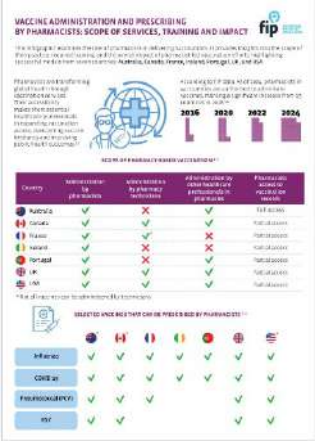
There are a wide variety of policy and advocacy resources produced by FIP to suit the different contexts of various countries.

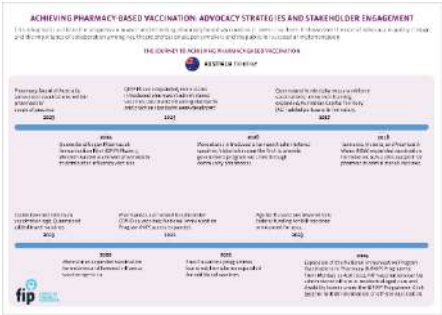
In October 2024, FIP launched a two-pager to describe FIP resources which present robust data and case studies on the current state of pharmacy-based vaccination (PBV) around the world. Specifically, it described two landmark reports and the FIP online atlas on PBV surveillance. This document also outlines the value of these resources for different stakeholders: FIP member organisations (MOs); policymakers; academic institutions; and, external stakeholders. Furthermore, 'Advancing life-course immunisation through pharmacy-based vaccination', a dynamic video providing an overview of pharmacists' roles in life-course immunisation, highlights global policies and supporting data. In addition, the Pharmacy-based vaccination: Advocacy brochure was launched. The brochure is derived from the FIP statement of policy on life-course vaccination and highlights key insights from our recent survey report, providing a clear and informative perspective on the importance of vaccinations through the life course.

In November 2024, a series of nine video testimonials was launched, featuring pharmacy leaders from various countries. These testimonials highlight the impact of pharmacy-based vaccination in their regions, showcasing success stories and best practices.

In the same month, FIP launched both short and long form podcasts as well as short and long form videos to provide an overview of the global situation about the evolving role of pharmacists in vaccination, as well as recent developments and success stories, and some tips on advocating for change and overcoming challenges. A CPD bite also highlights the value of leveraging pharmacists as providers of vaccination services.

In December 2024, FIP launched three videos on policy evolution, key discussions on stakeholder engagement, and vaccine administration and prescribing authority across seven countries—Australia, Canada, France, Ireland, Portugal, the UK, and the USA. These videos share knowledge on the pharmacy-based vaccination (PBV) journey, highlighting best practices, enablers, and challenges from countries that have successfully implemented a PBV programme. Additionally, the progression toward implementing pharmacy-based vaccination, the role of pharmacists in delivering vaccinations and funding and reimbursement models in these seven countries were summarised into infographics to support engagement and advocacy for PBV.





Acknowledging the underrepresentation of pharmacy practice on vaccine technical committees, despite the undeniable role of pharmacists in vaccination strategy and contribution to increased vaccination coverage rates, FIP convened an insight board in January 2025 with national and regional experts. The discussions bordered on advocacy for

the inclusion of pharmacists in these influential committees at the governmental level and providing pharmacists serving on such committees with data that support an expanded role for pharmacists in life-course vaccination. The findings of this insight board were launched in late March 2025.

In January 2025, FIP also launched a communication guide on HPV vaccine and HPV-related diseases, which supports pharmacists in starting conversations about human papillomavirus (HPV) vaccine and HPV-related diseases. The guide provides evidence-based information to address common concerns, promote HPV vaccination effectively, and raise awareness about cervical cancer. In March 2025, a series of three CPD bites were launched with the aim to enhance pharmacists' knowledge and engagement in addressing HPV-related cancers and diseases by improving their education on HPV vaccines and supporting vaccination advocacy. This effort will contribute to global and national HPV vaccination targets.

Also, in March 2025, FIP launched an updated FIP knowledge and skills reference guide for professional development in vaccination services.

This resource builds on existing data and FIP resources to enhance pharmacists' training and education in pharmacy-based vaccination. By leveraging insights from recent FIP initiatives, case studies, and emerging evidence, this document provides useful supplementary guidance for identifying and addressing education and training needs in the area of vaccination.

The FIP Global Vaccination Summit, held in The Hague in March 2025, brought together experts from Albania, Australia, Belgium, Canada, Germany, Italy, Ireland, Jordan, Norway, New Zealand, Portugal, the UK, and the USA. The event focused on empowering the pharmacy workforce to take a leading role in vaccine delivery, enhancing accessibility and maximising impact worldwide. Discussions and case studies explored global policies, emerging vaccines, and key challenges such as vaccine hesitancy, under-vaccination, and climate-driven disease patterns. This year's event built on the success of the 2024 summit, which initiated the development of a global policy framework on life-course immunisation. Insights from that work, along with ongoing efforts in 2025, will shape the final framework, to be launched at the FIP congress in Copenhagen, Denmark in September.

Contribution to WHO survey on the future of immunisation

FIP participated in this survey to inspire and renew commitment to achieve near-goals (Immunization Agenda 2030 goals) and define the ambition for immunisation for the coming 50 years.

Patient safety

For several years, FIP has helped define the scope and objectives of the WHO Global Patient Safety Challenge on Medication Safety. FIP has been contributing to the efforts of WHO to implement the Global Patient Safety Action Plan 2021-2030.

Annually, FIP observes the World Patient Safety Day on 17 September. FIP collaborates with the WHO and advocates for how pharmacists can make a difference in medication safety by promoting patient engagement, interprofessional collaboration and a safety culture to reduce avoidable harm caused by medication errors. On 10-12 September 2024, to kick off the

commemoration of the World Patient Safety Day, FIP participated in the meeting organised by the WHO Patient Safety Flagship. During the Global Consultation titled "Improving diagnostic safety and implementing the Global Patient Safety Action Plan 2021-2030" in Geneva, Switzerland, FIP discussed the strategies for enhancing diagnostic processes and reducing diagnostic errors and reflected on the progress and challenges in implementing the Global Patient Safety Action Plan (GPSAP) 2021-2030 based on the findings from the Global Patient Safety Report (GPSR) 2024. The overall aim of the meeting was to create strategies to effectively integrate patient safety interventions into health systems.

Annually, Global Ministerial Summits on Patient Safety have significantly contributed to raising awareness and driving the global patient safety movement. A key achievement was the adoption of WHA resolution (WHA72.6.) "Global Action on Patient Safety" in May 2019, which catalysed the development of the Global Patient Safety Action Plan 2021-2030. The plan establishes a strategic direction and proposes a framework of action for relevant stakeholders to support patient safety worldwide. Dr Zuzana Kusynová, FIP Head of Policy and Compliance, represented the Federation at the previous summits, for example at the Summit in Jeddah, in Saudi Arabia, where she addressed ministers and highlighted pharmacists' key roles in ensuring patient safety.

Following Council in Cape Town in 2024, Dr Virigina Olmos, FIP Vice President, supported by Dr Kusynová and the FIP team with preparation, represented FIP at the Summit in Santiago, Chile. She presented on FIP's work in patient safety, and, in the workshop entitled "Synergies and partnerships to improve patient safety: How to support countries in the implementation of the global action plan for patient safety and its sustainability from scientific societies and civil society organisations". This is also part of broader FIP's Health Ministers' Engagement plans.

Example of FIP advocacy

Pharmacists' Medication Review Services highlighted at the 7th Global Ministerial Summit on Patient Safety

This year, the 7th Global Ministerial Summit on Patient Safety was held on 3-4 April 2025 in Manila, Philippines. This year's summit focused on advancing international efforts to improve healthcare quality and safeguard patients worldwide. FIP was invited to provide a video presentation showcasing FIP's advocacies, which can be played between sessions. In the video, FIP provided examples from MOs on patient safety initiatives, with effective strategies for pharmacists to address key priority areas in patient safety.

FIP video highlighting pharmacists' role in patient safety

Health systems

4.1.6. Expert Committee on Specifications for Pharmaceutical Preparations

Every year, FIP is included in the reviewers of WHO technical document drafts developed under the WHO Expert Committee on Specifications for Pharmaceutical Preparations. Since September 2024, around 10 documents have been circulated for FIP's input through the Practice Sections and Special Interest Groups.

In addition, FIP was invited to nominate a representative to review guidelines that are listed as priorities for development or revision at the 58th ECSPP meeting held in October 2024. WHO constituted informal working groups to work on the texts for adoption at upcoming ECSPP meetings (2025 - 2027).

FIP nominated experts and representatives for the following guidelines' review and drafting groups:

1. Good practices for implementing international scientific regulatory guidelines
2. Guideline on the design of Quality Control Laboratories (QCL)
3. Guidelines for safe disposal of unwanted pharmaceuticals
4. Guidelines on benefit-risk assessment to support regulatory decisions
5. Guidelines on the evaluation of combination products (drug-device)
6. Points to consider on the implementation of e-labelling (e-leaflet or e-PIL) guideline
7. Points to consider or reflection document on pre-registration testing
8. Reflection paper on Artificial Intelligence in Pharmaceutical Manufacturing
9. WHO good manufacturing practices for pharmaceutical products: Main principles
10. WHO good practices for pharmaceutical microbiology laboratories.

These drafting groups are to cover a two-year period, and so far the revision process has started for 'Good practices for implementing international scientific regulatory guidelines' and 'Guideline on the design of QCL'. For these two that have commenced, all nominated FIP representatives were invited to this process.

4.1.6.1. Biowaiver project

The Board of Pharmaceutical Sciences (BPS), represented by the FIP BPS Chair, Prof. Giovanni Pauletti, is continuing to support the WHO Biowaiver Project that centres on an accelerated regulatory strategy for the development of generic immediate-release solid oral dosage forms without the requirement for human in vivo bioequivalence studies. In October 2023 and 2024, Dr Zuzana Kusynová, FIP Head of Policy and Compliance, and Prof. Giovanni Pauletti attended the WHO Expert Committee on Specifications for Pharmaceutical Preparations. Prof. Pauletti provided updates on the WHO Biowaiver Project. He also highlighted FIP's role as a facilitator in raising awareness among relevant stakeholders which can be adapted to other priorities of different regions that are aligned with FIP's global vision of a world where everyone benefits from access to safe, effective, quality, and affordable medicines.

Dr Hala Fadda, focus group chair on Pediatric Formulations within the Drug Delivery & Manufacturing Special Interest Group, will support the WHO working group charged to update the WHO guidelines on 'Development of Paediatric Medicines: Points to Consider in Formulation'.

4.1.7. Substandard and falsified (SF) medicines

In Q4 2024, FIP reviewed WHO's toolkit for member states, building on the FIP-WHO educational materials in place. The new toolkit expanded the scope beyond the African region, for use in high-income countries as well, given that these countries are not immune to the SF medicines problem. Dr Zuzana Kusynová, Head of Policy and Compliance, met with WHO representatives to provide technical guidance and advice to the project on behalf of FIP.

Feedback from representatives indicated a need to improve the understanding of the risks posed by SF medicinal products sold online. FIP then developed a dedicated course to build on the content in place. The WHO was asked to contribute with review and is regularly updated on the progress.

In November 2024, Dr Kusynová presented at the 2024 Symposium on Public Health Strategies for Combating Substandard and Falsified Drugs. She discussed the lessons learned from the joint project with the WHO on the delivery of the curriculum on SF medical products that was incorporated into the pharmaceutical university curriculum in the African region. An undergraduate pharmacy course on SF medical products successfully improved students' knowledge, and the research was published in BMJ Global Health in February 2022. The course was developed by the WHO in partnership with FIP, and in collaboration with the International Conference of French-Speaking Chambers of Pharmacists, the Commonwealth Pharmacists Association (CPA), and five universities in sub-Saharan Africa.

This was originally piloted in five universities in Africa, and by 2021 implemented in three universities. The findings encourage further full implementation of this course in existing curricula beyond the pilot and can inform future scale-up. This work is in line with the WHO and WHO Member States driven holistic 'prevention-detection-response' strategy, to improve awareness and understanding of the SF medical products threat through effective communication, education and training.

4.1.8. Primary health care (PHC)

According to WHO, countries that actively monitor the progress of PHC are better positioned to build health systems that effectively meet the needs of their populations. Assessing PHC progress is therefore crucial for identifying gaps and addressing unmet needs, both locally and globally, from the perspective of pharmacy.

In 2024, to strengthen the progress of pharmacy in PHC and in line with WHO's vision on PHC, FIP launched a Primary Health Care Self-Assessment Tool for its member organisations so that they can evaluate the status of PHC in their country or jurisdiction. In the PHC self-assessment tool, there are 27 FIP PHC indicators for pharmacy, which reflect the progress towards achieving PHC goals. Upon completion of the self-assessment, respondents receive a total score that shows their progress within the pharmacy context. By better knowing areas for improvement, pharmacy organisations can play a key role in encouraging policymakers to strengthen PHC. By advocating for policies that enhance the role of pharmacists in PHC, promoting the integration of pharmacy services into broader PHC frameworks, and highlighting the positive impact of pharmacists on patient outcomes, these organisations can help drive meaningful reforms. Additionally, they can provide valuable insights to policymakers, demonstrating how strengthening PHC through pharmacy can lead to more efficient, accessible, and patient-centred health systems.

FIP continues to deliver regional PHC engagement events and global summits, to continue identifying and addressing global, regional, and national priorities on PHC for pharmacists and to measure the pharmacy progress towards WHO's PHC agenda. FIP plans to report the progress at the appropriate ministerial and/or WHO meetings.

More information on how FIP contributes to PHC is available here.

As part of the regional work, FIP supports pharmacy leaders in Europe and beyond with a roadmap for action to transform PHC. The report can be found here. FIP also commits to actions towards PHC.

4.1.9. Self-care

FIP contributes to the adaptation of the WHO Self-care Competency Framework, to support pharmacists providing self-care interventions

FIP knowledge and skills reference guide for pharmacists supporting self-care

WHO was consulted alongside other experts for valuable input to inform a reference guide designed to be a comprehensive resource for pharmacists, providing them with the knowledge and skills needed to support self-care effectively. This publication titled "FIP knowledge and skills reference guide for pharmacists supporting self-care" is adapted from the WHO self-care competency framework and covers six key domains: People-centredness; decision-making; collaboration; personal conduct; evidence-based practice; and communication.

The foreword of the reference guide was written by Dr Manjulaa Narasimhan, WHO Lead, self-care for health and well-being, World Health Organization.

This guide underscores the importance of a collaborative healthcare model, where pharmacists work alongside other healthcare professionals to create a supportive environment for self-care and highlights the role of pharmacists in supporting patients to access safe and effective over-the-counter treatments, recognise symptoms that require medical attention, and make informed lifestyle choices that promote health and prevent disease.

World Universal Health Coverage (UHC) Day: Promoting UHC through self-care

To commemorate UHC day on 12 December, FIP hosted a digital event titled "Health for all: Universal health coverage through self-care" to discuss the importance of self-care in UHC, and how pharmacists can maximise their role as self-care champions to engage in and advance self-care and UHC. WHO Lead, self-care for health and well-being, World Health Organization, Dr Manjulaa Narasimhan, discussed the WHO self-care competency framework and the engagement of health professionals in self-care promotion to reduce the burden on healthcare systems and address individual health management.

At the event, the FIP knowledge and skills reference guide for pharmacists supporting self-care was launched. FIP and the WHO Self-care Unit have been collaborating closely and will undertake a series of joint activities in 2025.

Pharmacists' roles in emergency contraception

In addition, via WHO and based on our successful collaboration, FIP received an invitation from the European Consortium for Emergency Contraception, endorsed by WHO, to join a preformed panel at the International Conference of Family Planning (Bogotá, November 2025).

The ICFP highlights collaboration in family planning and reproductive health as well as global sexual and reproductive health and rights and share insights, celebrate milestones, and confront challenges. The panel aims to highlight emergency contraception and integrate it into the programme. FIP Vice President, Virginia Olmos, will represent FIP at this meeting, to support pharmacists' roles as outlined in our 2024 work on the Consensus Statement on EC.

Non-communicable diseases (NCDs)

4.1.10. Chronic respiratory diseases

In March 2024, FIP was admitted into the Global Alliance Against Chronic Respiratory Diseases (GARD), hosted by the WHO. Approval as a member not only implies an acknowledgement of the role of pharmacists in the prevention and management of chronic respiratory diseases, but also a recognition of FIP's work in this area. GARD membership will also give FIP the opportunity to further disseminate its work on chronic respiratory diseases (CRDs) and tobacco cessation, and to engage in collaboration with other GARD members and WHO itself.

4.1.11. Tobacco control

FIP has been a long-term supporter of the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) and holds the status of Observer to the Conference of the Parties to the WHO Framework Convention on Tobacco Control. In February 2025, this status was renewed after a successful application. FIP attended regular meetings of the FCTC.

In January 2023, FIP joined the **WHO Tobacco Cessation Consortium**. This Consortium is a group of stakeholders in the area of tobacco cessation, led by WHO, including industry (Johnson&Johnson, Apotex, GSK, Cipla, Haleon, Pfizer, IFPMA, GSCF), technology/IT companies (Google, Meta, app developers, Praekelt.org), universities, and HCP organisations (FIP, FDI, World Heart Federation, etc.) and others.

Please see below an updated table with FIP's agreed contributions to the Consortium work and aims.

Activity	Scope	Completion
Regional webinar with WHO RO: Empowering pharmacists to support tobacco cessation in the Americas	Americas	July 2024
Regional webinar with WHO RO: Empowering pharmacists to support tobacco cessation in Europe	Europe	July 2024
Regional webinar with WHO RO: Empowering pharmacists to support tobacco cessation in the Western Pacific Region	Western Pacific Region	June 2024
Regional webinar with WHO RO: Empowering pharmacists to support tobacco cessation in South-East Asia	South-East Asia	June 2024
Regional webinar with WHO RO: Empowering pharmacists to support tobacco cessation in the Eastern Mediterranean Region	Eastern Mediterranean Region	July 2024
Regional webinar: Empowering pharmacists to support tobacco cessation in Africa	Africa	July 2024
FIP statement of policy The role of the pharmacist in establishing a future free from tobacco and nicotine dependence	Global	September 2024

In Cape Town in September 2024, the FIP Council adopted the FIP Statement of Policy on the role of the pharmacist in establishing a future free from tobacco and nicotine dependence. This Statement of Policy provides recommendations for pharmacists, pharmaceutical organisations, pharmacy educators, governments, policymakers, regulatory agencies, and healthcare funders to facilitate and support the pharmacy profession's role in supporting tobacco and nicotine cessation. It updates the 2003 FIP policy statement and builds upon a joint statement issued by FIP and the World Health Organization, which was adopted in May 2024.

Through the updated policy statement, FIP urges pharmaceutical organisations to actively support tobacco cessation services in pharmacies by developing guidelines and implementation tools. Pharmacists should take a more active role in preventing people from ever starting tobacco use and are encouraged to utilise digital technologies to increase the uptake of effective cessation treatments. Educational institutions should incorporate knowledge on tobacco use prevention and cessation into their curricula and competency frameworks, while governments and policymakers are called on to ensure remuneration for cessation services.

The WHO recognises brief interventions as an effective measure to help people quit tobacco use. In line with this, FIP has developed the "Brief interventions for tobacco cessation: A toolkit for pharmacists" (November 2024). This toolkit describes intervention (advice) models for "very brief advice", for people who are ready to quit tobacco use (the 5As model), and for those who are not ready to quit (the 5Rs model). To further support this initiative, FIP has also created a CPD Bite on brief interventions for tobacco cessation to complement the toolkit. Pharmacists are encouraged to incorporate these brief interventions into their routine practice, ensuring that tobacco cessation services are integrated into broader healthcare efforts to address non-communicable diseases. By equipping pharmacists with the knowledge and skills needed to provide effective tobacco brief interventions, this toolkit serves as a vital resource for improving the health and well-being of communities worldwide, and for alleviating the burden of tobacco-related diseases on healthcare systems.

On 26th and 27th November 2025, FIP was represented by Inês Nunes da Cunha (26 November) and Lars-Åke Söderlund (27 November) at the Second Technical Working Group Meeting of the WHO Tobacco Cessation Consortium. FIP highlighted the important role of pharmacists in tobacco control and shared its efforts to develop policy tools, advocacy initiatives and practice resources. Key contributions included FIP's policy statement, a joint statement with WHO and various publications supporting pharmacist-led tobacco cessation services. FIP also highlighted the potential of digital platforms in expanding tobacco cessation support and integrating pharmacists into global tobacco control strategies.

FIP has supported the WHO FCTC 20th Anniversary Campaign by promoting this milestone through dedicated social media posts. Starting on 25 February 2025, FIP marked the 20th anniversary of the WHO FCTC by highlighting its impact and linking to relevant FIP resources on tobacco cessation. Additionally, on 31 May, World No Tobacco Day, FIP further reinforced key messages by showcasing FIP's tools and initiatives in this area, alongside the WHO FCTC

campaign. Through these efforts, FIP aims to raise awareness of the treaty's achievements and strengthen the role of pharmacists in global tobacco control.

Additionally, in preparation for the Eleventh Session of the Conference of the Parties (COP11) to the WHO FCTC, to be held in November 2025 in Geneva, FIP was represented by Vice President Lars-Åke Söderlund at the "Informal virtual meeting with nongovernmental organisations (NGOs) accredited as observers to the Conference of the Parties to the WHO FCTC and as observers to the meeting of the parties to the protocol to eliminate illicit trade in tobacco products", held on 10 June 2025.

4.1.12. Alcohol consumption and dependence

Worldwide, approximately 2.6 million deaths were attributed to alcohol consumption in 2019, with 1.6 million of these linked to NCDs, according to the WHO. In response to this, FIP held a webinar titled "Alcohol consumption and dependence: The role of pharmacists in prevention, support, and management" on 26 November 2024. The event addressed the significant burden of alcohol consumption and its complex relationship with various diseases, including NCDs. It highlighted the crucial role of early intervention, support, and effective management strategies. Attendees gained insights into the WHO SAFER initiative and explored how pharmacists can contribute to prevention, support, and management efforts. By collaborating with healthcare teams, pharmacists play a vital role in improving patient outcomes and reducing alcohol-related health risks. The event featured Dag Rekve, WHO Senior Technical Officer for Alcohol, Drugs and Addictive Behaviours, who emphasised the important role pharmacists can play in the prevention and management of alcohol consumption.

4.1.13. Physical inactivity

Physical inactivity is a major risk factor for NCDs and a growing global health concern. According to the WHO, nearly one third (31%) of adults worldwide, approximately 1.8 billion people, did not meet the recommended levels of physical activity in 2022. If this trend continues, inactivity levels could rise to 35% by 2030, putting the world off track to meet global targets for reducing physical inactivity. Regular physical activity provides significant health benefits, including improved brain function, better disease management, and enhanced mental well-being. Pharmacists play a key role in promoting physical activity as part of a holistic approach to disease prevention and health management. Through patient education, counselling, and community engagement, pharmacists can support individuals in adopting more active lifestyles, helping to reduce the burden of NCDs and improve public health outcomes. In response to this, FIP held a webinar titled "Driving a more active world: The role of pharmacists in promoting physical activity" on 8 April 2025. The event addressed the global impact of physical inactivity on health outcomes and disease burden, recognised the critical role of healthcare professionals, including pharmacists, in promoting physical activity, and explored practical strategies for pharmacists to support and integrate physical activity promotion into patient care. Attendees gained insights from different expert speakers on the topic, including Dr Stephen Whiting, Technical Officer (NCD) at the WHO.

4.1.14. WHO Global Coordination Mechanism on NCDs (GCM/NCD)

FIP has been recognised as the GCM Participant of the Month for August 2024. This recognition comes from the Secretariat of the WHO Global Coordination Mechanism on NCDs (GCM/NCD), which acknowledged FIP's valuable contribution by making its resources on NCDs available on the Knowledge Action Portal (KAP). FIP's work was also featured in the monthly newsletter sent to the global network of GCM Participants and KAP users, highlighting the latest resources, key initiatives, news, and showcasing GCM Participant organisations.

Preparedness, surveillance, and response

4.1.15. Pharmacists' responses to humanitarian needs

The FIP Humanitarian programme provides support to pharmacists and pharmacy teams in crises. Very often, pharmacists provide essential roles and services by supporting the distribution of medicines to patients and providing advice on stock management. In addition to showcasing examples of crisis management and humanitarian support, such as the war in Ukraine and the earthquakes that affected Türkiye and Syria, FIP will maintain a list of resources and content that are available on the FIP Humanitarian webpage. In 2025, FIP has been increasing the availability of the resource "FIP Global humanitarian competency framework: Supporting pharmacists and the pharmaceutical workforce in a humanitarian arena" into different languages. FIP is also engaging with members that are currently facing disaster and emergency situations, for example, the floods in the south of Brazil or the current conflict in Gaza, collating the information from different countries into case studies that will be available for colleagues to share their experiences. Following the conversations with our members, FIP is also conducting a roundtable discussion to capture the responses of pharmacists and representatives from FIP member organisations in Lebanon to disaster and emergency situations, including the October 2024 conflict, with the goal of developing a strategic roadmap for enhancing pharmacists' contributions and identifying the supportive mechanisms needed to empower them in helping the public prepare for, respond to, and recover from such events.

In addition, in February 2025, FIP stressed that times when pandemics, climate change, emerging diseases, and health disparities threaten to destabilise global well-being, the WHO

remains a vital institution in promoting health security, equity, and sustainability worldwide. In its statement against withdrawals from WHO, FIP expressed support for global unity in addressing health issues.

Insights on the humanitarian response of pharmacists in Lebanon are shared in a new FIP insight board report. Convened in February 2025 at the request of FIP members in Lebanon, the insight board captured the experiences of pharmacists and member organisations during recent disasters and emergencies. Discussions identified systemic gaps and barriers, referencing the FIP statement of policy of the role of pharmacists in disaster and emergency management.

Through its HumanityRx programme, FIP aims to support pharmacists and pharmacy teams in humanitarian crises. The "Medicines To" campaign is a project conducted in partnership with FIP member organisations as part of FIP's efforts to facilitate access to medicines to war-affected communities, including those in Ukraine and, more recently, Gaza.

On June 20, FIP hosted the event "Pharmacists' contributions to displaced populations: In recognition of World Refugee Day", as every year on 20 June, World Refugee Day is observed globally to honour the strength and resilience of refugees. This year's theme centres on solidarity with refugees—a call that goes beyond words and demands meaningful action. Solidarity means truly listening to refugees, creating space for their stories, and standing up for their right to seek safety. It also involves addressing the root causes of displacement and supporting sustainable solutions that enable safe and dignified returns.

FIP has also been developing learning resources in the area of humanitarian pharmacy to support members with aspects of preparedness and regulatory, among others.

FIP also reached out to the WHO Health and Migration Programme to establish further collaborations in the humanitarian setting, but no formal collaboration was possible at this time.

4.1.16. Pharmacists' response to climate change

Climate change is a pressing global health emergency, threatening the health and well-being of communities worldwide. We commend the WHO on the timely and inclusive development of the draft Global Action Plan on Climate Change and Health, which highlights the urgency for transformative action. At the 156 WHO EB (February 2025), FIP supported a constituency statement on Climate change and Health. FIP called for action to ensure the Global Action Plan translates into meaningful progress for health and equity, and include health professionals and civil society in the development, implementation, and evaluation of climate-health strategies.

To celebrate Mother Earth Day in 2025, FIP launched a CPD bite video that focused on "Global perspectives and initiatives on safe medicines disposal", where Chima Amadi, global lead, FIP Development Goal 21, explains the impact of medicine waste on the environment, global initiatives for safe medicines disposal and what pharmacists can do.

In April 2025, an insight board discussion brought together pharmacy leaders from Australia, Spain, the UAE, the UK, and the USA, to examine environmental challenges and sustainability in pharmaceutical practice. The objectives of the roundtable discussion were to capture insights and experiences focused on environmental sustainability initiatives, deepen understanding of how countries implement policies to reduce pharmaceutical impact on the environment, and explore regulatory strategies to mitigate associated risks, including from specific active ingredients.

In June 2025, FIP hosted an event entitled "World Environment Day: Healthcare professionals supporting environmental efforts" where healthcare professionals explored some initiatives focusing on recycling medicines, devices and other materials. World Environment Day 2025 called for collective action to tackle plastic pollution. Healthcare systems across the planet use materials and medicines on a daily basis, what about their disposal and recycling?

4.2. Celebrating WHO World Health Days

FIP is celebrating and promoting the World Days organised by the WHO. FIP invites its members to celebrate at a national level. FIP has prepared the following list of the most relevant world health days, some being associated with FIP resources that may be useful:

24 March	World Tuberculosis Day
7 April	World Health Day
25 April	World Malaria Day
24–30 April	World Immunisation Week
31 May	World No Tobacco Day
5 June	World Environment Day
14 June	World Blood Donor Day
28 July	World Hepatitis Day
25 September	World Pharmacists Day
10 October	World Mental Health Day
14 November	World Diabetes Day
November (Dates to be confirmed)	World Antibiotic Awareness Week
1 December	World AIDS Day

The celebrations are connected to activities focused on awareness, prevention, and care. The list of the days that FIP celebrates and respective activities are listed on the FIP website or on FIP social media.

5. Annexes

5.1. Lists of actions for FIP's strategic alignment with WHO initiatives and advocacy priorities towards 2030

Action point	What FIP needs to do
Input into WHO agenda and HRH discussions	• Provide thought leadership on HRH topics such as education, investment and employment, and actively influence global HRH policies on retention and professional migration. • Develop FIP reports which we can use for the above, as well as to support our membership / the wider profession, focusing on recruitment and retention strategies, particularly addressing professional migration and workforce investment.
WHA 2025 side event	• Develop a parallel workstream aligned with WHO's agenda on workforce issues. • Organise a side event at WHA 2025 to amplify advocacy efforts on workforce challenges (e.g., migration). • Share country case studies.
Workforce investment advocacy	• Advocate for structural investments in the healthcare workforce, emphasising recruitment and retention strategies beyond CPD. • Shape arguments supporting long-term investments in workforce development, especially in high-income countries.
Celebration of women's rights and health professions	• Highlight women's roles in healthcare, science, pharmacy, and education in alignment with the 30th anniversary of women's rights at the UN. • Address ethical issues in medical research, focusing on gender disparities and advocate for women's contributions to the healthcare workforce.
Digital strategy and advocacy	• Align FIP's priorities with WHO's digital health agenda, particularly around the expiration of WHO's digital strategy in 2025. • Collaborate with the WHO Task Force on Digital and Innovation (TAG/D&I) to promote digital transformation in healthcare systems.
Support for WHA Item 21: Expiration of UHC Agenda	• Attend the WHO Executive Board meeting in February 2025 and provide professional support for discussions on UHC. • Influence key discussions on healthcare workforce sustainability, particularly in relation to UHC.
Nursing, midwifery, and digital health strategy	• Collaborate with partners like the International Council of Nurses (ICN) on joint advocacy for WHO's nursing, midwifery, and digital health strategy as they expire in 2025.
Strategic reports and case studies	• Launch a retrospective report on the healthcare workforce (2020–2025) at the WHA side event in 2025. • Include themes such as migration, digital health, PPE, DG10, and professional resilience. • Re-launch the report during the 2025 Copenhagen meeting.
Advocacy on migration and professional mobility	• Lead discussions on professional migration with WHO, featuring case studies from countries like Canada and the Philippines. • Influence global policy on migration and healthcare professional mobility.
Digital transformation advocacy	• Advocate for the integration of digital health solutions in workforce development to enhance healthcare delivery and safety. • Ensure FIP's role in shaping the future of digital health is recognised.

Women's rights in health professions	• Promote women's rights and contributions in the healthcare workforce, particularly in pharmacy, education, and leadership roles. • Address gender disparities in healthcare research and advocate for ethical considerations.
Patient safety and safe practices advocacy	• Amplify FIP's role in promoting safe workplaces, safe staffing levels, and the role of pharmacists in ensuring patient safety. • Participate in events like Patient Safety Day, with a campaign theme such as "Think Safety, Think Pharmacy."

5.2. Statements by FIP at the WHO Governing Bodies Meeting

5.2.1. Statments by FIP at the 156th WHO Executive Board (February 2025)

Intervention on provisional agenda item 10. Substandard and falsified medical products

Honourable Chair, Distinguished Delegates,

Thank you for the opportunity to speak on behalf of the International Pharmaceutical Federation (FIP) the global organisation representing over four million pharmacists worldwide.

We welcome the WHO Member State mechanism's efforts to address substandard and falsified (SF) medical products and facilitate stakeholder collaboration.

FIP's collaboration with WHO highlights the crucial role of pharmacists in detecting and reporting SF products. Well-trained pharmacists, health care professionals with their direct patient access, in community and hospital settings can swiftly detect SF products in supply chains, report them to authorities, and educate and advise affected patients.

FIP's partnership with WHO resulted in a competency framework and comprehensive course for pharmacy students that were implemented in African universities. We are pleased to see WHO expanded the course for educational and regulatory institutions around the world.

Thank you for your attention.

Intervention on provisional agenda item 12: Health workforce

These are the non-state actors co-signing the statement:

- *FDI World Dental Federation*
- *FIP International Pharmaceutical Federation*
- *ICN International Council of Nurses*
- *WMA World Medical Association*
- *World Confederation of Physical Therapy (World Physiotherapy)*
- *IFBLS International Federation of Biomedical Laboratory Science*
- *IAHPC International Association for Hospice and Palliative Care*

Honourable Chair, Distinguished Delegates,

Five of the organisations supporting this statement—FDI, FIP, ICN, WMA and World Physiotherapy—are part of the World Health Professions Alliance, representing over 41 million health professionals globally, and have a Memorandum of Understanding with WHO.

Concerning ethical recruitment and the Global Code of Practice, we are concerned by the continuing unsustainable practice of high-income countries depleting the health workforce in low-income countries often facing severe shortages themselves. Such recruitment threatens access to essential health services in under-resourced regions and undermines fragile in-country capacity building initiatives as well as shared global commitments to health equity and universal health coverage.

In 2023, Dr Tedros committed to convening a meeting of those high-income countries driving the majority of international health workforce recruitment. We support this approach to achieving better compliance with the Code. We are, however, concerned that this meeting has not yet taken place and believe it should now be a priority.

On the Global Strategy for Human Resources for Health, we are concerned about the slowing rate of implementation. The projected shortage of health workers in 2030 has increased, reflecting a continuing shortfall in investment, a threat to the quality of care, and a massive burden on health professionals. Working conditions are deteriorating as governments cut health budgets, or privatise services which in addition means a loss of labour and pension rights. There is also increased, and more severe, violence against health professionals and they are suffering moral distress as a result of underfunded health services. We urge member states to prioritise quality of care and the right to safe and decent working conditions.

Finally, we are also concerned that WHO conflates health professionals and health service providers, such as care workers and community health workers (CHWs). Differentiating between health professionals, who are licensed/regulated and highly educated, and on the other hand CHWs, who have less regulation, training and accountability, has significant and direct impacts on the safety and quality of care. WHPA calls on WHO and its member states to consistently highlight this difference.

Thank you for your attention.

Intervention on provisional agenda item 22: Climate change and health

These are the non-state actors co-signing the statement:

- *FIP: International Pharmaceutical Federation*
- *FDI: World Dental Federation*
- *ICN: International Council of Nurses*
- *WMA: World Medical Association*
- *World Physiotherapy (World Confederation for Physical Therapy)*
- *IFBLS: International Federation of Biomedical Laboratory Science*
- *WFSA: World Federation of Societies of Anaesthesiologists*
- *CIOMS: Council for International Organizations of Medical Sciences*

Honourable Chair, Distinguished Delegates,

Five of the organisations supporting this statement—FDI, FIP, ICN, WMA and World Physiotherapy—are part of the World Health Professions Alliance, representing over 41 million health professionals globally, and have a Memorandum of Understanding with WHO.

Climate change is a pressing global health emergency, threatening the health and well-being of communities worldwide. We commend the WHO on the timely and inclusive development of the draft Global Action Plan on Climate Change and Health, which highlights the urgency for transformative action.

We welcome the strong focus on integrating climate and health policy across sectors, emphasising a holistic approach that places human well-being at the centre of climate action. To strengthen this plan, we propose the following recommendations:

1. Include health professionals and civil society in the development, implementation, and evaluation of climate-health strategies. Health professionals, as frontline witnesses to the impacts of climate change, are essential to ensuring effective action.

2. Prioritise strong guidance on resilient healthcare systems, particularly in small island developing states and low- and middle-income countries.

3. Share evidence-based guidance and good practices to reduce carbon footprints and emission rates in the health sector, taking care to prevent commercial and vested interests from undermining public health objectives.

4. Encourage further inter- and multi-sectoral cooperation to ensure that addressing climate and health becomes a whole-of-society effort.

5. Promote public and health sector awareness of the linkages between climate and health, and strengthen research and development on climate-sensitive health threats and health service provision, ensuring equitable access and climate justice for vulnerable communities.

6. Establish an ambitious monitoring framework for the Action Plan with clear targets, timelines, and indicators to track progress.

In 2024, Member States united behind the Resolution on climate change and health. Now, it is time to implement these shared ambitions. Urgent mitigation, including phasing out fossil fuels, is critical to reducing the health burden of climate-related infectious and non-communicable diseases and protecting future generations.

Let us seize this opportunity to ensure the Global Action Plan translates into meaningful progress for health and equity.

Thank you for your attention.

Intervention on provisional agenda item 15: WHO's work in health emergencies

These are the non-state actors co-signing the statement:

- *FIP: International Pharmaceutical Federation*
- *IAPO: International Alliance of Patients' Organizations*
- *GSCF: Global Self-Care Federation*
- *IFPMA: International Federation of Pharmaceutical Manufacturers & Associations*
- *DITTA: Global Diagnostic Imaging, Healthcare IT & Radiation Therapy Trade Association*
- *IGBA: International Generic and Biosimilar Medicines Association*

Honourable Chair, Distinguished Delegates,

We thank the World Health Organization for its continued work on health emergencies. The year of 2024 demonstrated that there is still a lot to do to improve health emergencies preparedness and response.

Outbreaks of Mpox, Marburg virus and H5N1 have shown the need to strengthen healthcare systems, enhance surveillance mechanisms, improve regulatory procedures, remove trade barriers, and develop accurate forecasts to guide the scale up of production.

In strengthening Preparedness and Response for health emergencies, there needs to be a clear focus on how to achieve equitable access to vaccines, diagnosis and treatments while also safeguarding innovation.

While the World Health Organization must have a key role in future health emergencies preparedness and response, its resources are limited and should be focused on normative, policy, and technical guidance. As The Independent Panel for Pandemic Preparedness & Response (IPPR) rightly said in its final report, "WHO is, and should be, the lead health organisation in the international system, but it cannot do everything. It is imperative that the international preparedness and response system work together at the global, regional, and country levels as a well-defined and well-coordinated system in support of countries where different actors' comparative advantages are maximised."

In order to achieve its target objective, it can only do so by engaging all key stakeholders and subject matter experts, which includes a strong engagement with the private sector. We therefore recommend, in support of our joint objective of achieving a future effective health emergencies preparedness and response, that WHO consistently and systemically ensure the inclusion of the private sector in its health emergency initiatives and dialogue. We remain committed to working with the WHO and other global health stakeholders and to continuing to engage in the Intergovernmental Negotiating Body process to ensure that the world is better prepared for the next health emergencies.

Thank you for your attention.

Triennial collaboration plan

Collaboration Plan between WHO and the International Pharmaceutical Federation for the period 2025-2027

The WHO Executive Board admitted **the International Pharmaceutical Federation** into official relations with WHO. The official relations are governed by the Framework of engagement with non-State actors, according to which the basis of official relations is a plan for collaboration between WHO and the non-State actor with agreed objectives and outlining activities for the coming three-year period, structured in accordance with the General Programme of Work and Programme Budget and consistent with the Framework. These plans are expected to be free from concerns which are primarily of a commercial or profit-making nature.

The Executive Board, through its Programme, Budget and Administration Committee, reviews the collaboration with each non-State actor in official relations and decides on the desirability of maintaining official relations or defer the decision on the review to the following year.

The present document outlines the plan for collaboration, and serves as an agreement, between WHO and **the International Pharmaceutical Federation (FIP)** for the period 2025-2027, as discussed and agreed between WHO and the entity. The WHO Designated Technical Officer and the entity's focal point are responsible for this joint collaboration, including drafting and implementation of the agreed activities, on behalf of WHO and the non-State actor.

The objective of WHO's collaboration with non-State actors is, inter alia, to promote the policies and strategies derived from the decisions of the governing bodies of WHO. The agreed activities are intended to contribute to the outcome targets in the WHO General Programme of Work. The plan for collaboration contains activities that have been jointly planned with and tailored for WHO, and directly contribute to WHO's programmes.

To demonstrate the breadth of the collaboration, plans contain a minimum of two areas with three activities or three areas with two activities to cover the three-year duration of planned collaboration.

Certain activities are beyond the functional scope of official relations and are not to be reflected in this plan. These include, interalia:

- participation in each other's meetings and conferences, including WHO experts' groups, as well as co-organization and co-sponsorship of meetings;
- policy, norm and standard setting, including information gathering, preparation for, elaboration of and the decision on normative texts;
- provision of interns, secondees or other types of human resources-related loans to WHO, and fellowships. These activities are subject to specific WHO rules and procedures;
- development and issuance of qualifying diplomas, certificates or delivery of courses offered as part of an established degree programme;
- activities which the entity conducts to serve its own mission and mandate (not with WHO);
- technical assistance or advocacy provided directly to WHO Member States, without WHO's involvement or request.

Once adopted by the WHO Executive Board, this plan for collaboration cannot be modified. The plan is published in the WHO Register of non-State Actors.

Non-State actor focal point: Dr Zuzana Kusynová, Lead for Policy, Practice and Compliance at FIP

WHO Designated Technical Officer (DTO): Dr Luther Gwaza, Team Lead, Norms and Standards for Pharmaceuticals

Summary of the overall collaboration (100 word limit)
The collaboration between WHO and International Pharmaceutical Federation aims to support WHO's priorities and strategic objectives of its General Programme of Work including strengthening the global pharmaceutical workforce to support Universal Health Coverage across primary health care, health emergencies, immunization, patient safety, health workforce, noncommunicable diseases, tobacco cessation, and self-care. These activities will contribute to the WHO Fourteenth General Programme of Work (GPW14) strategic objectives 2, 3, 4, 5, and 6, particularly supporting the implementation of activities to advance primary health care, strengthen health workforce, access to quality-assured health products, through disseminating WHO's evidence-based guidance through agreed channels and the provision of technical input to WHO on relevant technical resources that may inform its activities.

1. Area of collaboration [1]	
WHO strategic objective(s)	Strategic Objective 3: Advance the primary health care approach and essential health system capacities for universal health coverage.
WHO joint outcome(s)	Outcome 3.1. The **primary health care** approach renewed and strengthened to accelerate universal health coverage. Outcome 3.2. Health and care **workforce, health financing** and **access to quality-assured health products** substantially improved.
Objective[2]: (50 word limit)	

[1] The WHO strategic objectives and WHO joint outcomes shall be filled in by the WHO DTO. Please see last page.
[2] Indicate the objective of the collaboration and briefly describe how this collaboration will contribute to WHO's work. If the collaboration is related to a specific strategy, please indicate which one.

[redacted]

To strengthen the implementation of WHO's Global Strategy on Human Resources for Health Objectives, WHO Astana Declaration on Primary Health Care, and Tallinn Charter on Health Systems for Health and Wealth through the provision of technical input for WHO's consideration towards developing the capacity of the pharmacy workforce and strengthening initial education, with the objective of widening access to primary health care services and universal health coverage, through improved access to quality services and medicines.							
Description of the activities to be undertaken, expected deliverables, timeframe and budget. In describing the activity, please indicate how it contributes to the work of WHO. The specific role of WHO and that of the entity for each activity are described.							
Activities	Expected deliverable (add as many as needed)	Timeframe[3]		Other entities involved in the activities[4]	Budget for the activity in USD	Source of funding[5]	Comments
		Start	End				
As requested by WHO, provide technical input for its consideration that may inform its work in strengthening implementation of elements of the WHO Astana Declaration on Primary Health Care and WHO Global Strategy on Human Resources for Health Objectives as agreed by WHO.	Report documenting technical inputs provided to WHO including: (1) Data on enhanced integration of pharmacists into Primary Health Care systems, as measured by the implementation of primary health care services provided by pharmacists as per WHO's guidance and recommendations. – (2) Consolidation of pharmacy's position within the primary health care framework on the implementation of the Tallinn Charter on Health Systems for Health and Wealth and collecting and sharing data with WHO on progress towards strengthening pharmacists' contributions to primary health care.	2025	2027	N/A	In- kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate.

[3] Indicate year of planned activity.
[4] Please list Member States, intergovernmental organizations and other non-State actors involved if applicable (not individuals).
[5] Indicate the non-State actor's budget for the activity and additional funding from other sources (name the donor), etc. supporting this area of collaboration. WHO does not fund non-State actors in official relations.

Geographical area[6]:
- ☒ International
- ☒ Regional (specify WHO regions): WHO EURO
- ☐ National (specify country/ies):Click here to enter text.

If the area of collaboration was agreed with another staff member from WHO than the DTO, please provide his/her name and department:
N/A

If another staff member from the non-State actor than the focal point is responsible for this area of collaboration, please provide the name and contact:
Jim Campbell, Director, Health Workforce; Onyema Ajuebor, Technical Officer, Health Workforce

Additional information if any:
N/A

2. Area of collaboration [7]	
WHO strategic objective(s)	**Strategic objective 5: Prevent, mitigate and prepare** for risks to health from all hazards. **Strategic objective 6:** Rapidly **detect and sustain an effective response** to all health emergencies.
WHO joint outcome(s)	Outcome 5.1. **Risks of health emergencies** from all hazards reduced and impact mitigated. Outcome 5.2. **Preparedness, readiness and resilience** for health emergencies enhanced. Outcome 6.1. **Detection of and response to** acute public health threats is rapid and effective.

[6] *International*: it involves agreement to act at the country level in more than two WHO regions; or the outcome is intended to be relevant to countries worldwide (e.g. a joint publication); or it is open to all countries (e.g. workshop with participants from more than two WHO regions). *Regional*: as above, except that the activity is restricted to a specific WHO region. *National*: a product/activity/service that is relevant only to the country, for example a national workshop.
[7] The WHO strategic objectives and WHO joint outcomes shall be filled in by the WHO DTO. Please see last page.

	Outcome 6.2. **Access to essential health services during emergencies** is sustained and equitable.						
Objective of collaboration[8]: (50 word limit) Support WHO as requested to strengthen implementation of its recommendations on pharmacists working the humanitarian environment and on WHO's vaccination agenda by providing technical input and advocacy support to amplify WHO's public health messages and recommendations.							
Description of the activities to be undertaken, expected deliverables, timeframe and budget. In describing the activity, please indicate how it contributes to the work of WHO. The specific role of WHO and that of the entity for each activity are described.							
Activities	Expected deliverable (add as many as needed)	Timeframe[9]		Other entities involved in the activities[10]	Budget for the activity in USD	Source of funding[11]	Comments
		Start	End				
1. Encourage national professional organizations and educators to strengthen pharmaceutical systems and enhance the role and impact of pharmacists in strengthening emergency and disaster preparedness and response. In case requested, support WHO in the development of training tools, building on expertise from FIP's global competency framework for pharmacists working in the humanitarian environment, for WHO's use and consideration. WHO will review and approve the content of the training activity and ensure their alignment with WHO's norms, rules, policies, and standards. WHO may use the technical inputs developed by the entity on the subject matter as deemed appropriate. WHO will solely liaise with Member States.	Training tools and technical materials developed on strengthening pharmaceutical systems and enhancing the role and impact of pharmacists in promoting health and enabling better access to and use of quality and affordable medicines for Universal Health Coverage, particularly primary health care, and strengthening emergency and disaster preparedness and response of pharmacists working in a humanitarian environment for WHO's review and consideration. .	2025	2027	N/A	in-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate. The activities to be performed are in no case related or leading to the development and issuance of qualifying diplomas or delivery of courses offered as part of an established degree programme. The WHO name and emblem may not be used on certificates of attendance, diplomas or similar awards to participants in training or other courses organized as part of this

[8] Indicate the objective of the collaboration and briefly describe how this collaboration will contribute to WHO's work. If the collaboration is related to a specific strategy, please indicate which one.
[9] Indicate year of planned activity.
[10] Please list Member States, intergovernmental organizations and other non-State actors involved if applicable (not individuals).
[11] Indicate the non-State actor's budget for the activity and additional funding from other sources (name the donor), etc. supporting this area of collaboration. WHO does not fund non-State actors in official relations.

							collaboration plan.
2. As requested by WHO, support dissemination of WHO's alerts on substandard and falsified medical products and related up-to-date information on these public health emergencies to FIP's membership. Communicate these alerts through channels agreed upon with WHO, ensuring alignment with WHO's rules and policies.	Report documenting activities conducted to disseminate WHO's alerts on substandard and falsified medical products and related up-to-date information on these public health emergencies to FIP's membership.	2025	2027	N/A	in-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate. When conducting this activity, the entity will not be considered as representing nor speaking on behalf of WHO. WHO will review

							and approve all materials and content in line with WHO's policies and guidelines.
3. As requested by WHO, conduct advocacy activities to strengthen community education as agreed with WHO and in line with its rules and policies. contribute to WHO's Immunization Agenda 2030 and recommendations on the expansion of vaccination coverage through advocacy	Regularly report on advocacy activities conducted and impact on pharmacist and community education addressing vaccine hesitancy and concerns for WHO's review and consideration. Pharmacist-led immunization strategies and sharing of best practices for WHO's review and consideration.	2025	2027	N/A	in-kind contributions	FIP	When conducting this activity, the entity will not be considered as representing nor speaking on behalf of WHO. WHO will review and approve all materials and content in line with WHO's policies and guidelines.
Geographical area[12]: ☒ International ☐ Regional (specify WHO regions):Click here to enter text. ☐ National (specify country/ies):Click here to enter text.							
If the area of collaboration was agreed with another staff member from WHO than the DTO, please provide his/her name and department: Dr Kate O'Brien, Director, Department of Immunization, Vaccines and Biologicals Dr Rudi Eggers, Integrated Health Services, WHO							

[12] *International*: it involves agreement to act at the country level in more than two WHO regions; or the outcome is intended to be relevant to countries worldwide (e.g. a joint publication); or it is open to all countries (e.g. workshop with participants from more than two WHO regions). *Regional*: as above, except that the activity is restricted to a specific WHO region. *National*: a product/activity/service that is relevant only to the country, for example a national workshop.

If another staff member from the non-State actor than the focal point is responsible for this area of collaboration, please provide the name and contact: N/A
Additional information if any: N/A

3.Area of collaboration [13]	
WHO strategic objective(s)	**Strategic objective 4:** Improve **health service coverage and financial protection** to address inequity and gender inequalities.
WHO joint outcome(s)	Outcome 4.1. Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance. Outcome 4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved.
Objective of collaboration[14]: (50 word limit) To provide technical input for WHO's consideration and raise awareness on WHO's recommendations and public health messages on patient safety, essential medicines, and substandard and falsified medical products and support advancing the implementation of WHO Global Patient Safety Action Plan 2021-2030 and WHO Global Action Plan on Antimicrobial Awareness as requested by WHO.	
Description of the activities to be undertaken, expected deliverables, timeframe and budget. In describing the activity, please indicate how it contributes to the work of WHO. The specific role of WHO and that of the entity for each activity are described.	

Activities		Timeframe[15]				Comments

[13] The WHO strategic objectives and WHO joint outcomes shall be filled in by the WHO DTO. Please see last page.
[14] Indicate the objective of the collaboration and briefly describe how this collaboration will contribute to WHO's work. If the collaboration is related to a specific strategy, please indicate which one.
[15] Indicate year of planned activity.

	Expected deliverable (add as many as needed)	Start	End	Other entities involved in the activities[16]	Budget for the activity in USD	Source of funding[17]	
1. As per WHO's request, raise awareness on WHO's recommendations and public health messages on antimicrobial resistance to support the implementation of the WHO Global Action Plan on AMR through, in line with WHO's rules and policies.	Reports submitted for WHO's consideration documenting advocacy activities conducted to support provided to WHO to raise awareness on WHO's recommendations and public health messages on antimicrobial resistance to support the implementation of the WHO Global Action Plan on AMR through.	2025	2027		In-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate. When

[16] Please list Member States, intergovernmental organizations and other non-State actors involved if applicable (not individuals).
[17] Indicate the non-State actor's budget for the activity and additional funding from other sources (name the donor), etc. supporting this area of collaboration. WHO does not fund non-State actors in official relations.

							conducting this activity, the entity will not be considered as representing nor speaking on behalf of WHO. WHO will review and approve all materials and content in line with WHO's policies and guidelines.
2. As requested by WHO, disseminate and raise awareness on WHO's tools and guidance to advance the implementation of WHO Global Patient Safety Action Plan 2021-2030 and WHO Global Patient Safety Challenge: Medication Without Harm. provision of technical input on patient safety for WHO's consideration.	Report submitted for WHO's consideration documenting activities on raising awareness on WHO Global Patient Safety Action Plan 2021-2030 WHO Global Patient Safety Challenge: Medication Without Harm.	2025	2027	N/A	in-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate. When conducting this activity, the entity will not be considered as representing nor speaking on behalf of WHO. WHO will review and approve all materials and content in line with WHO's policies and guidelines.
3. As requested by WHO, provide technical input for WHO's consideration that may inform WHO when reviewing draft WHO technical documents on specifications for pharmaceutical preparations.	Report documenting technical input provided on documents on specifications for pharmaceutical preparations for WHO's consideration.	2025	2027	N/A	in-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the

							technical inputs developed/provided by the entity on the subject matter as deemed appropriate.
4. In response to WHO's request, conduct a peer-review on WHO toolkit to raise awareness of pharmacists on substandard and falsified medical products and share the outcomes for WHO's consideration. raise awareness on WHO's guidance and recommendations on substandard and falsified medical products as requested by WHO.	Outcomes of peer-review of WHO toolkit to raise awareness of pharmacists on substandard and falsified (SF) medical products for WHO's consideration. Documented report on dissemination of WHO's guidance on substandard and falsified medical products shared for WHO's consideration.	2025	2027	N/A	in-kind contributions	FIP	When conducting this activity, the entity will not be considered as representing nor speaking on behalf of WHO. WHO will review and approve all materials and content in line with WHO's policies and guidelines.
Geographical area[18]: ☒ International ☐ Regional (specify WHO regions):Click here to enter text. ☐ National (specify country/ies):Click here to enter text.							

[18] *International*: it involves agreement to act at the country level in more than two WHO regions; or the outcome is intended to be relevant to countries worldwide (e.g. a joint publication); or it is open to all countries (e.g. workshop with participants from more than two WHO regions). *Regional*: as above, except that the activity is restricted to a specific WHO region. *National*: a product/activity/service that is relevant only to the country, for example a national workshop.

If the area of collaboration was agreed with another staff member from WHO than the DTO, please provide his/her name and department: N/A
If another staff member from the non-State actor than the focal point is responsible for this area of collaboration, please provide the name and contact: Mr Anand Balachandran, Unit Head AMR National Action Plans and Monitoring (NPM) and WHO Antimicrobial Resistance Secretariat Irina Papieva, Acting Interim Unit Head, WHO Patient Safety Flagship/A Decade of Patient Safety 2020-2030, Patient Safety and Risk Management Unit Ms Pernette Bourdillon Esteve, Technical Officer, Incidents and substandard/falsified medical products Dr Kate O'Brien, Director, Department of Immunization, Vaccines and Biologicals
Additional information if any: N/A

4. Area of collaboration [19]						
WHO strategic objective(s)	**Strategic Objective 3:** Advance the **primary health care approach and essential health system capacities** for universal health coverage.					
WHO joint outcome(s)	Outcome 3.3. Health **information systems** strengthened, and **digital transformation** implemented					
Objective of collaboration[20]: (50 word limit) Support WHO's activities by providing data to the WHO Global Health Observatory and National Health Workforce Accounts and advocating for WHO's Global Strategy on human resources for health in the pharmaceutical workforce and disseminating WHO's recommendations and public health messages in investment in health workforce education, employment, and retention.						
Description of the activities to be undertaken, expected deliverables, timeframe and budget. In describing the activity, please indicate how it contributes to the work of WHO. The specific role of WHO and that of the entity for each activity are described.						
Activities		Timeframe[21]				Comments

[19] The WHO strategic objectives and WHO joint outcomes shall be filled in by the WHO DTO. Please see last page.
[20] Indicate the objective of the collaboration and briefly describe how this collaboration will contribute to WHO's work. If the collaboration is related to a specific strategy, please indicate which one.
[21] Indicate year of planned activity.

	Expected deliverable (add as many as needed)	Start	End	Other entities involved in the activities[22]	Budget for the activity in USD	Source of funding[23]	
1. As requested by WHO, provide and align pharmaceutical data, including health workforce data, for WHO's consideration to advance the implementation of the WHO Global Health Observatory and National Health Workforce Accounts, in line with WHO's rules and policies by	Annual report outlining data shared including health workforce data and alignment with WHO Global Health Observatory and National Health Workforce Accounts provided for WHO's review and consideration.	2025	2027	N/A	In-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate.

[22] Please list Member States, intergovernmental organizations and other non-State actors involved if applicable (not individuals).
[23] Indicate the non-State actor's budget for the activity and additional funding from other sources (name the donor), etc. supporting this area of collaboration. WHO does not fund non-State actors in official relations.

2. As requested by WHO, conduct advocacy activities in support of WHO's activities to strengthen implementation of WHO's Global Strategy on human resources for health in the pharmaceutical workforce and advocate for WHO's public health messages and recommendations in investment in health workforce education, employment, and retention.	Annual report documenting submitted to WHO for its consideration on advocacy activities conducted to advance the implementation of WHO's Global Strategy on human resources for health in the pharmaceutical workforce and disseminating WHO's public health messages and recommendations in investment in health workforce education, employment, and retention.	2025	2027	N/A	in-kind contributions	FIP	When conducting this activity, the entity will not be considered as representing nor speaking on behalf of WHO. WHO will review and approve all materials and content in line with WHO's policies and guidelines.

Geographical area[24]:
- ☒ International
- ☒ Regional (specify WHO regions):WHO Europe
- ☐ National (specify country/ies):Click here to enter text.

If the area of collaboration was agreed with another staff member from WHO than the DTO, please provide his/her name and department:
Jim Campbell, Director, Health Workforce; Onyema Ajuebor, Technical Officer, Health Workforce

[24] *International*: it involves agreement to act at the country level in more than two WHO regions; or the outcome is intended to be relevant to countries worldwide (e.g. a joint publication); or it is open to all countries (e.g. workshop with participants from more than two WHO regions). *Regional*: as above, except that the activity is restricted to a specific WHO region. *National*: a product/activity/service that is relevant only to the country, for example a national workshop.

If another staff member from the non-State actor than the focal point is responsible for this area of collaboration, please provide the name and contact: N/A
Additional information if any: N/A

5. Area of collaboration [25]	
WHO strategic objective(s)	***Strategic objective 2:*** Address **health determinants** and the **root causes of ill health** in key policies across sectors.
WHO joint outcome(s)	Outcome 2.1. Health inequities reduced by acting on social, economic, environmental and other **determinants of health.** Outcome 2.2. **Priority risk factors** for noncommunicable and communicable diseases, violence and injury, and poor nutrition, reduced through multisectoral approaches. Outcome 2.3. Populations empowered to control their health through **health promotion programmes** and community involvement in decision-making.
Objective of collaboration[26]: (50 word limit) To raise awareness on WHO's guidance, public health messages and recommendations to reflect the role pharmacists and community and hospital pharmacists in healthcare delivery and management of non-communicable and infectious conditions, in line with WHO's rules and policies.	
Description of the activities to be undertaken, expected deliverables, timeframe and budget. In describing the activity, please indicate how it contributes to the work of WHO. The specific role of WHO and that of the entity for each activity are described.	

[25] The WHO strategic objectives and WHO joint outcomes shall be filled in by the WHO DTO. Please see last page.
[26] Indicate the objective of the collaboration and briefly describe how this collaboration will contribute to WHO's work. If the collaboration is related to a specific strategy, please indicate which one.

Activities	Expected deliverable (add as many as needed)	Timeframe[27]		Other entities involved in the activities[28]	Budget for the activity in USD	Source of funding[29]	Comments
		Start	End				
1. As requested by WHO, conduct advocacy activities, publish scientific articles or OpEds and cap to amplify WHO's public health messages and recommendations on the role of pharmacists, community and hospital pharmacists in healthcare delivery in line with WHO's rules and policies.	A series advocacy activities and at least 3 webinars on pharmacy practice and the role of pharmacy workforce in the healthcare delivery and related aspects developed for WHO's review and consideration.	2025	2027	N/A	in-kind contributions	FIP	When conducting this activity, the entity will not be considered as representing nor speaking on behalf of WHO. WHO will review and approve all materials and content in line with WHO's policies and guidelines.
WHO will review and approve the content of the training/capacity building/workshop activity and ensure their alignment with WHO's norms, rules, policies, and standards. WHO may use the technical	At least 2 joint publications in peer-review journals or OpEds outlining aspects related to the expanded role of pharmacists in healthcare delivery	2025	2027	N/A	In-kind contributions.	FIP	Publications are subject to relevant WHO rules and procedures for publications. The provision of such technical inputs shall not create

[27] Indicate year of planned activity.
[28] Please list Member States, intergovernmental organizations and other non-State actors involved if applicable (not individuals).
[29] Indicate the non-State actor's budget for the activity and additional funding from other sources (name the donor), etc. supporting this area of collaboration. WHO does not fund non-State actors in official relations.

inputs developed by the entity on the subject matter as deemed appropriate. WHO will solely liaise with Member States.							the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate.

Geographical area[30]:

☒ International

☒ Regional (specify WHO regions): Europe

☐ National (specify country/ies):Click here to enter text.

If the area of collaboration was agreed with another staff member from WHO than the DTO, please provide his/her name and department:

Dr Natasha Azzopardi Muscat, Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe

Dr Stanislav Kniazkov, Technical Officer, Pricing & Reimbursement, Access to Medicines and Health Products, Country Policies and Systems, WHO EURO.

If another staff member from the non-State actor than the focal point is responsible for this area of collaboration, please provide the name and contact:

N/A

[30] *International*: it involves agreement to act at the country level in more than two WHO regions; or the outcome is intended to be relevant to countries worldwide (e.g. a joint publication); or it is open to all countries (e.g. workshop with participants from more than two WHO regions). *Regional*: as above, except that the activity is restricted to a specific WHO region. *National*: a product/activity/service that is relevant only to the country, for example a national workshop.

Additional information if any:

N/A

6. Area of collaboration [31]	
WHO strategic objective(s)	***Strategic objective 2:*** Address **health determinants** and the **root causes of ill health** in key policies across sectors.
WHO joint outcome(s)	Outcome 2.1. Health inequities reduced by acting on social, economic, environmental and other **determinants of health**. Outcome 2.2. **Priority risk factors** for noncommunicable and communicable diseases, violence and injury, and poor nutrition, reduced through multisectoral approaches. Outcome 2.3. Populations empowered to control their health through **health promotion programmes** and community involvement in decision-making.

Objective of collaboration[32]: (50 word limit)

To provide technical input and share best practices for WHO's consideration and raise awareness on WHO's, tools, public health messages and recommendations on non-communicable diseases.

Description of the activities to be undertaken, expected deliverables, timeframe and budget. In describing the activity, please indicate how it contributes to the work of WHO. The specific role of WHO and that of the entity for each activity are described.

Activities	Expected deliverable (add as many as needed)	Timeframe[33]		Other entities involved	Budget for the activity in USD	Source of funding[35]	Comments
		Start	End				

[31] The WHO strategic objectives and WHO joint outcomes shall be filled in by the WHO DTO. Please see last page.

[32] Indicate the objective of the collaboration and briefly describe how this collaboration will contribute to WHO's work. If the collaboration is related to a specific strategy, please indicate which one.

[33] Indicate year of planned activity.

[35] Indicate the non-State actor's budget for the activity and additional funding from other sources (name the donor), etc. supporting this area of collaboration. WHO does not fund non-State actors in official relations.

				in the activities[34]			
1. As requested by WHO, support in the implementation of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2030 and the NCD-related Sustainable Development Goal (SDG) targets through sharing best practices for WHO's consideration and conduct advocacy activities to promote WHO's tools, public health messages and recommendations on the subject matter in line with WHO's rules and policies. WHO will review and approve the content of the training/capacity building/workshop activity and ensure their alignment with WHO's norms, rules, policies, and standards. WHO may use the technical inputs developed by the entity on the subject matter as deemed appropriate. WHO will solely liaise with Member States.	Knowledge sharing through best practices provided to WHO for its consideration and advocacy activities conducted to promote the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2030 and the NCD-related Sustainable Development Goal (SDG) targets. Report on proposed best practices for fostering high-level NCD commitments at local, national, regional and global levels for WHO's review and consideration.	2025	2027	N/A	in-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate. When conducting this activity, the entity will not be considered as

[34] Please list Member States, intergovernmental organizations and other non-State actors involved if applicable (not individuals).

							representing nor speaking on behalf of WHO. WHO will review and approve all materials and content in line with WHO's policies and guidelines.
2. When requested by WHO, support WHO in its capacity building for the delivery of pharmacist-led tobacco cessation services at the country level in line with WHO's rules and policies. This activity will be implemented in selected Member States as identified by WHO and in agreement with the national authorities. WHO will solely liaise with Member States. WHO will review and approve the content of the training activity and ensure their alignment with WHO's norms, rules, policies, and standards.	Draft training modules and content aiming to develop the competence of the pharmaceutical workforce for the delivery of tobacco cessation interventions, including data on the suitable regulatory and policy frameworks to enable the provision of such services captured in a report submitted for WHO's review and consideration. Participants of training will be identified and indicated by WHO.	2025	2027	Indian Pharmaceutical Association, Jordan Pharmaceutical Association, King Hussein Cancer Centre (Jordan), non-State actors subject to due diligence and risk assessmen	in-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate. The

WHO may use the technical inputs developed by the entity on the subject matter as deemed appropriate.				t prior to engaging.			activities to be performed are in no case related or leading to the development and issuance of qualifying diplomas or delivery of courses offered as part of an established degree programme. The WHO name and emblem may not be used on certificates of attendance, diplomas or similar awards to participants in training or other courses organized as part of this collaboration plan.
3. As per WHO's request, promote, raise awareness on and share best practices collected from different countries in the six WHO regions on tobacco cessation for WHO's review and consideration.	Disseminating and raising awareness of WHO's technical resources on tobacco cessation as agreed by WHO. Share best practices on tobacco cessation collected from six WHO regions for WHO's consideration.	2025	2027	N/A	in-kind contributions	FIP	When conducting this activity, the entity will not be considered as representing nor speaking on behalf of WHO. WHO will review and approve all materials and content in line with WHO's policies and guidelines. The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate. WHO will review and approve the content of the training activity

							and ensure their alignment with WHO's norms, rules, policies, and standards. WHO may use the technical inputs developed by the entity on the subject matter as deemed appropriate The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate. WHO will review

							and approve the content of the training activity and ensure their alignment with WHO's norms, rules, policies, and standards. WHO may use the technical inputs developed by the entity on the subject matter as deemed appropriate. WHO will solely liaise with Member States.
Geographical area[36]: ☒ International ☒ Regional (specify WHO regions):All regions individually. ☒ National (specify country/ies): India, Jordan							
If the area of collaboration was agreed with another staff member from WHO than the DTO, please provide his/her name and department: Dr Vinayak M Prasad, Unit Head, No Tobacco (TFI), Department of Health Promotion							
If another staff member from the non-State actor than the focal point is responsible for this area of collaboration, please provide the name and contact: N/A							

[36] *International*: it involves agreement to act at the country level in more than two WHO regions; or the outcome is intended to be relevant to countries worldwide (e.g. a joint publication); or it is open to all countries (e.g. workshop with participants from more than two WHO regions). *Regional*: as above, except that the activity is restricted to a specific WHO region. *National*: a product/activity/service that is relevant only to the country, for example a national workshop.

Additional information if any: N/A

7. Area of collaboration [37]	
WHO strategic objective(s)	***Strategic objective 2:*** Address **health determinants** and the **root causes of ill health** in key policies across sectors.
WHO joint outcome(s)	Outcome 2.1. Health inequities reduced by acting on social, economic, environmental and other **determinants of health**. Outcome 2.2. **Priority risk factors** for noncommunicable and communicable diseases, violence and injury, and poor nutrition, reduced through multisectoral approaches. Outcome 2.3. Populations empowered to control their health through **health promotion programmes** and community involvement in decision-making.
Objective of collaboration[38]: (50 word limit) To provide technical expertise, input, and review to WHO on the role of pharmacists in advancing self-care and well-being as pillars of universal health coverage for its consideration.	
Description of the activities to be undertaken, expected deliverables, timeframe and budget. In describing the activity, please indicate how it contributes to the work of WHO. The specific role of WHO and that of the entity for each activity are described.	

Activities		Timeframe[39]				Comments

[37] The WHO strategic objectives and WHO joint outcomes shall be filled in by the WHO DTO. Please see last page.
[38] Indicate the objective of the collaboration and briefly describe how this collaboration will contribute to WHO's work. If the collaboration is related to a specific strategy, please indicate which one.
[39] Indicate year of planned activity.

	Expected deliverable (add as many as needed)	Start	End	Other entities involved in the activities[40]	Budget for the activity in USD	Source of funding[41]	
1. As per WHO's request, review and provide technical input for WHO's consideration that may inform its work on the implementation guidance on self-care interventions for health and well-being for WHO's review and consideration.	Technical input provided on the subject matter captured in a report for WHO's consideration.	2025	2025	N/A	in-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate.

[40] Please list Member States, intergovernmental organizations and other non-State actors involved if applicable (not individuals).
[41] Indicate the non-State actor's budget for the activity and additional funding from other sources (name the donor), etc. supporting this area of collaboration. WHO does not fund non-State actors in official relations.

2. As requested by WHO, provide technical input for WHO's consideration that may inform its work on an adapted WHO competency framework on self-care interventions for HCPs and its Knowledge and Skills Guide for pharmacists on self-care.	Report documenting technical inputs provided to WHO for its consideration on the WHO competency framework on self-care interventions for HCPs targeted for pharmacists and on the Knowledge and Skills Guide for pharmacists on self-care for WHO's review and consideration.	2025	2025	N/A	in-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate.
Geographical area[42]: ☒ International ☐ Regional (specify WHO regions):All regions individually. ☐ National (specify country/ies):Click here to enter text.							
If the area of collaboration was agreed with another staff member from WHO than the DTO, please provide his/her name and department: Manjulaa Narasimhan, Acting Unit Head, Sexual Health and well-being across the life course Fiona Carr, Communication Consultant; Sexual Health and well-being across the life course, WHO							

[42] *International*: it involves agreement to act at the country level in more than two WHO regions; or the outcome is intended to be relevant to countries worldwide (e.g. a joint publication); or it is open to all countries (e.g. workshop with participants from more than two WHO regions). *Regional*: as above, except that the activity is restricted to a specific WHO region. *National*: a product/activity/service that is relevant only to the country, for example a national workshop.

If another staff member from the non-State actor than the focal point is responsible for this area of collaboration, please provide the name and contact: N/A
Additional information if any: N/A