

FIP Annual Report 2013/14

Growing the
responsible use
of medicines



ADVANCING
PHARMACY
WORLDWIDE

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FOREWORD

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Last year was a year of growth. In 2012, the centenary of FIP, we began a new cycle of action. We marked a starting point, through a ministerial summit held in collaboration with the Ministry of Health in the Netherlands, on the responsible use of medicines. In 2013/14, we nurtured the seeds planted at that summit and, through our diverse partnerships and with the support of our member organisations, we have seen many healthy green shoots around the globe. Indeed, some of these shoots have grown quickly, have blossomed and are already bearing fruit.

FIP's annual congress in 2013, held in Dublin, was preceded by a symposium for international pharmaceutical policy-makers. Co-organised with the Irish Ministry of Health as a follow-up to the Amsterdam summit, it enabled some crucial discussions on how the responsible use of medicines can be achieved. This symposium not only illustrates the strength and influence of FIP but, importantly, the growing recognition of the expertise of pharmacists and pharmaceutical scientists and the key roles they have to play if this vision is to become more than an ideal.

Some of the many other ways in which FIP has cultivated the responsible use of medicines from March 2013 to February 2014 are highlighted in this report. Through the efforts of our Board of Pharmaceutical Practice, Board of Pharmaceutical Sciences and the FIP Education Initiative, we have made positive impacts on patient safety, natural disasters, ethical collaboration (including in the field of research), universal health coverage, the pharmacy workforce, and the image of our profession, to name but a few.

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I would like to recognise the tremendous amount of planning and work that goes on behind the scenes by those on our boards, and in our sections and special interest groups, in order to deliver presentations and sessions at our own congresses as well as further afield, and to give pharmacy and pharmaceutical sciences input to policies, guidance and standards, both in existence and in the making, around the world. Work is well under way for our 2014 congress in Bangkok and our 2015 congress in Düsseldorf.

To achieve FIP's mission, we need to keep delivering our important message and sharing our expertise. This annual report gives a glimpse of our vast global network and demonstrates that FIP continues to sit at many tables, from the World Health Assembly and the World Health Organization's executive board meetings to the International Alliance of Patients' Organizations and collaborations on ethics.

The challenges of ensuring the right medicine for the right patient, at the right time, used appropriately, and for the right price, persist through changing political situations, fluctuating economic climates and advances in science and technology. However, we are confident that through continuing to make vital connections, collaborations and being proactive, together we can make lasting improvements to health in our communities. I believe that, in just a few years, we will see a plentiful harvest and the next crop of our impacts will be dispersed and found in every corner of the globe.

Michel Buchmann
President
International Pharmaceutical Federation

FOCUS ON OUR PROFESSION AND PRACTICE

ACHIEVING GOOD MANUFACTURING PRACTICE

Safety and quality require good manufacturing practice (GMP). FIP, through its sections such as the *Industrial Pharmacy Section (IPS)*, continued to input into WHO guidelines on GMP, commenting on the latest draft in September 2013.

And, in July 2013, Michael Anisfield of the IPS ran a course for the South African and Zimbabwean GMP inspectorates on “How to perform effective GMP inspections”, sharing knowledge and best practices. The IPS also held a number of *webinars*, including “Good distribution practices – securing the supply chain”.

[read more ▲](#)

“The opportunity through FIP to comment on WHO guidelines in their review stage is most appreciated and useful to ensure compliance and avoid unnecessary hurdles or unintentional inconsistencies.”

– Alan Chalmers, IPS executive committee



PROMOTING PHARMACY

The theme of *World Pharmacists Day* on 25 September was “Simplifying your medicines no matter how complex”. Through this, FIP put a spotlight on a major way in which pharmacists ensure more responsible medication. Pharmacists across the globe used the day to promote the profession externally and to foster unity within the profession through a number of activities. In Ghana, pharmacists featured on radio and television, which culminated in an event attended by the Minister for Health.

[read more ▲](#)

Colleagues in the Philippines were also active, with many local chapters of our member organisation hosting fun runs across the country, planting trees in flood vulnerable areas, and offering educational seminars. And in Malta, pharmacy students ran an outreach programme.



SPREADING THE WORD ON GOOD PHARMACY PRACTICE

FIP has continued to disseminate its *good pharmacy practice standards*. Ema Paulino, FIP professional secretary did so in Paraguay in May 2013, and FIP staff did so in Ecuador in June. Good pharmacy practice (GPP) no doubt contributes to the responsible medicines use effort. They’re part of the same package.

Our standards continue to have impact: in November 2013, for example, GPP certification was launched in Uganda, where it is reported that around 60% of registered pharmacies do not meet GPP standards.

ADVOCATING FOR MEMBERS, PROTECTING PHARMACY

What makes patients trust pharmacists and, therefore, follow advice on responsible use? Image is important. When our member organisation in Uruguay began campaigning against pharmacies having to supply cannabis for recreational purposes under new law, FIP gave its full support. President Michel Buchmann wrote an open letter setting out why pharmacists should not be involved. He also took the opportunity to invite the Uruguayan Government to reflect on the role of community pharmacies in the country's overall system of health.

"FIP gave strong and excellent support to AQFU [Uruguayan Pharmacists' Association] on this issue. When our general assembly arrived at its position, FIP was informed and a dialogue started immediately," said Eduardo Savio, spokesman for AQFU.

[read more ▲](#)

"The letter from FIP catalysed declarations from other relevant players such as our national university, the Uruguayan association of professionals (AUDU) and the South American Pharmaceutical Federation (FEFAS). We have used it in our campaign in the newspapers, radio and television. . . . I think it is an instrument that opens bridges to everybody. . . . A question asked by Dr Buchmann: 'What is a community pharmacy and what role does it play in the overall health system of the country?' has been identified as the main issue in two meetings held with the Ministry of Health and the general director of health." – *Eduardo Savio*



HEALTH BENEFITS FOR OUR COMMUNITIES

DEVisING SOLUTIONS FOR SHORTAGES

Medicines shortages mean patients cannot receive the right medicines at the right time. As a result of growing concerns around the world and a request from our member organisation in Canada, FIP developed the concept of an international summit, gathering all major stakeholders to examine this pressing issue. The summit was held in Toronto in June 2013, producing six *recommendations* for countries to take forward, which were presented to the WHO.

Among the recommendations was that countries should develop a list of vulnerable or critical products so as to identify those that require more attention in discussions on shortages, and FIP will be working with international partners on it. Another example of the recommendations being taken forward is an initiative by the Department of Health in Australia to provide information about disruptions in supply of prescription medicines.

[read more ▲](#)

“There had been a number of reports at a national level focusing on the effects of shortages. We wanted to go further and focus not only on causes but also on contributing factors.”

– Luc Besançon, CEO of FIP



PURSUING MATERNAL AND CHILD HEALTH

Given the unacceptable number of maternal and child deaths across the globe, FIP believes that there are four main areas where pharmacists' involvement or supervision is expected, and described them in a new FIP *statement of policy*, adopted in August 2013.

Mothers have reported improved access to quality health-care when pharmacists are involved in their care. The statement details a number of ways in which pharmacists can contribute to the care of mothers and children, from advising on health before pregnancy and identifying postpartum depression to supporting breastfeeding and providing vaccinations.

FIGHTING COUNTERFEITS

Patients are unlikely to benefit from fake medicines and may even come to harm because of them. FIP's action against substandard/spurious/false-labelled/falsified/counterfeit (SSFFC) medical products continued in 2013. It was at the table of European Directorate for the Quality of Medicine and Healthcare Working Group on Counterfeit Medicines in April 2013, where it provided its pharmaceutical expertise.

Furthermore, FIP spoke on behalf of the World Health Professions Alliance at the 134th WHO executive board session in Geneva, expressing concern that the financing of the workplan on SSFFC medical products had not been secured and urging member states to ensure the allocation of appropriate resources. We stressed the need for action and emphasised that the supply of these products is facilitated when supervision by healthcare professionals is deficient. FIP also coordinated the WHPA campaign against counterfeits which started in India in October.

ENCOURAGING ADHERENCE

Adherence goes hand in hand with appropriate medicines use. The WHO states that interventions to improve adherence would provide a significant positive return on investment through prevention of risk factors and of adverse health outcomes. In May 2013, the *Community Pharmacy Section* ran a webinar, “Targeting adherence: pharmacists having an impact on patient outcomes and quality of life”, in which several speakers presented pharmacists' interventions.

Communication is integral to appropriate medicines use and the FIP *pictogram* project has been updated. Pictograms give health professionals a means of communicating medication instructions to people with no common language or who may be illiterate, or both.

[read more ▲](#)

“We have done a lot, including releasing a beta version of the software. In addition, we have published two peer-reviewed papers to further validate the use of pictograms.” – Regis Vaillancourt, project lead



BRIDGING GAPS

FIP co-sponsored an international symposium on bridging studies, held in Taipei, China Taiwan, to work on their harmonisation. Why is harmonisation important? Most medicines are currently developed for exclusive use in one country, and there is a continuing debate on how best to use clinical data obtained from global studies so as to avoid duplicative testing, thus reducing delay in availability of medicines and the cost of development. After the symposium, it was announced that 12 countries had tentatively agreed to work together to speed up launching new medicines in the Asia-Pacific region.

[read more ▲](#)

“There were more than 400 in attendance and, after a two-day information exchange and two hours of closed-door, intense discussion, there were several summaries, consensuses and conclusions agreed upon by country representatives.”

– *Oliver Yoa-Pu Hu, vice-chair, Special Interest Group on Regulatory Sciences*



FACILITATING UNIVERSAL HEALTH COVERAGE

Getting medicines to patients at the right time can be helped by faster approval processes. By February 2014, five new biowaiver monographs had been published by the regulatory sciences special interest group's focus group on the biopharmaceutics classification system (BCS) and biowaivers, taking the list of monographs produced by this group to over 40.

The biowaiver procedure uses simple dissolution methods rather than expensive and time-consuming pharmacokinetic studies in humans to test for bioequivalence of drug products, thus reducing the time to gain marketing authorisation.

[read more ▲](#)

“The US Food and Drug Administration and the European Medicines Agency have both introduced the use of BCS-based biowaiving as a means of demonstrating bioequivalence and many countries have followed suit. . . . The BCS biowaiver is becoming an effective tool for reducing the regulatory burden in the development of generic medicines.” – *Jennifer Dressman, chair of the focus group*



UNITING IN DISASTERS

Responsible use of medicines should run through all our practices and in all situations, including disasters. During Typhoon Haiyan in the Philippines, members of the *Military and Emergency Pharmacy Section (MEPS)* were able to use the FIP MEPS discussion site to collaborate, liaise and problem solve. Significant support was also relayed to our local Philippines association for post-typhoon activities.

EDUCATION AND HUMAN RESOURCES

NURTURING THE FUTURE GENERATION

We want responsible medicines use to become custom and habit, and to be sustained into the future. That's why FIP puts such importance on students and young pharmacists and scientists. In addition to our *Young Pharmacists' Group's* activities, FIP works with the International Pharmaceutical Students Federation (IPSF) and similar associations. In October 2013, for example, our CEO presented new concepts in world health to the Tunisian Association of Pharmacy Students, asking whether the profession is ready. And in August 2013, FIPed ran a workshop on research methodology for future pharmacists at the IPSF congress in the Netherlands.

PREPARING A SUITABLE WORKFORCE

The pharmacy profession needs to ensure the entire workforce is competent to deliver responsible medicines use. We communicated our commitment to this through the Global Forum on Human Resources for Health, held in Brazil in November 2013.

2013/14 also saw agreement reached between the European Parliament, the European Commission and EU Governments to allow future specialisations of pharmacy, including hospital pharmacy, and to seek pan-European recognition across borders through a common training framework.

[read more ▲](#)

TRANSFORMING EDUCATION

Without a professionally educated healthcare workforce, an appropriate academic infrastructure and high-quality, competency-based education, we will not be able to achieve responsible use of medicines.

August 2013 saw the FIP Council approve a FIP Education Initiative 5-year Action Plan (2014-18). This sets out how FIPed will contribute to the transformation and scaling up of pharmaceutical education over the next few years. "Better health for populations requires us to advance and develop our profession to meet present and future healthcare needs," says Henri R. Manasse Jr, chair of the FIPed Steering Committee.

[read more ▲](#)

The plan describes strategic objectives and has seven pillars (educational sessions at the FIP congress; global conference on pharmacy and pharmaceutical sciences education; education development team projects and technical reports; centres of excellence; leadership development; education consultation services; and FIPed infrastructure and global representation) with expected outputs.



"Members of the Hospital Pharmacy Section were involved in influencing the EU debate over hospital pharmacy specialisation."
– Rob Moss, HPS vice-president for Europe



COLLABORATIONS AND PARTNERSHIPS

INVOLVING PATIENTS

If we are to achieve responsible use of medicines, patients need to be on board. FIP has continued to work with patient groups, particularly through the International Alliance of Patients' Organizations (IAPO). The immediate past-chair of IAPO, was invited to speak at our Dublin congress, but FIP officers have also reached out to patient groups through taking part in their events. In December, for example, FIP vice-president Prafull Sheth attended an IAPO event "Meeting patients' needs in South-East Asia – effective strategies for improving patient safety".

[read more](#) ▲

Durhane Wong-Rieger, IAPO past-chair, spoke about cultural reasons for complexity at our Dublin congress: "We want to make sure that the patient is engaged from the start."



LEADING COLLABORATION ON ETHICS

Ensuring medicines are used in the right way is an ethical obligation. Research and innovation must also be ethical and transparent. In January 2014, FIP, together with four global healthcare organisations, signed a "*Consensus framework* for ethical collaboration between patients' organisations, healthcare professionals and the pharmaceutical industry."

FIP's special interest groups (SIGs) also had important discussions about ethics. In July 2013, for example, Hitoshi Sasaki, chair of the SIG on translational research and individualised medicines, organised an international workshop, held in Japan, focusing on the ethics of health research and translational research.

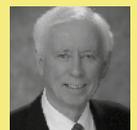
WORKING TOWARDS INTERPROFESSIONAL COLLABORATION

The concept of responsible medicines use is wider than rational use. It requires that all actors are engaged. In May 2013, FIP joined with other leading health professions, under the umbrella of the World Health Professions Alliance, to call for a new emphasis on collaborative practice through a major new statement. This stresses that effective collaboration between different professions can improve services, increase user involvement in decisions, improve use of resources, reduce disability and raise job satisfaction of health professionals.

The statement, launched during the 66th World Health Assembly, called on governments to fund structures that support interprofessional collaborative practice.

[read more](#) ▲

"In an increasingly complex and fast-moving medical world, it is safer and more efficient when health professionals collaborate to the full extent of their training and experience." – Cecil Wilson, president, World Medical Association





NOTES FROM THE BOARD OF PHARMACEUTICAL SCIENCES

ADVANCING THE BPS STRATEGIC PLAN

With the new structure of special interest and focus groups, the Board of Pharmaceutical Sciences (BPS) has worked to ensure that most of the pharmaceutical sciences fields are covered. Collaboration between practitioners, educators and scientists is, for FIP, a main strategic objective.

The well-structured, mixed FIP annual congress Programme Committee has been and is preparing balanced annual conferences where, as far as possible, sessions profit from science and practice. One of the highlights of this integrated approach was the successful Dublin conference on meeting the challenges of complex patients.

This congress was a natural follow-up to the FIP centennial congress in Amsterdam, where the responsible use of medicines was promoted: the intelligent use of available treatments needs input from practitioners and scientists. To get things working, training and education are of high importance.

On the level of the special interest and focus groups, the BPS sponsored or co-sponsored local and regional activities in several countries. At BPS level, support to the Scientific Planning Committee for the 2014 Pharmaceutical Sciences World Congress in Melbourne, Australia, helped get a high-level conference programme together.

The next steps are the further development of collaborations between BPS, Board of Pharmaceutical Practice and FIP Education Initiative activities, all with the aim of stimulating the responsible use of medicines.

Henk de Jong
Scientific secretary

FIP IN NUMBERS 2013/14

MEMBERSHIP

- 126 Member organisations
- 3,358 Individual members
- 124 Schools of pharmacy with academic institutional membership (**AIM**)
- 9 Observer organisations

WEB, MEDIA, DATABASES

- 11,116 FIP Facebook likes (from 6,488 in 2012)
- 63 ***I Am A Pharmacist*** videos
- 1,550 LinkedIn members (from 413 in 2012)
- 2 Issues of the ***International Pharmacy Journal***
- 10,114 Subscribers to the ***Pharmacy Education Journal***
- 2,014 Institutions listed in the ***World List of Pharmacy Schools*** kept by FIPed
- 109 Countries for which ***workforce data*** is available as a result of our work to gather global data that can be used to address pharmacy workforce planning
- > 600,000 Downloads of ***biowaiver monographs*** from the FIP website

DUBLIN CONGRESS IN NUMBERS

“TOWARDS A FUTURE VISION FOR COMPLEX PATIENTS”

- 3,313 Delegates at the 2013 World Pharmacy Congress, from 108 countries
- 680 Congress posters presented
- 15,180 Congress Facebook likes (from 547 in 2012)
- 190 Congress speakers
- 59 Sessions, providing >160 hours of continuing education/continuing professional development
- 100 Attendees at the pharmacy support workforce symposium
- 72 Participants at the deans’ forum held at Trinity College Dublin



FIP headquarters, The Hague



World Pharmacy Congress 2013, Dublin

NOTES FROM THE BOARD OF PHARMACEUTICAL PRACTICE

FOCUS ON AUTONOMY, REMUNERATION AND COLLABORATION

Healthcare systems are struggling throughout the world. While developing countries strive to provide universal healthcare, most developed countries are dealing with unsustainable rising costs, uneven access to services and faltering quality of care.

The adequate use of resources is fundamental to ensuring that systems are capable of responding to changing healthcare needs. And this includes guaranteeing that medicines are used responsibly.

The Board of Pharmaceutical Practice (BPP), through its eight sections, is devoted to advancing pharmaceutical practice in all fields. In the past year, special emphasis has been given to discussing how ethics and professional autonomy can safeguard individual patient interest, and how remuneration systems can expedite pharmacists' contributions to positive clinical and economic outcomes.

Responsible use of medicines can best be achieved through constructive collaboration between all stakeholders. Therefore, the BPP has continued to invest in building a strong partnership with the Board of Pharmaceutical Sciences, as well as with the FIP Education Initiative. Guaranteeing that pharmaceutical scientists, pharmacists and educators are aligned in their objectives and strategies is vital to ensuring success. This has been achieved through combined congress programming, as well as through a joint working group on pharmaceuticals and the environment.

In the able hands of Andy Gray as chairman, the BPP has facilitated cooperation between its different sections, and the merger of the Laboratory and Medicines Control Section with the Industrial Pharmacy Section was finalised.

I look forward to working with all FIP officers to take on the challenge of steering the BPP towards the future described in the [2020 Vision](#).

Emá Paulino

Professional secretary

FIP IN THE MEDIA 2013/14

DATABASE TO ACT AS LEVERAGE FOR GLOBAL PHARMACEUTICAL GOOD

(The Pharmaceutical Journal, 01.09.2013, UK)

– An online workforce database that ultimately aims to help people around the world get equal access to medicines and pharmaceutical care is officially under way.

BUENAS PRÁCTICAS EN FARMACIA COMUNITARIA

(Gaceta Médica.com, 08.11.2013, Spain)

– The joint FIP/WHO guidelines on good pharmacy practice urge national professional organisations to develop specific rules on good practice. To this end, on October 8, the document “Good Practices in Community Pharmacy in Spain”, will be presented.

MEHR ETHIK FÜRS GESUNDHEITSWESEN

(ChemieReport, 13.01.2014, Austria)

– A framework on the ethical collaboration between patient organisations, institutions of healthcare professionals and the pharmaceutical industry has been agreed by five global health organisations.

MAJORITY OF PHARMACY WEBSITES ARE NON-COMPLIANT

(Irish Times, 10.09.2013, Ireland)

– Research presented at the 2013 International Pharmaceutical Federation World Congress found the overwhelming majority of websites selling medicines are operating illegally.

LA PHARMACIE EN RUPTURE DE STOCK

(Le Courrier 26.08.2013, Switzerland)

– The situation has deteriorated to the point that the International Pharmaceutical Federation has decided to take the bull by the horns. In June, it organised an international summit on [medicines shortages] in Toronto, bringing together all players in the pharmaceutical sector.

IRELAND'S HEALTH MINISTER HIGHLIGHTS PHARMACISTS' ROLE IN MANAGING COMPLEX PATIENTS

(The Pharmaceutical Journal, 05.09.2013, UK)

– Pharmacists have a vital role to play in the multidisciplinary approach required to manage patients with complex needs and in providing care to patients throughout their lives, said James Reilly, Ireland's health minister, at the opening ceremony of the International Pharmaceutical Federation 2013 World Congress of Pharmacy in Dublin.

DRUG DONATIONS IN HUMANITARIAN AID: A MIXED BLESSING

(Drug Topics, 12.11.2013, USA)

– Immediately after earthquakes struck Haiti and Japan, vast amounts of medications were donated and shipped. . . . During the recent meeting of the International Pharmaceutical Federation Congress . . . I attended a session . . . that enabled me to delve a little further into the issues surrounding medication donations.

NOTES FROM THE FIP EDUCATION INITIATIVE

FOUNDATION FOR EXPANDING PHARMACISTS' ROLES AND SCOPES OF PRACTICE

FIPEd is the brand name given to the component group of FIP that is bringing together all of FIP's efforts in transforming and strengthening education in professional pharmacy and pharmaceutical sciences around the world. It is organised as an overarching initiative that includes both of the FIP boards and FIP's governance bodies. More than 100 practitioner and scientific educators and over 120 deans of schools of pharmacy from throughout the world are involved in congress programming on educational issues, preparing technical and policy papers on key areas of pharmacy education, contributing to an online international *journal* on pharmacy education, gathering leaders in pharmacy education to establish a future agenda for reform, and linking educational policy issues to national needs for workforce and capacity building.

All of these initiatives are closely tied to enhancing responsible use of medicine in global health systems. With a strong emphasis on competency development across the continuum of pharmaceutical workforce for practice and science, the FIPEd action plan articulates a five-year commitment to a number of key priorities, including planning for and executing a global conference on pharmacy and pharmaceutical sciences education in the near future.

Education is the foundation for advancement in both pharmacy practice and the pharmaceutical sciences, and the strengthening of educational programmes in the global community of universities and training centres are integral parts of FIP's 2020 Vision. Expansion of pharmacists' roles and scopes of practice to assure safe, effective and efficient medicines use strongly relies on educational

programmes that are socially accountable and meet standards for quality. This is no small challenge on the global stage. In that vein, FIPEd has partnered with the WHO, UNESCO (United Nations Educational, Scientific and Cultural Organization), hundreds of universities and national organisations. Further, several corporate partners have joined in the efforts by providing financial and in-kind support.

FIPEd's 5-year Action Plan is now available in several languages. It is an exciting commitment to improving medicines use through an appropriately educated and competent pharmaceutical workforce.

Henri R. Manasse Jr

Chair

FIPEd Steering Committee

WORK IN PROGRESS

In addition to work on the programmes for future conferences (Düsseldorf 2015 and Buenos Aires 2016), regular newsletters to members, and activities on discussion forums, work in progress at FIP includes the following.

ENABLING HIGH-QUALITY PHARMACEUTICAL SERVICES

July 2013 saw the first convening of the FIP working group on remuneration models for hospital and community pharmacies. High-quality pharmaceutical care services are a must for achieving responsible use of medicines, but a crucial cog is a sustainable and supportive economic system that is properly integrated in healthcare systems at national or provincial level in order to fund these services.

[read more ▲](#)

The working group's initial objectives include providing an overview of the different functions expected by society and provided by community and/or hospital pharmacies, and analysing the current and future remuneration models for such functions in line with healthcare financing systems. A comprehensive survey was circulated among FIP member organisations and the work continues.

PROVIDING TOOLS FOR BETTER MEDICINES INFORMATION

A new working group of the *Pharmacy Information Section* is looking into national strategic plans for the development and use of medicines information.

[read more ▲](#)

“The results of [an FIP] survey indicated that few countries have national medicines information strategies. . . . It seems that the strategic development of medicines information is often included as a part of national drug policies or action plans. . . . The final outcome of this project is to establish guidance or a practical tool that FIP member organisations can use to work with governments to develop and implement their own national policies and strategies for medicines information. We aim that this guidance will be in a form of FIP policy statement.” – *Katri Hämeen-Anttila, executive committee member, Pharmacy Information Section*



SETTING STANDARDS FOR CHILDREN'S MEDICINES

What can be done to ensure that children are treated with the most appropriate products? FIP has been lending its expertise to the preparation of a joint document with the WHO that will help guide alternatives to compounding for children.

REFLECTING CHANGES IN HOSPITAL PRACTICE

FIP's standards for hospital pharmacy (Basel Statements 2008) have been adopted in many places and have had various indirect influences. However, to keep current with changes in practice, they are being revised.

KEEPING ETHICS UP TO DATE

FIP's Statement on Code of Ethics (2004) is being revised so that it reflects new challenges. It is expected that the report on ethics and autonomy in pharmacy (as well as a revised statement) will be put forward for adoption by the Council at the congress in Bangkok.

ESTABLISHING CENTRES OF EXCELLENCE

The first FIP UNESCO-UNITWIN Centre of Excellence, part of the FIPed 5-year Action Plan, is well under way to being launched.

[read more ▲](#)

The aim is to address issues of academic capacity, quality assurance of education and workforce competency. Achievements in 2013 included mapping projects, developing IT platforms, establishing governance and terms of reference, work on a foundation framework, training, validation and review. The first centre of excellence will be for Africa, a region with immediate workforce needs.

AWARDS & FORMALITIES

ADVANCING PHARMACY WORLDWIDE

AWARDS 2013



Høst Madsen Medal

(the highest pharmaceutical sciences award of FIP)
Prof. Daan Crommelin (Netherlands)



FIP Distinguished Practice Award

Prof. Martin Schulz (Germany)



FIP Lifetime Achievement in the Pharmaceutical Science Award

Mr William Zellmer (USA)

8 Fellowships

Prof. Geoff Tucker (UK)

Mr Andy Gray (South Africa)

Prof. Kamal Midha (Canada)

Dr Tatsuro Irimura (Japan)

Mr Toby Clark (USA)

Dr Carmen Peña (Spain)

Prof. Ian Bates (UK)

Prof. Wayne Hindmarsh (Canada)

OFFICIAL MEETINGS AND DECISIONS

The FIP Executive Committee met four times
(*March, June, August and December 2013*)

The FIP Bureau met twice (*March and August 2013*)

The FIP Council meeting was held at the Dublin congress on 1 September, and ratified the following:

- Election of the professional secretary Ema Paulino from Portugal.
- Appointment of Luc Besançon as the new general secretary and CEO.
- Dissolution of the Laboratory and Medicines Control Section and its incorporation into the Industrial Pharmacy Section.
- Process to revise the FIP statutes, and composition of a Council commission to revise the statutes.
- The FIP statement of policy on “The effective utilization of pharmacists in improving maternal, newborn and child health (MNCH)”.
- Adoption of the definition of “Responsible use of medicines”.
- Adoption of the FIPed 5-year Action Plan.
- Three new **member organisations** (*Academy of Pharmaceutical Sciences of Great Britain, Pharmaceutical Society of Sierra Leone, Pharmaceutical Society of Tanzania*).
- Membership of four new* observer organisations. [Full list ▲](#)

OBSERVER ORGANISATIONS

- Accreditation Council for Pharmacy Education
- Associação de Farmacêuticos dos Países de Língua Portuguesa
- Ecumenical Pharmaceutical Network*
- Federación Farmacéutica Sudamericana
- Federación Panamericana de Farmacia
- National Association of Boards of Pharmacy*
- Pharmaceutical Group of the European Union
- Pharmacy Council of Australia*
- United States Pharmacopoeia*

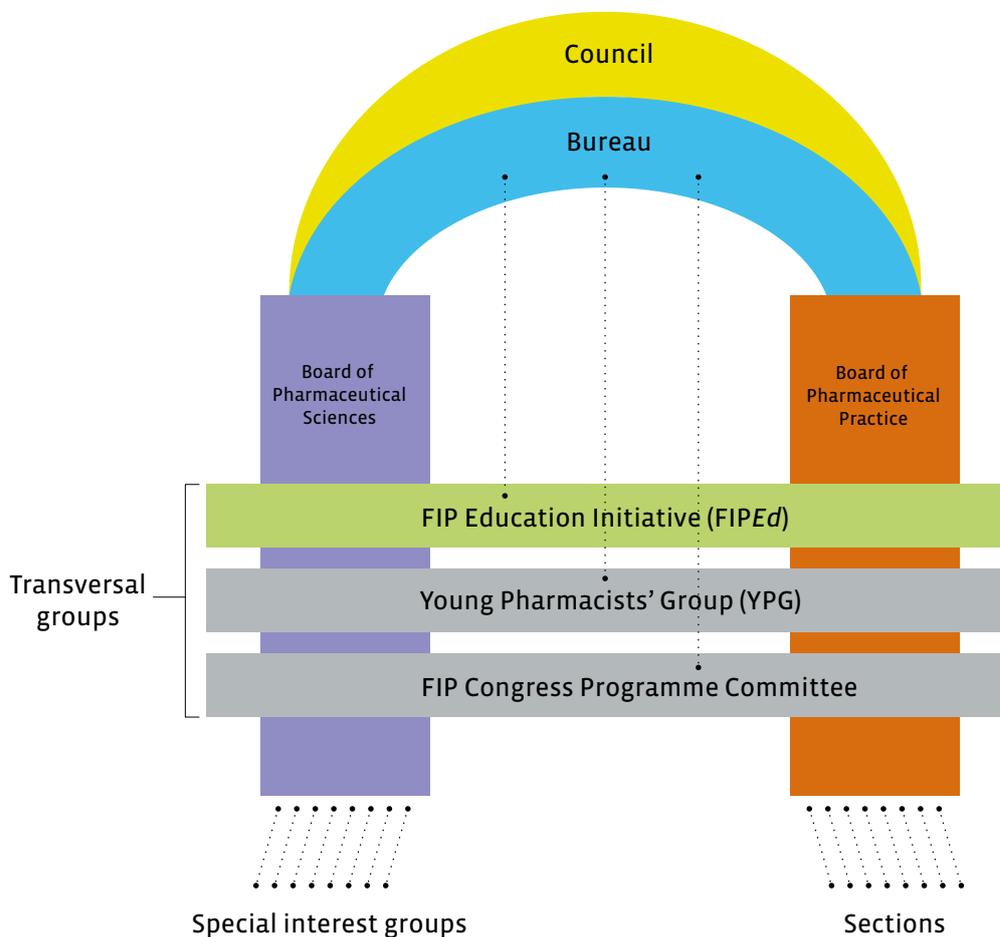
ABOUT FIP

The International Pharmaceutical Federation (FIP) is the global federation of national associations of pharmacists and pharmaceutical scientists, and is in official relations with the World Health Organization (WHO). Through its 126 member organisations, it represents over three million practitioners and scientists around the world.

FIP offers four types of membership: individual, member organisation, observer and academic institution.

www.fip.org

FIP STRUCTURE



FINANCES

BALANCE SHEET AT 31 DECEMBER 2013

After appropriation of the result for 2013

Expressed in EUR

	31 DECEMBER 2013	31 DECEMBER 2012
FIXED ASSETS	606 011	619 203
CURRENT ASSETS		
Debtors, prepayments and accrued income	330 908	854 865
Cash at bank and in hand	2 621 824	1 605 034
TOTAL CURRENT ASSETS	2 952 732	2 459 899
TOTAL ASSETS	3 558 743	3 079 102
CAPITAL AND RESERVES		
Capital FIP	1 307 121	1 004 744
Capital FIP sections	504 686	484 815
Congress reserve	650 000	650 000
Board of Pharmaceutical Practice reserve	79 320	68 979
Board of Pharmaceutical Sciences reserve	142 010	186 402
Regional forums reserve	4 859	4 859
Reserve HIV/AIDS	10 000	10 000
Reserve FIPeD	29 691	57 541
TOTAL CAPITAL AND RESERVES	2 727 687	2 467 340
PROVISIONS	65 326	60 000
CURRENT LIABILITIES	765 730	551 762
TOTAL CAPITAL AND RESERVES AND LIABILITIES	3 558 743	3 079 102

	ACTUALS 2013	BUDGET 2013	BUDGET vs ACTUALS	ACTUALS 2012
INCOME				
Membership fees	909 579	850 000	59 579	888 119
FIP World Congress revenues	1 949 856	1 715 000	234 856	3 000 221
Publications	3 069	5 000	(1 931)	3 774
Other income BPS	1 096	-	1 096	6 720
Sections income	84 391	120 000	(35 609)	103 049
FIP-Ed income	47 918	80 000	(32 082)	75 729
WHPA Counterfeit Campaign	60 937	-	60 937	68 362
Other income	48 721	20 000	28 721	39 529
TOTAL INCOME	3 105 567	2 790 000	315 567	4 185 503
EXPENSES				
Personnel costs	722 566	890 000	(167 434)	740 031
Office costs	150 654	220 000	(69 346)	125 426
Meeting costs	75 266	100 000	(24 734)	101 416
Travel expenses (Ext. representation)	29 689	50 000	(20 311)	35 256
Website and IT costs	53 490	60 000	(6 510)	34 224
Depreciation of fixed assets	16 484	25 000	(8 516)	16 529
Special projects (incl. Reg. Forums & PET)	61 120	15 000	46 120	21 384
Direct FIP World Congress costs	1 075 340	1 066 500	8 840	2 287 554
Publications	29 336	60 000	(30 664)	7 090
Subventions	209 500	9 500	200 000	43 113
Expenses BPP	91 004	102 000	(10 996)	92 909
Expenses BPS	94 143	50 000	44 143	68 617
Sections costs	64 520	120 000	(55 480)	84 664
Maintenance fund	15 000	15 000	-	15 000
FIPEd expenses	110 768	35 000	75 768	83 224
WHPA Counterfeit Campaign	60 937	-	60 937	68 362
TB Campaign	-	-	-	14 551
Other expenses	-	2 000	(2 000)	-
TOTAL EXPENSES	2 859 817	2 820 000	39 817	3 839 350
OPERATING RESULT	245 750	(30 000)	275 750	346 153
Financial result	14 597	30 000	(15 403)	16 455
NET RESULT BEFORE APPROPRIATION	260 347	-	260 347	362 608
Appropriation of the results				
BPP general reserves	10 341	-	10 341	8 436
BPS general reserves	(44 392)	-	(44 392)	(13 242)
Regional forums reserve	-	-	-	(9 335)
Section capital	19 871	-	19 871	18 385
Centennial reserve	-	-	-	(300 000)
Congress reserve	-	-	-	196 220
FIPEd reserve	(27 850)	-	(27 850)	(7 495)
FIP capital	302 377	-	302 377	469 639
TOTAL APPROPRIATION	260 347	-	260 347	362 608

RESPONSIBLE USE OF MEDICINES

The use of medicines is an essential component of the prevention, treatment and cure of disease. Although medicines can be effective, they can be hazardous and can be unnecessarily costly unless they are used responsibly. Responsible use of medicines reflects a continuum of access along with appropriate selection and use, and involves all key stakeholders from the consumers of medicines, to healthcare professionals, to policy-makers – all of whom are responsible for availability and access.

The responsible use of medicines means:

- That a medicine is only used when necessary and that the choice of medicine is appropriate based on what is proven by scientific and/or clinical evidence to be most effective and least likely to cause harm. This choice also considers patient preferences and makes the best use of limited healthcare resources.
- There is timely access to and availability of quality medicine that is properly administered and monitored for effectiveness and safety.
- A multidisciplinary collaborative approach is used that includes patients and carers in addition to health professionals assisting patients in their care.

This definition of “responsible use of medicines” was adopted by the FIP Council in September 2013.

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