

International Pharmaceutical Federation Annual Report 2015

Empowerment
through sharing



ADVANCING
PHARMACY
WORLDWIDE



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FOREWORD

EMPOWERED THROUGH GLOBAL THINKING

Globalisation today is no longer simply about economics. As communication, trade, transport and migration have grown, globalisation has extended to media, technology, politics, climate change, culture and, of course, health. The global threats of emerging diseases and antimicrobial resistance are examples of why we need to work together and share our expertise across borders. And they are perfect examples of the enormous value of the pharmacy profession.

Our communities and governments are paying increasing attention to global and foreign decisions. This is why it is so vital for the pharmacy profession in different nations to be connected through the international network that is FIP. Through its annual World Congress of Pharmacy and Pharmaceutical Sciences, FIP continues to create a time dedicated to bringing together pharmacists and pharmaceutical scientists from all corners of the globe. Our 75th annual congress, held in Düsseldorf, Germany, was the occasion for over 3,000 colleagues to share their knowledge and innovations, and, in doing so, to empower others.

Members of FIP — national organisations, schools of pharmacy and individual professionals — are supported in making positive changes in their home countries. They are empowered through global thinking, global standards and global actions.

Pharmacy needs one strong global voice. FIP is that voice. At the 68th World Health Assembly, we drew attention to the pharmacist's contribution to tackling antimicrobial resistance and improving mental health, to fighting counterfeit medicines and to the global vaccines action plan, among other issues. Our members are part of this voice, influencing health policies and helping to improve the lives of billions.

We have strengthened our strategic alliances at the global level, such as through the World Health Organization, World Health Professions Alliance and the Red Cross, reinforcing pharmacy's impact when discussing issues or

challenging local partners. The importance of such alliances was underlined by the theme of World Pharmacists Day 2015, which emphasised pharmacists as true partners in health.

Membership of our federation has continued to grow, reaching 137 organisations at the end of the 2015 FIP congress and demonstrating the trust national leaders have in us.

We have worked to empower the profession further. Last year, I presented a plan to take us forward: "Two times two"—two objectives and two approaches. The two objectives are (i) the development of our profession and (ii) the promotion and defence of its interests. And the two approaches are those taken at the individual level and the collective level.

I thank the FIP officers and staff for their continued hard work in 2015 to bring about the responsible use of medicines and good health for all. We have built on our range of resources so that knowledge can be shared, providing tools that enable reflection on and development of strategies at local level. Specifically with regards to profession development, we expect that the Global Conference for Pharmacy and Pharmaceutical Sciences Education planned for November 2016 will lead to a number of formal statements for the future. Furthermore, a number of new working groups were established last year from within the Board of Pharmaceutical Practice, the Board of Pharmaceutical Science and FIP Education (FIPeD). They are generating even more information and knowledge to empower our profession and these will be shared among our members. I look forward to the year ahead and to reporting to you more great work in our next annual report.

Carmen Peña

President
International Pharmaceutical Federation (FIP)

SNAPSHOTS 2015

JANUARY

Advocating pharmacy skills

At the 136th World Health Organization Executive Board meeting in Geneva, Switzerland, we made a number of statements including that USD 54bn could be saved each year by optimising antibiotics use. We added that using pharmacists' skills is one of the most effective ways to reach this potential — through measures such as stewardship programmes and supporting rational prescribing. We also highlighted pharmacy's role in curbing the Ebola epidemic, making eight statements in total on behalf of pharmacy.



FEBRUARY

Supporting better health for women and children

International speakers shared their expertise on maternal, newborn and child health care through a series of four webinars. The series was developed by FIP's Community Pharmacy Section, taking forward our 2014 renewed commitment to health for women and children. FIP believes that pharmacists should be enabled through education and their scope of practice to support work in this area, which has great possibility to affect future generations. Access to the live [webinars](#) was open to all and pharmacists from 71 countries signed up to attend. Access to recordings remains open to our members.



MARCH

Arming the fight against counterfeit medicines

We raised awareness and developed competencies of health care professionals to prevent spurious medicines entering the supply chain, and to detect them where they exist. We also nurtured health care professionals' skills in communicating this issue to patients and other key partners. Under the lead of FIP, a World Health Professions Alliance campaign trail led to India and the publication of a handbook for health care professionals entitled "[All you need to know about spurious medicines](#)", in cooperation with the Indian Pharmaceutical Association and others. This handbook contains tips on preventing and detecting counterfeit medicines as well as advice on how to minimise the threat and change behaviours.



JUNE

Developing education

A unique agreement between the United Nations Educational, Scientific and Cultural Organization (UNESCO), University College London School of Pharmacy and FIP was renewed to continue the development of pharmacy education around the world. This collaboration, a UNESCO-sponsored programme known as the Global Pharmacy Education Development Network launched in 2010, was the first programme for health professionals under UNESCO's University Twinning and Networking Programme (UNITWIN) and has brought together pharmacy schools and stakeholders to synchronise powerful development in pharmacy and pharmaceutical sciences education, improve communication for scientific innovation and health care outcomes and, ultimately, enable attainment of Millennium (and Sustainable) Development Goals. UNESCO renewed the agreement "in light of the very good results achieved".



MAY

Giving evidence for pharmacy vaccinations

That opportunities to immunise our communities are being missed and the growing evidence that vaccination by pharmacists is among the solutions were explained to the 68th World Health Assembly in Geneva, Switzerland. We spoke for pharmacy in a number of areas and gave two statements on behalf of the World Health Professions Alliance.



APRIL

Taking part in international discussions

FIP officers and staff contributed to many events throughout the year but April was particularly busy. It included being invited to share our expertise at an International Committee of the Red Cross discussion, in Geneva, Switzerland, around violence and health care. We shared our knowledge on applications of mobile-health tools and technologies that support pharmacists' roles at the International Society for Telemedicine & eHealth conference in Luxembourg, Luxembourg. And we shared our experiences on the promotion of good mental health and preventing and managing mental disorders at the International Mental Health Congress in Lille, France.



JULY

Equipping the workforce

We revealed the outcomes of our Lab Box Project, a pilot in Malawi offering a solution to the lack of laboratory equipment in pharmacy schools. Just 24 types of item proved sufficient to allow students to conduct key experiments throughout the pharmacy curriculum, making a cost-effective contribution to bringing teaching to life and widening career options for pharmacy students. In 2012, Malawi had just 73 pharmacists for a population of around 16 million. The Lab Boxes are allowing students to graduate with laboratory skills that could be used to deal with priorities such as detecting counterfeit medicines, assessing the quality of medicines, discovering and developing new medicines, and advocating the development of national protocols and policies promoting good manufacturing practice. A [video](#), made during a visit to the Department of Pharmacy, College of Medicine, University of Malawi, attests to the huge impact this project has had.



AUGUST

Greening our practices

We hosted our first webinar on green pharmacy practice, giving an overview of its challenges and limitations. This free [webinar](#) was based on the soon-to-be-published FIP report “[Green pharmacy practice: Taking responsibility for the environmental impact of medicines](#)”. Both described the different ways in which pharmaceuticals find their way into our water supplies, soil and atmosphere, and the actions that pharmacists could take or have been taking to reduce their impact. The report, released in December, includes particular input from FIP’s Special Interest Group on Drug Design and Discovery, resulting in a significant section dedicated to green chemistry and highlighting the contribution of pharmaceutical scientists in improving health through making our environment safer.



SEPTEMBER

Promoting health partnerships

“Pharmacists: your partners in health” was the theme for World Pharmacists Day 2015. This emphasised how, every day, pharmacists act as partners to patients, other health care professionals, and scientists, as well as policymakers, with the shared vision of better health. We offered free campaign materials, including a Twibbon for people to personalise the World Pharmacists Day logo and share it through social media. Under the auspices of FIP, colleagues marked the occasion with a wide variety of activities, promoting the pharmaceutical profession around the world.



Belgium: Multidisciplinary symposium on adherence

Brazil: Public advised on the correct use of medicines

India: Prime time television interviews

Nigeria: Lectures in secondary schools on what pharmacists do

Qatar: Leaflets promote pharmacists as medicines experts

DECEMBER

Resolving medicines shortages

Policymakers and experts from intergovernmental organisations across some 40 countries arrived in Geneva, Switzerland, for two days of discussions on medicines shortages, sponsored by FIP, where we presented pharmacists’ perspectives on the solutions. Medicines shortages remains an important challenge for too many patients and we want to continue to engage policymakers to come up with and implement new solutions.



NOVEMBER

Medal of Honour

A particular highlight from 2015 was that we were honoured with the Pharmaceutical Society of Portugal’s Medal of Honour. This was awarded to FIP in recognition of our contribution to the pharmaceutical profession and to the progress of the pharmaceutical sciences.



OCTOBER

Collating data, sharing findings

We continued to invest in collating data essential to advancing pharmacy, which led to a number of reports being released during our annual congress (see also p21). These included “Sustainability of pharmacy services: Advancing global health”, which outlines remuneration models for community and hospital pharmacy around the world, and “Global trends shaping pharmacy: Regulatory frameworks, distribution of medicines and professional services”, which, as well as informing national professional organisations, has been of interest to stakeholders such as the Organisation for Economic Co-operation and Development.



Advanced practice and specialisation in pharmacy: Global report

Sustainability of pharmacy services: Advancing global health

ABOUT FIP

WHO WE ARE

The International Pharmaceutical Federation (FIP) is the global federation of national associations of pharmacists and pharmaceutical scientists. With 137 member organisations we represent more than three million experts in medicines, supporting the discovery, development and responsible use of medicines around the world.

FIP is a non-governmental organisation that has been in official relations with the World Health Organization since 1948. Through our partnerships and our extensive global pharmacy and pharmaceutical sciences network, we work to support the development of the pharmacy profession, through practice and emerging scientific innovations, in order to meet the world's healthcare needs.

We represent more than three million experts in medicines.

WHAT WE DO — VISION AND MISSION

Molecules only become medicines when pharmaceutical expertise is added. Pharmacists — through ensuring responsible use — optimise the effects of these medicines.

Our strategy ("*2020 Vision*") is to ensure that FIP is an integral participant in global healthcare decisions and actions. As such, the vision that FIP holds is that wherever and whenever decision-makers discuss any aspects of medicines on a global level, FIP is at the table.

FIP is enabled to succeed in this vision through the recognition and respect it gains through the fulfilment of its mission, which is to improve global health by advancing pharmacy practice and science to enable better discovery, development, access to and safe use of appropriate, cost-effective, quality medicines worldwide.

Examples of what we do and its impact can be found in the pages of this annual report.

HOW WE WORK — STRUCTURE

FIP activities can be divided into three main areas — science, practice and education — although there is regular collaboration between the areas.

One of our objectives is to advance the pharmaceutical sciences and this is primarily done through the work of nine special interest groups (SIGs) led by the Board of Pharmaceutical Sciences. There are SIGs for:

- Analytical sciences and pharmaceutical quality
- Biotechnology
- Drug design and discovery
- Formulation design and pharmaceutical technology
- Natural products
- Pharmacokinetics, pharmacodynamics and systems pharmacology
- Pharmacy practice research
- Regulatory sciences
- Translational research and individualised medicines

Another of our objectives is to advance pharmacy practice in all settings, and this is done through the projects and initiatives of eight pharmacy practice sections. There are sections for:

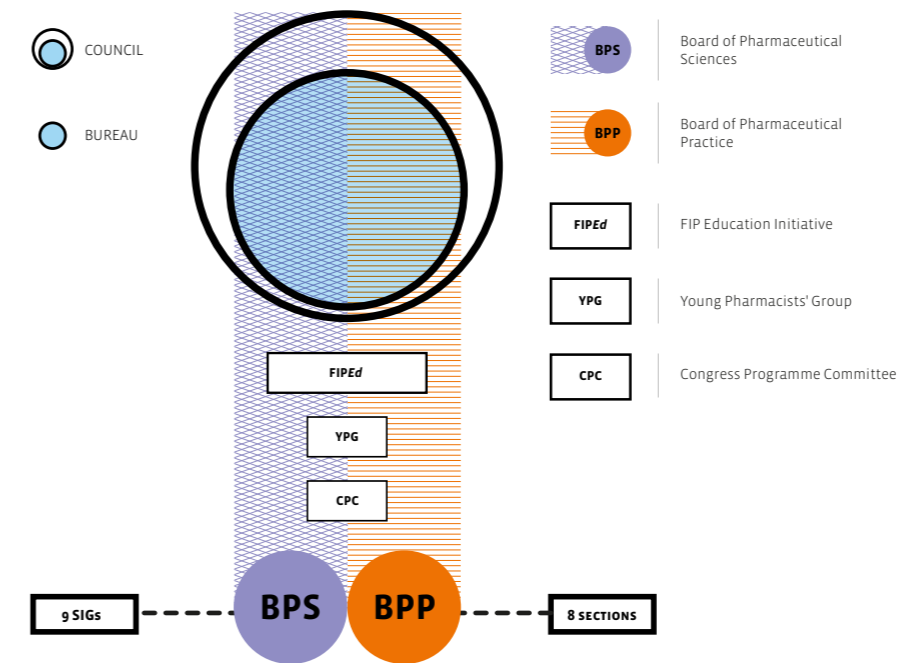
- Academic pharmacy
- Clinical biology
- Community pharmacy
- Health and medicines information
- Hospital pharmacy
- Industrial pharmacy
- Military and emergency pharmacy
- Social and administrative pharmacy

A non-governmental organisation that has been in official relations with the World Health Organization since 1948.

The reform of pharmacy and pharmaceutical sciences education is a third objective and this is the endeavour of the FIP Education Initiative (FIPEd).

FIP directs particular effort to young pharmacists and the preparation of congresses, through its Young Pharmacists' Group and Congress Programme Committee, respectively.

In addition, among the boards, sections, SIGs and committees are ad hoc working and focus groups.



Structure of FIP

FIP is governed by a Council and Bureau (board). The Council is FIP's highest organ and all member organisations have voting rights. (Our observer organisations also participate in the Council but cannot vote.) The Council also includes representatives from the FIP sections and the Bureau. The Bureau consists of 15 elected officers (plus the FIP general secretary, ex officio) as follows:

- President**
Dr Carmen Peña
- General secretary**
Mr Luc Besançon
- Scientific secretary**
Prof. Giovanni Pauletti
- Professional secretary**
Ms Ema Paulino
- Immediate past president**
Dr Michel Buchmann
- Chair of the Board of Pharmaceutical Sciences**
Prof. Geoffrey Tucker
- Chair of the Board of Pharmaceutical Practice**
Mr Dominique Jordan

Nine vice presidents (one election pending)

- Dr Isabelle Adenot
- Mr Thony Björk
- Mr Andrew L. Gray
- Prof. Ross McKinnon
- Dr Eduardo Savio
- Prof. Philip J. Schneider
- Ms Eeva Teräsalmi
- Mr Nobuo Yamamoto

FIP's day-to-day activities are managed by an executive committee and a team of staff at our headquarters in the Netherlands.

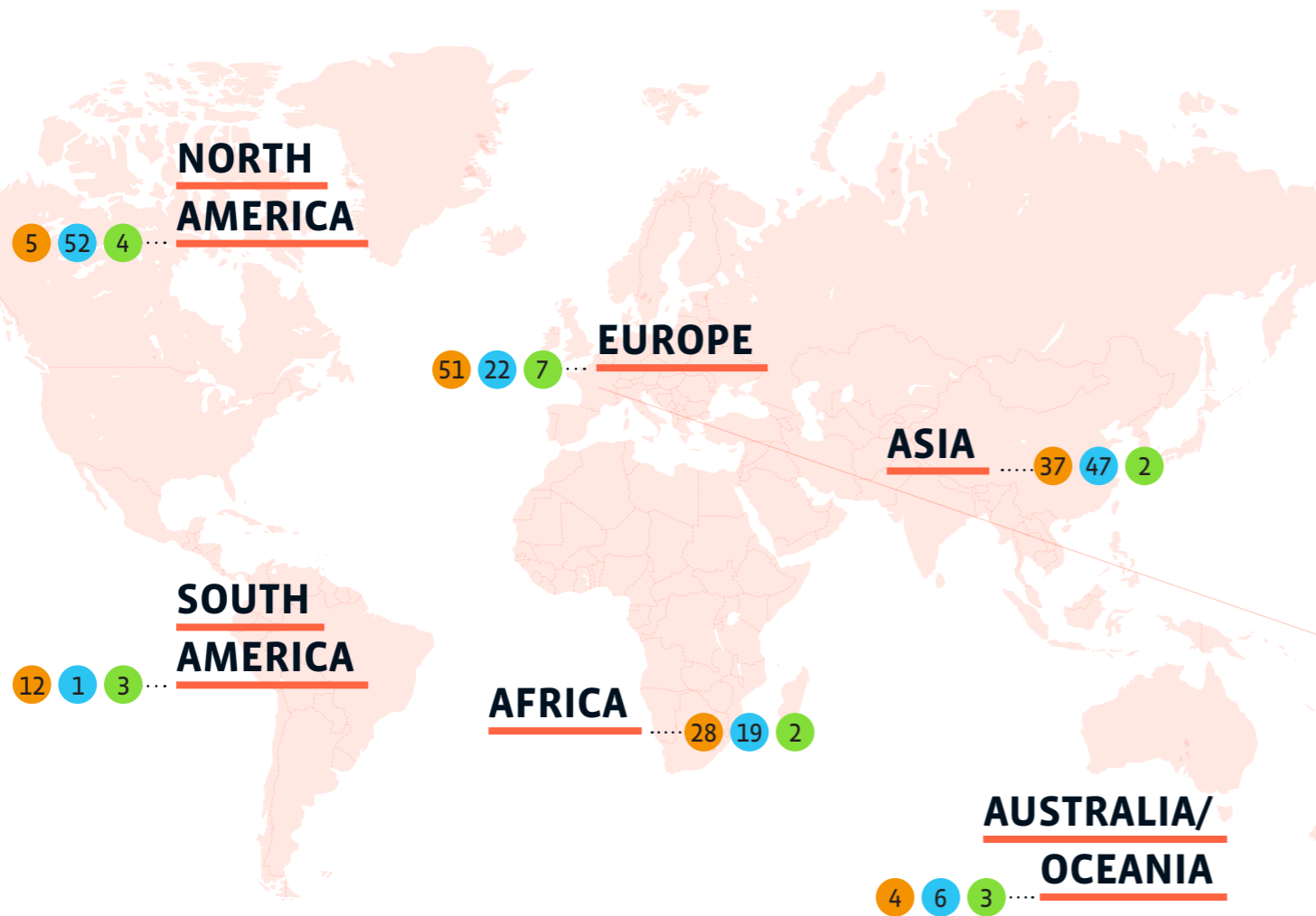
The individual annual reports of the SIGs and sections are available at fip.org.

Wherever and whenever decision-makers discuss any aspects of medicines on a global level, FIP is at the table.

Activities can be divided into three main areas — science, practice and education.

FIP MEMBERSHIP

- 137 Member organisations
- 147 Academic institutional members
- 21 Observer organisations
- 3,535 Individual members



NEW MEMBER ORGANISATIONS

At its meeting in September 2015, the FIP Council admitted seven new member organisations:

- Fédération Algérienne de Pharmacie (Algeria)
- Sociedad Boliviana de Ciencias Farmaceuticas (Bolivia)
- Ordre des Pharmaciens de la République Démocratique du Congo (Democratic Republic of Congo)
- Colegio de Químicos, Bioquímicos y Farmacéuticos de Pichincha (Ecuador)
- Romanian Hospital Pharmacists' Association (Romania)
- Colegio de Químicos y Farmacéuticos de El Salvador (Rep. of El Salvador)
- All-Ukrainian Pharmaceutical Chamber (Ukraine)

A full list of FIP member organisations can be found at bit.ly/1RBrJCW.



Oleg I. Klimov, head of the board, All-Ukrainian Pharmaceutical Chamber

"The All-Ukrainian Pharmaceutical Chamber joined FIP in order to receive methodological and professional assistance and support from the global pharmaceutical community in promoting the important role of pharmaceutical workers in the health care system, borrowing international experience in the introduction of modern good pharmacy practice standards in pharmacies."



Jean-Baptiste Kalonji Ndoumba, president, Ordre des pharmaciens de la République Démocratique du Congo

"Through our membership of FIP, we aim to benefit from pharmaceutical experiences in other parts of the world, and also to share our humble ability to contribute together about health improvement everywhere, everytime."



Lilian Azzopardi, president, European Association of Faculties of Pharmacy

"The collaboration with FIP strengthens the vision of EAFP to promote developments and networking in pharmacy education in Europe as a means to support innovations in pharmacy practice and pharmaceutical sciences."



Susanne Keitel, director, European Directorate for the Quality of Medicines & HealthCare

"The EDQM, as a pan-European organisation which contributes to the basic human right of access to good quality medicines and health care, believes that our observer status in FIP will help foster high quality in the pharmaceutical sciences. We believe that a collaborative approach between FIP and the EDQM will bring about activities targeted to meet the world's health care needs ensuring access to safe, quality medicines and the best possible medication outcomes for patients."

NEW OBSERVER ORGANISATIONS

At its meeting in September 2015, the FIP Council admitted three new observer organisations:

- Pharmacy Technician Certification Board (PTCB)
- European Association of Faculties of Pharmacy (EAFP)
- European Directorate for the Quality of Medicine & Healthcare (EDQM)

A full list of FIP observer organisations can be found at bit.ly/1qmJY58.

FOCUS ON OUR PROFESSION AND PRACTICE

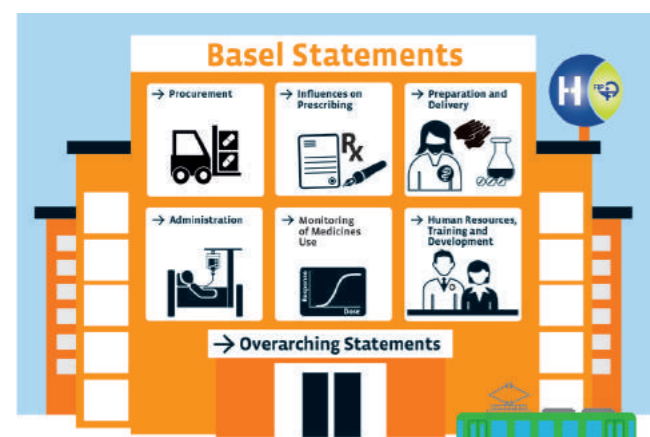
SUSTAINING HOSPITAL PHARMACY PRACTICE DEVELOPMENT

A revision of global standards of practice used by hospital pharmacists around the world (the “*Basel Statements*”) was completed by the FIP Hospital Pharmacy Section. The update reflected the rapid development of hospital pharmacy practice since the original statements were published in 2009 and the most current evidence. There were several new statements, particularly dealing with advances in information technology and electronic health records, and changes to reflect FIP’s definition of responsible use of medicines adopted in 2012, and the joint FIP-World Health Organization Guidelines on Good Pharmacy Practice. Hundreds of hospital pharmacists from dozens of countries contributed to the revision of these global standards, which provide a roadmap for hospital pharmacy practice. Since the Basel Statements were first introduced, a number of countries and regions have used them — both individual statements and entire areas within the full set — to enhance hospital pharmacy. Many countries have used the statements as an evaluative benchmark to identify areas for practice improvement, and as a measure of successful practice development.



Lisa Brander, mission leader, Pharmacists Without Borders, Canada

“At [St Mary’s Lacor Hospital] we used the FIP Basel Statements to support a work plan and to increase efficiency.”



DEFINING PHARMACY’S VALUE IN SELF CARE

Pharmacists use their knowledge to empower patients. According to a 2015 survey conducted by the McCann Pharmacy Initiative in collaboration with FIP, the majority of pharmacists believe that customers value a pharmacist’s information and product recommendations significantly more than price. The survey also confirmed that pharmacists are triaging patients when asked to make over-the-counter recommendations, uncovering health conditions in the process. The survey results were discussed at a stakeholders roundtable organised by FIP in Düsseldorf, Germany, in September. That clear and unbiased information is necessary to empower patients in managing their health and self-medication, and that pharmacists play an essential role in assisting patients in the selection and responsible use of such medicines, were key messages.



Jolanta Bilińska, chair, International Alliance of Patients’ Organizations

“Information provided with non-prescription medicines (such as package inserts) is not sufficient to ensure an adequate selection and use of such medicines [and] the consultation of a pharmacist is important for many patients.”

SUPPORTING PHARMACEUTICAL SCIENTISTS

Empowering the profession includes empowering pharmaceutical scientists. In order to support our predominantly scientific member organisations in promoting awareness among the public and policymakers of the important role that the pharmaceutical sciences play in health care and interest in the pharmaceutical sciences as a career choice for young graduates, we developed the guide “Stimulating interest in pharmaceutical sciences”. Our special interest groups (SIGs) were also active in this area, with the SIG on Analytical Sciences and Pharmaceutical Quality co-sponsoring the third China Bioanalysis Forum (CBF) Annual Conference in June. (The CBF is a non-profit group dedicated to supporting the local bioanalytical scientist community in China.) Our scientific member organisation the Academy of Pharmaceutical Sciences and Technology Japan (APSTJ) was also supported by the SIG on Translational Research and Individualized Medicines to organise a symposium for the APSTJ’s 30th annual meeting in May.



Kelly Dong, director, bioanalysis, immunogenicity and biomarkers, GlaxoSmithKline

“The 3rd CBF annual conference [co-sponsored by FIP] was well attended by scientists from industry, academia and local regulatory [bodies]. The interactive sessions in biomolecule challenges, biomarkers, regulatory inspection and young scientist competition were particularly appreciated.”

SPREADING GOOD PHARMACY PRACTICE

Our officers and staff continued to promote good pharmacy practice around the world in 2015, speaking at national pharmacy meetings such as the Croatian Pharmacy Congress in May. Under the theme “New image of pharmacy” FIP CEO and general secretary Luc Besançon shared our federation’s vision of new pharmacist services and of the unique position that pharmacy has in the health systems of different countries.



Maja Jakševac Mikša, secretary general, Croatian Pharmaceutical Society

“It was a great pleasure and honour that one of the plenary lectures at the 5th Croatian Congress on Pharmacy was delivered by FIP CEO and general secretary Luc Besançon. His lecture ‘Global vision for the future of the pharmacy profession’ motivated and encouraged Croatian pharmacists to take on expanded roles and incorporate these in their everyday practice for the benefit of the patients and the entire health care system. He also prompted pharmacists to develop new competencies through continuing education. His presence and support was motivational and inspirational, making us feel that we belong to the large global family of pharmacists.”

CALLING FOR INCLUSION IN AMR POLICIES

Involving pharmacists in preventing antimicrobial resistance (AMR) makes the implementation of successful policies more likely. This was a key message in the FIP briefing document “*Fighting antimicrobial resistance: The contribution of pharmacists*”, released at the start of the first World Antibiotic Awareness Week in November. The publication documents what pharmacists have been doing to avoid the further emergence of AMR, offering a menu of solutions drawn from around the world, from giving advice on influenza immunisation (thereby avoiding subsequent bacterial superinfections) and responsible prescribing of trimethoprim by pharmacists to treat urinary tract infections, to stewardship programmes to optimise antibiotic prescribing in hospitals, and the collection of left-over antibiotics. Earlier in the year (May), the global action plan to tackle AMR was agreed by the World Health Assembly, and governments committed to have in place, by May 2017, national action plans on AMR that are aligned with the global action plan. Our briefing document calls for pharmacists to be included in all AMR policies and explains why.

HEALTH BENEFITS FOR OUR COMMUNITIES

KEEPING ABREAST OF CHANGING NEEDS

Our communities are changing, sometimes suddenly, and our profession needs to keep up with these changes. The global refugee crisis prompted us to undertake urgent work in 2015 to help pharmacists ensure that refugees — millions from Syria as well as other countries — who need medicines understand how to take them. To equip our colleagues, we released an Arabic version of our pictogram [software](#), which is free to download and provides a means of communicating medication instructions when there is no common language or when patients have low literacy levels. Our pictograms are now available in nine languages. This work was closely followed by the issuance of specific guidance for pharmacists and pharmacy staff on providing care for refugees in the form of an advisory document, "[Providing pharmaceutical care to migrant populations](#)", which was produced by an FIP task force set up to identify and translate resources to help pharmacists (such as leaflets to facilitate dialogue between pharmacists and migrant patients), particularly those affected by the migrant crisis in Europe.



Jane Dawson, task force lead and secretary, FIP Military and Emergency Pharmacy Section

"Use of the tools [helps] better communication between pharmacists and migrants, and this leads to better practice. Pharmacists and their staff should be able to communicate medicines advice using a combination of translated terminology and pictographic instructions. Overall this will help patients understand how to take their medicines."

IMPROVING MENTAL HEALTH CARE

Gaps in mental health care have long been acknowledged and global initiatives to address these gaps include the movement towards universal health coverage and the World Health Organization Mental Health Action Plan 2013-2020. Pharmacists are increasingly supporting patients with mental health problems and FIP is facilitating the implementation of programmes for mental health promotion and the prevention of mental disorders at the global and local levels, and the integration of the social and mental care in the community, in order to achieve equitable access to quality health services that integrate mental health at all levels. Numerous examples of the valuable parts pharmacists and their national associations are playing, drawn together through our global network, were presented in a new FIP document "[Focus on mental health: The contribution of the pharmacist](#)" published on World Mental Health Day in October. responsible use of such medicines, were key messages.



Gabriel Ivbijaro, president, World Federation for Mental Health

"For many people experiencing mental health problems, pharmacists and family doctors are likely to be their first point of contact. Pharmacists have a significant role to play if we are to make mental health for all a global reality. . . . This FIP 'Focus on mental health' report gives excellent examples of how pharmacists and pharmaceutical organisations are making a practical difference to mental health care."

WIDENING ACCESS TO MEDICINES

Among the factors that can empower patients is wider access to the right medicines. Applying biopharmaceutics classification system (BCS) biowaiving is one way to achieve this because it can speed up approval processes through avoiding the need for *in vivo* (bio) studies of a drug. In 2015, FIP's Focus Group on BCS and Biowaiver (part of the SIG on Regulatory Sciences) published a new biowaiver monographs for nifedipine and levetiracetam, taking the total number of monographs now available to 45. The focus group also shared its knowledge by co-organising a workshop on bioequivalence in March. This workshop, held in Buenos Aires, Argentina, drew almost 300 participants from all over South America to discuss the relative merits of different approaches to assessing bioequivalence of drug products in order to qualify them for a marketing authorisation.

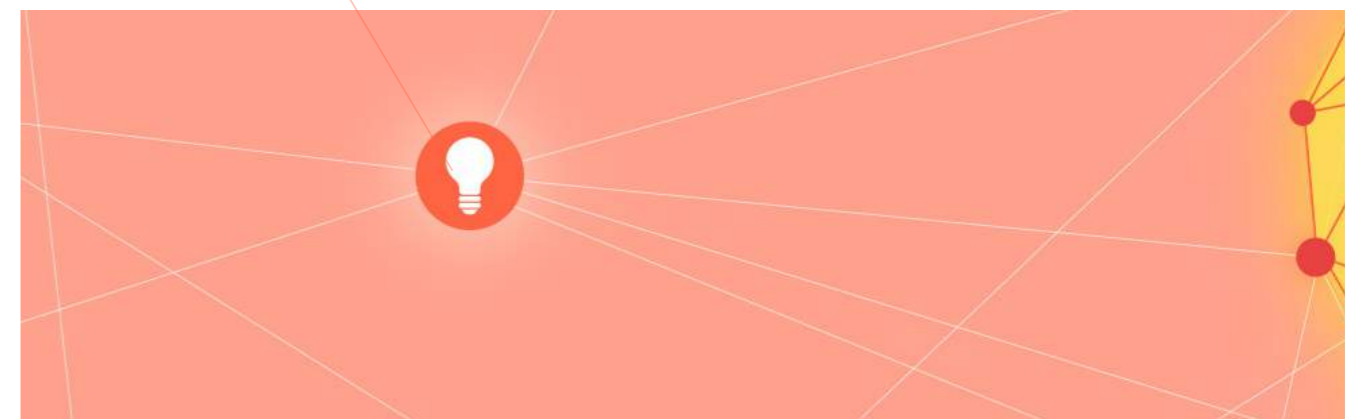


Jennifer Dressman, chair of the focus group

"The workshop contributed to advancing the pharmaceutical sciences and to enhancing the unique position of FIP as a global organisation for scientists, as well as working to ensure that appropriate standards for registering drug products in Latin American countries are set and met, thus making a key contribution to public health in this important region."

ACTING TO SAVE LIVES FROM TOBACCO

In 2004, FIP enacted a policy supporting legislative efforts to eliminate the sale of tobacco products from all licensed health care facilities, including community pharmacies. We knew that there were still community pharmacies in some countries selling tobacco products but it was time to try to quantify this problem. In 2015, we collaborated with the school of pharmacy at the University of California, San Francisco, to study tobacco sales in pharmacies. The [findings](#), presented at the World Congress of Pharmacy and Pharmaceutical Sciences in October, were that seven countries out of 62 responding (11%; Canada, Colombia, Indonesia, Japan, Korea [Rep. of], Sierra Leone, USA) reported that tobacco products were sold in community pharmacies. Ten countries (16%; Canada, Colombia, Indonesia, Italy, Japan, Korea [Rep. of], Lebanon, Macedonia, UK, USA) reported the sale of electronic nicotine delivery systems in community pharmacies. Not only do we want to halt sales of tobacco, we have continued to encourage pharmacists to empower people to quit tobacco use. In December, we summarised the wide variety of different ways in which pharmacists can do this through a new briefing document, "[Establishing tobacco-free communities: A practical guide for pharmacists](#)". This publication showcases pharmacists' value in performing health promotion, triage and referral. Moreover, it contains tools that pharmacists can use to assess nicotine dependence and readiness to stop smoking, motivational interviewing models, quit plans and follow-up activities to avoid relapse.



EDUCATION AND HUMAN RESOURCES

FUELLING FOCUS ON HUMAN RESOURCES

Calls to strengthen the health workforce are growing. At the 68th World Health Assembly (WHA) in Geneva, Switzerland, in May, it was revealed that a review of the WHA resolutions made between 2000 and 2014 found that many of the 374 resolutions on technical themes generated by WHO member states contained calls for the development of human resources for health policy, data/information, and education/training of individual health personnel for skills enhancement. FIP was among the co-organisers of a WHA side event on the health workforce implications of WHO resolutions, in order to discuss this important issue further.



68th World Health Assembly
Credits: WHO/Violaine Martin

ANALYSING EDUCATION AND WORKFORCE TRENDS

Pharmaceutical service developments and new clinical roles are likely to increase demand on pharmacy. In 2015, an outcome of our continued workforce monitoring was the publication of *“Global pharmacy workforce intelligence: Trends report”*, the fourth in a series of three-yearly human resources reports. Our efforts to monitor the global pharmacy workforce empower people to make informed decisions on how best to use pharmacists and how to ensure a sufficient workforce for our communities. FIP also explores educational developments that could empower our health systems. For example, we now know that learning together with other health professionals is becoming more mainstream for pharmacists and future pharmacists. Our *“Interprofessional education in a pharmacy context: Global report 2015”*, launched in September, presents examples of multidisciplinary education from around the world, such as the development of an interprofessional curriculum at the University of Queensland, Australia, and oncology nurses training in a hospital pharmacy department in Uruguay. We believe that interprofessional education is a foundation for a collaborative, practice-ready workforce and that this type of practice will empower health care systems and improve patient outcomes.



Tina Brock, report co-author and associate dean, Global Health & Educational Innovations, UCSF School of Pharmacy

“As the number and complexity of treatments grow, it’s no longer possible for any one health provider — no matter how knowledgeable — to be able provide top quality care working in isolation.”

PROVIDING PROFESSIONAL DEVELOPMENT

We support professional development in a variety of ways. Just one example from 2015 was the “Industrial insights” seminar organised by the Industrial Pharmacy Section together with the Academy of Pharmaceutical Sciences and held in October at Johnson & Johnson, Neuss, Germany. Participants were able to listen to experts from all parts of industry, from research & development and clinical trials to quality to control and outcomes research.



Jayne Lawrence, professor of biophysical pharmaceuticals at King’s College of London, UK, chief scientist at the Royal Pharmaceutical Society, and vice-chair of the Academy of Pharmaceutical Sciences.

“Industrial insights [was] an excellent, fun and informative way for other parts of the pharmacy profession to learn more about the pharmaceutical industry and what it does for the health of the patient. An increased understanding between different parts of the profession is essential if pharmacy is to provide the best possible patient care. Industrial insights provided such an opportunity and I sincerely hope that FIP will continue to support this important event.”

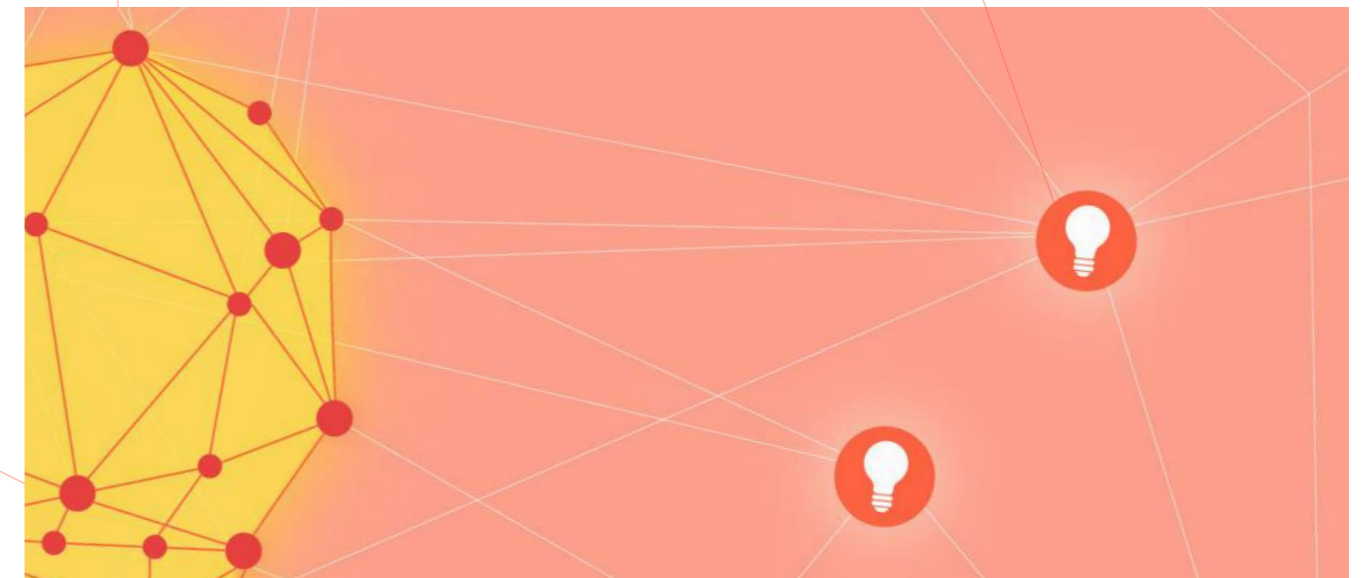
EXAMINING ADVANCED ROLES

We released the first overview of the extent of the advanced roles that pharmacists are undertaking and the mechanisms supporting these developments in October. This overview, *“Advanced practice and specialisation in pharmacy: Global report”*, helps to identify workforce needs that impact on universal health coverage.



Kirstie Galbraith, report co-author

“Assurance of competency that is commensurate with advanced practice is a clear message to civil society that pharmacists possess this expertise. This report contains the most comprehensive collection of data relating to advanced and specialised roles, and countries can use it in their professional workforce development.”



COLLABORATIONS AND PARTNERSHIPS

PROTECTING HEALTH WORKERS IN VOLATILE TIMES

As a partner of the International Committee of the Red Cross's Health Care in Danger (HCiD) project, FIP was — along with the World Medical Association, the International Committee of Military Medicine and the International Council of Nurses — behind the launch in January of a set of ethical principles of health care applicable in times of armed conflict and other emergencies. This first-of-its-kind code of ethics provides an essential common core in such situations so as to ensure the preservation of physical and mental health and to alleviate suffering. It marked an important step towards the protection of health care.



Bruce Eshaya-Chauvin, medical adviser, Health Care in Danger Project, International Committee of the Red Cross

"This is the first document on ethics common between the military and civilians. It was the first time different groups of health professionals managed to agree on a common core in this area. It was important for pharmacists, as part of health care teams, to be represented, so FIP's contribution was valued. As it is formulated, the code is well understood also by politicians, meaning that it can be used beyond the circle of health professionals."

INFLUENCING ETHICAL PRACTICES

FIP is a driver of the global movement fostering ethical practices, along with the International Alliance of Patients' Organizations, International Council of Nurses, International Federation of Pharmaceutical Manufacturers and Associations, and the World Medical Association. 2015 saw the first anniversary of the Consensus Framework for Ethical Collaboration, with reports that it had inspired a number of countries, including Austria, Belarus, Canada, China, Japan, Mexico, Russia, Philippines, Thailand and the UK, to build a set of joint national ethical health practices. On this anniversary, the consensus framework — a multi-stakeholder platform outlining the shared principles that should guide the conduct of the various actors in health care — was endorsed by the International Hospital Federation and the International Generic Pharmaceutical Alliance.



Eduardo Pisani, director general, International Federation of Pharmaceutical Manufacturers and Associations

"Having FIP as a partner in the development and implementation of Consensus Framework for Ethical Collaboration has been important to its success. I congratulate FIP for its engagement and leadership on this issue and look forward to their continued support of this important initiative."

WORKING ON WORLD HEALTH

FIP's special status of a "non-governmental organisation in official relations with the World Health Organization" (WHO) means we can speak at meetings of WHO governing bodies and take an active part in its technical work. FIP is a member of a number of alliances hosted at WHO headquarters, including on tuberculosis and malaria. In 2015, we also applied to participate in the WHO Global Coordination Mechanism for the Prevention and Control of NCDs (non-communicable diseases). Once our participation is approved, FIP will ensure that pharmacists' voice on NCDs is heard in the global arena. During the year, we also provided comments on a draft of the WHO Partnership for Maternal, Newborn & Child Health's 2016 to 2020 Strategic Framework and expertise on 18 WHO technical documents on a variety of topics, from the stability of vaccines to good manufacturing and distribution practices.

And we supported, with a substantial grant, a project "2nd Virtual Course on Professional Pharmaceutical Services based on Primary Healthcare" run by the FIP Pharmaceutical Forum of the Americas and the Pan American Health Organization regional office in 2015.

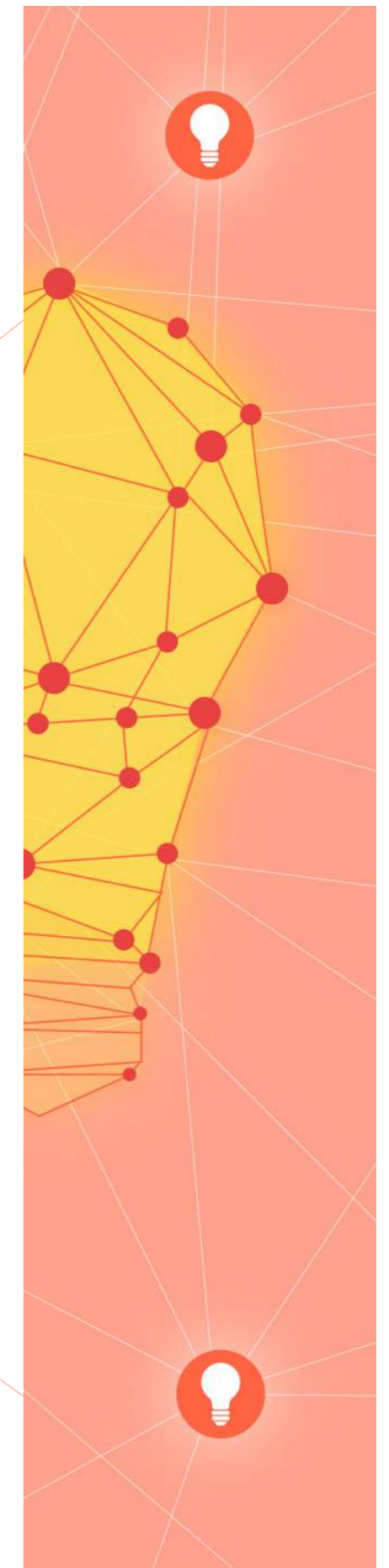


Eduardo Savio, president, Pharmaceutical Forum of the Americas

"The grant from FIP for this project was much appreciated. It allowed a group of pharmacists in several countries in the Americas to learn about new professional services and implement them in their communities. We believe that these shared experiences and the publication of these projects by the Forum can gradually improve pharmacy practice across the region."

ENCOURAGING INTERPROFESSIONAL WORKING

A new award for interprofessional collaborative practice was launched in 2015 by the World Health Professions Alliance, of which FIP is a founding member working alongside international organisations representing doctors, nurses, physiotherapists and dentists. The purpose of the award is to promote and strengthen interprofessional collaborative practice, recognising an outstanding interprofessional team that includes at least three different health professions. The winner of the inaugural award, presented at a ceremony in Geneva, Switzerland, was the Thai Health Professional Alliance Against Tobacco, which includes pharmacists representatives.



NOTES FROM THE BOARD OF PHARMACEUTICAL SCIENCES

STRENGTHENED COLLABORATIVE EFFORTS

The synergism between the Board of Pharmaceutical Sciences (BPS) and the Board of Pharmacy Practice (BPP) continues to have a positive impact on the quality of sessions at FIP congresses.

A comprehensive evaluation of the 2015 congress in Düsseldorf, Germany, indicated that the majority of attendees are highly appreciative of the policy of the programming committee in demonstrating the added value for pharmacists of the application of scientific concepts in making appropriate clinical decisions. This was exemplified by the high attendance at sessions jointly organised by the BPS special interest groups (SIGs) and the BPP sections such as, for example, “To eat or not to eat: how does food impact drug efficacy?” and “Making medication unique through personalised dosing”.

BPS has supported the activities of the joint FIP Working Group on Pharmaceuticals and the Environment, which recently published a comprehensive analysis of the environmental impact of the disposal of pharmaceuticals. In this groundbreaking report, representatives from the SIG on Drug Design and Discovery highlighted the social responsibility of pharmaceutical scientists in developing strategies based on “green chemistry” when implementing large-scale manufacturing processes for the synthesis of new medicines.

BPS has co-sponsored various global outreach activities to raise awareness of the scientific concepts underpinning the safe and effective use of medicines. This included an international symposium on herbal medicines in Makassar, Indonesia, in April 2015 where members of the SIG on Natural Products emphasised the need for and benefits of the standardisation of traditional Chinese medicines. In addition,

members of the SIG on Regulatory Sciences contributed to the success of the Biowaivers 2015 workshop in Buenos Aires, Argentina in March 2015 (p15).

The leadership of BPS is committed to fostering further collaborative efforts with the BPP in the coming years to underline the relevance of pharmaceutical sciences to contemporary pharmacy practice, and to expand the influence of pharmacy practice in focusing pharmaceutical research towards the development of useful discoveries and products. We will also strive for more effective integration of pharmaceutical sciences education within FIP as it attempts to optimise the mix of science and practice in producing a workforce that is prepared for the future challenges of patient care and the development of safe and effective medicines.

Finally, we acknowledge the significant contributions of Professor Henk de Jong, who completed his term as scientific secretary at the end of the congress in Düsseldorf. His dedication was a key factor in enhancing collaborative efforts between the BPS and the BPP.

Giovanni Pauletti
Scientific secretary

WORLD CONGRESS OF PHARMACY AND PHARMACEUTICAL SCIENCES

2015

The 75th World Congress of Pharmacy and Pharmaceutical Sciences was held in Düsseldorf, Germany, from 29 September to 23 October.

Co-hosted with the Federal Union of German Associations of Pharmacists Patronage (ABDA), the theme of the congress was “Better practice — Science based, evidence driven”.

Participants: 2,787 (from 111 countries).
Speakers: 267
Abstracts presented: 612
Countries accrediting CPD/CE: 11



Friedemann Schmidt, president of ABDA
“We are proud to have hosted the FIP congress in Germany for a fourth time and enjoyed the exchange with our international colleagues in a great atmosphere. Pharmacists play a key role in the health care system and need to be enabled to do so in the future. Sharing experiences and best practices from all over the world is an important means of empowering pharmacists and therefore of utmost importance.”



Susanne Hebenbrock, pharmacy student, Heinrich Heine University, Düsseldorf, Germany
“Getting to know how diverse the field of pharmacy is, learning of interesting projects such as the pictograms on medication for refugees and meeting pharmacists from around the world and exchanging experiences was a great opportunity that I'm very thankful for.”

Participants listed among the top benefits of attending the congress:
“Being inspired”
“Getting the global view on pharmacy and pharmaceutical sciences”
“Advancing pharmacy in the right direction”
“Networking opportunities, including meeting global leaders”
“Practical information to use in daily practice”
“Research sharing”



NOTES FROM THE BOARD OF PHARMACEUTICAL PRACTICE

CHALLENGING AND REWARDING TIMES

The Board of Pharmaceutical Practice (BPP) represents all aspects of the practice of pharmacy throughout the world, thus encouraging the development of the profession in all its many facets.

Through shared knowledge, collective leadership and seamless communication between pharmaceutical practitioners, pharmaceutical scientists and pharmacy educators, we aim to unify the profession and, as a result, bring about an increase in the standards of health care for the benefit of society as a whole, and the individual in particular.

In 2015, through collaborative working with a broad range of outstandingly committed volunteers, the board has advanced its mission to gain further knowledge and provide leadership on issues such as the role of pharmacists in the supply chain, and pharmacy support workforce. The two working groups dealing with these topics, under the leadership of Ulf Janzon and Andrew Brown, and Susan James and Ash Soni, respectively, are expected to deliver their final reports in 2016.

The BPP working group on the role of pharmacy in response to natural disasters, established in 2014 and co-chaired by Régis Vaillancourt and Jane Dawson, produced its final report, which is intended to provide guidance in the creation of emergency plans at the levels of mitigation, preparedness, response and recovery.

Throughout the year, the various sections that form the BPP have also individually contributed to its objectives. One example is the working group set up by the Health and Medicines Information Section, which produced a soon-to-be-published report to support pharmacy organisations internationally for collaboration and action towards producing high quality medicines information. Another is the

revision of the Basel Statements led by the Hospital Pharmacy Section (p12). I invite you to visit our [website](#) and learn more about these initiatives, as well as those being developed by the other sections within the BPP.

Meanwhile, work is also under way to develop a new pharmacy vision and strategic plan for the board. Dominique Jordan, the chairman of the BPP, is leading this effort, which benefits from the involvement of all sections.

These are, without doubt, challenging and rewarding times for pharmacy and health care in general. We have to seize the many opportunities to add value in order to maintain our relevance in society. I would, therefore, personally like to acknowledge and thank all the individuals who have contributed to this endeavour. May we all feel empowered to engage.

Emo Paulino
Professional secretary

AWARDS & APPOINTMENTS

AWARDS GIVEN IN 2015



Høst Madsen Medal
Prof. Hans Junginger (Germany)



Joseph A. Oddis Award for Exceptional Service to FIP
Prof. Henri R. Manasse, Jr. (USA)



Distinguished Practice Award
Dr Régis Vaillancourt (Canada)



Lifetime Achievement in the Pharmacy Practice Award
Prof. David K. Raynor (UK)



André Bédât Award (2014*)
Dr Thomas Lönngren (Sweden)
* Dr Lönngren was unable to receive the award during the 74th World Congress of Pharmacy and Pharmaceutical Sciences in Bangkok, Thailand.

11 FIP fellowships

Prof. Claire Anderson (UK)
Ms Jane Dawson (New Zealand)
Prof. Jennifer Dressman (Germany)
Dr Linda Hakes (Germany)
Mr Dominique Jordan (Switzerland)
Assoc. Prof. Jennifer Marriott (Australia)
Dr Rebekah Moles (Australia)
Prof. Hiroshi Suzuki (Japan)
Ms Agathe Wehrli (Switzerland)
Prof. Albert I. Wertheimer (USA)
Mr Nobuo Yamamoto (Japan)

APPOINTMENTS



New FIP Scientific Secretary
Giovanni M. Pauletti, associate professor of biopharmaceutics and pharmacokinetics at the James L. Winkle College of Pharmacy, University of Cincinnati, USA, was appointed FIP's new Scientific Secretary by the FIP Council in September 2015.



New chairman for FIPed
William Charman, dean of the Faculty of Pharmacy and Pharmaceutical Sciences at Monash University, Australia, was selected to lead the FIP Education Initiative (FIPed) by the FIP Bureau at its meeting in March 2015. Prof. Charman took office in August.

PUBLICATIONS 2015



**NEW BIOWAIVER MONOGRAPHS
(NIFEDIPINE, LEVETIRACETAM)**



**STIMULATING INTEREST
IN PHARMACEUTICAL
SCIENCES**



**ADVANCED PRACTICE AND
SPECIALISATION IN PHARMACY:
GLOBAL REPORT**

**GLOBAL TRENDS SHAPING PHARMACY:
REGULATORY FRAMEWORKS,
DISTRIBUTION OF MEDICINES AND
PROFESSIONAL SERVICES**

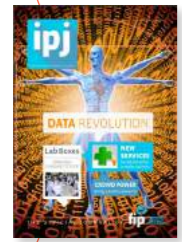


**FOCUS ON MENTAL HEALTH: THE CONTRIBUTION
OF THE PHARMACIST**



**FIGHTING ANTIMICROBIAL RESISTANCE:
THE CONTRIBUTION
OF PHARMACISTS**

**INTERPROFESSIONAL
EDUCATION IN A PHARMACY
CONTEXT: GLOBAL REPORT**



INTERNATIONAL PHARMACY JOURNAL
Partnerships changing health: Vol 33 (1)

Data revolution: Vol 33 (2)

Towards better practices: Vol 33 (3)



**SUSTAINABILITY OF PHARMACY
SERVICES: ADVANCING GLOBAL
HEALTH — INTERNATIONAL
OVERVIEW OF REMUNERATION
MODELS FOR COMMUNITY AND
HOSPITAL PHARMACY**

**PROVIDING PHARMACEUTICAL CARE
TO MIGRANT POPULATIONS:
INFORMATION AND GUIDELINES
FOR PHARMACISTS AND THE
PHARMACY WORKFORCE**



**ESTABLISHING TOBACCO-FREE
COMMUNITIES — A GUIDE
FOR PHARMACISTS**



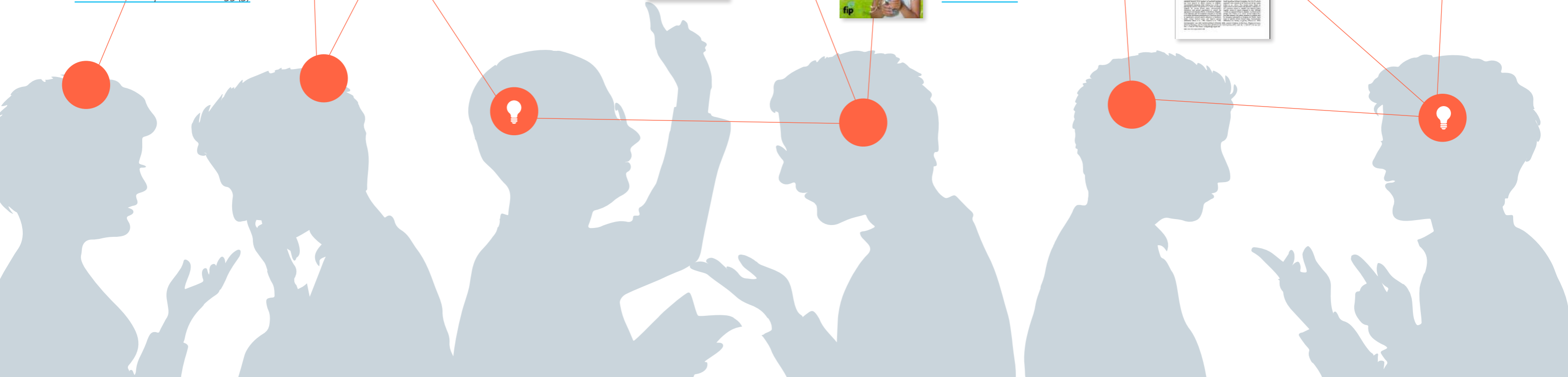
**GLOBAL PHARMACY WORKFORCE
INTELLIGENCE TRENDS REPORT 2015**



**GREEN PHARMACY PRACTICE:
TAKING RESPONSIBILITY FOR
THE ENVIRONMENTAL IMPACT
OF MEDICINES**



PHARMACY EDUCATION JOURNAL



NOTES FROM THE FIP EDUCATION INITIATIVE (FIPED)

EMPOWERING STAKEHOLDERS TO TRANSFORM THE PROFESSION

The FIP Education Initiative (FIPed) is the structure within FIP that brings together all the federation's efforts to transform and promote workforce development through education. FIPed works to stimulate change in pharmacy practice, science and education so that present and future health workforce needs are met around the world.

Collaboration is a key aspect of FIPed's work. In 2015, more than 100 practitioner and scientific educators and over 130 deans of schools of pharmacy from throughout the world were involved in congress programming on educational issues. Furthermore, it is due to the commitment of a broad range of volunteers that we are able to develop technical and policy papers and reports on the key areas of education.

During the course of 2015, we published three major reports to share best practices with FIP member organisations and stakeholders as well as the international pharmacy practice and pharmaceutical science communities.

Alongside these reports ("Global report on advanced practice and specialisation in pharmacy", "Interprofessional education in a pharmacy context" and "Global pharmacy workforce intelligence trends report"), FIPed developed and shared [guidance tools](#) to support navigation through the report findings and these are available on the FIP website.

2015 also saw the official launch of [PharmAcademy](#). This online platform, developed in collaboration with Monash University's Faculty of Pharmacy and Pharmaceutical Sciences, aims to transform the way education knowledge,

experience and resources are shared, supporting our global community of pharmacy educators.

PharmAcademy is free to join and hosts the [Pharmacy Education Journal](#), a peer-reviewed open access publication that particularly encourages younger faculty members and authors whose first language may not be English to publish their research and ideas. A new submission system was put in place in October and, since then, 11,500 articles have been downloaded (with almost 400 articles available), highlighting the value that this journal has for the wider global community.

Another significant event for FIP in 2015 was the renewed agreement with UNESCO to extend the collaboration within the FIP UNESCO-UNITWIN programme to 2018. I am pleased that this partnership will continue advocating workforce development and capacity building through education primarily in low resourced countries, empowering professional organisations, universities and other stakeholders taking up the important role of transforming the pharmacy profession.

William Charman
Chair, FIPed Executive Committee

WORK IN PROGRESS

WE HAVE ALSO BEEN WORKING ON:

Self-care

We are working to update and expand our 1996 Statement of Policy on the role of pharmacists in self-care. This will highlight the extended role pharmacists play in clinical assessment.

Care in times of emergency

Guidelines to support pharmacists in the development and implementation of local and regional responses to natural disasters are being produced.

Workforce and education

FIPed is working on a technical report that will describe how its resources have been used to support the development of education, including policy recommendations, worldwide.

FIP congresses

FIP annual congresses in Buenos Aires, Argentina (28 August to 2 September 2016; Rising to the challenge — Reducing the global burden of disease), and Seoul, Republic of Korea (10 to 14 September 2017), a Global Conference on Pharmacy and Pharmaceutical Sciences Education (Nanjing, China; 7 & 8 November 2016) and a Pharmaceutical Sciences World Congress (Stockholm; Sweden 21 to 24 May 2017) are being organised.

Vision for pharmacy practice

All the sections of FIP are contributing to a new strategic plan for the Board of Pharmaceutical Practice, which will identify opportunities to improve the quality of pharmacy practice in every setting.

Pharmacy support workforce

A technical report on the pharmacy support workforce, which includes pharmacy technicians, will present different practice models that allow this workforce to make the best contribution possible within the pharmacy team.

Supply chain

Failures in the supply chain can affect morbidity and mortality. We are working on determining the different stages of the supply chain, the competencies needed at each stage and where pharmacist competences are best used.

Medicines information

To promote the role of pharmacists in the strategic development and implementation of national medicines information policies and practices, we have been gathering information on existing national policies and initiatives to support the provision of medicines information.

FIP governance

Revision of our statutes continued in 2015, with the FIP Bureau developing final proposals. We will consult our member organisation on the proposals in 2016.

FINANCES

BALANCE SHEET AT 31 DECEMBER 2015

After appropriation of the results for 2015

Expressed in EURO

	31 DECEMBER 2015	31 DECEMBER 2014
FIXED ASSETS	615 786	630 666
CURRENT ASSETS		
Debtors, prepayments and accrued income	408 092	302 702
Cash at bank and in hand	2 442 053	2 664 455
TOTAL CURRENT ASSETS	2 850 145	2 967 158
TOTAL ASSETS	3 465 931	3 597 824
CAPITAL AND RESERVES		
Capital FIP	1 612 139	1 501 164
Capital FIP sections	544 006	512 680
Congress reserve	650 000	650 000
Board of Pharmaceutical Practice reserve	76 854	64 620
Board of Pharmaceutical Sciences reserve	147 051	153 991
Regional forums reserve	-	4 859
Reserve HIV/AIDS	10 000	10 000
Reserve FIPeD	65 460	24 635
TOTAL CAPITAL AND RESERVES	3 105 510	2 921 949
PROVISIONS	22 160	67 834
CURRENT LIABILITIES	338 261	608 041
TOTAL CAPITAL AND RESERVES AND LIABILITIES	3 465 931	3 597 824

	ACTUALS 2015	BUDGET 2015	BUDGET vs ACTUALS	ACTUALS 2014
INCOME				
Membership fees	1 095 858	960 000	135 858	1 035 993
Congress revenues				
- FIP annual congress	1 691 974	1 700 000	(8 026)	1 155 081
- PSWC 2014	-	-	-	646 349
Publications	174	5 000	(4 826)	3 605
Other income BPS	2 464	-	2 464	4 353
Section income	98 241	120 000	(21 759)	91 573
FIPeD income	176 947	180 000	(3 053)	141 075
WHPA Counterfeit Campaign income	53 035	-	53 035	38 779
Other income	52 948	50 000	2 948	61 807
TOTAL INCOME	3 171 641	3 015 000	156 641	3 178 615

EXPENSES				
Membership costs	100 834	-	100 834	73 166
Personnel costs	908 881	960 000	(51 119)	777 847
Office costs	117 868	170 000	(52 132)	126 166
Executive committee and bureau meeting costs	68 950	136 000	(67 050)	59 816
Travel expenses external representation	43 562	50 000	(6 438)	40 330
Website and IT	117 426	70 000	47 426	59 458
Depreciation of fixed assets	26 956	25 000	1 956	19 794
Remuneration project	41 857	50 000	(8 143)	59 819
Medicine shortage project	40 000	40 000	-	-
Other (special) projects	13 627	5 000	8 627	13 754
FIP congress costs				
- FIP annual congress	1 041 643	1 050 000	(8 357)	672 692
- PSWC 2014	-	-	-	599 972
Publications	46 860	40 000	6 860	39 690
Subventions	18 242	32 000	(13 758)	9 500
Expenses BPP	77 766	91 000	(13 234)	116 700
Expenses BPS	47 404	63 000	(15 596)	42 372
Sections' operating costs	66 915	120 000	(53 085)	83 579
Building Maintenance Fund	15 000	15 000	-	15 000
FIPeD expenses	136 123	180 000	(43 877)	146 130
WHPA Counterfeit Campaign	53 035	-	53 035	38 779
Business development	14 459	20 000	(5 541)	2 520
TOTAL EXPENSES	2 997 407	3 117 000	(119 593)	2 997 084
OPERATING RESULT	174 234	(102 000)	276 234	181 530
Financial result	9 327	30 000	(20 673)	12 732
NET RESULT BEFORE APPROPRIATION	183 561	(72 000)	255 561	194 262

Appropriation of the results				
BPP general reserves	12 234	(1 000)	13 234	(14 700)
BPS general reserves	(6 940)	(48 750)	41 810	11 981
Section capital	31 326	-	31 326	7 994
Regional forums reserve	(4 859)	-	(4 859)	-
Reserve FIPeD	40 825	-	40 825	(5 056)
FIP capital	110 975	(22 250)	133 225	194 043
TOTAL APPROPRIATION	183 561	(72 000)	255 561	194 262

International
Pharmaceutical
Federation
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Fédération
Internationale
Pharmaceutique

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