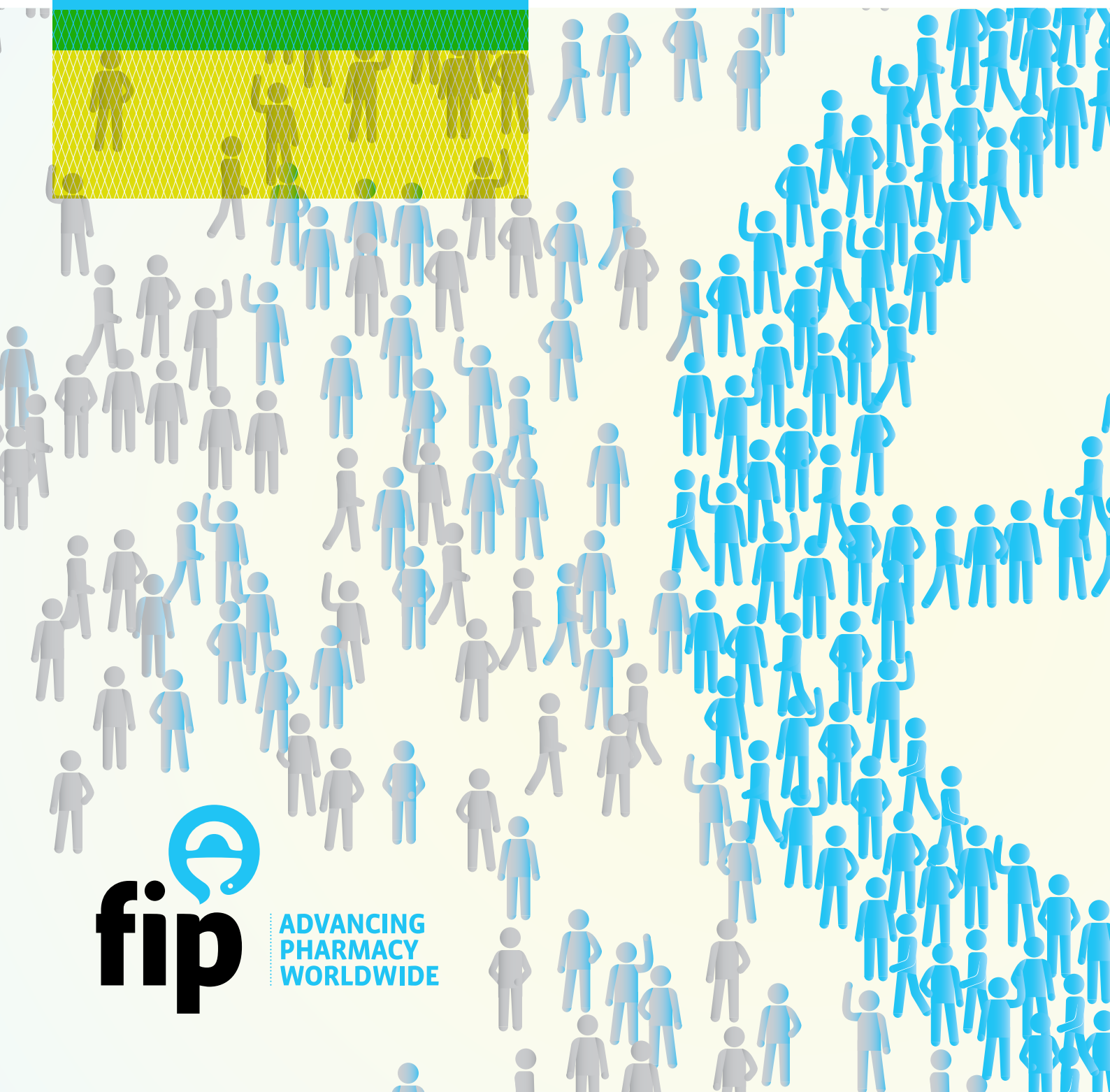


FIP Annual Report 2014

Together we are
stronger



ADVANCING
PHARMACY
WORLDWIDE

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FOREWORD

GROWING IN NUMBER AND STRENGTH

Pharmacists and pharmaceutical scientists uniting became a common sight in 2014. In the Far East we saw colleagues gathering in demonstration against legislation that could reduce patient safety; in Europe they joined forces to fight against deregulation; and in Latin America they came together to call attention to the possible dangers of the sale of recreational marijuana in pharmacies and bring about a new law that would transform pharmacy.

As well as supporting colleagues around the world on a number of such issues in their home countries in 2014, the International Pharmaceutical Federation (FIP) brought scientists and pharmacists from different countries together. Our wide network means we can collect and share important knowledge in the form of pioneering reports — for example, the first global report on continuing professional development and continuing education published in 2014 — and set international standards, for example, our new statement on professional standards for codes of ethics. Our global connections also allowed us to act on the outbreak of Ebola, developing pharmacy-specific guidelines.

Outcomes of pharmacists working together, such as bringing about new laws, clearly demonstrate strength in numbers. It could also be said that unity over such issues inspires greater pride in our profession. Last year, in addition to hosting World Pharmacists Day, FIP boosted this sense of pride with the launch of an international oath for pharmacists.

FIP also provided two major occasions for pharmacists and pharmaceutical scientists to come together in 2014: the fifth Pharmaceutical Sciences World Congress and the 74th World Congress of Pharmacy and Pharmaceutical Sciences. The theme of our congress in Bangkok was “Access to medicines and pharmacists today, better

outcomes tomorrow”. Over 2,000 colleagues attended, showing that this was a topic in the hearts of many, making me proud to be a pharmacist, and I hope to meet many more colleagues in Düsseldorf this year, my first congress since being elected as president.

We are growing in number and strength. In 2014, our federation admitted 10 new member organisations, bringing our total to 132. This is the largest number of member organisations in FIP history. Our academic institutional membership also grew to 138.

Through our excellent work, led by my predecessor Dr Michel Buchmann and the great staff of FIP, we are recognised as the leader of pharmacy at a global level. We continue to expand our presence and influence through partnerships with some of the world’s leading health, policy-making, education and science institutions. We are advancing the integrated development of pharmacists and pharmaceutical scientists with the help of the FIP Education Initiative. We continue our collaborative work on the Millennium Development Goals, to be followed by the Sustainable Development Goals.

I would like to thank the FIP officers and again the FIP staff who have shared their expertise and used their skills to represent our federation around the world and to accomplish our objectives. From our achievements in 2014, it is clear that together we are stronger, and this can only benefit our work towards responsible use of medicines and good health for everyone.

Carmen Peña

*President
International Pharmaceutical Federation*

ABOUT FIP

WHO WE ARE

The International Pharmaceutical Federation (FIP) is the global federation of national associations of pharmacists and pharmaceutical scientists. With 132 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.

WHAT WE DO — VISION AND MISSION

Molecules only become medicines when pharmaceutical expertise is added. In turn, 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".

- We represent more than three million experts in medicines.
- A non-governmental organisation that has been in official relations with the World Health Organization since 1948.
- 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.

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

HOW WE WORK — STRUCTURE

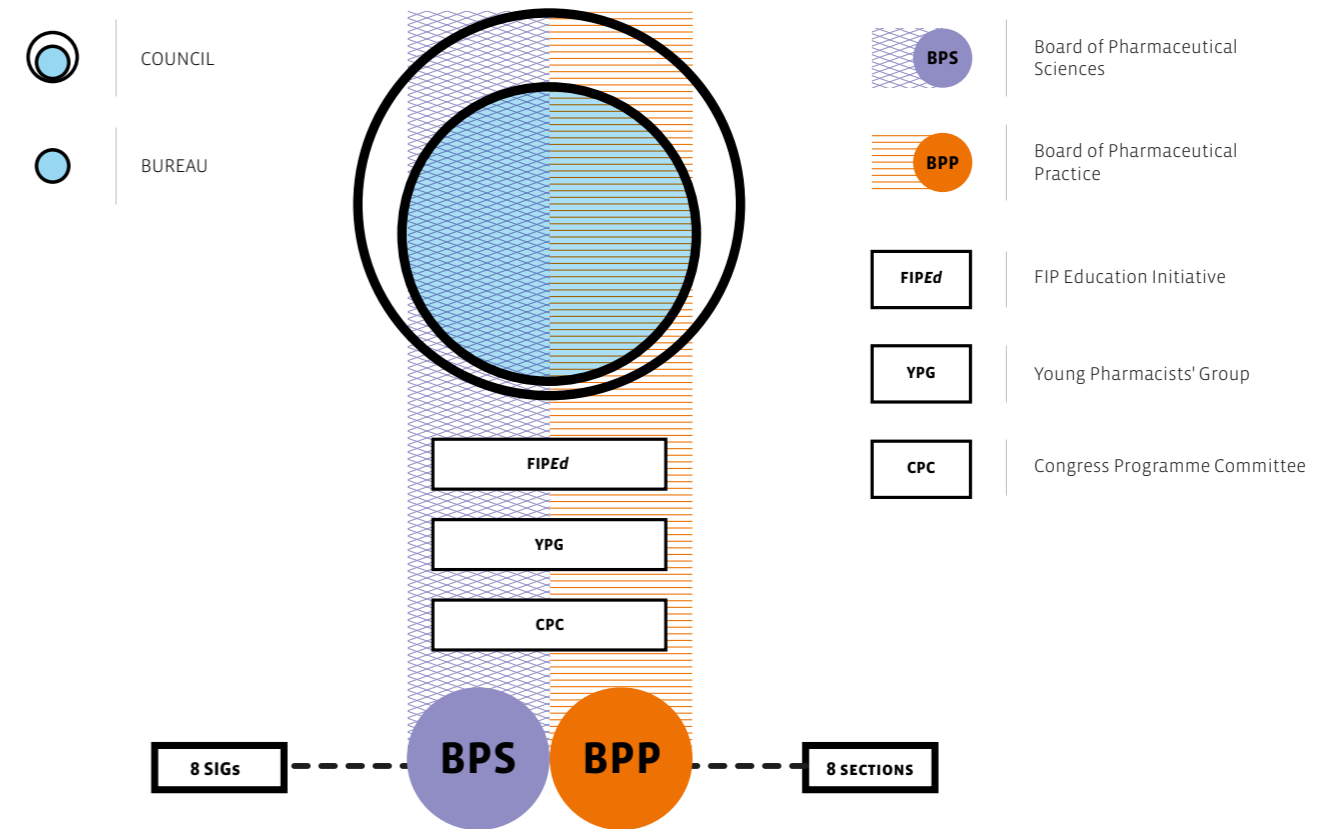
FIP activities can be divided into three main areas — science, practice and education — although there is regular collaboration between the areas.

One of our objectives is to advance the pharmaceutical sciences and this is primarily done through the work of eight 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
- 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 led by the Board of Pharmaceutical Practice. There are sections for:

- Academic pharmacy
- Clinical biology



Structure of FIP

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

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.

FIP is governed by a Council and Bureau (board). The Council is FIP's highest organ and all member organisa-

tions 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
- Scientific secretary
- Professional secretary
- Immediate past president
- Chair of the Board of Pharmaceutical Sciences
- Chair of the Board of Pharmaceutical Practice
- Nine vice presidents

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

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

FOCUS ON OUR PROFESSION AND PRACTICE

HIGHLIGHTS

SUPPORTING LAWS THAT STRENGTHEN PHARMACY

2014 was a landmark year for pharmacy in Brazil. A new law introduced radical changes for the country's 200,000 pharmacists, including recognition of pharmacies as healthcare units and the need for a pharmacist to be present in any pharmacy at any time. The law is expected to prompt a shift to a more clinical focus; pharmacists will use a "pharmaceutical prescription", formalising recommendations of short-term, over-the-counter treatments and referrals. The passing of the new law is the outcome of many years of strong campaigning by the Federal Council of Brazil (CFF), which included convincing other healthcare professionals, as well as politicians, of the value pharmacists offer. We equipped our Brazilian colleagues with a number of international reference documents to reinforce their advocacy activities. Moreover, we provided an official letter of support, which included in-depth analysis and arguments for the new law.



— Walter da Silva João, president, CFF

"Only after we demonstrate the value of our cognitive services and professional interventions will we be able to claim a fair remuneration for our work. These services will gain us the recognition and appreciation of the public and decision-makers."

TALKING COMMUNITY FUTURES

What does the future hold? In 2014, our Community Pharmacy Section engaged international thought leaders with a series of probing questions in a number of areas, including financial viability and sustainability, infrastructure, human resources and continuing professional development. Their views were made into videos to stimulate discussions. The full 90-minute video "[Vision 2020 — A Conversation](#)", or any of its parts can be viewed at [fip.org](#).



— Warren Meek, Community Pharmacy Section Executive Committee member and project lead

"There are countless issues facing society, and we can connect some of those to community pharmacy — the burden of antimicrobial resistance, the development of 'personal' pharmaceuticals and access to quality medicines. A meaningful discussion on the future will help to optimise the use of all resources, with a goal of healthier society and a balanced workforce."



COMMUNICATING OUR VALUE

Each year, FIP creates a new slogan for World Pharmacists Day (25 September) and produces materials that can be used. From mass deworming at a school in Accra, Ghana, and giving blood at Sultan ul Uloom College of Pharmacy in Hyderabad, India, to pharmacist flashmobs in the Philippines and television interviews in Ireland, the profession marked World Pharmacists Day 2014 in many ways. Huge efforts were made to communicate "Access to pharmacists is access to health". The purpose of World Pharmacists Day is to encourage activities that promote and advocate the role of the pharmacist in improving health in every corner of the world. A [global album](#) of 2014 events can be viewed on our Facebook page.

SETTING ETHICAL STANDARDS

An FIP oath for pharmacists was launched in November 2014. "Although some pharmacy oaths already exist, an advantage of the FIP model is that pharmacists can be confident it was prepared with an international perspective, taking into account the most fundamental principles that guide the ethical behaviour of members of our profession," says William Zellmer, co-chairman of FIP's Working Group on Pharmacist Ethics and Professional Autonomy. The oath can be used by schools of pharmacy to launch students towards their studies or at public events such as graduation ceremonies and professional conferences. The oath certificate is available in 13 languages.

2014 also saw a new FIP statement on professional standards for codes of ethics. The statement is intended to state publicly the obligations that form the basis of the responsibilities of pharmacists. These obligations are provided to enable national associations and regulators, through their own codes, to guide pharmacists in their relationships with patients, carers, other health professionals and society generally. The statement is based on an FIP reference document "[Pharmacist ethics and professional autonomy: imperatives for keeping pharmacy aligned with public interest](#)" (also published in 2014), which reflects growing concerns over the potential erosion of pharmacist professional autonomy, and workplace and financial pressures.



— Astrid Czock, head of the Department Science, Education & Quality at PharmaSuisse, FIP's member organisation in Switzerland

"The reference document is well researched and imperative as a help for each member country to implement guidelines concerning ethics and professional autonomy in order to meet the challenges of the pharmacist as a responsible healthcare professional of today and tomorrow."

In the area of research ethics, Hitoshi Sasaki, chair of FIP's Special Interest Group on Translational Research and Individualised Medicines, organised a workshop at the 13th Nagasaki International Course on Research Ethics. In May 2014, 60 scientists from 14 countries gathered to focus on the ethics of health and translational research.

PROVIDING INSPIRATION

FIP officers travelled to all corners of the globe in 2014, spreading the message on responsible medicines use and inspiring the profession. For example, an international perspective of the pharmacist's role was given in Davao, the Philippines, by FIP CEO and general secretary Luc Besançon in April. Mr Besançon shared examples of services from around the world that build on the traditional and central role of dispensing pharmaceutical products, such as pharmaceutical triage, adherence support, immunisation, medicines use review, tobacco cessation and health education.



— Leonila Ocampo, Philippine Pharmacists Association president

"The presentation that Luc gave during our convention, which was attended by close to 3,000 of my country's pharmacists, challenged Filipino pharmacists to appreciate and embrace the changes that the national leaders are espousing to improve pharmacy services and at the same time improve the image of pharmacists to the Filipino community. FIP's presence inspired us to move faster and cope with the changes in education, practice and regulation happening in the country today. We continue to look forward to the support and inspiration that FIP has given to the Philippines."





HIGHLIGHTING THE VALUE OF PHARMACY: WORLD HEALTH ASSEMBLY

The growing evidence that pharmacists increase vaccination coverage, particularly in groups other health professionals find hard to reach, was highlighted by FIP at the 67th World Health Assembly held in Geneva in May 2014. The global vaccine action plan was one of five agenda items on which FIP spoke during the assembly. The others were:

- Tuberculosis prevention care and control after 2015
- Counterfeit medicines
- Access to essential medicines
- Antibiotic resistance

ENCOURAGING CHANGE

The theme of FIP's 2014 World Congress of Pharmacy and Pharmaceutical Sciences was "Access to medicines and pharmacists today, better outcomes tomorrow". The annual congress is a major event on the pharmacy calendar, eagerly awaited by many (see p21). For the first time the Congress Programme Committee ran an initiative called "Commitment to change" in order to encourage congress participants to change something about their practice as a result of the congress. Participants were invited to complete a change postcard which was posted to them in January 2015 to remind them of their commitment. 161 participants joined the initiative.

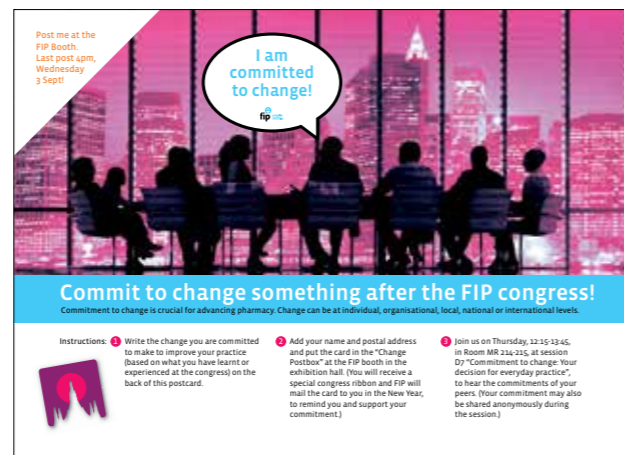
A review of the postcards identified different types of commitment: personal (eg, learning); patient care related; activities at a national level (eg, advocacy); and connected to FIP engagement (eg, bringing others to the congress).



— FIP Congress Programme Committee co-chair Arijana

Meštrović

"We received very positive feedback from many of the participants who were at the commitment to change session, and felt that the session ended the conference on a high note."



HEALTH BENEFITS FOR OUR COMMUNITIES

HIGHLIGHTS

SHAPING GLOBAL ACTION ON ANTIMICROBIAL RESISTANCE

It is universally accepted that antimicrobial resistance (AMR) is a severe threat to global health — one that could undermine decades of progress in preventing and combating infectious diseases. In 2014, FIP continued its work in this area, participating in a series of consultations on the Global Action Plan on Antimicrobial Resistance expected to be adopted in May 2015 by the World Health Assembly. The outcome of the final consultation, hosted by the Norwegian Institute of Public Health in November, was the document "Commitments to responsible use of antimicrobials in humans", which presents a comprehensive set of recommendations to be considered during the final formulation of the global plan. The first recommendation is that all nations should develop and implement national action plans, including awareness campaigns based on a good understanding of social and cultural realities, for combating AMR and promoting responsible use of antimicrobials, based on a multisectoral approach. Other areas also receive attention, from monitoring systems on distribution and consumption of antimicrobials and current resistance patterns, and greater responsibility for health professionals, to the issue of supplying antimicrobials without a prescription or similar form of authorisation and control measures on manufacturing waste from antimicrobial production.



— Philip Howard, consultant antimicrobial pharmacist,
Leeds Teaching Hospitals NHS Trust, UK

"The WHO AMR Strategic Technical Advisory Group found the input of a practising antimicrobial pharmacist useful to the development of the strategic plan. I shared my research on the global situation of antimicrobial stewardship in hospitals, as well as the key role that pharmacy plays in supply chain process and ensuring optimal use of antibiotics."

PROTECTING PATIENTS FROM COUNTERFEIT MEDICINES

We have continued to fight counterfeit medicines. A major success in 2014 was the launch of the [pharmacy generic top-level web domain](#). This enables consumers to know for sure that they are obtaining medicines, health information and services from websites that are authentic and safe. FIP is among a coalition of stakeholders leading the dot pharmacy plan, and addressing global concerns over illegitimate website operators.



— Luc Besançon, FIP general secretary and CEO

"Logos have been used on websites as a sign of certification or quality; even ones that allow you to click through to a list of supposedly legal pharmacies. But it can be hard for consumers to tell if the logo or list is fake. With dot pharmacy, there's no way to fake assurance — the seal of quality is included in the web address. FIP has supported this programme from the start."

We also continued to lead a campaign against spurious medicines in India, on behalf of the World Health Professions Alliance, and to collaborate with other organisations to tackle counterfeit medicines, most recently partnering with the [Fight the Fakes](#) campaign in November 2014.





RESPONDING TO EMERGING NEEDS — EBOLA

The role of pharmacists in Ebola virus disease was emphasised when our members requested international guidance. We set up a working group to produce a suite of resources designed for those who work in the community sector. Access to these resources — in all four official FIP languages — is freely available. “Since the outbreak, community pharmacists were faced with the challenge of accessing reliable information as well as the risk of infection. A key lesson learnt was the need for correct and consistent information to be available to pharmacists in a timely manner. The internet is a potential source of information but also of misinformation. Conflicting information can create doubt and confusion, which must be avoided in emergency situations.



— Mohamed Conteh-Barrat, regulatory officer, Pharmacy Board of Sierra Leone

“To avoid delays as a result of missing pieces of essential information, it is paramount that all the information is readily accessible from one place. . . . It is clear that the disease knows no boundaries and could occur anywhere in the world. Thus knowledge about the infection, how to handle a potential or real case, and how to stay safe during outbreaks would come in pretty handy in any country.”

MAINTAINING THE PROVISION OF PROFESSIONAL ADVICE

A national plan to allow to all medicines financed by insurers to be sent directly to patients was a grave concern for Argentinian pharmacists. The move would have removed the opportunity for patients to receive professional advice from pharmacists. The Confederación Farmacéutica Argentina (COFA) opposed the plans with backing from FIP in the form of a detailed letter of support that cited international policies related to good pharmacy practice. The plan was subsequently shelved in August 2014.



— Raúl Mascaró, COFA president

“The support we received from FIP with regard to the plans of ANMAT (the medicines regulatory agency) to bypass pharmacies in the delivery of several medicines, was very important. Being supported by international organisations gave visibility and weight to the claims made by COFA and other pharmacists’ organisations in the country. I personally believe that professional organisations — local, national and international — play a key role in advancing and advocating for the pharmacy profession. Without such organisations and their joint efforts, pharmacists would be limited in their ability to grow both in terms of training and gaining new knowledge but also in their interaction with patients and the community. These activities are only possible within a framework of partnership. FIP provides directions that each country can explore to get the most benefit.”

ENSURING SAFETY OF HERBAL PRODUCTS

A boom in the popularity of herbal medicines in Costa Rica caused concern for FIP member organisation Colegio de Farmacéuticos de Costa Rica, especially as good manufacturing practices and other conditions to ensure safety were lacking. The Costa Rican pharmacists’ organisation pressed government authorities for the regulation of natural products with medicinal properties as well as informing the public about such products, with support from FIP.

Work on the safety of herbal products was also carried out by FIP’s Special Interest Group on Natural Products in November 2014, with the group’s chair Michiho Ito representing FIP at the second World Health Organization consultation on quality control of herbal medicines in Hong Kong SAR, China. Professor Ito provided pharmacy expertise to the second draft of the “WHO guideline for selecting substances of herbal origin for quality control of herbal medicines” and to the first working draft of the “WHO guideline on good processing practices for herbal medicines: synopsis and text”.

ENHANCING COMMUNICATION

FIP’s pictogram project continued in 2014, with the addition of the Maori language. The project offers digital resources that give health professionals an alternative way of communicating medication instructions where there is no common language or illiteracy.

How social media could be used to support communication and healthcare by pharmacists was the focus of research by FIP’s Social and Administrative Pharmacy Section, Young Pharmacists’ Group and Health and Medicines Information Section. Their joint study involved in-depth semi-structured interviews with practising pharmacists from nine countries.

Results demonstrated that professional use of social media was limited to continuing education, support for consumer advice giving, networking, self-promotion and business support. Most pharmacists had a blurred professional and personal presence on social media and were reluctant to use it as a medium for interacting with consumers, primarily due to privacy concerns.



— Parisa Aslani, Health and Medicines Information Section president

“Our study showed that pharmacists require guidance to support and promote their interactions with consumers on this ubiquitous and growing medium in health.”



Highlights

Highlights

EDUCATION AND HUMAN RESOURCES

HIGHLIGHTS

HELPING COUNTRIES WITH THE GREATEST NEEDS

A “centre of excellence” that aims to increase capacity for pharmacy education in the African region was launched by FIP in September 2014. Its main purpose is to help pharmacy schools in Africa produce desperately needed pharmacists through the sharing of teaching resources, staff exchange to increase academic capacity and joint problem-solving. The centre is an organised virtual network that has access to a wide range of electronic teaching resources. It has five major areas of activity — capability, innovation, clinical training, communication and quality — and was formed as part of a FIP UNESCO-UNITWIN programme. Africa was chosen as the first region to benefit because its needs are greatest with the lowest density of pharmacists in the world. Further centres are planned in other regions of need.



— Lungwani Muungo, head of the pharmacy department at the University of Zambia and founding member of the Centre of Excellence for Africa

“Centre of excellence tools, especially for practical demonstrations in situations lacking such facilities would be of benefit. For example, at our school, an online tableting plant would be of great learning value for the trainee pharmacy students.”

EQUIPPING COUNTRIES TO IMPROVE CPD AND CE

Knowledge of the status of lifelong learning around the world enables countries to make comparisons and improve how their own pharmacists maintain their competence. In September 2014, we published “Continuing professional development/continuing education in pharmacy: global report”, the first report of its kind. Prepared by the FIP Education Initiative (FIPeD), this report gathered data from 66 countries and territories, providing a baseline on the status, activities and trends of professional development in pharmacy. Among the findings were that in 88% of the countries, pharmacists provide some form of self-funding for their professional development. The survey revealed significant variance between the continuing professional development (CPD) and continuing education (CE) frameworks in each country, and how activities are accredited.



— Toyin Tofade, lead for the FIPeD continuing professional development/continuing education domain

“We share this report in order to trigger dialogue and stronger policies around continuing education for health. The report provides guidance for our member organisations around the world to provide briefings for their stakeholders.”

THINKING UP BETTER WAYS TO EDUCATE THE PROFESSION AND DEVELOP CAREERS

That practitioners and scientists should teach in collaboration because it will create a mindset among students that leads them to approach practice with scientific thinking, was one of the ideas from the first FIPeD Think Tank Education Forum held in Melbourne at the fifth Pharmaceutical Sciences World Congress (see p19). The event brought together 35 global leaders and produced statements that address how pharmaceutical education can be aligned with World Health Organization transformative education policies and the concept of universal health.

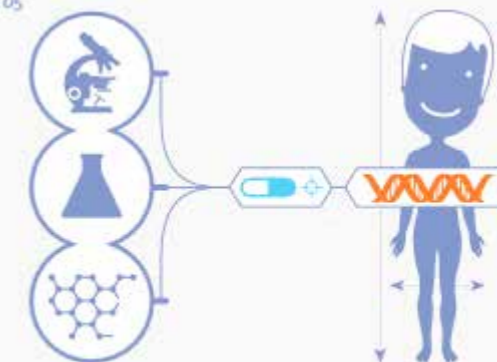
PROMOTING CAREERS IN PHARMACEUTICAL SCIENCE

The ever-pressing need to make medicines even safer while ensuring that their development is efficient and cost-effective means that the science of medicines will be as important in the future as it has been in the past. The pharmaceutical sciences combine a broad range of scientific disciplines that are critical to the discovery and development of new medicines. FIP’s Board of Pharmaceutical Sciences produced a brochure, “Changing the world by translating science into practice — will YOU be part of the future?”, to help promote a pharmaceutical sciences career path among undergraduates. It highlights the array of challenges that need to be conquered in the different pharmaceutical science fields in order to improve healthcare. Printed copies and a PowerPoint presentation are available to educators.

Challenge #5 Translational Research and Personalised Medicines

Help to bridge the gap between bench and bedside to bring better drugs to the patient, and to realise tailoring of drug therapy to the needs of the individual patient.

fig. 05



PROVIDING PROFESSIONAL DEVELOPMENT

FIP offered a number of webinars to its members and others in 2014. The Industrial Pharmacy Section webinars, in particular, have seen a growing number of participants. Other educational opportunities offered include workshops organised or supported by the Board of Pharmaceutical Sciences, such as that on quantitative pharmacology and systems biology in drug development, at Dublin City University, Ireland. Held in June, it provided an intensive introduction to fundamental

principles, techniques and applications of pharmacokinetics/ pharmacodynamics, systems biology, and systems pharmacology to support drug discovery, development, regulatory approval and utilisation, and featured international experts in pharmacometrics, bioinformatics and systems biology. In addition, our annual congress in 2014 provided 195 hours of continuing professional development/continuing education, accredited by 11 countries.



COLLABORATIONS AND PARTNERSHIPS

HIGHLIGHTS

SITTING AT TABLES — FROM HEALTH SYSTEM RECONSTRUCTION TO ANTIRETROVIRAL SOURCING

Senior pharmaceutical advisers from UN agencies such as the World Health Organization, the Joint United Nations programme of HIV/AIDS, the United Nations Population Fund, the United Nations Development Programme and the United Nations Children's Fund, and from other international institutions meet twice a year as part of the Interagency Pharmaceutical Coordination group (IPC). We are an active member of this group, alongside the World Bank, the African Development Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria. The group's work includes

coordinating underlying pharmaceutical policies of technical advice to countries as well as preparing interagency statements and technical documents. Agendas to which we contributed in 2014 included quality of medicines, essential medicines and access to medicines. Collaboration has led to better information exchange, more consistent technical advice and improved use of resources.

MAKING REGULATION A TOP PRIORITY

There is greater need than ever for regulation systems that ensure the quality of health services, protecting the public. We have continued to lead in this area. In May 2014, as a founding member of the World Health Professions Alliance, we co-hosted the World Health Professions Regulation Conference in Geneva, Switzerland. Senior physicians, nurses, dentists, physical therapists and pharmacists from over 45 countries came together to discuss different systems of professional regulation.



— David Benton, chief executive of the International Council of Nurses

"We need to compare and contrast differing perspectives if we are to make informed choices that balance protection of the public with the reform of health systems to address current and future population needs."

SUSTAINING COLLABORATIONS

September 2014 saw the signing of a memorandum of understanding between FIP and Monash University, Melbourne, Australia. Over the years, the university has generously provided resources to realise the mission of the FIP UNESCO-UNITWIN initiative, including free access to a bespoke online platform (SABER) which supplies virtual environments for pharmacy teaching and learning.



— Bill Charman, Dean of the Faculty of Pharmacy and Pharmaceutical Sciences at Monash University, Melbourne, Australia

"Monash University is thrilled to partner with FIP as a means to broaden the reach and scope of the SABER platform to support pharmacy teaching and learning environments through the auspices of FIP."



IMPROVING THE DELIVERY OF CARE IN DANGEROUS SITUATIONS

We have continued our work with the International Committee of the Red Cross since joining the Health Care in Danger project. Through this collaboration, the Red Cross was able to gain insight into the perspective of military pharmacists. And, in October 2014, the project launched an [e-learning module](#) designed to help healthcare personnel, including

pharmacists, understand the effects of violence on healthcare, their own rights and responsibilities and ethical dilemmas they may face in times of unrest. As part of the project's community of concerns, we aim to fight against violence affecting the delivery of impartial pharmaceutical care in armed conflict and other situations.



CICR-HUMED Rama ©

COOPERATING IN THE FIELD OF SCIENCE

Two of FIP's special interest groups (Analytical Sciences & Pharmaceutical Quality and Regulatory Sciences) jointly contributed to the fourth International Regulatory Workshop on A to Z on Bioequivalence, Bioanalysis, Dissolution and Biosimilarity, in Budapest, Hungary, in May 2014. Daniel Tang, chair of the Analytical Sciences & Pharmaceutical Quality SIG, gave a presentation "Where are we with respect to global harmonisation in guidance of bioanalytical method validation?" to over 300 well-known scientists from over 40 countries.

Through our Regulatory Sciences SIG, we also supported Biothree, a research project run by the National Institute of Public Health and the Environment of the Netherlands in cooperation with the University of Mainz, Germany. This project aims to develop a dedicated *in vitro* test that is able to detect differences in *in vivo* gastrointestinal permeability and hence bioequivalence. Its first paper was published in the *European Journal of Pharmaceutical Sciences* (Kubbinga M *et al*, 2014;61:27–31).

TOGETHER WE ARE STRONGER:

FIP MEMBERSHIP

In September 2014 the FIP Council admitted 10 new member organisations (bringing our total to 132) and nine new observer organisations.

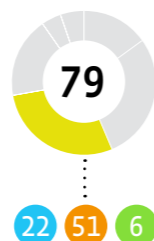
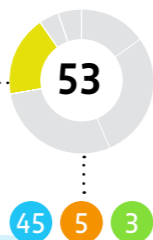
Full lists of member and observer organisations can be found at <http://bit.ly/1CXWysR> and <http://bit.ly/1CsA0NF>



— Zuzaan Zulzaga, founding president, Association of Pharmacy Professionals of Mongolia, new FIP member organisation

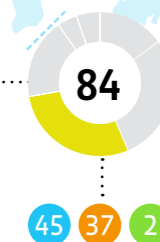
“One of our goals is to increase the role of pharmacists through improving their professional knowledge and skills. One way to achieve that was to join FIP so that we can share experiences with pharmacists and scientists world-wide.”

NORTH AMERICA



EUROPE

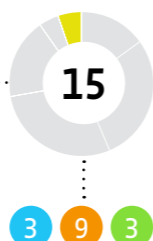
ASIA



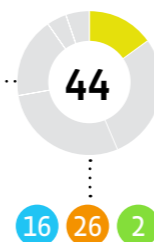
— Eduardo Savio, Pharmaceutical Forum of the Americas president, new FIP observer organisation

“Our collaboration with FIP informs our plans to strengthen pharmacy practice in the region, promoting FIP strategic objectives and articulating efforts with PAHO (the WHO regional office), regional pharmacist federations and national pharmacist organisations. Our executive committee developed an action plan in close collaboration with FIP and several initiatives on pharmacy education and pharmacy practice have been undertaken in a very positive way, on a limited budget.”

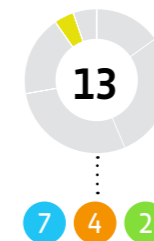
SOUTH AMERICA



AFRICA



AUSTRALIA/OCEANIA



- 138 Academic institutional member
- 132 Member organisation
- 18 Observer organisation

Individual members 3184



NOTES FROM THE BOARD OF PHARMACEUTICAL SCIENCES

A PACKED SCIENTIFIC YEAR

The major focus of the Board of Pharmaceutical Sciences and special interest group (SIG) activities in 2014 was, of course, the Pharmaceutical Sciences World Congress in Melbourne, Australia.

With 75 sessions, the programme ran successfully from early morning (“sunrise sessions”) to the evening. Speakers, including Nobel laureate Peter Doherty, came from all over the world to share their knowledge and there was strong interaction with local students in the organisation of the congress. All the SIGs contributed to the programme set up and realisation. The only drawback was the relatively low attendance at the meeting.

The second major effort from the science arm of FIP was the contribution to the annual congress in Bangkok. Several SIGs participated in joint sessions with sections and other SIGs, showing that strong collaboration between science and practice is working.

We have also collaborated with others on a number of activities, through presentations and sponsorship, including:

- China Bioanalysis Forum Annual Conference (June 2014; Shanghai, China)
- International Symposium on BA/BE of Oral Drug Products (October 2014; Seoul, Korea)
- International Symposium on Scientific and Regulatory Advances in Complex Drugs (October 2014; Budapest, Hungary)

Many other activities of our SIGs can be found throughout this annual report.

Last but not least, in 2014 a start was made to prepare for the sixth PSWC, to be held in Stockholm, Sweden, in 2017. Under the leadership of Prof. Meindert Danhof, and in close collaboration with the European Federation for Pharmaceutical Sciences, the next FIP congress devoted to the pharmaceutical sciences will certainly be an exciting and fruitful meeting place for scientists.

Henk de Jong
Scientific secretary

PHARMACEUTICAL SCIENCES WORLD CONGRESS 2014

The 5th Pharmaceutical Sciences World Congress was held in Melbourne, Australia, from 13 to 16 April. The theme was “Pharmaceutical Sciences beyond 2020 — the rise of a new era in healthcare”.

Participants: 821 (from 59 countries).

Speakers: 116

Abstracts presented: 724*

Participants listed the top three reasons for attending the congress as:

- “Getting the global overview on pharmaceutical science”
- “Hearing the latest trends on research worldwide”
- “Getting information that I can’t get elsewhere”

* A record number of 235 posters were affiliated with the FIP Special Interest Group on Formulation Design and Pharmaceutical Technology



— Ross McKinnon, PSWC 2014 chair
“The breadth of the programme has been highly praised by many attendees. PSWC was able to cover a very broad pharmaceutical science agenda with a level of depth that has been well received. It is also worth highlighting the involvement of student co-chairs in plenary sessions. This was a new idea and worked superbly.”



— Richard Guy, professor of pharmaceutical sciences, University of Bath, UK
“The programme was excellent and the presentations outstanding.”



NOTES FROM THE BOARD OF PHARMACEUTICAL PRACTICE

EXPANSION AND COLLABORATION

The Board of Pharmaceutical Practice strives to advance pharmacy practice in all settings through leadership, innovation, collaboration and advocacy.

The activities of our eight sections set out to shape the future of pharmacy by:

- Translating scientific achievements and innovation into practical tools and services that improve the quality of patient care
- Formulating policy recommendations and establishing strategic directions and priorities for institutions and individuals
- Advocating for the incorporation of innovative practice models into the standard of care
- Engaging practitioners in the necessary changes to pharmacy practice, based on the best evidence available
- Producing strong leaders in pharmacy

In 2014, the board worked extensively to expand the role of pharmacists in a variety of circumstances, including in emergency situations such as natural disasters and disease outbreaks, highlighting the social and environmental responsibility of the profession, specifically in the mitigation of the impact pharmaceuticals can have on the environment.

The BPP has fostered improved collaboration with the Board of Pharmaceutical Science and the FIP Education Initiative, which has been reflected in an increasingly integrated annual congress programme.

In turn, this allows for the establishment of an environment that encourages practice that is science-based and evidence-driven.

The board acknowledges and thanks all the individuals who have contributed to the advancement of its mission. It is through our combined efforts that we are able to better respond to individual and societal needs.

Ema Paulino
Professional secretary

WORLD CONGRESS OF PHARMACY AND PHARMACEUTICAL SCIENCES 2014

The 74th World Congress of Pharmacy and Pharmaceutical Sciences was held in Bangkok, Thailand, from 31 August to 4 September. It included a Deans Forum and a Pharmacy Technicians Symposium.

Co-hosted with the Pharmaceutical Association of Thailand under Royal Patronage (PAT), the theme of the congress was “Access to medicines and pharmacists today, better outcomes tomorrow”.

Participants: 2002 (from 97 countries).

Speakers: 221

Abstracts presented: 506

Hours of CPD/CE provided: 195

Deans Forum participants: 59

Participants listed the top benefits of attending the congress as:

- “Being inspired”
- “Getting the global view”
- “Networking opportunities”



— Sindhchai Keokitichai, president of the Pharmaceutical Association of Thailand under Royal Patronage (PAT)
“PAT is convinced that all pharmacists in Thailand greatly benefited both directly and indirectly from this world-class event. One comment I heard from a student really impressed me. She said: ‘I have just realised how big the pharmacy world is and how important pharmacists are in improving the health of mankind.’ We are thankful to all stakeholders who put in tireless efforts to overcome all kinds of challenges and make the congress happen. PAT is proud to have been part of the success of FIP in 2014.”



— Mike Rouse, assistant executive director, professional affairs, and director, international services, Accreditation Council for Pharmacy Education, USA
“In many ways this was one of the best FIP congresses that I have attended, from an organisational and educational perspective. I came away from the congress feeling very positive and motivated. It was my 28th FIP congress, so I have a good baseline for comparison.”



NOTES FROM THE FIP EDUCATION INITIATIVE

TRANSFORMATION AND ENGAGEMENT

Over the course of this past year, efforts within the various initiatives in FIPeD have been substantial and impressive. Due to the diligent commitment of a broad range of volunteers, the focus on transformational change in global pharmaceutical education continues forward in line with FIP's 2020 Vision and the needs of individual countries for a well-educated pharmacy workforce. Engagement with many universities around the world as well as partnerships with UNESCO and WHO have been a cornerstone of FIPeD advancement.

Early in its founding, the issue of academic leadership became a focus of planning within FIPeD. The establishment of the Academic Institutional Membership (AIM) provided a platform for FIP to gather the deans of schools of pharmacy for conversation and action around the FIPeD goals and its strategic plan. Presently more than 130 schools of pharmacy, represented by their deans, participate in regular communications and focused programmes at the annual FIP congress. Critical topics such as social accountability, the feasibility of a core universal curriculum, balancing science teaching with clinical education, managing the educational enterprise and national health policy implications for pharmacy education have been addressed. Ambitious plans for AIM have been formulated by the participating deans under the able leadership of Dr Wayne Hindmarsh (Canada) and his advisory board. It is hoped that a strong link will become evident between the workforce skill needs of countries and their respective pharmacy curricula.

Over the course of the past several years, a number of authoritative reports have been prepared on selected topics in pharmacy education and workforce. These have been prepared by the Educational Development Team,

under the direction of Prof. Ian Bates (UK), and reflect contemporary issues that are in need of clear articulation and application within the profession of pharmacy and the universities that prepare pharmacists. The planning for three reports was finalised this past year and it is anticipated that these will be available at the 2015 FIP congress in Düsseldorf.

They include: advanced practice and specialisation; interprofessional education; and an updated pharmacy workforce report prepared in conjunction with the Global Pharmacy Workforce Observatory, a collaboration with the Royal Pharmaceutical Society. Many expert volunteers prepare these reports and we all owe a great debt of gratitude to the planners, writers, editors and production staff. Effective use of these reports by FIP's member organisations, observer organisations, individual members and external policy planners will lead to a better understanding of critical policy issues and problems in pharmacy education and pharmacy workforce development.

FIP is transitioning the leadership of FIPeD by appointing a Chair of the FIPeD Steering Committee to succeed me. It has been my absolute privilege and honour to have served as the founding chairman of the steering committee since the inception of FIPeD seven years ago. I wish my successor a rewarding leadership engagement in the role in the years ahead.

Henri R. Manasse Jr
FIPeD Steering Committee Chair

FIP NUMBERS AND PUBLICATIONS 2014

MEMBERSHIP

- 132 Member organisations
- 3,184 Individual members
- 138 Schools of pharmacy with academic institutional membership
- 18 Observer organisations





PUBLICATIONS

- Two issues of the *International Pharmacy Journal* (June & November)



- Oath/promise of a pharmacist
- “Professional standards on codes of ethics for pharmacists” (FIP statement)
- “Pharmacist ethics and professional autonomy: Imperatives for keeping pharmacy aligned with the public interest” (FIP reference paper)
- “Continuing professional development/continuing education in pharmacy: Global report”
- “Quality assurance of pharmacy education: The FIP global framework” (2nd Edition)
- Five new biowaiver monographs (four hard copy format — piroxicam, bisoprolol, codeine phosphate and fluconazole; one digital, levetiracetam).
- Ebola resources for the pharmacy workforce
- 23 papers in the *Pharmacy Education Journal*
- “Changing the world by translating science into practice — will YOU be part of the future” (brochure)

SOCIAL MEDIA

-  Facebook likes: 47,699
-  Twitter followers #FIPcongress: 2,486
-  LinkedIn followers: 3,117
-  I Am A Pharmacist videos*: 87



* The I Am A Pharmacist project was developed to create more pride, solidarity and awareness around the profession of pharmacy on a global level in a unique and current medium.

AWARDS & FORMALITIES

ADVANCING PHARMACY WORLDWIDE

AWARDS 2014



Honorary President
Prof. Kamal Midha (Canada)



Joseph A. Oddis Award for Exceptional Service to FIP
Mr Colin Hitchings (UK) — posthumous



Distinguished Service Award
Mr John Ware (Australia)



Lifetime Achievements in the Pharmaceutical Sciences
Prof. William Charman (Australia)



Prof. Guowei Sang (China)

9 Fellowships

Snr. Col. Zheng-Yu Chen (*China*)
Prof. Henk de Jong (*Netherlands*)
Dr Lucinda Maine (*USA*)
Prof. Ross McKinnon (*Australia*)
Prof. Tsuneji Nagai (*Japan*)
Mrs Jacqueline Surugue (*France*)
Dr Frans van de Vaart (*Netherlands*)
Mr Lee C. Vermeulen (*USA*)
Mr William Zellmer (*USA*)

COUNCIL DECISIONS

- Dr Carmen Peña (Spain) elected as the new President of FIP (2014-18).
- Mr Dominique Jordan's (Switzerland) election as the Chairman of the Board of Pharmaceutical Practice (2014-18) ratified.
- Six vice presidents elected: Dr Isabelle Adenot (France); Mr Andrew Gray (South Africa); Prof. Giovanni Pauletti (USA); Dr Eduardo Savio (Uruguay); Prof. Philip Schneider (USA); and Mr Nobuo Yamamoto (Japan).
- Ten new member organisations admitted:
 - Afghanistan Nationwide Pharmacists Association
 - Association of Industrial Pharmacists of Nigeria
 - Association of Pharmacy Professionals of Mongolia
 - Emirates Pharmacy Society
 - Indian Association of Colleges of Pharmacy
 - Indian Association of Pharmaceutical Scientists and Technologists
 - Malta Pharmaceutical Association
 - Moscow Pharmaceutical Society
 - Pharmacy Graduates' Association of Pakistan
 - Society of Hospital Pharmacists of Australia

A full list of FIP member organisations can be found at: <http://bit.ly/1CXWysR>

- Nine organisations, including the regional pharmaceutical forums, admitted as observer organisations of FIP:
 - African Pharmaceutical Forum (APF)
 - Commonwealth Pharmacists Association (CPA)
 - Eastern Mediterranean Pharmaceutical Forum (EMROPharm Forum)
 - European Association of Employed community Pharmacists in Europe
 - European Pharmaceutical Forum (EuroPharm Forum)
 - Pharmaceutical Forum of the Americas
 - Pharmaceutical Care Network of Europe (PCNE)
 - South East Asia Pharmaceutical Forum (SEARPharm Forum)
 - Western Pacific Pharmaceutical Forum (WPPHARM Forum)

A full list of FIP observer organisations can be found at: <http://bit.ly/1CsAoNF>

- Revised statutes of the Pharmacy Information Section, including the change of its name to the Health and Medicines Information Section, accepted.
- FIP will develop a reference document on the role of pharmacists in discouraging the use of potentially harmful substances for recreational purposes, and in fighting substance abuse and addictions.
- As of 2015, individual members of FIP will be allowed to observe Council meetings.



WORK IN PROGRESS

Work in progress during 2014 includes the following:

REMUNERATION

Sustainable funding is crucial to high-quality pharmaceutical care services. An FIP working group has been collating comprehensive data from around the world to produce an analysis of remuneration models in hospital and community pharmacy. FIP member organisations will be able to use this analysis to support the development of economic systems that support pharmacy services.

MENTAL HEALTH

The different activities involving pharmacists to prevent poor mental health and mental healthcare will be described in a new FIP report. The purpose is to inform the future activities of national associations. The work includes an overview of regional and national policies, together with suggested steps for developing a mental health plan according to WHO guidelines. Special focus will be given to interprofessional practice that could lead to improved access to healthcare, better use of resources and reduced prevalence of disability.

ENVIRONMENT

“Green pharmacy practice — report for pharmacists” is being prepared by a joint working group of the Board of Pharmaceutical Practice and Board of Pharmaceutical Sciences. The report aims to update our members on the environmental issues that surround medicines. It will explain the environmental problems that pharmaceuticals can cause when not used or disposed of appropriately, and provide pharmacists with the necessary information and tools for taking environmental aspects into consideration in their daily professional activities.

WORKFORCE

FIPed has been working on a new global pharmacy workforce report, which is prepared every three years. The report will produce the first global trends analysis of workforce data on a country level basis. Our member organisations and national agencies use the information in these reports for workforce planning activities.

HOSPITAL PHARMACY

The 2008 Basel Statements — consensus statements that reflect the profession’s preferred vision of practice in the hospital setting — underwent revision in 2014 and are expected to be published this year.



ADVANCED PRACTICE AND SPECIALISATION

FIPed has been working on a technical report that will describe the global status of understanding of “advanced” and “specialised” practice, providing a professional glossary for agreement on terminology and definitions. It will discuss the added value of specialisation/advanced practice for the pharmacy workforce as well as for patients and health systems, providing preliminary insights to assist countries and regions with workforce planning and intelligence.

INTERPROFESSIONAL EDUCATION

Fostering interprofessional education will be key to team-based working towards better health. Through a technical report we aim to present the global context of the needs and policy drivers for interprofessional education. This report will describe different interprofessional education models from a variety of countries and link potential interprofessional practice models with improved health outcomes and precursor educational activities.

FUTURE FIP CONGRESSES

Work is well under way for our annual congresses in Düsseldorf (29 September to 3 October 2015; Better practice — Science based, evidence driven) and Buenos Aires (28 August to 1 September 2016; Reducing the global burden of disease — Rising to the challenge), as well as our fifth pharmaceutical sciences congress in and Stockholm (21 to 24 May 2017; Systems approaches for better medicines and health). We look forward to welcoming you in these exciting destinations to discuss global pharmacy and pharmaceutical sciences.

WORLD HEALTH ORGANIZATION DOCUMENTS

In 2014, we reviewed and provided input into 10 draft WHO documents, including a supplementary guideline on good manufacturing practices, a global toolkit for evaluating health workforce education and the joint FIP-WHO technical guideline “Points to consider in the provision by healthcare professionals of children-specific preparations that are not available as authorised products”. Our contribution to these yet-to-be-published documents will continue.

FINANCES

BALANCE SHEET AT 31 DECEMBER 2014

After appropriation of the results for 2014

Expressed in EURO

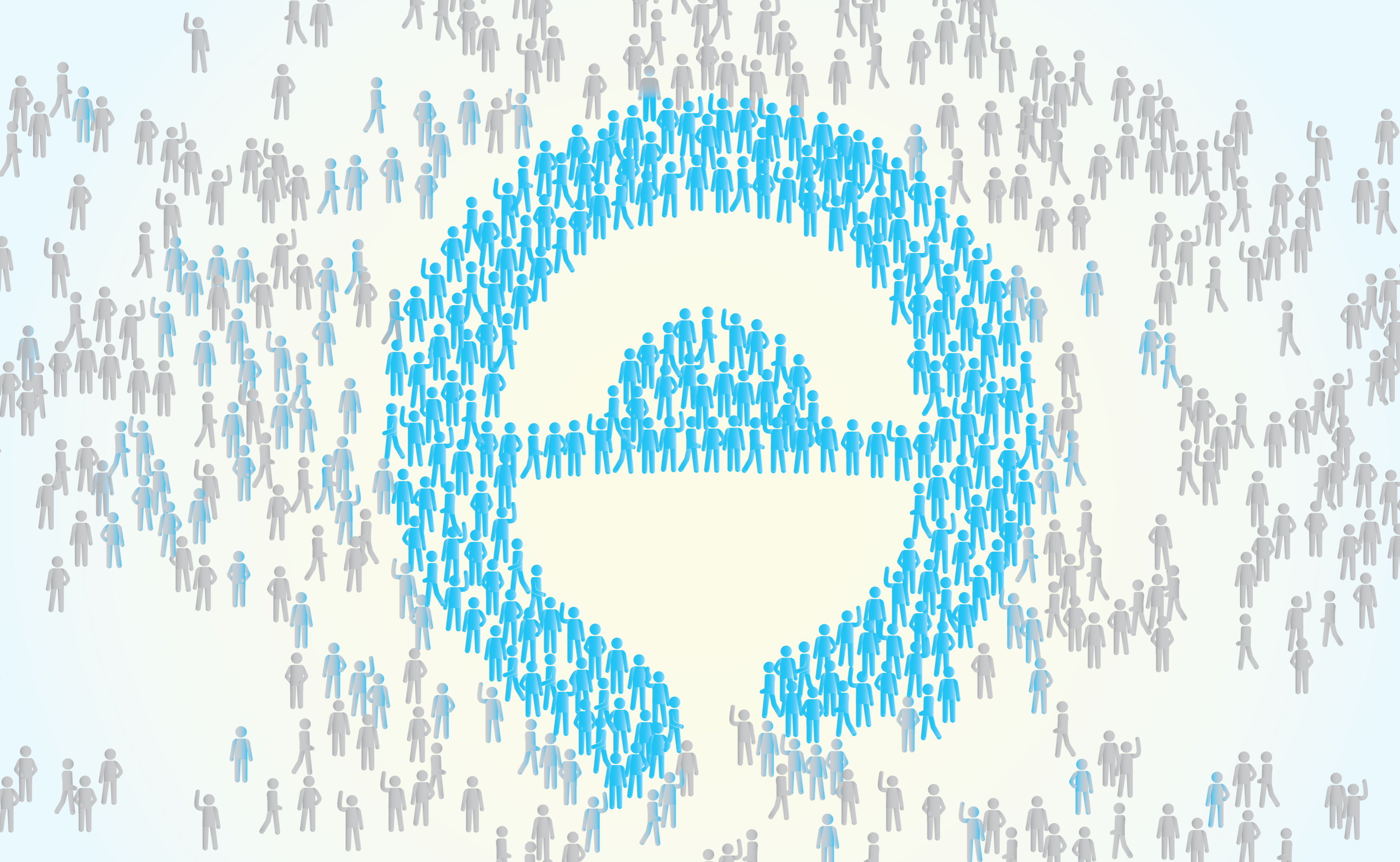
	31 DECEMBER 2014	31 DECEMBER 2013
FIXED ASSETS	630 666	606 011
CURRENT ASSETS		
Debtors, prepayments and accrued income	302 702	330 908
Cash at bank and in hand	2 664 455	2 621 824
TOTAL CURRENT ASSETS	2 967 158	2 952 732
TOTAL ASSETS	3 597 824	3 558 743
CAPITAL AND RESERVES		
Capital FIP	1 501 164	1 307 121
Capital FIP sections	512 680	504 686
Congress reserve	650 000	650 000
Board of Pharmaceutical Practice reserve	64 620	79 320
Board of Pharmaceutical Sciences reserve	153 991	142 010
Regional forums reserve	4 859	4 859
Reserve HIV/AIDS	10 000	10 000
Reserve FIP <i>Ed</i>	24 635	29 691
TOTAL CAPITAL AND RESERVES	2 921 949	2 727 687
PROVISIONS	67 834	65 326
CURRENT LIABILITIES	608 041	765 730
TOTAL CAPITAL AND RESERVES AND LIABILITIES	3 597 824	3 558 743

	ACTUALS 2014	BUDGET 2014	BUDGET vs ACTUALS	ACTUALS 2013
INCOME				
Membership fees	962 826	925 000	37 826	909 579
Congress revenues				
- FIP World Congress	1 155 081	1 700 000	(544 919)	1 949 856
- PSWC 2014	646 349	1 350 000	(703 651)	-
Publications	3 605	5 000	(1 395)	3 069
Other income BPS	4 353	-	4 353	1 096
Section income	91 573	120 000	(28 427)	84 391
FIP <i>Ed</i> income	141 075	97 500	43 575	47 918
WHPA Counterfeit Campaign income	38 779	-	38 779	60 937
Other income	61 807	20 000	41 807	48 721
TOTAL INCOME	3 105 450	4 217 500	(1 112 050)	3 105 567

	ACTUALS 2014	BUDGET 2014	BUDGET vs ACTUALS	ACTUALS 2013
EXPENSES				
Personnel costs	777 847	960 000	(182 153)	722 566
Office costs	126 166	220 000	(93 834)	150 654
Executive Committee and Bureau Committee	59 816	100 000	(40 184)	75 266
Travel expenses external representation	40 330	50 000	(9 670)	29 689
Website and IT	59 458	60 000	(542)	53 490
Depreciation of fixed assets	19 794	25 000	(5 206)	16 484
Remuneration project	59 819	75 000	(15 181)	6 631
Other (special) projects	13 754	15 000	(1 246)	54 489
FIP congress costs				
- FIP World Congress	672 692	1 000 000	(327 308)	1 075 340
- PSWC 2014	599 972	1 250 000	(650 028)	-
Publications	39 690	50 000	(10 310)	29 336
Subventions	9 500	9 500	-	209 500
Expenses BPP	116 700	102 000	14 700	91 004
Expenses BPS	42 372	70 000	(27 628)	94 143
Section costs	83 579	120 000	(36 421)	64 520
Building Maintenance Fund	15 000	15 000	-	15 000
FIP <i>Ed</i> expenses	146 130	263 000	(116 870)	110 768
WHPA Counterfeit Campaign	38 779	-	38 779	60 937
Business development	2 520	2 000	520	-
TOTAL EXPENSES	2 923 919	4 386 500	(1 462 581)	2 859 817

	ACTUALS 2014	BUDGET 2014	BUDGET vs ACTUALS	ACTUALS 2013
OPERATING RESULT	181 530	(169 000)	350 530	245 750
Financial result	12 732	30 000	(17 268)	14 597
NET RESULT BEFORE APPROPRIATION	194 262	(139 000)	333 262	260 347

	ACTUALS 2014	BUDGET 2014	BUDGET vs ACTUALS	ACTUALS 2013
Appropriation of the results				
BPP general reserves	(14 700)	-	(14 700)	10 341
BPS general reserves	11 981	-	11 981	(44 392)
Section capital	7 994	-	7 994	19 871
Reserve FIP <i>Ed</i>	(5 056)	-	(5 056)	(27 850)
FIP capital	194 043	-	194 043	302 377
TOTAL APPROPRIATION	194 262	(139 000)	333 262	260 347



FIP: TOGETHER WE ARE STRONGER

International Pharmaceutical Federation
www.fip.org

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