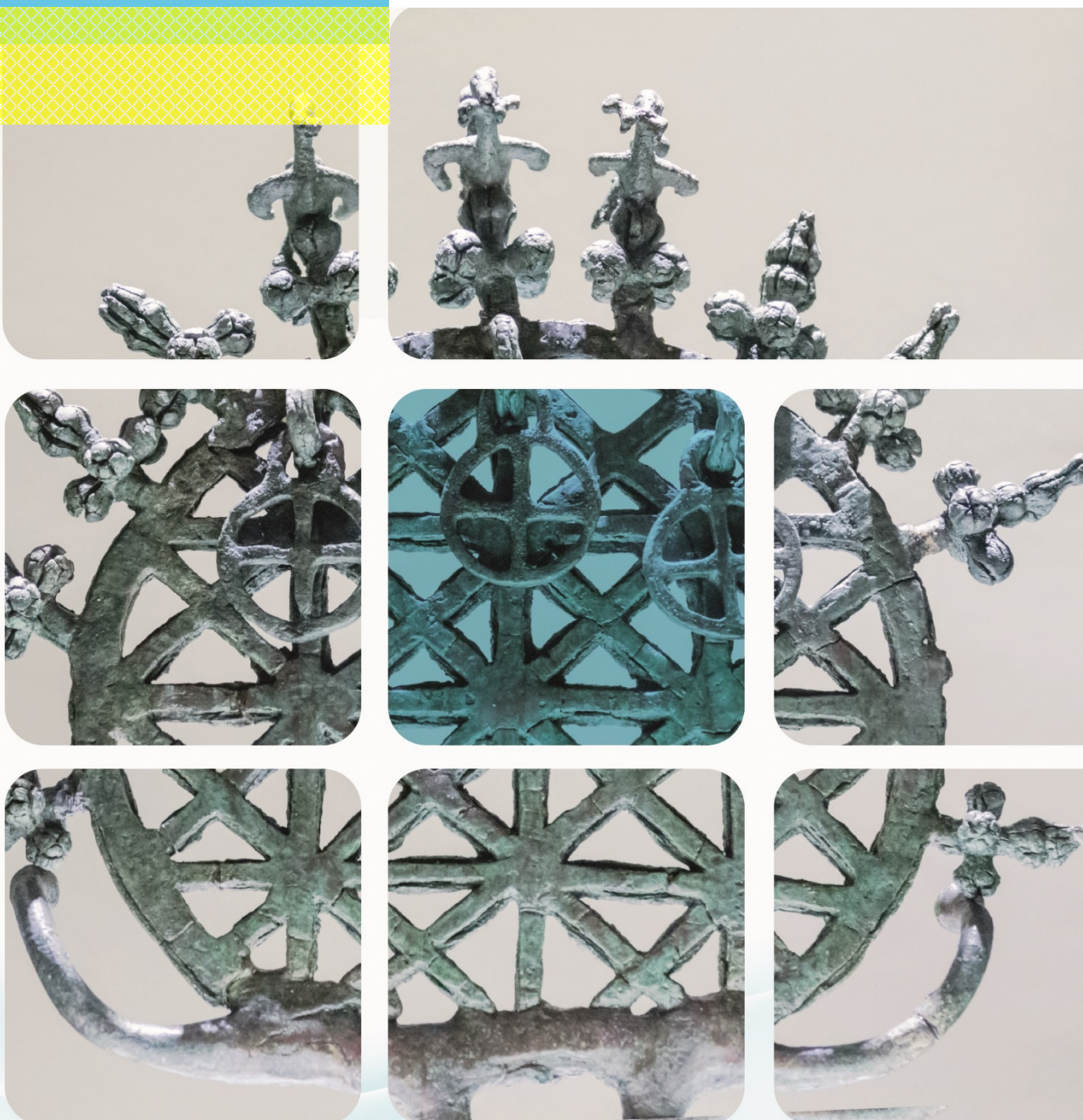


# FIP Regional Conference for the European Region

Delivering primary health  
care: Pharmacists taking  
the next leap forward

2020



International  
Pharmaceutical  
Federation

# Colophon

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International Pharmaceutical Federation (FIP)

Andries Bickerweg 5

2517 JP The Hague

The Netherlands

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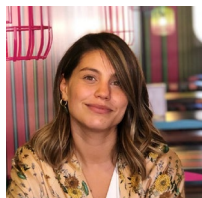
Editors:



**Aysu Selcuk**, consultant, FIP; scientific advisor, Turkish Pharmacists' Association; lecturer, Ankara University Faculty of Pharmacy Department of Clinical Pharmacy, Turkey



**Ecehan Balta**, conference professional lead, Turkish Pharmacists' Association; senior advisor to president, Turkish Pharmacists' Association, Turkey



**Nilhan Uzman**, conference professional lead, FIP; lead for education policy and implementation, FIP, The Netherlands



**Arman Uney**, conference co-chair, Turkish Pharmacists' Association; secretary general, Turkish Pharmacists' Association, Turkey



**Catherine Duggan**, conference co-chair, FIP; chief executive officer, FIP, The Netherlands

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## Foreword

### By the president of FIP

The International Pharmaceutical Federation (FIP) is the global leadership body for pharmacy, representing four million pharmacists, pharmaceutical scientists and pharmacy educators around the world. FIP's vision is to build a world where everyone benefits from access to safe and effective medicines and pharmaceutical care. Our main mission is to improve global health by supporting the advancement of pharmaceutical practice, sciences and education.

FIP is the only international pharmacy organisation that combines science, education and practice under one roof. As FIP president, I am committed to supporting our mission and delivering our objectives with trust, solidarity and action.

FIP has been working in official relations with the World Health Organization (WHO) for more than 70 years. Along with the rest of the world, FIP endorsed the WHO Astana Declaration on Primary Health Care in October 2018, and FIP is committed — more than ever — to advance pharmacy to deliver better primary health care for everyone, leaving no one behind.

Our entire profession needs to unite to deliver the “health for all” agenda, aligned with the Astana Declaration principles of 2018.

In October 2019, on the first anniversary of the Astana Declaration, FIP, in collaboration with our member the Turkish Pharmacists' Association (TPA), delivered the first regional conference for pharmacy in the European Region with the theme “Delivering primary health care: Pharmacists taking the next leap forward”. I take this opportunity to commend our conference partners on their dedication and commitment to making the conference a complete success.

The FIP Regional Conference for the European Region aimed at extending the support of FIP across the region support through regional programmes and initiatives, and consolidating the role of pharmacists in the health care system in the context of primary health care. Together in Turkey we pledged to the Ankara Commitment to Action on Primary Health Care to deliver the next breakthrough in pharmacy.

As we publish this FIP Regional Conference of the European Region report, on the first anniversary of the conference and second anniversary of the Astana declaration, I am confident we provide the support needed for our members, pharmacists and pharmacy partners across the region as a roadmap to identify needs and priorities on primary health care at national and regional levels. The recently launched FIP Development Goals will provide the tools and mechanisms to realise transformations in your country and across the region.

I am pleased that FIP is publishing this comprehensive report during my presidency. We depend on your leadership in the European Region to drive the primary health care agenda and take the next leap forward.

Long live pharmacy!  
Long live FIP!

**Dominique Jordan**  
President  
International Pharmaceutical Federation

# Foreword

## By the president of the Turkish Pharmacists' Association

Ten years after FIP's 69th world congress in Istanbul in 2009, we had the opportunity to organise FIP's first European Regional conference in Ankara. The theme of our conference, emphasising the place of pharmacy in primary healthcare services has a particular importance for us: I believe that our conference will also provide the opportunity to pharmacists to contextualise, compare, expand and assess their duties as primary healthcare professionals.

The act of treatment is both an art and science. We are health professionals who are part of the act of treatment. Under the great plane tree still alive on Kos island in the Aegean Sea, our ancestors used to enter their profession by taking the Hippocratic Oath. The declarations of Alma Ata and Astana made by the World Health Organization are our new and updated Hippocratic oaths. The motto for this oath is "health for all". Health for all means all citizens and non-citizens, women, disabled people, children, immigrants and other disadvantaged groups. It also means complete physical, mental and social well-being for all.

And complete well-being cannot be conceived independently of social determinants of health. Available research reveals that 15% of public health depends on biological and genetic factors while 10% depends on the environment, 25% on health services and 50% on social and economic conditions. That is, political and socio-economic conditions directly exert significant impact on health and disease conditions. In this regard, we can assert that phenomena such as peace, non-violence, democracy, freedom, equality and social justice are prerequisites for health. Preventive health activities begin primarily with the elimination of inequalities and discriminations, and peaceful resolution of conflicts.

Pharmacists play a significant role in providing health for all, because pharmacies are the main gateways to health systems. As a result of the Declaration of Astana published on 25 October 2018, pharmacists are ready to strive harder to achieve this goal. They are ready to renew themselves, to get and give training, to use their workforce effectively and efficiently, to benefit from technology, and to become a stronger part of preventive health. We believe that our conference consolidated this very preparation process. People are not able to choose the time and place they are born: every person and every society is born into a specific history. However, people and societies develop, improve and proceed to the future by learning the history, place, curiosity and experience of each other. This was what we did with FIP's Regional Conference for Europe: we wrote the "history of the future" together.

I would like to thank FIP, which gave us this opportunity, and all who shared their knowledge with us.

**Erdogan Colak**

President

Turkish Pharmacists Association

# Preface

## By the co-chairs of the FIP Regional Conference for the European Region

On 23–25 October 2019, the first anniversary of the World Health Organization’s Declaration of Astana, the International Pharmaceutical Federation (FIP) and the Turkish Pharmacists’ Association (TPA) gathered pharmacists from Europe and beyond at the FIP Regional Conference for the European Region — “Delivering primary health care: Pharmacists taking the next leap forward” — in Ankara, Turkey, where the seeds of the pharmacy profession were planted by Galen and Dioscorides thousands of years ago, to embark on the journey towards healthier populations through a stronger primary health care with advanced pharmaceutical services, leaving no one behind.

The aims of the conference were to unite pharmacy’s efforts to implement the Astana Declaration and to increase the pace of primary health care reforms to achieve universal health coverage in the European Region and beyond. At the end of the conference, around 800 pharmacy leaders and participants from more than 35 countries signed the Ankara Commitment to Action on Primary Health Care 2019, pharmacy’s response to the FIP Astana Declaration 2019, to anticipate and deliver the next breakthroughs in pharmacy for better primary health care.

At the conference, we highlighted that the health care needs of tomorrow will not be the same as those of today and that pharmacy must pave its way through the changes ahead. Little did we know that the world would be facing one of the most challenging global health crises of modern history a few months’ later. The COVID–19 global pandemic has clearly highlighted the essential role of pharmacists and place of pharmacies, especially in our communities, and their ability to innovate healthcare solutions and access to vital medicines and healthcare advice. We must ensure their role continues to be recognised beyond the pandemic.

“The FIP Regional Conference for the European Region report” will act as a unique evidence-based resource on pharmacy needs and priorities assessment in the European Region to deliver the next breakthroughs in pharmacy for better primary health care through the implementation of the Ankara Commitment to Action.

It is critical that FIP commits to working with our partners in the region and to use the learnings from regional engagement, through partnerships in countries, to further build our regional networks, our partnership with FIP members and our regional understanding. The report emphasises the need for co-operation between key pharmacy stakeholders as well as support from every single pharmacist across the European Region.

In Part I of the report, we provide an overview of the primary health care priorities and needs in the European region and roles of pharmacists in advancing primary health care. You will also read about FIP Development Goals for 2030, which provide us with global goals within which we will deliver the Ankara Commitment to Action, and ensure broader alignment with United Nations Sustainable Development Goals and WHO’s urgent health challenges of the next decade.

In Part II, we provide summaries and key messages from the conference sessions covering topics such as primary health care, non-communicable diseases (NCDs), digital health technologies, vaccination, workforce transformation, education and training, medicine shortages, access to medicines, healthcare systems sustainability, empowering communities, prevention, pharmaceutical policies and investment in primary health care. The presentations and discussions at the conference facilitated mapping and prioritisation of pharmaceutical practice, service, education and workforce development needs in primary health care. You will read about the TPA’s “My guide pharmacy” programme, which includes a multi-stakeholder and multi-disciplinary collaboration between TPA, the Turkish Ministry of Health, the Turkish Medicines and Medical Devices Agency and the WHO Turkey Office to improve the outcomes of hypertension patients in Turkey. The joint commitment to beat NCDs in Turkey demonstrated an effective solution to countries in the European Region where NCDs are the leading cause of death, disease and disability.

The conference hosted the first FIP Health Hackathon where pharmacy students and young professionals tackled issues around patient and medication records by harnessing digital health technologies and design thinking methodologies. Part II will cover how the future generation of pharmacists builds understanding and competencies to utilise digital health technologies to respond to challenges in primary health care.

In Part III, we move from commitment to action. FIP conducted a survey among all pharmacy leaders in the European Region to follow up on national priorities and strategies to implement the Ankara Commitment to Action. You will find

the country and regional level findings of the survey in which we have identified areas of focus on strengthening primary health care in the region.

As the co-chairs of the conference, we are delighted to have worked in collaboration with Europe-based pharmacy associations, namely, the Pharmaceutical Group of the European Union, the European Association of Faculties of Pharmacy, the European Association of Hospital Pharmacists and the European Federation of Pharmaceutical Industries and Associations, and with the WHO European Regional Office, the WHO Turkey Office and the Turkish Medicines and Medical Devices Agency. In Part IV, you will find statements from colleagues and our collaborators, as well as FIP and TPA leadership, to discuss the actions towards the next leap of pharmacy in the region.

In Part V, we provide a set of purposeful recommendations and a call to action to consolidate the impact and build on the findings.

In Part VI, we have taken the opportunity to thank all participants, speakers, chairs, rapporteurs, organisers and all team members who were involved in the successful delivery of this conference. You will find reflections and comments as well as photographs to commemorate moments from the conference.

We hope you enjoy reading this report and will use it as a roadmap to deliver the next breakthroughs in pharmacy in the European Region and beyond.

**Dr Catherine Duggan**

Chief Executive Officer, International Pharmaceutical Federation

**Mr Arman Uney**

General Secretary, Turkish Pharmacists' Association

# Interview with World Health Organization Regional Office for Europe

FIP conducted an interview with Tifenn Humbert, from the World Health Organization Regional Office for Europe. Ms Humbert is technical officer for health technologies and pharmaceuticals in the Division of Country Health Policies and Systems, and the interview focused on a regional overview of the emerging issues and trends during the COVID-19 pandemic and on the needs and priorities in health care, with a particular focus on primary health care.

## 1. What are the health priorities for the European Region towards achieving universal health coverage and health for all across the European Region?

The health priorities for the WHO European Region are described in the European Programme of Work 2020–2025<sup>1</sup>. This programme — “United action for better health in Europe” (EPW) — has been developed through a process of extensive consultation with member states, the European Commission, non-state actors, intergovernmental and United Nations organisations, as well as WHO staff. Following the recommendation of the 27th Standing Committee of the Regional Committee for Europe, it was submitted for adoption to the 70th session of the Regional Committee in September 2020.

Member states of WHO, both globally and in its European Region, are committed to implementing three interconnected strategic priorities that constitute the pillars of WHO’s 13th General Programme of Work, 2019–2023 (GPW 13):

- 1- Moving towards universal health coverage (UHC);
- 2- Protecting people better against health emergencies; and
- 3- Ensuring healthy lives and well-being for all at all ages.

Regarding access to medicines and health products, the WHO European Region will continue to support member state efforts to ensure access for all to medicines, vaccines and health products, by:

- (a) Convening stakeholders, including patients, non-state actors and the pharmaceutical industry to work towards a new social contract through which patients, health systems and governments can attain affordable pharmaceuticals that meet their needs, while investors and the pharmaceutical industry are sufficiently incentivised to develop or manufacture those medicines; while identifying and supporting the correction of vulnerabilities in regulatory, production, procurement and supply chains, with a focus on substandard and falsified medicines and health products.
- (b) Accelerating the implementation of the World Health Assembly resolution WHA72.8 on improving the transparency of markets for medicines, vaccines, and other health products, to improve access to high-priced innovative medicines and vaccines by strengthening information systems, expanding voluntary intercountry collaborative platforms and supranational procurement groups, and developing technical options for fair pricing.

## 2. What are the major areas of impact and lessons learned from the COVID-19 pandemic in the European Region and how is WHO EURO supporting the health workforce in preparing for, responding to and mitigating the risks of the pandemic?

The COVID-19 crisis has highlighted the need for preparedness and prompt response, as well as for clearly defined command-and-control emergency response mechanisms and structures. It has also shown that preparedness, capacity for prompt response and solidarity, are critical, not only within countries but also among groups of countries in the region.

## 3. Pharmacists in the European Region have committed to deliver the “FIP Ankara commitment to action on primary health care” in order to strengthen primary health care. This commitment is based on the Declaration of Astana and it focuses on expanding pharmacists’ role in the management of Non-communicable diseases (NCDs), medicines shortages, access to medicines, disease prevention and vaccination through transforming pharmaceutical workforce with education and training, supported by appropriate policies and investments in



**place. What is WHO EURO's vision for the future of primary health care in Europe and how can pharmacists support WHO EURO to achieve this vision?**

As the role of community pharmacists is expanding globally in many countries and they are becoming responsible for a variety of services, the quality of services provided by community pharmacy should be ensured. The pharmacy practice mission is contributing to health improvement and helping patients with health problems to make the best use of their medicines. Good Pharmacy Practice (GPP) is the practice of pharmacy that responds to the needs of the people who use pharmacists' services to provide optimal, evidence-based care. To support this, it is essential that an established national framework of quality standards and guidelines is in place.

International GPP standards recommend that several roles and functions are considered for pharmacists and reflected in the activities of a community pharmacy. These can contribute to the development of specific actions, services or programmes. Many professional pharmacy services — including chronic disease management, early screening and testing, vaccination, smoking cessation, and measurement of blood pressure, cholesterol and glucose — are considered advanced services and pharmacies are not obliged to provide them, or may need special accreditation or certification to do so.

WHO EURO would like to support the expansion of the roles and functions of community pharmacists to support primary health care and develop regulatory oversight on pharmacy activities including support for managing potential financial conflicts of interest. The framework also needs regular revision to adjust to current and future pharmacy practice.

#### **Reference**

1. World Health Organization. European Programme of Work (2020–2025). United action for better health in Europe. Copenhagen: WHO, 2020. Available at: <https://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/70th-session/documentation/working-documents/eurrc7011-rev.4-european-programme-of-work-20202025-united-action-for-better-health-in-europe> (accessed 29 September 2020).

## Acknowledgements

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The report was reviewed by FIP President Dominique Jordan (Switzerland), TPA President Erdogan Colak (Turkey), FIP Chief Executive Officer Catherine Duggan (The Netherlands) and TPA Secretary General Arman Uney (Turkey).

## Executive summary

In order to realise our ambition to establish regional approaches for pharmacy to commit to and deliver primary health care — as part of our commitment to the World Health Organization (WHO) Declaration of Astana on primary health care, and with the ultimate goal of achieving universal health coverage — FIP began to deliver regional conferences from the beginning of 2019. We held the first regional conference in Amman in Jordan for the Eastern Mediterranean Region in April 2019.

On 23–25 October 2019, during the first anniversary of the Declaration of Astana, FIP and the Turkish Pharmacists' Association (TPA) gathered healthcare and pharmacy stakeholders, key opinion leaders and pharmacy colleagues from Europe and beyond at the FIP Regional Conference for the European Region, “Delivering primary health care: Pharmacists taking the next leap forward”, in Ankara, Turkey, where the seeds of the pharmacy profession were planted by Galen and Dioscorides centuries ago.

The aims of the conference were to engage with colleagues and pharmacy organisations from the region to consolidate pharmacy's implementation of the Astana Declaration and to increase the pace of primary health care reforms to achieve universal health coverage through cooperation and solidarity across the European Region and beyond. The conference proved a huge success in attendance, engagement, commitment and subsequent delivery.

Six high-level plenary and six parallel sessions covered topics such as primary health care, non-communicable diseases (NCDs), digital health technologies, vaccination, workforce transformation, education and training, medicine shortages, access to medicines, healthcare systems sustainability, empowering communities, prevention, pharmaceutical policies and investment in primary health care.

The conference programme sought to provide a platform of mutual interest to all pharmacy groups and organisations across the region and focus on these topics with the Pharmaceutical Group of European Union, the European Association of Hospital Pharmacists, the European Association of Faculties of Pharmacy and the European Federation of Pharmaceutical Industries and Associations.

The conference hosted the first FIP Health Hackathon' where pharmacy students and young pharmacy professionals tackled issues around patient and medication records by harnessing digital health technologies and design thinking methodologies. The future generation of pharmacists built understanding and competencies to utilise digital health technologies to respond challenges in primary health care.

The conference amplified the priorities of regional health care by receiving support from the WHO Regional Office for Europe and the WHO Turkey Office. Furthermore, the presentation of TPA's “My guide pharmacy” programme included a multi-stakeholder and multi-disciplinary collaboration between the TPA, the Turkish Ministry of Health, the Turkish Medicines and Medical Devices Agency and the WHO Turkey Office to improve the outcomes of hypertension patients in Turkey. The unique joint commitment to beat NCDs in Turkey demonstrated an effective solution to countries in the European Region where NCDs are the leading cause of death, disease and disability.

The presentations and discussions facilitated mapping and prioritisation of pharmaceutical practice, service, education and workforce development needs in primary health care in the region. At the end of the conference, around 800 pharmacy leaders and participants from more than 35 countries signed the Ankara Commitment to Action on Primary Health Care, pharmacy's response to the Astana Declaration, to anticipate and deliver the next breakthroughs in pharmacy for better primary health care.

The outcomes of the conference are summarised in this report to support pharmacy leaders in Europe and beyond as a regional roadmap for action to transform primary health care.

This report comprises six chapters:

The key messages of the first chapter, “Introduction and background”, emphasise the drivers for the delivery of FIP's regional conferences on primary health care: “There is no primary health care without pharmacy in all sectors.”

The second chapter, “Outcomes and summary of the conference sessions”, summarises the key messages and main areas of discussions from all 12 sessions held during the conference as well as the FIP Health Hackathon. These are, but are not limited to, the following:

- It is critical to strengthen provision of primary health care due to increasing costs of health care, the impact of ageing populations on health care, growing patient demands and the burden of NCDs, singularly and in combination.
- All pharmacists make up the cornerstone of the primary health care system with increasing roles and responsibilities day to day. To utilise the full potential of the primary healthcare services, policies and regulations must support and enable the contribution of pharmacists and pharmacies in primary health care.
- Pharmacists have an extraordinary potential to prevent NCDs, support the adherence of patients to therapy and provide necessary information to patients although sometimes the necessary legal regulations have not been in place.
- Pharmacists must be capable of facilitating change through technology and open to understand and use new technologies because technological advancements add significant value to pharmacy practice.
- Continuous access to education and training is a critical component of workforce development because there is no workforce without education. Workforce development should be linked with need-based assessment and workforce intelligence within each country.
- Reimbursement policy is a key component for sustainability of medicines in the health system. Complex factors affect the price of medicines and so fair systems are needed for the sustainability of health systems.
- Pharmacy-based vaccination should be prioritised as part of overall policies to reinforce primary health care and disease prevention strategies.
- Community pharmacists are being identified as useful resources for providing health promotion services and improving/preventing overall public health as they are more accessible settings to the general population.
- Adequate remuneration is critical for the sustainability and resilience of pharmacy services.

The third chapter, “Translating outcomes into action”, highlights the vital importance of the conference to progress primary health care in the region. In order to move from commitment to action, FIP conducted a survey — “Implementation of the ‘Ankara commitment to action on primary health care’ across the European Region” — among all pharmacy leaders in the European Region to follow up on national priorities and implementation strategies. The results of the survey are included in this conference report. Measures to strengthen the role of pharmacists in primary health care throughout the European Region are the top priority in almost all countries that responded. This promising approach emphasises that professional organisations are willing to deliver the next breakthrough in pharmacy and primary health care. Pharmacy plays an integral role in delivering quality primary health care and the FIP Development Goals provide a systematic integrated framework and a roadmap to progress the statements of the Ankara Commitment to concrete action.

The final three chapters of the report share moments and reflections from the conference participants and partners and discuss the future steps to be taken for the next breakthroughs in pharmacy across the region. As Tifenn Humbert, from WHO Europe, mentioned, “expanding the roles and functions of community pharmacists to support primary health care” is crucial, and professional organisations, pharmacy partners and individual pharmacists from the region commit to provide their full potential to realise the initial purpose of the conference and FIP’s vision to deliver primary health care.

The Ankara Commitment to Action is a response to anticipate and deliver the next breakthroughs in pharmacy for better primary health care across the European Region. We emphasise the concluding article of the commitment once again: “Together we will achieve universal health coverage, good health and well-being for all: leaving no one behind.”

## Glossary

APB:	Association of Pharmacists of Belgium
EAHP:	European Association of Hospital Pharmacists
ECDC:	European Centre for Disease Prevention and Control
EU:	European Union
FIP:	The International Pharmaceutical Federation
NCDs:	Non-communicable diseases
GP:	General practitioner
OECD:	Organisation for Economic Co-operation and Development
PGEU:	Pharmaceutical Group of the European Union
PHC:	Primary health care
SDGs:	Sustainable development goals
TPA:	Turkish Pharmacist Association
UHC:	Universal health coverage
UK:	United Kingdom
UN:	United Nations
USA:	United States of America
WHO:	World Health Organization

# 1 Introduction and background

## Key messages

- FIP centred its focus on strengthening primary health care aligned with the Declaration of Astana with an ultimate goal to achieve universal health coverage.
- There is no primary health care without pharmacy in all sectors.
- The Ankara Commitment to Action on Primary Health Care is a response to anticipate and deliver the next breakthroughs in pharmacy for better primary health care.

In 1978, world leaders and experts on health care congregated at the International Conference on Primary Health Care to commit to health for all with Declaration of Alma-Ata identifying primary health care as the key to the attainment of the goal of health for all.<sup>1,2</sup> In 2018, on the 40th anniversary of the Declaration of Alma-Ata, a new declaration — The Declaration of Astana — was published at the Global Conference on Primary Health Care, emphasising the critical role of primary health care around the world to make sure that everyone, everywhere is able to enjoy the highest possible, attainable standard of health through an increased effort on the primary health care systems.<sup>1,2</sup>

To achieve universal health coverage (UHC) and the health-related Sustainable Development Goals (SDGs), primary health care is fundamental.<sup>1,3</sup> To ensure we “leave no one behind”, pharmacy is an indispensable part of primary health care solutions: there is no primary health care without prevention, long term condition management, self-care and acute exacerbation.<sup>2</sup>

Pharmacists are one of the most effective providers of primary health care due to the widespread distribution and accessibility of community pharmacies, their close relationship with and knowledge of the communities they serve, their expansive opening hours and, most importantly, their being highly qualified health professionals. They have important skill sets to advise, train, support preventive measures and maximise medication efficacy and safety for their patients and communities, in collaboration with other members of the health care team. There is no primary health care without pharmacy in all sectors.

FIP has been consolidating its ongoing primary health care strategy through organising regional conferences on primary health care by drawing pharmacists and key stakeholders around each of the WHO regions together to co-create a regional roadmaps based on the specific needs and priorities of pharmacy on primary health care. The first regional conference was organised in the Eastern Mediterranean Region with the theme “Envisioning the future together: Transforming pharmacy for better primary health care” in April 2019 in Amman, Jordan. The “Amman commitment to action primary health care” was launched at the conference and serves as a roadmap to support pharmacy colleagues in the Eastern Mediterranean Region to strengthen pharmacy’s response on primary health care.

Building on the successful Regional Conference for the Eastern Mediterranean Region, FIP continued to consolidate regional needs and priorities in the endeavour to implement the Astana Declaration, and on 23–25 October 2019, the first anniversary of WHO Declaration of Astana, FIP and the Turkish Pharmacists’ Association (TPA), a FIP member organisation, gathered health care and pharmacy stakeholders, key opinion leaders, partners and pharmacy colleagues from Europe and beyond at the FIP Regional Conference for the European Region, “Delivering primary health care: Pharmacists taking the next leap forward”, in Ankara, Turkey — in the land where the seeds of science and research-based pharmacy practice were planted by Galen and Dioscorides centuries ago. The aim of the conference was to draw colleagues together from across the European Region to step up pharmacy’s implementation efforts for the Astana Declaration and increase the pace of primary health care reforms to achieve universal health coverage in the European Region and beyond.

The Ankara Commitment to Action on Primary Health Care was launched at the end of the conference and around 800 pharmacy leaders and participants, from more than 35 countries, signed the commitment, pharmacy’s response to the Astana Declaration in the European Region, to anticipate and deliver the next breakthroughs in pharmacy for better primary health care.

The Ankara Commitment includes 13 statements for pharmacy to take action on primary health care. The commitment is as follows:

1. Support the Declaration of Astana on primary health care for achieving universal health coverage through high-quality, safe, comprehensive, integrated, accessible, available and affordable health care for everyone, everywhere;
2. Provide better primary health care services by transforming our pharmacy workforce and strengthening our practice and sciences;
3. Transform and scale up pharmacy education by ensuring high-quality and fit-for-purpose education and training for primary health care provision, and to provide the foundation for workforce development, professional and scientific advancement;
4. Continue to address the growing burden of non-communicable diseases by empowering our profession to provide services in health promotion and disease prevention, screening, referral, disease management and treatment optimisation in people with non-communicable diseases;
5. Work with all healthcare professionals to deliver collaborative practice in primary health care, and build solid and strong interprofessional health care teams;
6. Shape primary health care delivery by adopting innovative approaches and adapting our workforce alongside the fast-changing digital health technologies;
7. Be an accessible, reliable and credible source of medical information for our communities and patients, empowering them to make healthier and more informed choices;
8. Play an essential public health role by providing evidence-based information about immunisation, eliminating public misconceptions about vaccines, supporting national immunisation strategies, and expanding vaccination coverage;
9. Encourage our pharmacy workforce to deliver primary health care effectively through the supply of quality medicines, improving medication adherence and patient safety, ensuring the rational use of medicines, and tackling the challenges of antimicrobial resistance by promoting antimicrobial stewardship strategies in our nation;
10. Generate evidence on the impact of pharmacists in improving health outcomes in primary health care systems through sustainable professional services and ensure broad access to these services;
11. Continue to support our current and future pharmacy workforce in order to meet the required competencies for the delivery of primary health care, and to close the gap between pharmacy education and practice;
12. Continue to engage our stakeholders and partners, empower our regional and national health leaders, and support enabling pharmaceutical policies to strengthen primary health care, bringing communities, countries and organisations together to grow and support this movement;
13. Be regional health care ambassadors in the attainment of the United Nations Sustainable Development Goals through provision of essential patient care and safe, effective, quality and affordable essential medicines and vaccines for all.

**Together we will achieve universal health coverage, good health and well-being for all: leaving no one behind.**

The implementation of Ankara Commitment will ensure pharmacy delivers primary health care, and gaps in frontline practice will be reduced across the European Region. In this report we have provided an overview of the implementation of the Ankara Commitment in Part 3.

After our conference in Ankara, the WHO listed urgent global health challenges for the next decade.<sup>4</sup> Responding to or acting against these challenges is not the responsibility of health sectors only. It is a shared responsibility between different sectors of society.<sup>4</sup> In order to address the health challenges of the next decade, as pharmacists, our role is to promote vaccination to prevent disease outbreaks and promote disease prevention strategies to avoid NCDs. Leveraging advanced specialists improves patient health, and adopting new technologies for better clinical solutions and fighting against antimicrobial resistance through appropriate use of antibiotics are among the critical roles of pharmacists against the global health challenges identified by the WHO.

With strong primary health care, these challenges can be overcome. Therefore, while we are implementing the Ankara Commitment in pharmacy, we are also supporting actions and goals towards beating the global health challenges.

While we were working on this report, little did we know that the world would be facing one of the most challenging global health crises of modern history. The COVID–19 pandemic has clearly highlighted the essential role of pharmacists and the place of pharmacies, especially in our communities, and their ability to innovate healthcare solutions and provide access to vital medicines and healthcare advice. We must ensure their role continues to be recognised beyond the pandemic.

The implementation of the Ankara Commitment and strengthening of primary health care in the European Region is not a sprint but a marathon for pharmacy. In this marathon, we will support our member organisations, pharmacists and key stakeholders in the region through FIP programmes of work. FIP will deliver its vision and mission, on behalf of and in collaboration with our members through programmes on safety, prevention, NCDs, antimicrobial safety, sustainability, professional development, educational and workforce transformation in an equitable way across the region. Underpinning all these programmes, the recently launched FIP Development Goals provide direction to the region to strengthen primary health care provision, and advance the pharmacy profession with the ultimate goal of achieving universal health coverage. This requires commitment for effort and support from every single pharmacist and all key stakeholders in the European Region.

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## 2 Outcomes and summary of conference sessions

### 2.1 Pharmacists taking the next leap forward with primary health care

**Session chairs:** Ema Paulino, professional secretary, FIP, Portugal, and Tayfun Uzbay, president, TPA Pharmacy Academy, Turkey

**Session rapporteur:** Bensu Karahalil, member, TPA Pharmacy Academy, Turkey

**Speakers/panellists:** Catherine Duggan, conference chair, chief executive officer, FIP, The Netherlands; Pavel Ursu, World Health Organization former representative of Turkey, Moldova; Hakkı Gürsöz, president, Turkish Medicines and Medical Devices Agency, Turkey; Alain Delgutte, former president, Council of Community Pharmacies Owners, French Chamber of Pharmacists, France; Melda Kecik, technical officer, Refugee Health Programme, WHO Turkey; Michał Byliniak, president, Pharmaceutical Group of European Union, Belgium.

**Reviewer:** Ema Paulino, Professional Secretary, FIP, Portugal

#### Key messages

- All pharmacists make up the cornerstone of primary health care systems with increasing roles and responsibilities day to day.
- Roles and regulations for pharmacists are developed to ensure universal pharmacy coverage in primary health care.
- There is no single or one-size-fits-all solution to increase the effectiveness of pharmacists in primary health care while taking the next leap forward.

As the first contact and entry point to the healthcare system for many people, primary health care has been reoriented to prioritise people-centred health promotion, disease prevention, and chronic disease management. Pharmacists are the experts in the safe, effective and quality use of medicines and optimised medication outcomes, and they are also ideally positioned to increase individual health literacy and empower communities, thus contributing to primary and secondary disease prevention. Both hospital and community pharmacists make up the cornerstone of primary health care systems with increasing roles and responsibilities day to day. Community pharmacies are the most publicly accessible health care setting and are often the first point of contact and entry to the healthcare system.<sup>1</sup>

According to the WHO, pharmacists' roles are: ensuring the effective, safe, and efficient use of medicines; increasing the level of and quality of information on use and disposal of medicines; increasing collaboration with other health professionals for the responsible use of medicines; providing reliable information to patients; promoting chronic disease prevention and management; assuming a role in vaccination programmes for adults; and assuming a role in screening and treatment of minor ailments.<sup>2</sup>

According to the Joint FIP-WHO Guidelines on Pharmacy Practice, pharmacists' mission is to contribute to health improvement and to help patients with health problems to make the best use of their medicines, encompassing six components: being readily available with or without an appointment; identifying and managing or triaging health-related problems; promoting health; assuring the effectiveness of medicines; preventing harm from medicines; and making responsible use of limited health-care resources.<sup>3</sup> The roles and regulations for pharmacists are developed to ensure universal pharmacy coverage in primary health care. There is no primary health care without pharmacists due to their impactful services in prevention, in self-care, in long-term conditions management, and in acute exacerbations.

It is evident that pharmacists are ideally positioned to be a major contributor to achieve the objectives of the Astana Declaration,<sup>4</sup> providing primary health care within the context of the health care team. To fulfil this advanced role, pharmacists must continue to gain new skills and competencies and use their existing qualifications and knowledge to identify and pursue opportunities and establish their effective position in primary health care towards other health care professionals, patients, policymakers, and health authorities. There are many good practices from around the world concerning the position of pharmacists as health care providers. FIP has published a report on the role of pharmacists in NCDs.<sup>5</sup> This report describes good examples from all around the world. For example, in Belgium, a family pharmacy programme has been established. In Spain, pharmacists contribute to the enhancement of cardiovascular health of

patients through the provision of drug education and monitoring services.<sup>5</sup> In the United States of America, pharmacists' education and long-term medication therapy management services improve appropriate use and adherence to medication.<sup>5</sup> In Canada, the USA, Brazil and an increasing number of European countries, pharmacies have vaccination services available.<sup>6,7</sup> In all these roles, there is collaboration among pharmacists and teamwork with other healthcare professionals.

Community pharmacists' legal and regulatory frameworks vary across countries in the WHO European Region.<sup>1</sup> The legal and regulatory framework includes the fields of the pharmacy workforce, pharmacy licence and ownership requirements, pharmacy operations as well as types of services and activities provided in a community pharmacy and their associated remuneration.<sup>1</sup> For example, the minimum area for pharmacy to operate is 50m<sup>2</sup>, 55m<sup>2</sup>, 110m<sup>2</sup> in Montenegro, Romania and Germany, respectively.<sup>1</sup> Additional area may be required based on the services provided, such as sterile production of medicines or automatic blister services. In Ireland, a consultation room is mandatory for private consultations and/or provision of some services.<sup>1</sup> Professional services such as chronic disease management, early screening and testing, vaccination, smoking cessation and measurement of blood pressure, cholesterol and glucose can be implemented in community pharmacies, but these services are not allowed in all countries.<sup>1</sup> Some pharmacists require additional certification or special accreditation to implement these advanced services.<sup>1</sup> Health care needs of patients can also be different across countries. Although there are some common elements in community pharmacy services, like dispensing, compounding and medication management, there is no single or one-size-fits-all solution to increase the effectiveness of pharmacists in primary health care while taking the next leap forward.

To pharmacists to take the next leap forward, new roles must be supported by appropriate education and training, workforce development, innovation and technology strategies, while feasibility, legislation and regulations that support pharmacists' exercising their full scope of practice must be discussed. This report can be used as a roadmap providing international examples, solutions and suggestions. Through collaboration, pharmacists can achieve the ultimate goal in primary health care, which is universal health coverage. The next chapters aim to encourage, with the support of FIP, the active participation of all pharmacists, individually or through their professional organisations around the world, to improve pharmacists' roles and responsibilities in primary health care for the benefit of patients and societies as a whole.

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## 2.2 Unleash pharmacists' potential to meet non-communicable disease targets by 2025

**Session chairs:** Arman Uney, conference chair, secretary general, Turkish Pharmacists' Association, Turkey, and Eeva Teräsalmi, vice president, FIP, Finland

**Session rapporteurs:** Evrim Cakil, Ozgur Ozturk and Koray Kaya, Turkish Pharmacists' Association "My Guide Pharmacy", Turkey

**Speakers/panellists:** Oleg I. Klimov, president, All-Ukrainian Pharmacists' Chamber, Ukraine; Zuzana Kusynova, lead for policy, practice and compliance, FIP, The Netherlands; Anna Laven, CEO, Pharmabrain, Germany; Arman Uney, secretary general, Turkish Pharmacists' Association; Banu Ekinici, Public Health Directorate, Turkish Ministry of Health; Fatih Kara, Public Health Institution, Turkish Ministry of Health, WHO Turkey Office; Toker Erduger, WHO regional officer for Europe, public health officer, Turkey; Dominique Jordan, FIP president, the Netherlands; Erdogan Colak, Turkish Pharmacists' Association president, Turkey

**Reviewer:** Eeva Teräsalmi, Vice President, FIP, Finland

### Key messages

- NCDs pose one of the greatest healthcare risks for patients all around the world.
- Pharmacists have an extraordinary potential to prevent NCDs, provide patient support on adherence to therapy and provide necessary information to patients, although sometimes the legal regulations required for this have not been made
- The WHO-TPA joint programme, "My Guide Pharmacy" has a major potential to be a proof of concept on the delivery of primary health care by pharmacists.

NCDs kill 41 million people each year, equivalent to 71% of all deaths globally.<sup>1</sup> According to the WHO, NCDs, also referred to as chronic diseases, are diseases of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors.<sup>1</sup> As is well known, the main types of NCDs are cancer, diabetes, cardiovascular diseases (heart attack, stroke, and congestive heart failure) and chronic respiratory diseases (such as asthma and chronic obstructive pulmonary disease [COPD]).<sup>1</sup>

Sustainable Development Goal (SDG) 3.4, among other SDGs, considers reducing premature mortality from NCDs by one-third through prevention and treatment, and promoting mental health and well-being, by 2030 as one of the most important cornerstones of a healthy and quality life.<sup>1</sup> The WHO also states that implementing SDG 3.4 is primarily based on prevention and control endeavours.<sup>1</sup>

There is sufficient evidence that pharmacist-led monitoring programmes contribute to the prevention and management of NCDs.<sup>2</sup> Areas such as patient counselling on medication adherence, medication therapy management, public health and health promotion are parts of pharmacists' expanding roles in preventing the health-related damages related to NCDs.<sup>2</sup>

With that in mind, training is ongoing in different countries of the world to improve pharmacists' efficiency and to expand their role in preventing NCDs.

The "Smart Pharmacy" programme, the initial name of the "My Guide Pharmacy" programme, was begun in Turkey in 2014, is designed to increase pharmacists' potential for disease prevention, early diagnosis and patient follow-up in order to generate more outcome for the benefit of patients, the public and the pharmacy profession itself.<sup>3</sup> The programme's aim is to construct prerequisites for the correct and effective positioning of pharmacists within the healthcare system by means of focusing on continuous professional development and standardisation of the provision of services and quality.<sup>3</sup>

The chronic diseases rates in Turkey in elderly patients reveal the severity of the situation: 90% of elderly patients have one NCD, 35% have two, 23% have three and 15% have four. It is known that patient self-management is becoming more difficult and adherence rates are declining as the number of NCDs increase. Pharmacist intervention is inevitable.

The project started in 2014 as a pilot project in eight regions with 24 trainer pharmacists and 282 pharmacist volunteers.<sup>3</sup> In 2019 the pilot project turned into a programme, which now serves 82 million people, the entire population of Turkey, on a national level, with 339 trainer pharmacists and 6,056 community pharmacists.<sup>3</sup> One pharmacist in four is a "My Guide Pharmacist" and received training in at least one of the asthma/COPD, diabetes, hypertension and pharmaceutical care modules.<sup>3</sup> The service quality of the pharmaceutical care service provided by pharmacists is evaluated using professional competency tools and the outcomes are evaluated based on different scales with international credibility.<sup>3</sup> As for the programme outcomes, salbutamol use decreased by 34% following pharmacist intervention with asthma/COPD patients.<sup>3</sup> Patients' peak-flow meter values increased by 63% and their scores on asthma tests improved by 46%. The average systolic blood pressure in hypertension patients also decreased from 140.34 to 136.20.<sup>5</sup>

The success of Turkish pharmacists in the management of medicines and NCDs captured the attention of the WHO and resulted in a WHO-Ministry of Health and Turkish Pharmacists Association Joint Programme on Primary Health Care. Turkey has been selected by the WHO as a pilot country among 13 other countries and the TPA is the only body representing pharmacists in this programme. The joint programme aims to achieve within 12 months a 50% improvement in the diagnostic values of hypertension patients in the primary health care setting. As key members of hypertension primary health care teams, pharmacists are being trained by the TPA in the pilot regions for the management of hypertension in a synergistic environment along with primary healthcare physicians and nurses.<sup>6</sup> The trained pharmacists will be increasing access to services of hypertension risk-group patients by referring them to primary healthcare units for diagnosis, and improving patient adherence to treatments.

The WHO-TPA joint programme has a major potential to be a proof of concept on the delivery of primary health care by pharmacists. As the initial and final gate of the health system, pharmacists can communicate directly with patients and they carry out an important task of supporting patients' self-management.

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## 2.3 Optimising primary healthcare provision with integrated digital health technologies

**Session chairs:** Jacqueline Surugue, FIP vice president, France, and Sarp Uner, Hacettepe University Faculty of Medicine Public Health Department, Turkey

**Session rapporteur:** Onursal Saglam, general manager, Novagenix

**Speakers/panellists:** Miranda Sertic, mHealth project coordinator, FIP Young Pharmacists Group, Croatia; Leonora O'Brien, CEO Pharmapod, Ireland; Jaime Antonio Acosta Gómez, FIP Technology Forum member and member of FIP Community Pharmacy Section executive committee, Spain; Lars-Åke Söderlund, president, FIP Community Pharmacy Section, Sweden; Stefan Balkanski, chair of CPD accreditation, Bulgarian Pharmaceutical Union, Bulgaria; Leopold Schmudermaier, international affairs, Austrian Chamber of Pharmacists, Austria; Caner Eryol, director of IT experts, TPA, Turkey.

**Reviewer:** Jacqueline Surugue, FIP vice president, France

### Key messages

- Technological advancements add significant value to pharmacy practice.
- Pharmacists must be capable of facilitating change through technology and be open to understanding and using new technologies.
- Besides the positive impact of technology on pharmacy practice, there are some possible downsides. Pharmacists must be aware of these challenges and take preventive action or look for solutions.

Patients and health-care providers around the world, including pharmacists, have benefited from the evolution of technology.<sup>1</sup> Community pharmacists provide clinically focused enhanced pharmaceutical services and thus they need patient data. Using electronic medical records increases efficient communication, reduces costs, and improves quality of care and patient safety.<sup>2</sup> These records may be stored via mobile or computer-based programs. The WHO emphasises the importance of mHealth (mobile health) as an integral component of reaching universal health coverage by 2030.<sup>1</sup>

mHealth has been used in pharmacy to support and assist patients in providing safe, effective and efficient patient-centred care.<sup>1</sup> Its booming development demonstrates its usefulness in terms of: improving wellness, treatment compliance and adherence; facilitating physical examinations; revolutionised and improved monitoring; managing chronic disorders such as diabetes, asthma and heart disease; tracking health data, such as heart rate; paperless medical documentation; and cost- and time-saving.<sup>1</sup> It allows pharmacists to have more consistent access to clinical patient information and clinical references, and to make their work more adaptable. However, pharmacists have some limitations while using mHealth.<sup>1</sup> Technology literacy and capacity to invest in technology are limited.<sup>1</sup> It is challenging to share and record health-related data and to ensure data accuracy.<sup>1</sup> There is a lack of regulations for data privacy and confidentiality.<sup>1</sup> Internet access and availability of electricity are other issues, especially in developing countries.<sup>1</sup>

The WHO has a target to reduce medication errors by 50% over the next five years.<sup>3</sup> Technological advances can reduce medication errors, prevent adverse drug events and automate our work so that we can spend more time with our patients. Therefore, as pharmacists, we must be capable of facilitating and allowing change through technology. It may also allow implementation of new services by pharmacists.<sup>4</sup>

Pharmacists must be prepared for change that is imposed by improvements in technology. Patients are now demanding health information more than ever<sup>5</sup> and they are more likely to accept sharing their health care records in digital platforms.<sup>6</sup> If pharmacists can have access to all these health care records, they can provide better services and timely interventions. Different types of patient data may be accessible to different health professionals and patients themselves.<sup>7</sup> According to a recent FIP survey, 77% of countries allow pharmacists to access prescription records, 62% allow access to administrative data, 60% to health and disease data and 57% to history of allergies data.<sup>7</sup> However, only 9% of countries allow community pharmacists to enter information on electronic health databases.<sup>7</sup>

Pharmacists' central role in patient interaction and preventive healthcare must have wide recognition by stakeholders, policy makers and patients.<sup>1</sup> Building on this, pharmacists need governments and national technical bodies' support to develop their technology expertise.<sup>1</sup> They also need continued preparation for the modern digital health age and the patient-centred approach to health care.<sup>1</sup> Pharmacists must be open to understanding and using the latest technologies.<sup>1</sup>

Besides the positive impact of technology on pharmacy practice, there are some possible downsides. There is still concerns about, for example, data accuracy and privacy in data leakage situations, lack of interoperability, how to share data in a secure and convenient way, and how much pharmacists and patients can have access to data.<sup>8</sup>

With limited patient information or access to data, pharmacists will not achieve their full potential and effectiveness in delivering pharmaceutical services. Pharmacists must be empowered to adopt digital health and new technologies to increase the efficiency and the quality of the services they provide.

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## 2.4 Human resources for health: Workforce mapping and transformation

**Session chairs:** Hrant Danagulyan, president, Pharmprogress NGO, Armenia, and Kemal Husnu Can Baser, Senate Near East University, Cyprus

**Session rapporteur:** Aylin Acar Sancar, pharmacist, Marmara University Faculty of Pharmacy, Turkey

**Speakers/panellists:** Ian Bates, FIP Workforce Development Hub director, United Kingdom; Astrid Czock, CEO, QualiCCare, Switzerland; Lóa María Magnúsdóttir, CEO, Pharmaceutical Society of Iceland, Iceland; Bulent Kiran, faculty member, Ege University Faculty of Pharmacy, Turkey

**Reviewer:** Ian Bates, FIP Workforce Development Hub director, United Kingdom

### Key messages

- Continuous access to education and training is a critical component of workforce development because there is no workforce without education.
- FIP has active support in place for member organisations and partners in leading their national pharmaceutical workforce advancement.
- Workforce development is a global initiative at national level, but should be linked with needs-based assessment and workforce intelligence within each country.

Pharmacists are medicines' experts and have a fundamental role to improve health-related outcomes through the provision primary pharmaceutical health care, and responsible, optimised and effective use and choice of medicines.<sup>1</sup> FIP has created realistic short- and long-term workforce development action plans on behalf of member organisations and stakeholders by finding consensus on the utility and scope of the FIP Pharmaceutical Workforce Development Goals (PWDGs) resulting from the significant international consultation at the FIP Global Conference on Pharmacy & Pharmaceutical Science Education in 2016 in Nanjing, China (Nanjing Conference).<sup>2</sup> The PWDGs fulfil the WHO strategy on health service delivery, health workforce, access to medicines, clearly linked with the WHO Global Strategy on Human Resources for Health: Workforce 2030<sup>2</sup> and United Nations Sustainable Development Goals (SDGs)<sup>3</sup> directly aligned with SDG3 on Good Health and Well-being and indirectly with all other SDGs.<sup>1</sup> The FIP PWDGs were developed as a systematic roadmap for effective implementation of continued pharmacy education and training, in conjunction with other mechanisms, with the aim of workforce transformation.<sup>4</sup> They are a significant FIP directive force for actions, research and development, workforce investment and short- and long-term outputs.<sup>4</sup> Pharmaceutical leaders and stakeholders are able to use the goals to determine the current stage of their own workforce growth and efficiency, assist in the implementation of national policies, as well as promote interaction and discussion with policy-makers.<sup>4</sup> The PWDGs are organised into three clusters and 13 goals.<sup>5</sup> The "Academy" cluster has a focus on education providers and advanced pharmacy education.<sup>5</sup> It comprises three goals: academic capacity; foundation training and early career development; and quality assurance.<sup>5</sup> The "Professional development" cluster is for the pharmaceutical workforce.<sup>5</sup> It comprises five goals: advanced and specialist expert development; competency development; leadership development; service provision and workforce education and training; and working with others in the health care team.<sup>5</sup> The "Systems" cluster is for the development of policy, governmental strategy, planning and monitoring.<sup>5</sup> It comprises five goals: continuing professional development strategies; pharmaceutical workforce, gender and diversity balances; workforce impact, and effect on health improvement; workforce intelligence; and workforce policy formation.<sup>5</sup>

The needs priorities for pharmaceutical workforce development tend to vary between countries in the European Region. Different workforce development needs and good practices were discussed at the Ankara Conference during this session.

For example, in Switzerland, with the support from the Ministry of Interior on the implementation of patient-oriented programmes, a footcare programme for diabetic patients has been established in primary care.<sup>6</sup> Checklists and clinical guidelines for diabetic footcare were developed and implemented by primary care providers.<sup>6</sup> It is an interprofessional collaboration initiative with a vision to optimise quality of primary care.<sup>6</sup> Healthcare professionals such as general practitioners, pharmacists, nurses and podiatrists are involved in the programme and provide recommendations based on the referral guidance.<sup>6</sup> This initiative demonstrates that there is an opportunity for pharmacists to participate in such programmes with being a member of the interprofessional health care team to share knowledge, take responsibility and increase efficiency in primary care.<sup>6</sup>

In Iceland, to introduce an advanced pharmaceutical care programme in primary care, a competency-based education programme in clinical pharmacy was developed based on the need for clinical pharmacists in hospitals.<sup>7</sup> The basis of the programme was developed from a previous partnership with the Royal Pharmaceutical Society on professional development and recognition.<sup>7</sup> Following the success of this new Icelandic programme, a process is ongoing to ensure that it will be offered as part of pharmacists' continuous education.<sup>7</sup> Programmes such as these could improve both quality of services and career development.<sup>7</sup> International collaboration opens new ways for advancement in national pharmacy practice.<sup>7</sup>

In Turkey, the number of pharmacy schools has been increasing and the majority of the pharmaceutical workforce is comprised of community pharmacists.<sup>8</sup> In 2023, there will be more community pharmacies than needed per population due to increased number of pharmacy schools and students.<sup>8</sup> However, there must be early career development programmes for pharmacy students to shift workforce from community pharmacy to industry, academia or other government-based positions.<sup>8</sup>

As demonstrated in the above examples, there are gaps and variances in pharmaceutical workforce between countries.<sup>9</sup> There is no one-size-fits-all solution to address workforce development needs. It should be needs-based and the solutions require systematic implementation.<sup>9</sup>

FIP has developed the FIP Workforce Transformation Programme (WTP)<sup>1</sup> as a global initiative that assists member organisations and partners of FIP in leading their national pharmaceutical workforce advancement. With this reference, countries can adopt or develop their workforce transformation based on their needs assessment.

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## 2.5 Human resources for health: Education and training to meet envisioned pharmaceutical competencies

Supported by European Association of Faculties of Pharmacy



**Session chairs:** Kristien De Paepe, professor, Department of In Vitro Toxicology and Dermato-cosmetology, Faculty of Medicine and Pharmacy, Vrije University, Belgium, and Yusuf Öztürk, dean, vice president of Turkish Deans Council, Anadolu University Faculty of Pharmacy, Turkey

**Session rapporteur:** Nilay Aksoy, Altınbas University Faculty of Pharmacy, Turkey

**Speakers/panellists:** Yusuf Öztürk, dean, vice president of Turkish Deans Council, Anadolu University Faculty of Pharmacy, Turkey; Ian Bates, FIP Workforce Development Hub director, United Kingdom; Gul Ozhan, vice dean, Istanbul University Faculty of Pharmacy, Turkey; Arijana Mestrovic, FIP Academic Pharmacy Section Executive Committee member, Croatia

**Reviewer:** Kristien De Paepe, professor, Department of In Vitro Toxicology and Dermato-cosmetology, Faculty of Medicine and Pharmacy, Vrije University, Belgium

### Key messages

- Workforce development should be built on needs-based assessments of different countries.
- Advanced practice framework development must be applicable not only for pharmacists but also for other health care sectors.
- Advanced practice skills are required for pharmacists to develop an effective workforce with an increasing role in primary health care.

One of the FIP Pharmaceutical Workforce Development Goals is “Advanced and specialist development” to enhance patient care and health system deliverables.<sup>1</sup> Therefore advancement of practice is required to fulfil the role of pharmacists in primary health care and for achieving effective workforce development for this new role. Education is the solution to improve pharmacists’ practice and for a sustainable and effective pharmacy workforce. However, how to build a workforce, which is highly dependent on an education programme, for advanced pharmacy services should be on the needs-based assessment of the countries.<sup>2</sup>

When the challenges according to needs-based assessments are similar across different countries, the solution could be collective.<sup>2</sup> The focus of the needs-based assessment in all countries should be provision of primary health care by pharmacists to achieve universal health coverage. After the assessment, the educational programme must be shaped. Later on, programme should not be only for current students, but it should also be for practising pharmacists as a continuous education to keep them up to date and advance their practice as well.<sup>2</sup>

Continuing professional development is a self-managing and outcomes-focused approach for practice that includes lifelong learning.<sup>3</sup> It includes the active participation process in learning activities that helps develop and maintain competences, improve professional practice and support achievement of career goals.<sup>3</sup>

FIP has established a Global Advanced Development Framework to support professional development and recognition of the pharmacy workforce.<sup>4</sup> It aims to identify broad areas for pharmacists and pharmaceutical scientists for the development of their careers in a structured manner.<sup>4</sup> It includes seven advanced practice clusters and 36 generic competencies.<sup>3</sup> These advanced practice clusters are: (1) expert professional practice; (2) collaborative relationship; (3) leadership; (4) management; (5) education; (6) training and development; and (7) research and evaluation.<sup>3</sup> According to the principle of advanced practice framework development, it must be applicable for all sectors, compatible with FIP and its strategic projects, optimised for member benefit, and have ensured compliance with healthcare policies.<sup>3,4</sup>

FIP helps to build an advanced education programme when there is a demand from countries. It also develops a roadmap, including milestones and outcomes for education, as well as workforce development for countries that seek

to improve education programmes and advanced practice. For example, in light of FIP's roadmap, the Council of Deans in Turkey has projected a plan in 2015 and revised it in 2019 for the core curriculum to improve the competences of graduated pharmacists.<sup>5,6</sup> It is expected to guide and share with all pharmacy faculties. Meanwhile, the National Pharmacy Education Accreditation Board was established in 2013.<sup>5,6</sup> This board prepared Turkey's national pharmacy undergraduate programme accreditation standards and guidelines.<sup>5,6</sup> Turkey is moving from product-oriented towards patient-oriented education.<sup>5</sup> There is also room for improvement in evidence-based and problem-based learning with digitalisation.<sup>5</sup>

Workforce development is mandatory for the future of pharmacy. Advanced practice skills are required for pharmacists to develop an effective workforce with an increasing role in primary health care. Education is the key to advanced practice for both pharmacy students and practising pharmacists to take action in their role. It should rely on needs-based assessment.

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## 2.6 Access to medicines: Addressing medicines shortages

Supported by the European Association of Hospital Pharmacists



**Session chairs:** Katarina Milosevic, chamber assembly president, Pharmaceutical Chamber of Montenegro, Montenegro, and Josep Maria Guiu Segura, vice president, FIP Hospital Pharmacy Section, Spain

**Session rapporteur:** Arif Ozdemir, president, European Association of Hospital Pharmacists (EAHP) Turkey Chapter, Turkey

**Speakers/panellists:** Aida Batista, vice president, EAHP, Portugal; Ashok Soni, vice president, FIP, United Kingdom; Sonia Ruiz Morán, international and European public affairs director, General Pharmaceutical Council of Spain, Spain; Madeleine Sirks, pharmacist, Royal Dutch Pharmacists Association, Netherlands

**Reviewer:** Josep Maria Guiu Segura, vice president, FIP Hospital Pharmacy Section, Spain

### Key messages

- Access to medicines is a public health issue that requires all pharmacy sectors to take an action and responsibility.
- There is a need for collaboration and cooperation between countries to overcome medicines shortages challenges.
- Pharmacists have a key role to measure, report and find enduring solutions for medicines shortages in healthcare systems.

According to the WHO, more than half of all medicines worldwide are prescribed, dispensed or sold inappropriately, and half of all patients fail to take medicines correctly.<sup>1</sup> Overuse, underuse and misuse of medicines result in waste of scarce resources, continuation of health problems or adverse drug reactions.<sup>1</sup> This inappropriateness affects access to medicines when needed for patients.

Access to medicines is a public health issue. There are many barriers to access to medicines and medicines shortages is among the most important reasons. The problem itself is growing rapidly across the world. According to the Pharmaceutical Group of the European Union, unavailability of medicines is on the rise in Europe. Medicines shortages occur across all healthcare settings and involve both essential life-saving medicines and commonly used drugs.<sup>2,3</sup>

Pharmacists have significant roles in improving patients' access to medicines and ensuring healthcare systems' sustainability through the rational use of medicines and keeping medicines fairly affordable.<sup>1</sup> Universal health coverage relies on the availability, in adequate amounts, of quality-assured accessible health technologies.<sup>4</sup>

The European Association of Hospital Pharmacists (EAHP) has taken actions towards improving access to medicines. In 2013 EAHP analysed in detail the challenge posed by medicines shortages. The prevalence, nature and direct impact of shortages on patient care were investigated through surveys in 2014 and 2018.<sup>3</sup> This plan highlighted key areas of action, which included: increasing communication between wholesalers and manufacturers; combining their sourced shortages data with authorities and pharmacy practices to improve quality of information; establishing the appropriate number of staff to handle the impact on the shortages; investigating the medicines shortages problem; and encouraging governments to record and manage medicines shortages.<sup>3</sup>

There are many definitions of "medicines shortages". FIP has defined it as "a drug supply issue requiring a change. It impacts patient care and requires the use of an alternative agent."<sup>5</sup> Although there is no clear or standard definition for medicines shortage, countries have experienced problems with patients not getting access to their medicines at some point in time. For example, in the Netherlands, every year 300–400 new medicines shortages are identified and nearly one-third of them are permanent.<sup>6</sup> To clarify if a shortage is present, pharmacists can communicate with suppliers and

give proper advice to use equivalent medicines or therapeutic alternatives. They can check the lack of raw ingredients or packaging.<sup>6</sup> They also can make sure that solutions for medicines shortages are effective and overcome the problem.<sup>6</sup> In the United Kingdom, there is a plan to combat the medicines shortages which covers national, regional and local levels.<sup>7</sup> Employment of an appropriate number of pharmacists, increasing the number of import routes, stock level, the interaction between stores and improving the distribution chain are some strategies for the UK's plan.<sup>7</sup> In Spain, a community pharmacists' warning system for medicines shortages was developed to combat and even predict potential medicines shortages.<sup>8</sup> This system is easy to use, can gather different types of information and sends consent forms to pharmacists. The report time for shortages is within seconds.<sup>8</sup> It can analyse the data and help to predict potential medicines shortages.<sup>8</sup>

At our Regional Conference, we have clearly seen that health systems are facing medicines shortages for different reasons and in different amounts. However, we have noticed that despite there being medicines shortages in almost every part of the world at any level, there is a difference between developed countries and low-income countries in this regard. We can observe that as the economic development level of countries in the European Region decreases, the problem of drug shortages increases.

On the other hand, defensive attitudes by governments should be stopped. Governments should acknowledge that shortages are a global problem related to the pharmaceutical market rather than seeing drug scarcity as a domestic policy issue, and analyse the problem as objectively as possible.

Pharmacists have a key role to measure, report and find solutions for medicines shortages in healthcare systems. There is a need for collaboration and cooperation between countries to overcome the medicines shortage challenge. Besides detecting shortages, predictive and proactive solutions are needed.

The most transformative action on medicines shortages will be governments, pharmaceutical companies, pharmacy professional organisations, pharmacists and consumers acting in coordination with each other. Lastly, as EAHP reports show continuously, the problem of medicine shortages cannot be solved at the national level alone.<sup>7</sup>

FIP has taken an active role in raising awareness of medicines shortages in recent years. It has given statements on addressing the global shortage of medicines and vaccines at WHO Executive Board meetings in 2014, 2016, 2017 and 2018, and at the World Health Assembly in 2018. By putting medicines shortages into the agenda of the FIP Regional Conference in Ankara, it provided a reminder of the importance of the issue to all public and private decision makers, calling on a joint global effort for making sure that all patients have access to safe, effective, quality and affordable medicines.

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## 2.7 Access to medicines: Healthcare systems' sustainability

Supported by the European Federation of Pharmaceutical Industries and Associations



**Session chairs:** Roza Yagudina, president, Moscow Pharmaceutical Society, Russian Federation, Russia, and Serif Boyaci, former Audit Committee member, Turkish Pharmacist' Association, FIP Fellow, Turkey

**Session rapporteur:** Ebru Erdag, Turkish Medicines and Medical Devices Agency, Turkey

**Speakers/panellists:** Virginia Acha, chair, EFPIA International Regulatory Turkey Network, and executive director for global regulatory policy, MSD, UK; Tifenn Humbert, technical officer, Health Technologies and Pharmaceuticals Division of Health Systems and Public Health, WHO Regional Office for Europe, Denmark; Zafer Caliskan, faculty member, Hacettepe University Faculty of Economics and Administrative Sciences, Turkey

**Reviewer:** Ecehan Balta, conference professional lead, and senior advisor to president, Turkish Pharmacists' Association, Turkey

### Key messages

- WHO supports governments in promoting stronger infrastructure allowing improved access to medicines and vaccines.
- Reimbursement policy is a key component for sustainability of medicines in the health system.
- Different values effect the price of medicines and thus fair systems are needed for the sustainability of health systems.

In the context of functioning health systems, essential medicines are always intended to be of adequate quantity, in appropriate dosage forms, of guaranteed quality and at a price that can be afforded by individuals and communities.

Health care expenditures are increasing all over the world.<sup>1</sup> Along with this increase, sustainability of and access to medicines is becoming an issue.<sup>1</sup> There have many components that affect the cost of medicines. The aging population, an increase in the prevalence of NCDs, deepening economic problems in most countries since 2008–09 financial crisis, insufficient coverage of general health insurance, insufficient access to health services, and inefficiency in resource allocation are the main triggering factors.<sup>1</sup>

Universal health coverage means that all individuals and communities receive the health services they need without any kind of financial difficulties and without any increases in catastrophic expenditures of households. This scope aims to protect people from the health consequences of the financial burden spent on health care coming out of their pockets. It reduces the risk of people being pushed into poverty because acquiring health care for an unexpected illness requires them to sell their assets or borrow money, thereby destroying their future. Universal health coverage helps people escape from the disastrous health results of poverty, and forms the basis of long-term economic development.

Since almost half of the world's population cannot access primary healthcare services for financial reasons the WHO has plans to ensure that at least one billion people have access to essential healthcare services between 2015 and 2030 in order to reach the target of Sustainable Development Goal 3.8, which calls for the achievement of universal health coverage.<sup>2,3</sup>

In accessing medical products and technologies, there are numerous barriers and challenges such as drug budgets not covering all medicines and treatments, insufficient monitoring and evaluation of health and drug expenditures, the private sector's priority over the public sector, excessive out-of-pocket payments for essential drugs and devices, and inadequate coordination throughout health care. That is why the WHO proposes that a four-step framework should be applied to ensure drug access. These steps are rational selection, affordable prices, sustainable financing, and reliable health and supply systems.<sup>3</sup>

Government authorities use regulations to determine the prices of medicines and to adjust their prices. Pricing policies are closely related to reimbursement policies. Although pricing and reimbursement decisions for drugs continue to be a national qualification, the market authorisation process is compatible with that of European Union member states. EU member states must comply with the EU Transparency Directive, which provides manufacturers with an independent platform for defining pricing and reimbursement conditions. Competent authorities should follow transparent processes in pricing and reimbursement decisions.<sup>4</sup>

A package of pricing and reimbursement policies should prioritise access and ensure sustainability, minimise out-of-pocket payments, and cover both monopolistic and competitive situations.<sup>4</sup>

Thanks to price regulations, prices of medicines decrease, especially in environments where price control strategies are not available. However, with the issuance of the WHO Country Drug Pricing Policies Guideline, the implementation may be less complicated than other technical options.<sup>5</sup>

On the other hand, there are also negative aspects of price regulations. As an example of these, the arrangement of mark-ups may cause problems in supply due to the change in prices, mark-ups can be seen to be ineffective because there are not enough sanctions, and the mark-up regulation may not be sensitive enough to market changes.<sup>5</sup>

According to an FIP 2014 report, tension between drug manufacturers and national regulatory frameworks can lead to disruption in and impact on drug supply.<sup>6</sup>

Based on Porter's hierarchy,<sup>7</sup> each medical condition has its outcome measures. These outcome measures form the hierarchy, namely, reached health level/staying healthy, level of recovery in case of disease, and maintaining health.

The components that make up the cornerstone of reimbursement are clinical value, social value, economic value, and quality of life.<sup>8</sup> For clinicians, response rate is the clinical value whereas for the patients and the pharmaceutical industry, cure and innovation/incentives, respectively, are the clinical values.<sup>1</sup> Depending on the situation, clinical value is likely to be prioritised in reimbursement.<sup>1</sup> However, social value, which results from societies' pressure on the treatment of specific diseases, is sometimes more important.<sup>1</sup> Nowadays, value-based reimbursement systems are being used because they cover all the values mentioned.<sup>1</sup>

Sustainability and access to medicines is a global issue. The WHO European Regional Office brings together 53 countries that host 900 million people. The WHO provides countries with technical support on health issues, monitors health trends with national and regional agencies, and sets universal norms and standards to facilitate delivery and to minimise errors.<sup>4</sup> In addition to these efforts, governments must develop fair systems to overcome this issue. The WHO also supports governments in promoting stronger infrastructure allowing improved access to medicines and vaccines. Thus, the WHO supports the development of reimbursed drug lists, transparent and fair medicines pricing for sustainability and access, especially for essential medicines.<sup>4</sup>

Countries working together to find effective solutions to provide uninterrupted, quality and fair priced medicines can provide a blueprint for the future.

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## 2.8 The prevention agenda: The imperative of expanding vaccination coverage

**Session chairs:** Zuzana Kusynova, lead for policy, practice and compliance, FIP, The Netherlands, and Nihan Bozkurt, Turkish Medicines and Medical Devices Agency, Turkey

**Session rapporteur:** Mehtap Dokumaci, TPA member industrial pharmacist, Turkey

**Speakers/panellists:** Emine Kocberber, research assistant, Istanbul University Faculty of Pharmacy, Turkey; Lieven Zwaenepoel, vice president, Association of Pharmacists Belgium, Belgium; Kathy Maher, community pharmacist, Co Louth, and past president, Irish Pharmacy Union, Ireland; Alain Delgutte, former president, Council of Community Pharmacies Owners, French Chamber of Pharmacists, France

**Reviewer:** Gonçalo Sousa Pinto, lead for practice development and transformation, FIP, The Netherlands

### Key messages

- It is imperative to expand vaccination pathways for adults, and community pharmacies are ideally placed to offer this service.
- Pharmacy-based vaccination should be prioritised as part of overall policies to reinforce primary health care and disease prevention strategies.
- Pharmacists can improve vaccination rates and effectively address vaccine hesitancy through evidence-based advice and appropriate language, reaching out to people who have not been vaccinated before.
- Raising the awareness of health care professionals and the public about the positive impact of pharmacist-delivered vaccinations could contribute to overcoming some of the existing barriers.

According to the WHO, there are currently over 26 infectious diseases that can be effectively prevented by a vaccine.<sup>1</sup> Vaccination helps prevention of diseases and has wiped out some, such as smallpox.<sup>2</sup> The WHO estimates that vaccination saves two to three million lives each year across all age groups; it is one of the safest, most efficient and most cost-effective measures for preventing, controlling and eradicating life-threatening infectious diseases.<sup>1</sup>

Pharmacists play an important public health role by promoting and delivering vaccinations<sup>3</sup> as they are among the most trusted and accessible healthcare professionals through community pharmacies.<sup>1,2,5</sup> Pharmacists offer convenience, product safety, evidence-based advice and an overall highly impactful contribution to the public health challenge of achieving high immunisation coverage and vaccination uptake.<sup>1</sup>

Although the positive impact of pharmacists' interventions in vaccination goals and rates have been demonstrated,<sup>4</sup> there are some barriers to overcome in many countries to realise the full potential of pharmacists in vaccination strategies. Nonetheless, the integration of community pharmacies and pharmacists in national vaccination policies tends to develop as a gradual process over time.<sup>1</sup>

In Europe, vaccination rates against seasonal influenza are below the recommended target of 75% set by the WHO and the EU for adults over 65 years of age, according to the results of the 2018 survey conducted by the European Centre for Disease Prevention and Control.<sup>6</sup>

In Ireland, pharmacists have implemented flu vaccination services at community pharmacies to increase vaccination rates.<sup>5</sup> After the pharmacist contribution, national flu vaccine delivery has increased by 48%.<sup>5</sup> There is also documented evidence of satisfaction with the service among those who were vaccinated at a pharmacy,<sup>5</sup> including improved convenience, efficiency and decreased cost.<sup>5</sup> Three years after the implementation of pharmacy-based vaccination, pharmacists achieved remuneration from the public health system in equal terms with general practitioners (GPs).<sup>5</sup>

In France, an electronic platform has been developed to provide access to relevant regulations and educational materials, as well as a decision tree to check if the person can be vaccinated at the pharmacy, a record for data relating to each vaccination act and the vaccine delivered, a consent form and certificate of flu vaccination to be shared with the GP. This platform allows the pharmacy to monitor the statistics in terms of their vaccination services and produce an activity report.<sup>7</sup> Although in France, six out of 10 people agree to be vaccinated against the flu by pharmacists, medical doctors were reluctant to this new service.<sup>7</sup> A three-year pilot project was implemented, including the training of more than 5,000 pharmacists, as well as vaccination for over 160,000 people in two regions of France.<sup>7</sup> After the first



year, over the year, vaccination rates had increased and the project regions were expanded to four.<sup>7</sup> The majority of patients who were vaccinated were older adults. In the third year of the project, the service was rolled out to the entire country.<sup>7</sup> The success of the project also increased the motivation for other new pharmacy services.<sup>7</sup>

In Belgium, although pharmacy-based vaccination has not been introduced yet, pharmacists are keen to implement vaccination services at community pharmacies.<sup>8</sup> Public campaigns were launched to increase the awareness of pharmacists' potential role in vaccination.<sup>8</sup> The Association of Pharmacists of Belgium (APB) prepared a report about vaccination at community pharmacies to be submitted to the Ministry of Health.<sup>8</sup> The APB is confident about the implement of this new service in the near future.<sup>8</sup>

Barriers to the full implementation of pharmacy-based vaccination can be categorised into patient- or family-related, provider-related and system-related barriers.<sup>2</sup> In the first group, there is an extended hesitancy or lack of trust in vaccines among the public, related to misbeliefs about their toxicity and undesirable effects as well as their low effectiveness.<sup>2</sup> The second type of barriers is that vaccination providers may not have access to enough information about the vaccination schedule, side effects or contraindications, which makes them reluctant to implement the service.<sup>2</sup> The third group includes the lack of reimbursement for vaccination services, the strict vaccine supply-chain and storage requirements, and delays in vaccine production that may be linked to vaccine shortages.<sup>2</sup>

Protection of public health is pharmacist's responsibility. Examples presented at the conference have demonstrated pharmacists' positive impact on vaccination rates. Through their accessibility, convenience and trust, community pharmacists provide vaccinations to people who had not been vaccinated by any healthcare providers before. These success stories may provide inspiring examples for those countries that have not yet implemented pharmacy-based vaccination but which are engaged in advocating for an expanded role for pharmacists in this area.

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## 2.9 The prevention agenda: Empowering communities and promoting healthy lifestyles

**Session chairs:** Lars-Åke Söderlund, president, FIP Community Pharmacy Section, Sweden, and Terken Baydar, dean, Hacettepe University Faculty of Pharmacy, Turkey

**Session rapporteur:** Sarp Uner, professor, Hacettepe University Faculty of Medicine Public Health Department, Turkey

**Speakers/panellists:** Nurettin Abacioglu / Dean, Cyprus Kyrenia University Faculty of Pharmacy, Cyprus; Michał Byliniak / President, Pharmaceutical Group of European Union, Belgium; Radu Costin Ganescu / Vice-President, European Patients Forum, Belgium

**Reviewer:** Lars-Åke Söderlund, President, FIP Community Pharmacy Section, Sweden

### Key messages

- Promoting good health is an integral part of the European Union's 10-year economic growth strategy.
- Community pharmacists are being identified as useful resources for providing health promotion services and improving/preventing overall public health, as community pharmacies are accessible to the general population.
- Pharmacists must be encouraged to take action for improvement in health literacy that can affect medication adherence and appropriate use of medicines.

One of the key roles of pharmacists is to ensure the optimal and safe use of medicines.<sup>1</sup> Pharmacists play an important role in public health with the provision of healthcare services.<sup>1</sup> Community pharmacies are the most accessible healthcare settings on the front line of community health services, and a valuable resource to our national health systems. The empowerment of the pharmacist is often part of the larger effort within our health systems to lighten the burden of the overstretched primary care services. While primary care services remain the preferred first point of contact for many patients, such a model is getting less sustainable in the context of an ageing population, increasing costs and a growing prevalence of chronic diseases/NCDs. To reduce the pressure on primary care, European countries start to delegate more responsibilities within the patient pathway to community pharmacists.

The role of pharmacists is being extended beyond medicines distribution to screenings and consultations. Some of the most popular services provided by community pharmacists include general health screening (i.e., blood sugar, body mass index, blood glucose and cholesterol) and support for smoking cessation. In many countries community pharmacists also offer chronic disease management programmes for diabetes, asthma and hypertension to improve patient follow-up. Education for rational use of medicines through brochures specifically designed for new patients and those already on treatment is another example of the range of services offered by the community pharmacist. In addition to these new roles, the pharmacist is also being given more and more responsibility in the patient pathway, such as seasonal vaccination and prescription renewal.

Essential attributes of community pharmacists are displaying a provider mentality through the use of effective communication to build relationships with patients and other providers and learning how to meet regulatory and payer requirements. Furthermore, pharmacists require many skills, including therapeutic monitoring, drug information, physical assessment of patients, patients' outcomes monitoring, communication, disease knowledge, drug therapy knowledge and non-drug therapy knowledge.<sup>1</sup> The ideal pharmacist must be competent, be motivated, participate in teamwork with other health professionals, be a responsible problem-solver and be dedicated and effective communicator.<sup>1</sup> Thus, the community pharmacist is an ideal candidate for empowering communities and patients, and the promotion of a healthy lifestyle.

Health literacy can be defined as the ability to read, write and understand healthcare information in addition to other abilities like decision-making, computing and problem-solving based on the understanding of the health concept.<sup>1,2</sup> There are several definitions of health literacy, partially because health literacy includes both the context/setting in which demands for health literacy are made and the skills people bring to that situation.<sup>3</sup> While health literacy is individuals' capacity to obtain, process and understand information, and make appropriate health decisions,<sup>1,2</sup> digital health literacy is "the ability to seek, find, understand, and appraise health information from electronic sources and apply the knowledge gained to preventing, addressing or solving a health problem".<sup>4</sup>

To achieve Sustainable Development Goal targets, the Shanghai Declaration of 2016 recognises health literacy as one of the key health promotion pillars.<sup>3</sup> According to a survey on health literacy in European countries, every person surveyed showed limited health literacy.<sup>5</sup> The distribution of health literacy levels differed substantially across countries (29–62%).<sup>5</sup> The different levels in health literacy between and within WHO European Region countries contribute to health inequalities and worse health outcomes.<sup>3</sup> For example, patients with limited health literacy tend to have less participation in health-promotion and disease-detection activities, riskier health choices, diminished management of chronic diseases and poor adherence to medication.<sup>3</sup>

Rational use of drugs is when patients receive appropriate medicines based on their needs, doses that meet individual requirements, for a reasonable period of time, and for the lowest cost to them and their families.<sup>6</sup> It is a major worldwide problem according to the WHO. It is estimated that more than half of medicines are used inappropriately.<sup>6</sup> Irrational use of medicines causes wastage of scarce resources and widespread health hazards. Besides several factors such as polypharmacy, inappropriate use of antimicrobials and failure to prescribe in accordance with clinical guidelines, low medical and health literacy can cause irrational use of medicines by leading the poorer ability to take medicines appropriately.<sup>6</sup>

European community pharmacists provide professional advice to communities on the effective and rational use of drugs. Pharmacists create the interaction between the patient and the health system throughout the patient's treatment process.<sup>7</sup> With it, pharmacists make a vital contribution to the health of over 500 million people throughout Europe.<sup>7</sup> The Pharmaceutical Group of the European Union's vision for the future is to ensure the safety and security of patients, to improve public health, to guarantee patients' access to medicines and treatment, and to ensure the continuity of health systems.<sup>7</sup>

There are some examples of pharmacists on how to provide innovative solutions for the future needs of public and health system. For example, Healthy Living Pharmacies in the United Kingdom provides a framework that is created to engage public health and includes three levels that require increasingly complex expertise.<sup>7,8</sup> It is underpinned by three enablers, which are workforce for development, premises that are fit for purpose, and engagement with the local community.<sup>7,8</sup> Three levels of complexity are health promotion, prevention services and health protection.<sup>7,8</sup> The impact of Healthy Living Pharmacies is to improve the public's health and drive improvements in service quality and innovation.<sup>8</sup> Healthy Living Pharmacies provide high-quality public health services such as National Health Service health checks, weight management and sexual health. Also, they are reaching out to local communities with health improvement advice and services.<sup>8</sup>

Community pharmacists are the health professionals most accessible to the public and are a cornerstone of primary health care. The role of community pharmacists is expanding globally. In 1994, the WHO declared community pharmacists to be the health professionals most accessible to the public.<sup>9</sup> It said they supply medicines in accordance with a prescription or when legally permitted, and sell them without a prescription. It added that, in addition to ensuring an accurate supply of appropriate products, their professional activities also cover counselling of patients at the time of dispensing of prescription and non-prescription drugs, drug information to health professionals, patients and the general public, and participation in health-promotion programmes.<sup>9</sup> They maintain links with other health professionals in primary health care.

The pharmacist in the eyes of the public is the person who controls the prescription, prepares the drug, informs the patient about the interactions of the drug, the dosage and use of the drug, advises patients about their health and prevents the use of unnecessary medicines.<sup>10</sup> On the other hand, there are many issues that patients do not associate with pharmacists but which are directly related to pharmacists.<sup>11</sup> Some of these areas are vaccinations, smoking cessation, measurement of blood pressure, cholesterol, glucose, weight, chronic disease management, early screening and testing.<sup>11</sup>

Community pharmacists are highly qualified specialists in health care with roles and services for older adults, patients with chronic conditions, immunocompromised patients and for the public, such as improving trust in vaccination.<sup>12</sup> They are a reliable source of information and are front-line care providers.<sup>12</sup> They can participate in flu vaccination programmes, and deliver patient support and care.<sup>12</sup>

In Europe as well as in other regions, emerging challenges in public health, technological improvements, ageing populations, changes in patients' expectations and limited budgets for health expenditures are putting pressure on healthcare systems.<sup>13</sup> In response to this pressure, community pharmacies are changing their services from product-oriented to patient-oriented.<sup>13</sup>

Pharmacy services have a triple aim: better quality of care, better health outcomes and lower costs.<sup>13</sup> Core pharmacy services are dispensing (including repeat dispensing and homecare), compounding, emergency care (including emergency contraception) and minor ailment management, and medication management (unit dose packaging, new medicines service, medicines use reviews, etc).<sup>13</sup>

There has been a rise in the number of innovative pharmaceutical care services provided to patients over the past decade.<sup>13</sup> They include: vaccination; smoking cessation; measurement of blood pressure, cholesterol, glucose and weight; chronic disease management; early screening and testing; and travel medicine. Pharmacists have also been key actors in national health campaigns.

Community pharmacies are thus working to provide public health services efficiently and effectively and are recognised and evaluated more and more as health centres day by day. They are an excellent setting for health promotion in the community; they see the main part of the population every year.<sup>14</sup> Over time, pharmacy models are moving away from tradition and are changing. Thus, pharmacy education and training are changing and health promotion is becoming a part of students' curriculum.<sup>14</sup> Today, community pharmacists offer many services to patients about health education, disease prevention, early detection and chronic disease monitoring. There is an increasing amount of research about good examples of pharmacists' health promotion activities.<sup>14</sup> Discussion continues on how to remunerate and train pharmacists before health promotion is fully integrated<sup>14</sup> and more complex forms of interventions implemented.

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## 2.10 Remuneration of pharmacy services in primary health care

Supported by the Pharmaceutical Group of the European Union



**Session chairs:** Paul Sinclair, chair, FIP Board of Pharmaceutical Practice, Australia, and Michał Byliniak, president, Pharmaceutical Group of the European Union, Belgium

**Session rapporteur:** Rashida Umar, Medipol University Faculty of Pharmacy

**Speakers/panellists:** Dominique Jordan, president, FIP, Switzerland; Sónia Queirós, head of international affairs, National Pharmacy Association, Portugal; Lieven Zwaenepoel, vice president, Association of Pharmacists Belgium, Belgium; Per Kristian Faksvåg, director of professional affairs, Norwegian Pharmacy Association, Norway; Jan de Belie, professional affairs advisor, Pharmaceutical Group of the European Union, Belgium

**Reviewer:** Jan De Beile, professional affairs advisor, Pharmaceutical Group of the European Union, Belgium

### Key messages

- The provision of pharmacy services can contribute to improving patient outcomes and strengthening health systems.
- Adequate remuneration is critical for the sustainability and resilience of pharmacy services.
- Self-documentation of pharmacies' contributed value to health systems should be prioritised for appropriate remuneration while negotiating with the governments.

Community pharmacies are the most accessible healthcare facility available to the public and as such pharmacists can play an important role in primary health care, such as providing disease prevention services by modifying risk factors, and promoting the safe and rational use of medicines.<sup>1</sup> This requires time and expertise from pharmacists. Pharmacy services in primary health care can generate savings for patients and health care payers.<sup>2</sup> Providing adequate remuneration for such services can be challenging for many countries and requires investment by the health system.

The remuneration models of pharmacy services are to ensure the safe and responsible use of medicines<sup>3</sup> as well as early detection and prevention of diseases. These models must be cost-effective for the healthcare system and provide adequate compensation for pharmacies.<sup>3</sup> They must encompass all the aspects of pharmacy services and their impact on society. Remuneration is important for the sustainability and quality of pharmacy services.<sup>4,5</sup> Remuneration components can include product-based margins, the structure of the service and the activities.

The role of pharmacists in the health care system is expanding. Pharmacists are implementing new services such as immunisation, smoking cessation and colon cancer or diabetes screening.<sup>4</sup> Besides these new services, pharmacists continue their traditional services such as dispensing medicines and patient counselling.<sup>4</sup> Pharmacists also contribute to vital health care services such as counselling on common diseases. However, acquiring appropriate remuneration for these services remains a challenge in many countries.<sup>4</sup> Moreover, all remuneration policies must be considered within the economic, social and political context of individual countries and priorities should be defined based on areas where pharmacy services are most needed.

Models of pharmacy remuneration need to recognise what pharmacies currently contribute to the use of medicines, public health, health services and the economy for patients, as well as support expanded positions and collaborative activities within primary health care.<sup>3</sup> Information that shows the value of services conducted by pharmacists is critical for pharmacy remuneration. Pharmacists should expand their role in the healthcare system by providing adequate information on the positive effect of their services on patient outcomes and generating cost savings.<sup>4</sup> Although some pharmacy services are delivered verbally only, they should also be documented where possible.<sup>4</sup> In some countries, a digital platform has been created to document every service so that pharmacists can demonstrate their value during

negotiations with their governments.<sup>5</sup> For example, the development of effective documentation systems like “sifarm.clinico” in Portugal is enabled to share information among health professionals and the government.<sup>5</sup>

The remuneration and organisation of pharmacy services can vary between countries<sup>4</sup> because of the differences in terms of organisation of health systems and the involvement and capacity of pharmacists. Therefore, simply adopting a single model for pharmacy remuneration is not a solution for every country.<sup>4</sup> There must be an individual assessment of the particular implications, challenges and opportunities for the pharmacy workforce and their practice within the social, political, economic and context of the health system. Understanding the social, political and economic context, which demonstrate the challenges and opportunities of the health system, is also key for achieving appropriate remuneration of pharmacy services.<sup>5</sup> It is also important to establish appropriate quality assurance frameworks for each service to ensure appropriate conduct, documentation and follow up of the services provided. However, there must be control steps to be implemented to regulate and follow up on the services provided. Implementation of appropriate services avoids overexploitation of patients and administration of unnecessary services.

Adequate remuneration of pharmacy interventions and services can improve pharmacies’ contributions to their patients’ health and provide added value to health systems. Remuneration is critical for the sustainability and resilience of these services. To obtain appropriate remuneration, pharmacies need to demonstrate the outcome and impact of their services to the society and government.

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## 2.11 The case for investment in primary health care by enabling pharmaceutical policies

**Session chairs:** Harun Kizilay, vice president, Turkish Medicines and Medical Devices Agency, Turkey, and Catherine Duggan, conference chair, chief executive officer, FIP, The Netherlands

**Session rapporteur:** Rida Himmet, assistant secretary general, Turkish Pharmacists' Association, Turkey

**Speakers/panellists:** Kemal Buharalioglu, professor, Katip Celebi University, Faculty of Pharmacy, Turkey; Tifenn Humbert, technical officer, Health Technologies and Pharmaceuticals Division of Health Systems and Public Health, WHO Regional Office for Europe, Denmark; Frederico Guanais, deputy head of the health division, ELS/Health Division, Organisation for Economic Co-operation and Development, France

**Reviewer:** Catherine Duggan, conference chair, chief executive officer, FIP, The Netherlands

### Key messages

- It is critical to strengthen provision of primary health care due to increasing costs of health care, the impact of the ageing populations on health care, growing patient demands and burden of NCDs, singularly and in combination.
- To utilise the full potential of primary health care services, policies and regulations must support and enable the contribution of pharmacists and pharmacy in primary health care.
- The WHO Regional Office for the Europe has developed policies to enable rational use of medicines, availability, pricing and quality of medicines and distribution and activities performed in community pharmacies in the European Region.

Pharmacy is a profession that continuously evolves and transforms to meet new challenges and changes.<sup>1</sup> External factors are more impactful than professional dynamics of the changes in pharmaceutical services.<sup>1</sup> NCDs have unique challenges due to insufficient causality models, self-care and compliance.<sup>1</sup> At the same time, the dynamics of the health sector tend towards diversity and specialisation rather than a holistic and integrated approach to healthcare delivery, coordination of interprofessional teams and care, and consultancy.<sup>1</sup> Managing symptomatic diseases tends to be as much about the patient's complaints about the symptoms as the disease itself. How patients understand their illness is an essential factor and, in societies where patients awareness is low and preventive health services are not sufficient, diagnoses are made after the disease progresses.<sup>1</sup> Health care should include health promotion, health prevention, specialised care and rehabilitation with collaboration.<sup>1</sup>

To be integral to the delivery of primary health care, the pharmacist has many responsibilities. On top of the core supply issues, these responsibilities include early screening, disease management, integrated care models, collaborative care, focused interventions and advanced counseling.<sup>1</sup> To eliminate any obstacles to delivering primary health care, we need to see sufficient training of pharmacists, healthcare delivery models including pharmacists, and financial models designed for remuneration for pharmaceutical services.<sup>1</sup> While it is essential to have sufficiently specialised health professionals, it is also crucial to improve and optimise the management and use of available resources, and to align their work with that of other health professionals.<sup>1</sup> Educators are tasked with equipping health professionals with the ability to manage compliance, such as person-centred communication, joint decision-making and socio-cultural competencies.<sup>1</sup>

The cost of health care is increasing day by day, and people's expectations of health systems are growing.<sup>2</sup> However, as the elderly population increases, there is an increase in chronic diseases.<sup>2</sup> Primary health care is critical due to all these reasons.<sup>2</sup>

Primary health care includes the rate of growth in health expenditures, increasing the health outcomes of the population, and the responsibility, efficiency and equity of health systems, and organisational and regulatory changes should be made to improve health systems.<sup>2</sup> New locations, and new configurations for care delivery, enhanced maintenance teams, improved training and curriculum, and effective use of technology are examples of improvements in primary health care.<sup>2</sup> The economic incentives required to provide these improvements are making general practice more effective, paying for prevention, coordination and performance, and aggregated and shared payments.<sup>2</sup> These



improvements in health systems allow the patient information source and the measures that are reported by the patient to be systematised.<sup>2</sup>

The expanding roles of community pharmacists include distributing and educating about medicines, preventive health observations, having a patient-centred approach, guiding the most appropriate use of medicines, and avoiding unnecessary medicines' use.<sup>2</sup> In some OECD member countries, community pharmacists take an active role in health promotion activities, screening programmes, vaccination and counselling activities.<sup>2</sup>

The WHO is the agency for health under the United Nations. The WHO has 194 member states and more than 800 collaborating centres. Around 7,000 health professionals work for the WHO, including doctors, pharmacists, nurses, epidemiologists, scientists, managers and other professional groups, and are located in more than 150 country offices.<sup>3</sup> There are 53 countries and 900 million people connected to the European Office in Copenhagen. WHO/Europe programmes address many topics such as the social determinants of health, infectious diseases and NCDs, health systems, health information, family and community health, and environment and health.<sup>4</sup>

The WHO supports the entire technology value chain, which consists of research and development innovation, manufacturing, marketing registration, selection, pricing and reimbursement, procurement and supply, prescribing, dispensing and use of drugs.<sup>5</sup> The United Nations 17 Sustainable Development Goals are a plan for achieving a sustainable and better future for all by addressing global challenges such as poverty, inequality, climate, environmental degradation, prosperity, peace and justice.<sup>5</sup> More efficient financing of health systems, improved sanitation and hygiene, greater access to physicians, and more tips on ways to reduce environmental pollution, eliminating various diseases and many persistent health problems that arise, can be addressed.<sup>5</sup>

The pharmacist has an important role in achieving these goals. Existing challenges for outpatients to access medicines in WHO EURO are the distribution of community pharmacies, availability of medicines, prices, quality, activities performed in community pharmacies and rational use of drugs.<sup>5</sup> The legal and regulatory framework covers the pharmacy workforce, the pharmacy licence, including ownership requirements, pharmacy operations, premises, processes and workforce, and types of services and activities and the associated remuneration.<sup>5</sup>

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## 2.12 Pharmacy's commitment to delivering primary health care in the European Region

**Session chairs/reviewers:** Nilhan Uzman, conference professional lead, lead for education policy and implementation, FIP, The Netherlands, and Ecehan Balta, conference professional lead, senior advisor to president, Turkish Pharmacists' Association, Turkey

**Speakers:** Catherine Duggan, CEO, FIP, The Netherlands; Carmen Peña, past president, FIP, Spain; Arman Uney, secretary general, Turkish Pharmacists' Association, Turkey; Dominique Jordan, president, FIP, Switzerland; Erdogan Colak, president, Turkish Pharmacists' Association, Turkey

### Key messages

- Pharmacists' role is evolving with the commitment to provide primary health care.
- Pharmacists must become ready to implement new services and improve their primary health care practice through upskilling themselves through education.
- In the fight against NCDs, pharmacists have a critical role in their prevention and treatment.
- Documentation of services by the pharmacist and evidence generation are key for remuneration of pharmaceutical services, especially during negotiation with governments.
- Due to differences in health care systems, countries should adopt and implement new policies in pharmacy practice, such as vaccination or family pharmacy based on their health care needs.

FIP committed to the Declaration of Astana (2018) that reaffirms the commitments expressed in the ambitious and visionary Declaration of Alma-Ata of 1978 and the 2030 Agenda for Sustainable Development, in pursuit of "Health for all", and to pharmacists' provision of primary health care as one of the main components of this target.

In line with this target, the first FIP regional conference was held in Amman, Jordan, for the Eastern Mediterranean. Transforming pharmacy for better primary health care was discussed during the conference.<sup>1</sup> Supporting the delivery of the Astana Declaration on primary health care for achieving high-quality, safe, comprehensive, integrated, accessible, available and affordable health care for everyone everywhere, and providing better primary health care services by transforming pharmacy workforce and strengthening our practice and sciences, were the main emphases of the Amman Declaration.<sup>1</sup>

As the next step, the second regional conference was held in Ankara, Turkey, for the European Region to take the next leap forward in primary health care that was organised jointly with the Turkish Pharmacists Association (TPA)<sup>2</sup>. The regional partners of FIP, the Pharmaceutical Group of the European Union, the European Association of Hospital Pharmacists, the European Association of Faculties of Pharmacy, and the European Federation of Pharmaceutical Industries and Associations also supported this event. This conference gathered pharmacy colleagues, leaders and stakeholders from across all sectors to commit to advancing pharmacy to deliver better primary health care.

The conference emphasised that pharmacists are primary health care professionals and pharmacies are often the entrance and exit points to the entire primary health care system. In order to embark on this mission critical for pharmacy, the conference urged the creation of a road map from education to workforce planning, and while walking along this path, planned to take concrete steps to ensure that international organisations and governments support this pathway.

Here are the highlights from this conference that committed to pharmacists' delivery of primary healthcare:

- In order to achieve universal health coverage, pharmacists have a key role. By providing new and improved services based on the current and emerging need in health care, pharmacists can take the next leap forward in primary health care with the ultimate aim of health for all, leaving no one behind. They can effectively provide primary health care because pharmaceutical workforce exists at all levels of health care from developing medicines to dispensing medicines, and to patient counselling.

- The world is changing, and this change is much faster than it was before. Pharmacists must keep up with the change. Continuous education is important to keep pharmacists up to date. Starting from undergraduate pharmacy education to continuous professional development of practitioners, education is the key to implementing new services or improving existing services to catch up on the ever changing healthcare needs of the world.
- To advance pharmacy services in primary health care, workforce development is needed. Education is one of the key drivers of workforce development.
- Although the issues in implementing new services are common, the solutions — and roadmaps to these solutions — are likely to be varied between the countries as healthcare systems are different. We must draw our roadmap based on regional needs.
- Pharmacists must appropriately document their services to generate evidence. Pharmacists must be able to demonstrate evidence to negotiate for the reimbursement of pharmaceutical services and demonstrate their effective role in primary health care.
- Pharmacists are responsible for sustainability and access to medicines. Strategies must be implemented to prevent medicine shortages in collaboration with stakeholders, policymakers, industry and even other countries.
- Pharmacists have an essential role in public health. Immunisation services by pharmacists have been implemented in some countries to strengthen this role.
- FIP, and its members and partners, aim to provide a bright future for the pharmacy profession, for our patients and communities. Therefore, we must collaborate globally. We must have trust in each other, collaborate and stand in solidarity, and have the motivation to act. We need every single pharmacist to support achieving our ultimate goal to strengthen primary health care.

We will continue to be guided by the closing article of the Ankara Commitment: “Together we will achieve universal health coverage, good health and well-being for all: leaving no one behind.”

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## 2.13 Health hackathon

Supported by Pharmapod



The organising team of the FIP Health Hackathon consisted of:

**Chairs:** Acacia Leong, FIP YPG professional development coordinator, United Kingdom; Petra Orlic, International Pharmaceutical Students Federation president 2018/19, Croatia; Tuna Celik, Turkish Pharmacists' Association Youth Commission contact person, Turkey.

**Mentors and speakers:** Jaime Antonio Acosta Gómez, FIP Technology Forum member and Executive Committee member of FIP Community Pharmacy Section, Spain; Ozge Ucar, science and technology communicator, Social Touch, Turkey; Mohamed Magoury, pharmacy informatics and automation head at Fakeeh Care Group, United Arab Emirates; Ema Paulino, FIP professional secretary, Portugal; Berkay Karatas, information technology team, Turkish Pharmacists' Association, Turkey.

**Judges:** Nilhan Uzman, conference professional lead, lead for education policy and implementation, FIP, The Netherlands; Dan Burns, pharmacy director, Pharmapod, Ireland; Leonora O'Brien, CEO, Pharmapod, Ireland; Jacqueline Surugue, FIP vice president, chair of FIP Technology Forum, France; Lars-Åke Söderlund, president of FIP Community Pharmacy Section, Sweden.

**Facilitators:** João Guedes, IPSF EuRO chairperson, Portugal; Çağrı Necdet Çağdaş, Turkish Pharmacists' Association YC student exchange officer, Turkey.

**Authors:** Acacia Leong Pik Kay, FIP YPG past professional development coordinator, United Kingdom; Petra Orlic, IPSF President 2018/19, Croatia

**Reviewer:** Nilhan Uzman, conference professional lead, lead for education policy and implementation, FIP, The Netherlands.

### Introduction to hackathon

Traditionally, a hackathon is a competitive event where participants are divided into groups, where a team of designers, developers and subject matter experts collaborate with the teams to create solutions for a specific problem within a defined time frame. The goal is to build a working prototype/concept, in the form of a website, an app or a robot to solve a designated problem.

Hackathons can be organised on-site or online and can last from a few hours to five days although some span over a few months. Hackathons can differ by the theme, amount of coaching given, usage of technology involved (e.g., coding or other technological tools) and produce different outcomes that may result in fully functional prototypes or innovative concepts that require further development.

It is a great event to explore new technologies, work on a topic that organisations are passionate about, and design a working proof-of-concept in a short space of time. It is also an opportunity to network and collaborate with people who are passionate about building products and finding solutions to problems.

Nowadays, this concept has been applied to other sectors and at FIP Health Hackathon it was applied to finding innovative solutions for health care challenges.

### The first FIP Health Hackathon in Ankara

In a world of digitalisation, the pharmacy profession needs to recognise digital trends to provide optimal outcomes in patient care. Pharmacists need skills and competencies in digital health and innovation, and to investigate solutions to current challenges using digital health interventions.

To initiate change and innovation, the FIP Health Hackathon was organised for the first time during the FIP Conference for European Region, co-organised with the Young Pharmacists Group, the International Pharmaceutical Students'

Federation and the Turkish Pharmacists' Association Youth Commission, and supported by Pharmapod. It brought together people with different pharmacy backgrounds for 15 hours to create an innovative, cost-effective and user-friendly patient medication record as a system capturing the essential details needed for pharmacists to ensure appropriate medicines reconciliation and monitoring.

Prior to the competition, all participants were taken through intensive training in the areas of digital health, electronic health records, patient safety, design thinking process, exploration of the problem statement on patient medication records, and learnings about the product development pipeline and business proposal preparation, as well as exposing participants to current and future digital technologies in health and pharmacy to prepare them for the solution design task ahead. Participants were supported by mentors and encouraged to identify the challenges faced by users and design a concept to address them. The ideas were formulated into a business proposal and pitched to a judging panel. The judging criteria included feasibility and accessibility of the concept, innovation, user interface, cost-effectiveness and a thorough plan to action the concept.

Participating teams identified various problems related to the advancement of electronic medical records and the presented solutions included using an electronic device that identifies whether a patient's allergies were well managed that updates the patient medication records accordingly, an AI-based medication record to encourage deprescribing and thus reduce polypharmacy, and a digital platform to coordinate universally accessible health data.

### **The winning idea**

Mawuli Atiemo (Ghana), Merve Erkol (Turkey), Nashat Habbabah (Iraq) and Cagla Isik (Turkey) formed a team called Hack'una Matata. They emerged as the winners of FIP's first Health Hackathon with their idea "CheckMed", an application that would help people use their medicines correctly. A QR code on the product would be scanned and medication advice would come directly from the pharmacist to the patient covering directions for use, cautions, contraindications and other related issues to ensure compliance. This innovation is also intended to help other carers assist patients. The product should make meaningful impacts in the lives of many patients currently overwhelmed by chronic health issues. Their solution is applicable and reproducible in many parts of the world for the benefit of both patients and healthcare givers.

Following the FIP Hackathon, all teams were encouraged to implement their concepts with the support of the hackathon chairs. The winning team will receive guidance on strategic planning and concept implementation from Pharmapod.

### **Key learning points**

As the success of the FIP Health Hackathon in Ankara shows, hackathons can be used as a way to foster and generate innovative ideas in different sectors of pharmacy and its workforce.

One way that might help pharmacists be more technology savvy and innovative is to explore digital health education so that these future pharmacists understand the role of data science in health care. Pharmacy education systems could also adopt a technology and design thinking approach to expose students to the uses of technology in healthcare and innovation design processes. Many of the learnings from the FIP Health Hackathon have prompted the application of innovation in education, pharmacy workforce development through surveys, reports, webinars and development tools.

Digital innovations can be used to empower pharmacists to provide better pharmaceutical care and services for patients by adopting an open approach to incorporating digital health tools and innovation in their daily roles. The aim is to encourage all pharmacists, pharmaceutical scientists, educators and students from various backgrounds and experiences to get involved in future health hackathons as they are a great opportunity to learn and teach, to gain new experience in the digital field and to develop the skills necessary to drive pharmacy forward.

In the near future, the health hackathon can be seen to play an important role and become a regular event that FIP members can look forward to in major conferences such as the FIP World Congress, Pharmaceutical Sciences World Congress, FIP Regional Conferences and FIP online events.

## 3 Translating outcomes into action: Implementation of Ankara Commitment to Action on Primary Health Care across the European Region

### 3.1 Survey results

**Authors:** Ecehan Balta, conference professional lead, senior advisor to president, Turkish Pharmacists' Association, Turkey; Aysu Selcuk, consultant, FIP, scientific advisor, Turkish Pharmacists' Association, lecturer, Ankara University Faculty of Pharmacy Department of Clinical Pharmacy, Turkey; Nilhan Uzman, conference professional lead, lead for education policy and implementation, FIP, The Netherlands

**Reviewers:** Catherine Duggan, CEO, FIP, The Netherlands; Arman Uney, secretary general, Turkish Pharmacists' Association, Turkey

#### **Aim of the survey**

At the end of the FIP Regional Conference for the European Region, around 800 pharmacy leaders and participants from more than 35 countries signed the Ankara Commitment to Action on Primary Health Care, pharmacy's response to the Astana Declaration, to anticipate and deliver the next breakthroughs in pharmacy for better primary health care.

In order to move from commitment to action, FIP conducted the "Implementation of the Ankara Commitment [to Action on Primary Health Care] across the European Region" survey among all pharmacy leaders in the European Region to follow up on national priorities and strategies to implement the Ankara Commitment to Action. The results of the survey are included in this conference report.

#### **Survey methodology**

The survey was developed in April 2020 and FIP member organisations from the European Region were invited to participate. The answers were collected between June and September 2020. The source of the questions of the survey is Ankara Commitment to Action (see Appendix 1). Therefore, the results of the survey are not only evaluated collectively but are included in this report as action plans of the countries.

The survey comprises two parts. In the first part, respondents were asked to evaluate which articles of the Ankara Commitment are within the scope of the national priorities for pharmacy. In the second part, it is asked how each article of the Ankara Commitment aligns with national pharmacy plans and strategies.

While responding to the first part, respondents were asked to assign a priority to each article of Ankara Commitment using "high", "medium" or "low" values. In the second part, there were three options: whether the commitment item is in the current programmes and strategies; whether it is in the visible future strategies and plans; or not in the plans. Then there is an open-ended question to ask respondents reasons for providing further details on the response.

#### **Results and discussion**

As of September 2020, 16 countries had answered the survey: Armenia, Bulgaria, Finland, France, Iceland, Ireland, Italy, Malta, Montenegro, Netherlands, Norway, Spain, Sweden, Turkey, United Kingdom and Ukraine. Their responses are collated below.

Ankara Commitment Article 1: "To support the Declaration of Astana on primary health care for achieving universal health coverage through high-quality, safe, comprehensive, integrated, accessible, available and affordable health care for everyone, everywhere."

Of the 16 country respondents, 75% gave high priority to Ankara Commitment Article 1 and 71% aligned with current programmes and strategies (Figure 1).

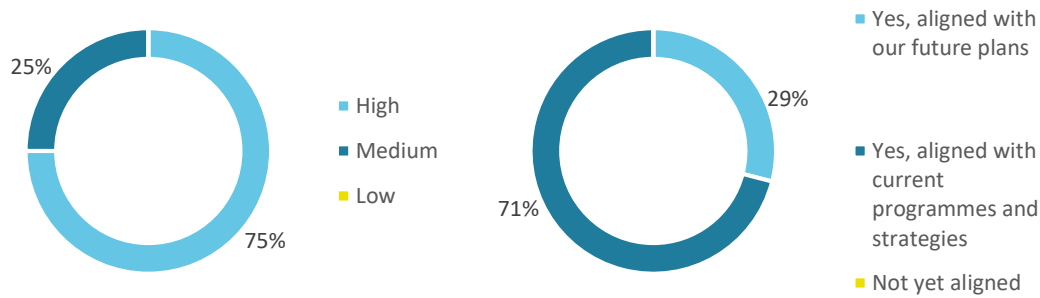


Figure 1. Priority and alignment of the countries for question 1 in the survey (n=16)

Ankara Commitment Article 2: “To provide better primary health care services by transforming our pharmacy workforce and strengthening our practice and sciences.”

Of the 16 country respondents, 75% gave high priority and 64% aligned with current programmes and strategies (Figure 2).

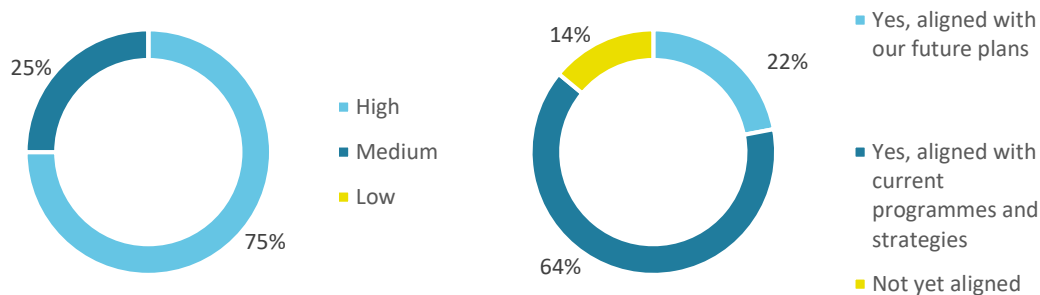


Figure 2. Priority and alignment of the countries for question 2 in the survey (n=16)

Ankara Commitment Article 3: “To transform and scale up pharmacy education by ensuring high-quality and fit-for-purpose education and training for primary health care provision, and to provide the foundation for workforce development, and professional and scientific advancement.”

Of the 16 country respondents, 69% gave high priority and 57% aligned with their future plans (Figure 3).

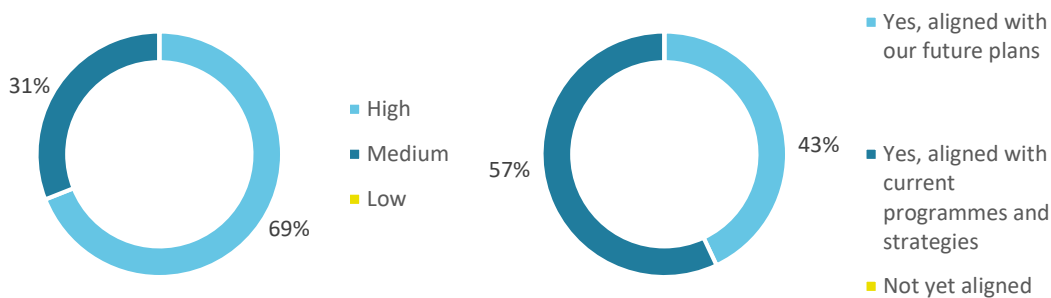


Figure 3. Priority and alignment of the countries for question 3 in the survey (n=16)

Ankara Commitment Article 4: “To continue to address the growing burden of non-communicable diseases by empowering our profession to provide services in health promotion and disease prevention, screening, referral, disease management and treatment optimisation in people with non-communicable diseases.”

Of the 16 country respondents, 63% gave high priority and 57% aligned with current programmes and strategies (Figure 4).

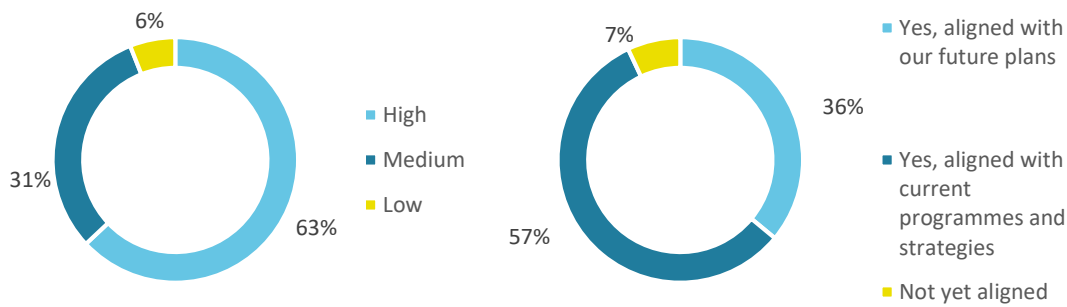


Figure 4. Priority and alignment of the countries for question 4 in the survey (n=16)

Ankara Commitment Article 5: “To work with all healthcare professionals to deliver collaborative practice in primary health care and build solid and strong interprofessional health care teams.”

Of the 16 country respondents, 63% gave high priority and alignment with current programmes and strategies (43%) and alignment with their future plans (43%) are balanced (Figure 5).

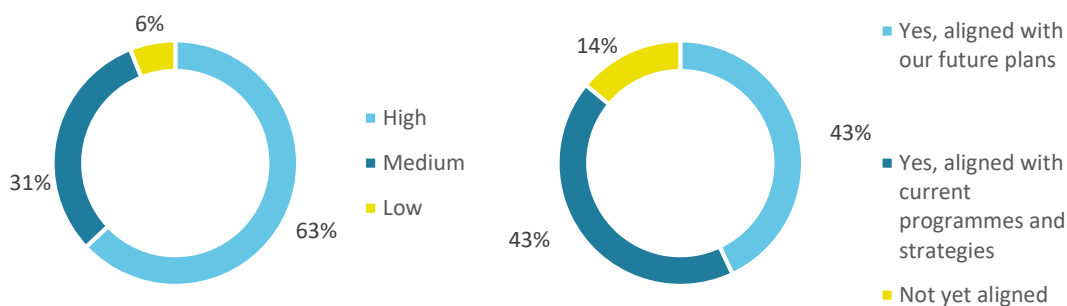


Figure 5. Priority and alignment of the countries for question 5 in the survey (n=16)

Ankara Commitment Article 6: “To shape primary health care delivery by adopting innovative approaches and adapting our workforce alongside the fast-changing digital health technologies.”

Of the 16 country respondents, 75% gave high priority and alignment with current programmes and strategies (46%) and alignment with their future plans (46%) are balanced (Figure 6).

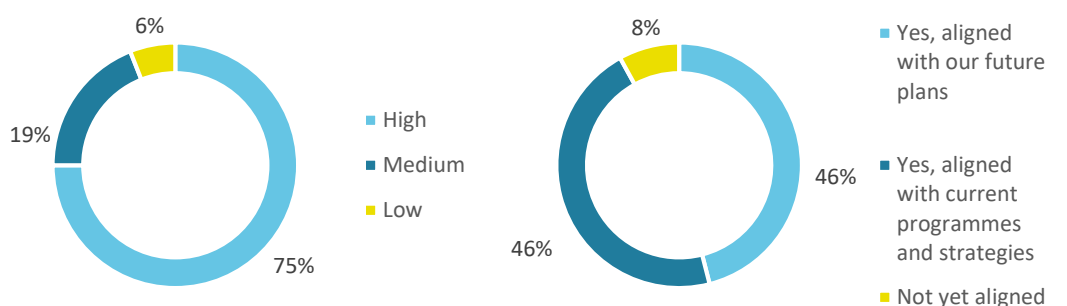


Figure 6. Priority and alignment of the countries for question 6 in the survey (n=16)

Ankara Commitment Article 7: “To be an accessible, reliable and credible source of medical information for our communities and patients, empowering them to make healthier and more informed choices.”

Of the 16 country respondents, 87% gave high priority and 64% aligned with current programmes and strategies (Figure 7).



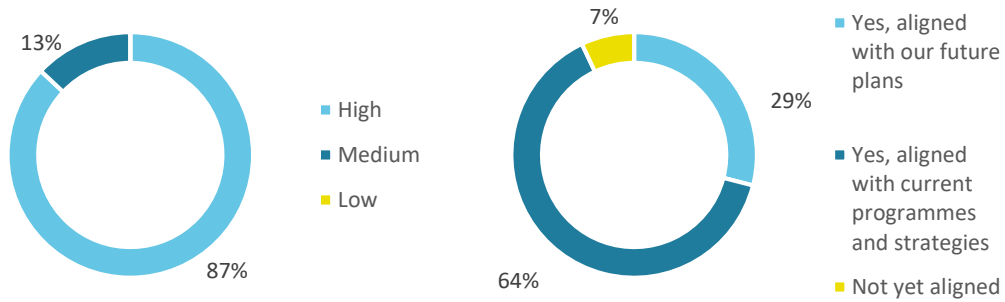


Figure 7. Priority and alignment of the countries for question 7 in the survey (n=16)

Ankara Commitment Article 8: “To play an essential public health role by providing evidence-based information about immunisation, eliminating public misconceptions about vaccines, supporting national immunisation strategies and expanding vaccination coverage.”

Of the 16 country respondents, 87% gave high priority and 50% aligned with their future plans (Figure 8).

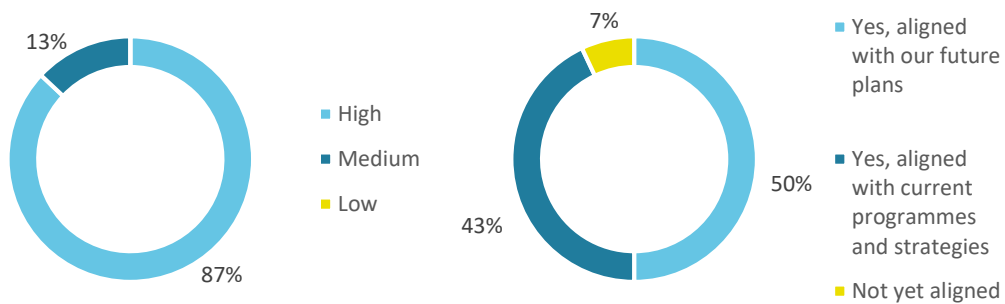


Figure 8. Priority and alignment of the countries for question 8 in the survey (n=16)

Ankara Commitment Article 9: “To encourage our pharmacy workforce to deliver primary health care effectively through the supply of quality medicines, improving medication adherence and patient safety, ensuring the rational use of medicines, and tackling the challenges of antimicrobial resistance by promoting antimicrobial stewardship strategies in our nation.”

Of the 16 country respondents, 88% gave high priority and 64% aligned with current programmes and strategies (Figure 10).

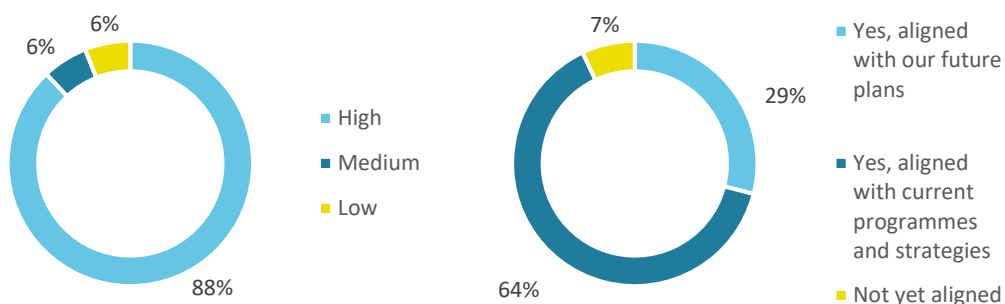


Figure 9. Priority and alignment of the countries for question 9 in the survey (n=16)

Ankara Commitment Article 10: “To generate evidence on the impact of pharmacists in improving health outcomes in primary health care systems through sustainable professional services and ensure broad access to these services.”

Of the 16 country respondents, 75% gave high priority and 54% aligned with future plans (Figure 10).

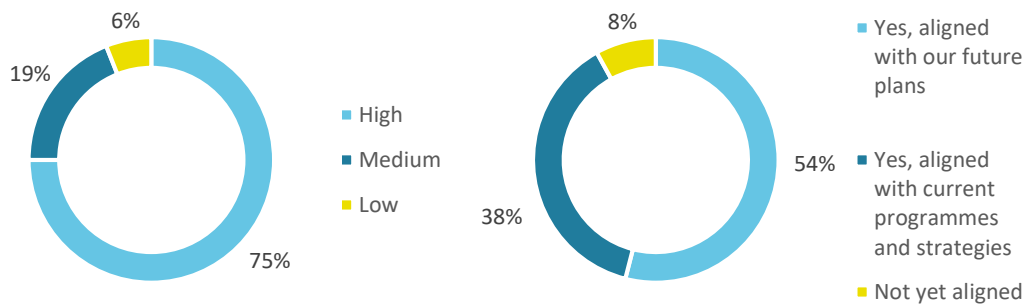


Figure 10. Priority and alignment of the countries for question 10 in the survey (n=16)

Ankara Commitment Article 11: “To continue to support our current and future pharmacy workforce in order to meet the required competencies for the delivery of primary health care, and to close the gap between pharmacy education and practice.”

Of the 16 country respondents, 69% gave high priority and 71% aligned with current programmes and strategies (Figure 11).

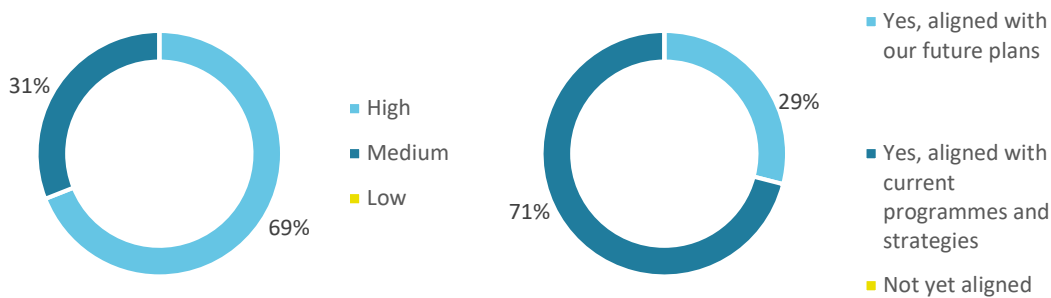


Figure 11. Priority and alignment of the countries for question 11 in the survey (n=16)

Ankara Commitment Article 12: “To continue to engage our stakeholders and partners, empower our regional and national health leaders, and support enabling pharmaceutical policies to strengthen primary health care, bringing communities, countries and organisations together to grow and support this movement.”

Of the 16 country respondents, 50% gave high priority and 50% aligned with future plans (Figure 12).

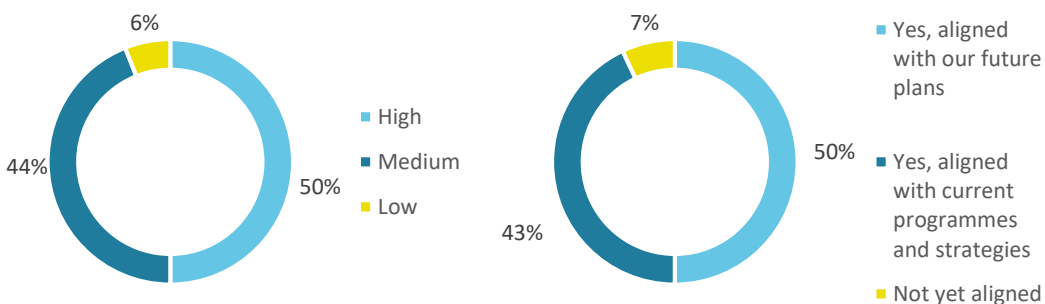


Figure 12. Priority and alignment of the countries for question 12 in the survey (n=16)

Ankara Commitment Article 13: “To be regional health care ambassadors in the attainment of the United Nations Sustainable Development Goals through provision of essential patient care and safe, effective, quality and affordable essential medicines and vaccines for all.”

Of the 16 country respondents, 44% gave high priority and 43% aligned with future plans (Figure 13).

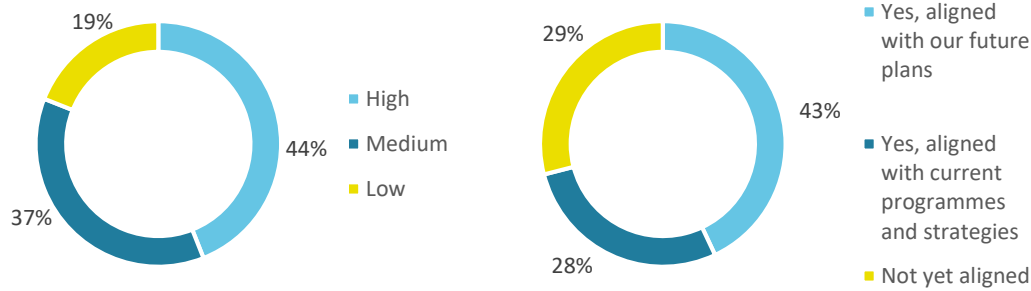


Figure 13. Priority and alignment of the countries for question 13 in the survey (n=16)

National priorities and strategies to implement the Ankara Commitment to Action are presented in Tables 1 to 13.

Table 1. National priorities, alignments and descriptions to Article 1

Article 1. To support the Declaration of Astana on primary health care for achieving universal health coverage through high-quality, safe, comprehensive, integrated, accessible, available and affordable health care for everyone, everywhere			
Country	Priority	Alignment	Description
Armenia	High	Yes, aligned with current programmes and strategies	Projects that are aimed to increase rational use of medicines, accessibility and affordability of the pharmaceutical care.
Bulgaria	Medium	Yes, aligned with our future plans	Translation and distribution of the Ankara Commitment to action has been completed. some of the commitments in the Declaration included in development strategy.
Finland	Medium	Yes, aligned with current programmes and strategies	Our association is specially concentrated on medicines management and logistical processes.
France	High	Yes, aligned with current programmes and strategies	This Commitment is very broad and does not concern only hospital pharmacists, but the French health system is dedicated to provide health care for everyone, everywhere.
Iceland	Medium	Yes, aligned with our future plans	This is in alignment with our vision.
Ireland	High	Yes, aligned with our future plans	Our government has a 10-year strategy to improve access to health care at the lowest level of complexity closest to patients' homes. We are involved in some pilot projects to demonstrate evidence of pharmacies providing such services, e.g. headache clinic, hepatitis C treatment.
Italy	Medium	Yes, aligned with current programmes and strategies	N/A
Malta	High	Yes, aligned with current programmes and strategies	The National Health Care System implemented covers free health services to all and free medicines for chronic diseases.
Montenegro	High	N/A	Our programmes and strategies are involved in the new pharmacy law and through this we start to build new approaches to new and old problems pharmaceutical health care. Our future plans are made in this line to fulfil coverage to all with the best.
Netherlands	High	Yes, aligned with current programmes and strategies	It is described in the mission and vision of the Royal Dutch Pharmacists Association (KNMP). In the "View of the future — pharmaceutical patient care 2020" the members of the KNMP express their mission, vision and ambitions under the motto "Working together on professional and personalised pharmaceutical patient care". The animation "Your pharmacist in 2020" provides a synopsis of the view of the future for 2020 of the KNMP members. In the next few years we need to focus on safety of medicines use including reporting side effects, the availability of medicines, and fair price of medicines (currently Dutch health insurances have tender system).
Norway	High	Yes, aligned with current programmes and strategies	Pharmacy policies, in coordination with national health strategies and programmes in Norway, make sure that everyone has access to affordable health care services of high quality.
Spain	High	Yes, aligned with our future plans	The General Pharmaceutical Council of Spain (GPCS) is committed to strengthening the role of pharmacists within primary health care systems. In this regard, the Supply Information Centre (CISMED) has been created. This is an information system that allows pharmacies to inform about those medicines with supply problems by means of a communication infrastructure between pharmacies, pharmacists' chambers and the GPCS.

<b>Article 1. To support the Declaration of Astana on primary health care for achieving universal health coverage through high-quality, safe, comprehensive, integrated, accessible, available and affordable health care for everyone, everywhere</b>			
<b>Country</b>	<b>Priority</b>	<b>Alignment</b>	<b>Description</b>
<b>Sweden</b>	High	Yes, aligned with current programmes and strategies	In Sweden one strategy is care on equal terms.
<b>Turkey</b>	High	Yes, aligned with current programmes and strategies	Research and training projects are implemented for rational and responsible drug use; a centralised drug delivery system is implemented for drugs that cannot be found or are not licensed in Turkey. The system of refugees' access to medicines without any charge is also being implemented by pharmacists.
<b>United Kingdom</b>	High	Yes, aligned with current programmes and strategies	<p>The Royal Pharmaceutical Society (RPS) strives to give pharmacy a clear, strong voice in all healthcare discussions and decisions across Britain by leading and influencing the pharmacy agenda.</p> <p>We constantly engage with our respective governments in England, Scotland and Wales on behalf of pharmacists and influence the shaping of policy which develops and improves pharmacists' contribution to the health and care of our citizens. We showcase the range, diversity and importance of pharmacy across our respective GB countries and we make sure the public know the importance of the work that pharmacists and their teams do, putting pharmacy on TV, on social media, in the papers and in the spotlight. Never has this been truer than in the current COVID-19 pandemic.</p> <p>We constantly work to improve the professional and clinical practice of pharmacists across all sectors of pharmacy by providing a range of professional guides dealing with legal, ethical and good practice to support pharmacists in their day-to-day practice. We deliver a vibrant and comprehensive support line service for all our pharmacist members.</p> <p>Our RPS education department supports the development of pharmacists, pharmaceutical scientists and pharmacy students by giving career, education and CPD support. We offer professional training, education and resources to help pharmacists grow throughout their career and we are in the processes of modernising many of our education programmes and offerings to better enable our members' contribution to health care. This is an absolute vital area for RPS to ensure that the pharmacy workforce is fit for the future challenges ahead.</p> <p>We are also committed to science and research within RPS and our science and research team have and are providing invaluable advice and information, especially throughout the COVID-19 pandemic period. Science informs our policy development, which in turn informs our public affairs work, leading to positive change for the profession in its contribution to improving the health care of our citizens.</p>
<b>Ukraine</b>	High	N/A	N/A

Table 2. National priorities, alignments and descriptions to Article 2

<b>Article 2. To provide better primary health care services by transforming our pharmacy workforce and strengthening our practice and sciences</b>			
<b>Country</b>	<b>Priority</b>	<b>Alignment</b>	<b>Description</b>
<b>Armenia</b>	High	Yes, aligned with current programmes and strategies	Socialisation of FIP's workforce development strategies projects that are aimed to strengthen pharmaceutical workforce.
<b>Bulgaria</b>	Medium	Yes, aligned with our future plans	Different training programmes are organised every year. New specialties such as health technology assessment and hospital studies are being developed.
<b>Finland</b>	Medium	Not yet aligned	To strengthen clinical pharmacy services as medication review services or pharmacy support for customers in the beginning of long-term medication (NMS) as well in type II diabetes. The barrier for these services spreading widely among pharmacy customers who would benefit from these services is to resolve the financing of these services.
<b>France</b>	High	Yes, aligned with our future plans	The Project OCTAVE which became official during summer 2020 and start at the end of the year is an important innovation in the field of this commitment and with the resolution of the Council of Europe to promote pharmaceutical care in Europe published in March 2020. More information available on demand after the summer.
<b>Iceland</b>	Medium	Yes, aligned with our future plans	Our aim is to support our members (pharmacists) within our scope by continuous education. (We are not a regulatory body.)
<b>Ireland</b>	Medium	Not yet aligned	N/A
<b>Italy</b>	High	Yes, aligned with current programmes and strategies	N/A
<b>Malta</b>	High	Yes, aligned with current programmes and strategies	Pharmacy workforce development is high on the agenda of all stakeholders through the recruitment campaigns into the pharmacy workforce and educational involvements to develop and empower workforce.

Article 2. To provide better primary health care services by transforming our pharmacy workforce and strengthening our practice and sciences			
Country	Priority	Alignment	Description
Montenegro	High	N/A	We are working on plans for education and strength of the bonds between pharmacist and education. It is now a legal need for licensing and continuing process of learning and knowledge.
Netherlands	High	Yes, aligned with current programmes and strategies	<p>The community pharmacist is acknowledged by the government as a specialist in health care (comparable with general practitioners, internist, etc.).</p> <p>In 2012 the KNMP renewed the advanced education programme for the profession of specialist community pharmacist. The education programme was originally introduced in 1995. Pharmacists who graduate from university follow this two year programme during their first job in a community pharmacy.</p> <p>The Pharmacist Competency Framework &amp; Domain-specific Frame of Reference was added in 2016 and describes the current status of pharmacy in the Netherlands and specifies required learning outcomes for pharmacists graduating from universities in the Netherlands.</p> <p>Sciences: Pharmacy practice research is stimulated by the PRISMA fund and academic networks in the region (<a href="https://www.knmp.nl/professie/wetenschap/prisma">https://www.knmp.nl/professie/wetenschap/prisma</a>).</p>
Norway	High	Yes, aligned with current programmes and strategies	This is a continuous process within pharmacy chains as well as in cooperation between the chains and the authorities and the universities. National standardisation of practices is one element in strengthening the practices.
Spain	High	Yes, aligned with current programmes and strategies	Current practices are focused on Professional Pharmacy Services based on CONSIGUE and AdherenciaMED research projects where we evaluate the improvement, maintenance and reinforcement of therapeutic adherence in patients undergoing pharmacological treatment for high-blood pressure, asthma or COPD. Besides, smoking cessation services have been developed in community pharmacies since January 2020 to provide tailored support and advice (brief interventions) and services schemes. Future services are foreseen to strengthen the pivotal role of pharmacists in the early screening of colorectal cancer, encouraging participation by making the tests more accessible for the population (proximity of the community pharmacy, flexible hours, no need for a prior appointment, and presence of a trained health professional as the pharmacist).
Sweden	High	Yes, aligned with current programmes and strategies	Pharmacy workforce integration in primary health care is existing and continuously developing.
Turkey	High	Yes, aligned with current programmes and strategies	To increase the level of pharmaceutical care, the CPD based Smart Pharmacy Programme has existed for five years now. (Please see Chapter 2.2 of this report for more details)
United Kingdom	High	Yes, aligned with current programmes and strategies	<p>The COVID-19 pandemic has shown how the pharmacy profession has worked collaboratively with other healthcare professionals to best support patient care. It has also been an opportunity to challenge traditional bureaucratic issues that have held back progress for the profession. To ensure patients and the NHS can benefit from the evolving skills of the pharmacy profession, we are committed to delivering the following:</p> <p>Further develop pharmacist independent prescribing, including training and the roll out of services proven to benefit patients and improve capacity within the NHS.</p> <p>With unique clinical training and in-depth understanding of medicines, pharmacists are the ideal practitioner to prescribe medicines.</p> <p>Harnessing the use of pharmacist expertise in managing medicines: Medicines legislation should be amended to allow pharmacists to use their professional judgement. Initial changes should enable pharmacists to make amendments to prescriptions in the event of a medicine being unavailable, such as: different quantities, strengths, formulations or generic versions of the same medicine (generic substitution). For pharmacists in secondary care these substitutions are standard practice. This already happens in Scotland.</p> <p>We are also working hard to ensure equality of opportunity among the pharmacy profession:</p> <p>The RPS undertook a profession wide survey to understand the opinions of our members and the impact of inclusion and diversity on them personally. It was promising to see 60% of the respondents felt they were welcomed by the profession. However, it has highlighted there is a need to improve our culture of inclusion and belonging for all within the profession. Disability, age and race were areas highlighted that require support and improvement.</p> <p>The current pandemic has highlighted and brought into focus health inequalities and systemic discrimination faced daily by Black, Asian and Minority Ethnic (BAME) communities. With 45% of registered pharmacists in the UK of BAME origin this is an area of concern for us. To address the immediate risk, we have lobbied to mandate a risk assessment for all BAME pharmacists working in primary and secondary care. To ensure long term change and address systemic workplace inequalities and discrimination we have co-created an Inclusion and Diversity strategy with our members.</p>
Ukraine	High	N/A	N/A

Table 3. National priorities, alignments and descriptions to Article 3

<b>Article 3. To transform and scale up pharmacy education by ensuring high-quality and fit-for-purpose education and training for primary health care provision, and to provide the foundation for workforce development, and professional and scientific advancement.</b>			
<b>Country</b>	<b>Priority</b>	<b>Alignment</b>	<b>Description</b>
<b>Armenia</b>	High	Yes, aligned with current programmes and strategies	Country level needs based assessment of education and opportunities for the workforce development.
<b>Bulgaria</b>	Medium	Yes, aligned with our future plans	Co-operation with all of the faculties of pharmacy to direct the education towards a more practical side, to engage with modern technologies.
<b>Finland</b>	Medium	Yes, aligned with current programmes and strategies	Continuing, annual screening the number and need of fit-for-purpose skilled workforce in pharmacies and influencing on education. Offering pharmacy and pharmacy technician students a place for practice annually in more than 400 pharmacies. By giving stipends for pharmacists to support the development of pharmacy work and pharmacy services in Finland.
<b>France</b>	High	Yes, aligned with our future plans	All French organisations of hospital pharmacists support the project of a common training framework (CTF) shadowed by the EAHP. At the same time, the new programme for French specialisation in hospital pharmacy came into force in November 2019. The CTF and the new French specialisation programme are aligned.
<b>Iceland</b>	Medium	Yes, aligned with our future plans	We are not a regulatory body, this is not within our scope, but we aim to provide support by continuous education.
<b>Ireland</b>	Medium	Yes, aligned with current programmes and strategies	Our pharmacy undergraduate training programme was updated to a five-year Masters in Pharmacy a few years ago so this objective has been achieved.
<b>Italy</b>	Medium	Yes, aligned with our future plans	N/A
<b>Malta</b>	Medium	Yes, aligned with current programmes and strategies	Pharmacy education encompasses a strong aspect related to direct patient care by merging practice experientials and rotations and practice research in pharmacy graduate and post-graduate education.
<b>Montenegro</b>	High	N/A	Comprehensive plans for targeted areas of learning through programmes like -the smart pharmacist programme. Symposia for education on national level.
<b>Netherlands</b>	High	Yes, aligned with current programmes and strategies	In 2012 the KNMP renewed the advanced education programme for the profession of specialist community pharmacist. The education programme was originally introduced in 1995. Pharmacists who graduate from university follow this two year programme during their first job in a community pharmacy. In 2019 and 2020 a new vision document was developed. This document is about the advanced education programme and PDSA (Plan-Do-Study-Act) cycles related to quality assurance have been adapted in this document. The Pharmacist Competency Framework & Domain-specific Frame of Reference was added in 2016 and describes the current status of pharmacy in the Netherlands and specifies required learning outcomes for pharmacists graduating from universities in the Netherlands. Community pharmacists are involved in the Accompanying Learning Route to train new pharmacist assistants. Students who want to be a pharmacist assistant can work for three to four days in the pharmacy, and on one day they go to school. The pharmacist is part of the workforce development. Dutch pharmacists are active in their peer-to-peer programme in which they can discuss dilemmas.
<b>Norway</b>	High	Yes, aligned with current programmes and strategies	National fora for stakeholders are established and cooperation is an ongoing process.
<b>Spain</b>	High	Yes, aligned with our future plans	As a member state of the European Union, one of our priorities is to review the training requirements under professional qualifications directive for health care professionals (Directive 2013/55/EU). Due to the strength of pharmaceutical care and pharmacy practice in Spain, we support the idea to scale up pharmacy education by ensuring fit-for-purpose education and training for community and primary health care pharmacists.
<b>Sweden</b>	High	Yes, aligned with our future plans	Primary health care is a bigger part of the pharmaceutical education today than it was a few years ago. It's planned to expand to be an even bigger part.
<b>Turkey</b>	High	Yes, aligned with current programmes and strategies	The Accreditation Council for Pharmacy Education is doing its best to scale up pharmacy education in Turkey, in which the representative of TPA also included. The Academy of Pharmacy of the TPA has been implementing CE programmes since 2001. Beginning from 2003, pharmacy technicians have been educated in collaboration with the Ministries of Health and Education.
<b>United Kingdom</b>	High	Yes, aligned with current programmes and strategies	The new Education and Standards Committee was formed in early 2020 and a new Early Careers Advisory Group is in the process of being set up. The RPS is currently leading the creation of a new UK Foundation Pharmacist curriculum. The project experienced some early delays as all RPS staff were actively involved in supporting our members and the wider profession through the peak of the COVID-19 pandemic but this project work is now back on track.

**Article 3. To transform and scale up pharmacy education by ensuring high-quality and fit-for-purpose education and training for primary health care provision, and to provide the foundation for workforce development, and professional and scientific advancement.**

Country	Priority	Alignment	Description
			<p>In January 2020 the RPS became responsible for the approval of any new consultant pharmacist posts across England and Wales.</p> <p>The RPS continues to engage with Health Education England's (HEE) Centre of Advancing Practice around the credentialing of advanced level practice in the non-medical workforce.</p> <p>In January 2020 we launched the HEE-funded RPS antimicrobial stewardship (AMS) training programme in collaboration with Public Health England and the UK Clinical Pharmacists Association. This is a blended learning programme. This training upskills pharmacists to apply PDSA (Plan-Do-Study-Test) cycles and behaviour change interventions to improve AMS in their workplace.</p> <p>In the area of professional development, the education department has reviewed our recently developed mentoring platform so that skills and expertise can be better aligned to RPS developmental frameworks and better reflect the current needs of users.</p> <p>The RPS education department has engaged in direct and stakeholder workshops held by the General Pharmaceutical Council GPhC to inform its decisions on the delivery of the 2020 registration assessment and provisional registration, and has been advocating for the assessment to be held as soon as possible.</p> <p>The key strategic focus in 2020, remains to create and strengthen the RPS brand is assessments, education and professional development with a priority to clearly link these to different stages of career development. The education and professional development department will be heavily focused on supporting and inputting into the Early Years Career Programme for young pharmacists across GB which is in development. Other key focus theme areas include:</p> <ul style="list-style-type: none"> <li>• Assessment and credentialing — foundation curriculum and assessments and consultant pharmacist credentialing</li> <li>• Mentoring — focus on early careers programme</li> <li>• Education — education delivery strategy in development; revision of RPS preregistration offer ; delivery of the community pharmacy consultation service contract</li> <li>• e-Portfolio development with the first priorities being programmes to support provisional registrants and consultant assessments and then new programmes to replace the existing RPS e-portfolio — advanced, foundation and revalidation.</li> </ul>
Ukraine	High	N/A	N/A

**Table 4. National priorities, alignments and descriptions to Article 4**

<b>Article 4. To continue to address the growing burden of non-communicable diseases by empowering our profession to provide services in health promotion and disease prevention, screening, referral, disease management and treatment optimisation in people with non-communicable diseases</b>			
Country	Priority	Alignment	Description
Armenia	High	Not yet aligned	N/A
Bulgaria	Medium	Yes, aligned with our future plans	We have done programmes for COPD and asthma, but have been prevented by the professional association of physicians, politicians and also by laws in the country.
Finland	Medium	Yes, aligned with current programmes and strategies	Healthcare points offering nursery services, integrated to pharmacies (>20). Pharmacists (BSc or MSc) specialised in different health conditions and offering services and medication counselling widely around Finland. The Exercisers pharmacy initiative is part of health promotion work in pharmacies.
France	High	Yes, aligned with our future plans	N/A
Iceland	Medium	Yes, aligned with our future plans	Our aim is to support our members (pharmacists) within our scope by continuous education and by showing the authorities and other healthcare professionals what the pharmacist can do.
Ireland	High	Yes, aligned with current programmes and strategies	Pharmacists are able to vaccinate against flu, shingles and pneumococcal disease.
Italy	High	Yes, aligned with current programmes and strategies	N/A
Malta	Medium	Yes, aligned with our future plans	Projects are undertaken in community pharmacies to develop and evaluate professional services intended to screen, monitor and optimise treatment of non-communicable diseases.
Montenegro	High	N/A	In this field, we still fight for recognition of our place in primary care and disease management, especially in screening processes and treatments. We are working on a legal platform which will give us a place in some activities we are still not in.

<b>Article 4. To continue to address the growing burden of non-communicable diseases by empowering our profession to provide services in health promotion and disease prevention, screening, referral, disease management and treatment optimisation in people with non-communicable diseases</b>			
<b>Country</b>	<b>Priority</b>	<b>Alignment</b>	<b>Description</b>
<b>Netherlands</b>	Medium	Yes, aligned with current programmes and strategies	The KNMP has several special interest groups for non-communicable diseases: lung diseases, cardiovascular disease and diabetes. Information about NCDs can be found on a public website ( <a href="http://www.apotheek.nl">www.apotheek.nl</a> ) and pharmacists have access to a database with information about medicines. The KNMP has developed several guidelines about pharmaceutical care and non-communicable diseases. Also, a guideline about medication review has been developed (including a tool about prevention and disease management).
<b>Norway</b>	Low	Yes, aligned with our future plans	The Norwegian Pharmacy Association has established a position paper where this is covered.
<b>Spain</b>	High	Yes, aligned with current programmes and strategies	The General Pharmaceutical Council of Spain (GPCS) is at the forefront of tackling communicable and non-communicable diseases by empowering the profession to provide pharmaceutical services. HIV services are already established, for example, through the dispensing and performance of rapid tests for the detection of HIV infection. In addition, the GPCS is in line with health promotion in order to comply with the 2030 Agenda and the United Nations' Sustainable Development Goals such as SDG 3 and 5.
<b>Sweden</b>	High	Yes, aligned with current programmes and strategies	N/A
<b>Turkey</b>	High	Yes, aligned with current programmes and strategies	A CPD-based NCD management program (Smart) is being implemented for five years and 6,167 community pharmacists (1 out of 4 pharmacists) have been trained in at least one of the following modules: COPD-Asthma, Diabetes and Hypertension.
<b>United Kingdom</b>	High	Yes, aligned with current programmes and strategies	We have developed policy and guidance in many of these areas and we have delivered events both face to face and digitally to support our members' professional and clinical practice. We have consistently supported, encouraged and advocated for the increased involvement of pharmacists and their teams in medicines management, medicines optimisation, pharmaceutical care for people with long-term chronic conditions and an ever-increasing involvement of pharmacists and their teams in the treatment of minor ailments and self-limiting common conditions. We are currently working hard to ensure patients can benefit from greater integration of community pharmacy into the NHS primary healthcare team. The COVID-19 pandemic has recently highlighted that community pharmacy needs to be much more closely integrated into our NHS as a valued and recognised NHS provider in primary care. Integrating community pharmacy will improve patient safety and reduce workload in other parts of the system. We are also working to deliver a project which will enable pharmacists to make an enhanced contribution to improving the wellbeing and outcomes for people with mental health issues.
<b>Ukraine</b>	High	N/A	N/A

Table 5. National priorities, alignments and descriptions to Article 5

<b>Article 5. To work with all healthcare professionals to deliver collaborative practice in primary health care, and build solid and strong interprofessional health care teams</b>			
<b>Country</b>	<b>Priority</b>	<b>Alignment</b>	<b>Description</b>
<b>Armenia</b>	High	Not yet aligned	N/A
<b>Bulgaria</b>	Low	Not yet aligned	It's not applicable currently in Bulgaria. However, our representatives disseminate this idea through written materials and interviews.
<b>Finland</b>	Medium	Yes, aligned with current programmes and strategies	Safe medication support tools for collaborative practices between pharmacies and home care or service accommodation units in Finland.
<b>France</b>	High	Yes, aligned with our future plans	N/A
<b>Iceland</b>	Medium	Yes, aligned with our future plans	Our aim is to support pharmacists to be a part of health care professional teams.
<b>Ireland</b>	High	Yes, aligned with our future plans	GPs and pharmacists worked more collaboratively during COVID-19 than ever before. We hope this collaboration will continue beyond the pandemic.
<b>Italy</b>	Medium	Yes, aligned with our future plans	N/A
<b>Malta</b>	Medium	Yes, aligned with our future plans	In Malta there is a strong interprofessional relationship in primary care where physicians have clinics within community pharmacies. Collaborative care is practised but not clearly documented. Plan is how to document and standardise this sharing of care and the collaborative practice particularly through digitalised healthcare services.



<b>Article 5. To work with all healthcare professionals to deliver collaborative practice in primary health care, and build solid and strong interprofessional health care teams</b>			
<b>Country</b>	<b>Priority</b>	<b>Alignment</b>	<b>Description</b>
<b>Montenegro</b>	High	N/A	We made good connections with the MD chamber, the stomatologist chamber and the chamber of physiotherapeutic practitioners. We are in for all educational programmes, often accrediting programmes for collaborative work between healthcare professionals.
<b>Netherlands</b>	High	Yes, aligned with current programmes and strategies	The KNMP is involved and has authorised guidelines that are developed by community pharmacists and general practitioners. An example is the guideline for chronic medication use. There are in total four collaboration primary care guidelines about anticoagulation, medicine and traffic, oral contraception and morning after pill, and chronic medication use. The KNMP reviews toolkits used to provide education on pharmacotherapy to community pharmacists and general practitioners. Collaboration between community pharmacists, GPs and homecare nurses is described in our “View of the future – pharmaceutical patient care 2020”. In the Netherlands every community pharmacist and GP is part of a pharmaceutical therapy group where they discuss all kinds of pharmacotherapy issues (first choice of lipid lowering medicine, reducing benzodiazepines, etc.). A pharmaceutical therapy group is set up in each region and community pharmacists and GPs whose practices are close to each other form a group ( <a href="https://www.apotheek.nl/themas/overleg-huisarts-en-apotheker">https://www.apotheek.nl/themas/overleg-huisarts-en-apotheker</a> ).
<b>Norway</b>	Medium	Yes, aligned with current programmes and strategies	Some projects in cooperation with doctors are ongoing and plans are covered in our position paper and strategies.
<b>Spain</b>	High	Yes, aligned with current programmes and strategies	In the stakeholders’ view, networking of experts with primary care doctors and nurses as well with pharmacists is key for effective implementation of primary health care services. Following this premise, the GPCS has signed with the Spanish Society of Doctors and Primary Care a framework agreement by which both institutions commit themselves to collaborating in the development of care services, medicines information and health care actions that contribute to the improvement of access to health care, health promotion and the rational and responsible use of medicines.
<b>Sweden</b>	High	Yes, aligned with our future plans	Pharmacists are already in interprofessional health care teams, which are still developing.
<b>Turkey</b>	High	Yes, aligned with current programmes and strategies	The TPA has a collaboration with the WHO Turkey Office and Ministry of Health, in which a health team consist of medical doctors, nurses and pharmacists follows hypertensive patients as a part of pilot resolve programme executed in 11 countries.
<b>United Kingdom</b>	High	Yes, aligned with current programmes and strategies	The RPS engages well across our three GB countries with our colleagues in the other healthcare professions and recently increasingly more so with fellow colleagues in social care as health and social care systems become more integrated. We work collaboratively with patient groups, patient representative bodies and health charities. Our interprofessional collaborative working coupled with our wider public patient engagement are key elements of our strategic commitment. We have ongoing collaborative working with other healthcare professions such as the Royal College of General Practitioners, the Royal College of Nursing and many other royal colleges. Over the last few years we have increasingly engaged with the allied health professions such as optometry and physiotherapy to name two of many. We are committed and indeed often play a leading partnership role in interprofessional collaborations with the intention of achieving alignment of the professional groups within primary care, fostering an understanding of each individual organisation’s role and aligning around common advocacy intentions and policy asks with our respective government administrations. It is not uncommon for the RPS to do joint policy statements/asks with another health professional body or indeed bodies, and we have examples of that. The RPS is also fully committed to working with patients and the wider public. We regularly engage with patient representative bodies such as the Alliance and Patient Voices, seeking their views and support for our policy asks, sense checking that what we are intending to delivery fits in with the needs and aspirations of our citizens. We also attend key health parliamentary cross-party groups in our respective parliaments where we engage with elected officials, other health professions and most importantly members of the public. Strategically the RPS is fully committed to playing a key collaborative working role with other health professions, patients and the public to enable and enhance pharmacists’ positioning and contribution to primary health care.
<b>Ukraine</b>	High	N/A	N/A

Table 6. National priorities, alignments and descriptions to Article 6

## Article 6. To shape primary health care delivery by adopting innovative approaches and adapting our workforce alongside the fast-changing digital health technologies

Country	Priority	Alignment	Description
Armenia	High	Yes, aligned with current programmes and strategies	Provision of digital pharmaceutical services. Development of strategic approaches for more effective and sustainable use of the digital pharmaceutical services.
Bulgaria	Low	Not yet aligned	Bulgaria currently lacks electronic health prescriptions and electronic health records. Patients have to carry all of the information on paper.
Finland	High	Yes, aligned with our future plans	Developing ePharmacy services along home delivery services. Developing digital medication counselling and information services but in the same time developing safe phone services of pharmacies. To benefit from digital solutions and algorithms also in medication review services that would be interactive with other health care professionals.
France	High	N/A	N/A
Iceland	Medium	Yes, aligned with our future plans	Our aim is to support our members (within our scope by continuous education.
Ireland	High	Yes, aligned with our future plans	We are working with other stakeholders to develop electronic transfer of prescriptions, summary care records and electronic health records.
Italy	Medium	Yes, aligned with our future plans	N/A
Malta	High	Yes, aligned with current programmes and strategies	Elaborating on the digital technology platform currently available at community pharmacies where patient profiles for chronic medicines are recorded.
Montenegro	High	N/A	In Montenegro we adopted and are still building digital health; e-prescribing is in use, so we are working on changes for easier adoption of these technologies.
Netherlands	High	Yes, aligned with current programmes and strategies	<p>Since the introduction of computers, clinical risk management on medication use has been developed in the Netherlands over the past 35 years. This has led to a safer use of medicines, and the pharmacist has developed clinical risk management with monitoring on dosing, drug-disease interactions (e.g., chronic diseases, renal functions, etc.), duplicate medications, drug-drug interactions, drug intolerabilities, etc.</p> <p>The clinical risk management is incorporated in the dispensing process and the pharmacy information system is supporting the pharmacist in this task with alerts. In recent years, therefore, pharmacists have access to tools as clinical decision support systems with embedded clinical rules to support pharmaceutical care, alongside traditional clinical risk management on medicines use. Clinical rules combine all available patient data, making it possible to identify new risk situations. The pharmacist receives more specific and relevant signals than with traditional clinical risk management and can concentrate on the high risk alerts, promoting a more personalised pharmaceutical care for every patient.</p> <p>In April 2020 the Ministry of Health informed the KNMP about the approval of the VIPP (digital health data) Pharmacy. The aim of this acceleration programme is to make health care safer and more efficient and to strengthen the position of the patient, by making up-to-date medication overviews available for healthcare providers and patients and improved medication monitoring. To make this possible, EUR 86m has been reserved for the future VIPP pharmacy scheme.</p> <p>In VIPP (Acceleration program information exchange patient and professional) Pharmacy, the focus is on the implementation and use of the information standards for medication data by pharmacies, the exchange of this data with the patient and the pharmacovigilance of pharmacies. In the coming months (in 2020), VWS (Dutch Ministry of Health) will work with the KNMP on the elaboration of the three substantive modules: (1) implementation and use of the medication standards in pharmacies; (2) disclosure of medication data to the personal health environment of patients; and (3) implementation of a new drug monitoring system in pharmacies. VIPP Pharmacy will be a three-year acceleration programme in which all community pharmacies can participate.</p>
Norway	High	Yes, aligned with current programmes and strategies	Ongoing projects to implement new systems in all pharmacies within the next 1–2 years. Ongoing work to establish our e-health strategies and a position paper within the next 2 months. The pharmacies are represented in national bodies in cooperation with other stakeholders.
Spain	High	Yes, aligned with our future plans	The GPCS promotes the networking of pharmacies through digital platforms and tools that encourage the safe dispensing of medicines (NodoFarma Asistencial, Mi Farmacia Asistencial). In pharmacy daily practice, these tools are supporting the advice of the pharmacist, as the community pharmacy continues to be a reliable and independent source of health information for patients, as well as a very useful source of information for the health systems and other stakeholders. Indeed, the use of real world evidence of health and economic outcomes that can be provided by the digital tools implemented in community pharmacies should also be considered in order to assess the efficiency and therapeutic value of medicines.
Sweden	Medium	Yes, aligned with our future plans	Already in use, for example, in pharmacies, but still developing in primary health care.

**Article 6. To shape primary health care delivery by adopting innovative approaches and adapting our workforce alongside the fast-changing digital health technologies**

Country	Priority	Alignment	Description
Turkey	High	Yes, aligned with current programmes and strategies	The TPA has various digital applications and programmes for pharmacy management, drug information, pharmacies on duty, drug distribution etc.
United Kingdom	High	Yes, aligned with current programmes and strategies	<p>We have an RPS three-country GB group which shares and explores the digital opportunities for the profession taking account of the different country perspectives around the digital agenda and the different stages of digital development across the three countries.</p> <p>Considering the learnings from the COVID-19 pandemic to date, we recently completed an engagement exercise with other pharmacy representative bodies, individual members and patient representative bodies. We have identified a number of key policy asks that we will be advocating on with our respective GB administrations. One of the most important areas that the RPS identified was the need to sort the interoperability of digital systems and the many digital access issues that currently exist for pharmacy and other health professions. Everyone across pharmacy is aligned on the need to deliver on the digital agenda. Getting this right will be the single biggest enabler of pharmacists' developing roles, especially enabling our commitment around pharmacist independent prescribing.</p> <p>In supporting an integrated NHS, we have highlighted the advantages technology can bring to increasing patient access to timely, safe and effective pharmaceutical care. In recent times, in many care settings digital health care solutions have become more critical to the management of demand, meeting patient need, and offering choice and safety for patients.</p> <p>Our experience of the pandemic has illustrated the need for rapid advances in the implementation of digital pharmacy solutions, system configuration and the urgent need for commitment to:</p> <p>Improving patient safety, creating new efficiencies, a more resilient service and reducing risks of infection through adoption of paper free electronic prescribing systems includes, where it is not already in place, the:</p> <ul style="list-style-type: none"> <li>• Development and roll out of electronic transfer of prescriptions in primary care;</li> <li>• Roll out of electronic repeat dispensing where electronic transfer of prescriptions is in place;</li> <li>• Electronic prescribing and medicines administration (H/EPMA) in hospitals and care homes;</li> <li>• Electronic sharing of appropriate patient information between secondary and primary care;</li> <li>• Electronic discharge information to be shared with a community pharmacy of the patient's choice; and</li> <li>• Electronic networking groups between local communities of practice.</li> </ul> <p>We are also pushing to:</p> <ul style="list-style-type: none"> <li>• Ensure patients can fully benefit from interactions with community pharmacists through establishing routine read, write and edit access to patient records for all pharmacists;</li> <li>• Create the infrastructure for virtual consultations to increase patient access to pharmacist skills and services; and</li> <li>• Achieve a universal consent model to community pharmacy services as this needs to be explored and put in place.</li> </ul>
Ukraine	High	N/A	N/A

Table 7. National priorities, alignments and descriptions to Article 7

Article 7. To be an accessible, reliable and credible source of medical information for our communities and patients, empowering them to make healthier and more informed choices			
Country	Priority	Alignment	Description
Armenia	High	Yes, aligned with current programmes and strategies	Projects aimed to raise awareness about rational use of medicines among the population. Educational projects for pharmacists.
Bulgaria	Medium	Yes, aligned with our future plans	Stimulating pharmacists about the newest tendencies and information, we give credit points. Sending weekly emails containing the latest pharmaceutical and medical news.
Finland	High	Yes, aligned with current programmes and strategies	Aligned to national medicine information strategy network in Finland. This strategy is currently under renewal process for the years 2021–2026 coordinated by the Finnish Medicines Agency.
France	High	Yes, aligned with our future plans	N/A
Iceland	Medium	Yes, aligned with our future plans	Our aim is to support our members (pharmacists) within our scope by continuous education.
Ireland	High	Not yet aligned	N/A
Italy	High	Yes, aligned with current programmes and strategies	N/A
Malta	High	Yes, aligned with current programmes and strategies	Promoting visibility for community pharmacies as a source of health-related information. Ensuring that pharmacists have access to current information.
Montenegro	High	N/A	This is the most worked part of our commitment and implemented in all our documents.
Netherlands	High	Yes, aligned with current programmes and strategies	In 2000 the KNMP established a national medicines information website for patients ( <a href="http://www.apotheek.nl">www.apotheek.nl</a> ). This website contains information of 1,300 medicines (API), highlights (short text) for 850 medicines and videos of 80 medicines (80 of most visited medicines on the website by patients). The website also contains instruction videos on how to use devices (e.g. nose sprays, inhalation devices, eyedrops) and public health information (medicines storage during hot weather, medicines use and Ramadan, etc.). The information and tools on the website are also available for individual pharmacists who have their own pharmacy website. Via a technical service (webservice) the information (text, video's, etc.) can be incorporated in individual pharmacy websites. The KNMP will keep the information up-to-date and via the technical service this information will be automatically updated on all pharmacy websites. The goal is that the patient will find the same information on the national public website and on the website of their own community pharmacist. In the past few years the numbers of website visitors has been stable. The number of visitors per month was 1,236,458 in 2016, 1,262,918 in 2017, and 1,315,364 in 2018. The numbers of monthly sessions on the website were 1,715,087 in 2016, 1,790,840 in 2017 and 1,891,133 in 2018.
Norway	High	Yes, aligned with current programmes and strategies	Described in more detail in our position paper. Followed up and confirmed by national surveys yearly.
Spain	High	Yes, aligned with current programmes and strategies	The health knowledge database of the GPCS BOTPLUS has undergone constant evolution over these three decades to adapt to the technical and information needs of health professionals. On an annual basis, it presents new contents and functionalities that increase its possibilities. BOTPLUS is a computer application developed by the GPCS, with complete information on the 20,000 medicines marketed in Spain and 40,000 health products, diet and parapharmacy products, as well as medicines for animal use, and information on diseases together with their interrelationship with medicines. Besides that, the Medicines Information Centre managed by pharmacists provides remarkable support in terms of making the information more accessible and reliable for citizens, pharmacists and other healthcare professionals.
Sweden	High	Yes, aligned with current programmes and strategies	N/A
Turkey	High	Yes, aligned with our future plans	N/A
United Kingdom	High	Yes, aligned with current programmes and strategies	The concept of the inverse care law proposed 30 years ago by Julian Tudor Hart describes a perverse relationship between the need for health care and its actual utilisation. Recently COVID-19 has exacerbated and exposed the health inequalities gap. The network of community pharmacies in primary care helps to buck the trend of the inverse care law as there are a greater number of pharmacies in socio-economically deprived areas. This ensures that the people across the UK have access to health care and advice within their localities wherever they live, especially in the most deprived

**Article 7. To be an accessible, reliable and credible source of medical information for our communities and patients, empowering them to make healthier and more informed choices**

Country	Priority	Alignment	Description
			communities where access to health care is limited. Local pharmacy teams can act as champions and play an active role in breaking down the invisible barriers of tradition, religion and culture, and engage with their communities with purpose and meaning. There are examples that can be built on where pharmacists provide outreach services into the communities they serve. The RPS is committed to making this a reality across all three countries of GB by working with key stakeholders and patient groups. We believe this local leadership should be utilised and built upon to reduce health inequalities and improve access to pharmacy services.
Ukraine	High	N/A	N/A

**Table 8. National priorities, alignments and descriptions to Article 8**

**Article 8. To play an essential public health role by providing evidence-based information about immunisation, eliminating public misconceptions about vaccines, supporting national immunisation strategies and expanding vaccination coverage**

Country	Priority	Alignment	Description
Armenia	High	Yes, aligned with our future plans	N/A
Bulgaria	Low	Not yet aligned	Pharmacists are currently being informed about everything related to vaccines, but they are prohibited by law from administering vaccines.
Finland	High	Yes, aligned with our future plans	An initiative has been made to strengthen the vaccination net through pharmacy vaccination to cover better the whole Finnish society as COVID-19 vaccinations come available. Pharmacies could also support annual influenza vaccination in Finland after launching pharmacy vaccination via COVID-19 vaccination.
France	High	Yes, aligned with our future plans	N/A
Iceland	Medium	Yes, aligned with our future plans	Our aim is to support our members (pharmacists) within our scope by continuous education and by showing the authorities and other health care professional what the pharmacist can do.
Ireland	High	Yes, aligned with current programmes and strategies	Pharmacists are able to vaccinate against flu, shingles and pneumococcal disease.
Italy	High	Yes, aligned with current programmes and strategies	N/A
Malta	Medium	Yes, aligned with our future plans	Providing more access to pharmacists to support immunisation strategies through information sessions.
Montenegro	High	N/A	In this field in the past year we have made many contacts and tried to see all information from other countries about immunisation programmes through pharmacy. We are involved only in informative and supportive programmes but we are still not doing anything in vaccination coverage through pharmacy.
Netherlands	High	Yes, aligned with current programmes and strategies	The KNMP is member of the national vaccination alliance established by the Ministry of Health and Welfare in The Netherlands. The KNMP collaborates with several organisations (general practitioners organisation, Dutch Medicine Authority, Netherlands Pharmacovigilance Centre, etc.) to develop evidence-based information about immunisation and vaccination. The KNMP has incorporated in its yearly strategy to enhance the position of the pharmacist in vaccination investigations about how the pharmacists can have a role in the administering of vaccines.
Norway	High	Yes, aligned with current programmes and strategies	National vaccination service implemented in pharmacies (administration of vaccines based on prescriptions). Ongoing work to give pharmacists in the pharmacies also the right to prescribe flu vaccines.
Spain	High	Yes, aligned with our future plans	In these unprecedented times of COVID-19, the GPCS is including community pharmacies in actions to tackle the pandemic within the public health initiatives that may be carried out by health authorities. In addition, we are fully engaged in campaigns and proactive advocacy activities to further expand pharmacists' role in promoting vaccination awareness and uptake.
Sweden	High	Yes, aligned with current programmes and strategies	This is important work done mainly by pharmacists in pharmacies and national/local expert groups
Turkey	Medium	Yes, aligned with our future plans	Immunisation rights for pharmacists has been one of the priorities of the TPA for the past two years. But since it requires a legal regulation, advocacy work is going on at the government level.
United Kingdom	High	Yes, aligned with current programmes and strategies	Many community pharmacies have developed into public health hubs which can include other health and social care professionals delivering additional services in the pharmacy. Some contractual and local commissioning arrangements include payment

**Article 8. To play an essential public health role by providing evidence-based information about immunisation, eliminating public misconceptions about vaccines, supporting national immunisation strategies and expanding vaccination coverage**

Country	Priority	Alignment	Description
Ukraine	High	N/A	<p>for public health service delivery. The RPS is very supportive of this being developed further especially in the areas of vaccination and immunisation and this whole area is a priority advocacy area for the RPS.</p> <p>The accessibility of community pharmacies during the COVID-19 pandemic has been a major advantage for patients in receiving face-to-face care.</p> <p>There is huge potential for community pharmacies to be further developed as healthcare providers and public health hubs. The RPS believes that any decision to implement population level COVID-19 vaccination across the NHS must use the clinical expertise, knowledge and accessibility of community pharmacists and their teams to maximise access to these services. Community pharmacists already provide NHS flu vaccinations in England and Wales.</p> <p>Any decision to involve pharmacy teams in COVID-19 antibody testing should first take into account the safety of those teams and the public, ensuring that increased exposure to possible infection does not threaten the viability of the pharmacy. Where it is agreed it is safe to do so, the clinical expertise and accessibility of community pharmacists and their teams should be utilised as appropriate to enable testing in local communities. Provision of testing and vaccinations as either a private or NHS service should be in line with evidence-based protocols using approved products and take account of regulatory and RPS professional guidance. As the professional body, we are pushing for an increased role for pharmacists and their teams in this important public health area, capitalising on what has been achieved to date in pharmaceutical public health.</p>

**Table 9. National priorities, alignments and descriptions to Article 9**

**Article 9. To encourage our pharmacy workforce to deliver primary health care effectively through the supply of quality medicines, improving medication adherence and patient safety, ensuring the rational use of medicines, and tackling the challenges of antimicrobial resistance by promoting antimicrobial stewardship strategies in our nation**

Country	Priority	Alignment	Description
Armenia	High	Yes, aligned with our future plans	N/A
Bulgaria	Low	Not yet aligned	Pharmacists are informed about the effects of antibiotics. Everything is done by prescription and generic substitution is prohibited.
Finland	High	Yes, aligned with current programmes and strategies	Alongside our governmental strategies and requirements. Rational use of medicines includes also environmental matters, including medicines waste of households that is taken in by pharmacies.
France	High	Yes, aligned with our future plans	N/A
Iceland	Medium	Yes, aligned with our future plans	This is in alignment with our vision.
Ireland	High	Yes, aligned with our future plans	Although pharmacists are involved in all of these activities, they are not yet remunerated by the state.
Italy	High	Yes, aligned with current programmes and strategies	N/A
Malta	High	Yes, aligned with current programmes and strategies	Information on antimicrobial stewardship and how to support patients in ensuring correct use of antimicrobials shared by infectious control specialists. Patients on chronic medication obtained through the National Health Service Scheme collect their medicines from the same community pharmacy of their choice, allowing the community pharmacist to be able to follow their medicine use patterns, and to provide information to the patient about use of the medicines and the management of their chronic conditions.
Montenegro	High	N/A	This strategy is in our pharmacy law, and it is a part of our action.
Netherlands	High	Yes, aligned with current programmes and strategies	<p>The KNMP is member of the national working group on medication safety established by the Ministry of Health and Welfare in the Netherlands.</p> <p>The KNMP is member of the national working group of antimicrobial resistance. The KNMP has developed several guidelines about clinical risk management on medicines use and medication review. Further on, the KNMP is developing a guideline for deprescribing. The KNMP is developing clinical rules (<a href="https://www.knmp.nl/patientenzorg/medicatiebewaking/medisch-farmaceutische-beslisregels/mfbs">https://www.knmp.nl/patientenzorg/medicatiebewaking/medisch-farmaceutische-beslisregels/mfbs</a>).</p> <p>Since the introduction of computers clinical risk management on medicines use has been developed in the Netherlands over the past 35 years. This has led to a safer use of medicines and the pharmacist has developed clinical risk management with monitoring on dosing, drug-disease interactions (e.g., chronic diseases, renal</p>

**Article 9. To encourage our pharmacy workforce to deliver primary health care effectively through the supply of quality medicines, improving medication adherence and patient safety, ensuring the rational use of medicines, and tackling the challenges of antimicrobial resistance by promoting antimicrobial stewardship strategies in our nation**

Country	Priority	Alignment	Description
			functions, etc.), duplicate medications, drug-drug interactions, drug intolerabilities, etc. Clinical risk management is incorporated in the dispensing process and the pharmacy information system is supporting the pharmacist in this task with alerts. More and more patient data have become available to pharmacists, such as laboratory data/clinical data (e.g., cholesterol, HbA1c, blood pressure, renal function and pharmacogenetic parameters). In recent years, therefore, pharmacists have access to tools as clinical decision support systems with embedded clinical rules to support pharmaceutical care, alongside traditional clinical risk management on medicines use. Clinical rules combine all available patient data, making it possible to identify new risk situations. The pharmacist receives more specific and relevant signals than with traditional clinical risk management and can concentrate on the high-risk alerts, promoting a more personalised pharmaceutical care for every patient.
<b>Norway</b>	High	Yes, aligned with current programmes and strategies	National services like our “Medisinstart” (standardized service for new users of defined medicines) improve quality and adherence by dialog with trained pharmacists in pharmacies.
<b>Spain</b>	High	Yes, aligned with current programmes and strategies	The GPCS has been developing the HazFarma project in the recent years, an ambitious initiative aiming to develop professional pharmacy services in community pharmacy. HazFarma was created to follow-up the strategic plan for pharmaceutical care, maintaining the pillars that contributed to its success and providing a new qualitative leap for the pharmaceutical profession. Under the name of HazFarma, and in close collaboration with Cinfa Pharmaceutical Company, different actions are being developed to put in place ground-breaking professional pharmacy services. In this regard, we are promoting HazDispensación, a dispensing service within Nodofarma Asistencial that is focused on patients who request medicines with or without prescription. Some therapeutic groups, with or without a prescription, will be addressed, with the dispensing of antibiotics being of special interest. Besides that, we collaborated with the Spanish Agency of Medicines and Medical Devices in supporting the National Plan 2019–2021 for Antibiotic Resistance so as to reduce the risk of selection and spread of antibiotic resistance.
<b>Sweden</b>	High	Yes, aligned with current programmes and strategies	N/A
<b>Turkey</b>	High	Yes, aligned with current programmes and strategies	Antimicrobial stewardship training programmes for pharmacists and pharmacy technicians are being implemented in collaboration with the Ministry of Health. For patients, the TPA is producing posters and brochures in different periods.
<b>United Kingdom</b>	High	Yes, aligned with current programmes and strategies	Our RPS mission is to put pharmacy at the forefront of health care and our vision is to become the world leader in the safe and effective use of medicines. We do that through championing the profession across all sectors, and we are internationally renowned as publishers of medicines information. Since the new professional body was formed in late 2010, we have constantly striven to encourage our members to deliver the highest quality of service they can — “to be the best they can be” — and we can proudly celebrate a decade of commitment to improving medication adherence, patient safety, the rational use of medicines, the AMR challenge and pharmacy’s contribution to the quality improvement and medicines safety agenda. We have expert advisory groups, stakeholder collaborative partnerships and campaigns which have addressed and continue to address these key areas. We have supported pharmacists with professional standards and guidance across these areas and we have run professional and clinical events which support these ambitions through our RPS Locals across our respective country regions. We have also taken our guidance and enabled that across our networks to change pharmacy practice for the better. Delivering and often leading on the quality improvement in pharmacy practice and the medicines and patient safety agenda remains a priority area for the RPS.
<b>Ukraine</b>	High	N/A	N/A

Table 10. National priorities, alignments and descriptions to Article 10

<b>Article 10. To generate evidence on the impact of pharmacists in improving health outcomes in primary health care systems through sustainable professional services and ensure broad access to these services</b>			
<b>Country</b>	<b>Priority</b>	<b>Alignment</b>	<b>Description</b>
<b>Armenia</b>	High	Yes, aligned with our future plans	N/A
<b>Bulgaria</b>	Low	Not yet aligned	We are currently using evidence and good practice from other European countries to present to the public, the government and the Ministry of Health the opportunities and importance of the services provided by pharmacists.
<b>Finland</b>	Medium	Yes, aligned with our future plans	By documenting work that pharmacies are doing. This is made by supporting and supervising studies that pharmacy students and pharmacists supplementing their studies are doing as part of their diplomas.
<b>France</b>	High	Yes, aligned with our future plans	N/A
<b>Iceland</b>	Medium	Yes, aligned with our future plans	Our aim to demonstrate to the authorities and other healthcare professionals what the pharmacist can do.
<b>Ireland</b>	High	Yes, aligned with current programmes and strategies	We have carried out a number of pilot studies, e.g., new medicine service, and detection of hypertension and atrial fibrillation in the community.
<b>Italy</b>	High	Yes, aligned with our future plans	N/A
<b>Malta</b>	Medium	Yes, aligned with our future plans	Sustainability in professional services is an area that needs further exploration into how to streamline them focused on patient outcomes.
<b>Montenegro</b>	High	N/A	Through the Smart Pharmacist programme we are providing the first evidence based outcomes of pharmacists' impact on health care at a national level. We hope that this information will be guidance for further action and will promote access to new services for pharmacists.
<b>Netherlands</b>	High	Yes, aligned with current programmes and strategies	The KNMP supports several research projects about the impact of pharmacists and pharmaceutical care. The KNMP has a "research agenda 2025" with of 10 subjects about primary care and pharmaceutical care.
<b>Norway</b>	High	Yes, aligned with current programmes and strategies	The services "Medisinstart" and "Check your inhalation technique" have been evaluated, and the positive effects of these services provided by pharmacies has been documented.
<b>Spain</b>	High	Yes, aligned with our future plans	Through the AdherenciaMED project, the research programme conducted in community pharmacies, pharmacists undertook complex interventions on more than 1,000 patients using a combination of evidence-based models for behavioural change, as well as other strategies such as pharmaceutical advice, monitored dosage systems and education on inhalation techniques for asthma or COPD. Our goal is to continue to build more sustainable professional pharmacy services in the near future.
<b>Sweden</b>	High	Yes, aligned with current programmes and strategies	N/A
<b>Turkey</b>	High	Yes, aligned with our future plans	For services in the framework of the Smart Pharmacy Programme, changes in peak flow meter results and blood glucose measurements are noted in the pilot study and reported to the Ministry of Health. In the near future, it is planned to measure all the data by using pharmacoeconomical analysis.
<b>United Kingdom</b>	High	Yes, aligned with current programmes and strategies	The science and research team within the RPS and the RPS Science and Research Expert Advisory Panel work hard to promote science and research within the profession, and in recent years our science and research team working with RPS Events has delivered two very successful and highly regarded science summits for the profession. We work to encourage pharmacists to get involved in research and will continue to do so. It is especially important for us to get young pharmacists involved in research from an early age. The RPS is committed to developing a role for pharmacists in research. Relatively few pharmacists have opportunities to link academic careers with the provision of clinical care, and pharmacists at the front line of care are ideally positioned to improve knowledge, and outcomes for patients, through research and development. This could include clinical research on medicines and service evaluation. The research skills of pharmacists should be developed to strengthen their ability to innovate and lead the development of new products and services. Historically, pharmacy has not been good at building the evidence base for the services we provide, but the RPS is committed to changing that as it is only through the profession being able to properly provide an evidence base for the impact pharmacists have on health outcomes that we will be able to maintain resources for existing pharmacy services and be enabled to grasp the windows of opportunity that present themselves around new services. The RPS recognises that there is a lot more to do in this area and that we need to demonstrate leadership across all sectors of the profession, working with other pharmacy organisations to deliver this. We need to do this to ensure the sustainability of existing services and to broaden access to potential new services.
<b>Ukraine</b>	High	N/A	N/A



Table 11. National priorities, alignments and descriptions to Article 11

Article 11. To continue to support our current and future pharmacy workforce in order to meet the required competencies for the delivery of primary health care, and to close the gap between pharmacy education and practice			
Country	Priority	Alignment	Description
Armenia	High	Yes, aligned with current programmes and strategies	Development of the competency frameworks for pharmacists, “import” of the international experience; engagement of the education providers for shaping the professional consensus related to the future needs
Bulgaria	Medium	Yes, aligned with our future plans	Closing the gap between pharmacy education and practice. Conferences in order to fill the all the gaps and the things that new graduates lack.
Finland	High	Yes, aligned with current programmes and strategies	This is made in close collaborative practice with universities educating pharmacists in Finland. It is very important also for pharmacies to understand that work and competencies collide so that work in a pharmacy stays interesting and attractive.
France	High	Yes, aligned with our future plans	N/A
Iceland	Medium	Yes, aligned with our future plans	Our aim is to support our members (pharmacists) within our scope by continuous education.
Ireland	Medium	Yes, aligned with current programmes and strategies	Our pharmacy undergraduate training programme was updated to a 5-year Masters in Pharmacy a few years ago so this objective has been achieved.
Italy	Medium	Yes, aligned with our future plans	N/A
Malta	High	Yes, aligned with current programmes and strategies	Pharmacy education collaborates with professional stakeholders to identify competencies evolvement requirements.
Montenegro	High	N/A	Education and all supportive actions for work with pharmacists during the licensing periods, working on new competencies through accreditation programmes.
Netherlands	High	Yes, aligned with current programmes and strategies	<p>For the specialist hospital pharmacist and community pharmacist a continuing education programme is mandatory. Every five years, hospital and community pharmacists need to follow a certain number of hours of continuing education. There are requirements with education to be followed and the requirements follow the CanMEDs (Medicinal record system) competency framework (<a href="https://www.knmp.nl/professie/opleiding-en-her-registratie/openbaar-apothekers/herregistratie">https://www.knmp.nl/professie/opleiding-en-her-registratie/openbaar-apothekers/herregistratie</a>).</p> <p>In 2012, the KNMP renewed the advanced education programme for the profession of specialist community pharmacist. The education programme was originally introduced in 1995. Pharmacists who graduate from university follow this two-year programme during their first job in a community pharmacy.</p> <p>The Pharmacist Competency Framework &amp; Domain-specific Frame of Reference was added in 2016 and describes the current status of pharmacy in the Netherlands and specifies required learning outcomes for pharmacists graduating from universities in the Netherlands.</p> <p>Community pharmacists are involved in the Accompanying Learning Route to train new pharmacist assistants. Students who wants to be a pharmacist assistant can work for three to four days in a pharmacy and on one day they go to school. The pharmacists is part of the workforce development.</p>
Norway	Medium	Yes, aligned with current programmes and strategies	National fora for stakeholders within education have been established and cooperation is an ongoing process.
Spain	High	Yes, aligned with current programmes and strategies	For many years now, the pharmaceutical care team of the GPCS has given training in pharmaceutical care (i.e, the conSIGUE programme) to final year university students. Our engagement with universities is of paramount importance in terms of joining pharmacy education with pharmacy practice. In early April, the GPCS signed an agreement with the Pharmacy Deans' Conference to facilitate the recognition of supervised traineeship for pharmacy students during the pandemic. Once the students have finished their traineeship, they will be able to develop their professional activity in the different fields of pharmacy (community or hospital pharmacy, pharmaceutical industry and so forth).
Sweden	High	Yes, aligned with current programmes and strategies	N/A
Turkey	High	Yes, aligned with current programmes and strategies	The Smart Pharmacy Programme will continue in the planned future.
United Kingdom	High	Yes, aligned with current programmes and strategies	<p>The RPS is doing a huge amount of work to support the current and future pharmacy workforce. As part of our ambition to establish the professional body as a national assessment provider, our intention is to deliver:</p> <ul style="list-style-type: none"> <li>• A national foundation pharmacist curriculum;</li> <li>• A national foundation pharmacist assessment programme;</li> <li>• Individual credentialing for consultant pharmacist posts;</li> <li>• A national consultant pharmacist post approval service;</li> <li>• An advanced core curriculum and assessment programme;</li> </ul>

<b>Article 11. To continue to support our current and future pharmacy workforce in order to meet the required competencies for the delivery of primary health care, and to close the gap between pharmacy education and practice</b>			
<b>Country</b>	<b>Priority</b>	<b>Alignment</b>	<b>Description</b>
			<ul style="list-style-type: none"> <li>• Specialist advanced curricula and assessment programmes in collaboration with affiliated groups;</li> <li>• A new e-portfolio solution;</li> <li>• Faculty offer and Faculty review;</li> <li>• Mentoring 2.0 platform; and</li> <li>• New support provision for various member groups.</li> </ul> <p>These commitments will go some considerable way to ensuring that the RPS plays a leading role in pharmacy workforce development in order to meet the required competencies for the delivery of primary health care, and to close the gap between pharmacy education and practice.</p>
<b>Ukraine</b>	High	N/A	N/A

Table 12. National priorities, alignments and descriptions to Article 12

<b>Article 12. To continue to engage our stakeholders and partners, empower our regional and national health leaders, and support enabling pharmaceutical policies to strengthen primary health care, bringing communities, countries and organisations together to grow and support this movement</b>			
<b>Country</b>	<b>Priority</b>	<b>Alignment</b>	<b>Description</b>
<b>Armenia</b>	High	Yes, aligned with our future plans	N/A
<b>Bulgaria</b>	Medium	Yes, aligned with our future plans	Informing stakeholders and partners about this and supporting enabling pharmaceutical policies. Organising conferences and press conferences, increasing visibility in the media in order to promote this process.
<b>Finland</b>	Medium	Yes, aligned with current programmes and strategies	N/A
<b>France</b>	Medium	Yes, aligned with our future plans	N/A
<b>Iceland</b>	Low	Not yet aligned	This is something we have to work on. Our role is first and foremost as a union but we are also a professional body.
<b>Ireland</b>	High	Yes, aligned with our future plans	Our newly formed government has committed to introducing a new pharmacy contract that will expand the role of the pharmacist.
<b>Italy</b>	Medium	Yes, aligned with our future plans	N/A
<b>Malta</b>	Medium	Yes, aligned with our future plans	Discussions and alignment of efforts by different stakeholders to put forward pharmaceutical policy framework updates.
<b>Montenegro</b>	High	N/A	This aim is the primary work for our chamber. We are engaged in a few national and international organisations for different fields of our work which should give us information and power to bring our work to a higher level.
<b>Netherlands</b>	High	Yes, aligned with current programmes and strategies	The KNMP is member of FIP and the PGEU.
<b>Norway</b>	High	Yes, aligned with current programmes and strategies	Plans for the next years are covered in our strategies and position paper.
<b>Spain</b>	High	Yes, aligned with our future plans	The provincial Chambers of Pharmacists work closely with the regional health services in order to integrate community pharmacy with other primary care and specialised care professionals. We are really committed to promoting the collaboration of community pharmacists who participate in the pharmaceutical care of social health and disability centres, in coordination tasks with other primary care professionals and in the development of health surveillance activities in these centres.
<b>Sweden</b>	High	Yes, aligned with current programmes and strategies	N/A
<b>Turkey</b>	Medium	Yes, aligned with current programmes and strategies	Advocacy efforts will continue before the Ministry of Health for the necessary legal changes in order to give more primary health care services to patients as pharmacists.
<b>United Kingdom</b>	High	Yes, aligned with current programmes and strategies	The RPS as the leadership body for pharmacy and pharmacists in GB regularly engages with key stakeholders, pharmacy representative bodies, community pharmacy multiples, the NHS, the pharmacy education bodies and the General Pharmaceutical Council, which is the UK pharmacy regulator. A very recent example was our RPS engagement summit with key pharmacy stakeholders on the "Future of pharmacy", where we engaged with a wide group of stakeholders on a new set of policy asks for the profession. We use our RPS local engagement programme to nurture and develop leaders into the work of the professional body at a local level. Many of these will go on to be future leaders at a national level. We constantly

**Article 12. To continue to engage our stakeholders and partners, empower our regional and national health leaders, and support enabling pharmaceutical policies to strengthen primary health care, bringing communities, countries and organisations together to grow and support this movement**

Country	Priority	Alignment	Description
			engage with our respective governments, parliaments and civil servants, advocating for the profession and the role of pharmacists and their teams. We respond to government health committee inquiries on health care with both written and oral evidence and are often quoted in published committee recommendations. We develop manifestos for pharmacy in our respective GB countries and we advocate for delivery of the manifesto policy intentions. As far as possible we strive to achieve a "one RPS" approach on our policy asks and intentions, advocating for positive change in our three parliaments at the same time as it is more powerful to lobby simultaneously for the same change across GB. We comprehensively engage with senior leaders, public affairs and policy specialists in many of the other health professional bodies and collaborate on issues where there is common agreement on driving positive health care changes for the wider healthcare system in primary care.
Ukraine	High	N/A	N/A

**Table 13. National priorities, alignments and descriptions to Article 13**

**Article 13. To be regional health care ambassadors in the attainment of the United Nations Sustainable Development Goals through provision of essential patient care and safe, effective, quality and affordable essential medicines and vaccines for all**

Country	Priority	Alignment	Description
Armenia	High	Yes, aligned with our future plans	N/A
Bulgaria	Low	Not yet aligned	We comply with all these regulations, recommendations, guidelines. We distribute them among pharmacists, but most of them are related to government regulations.
Finland	Medium	Yes, aligned with our future plans	N/A
France	Medium	Yes, aligned with our future plans	N/A
Iceland	Low	Not yet aligned	This is something we have to work on. Our role is first and foremost as a union but we are also a professional body.
Ireland	Medium	Not yet aligned	N/A
Italy	Medium	Yes, aligned with our future plans	N/A
Malta	High	Yes, aligned with current programmes and strategies	Professional bodies and national health strategy are aligned to address the UN Sustainable Development Goals to target prevention and management of non-communicable diseases through effective, safe and quality medicines that are accessible to all.
Montenegro	High	N/A	Through the Smart Pharmacist programme we are providing the first evidence-based outcomes of pharmacists' impact on health care at a national level. We hope that this information will be guidance for further action and will promote access to new services for pharmacists.
Netherlands	Low	Not yet aligned	
Norway	Medium	Yes, aligned with current programmes and strategies	Plans for the next years are covered in our strategies and position paper.
Spain	High	Yes, aligned with current programmes and strategies	The GCPS is in line with the promotion of the pharmaceutical profession in order to comply with the 2030 Agenda and the United Nations' Sustainable Development Goals. It also supports the provision of essential patient care and the equality gender to promote equal conditions for men and women. Gender equality is a goal in itself and a cross-cutting objective of the 2030 Agenda. Community pharmacy and primary care pharmacy have a key role in protecting women's health at all stages of their lives as well as preventing sexually transmitted infections by dispensing proven and quality contraceptive methods.
Sweden	High	Yes, aligned with current programmes and strategies	N/A
Turkey	High	Yes, aligned with our future plans	N/A
United Kingdom	Medium	Yes, aligned with our future plans	Much of the work that the RPS is doing or is committed to doing across GB certainly allows the professional body to play a leading and influential role in the provision of essential patient care and safe, effective quality medicines and pharmaceutical care services. We are committed to promoting and enhancing the role of pharmacists in primary care vaccination and immunisation services. In essence there is partial alignment to this intention, but we will need to consider our potential regional

**Article 13. To be regional health care ambassadors in the attainment of the United Nations Sustainable Development Goals through provision of essential patient care and safe, effective, quality and affordable essential medicines and vaccines for all**

Country	Priority	Alignment	Description
Ukraine	High	N/A	contribution within our international strategy which is currently been worked on and developed. N/A

The highest ranked commitments are:

- Article 9 (“to encourage our pharmacy workforce to deliver primary health care effectively through the supply of quality medicines, improving medication adherence and patient safety, ensuring the rational use of medicines, and tackling the challenges of antimicrobial resistance by promoting antimicrobial stewardship strategies in our nation”, 88%);
- Article 7 (“to be an accessible, reliable and credible source of medical information for our communities and patients, empowering them to make healthier and more informed choices”, 87%); and
- Article 8 (“to play an essential public health role by providing evidence-based information about immunisation, eliminating public misconceptions about vaccines, supporting national immunisation strategies and expanding vaccination coverage”, 87%).

Article 7 and Article 9 are related to the quality and prevalence of services provided by pharmacists in accordance with their qualifications. On the other hand, we would like to draw attention to the fact that the response to Article 8 is about vaccination, suggesting that it is particularly relevant to the COVID-19 period. Pharmacists are authorised to deliver flu vaccination in seven European countries.<sup>1</sup> Other vaccines are delivered from community pharmacies in five countries.<sup>1</sup> With the return of communicable diseases as a critical health threat, the professional associations of countries have brought vaccination as a priority agenda item in a very timely manner.

Article 11, “To continue to support our current and future pharmacy workforce in order to meet the required competencies for the delivery of primary health care, and to close the gap between pharmacy education and practice”, currently is the most implemented article in the Ankara Commitment. The majority of the countries stated that this item is included in their current programmes (74%).

Few countries that responded to the survey some of the articles of the Ankara Commitment are not in their current or future agenda. This indicates high alignment with the Ankara Commitment to Action in the European Region.

Article 13, “to be regional health care ambassadors in the attainment of the United Nations Sustainable Development Goals through provision of essential patient care and safe, effective, quality and affordable essential medicines and vaccines for all”, was assigned lowest priority (19% responded “low” and 29% “not aligned with future plans”).

FIP is committed to achieving the UN SDGs through its own FIP Development Goals, which are a key resource for transforming the pharmacy profession over the next decade globally, regionally and nationally. They align with FIP’s mission to support global health by enabling the advancement of pharmaceutical practice, sciences and education and are set to transform pharmacy in alignment with wider global imperatives underpinning the UN SDGs.

## Reference

1. Pharmaceutical Group of the European Union. Communicable diseases and vaccination. Available at: <https://www.pgeu.eu/wp-content/uploads/2019/04/PGEU-Best-Practice-Paper-on-Communicable-Diseases-and-Vaccination.pdf> (accessed 28 September 2020).

## 3.2 The FIP Development Goals: An integrated framework to progress the Ankara Commitment to Action

**Authors:** Lina Bader, lead for workforce transformation and development, FIP, The Netherlands; Catherine Duggan, conference chair, chief executive officer, FIP, The Netherlands.

FIP's Ankara Commitment to Action on Primary Health Care is based on the priorities of primary health care and pharmacy in the European Region to deliver the Declaration of Astana in that region and accelerate universal health coverage. Pharmacy plays an integral role in delivery quality primary health care, and the FIP Development Goals provide a systematic integrated framework and regional roadmap to progress the statements of the commitment to concrete action.

The FIP Development Goals (DGs) are a major global development for pharmacy (Figure 14). They build on the innovation that led to the FIP Pharmaceutical Workforce Development Goals (PWDGs) launched in November 2016 at the FIP Nanjing Conference. In turn, the PWDGs were inspired and adapted from the concepts underpinning the UN Sustainable Development Goals (SDGs) to ensure alignment of the workforce to the wider global imperatives.

Conceptually, goals provide an organisation, a profession and an end-user with tangible, achievable and purposeful areas of work, set against clear priorities and timelines. The evolution of the FIP DGs represent a systematic and integrated framework to guide development globally, regionally and locally across science, practice and workforce development. Rather than a mandate for direction, the FIP DGs form a foundation for systematic action to meet national, regional and global healthcare needs.

The FIP DGs provide the basis for national needs assessments and prioritisation. In turn, these support the foundations for workforce and practice transformation and framework mapping of the workforce, practice development and pharmaceutical science development.



Figure 14. FIP Development Goals

Having a clear and supportive, systematic and integrated global framework for the entire profession has many benefits:

- The FIP DGs can be used as a framework for applied research and evaluation (for example, in education and professional practice) by universities and professional leadership bodies.

- The framework can also be a basis for investment in pharmacy health care by governmental agencies and funding authorities and for national planning and delivery of policy initiatives.
- Furthermore, a systematic and integrated framework facilitates global monitoring for trends and supports a global dashboard to monitor progress in pharmaceutical care, education, applied science and national health impact.
- Finally, the FIP DGs are a basis for the sharing of best practice, in both a global and national context, and will foster and encourage global cohesion, solidarity and concerted action. This is, and will remain, a work in progress for the decade ahead.

The FIP DGs are designed to ensure collaborative working in all areas of FIP. The goals provide global pharmacy with a logical next step to link the pharmaceutical workforce with pharmaceutical healthcare provision and the pharmaceutical services we deliver, underpinned by pharmaceutical science (Figure 15).

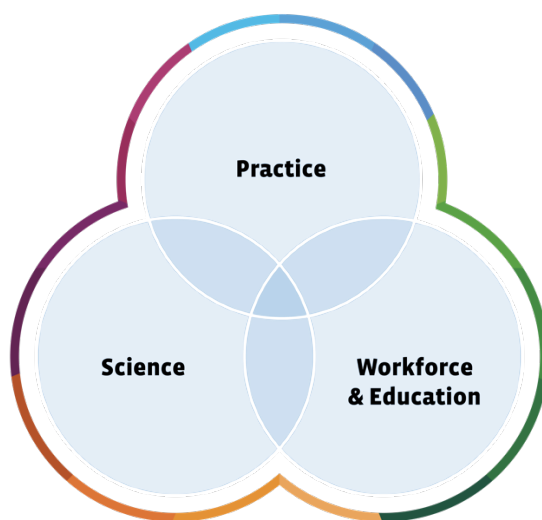


Figure 15: FIP's mission is to advance pharmaceutical practice, science and workforce & education.

Together with the existing goals for workforce and education, new goals that have been developed for practice and science form the core elements of the FIP DGs. Again, building on the PWDGs, the FIP DGs package includes tools and structures to facilitate and support the process of transformation. Indicators will be a way to measure and monitor progress via the data we collect in the FIP Global Pharmaceutical Observatory<sup>1</sup>.

These FIP DGs will be key to developing country-level metrics to monitor and measure trends and progress across pharmaceutical practice, science and workforce/education along with concrete and tangible mechanisms. National transformation programmes, such as the FIP Workforce Transformation Programme, will provide a pathway for needs-assessment, prioritisation and implementation of action plans tailored for each country and member organisation.

FIP believes that we can have no pharmaceutical care without a pharmaceutical workforce, and we can have no pharmaceutical workforce without a scientific foundation.

Along with concrete and tangible mechanisms, the FIP DGs package will include FIP global tools structures, indicators and transformation programmes to facilitate and support the process of transformation.

Indicators and country level metrics will be developed as way to measure and monitor progress via the data we collect in the FIP Global Pharmaceutical Observatory.

The FIP DGs aim to facilitate global monitoring for trends and development of a global dashboard, global sharing of best practice developments, global cohesion, and solidarity and action.






The FIP DGs serve as a systematic framework that guides the basis for needs assessment and form as a foundation for transformation mapping. The FIP DGs also allow for research and evaluation by universities working with member














organisations and pharmacy and health leadership bodies, allow a framework for national funding for development, and map to national policy initiatives.

Table 14 demonstrates how the FIP DGs can be mapped to the Ankara Commitment to Action to support prioritisation of development nationally and regionally, and illustrates the utilisation of the goals as a roadmap for regional transformation. Countries in Europe, individually and collectively, can work collaboratively to address these goals with FIP’s support. National transformation programmes, such as the FIP Workforce Transformation Programme, will provide a pathway for needs-assessment, prioritisation and implementation of action plans tailored for each country and, similarly, for each region.





It’s pertinent to remember the concluding line of the commitment: “Together we will achieve universal health coverage, good health and well-being for all: leaving no one behind.”

**Table 14. The FIP Development Goals as a roadmap for the Ankara Commitment to Action**

Ankara Commitment to Action Statement	Key FIP Development Goals as drivers
<p>1. Support the Declaration of Astana on primary health care for achieving universal health coverage through high-quality, safe, comprehensive, integrated, accessible, available and affordable health care for everyone, everywhere;</p>	
<p>2. Provide better primary health care services by transforming our pharmacy workforce and strengthening our practice and sciences;</p>	
<p>3. Transform and scale up pharmacy education by ensuring high-quality and fit-for-purpose education and training for primary health care provision, and to provide the foundation for workforce development, professional and scientific advancement;</p>	
<p>4. Continue to address the growing burden of non-communicable diseases by empowering our profession to provide services in health promotion and disease prevention, screening, referral, disease management and treatment optimisation in people with non-communicable diseases;</p>	
<p>5. Work with all healthcare professionals to deliver collaborative practice in primary health care, and build solid and strong interprofessional health care teams;</p>	

Ankara Commitment to Action Statement	Key FIP Development Goals as drivers
<p>6. Shape primary health care delivery by adopting innovative approaches and adapting our workforce alongside the fast-changing digital health technologies;</p>	  
<p>7. Be an accessible, reliable and credible source of medical information for our communities and patients, empowering them to make healthier and more informed choices;</p>	
<p>8. Play an essential public health role by providing evidence-based information about immunisation, eliminating public misconceptions about vaccines, supporting national immunisation strategies, and expanding vaccination coverage;</p>	 
<p>9. Encourage our pharmacy workforce to deliver primary health care effectively through the supply of quality medicines, improving medication adherence and patient safety, ensuring the rational use of medicines, and tackling the challenges of antimicrobial resistance by promoting antimicrobial stewardship strategies in our nation;</p>	   
<p>10. Generate evidence on the impact of pharmacists in improving health outcomes in primary health care systems through sustainable professional services and ensure broad access to these services;</p>	 
<p>11. Continue to support our current and future pharmacy workforce in order to meet the required competencies for the delivery of primary health care, and to close the gap between pharmacy education and practice;</p>	



Ankara Commitment to Action Statement	Key FIP Development Goals as drivers
<p>12. Continue to engage our stakeholders and partners, empower our regional and national health leaders, and support enabling pharmaceutical policies to strengthen primary health care, bringing communities, countries and organisations together to grow and support this movement;</p>	 
<p>13. Be regional health care ambassadors in the attainment of the United Nations Sustainable Development Goals through provision of essential patient care and safe, effective, quality and affordable essential medicines and vaccines for all.</p>	 

**Reference**

1. International Pharmaceutical Federation. Pharmacy Data. Available at: <https://www.fip.org/publications?tab=4> (accessed 16 October 2020).

## 4 Regional engagement and collaboration for the next leap of pharmacy in the European Region

In this chapter we have invited key conference participants and partners of FIP and the Turkish Pharmacists Association to share their insights and reflections on the following areas:

1. Transformations that pharmacy needs to undergo to strengthen primary health care;
2. Actions that key stakeholders and pharmacists should take/focus on to realise these transformations; and
3. The next leap of pharmacy in the European Region
4. Experience from the FIP Regional Conference for the European Region

### International Pharmaceutical Federation (FIP)

**Response by:** Paul Sinclair, Chair, FIP Board of Pharmaceutical Practice, Australia

*Considering the discussions at the conference, what transformations does pharmacy need to undergo to strengthen primary health care in the European Region?*

Much of the discussion at the Ankara Conference was around accessing and leveraging the potential of the pharmacist in doing more and delivering greater outcomes in the primary health care arena. As highly trained health professionals, pharmacists must do more than supply medicines alone. The community pharmacy must become a platform for pharmaceutical practice giving greater access to services to the communities they serve. These professional services may include medication adherence, vaccination, quality use of medicines, point of care testing and specialist disease state management such as asthma and diabetes education. Adoption of technology by both the pharmacist and the patient will be a big driver for change in the short term. FIP and its Board of Pharmacy Practice (BPP) via the Technology Forum will be able to support and encourage this adoption.

*What actions should key stakeholders and pharmacists take or focus on to realise these transformations?*

Stakeholders such as FIP should assist member organisations and pharmacists to advocate for the value of the pharmacist. It is imperative that pharmacists should practise at “the top of their licence” whatever that scope of practice may be. Advocacy needs to be directed at: the pharmacist to ensure they are prepared for the journey; and local regulators and national governments to ensure that adequate scope of practice is acknowledged to best leverage the skills of pharmacists to better deliver stronger healthcare outcomes for their patients. The BPP can facilitate this via its sections’ significant experience and education resources to assist member organisations.

*What would be the next leap of pharmacy in the region?*

Within the European region, we see different jurisdictions operating and vastly different scopes of practice in place. Each jurisdiction must look at how they address primary healthcare services and identify what the next progressive step will be. For one it may be delivery of vaccination services while for another it may be true interprofessional collaboration or provision of medication review services. While acknowledging the potential of the pharmacist, it is just as important that the value of the pharmacist is also established by way of appropriate and sustainable remuneration. FIP and the BPP have developed many valuable resources around professional services, workforce and remuneration — all of these are valuable tools in supporting the transformation of pharmacy.

## Turkish Pharmacists' Association (TPA)

**Response by:** Serif Boyaci, TPA & FIP honorary member, Turkey

The pharmacy profession is universal. In times almost as old as the history of humanity, pharmacy and its practice emerged through the need to find remedies for diseases. Pharmacy has continued to evolve and pharmacists have been the driving force behind that evolution as they constantly kept in touch among themselves, sharing and contributing to each other's knowledge.

Today we sustain that interaction through our organisations. As a result of our close cooperation with FIP, organisation of the Regional Conference for the European Region was rewarding in terms of getting our profession and colleagues ready for the future. FIP's selection of Turkey and the TPA is a result of successes of FIP World Congresses in 1990 and 2009, and our close and efficient collaboration.

The conference programme was enlightening on topics such as current problems of the pharmacy profession as well as how the future of pharmacy will take shape and how our colleagues should get ready for future challenges, and the sessions were inspiring. It followed the course of an FIP Congress on a small scale. Session titles were well-selected and the competency of speakers was also attention-grabbing.

One of the most important topics was defined as "Unleash pharmacists' potential to meet NCD targets" in my opinion. It also aligns well with the scope and objectives of TPA's "My Guide Pharmacy" programme. As chronic patients with non-communicable diseases were enabled to receive services directly in pharmacies during the COVID-19 pandemic, which emerged only a few months after the conference, the value of pharmacy services came in sight. Only spiritually for now, not materially and not rewarded as always.

The Ankara Commitment, signed in the closing ceremony, claimed its place in FIP and TPA history as a document of honour, particularly for TPA-member pharmacists.

My colleagues, who were unable to attend to the conference asked me how it was and my response was: "A lot of points were discussed and at the end I signed a commitment, also on your behalf. We will shoulder more responsibility and improve our primary healthcare service quality. I hope you won't let me down." I don't have even a slightest doubt, because pharmacists are always open to learning and improvement.

## WHO Country Office for Turkey

**Response by:** Melda Kecik, technical officer, Refugee Health Programme, World Health Organization, Turkey

After the Alma-Ata conference, with the Astana Declaration member states committed to prioritise, promote and protect people's health and well-being, at both population and individual levels, through strong health systems, and primary health care is defined as a cornerstone of a sustainable health system for universal health coverage and health-related Sustainable Development Goals.<sup>1</sup> Primary health care has been proven to be a highly effective and efficient way to address the main causes and risks of poor health and well-being today, as well as handling the emerging challenges that threaten health and well-being tomorrow.<sup>2</sup>

Inter sectoral collaboration was a fundamental tenet of the Alma Ata Declaration, and is one of the four pillars of primary health care as laid out in the WHO's 2008 World Health Report.<sup>3</sup> Pharmacists are one of the important stakeholder groups in the health care system. Pharmacies are first contact point of public and convenient venues with long opening hours and non-appointment-based services as well. Pharmaceutical services are crucial for ensuring that the right patients get the right choice of medicine, at the right time, which is a key issue for the safe delivery of quality health care in general, including primary health care.<sup>5</sup>

In line with these, the WHO and FIP signed a memorandum of understanding that affirms cooperation and ambition to elevate collaboration on strategic priorities of the WHO's 13<sup>th</sup> General Programme of Work to ensure healthy lives and well-being for all ages: achieving universal health coverage, addressing health emergencies and promoting healthier populations.<sup>4</sup> In addition to its World Congresses, FIP has launched Regional Congresses in collaboration with the WHO regarding the transformation of pharmacy for better primary health care based on this agreement.

The FIP Regional Conference for the European Region was held in Ankara in Turkey on 23–25 October 2019 with the participation of experts from WHO Regional Office for Europe (WHO/Europe) in addition to the WHO country office of

Turkey. Since the WHO CO Turkey and the TPA has had a previous collaboration under the scope of providing better hypertension control and management in primary health care since 2018, it has been a pleasure for our country to host this important event in Turkey for the European Region.

We would like to thank the TPA and FIP for their joint efforts to take forward the global commitments for primary health care and universal health coverage to the core of the pharmacist's professional scope of work. We would be happy to continue setting a good example of collaboration in Turkey by engaging with the TPA and contributing to joint problem solving and solutions for the benefit of our communities.

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## WHO Regional Office for Europe

**Response by:** Tifenn Humbert, technical officer, Health Technologies and Pharmaceuticals, Division of Country Health Policies and Systems, WHO Regional Office for Europe, Denmark

*Considering the discussions at the conference, what transformations does pharmacy need to undergo to strengthen primary health care in the region?*

Community pharmacists are the health professionals most accessible to the public and are a cornerstone of primary health care. Pharmacists need to have a professional qualification. To guarantee the proper functioning of a community pharmacy, legislation and regulations may set a number of requirements, especially in terms of education, opening hours, workforce, premises, equipment and processes. Only a limited number of countries in the WHO European Region have regulations limiting the types of product (other than medicines and medical devices) that can be sold in a community pharmacy to ensure that they remain health care centres (and not shops).

*What actions should key stakeholders and pharmacists take/focus on to realise these transformations?*

As the role of community pharmacists is expanding globally and they are responsible for a variety of services, the quality of services provided by the community pharmacy should be ensured. The pharmacy practice mission is contributing to health improvement and helping patients with health problems to make the best use of their medicines. Good Pharmacy Practice (GPP) is the practice of pharmacy that responds to the needs of the people who use pharmacists' services to provide optimal, evidence-based care. To support this, it is essential that an established national framework of quality standards and guidelines is in place.

International GPP standards recommend that several roles and functions are considered for pharmacists and reflected in the activities of a community pharmacy. These can contribute to the development of specific actions, services or programmes. Many professional pharmacy services — including chronic disease management; early screening and testing; vaccination; smoking cessation; and measurement of blood pressure, cholesterol and glucose — are considered advanced services and pharmacies are not obliged to provide them, and may need special accreditation or certification to do so.

*What would be the next leap of pharmacy in the region?*

Expand the roles and functions of community pharmacists to support primary health care and develop regulatory oversight on pharmacy activities including support for managing potential financial conflicts of interest. The framework also needs regular revision to adjust to current and future pharmacy practice.

### **Association for Solidarity with Asylum Seekers and Migrants (ASAM)**

**Response by:** Buket Bahar Divrak, ASAM, Turkey

ASAM was established in 1995 in Ankara as an independent, impartial and non-profit NGO to assist refugees and asylum seekers living in Turkey under different legal statuses. As the first local association established to operate in the field of asylum, ASAM offers its services equally to all asylum-seeking and refugee groups, without making any discrimination based on language, religion, gender, race or political opinion. ASAM aims to facilitate the access of refugees to rights and services, namely protection, education, health and social services. Having opened its first foreign representative office in Athens in 2016 and its second foreign representative office in Brussels in 2019, ASAM has carried its 25 years of experience in the field of migration and refugees to an international level.

Currently a very few countries in the world assume the responsibility of the asylum seeker and refugee population due to the international community's insufficiency to share the liability of accepting refugees. Having provided protection to over four million asylum seekers and refugees in the past six years, Turkey hosts the greatest number of refugees.

It is among the international community's significant responsibilities to ensure that the principles of eliminating inequities in health and making health services accessible to everyone, which were among the decisions adopted during the Global Conference on Primary Health Care that was held in Astana in 2018, also applies to the millions of refugees living all over the world.

Due to being displaced from their homes and based on the phenomenon of migration, refugees are faced with various difficulties that influence their health and access to health services. ASAM works in collaboration with relevant institutions to eliminate these challenges, such as not being able to obtain sufficient information concerning the health system, not being able to comply with the system, the inability to establish communication in accessing services due to the language barrier and cultural norms, and lack of awareness and experience regarding specific needs.

In this regard, we would like to express once again our deepest appreciation for having attended the FIP Regional Conference on the European Region, organised by FIP and the Turkish Pharmacists' Association, as ASAM, and having obtained the opportunity to provide information to participants regarding our works. On this opportunity, we would also like to thank the TPA for having invited us.

### **Pharmaceutical Group of the European Union (PGEU)**

**Response by:** Michał Byliniak, past resident (2019), PGEU, Poland

Community pharmacists working at the heart of communities are excellently positioned to take up an enhanced role in reducing inequalities in access and quality of health care, as well as the number of avoidable emergency department visits and hospitalisations across European countries. The wide local network of pharmacies across Europe provides a unique opportunity to improve access to disease prevention programmes, immunisation, health screening, etc., through provision of increasing number of health services for all citizens. They have also been demonstrated to be a vital part of healthcare system's responses to public health crises, including during the ongoing fights against the COVID-19 pandemic and antimicrobial resistance. In order to further strengthen the role of pharmacists in primary health care, there are a number of actions which need to be taken by governments across Europe including the following:

- Regulatory frameworks should allow and support community pharmacists in playing a more prominent role in public health and prevention interventions;
- Remuneration for community pharmacists should properly reflect their contribution to improving pharmaceutical care, reducing the burden on other health services and supporting the sustainability and resilience of European health systems;

- The benefits of community pharmacists' interventions for patients and healthcare systems should be maximised by systematically undertaking pharmaceutical services aimed at improving therapy outcomes and adherence and minimising the risks related to using medicines; and
- Community pharmacists need to be closely involved in collaborative care models and be granted access to all relevant patients' health information and the list of medicines they are taking.

Community pharmacists across Europe have a key role in driving this change by demonstrating their value and being strong advocates for change, not only towards policymakers, but also towards their patients and fellow healthcare professionals in daily practice. A key enabler for this is the effective collection of evidence demonstrating the value that pharmacy services provide in terms of better outcomes and reduced costs for health services. Through successful collaboration, sharing of good practices and setting common ambitions at local, regional, national and international levels, pharmacy organisations can help turn the wide opportunities for our sector into a sustainable and value-added model for our profession, patients and healthcare systems across Europe.

### European Association of Faculties of Pharmacy (EAFP)

**Response by:** Kristien De Paepe, professor, Department of In Vitro Toxicology and Dermato-cosmetology, Faculty of Medicine and Pharmacy, Vrije University, Belgium; Lilian M. Azzopardi, president, EAFP, Malta

*Considering the discussions at the conference, what transformations does pharmacy need to undergo to strengthen primary health care in the region?*

Transformations to lead evolution in the profession need to be based on practice, education and research initiatives. From a practice perspective, a focus of pharmaceutical services to empower society to identify and commit to behavioural changes and to undertake screening campaigns to reduce and detect NCDs. The context of pharmacists in primary health care systems to act as co-ordinators within a collaborative model is key towards sustainable and effective interventions and providing a patient-oriented focus.

From an education standpoint, the transformation requires actions to address pharmacy workforce development which looks at ensuring development of players in the pharmaceutical field that maximise pharmacists' clinical interventions as direct-patient care activities intended to educate and support patients in prophylaxis and management of NCDs. Leverage of digital technologies in healthcare delivery should improve on patient safety and increase efficiency in pharmaceutical processes to exploit the time dedicated by the pharmacists in empowering patients.

Formalisation of practice research which drives development, evaluation and implementation of new pharmaceutical services that contribute to strengthening primary health care is a way to promote transformation.

*What actions should EAFP and pharmacists take/focus on to realise these transformations?*

The EAFP 2018 Position Paper, which is aligned with the FIP Global Statements on Pharmacy Education, has identified four pillars that are essential areas for pharmacy education transformation, namely, science-practice balance, teaching methods, team players, and preparedness. The Position Paper serves to recommend a patient-oriented inspiration as a central point in pharmacy education by providing a science-based patient-centred approach which embraces skills that contribute to patient safety in terms of logic processing, accountability, error minimisation and risk mitigation.

As a follow-up to the Position Paper and in response to the FIP Regional Conference for the European Region, the EAFP is now advocating on updates in the EU Directive on the Recognition of Professional Qualifications, which lays down requirements for pharmacy education in Europe. The EAFP encourages schools of pharmacy to revisit their curricula. The updates being put forward in pharmacy courses include aspects that will provide pharmacy graduates with knowledge and skills that are directly applicable to primary health care services, specifically: self-care pharmacotherapy; prevention and management of communicable and non-communicable diseases; patient empowerment; and digital literacy.

*What would be the next leap of pharmacy in the region?*

Regional frameworks where the intervention of pharmacists in primary care services in leading medication reviews, patient monitoring and repeat prescribing within a collaborative practice are recognised, standardised and presented within sustainable models.

## European Association of Hospital Pharmacists (EAHP)

**Response by:** Aida Batista, vice president, EAHP, Portugal

The key take-away for hospital pharmacists from the FIP Conference for the European Region clearly includes the need for strengthening the seamless transition of patients between different healthcare settings, in particular when it comes to transferring care between the hospital and the community pharmacy. The link between primary and other care providers is important for improving patient safety. Consequently, the EAHP is working on enhancing the collaboration between pharmacy colleagues in hospitals and communities to assist hospital pharmacists with taking the next leap forward, as suggested by the theme of FIP's Regional Conference for the European Region. The implementation of the EAHP's European Statements of Hospital Pharmacy plays an important role for the Europe-wide realisation of improved transfer of patient care. The European Statements express commonly agreed objectives and recommendations for pharmacy practice which every European health system should aim for in the delivery of hospital pharmacy services. They were developed by the EAHP and its members in partnership with patient and healthcare professional organisations. The different sections cover all areas important to pharmacy practice. In particular, Section 4 of the European Statements does not only support the development of the hospital pharmacy profession but also contributes to the promotion of seamless care. This is achieved through ensuring the transfer of information about medicines whenever patients move between and within healthcare settings.

## European Federation of Pharmaceutical Industries and Associations (EFPIA)

**Response by:** Virginia Acha, chair, EFPIA International Regulatory Turkey Network, and executive director, Global Regulatory Policy, Merck Sharp & Dohme, Belgium

As discussed during the conference, the availability of and access to life-changing medicines in primary care (and throughout the treatment pathway) depend on the sound foundations of a strong regulatory system, healthcare system resources and empowered healthcare professionals, including pharmacists. We focused on the role of a strong regulatory system, which is a focus of the European Medicines Agency and EFPIA and the wider EU regulatory network. Using the case study of biosimilars, we traced the impact and value for patients and healthcare when regulators can work collaboratively with pharmacists to support the introduction of needed change and to build understanding with patients, payers and other healthcare providers. Pharmacists have a critical role to play in delivering availability and access, in partnership with industry, regulators and other health authorities. This role must include translating regulatory science to clinical science, in supporting prescribers and patients to engage with the regulatory evidence shared and guidance provided. Pharmacists must also support sustainability of healthcare through their efforts to assess and deliver value in medicines, to support patient adherence and to provide necessary feedback for a learning healthcare system. Finally, pharmacists are unique in health care through their broad reach across all stakeholders, including healthcare organisations, regulators, prescribers, industry and patients. At this critical juncture for collaboration, pharmacists have the opportunity to build better understanding and dialogue so that our European healthcare systems can truly learn and thrive. In the coming years, this critical role for pharmacy will define how well Europe integrates novel therapeutic technologies, data and digital opportunities and patient-centricity. Pharmacy also will have to define its role in a pandemic setting, as in the current COVID-19 crisis. Facing what the WHO refers to as an "infodemic" (of fake news), the trusted role of the experienced pharmacist will provide stability for local healthcare communities.

## Pharmapod

**Response by:** Leonora O'Brien, CEO, Pharmapod, Ireland

As pharmacists we need to support the Declaration of Astana on primary health care for achieving universal health coverage through high-quality, safe, comprehensive, integrated, accessible, available and affordable health care for everyone, everywhere. We must commit to a roadmap to progress primary health care for pharmacists and key stakeholders. This includes transforming our pharmacy workforce and strengthening our practice and sciences.

As pharmacists we need to reflect on our own professional development and ask how we are progressing the primary health care agenda, in our own organisation and across a broader sphere of influence. At Pharmapod we have committed to providing opportunities for pharmacy student internships. We provide a unique environment which exposes students to pharmacy practice on an international level. We supervise pharmacists of the future and have the

privilege of witnessing their transition from scholars of excellence to professionals of integrity. Regulators and the accreditation bodies must examine their criteria for placements to ensure they are kept up to date with fast-paced developments in the pharmacy environment. Both patient-facing and non-patient-facing internships must be facilitated. For non-patient-facing placements, students should not be restricted to learning on the accredited premises itself — the programmes should also encourage cross-organisational collaboration and exposure to key stakeholders locally and internationally. The first step to influencing future policy is to ensure undergraduates have exposure to how such policies are developed. Early exposure to international practice and policy breaks a glass ceiling — it ensures graduates are aware of professional and practice developments in other places and how these successes can be scaled and replicated in their locality.

We also need to contribute to, encourage and support research into the patient outcomes achieved via both face-to-face consultation and through virtual delivery of pharmacy services. This will enable evidence-based decisions around service optimisation and ensure the safe evolution of models of care. Continuous quality improvement must be a core element within pharmacy undergraduate training programmes to ensure pharmacists are experienced in the methodologies and process of improvement — this will help ensure ongoing improvement at practice level.

We cannot find a new path with an old map. Pharmacists and policy makers need to ensure we are also thinking of the art of the possible — visualising and implementing innovative approaches to provision of pharmacy services and adapting our workforce alongside fast-changing digital health technologies.

We need to ensure development of leadership skills within pharmacy programmes and, as pharmacists, we need to proactively embark on leadership training as individuals. An essential aspect of great leaders is their ability to think about the future. Especially given that the profession is currently undergoing major changes, investing in thinking forward is more important than ever.



## 5 Conclusions and future steps

### 5.1 Conclusions

The FIP Regional Conference for the European Region was instrumental to progressing many issues frequently raised in pharmacy services and within the framework of primary health care services. In addition, this conference highlighted the common areas where these issues to be addressed in the everyday lives of pharmacists in line with regional needs and in solidarity.

The FIP regional conferences, the first of which was held in Amman, Jordan, for the Middle East region in April 2019, are based on the idea of looking at needs at the regional level, establishing the bridges between the micro strategies at country level and macro strategies at global level. Thus, macro level strategies regarding the future of pharmacy would be provided at micro level. We hope that sharing the strategies and experiences of the countries in the region in a symmetrical way, and more importantly, drawing a common roadmap in line with regional needs through the Ankara Commitment to Action, has influenced and strengthened the strategies that will be developed in a triple way at the national, regional and global levels.

In this respect, we believe that the FIP Regional Conference for the European Region, will play an important role in the upcoming period in terms of taking action together. Little did we know that this conference would be the last face-to-face event of FIP for some time. This report was written at a time when we deeply felt the effects of the COVID-19 pandemic in our social, political and cultural lives, but above all in the field of health and health workforce. For community pharmacists, academicians, pharmacists working in pharmaceutical companies, the public sector and in all other sectors, this pandemic has placed itself at the centre of our lives, not just our profession. However, the pandemic also reveals once again — and this time vitally — two characteristics of health services, which were already highlighted during the Ankara Conference.

First, health care is primarily a reciprocal issue. Within this context, disease prevention services and patient care, all income levels and health systems, doctors, nurses, dentists, pharmacists, pharmacy support workforce, drivers, porters, cleaning workers, administrators and all workers and professionals in the health sector are inseparable. The lesson for pharmacists is that we have to act together with all other health and care workers in both non-communicable and non-communicable diseases, supporting treatment and preventing the spread of the disease in the community.

Secondly, healthcare services require a holistic approach. We have seen all together that an epidemic in one part of the world can affect another part much speedier than ever before. For example, while focusing on providing services on NCDs, it is not possible to exclude the presence of communicable diseases from the context of pharmacy services. On the other hand, improving the health system requires national, regional and global improvement at the same time. And what this improvement needs is a common effort and exchange of information and experience both between countries and between health professionals.

We believe that the FIP Regional Conference for the European Region strengthened pharmacists with these two prominent features of the health system — reciprocity and a holistic approach — in order to deliver the next breakthroughs in primary health care.

### 5.2 Future steps

The presentations and discussions facilitated mapping and prioritisation of various pharmaceutical practice, service, education and workforce developments for primary health care delivery. The following findings will support pharmacy leaders in Europe and beyond as a regional roadmap for action to transform primary health care:

- It is critical to strengthen provision of primary health care due to increasing costs of health care, the impact of ageing populations on health care, growing patient demands and burden of NCDs, singularly and in combination. In this context, the first step might be to support pharmacists with continuous professional development programmes, especially with regard to polypharmacy and efforts to increase adherence in elderly

patients. It will be a very positive outcome for countries to share their studies, methods and approaches on this subject.

- The profession of pharmacy provides the cornerstone of the primary health care system with increasing roles and responsibilities day to day. To utilise the full potential of primary health care services, policies and regulations must support and enable the contribution of pharmacists and pharmacies in primary health care. In particular, the favourable developments in pharmacy legislations in different countries to strengthen the role of pharmacists in primary health care might encourage health authorities in other countries. This report draws special attention to sharing positive transformations in other countries in the region.
- Pharmacists should leverage their extraordinary potential to prevent and manage NCDs, support the adherence of patients to therapy and provide necessary information to patients, although sometimes the necessary legal regulations are not in place. There are many cases where legislation follows practice. In this context, it is extremely important that legislation does not change on its own and the professional and social forces should drive adaptation towards the emerging needs in pharmacy practice.
- Pharmacists must be capable of facilitating change through technology, and be open to understanding the use of new technologies as advancements add significant value to the pharmacy practice. In Europe, new technologies are strongly embedded into health care: the precision and personalisation in diagnosis and treatment increases day by day in parallel with transformation with new technologies. The adaptation of pharmacists, as a part of the health workforce, to new treatment approaches will be directly proportional to their adaptation to technologies. This means that the pharmaceutical workforce needs to be constantly trained on digital health and new technologies.
- Continuous access to education and training is a critical component of workforce development because there is no workforce without education. Workforce development should be linked with needs-based assessment and workforce intelligence within each country. Education and training processes might be accelerated by adopting and adapting to virtual learning environments. Within the context of continuous professional development, national professional associations should provide appropriate infrastructure for the pharmaceutical workforce to understand future trends and increase their professional competencies.
- Reimbursement policy is a key component for sustainability of medicines in the health system. Complex factors affect the price of medicines and so fair systems are needed for the sustainability of health systems.
- Pharmacy-based vaccination should be prioritised as part of overall policies to reinforce primary health care and disease prevention strategies. There are country examples showing that pharmacy-based flu vaccination has increased vaccination coverage. Pharmacists should promote themselves as a solution to increase vaccination coverage, and professional organisations should support pharmacists as, in the COVID-19 pandemic, communicable diseases will continue to spread.
- Community pharmacists are being identified as useful resources for providing health promotion services and improving/preventing overall public health as they are easily accessible settings for the general population.
- Adequate remuneration is critical for the sustainability and resilience of pharmacy services. It is especially important for health authorities as well as for professional organisations that community pharmacists, as primary healthcare professionals, maintain their economic status independent of fluctuating prices of medicines and so their professional satisfaction level increases.

At the end of the conference, around 800 pharmacy leaders and participants from more than 35 countries signed the Ankara Commitment to Action on Primary Health Care, pharmacy's response to the Astana Declaration, to anticipate and deliver the next breakthroughs in pharmacy for better primary health care.

In order to move from commitment to action FIP conducted the "Implementation of the Ankara Commitment to Action on Primary Health Care across the European Region" survey among all pharmacy leaders in the European Region to follow up on national priorities and strategies to implement the Ankara Commitment to Action. Based on countries' responses, it is clear that measures to strengthen the role of pharmacists in primary health care throughout the European Region are the top priority in almost all countries. This promising approach emphasises that professional organisations are willing to deliver the next breakthrough in pharmacy and primary health care. Some of the national pharmacy programmes and strategies from the European Region in primary health care are listed below:

- In Finland, continued annual screening of the workforce in numbers and of the need for fit-for-purpose skilled workforce in pharmacies influence pharmacy education.
- Again, in Finland an “Exercisers pharmacy initiative”, as part of health promotion work in pharmacies, has extended to over 200 pharmacies in Finland within the past 10 years.
- In Ireland, pharmacists vaccinate against flu, shingles and pneumococcal disease.
- In the Netherlands, there are several guidelines available about pharmaceutical care, from medication review guidelines to management of NCDs.
- In Turkey, there is an ongoing hypertension patient programme in collaboration with the WHO Country Office and the Ministry of Health, which involves all members of the health care team alongside doctors, nurses and pharmacists.
- In Spain, digital platforms and tools encourage the safe dispensing of medicines and these tools are supporting community pharmacists to be a reliable and independent source of health information for patients, for health systems and other stakeholders. In addition, HIV services have already been established, for example, through the dispensing and performance of rapid diagnostic tests for the detection of HIV infection.
- In the United Kingdom, pharmacists are committed to develop a proper evidence base on the impact of pharmacists on health outcomes to maintain resources for existing pharmacy services and enable them to grasp windows of opportunity around new services.
- In Norway, national services like “Medisinstart” (a standardised service for new users of defined medicines) improve quality and adherence by dialogue with trained pharmacists in pharmacies.
- In Malta, professional bodies and the national health strategy are aligned to address the United Nations Sustainable Development Goals to target prevention and management of NCDs through effective, safe and quality medicines that are accessible to all. In addition, there is a strong interprofessional relationship in primary care where physicians have clinics within community pharmacies.

These good practices prove that pharmacy plays an integral role in delivery quality primary health care and the FIP Development Goals provide a systematic integrated framework and a roadmap to progress the statements of the Ankara Commitment to concrete action.

## 6 Echoes and reflections

In this chapter, we share statements compiled from the responses provided in the congress evaluation form. All photographs were taken by TPA Eczacı (Pharmacist) TV.

### **Stefan Balkauski (Bulgaria)**

Amazing hospitality of TPA, Well organised programme. The translation could be better. Valuable topics with interesting discussions. Hackathon was a great idea. Discussing ideas with colleagues from other countries is priceless.

### **Arif Sami Bozdogan (Turkey)**

Everything was fine. The conference programme was full. But I guess it was too full. For example, I was very curious about the pharmacy education session in other halls. I wish such conferences to be held more frequently.

### **Aida Batista (Portugal, EAHP)**

Great organisation. I want to thank TPA for the excellent organisation thanks to FIP from EAHP. Although primary care is not my area of practice I found some points of contact between both areas. If I can suggest a theme for the next regional conference it would be transference of care or levels of care for a patient.

### **Evrin Cakil (Turkey)**

Meeting with colleagues regionally, listening to experts was a great opportunity for us. It was a chance to listen the experiences of the globally qualified speakers. Sharing the experiences about pharmacists' key roles in the global fight against NCDs, in vaccination, in digital health, in carrying the profession to the next level was the most encouraging part of the conference. It was a great pleasure for me to be a part of FIP Regional Conference Ankara 2019 as a rapporteur at the Plenary Session II: "Unleash pharmacists' potential to meet NCD targets by 2025". Many thanks to FIP and TPA for the conference about leading change regionally and nationally and for supporting the pharmacists as primary healthcare professionals.

### **Tuna Celik (Turkey, TPA-YC president)**

The biggest difference of this conference is that it was a global one. Although it was a European regional conference, it was not limited only to European countries and it hosted many pharmacists from different countries around the world. I met many pharmacists and received comprehensive information about pharmaceutical industries in their countries. It was also a great privilege for me to be a part of the team that organised the first ever "Health Hackathon". Thanks to this session, we had the opportunity to see the crucial and problem-solving role technology plays if used correctly. I gained experience that will bring great benefit for the rest of my life. The FIP Regional Conference reminded and guided us to expand our vision once more. Huge thanks to FIP and the TPA.

### **Anfal El-Auasi (UK)**

I think the organisation was fabulous. The session division was really good. I would put a larger space for networking though. For my specific area of practice, I am a pharmacist working around mental health. I think topics regarding health of refugees and vulnerable persons should be included. "Health for all" was the main slogan, but I truly don't think this conference addressed it for all people. What about refugees in EU and Turkey?

### **Dario Briski (Croatia)**

All was well. Very informative to introduce ideas for primary care.

### **Lana Hallak, Student exchange officer of the PSF-NNU (Pharmacy students' association) (Palestinian Territories)**

This conference gave me a push to be the best version of a pharmacist and I'm very thankful for the FIP family. It was amazing how the president of the FIP thanked us for coming at the gala dinner and even a great surprise to ask me to represent our Palestinian group in front of everyone there. We felt very happy about it. It was exciting for me to join the first ever Pharmacist's Hackathon as well. It has given me the chance to look at things differently with technology and digitals to achieve the best primary health care for all patients and I gained a lot of experience and information from knowledgeable people, which I've shared with other students at our university. It was a very fruitful conference indeed and we've learnt more about pharmacy and primary health care worldwide.

### **Henna Kyllönen (Finland)**

Very well organised and easy to participate for an international participant. Thank you for great programme, food and complimentary transfer services. Translation services +++ . This was a very timely, on-time conference to attend. Thank you.

**Muhammad Ali Ghata (Pakistan)**

It is very good conference. I observed high impact for pharmacy practice. We expect same type of conference.

**Cagri Necdet Cagdas (Turkey, TPA-YC SEO)**

To begin with, I'd like to state that joining this huge conference made me really satisfied and proud. This conference improved my perspective and vision greatly as meeting with people who are professional in their fields was a consciousness-expanding experience. I joined so many panels and presentations in the conference and took some notes. Particularly, being a part of the organisation of the first health hackathon was indeed pleasing because our young participants found out really important problems and found amazing solutions for these problems. We saw something really significant there. We, as young pharmacists, are going to face a lot of problems in the future and we will need to find solutions as soon as possible. In the globalising world our national young pharmacists must keep their minds open and their vision on an international level. Observing other countries' health systems at a younger age will improve their academic life, perspective and knowledge. Working with world-class professionals on any project at a younger age increases pharmacy students' confidence, their passion for the pharmacy profession and, most importantly it will contribute to development of the profession. Thank you for everything dear TPA and FIP. Warm regards!

**Meral Ozturk (Turkey)**

I think it is a very productive conference. It was a full program. I think it should be organized more frequently.

**Sohawon Hossen (Mauritius)**

Very good but there is still room for improvement. Very interesting but I think that dispensers and pharmacy technicians should be given opportunity as they also are at the front position. Always good to share ideas and know more about issues.



The FIP president, the TPA president and the former country head of WHO Turkey at the conference



Whirling dervish performance at the opening ceremony



Catherine Duggan, FIP CEO, delivering her opening speech



Arman Uney, TPA secretary general delivering his opening speech



Conference participants at a parallel session



Panel discussion at the “Education and training to meet envisioned pharmaceutical competencies” session





Chairs, speakers, moderators, stakeholders and rapporteurs of the “Unleash pharmacists’ potential to meet NCD targets by 2025” session



Conference participants at the plenary session



The winning team of the FIP Health Hackathon with the FIP CEO (far left) and the Pharmapod CEO (second from left)



The FIP CEO and TPA general secretary launching the Ankara Commitment to Action on Primary Health Care



Ankara conference professional leads and assistant lead



The presidents of FIP and the TPA commit to partnership



Conference participant sign the Ankara Commitment



Closing ceremony

## 7 Appendix 1. Survey questionnaire

### Implementation of the Ankara Commitment to Action on Primary Health Care across the European Region

#### Country and contact information

<b>1. Country information</b>	
State the country	
<b>2. Author contact information</b>	
Title	
First name	
Last name	
Job title	
Organisation/Agency/Institution	
Email address	
<b>Co-authors contact information</b>	
Name	
Job title	
Organisation/Agency/Institution	
Email address	
<b> </b>	
Name	
Job title	
Organisation/Agency/Institution	
Email address	
<b> </b>	
Name	
Job title	
Organisation/Agency/Institution	
Email address	
<b> </b>	
Name	
Job title	
Organisation/Agency/Institution	
Email address	
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<p><b>ANKARA COMMITMENT TO ACTION ON PRIMARY HEALTH CARE</b></p> <p>“Delivering primary health care: Pharmacists taking the next leap forward” 23–25 October 2019, Ankara, Turkey</p> <p>We commit to:</p> <ul style="list-style-type: none"> <li>✓ Support the Declaration of Astana on primary health care for achieving universal health coverage through high-quality, safe, comprehensive, integrated, accessible, available and affordable health care for everyone, everywhere;</li> <li>✓ Provide better primary health care services by transforming our pharmacy workforce and strengthening our practice and sciences;</li> <li>✓ Transform and scale up pharmacy education by ensuring high-quality and fit-for-purpose education and training for primary health care provision, and to provide the foundation for workforce development, professional and scientific advancement;</li> <li>✓ Continue to address the growing burden of non-communicable diseases by empowering our profession to provide services in health promotion and disease prevention, screening, referral, disease management and treatment optimisation in people with non-communicable diseases;</li> <li>✓ Work with all healthcare professionals to deliver collaborative practice in primary health care, and build solid and strong interprofessional health care teams;</li> <li>✓ Shape primary health care delivery by adopting innovative approaches and adapting our workforce alongside the fast-changing digital health technologies;</li> <li>✓ Be an accessible, reliable and credible source of medical information for our communities and patients, empowering them to make healthier and more informed choices;</li> <li>✓ Play an essential public health role by providing evidence-based information about immunisation, eliminating public misconceptions about vaccines, supporting national immunisation strategies, and expanding vaccination coverage;</li> <li>✓ Encourage our pharmacy workforce to deliver primary health care effectively through the supply of quality medicines, improving medication adherence and patient safety, ensuring the rational use of medicines, and tackling the challenges of antimicrobial resistance by promoting antimicrobial stewardship strategies in our nation;</li> <li>✓ Generate evidence on the impact of pharmacists in improving health outcomes in primary health care systems through sustainable professional services and ensure broad access to these services;</li> </ul>
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- ✓ Continue to support our current and future pharmacy workforce in order to meet the required competencies for the delivery of primary health care, and to close the gap between pharmacy education and practice;
  - ✓ Continue to engage our stakeholders and partners, empower our regional and national health leaders, and support enabling pharmaceutical policies to strengthen primary health care, bringing communities, countries and organisations together to grow and support this movement;
  - ✓ Be regional health care ambassadors in the attainment of the United Nations Sustainable Development Goals through provision of essential patient care and safe, effective, quality and affordable essential medicines and vaccines for all.
- Together we will achieve universal health coverage, good health and well-being for all: leaving no one behind.**

PART I – National Priorities Which areas of the Commitment to Action are priority areas for development in your country or state over the next three to five years?	Priority (Please select one of the options)
<p>– To support the Declaration of Astana on primary health care for achieving universal health coverage through high-quality, safe, comprehensive, integrated, accessible, available and affordable health care for everyone, everywhere;</p>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<p>– To provide better primary health care services by transforming our pharmacy workforce and strengthening our practice and sciences;</p>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<p>– To transform and scale up pharmacy education by ensuring high-quality and fit-for-purpose education and training for primary health care provision, and to provide the foundation for workforce development, professional and scientific advancement;</p>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<p>– To continue to address the growing burden of non-communicable diseases by empowering our profession to provide services in health promotion and disease prevention, screening, referral, disease management and treatment optimisation in people with non-communicable diseases;</p>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<p>– To work with all healthcare professionals to deliver collaborative practice in primary health care, and build solid and strong interprofessional health care teams;</p>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<p>– To shape primary health care delivery by adopting innovative approaches and adapting our workforce alongside the fast-changing digital health technologies;</p>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<p>– To be an accessible, reliable and credible source of medical information for our communities and patients, empowering them to make healthier and more informed choices;</p>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<p>– To play an essential public health role by providing evidence-based information about immunisation, eliminating public misconceptions about vaccines, supporting national immunisation strategies, and expanding vaccination coverage;</p>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

<p>– To encourage our pharmacy workforce to deliver primary health care effectively through the supply of quality medicines, improving medication adherence and patient safety, ensuring the rational use of medicines, and tackling the challenges of antimicrobial resistance by promoting antimicrobial stewardship strategies in our nation;</p>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<p>– To generate evidence on the impact of pharmacists in improving health outcomes in primary health care systems through sustainable professional services and ensure broad access to these services;</p>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<p>– To continue to support our current and future pharmacy workforce in order to meet the required competencies for the delivery of primary health care, and to close the gap between pharmacy education and practice;</p>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<p>– To continue to engage our stakeholders and partners, empower our regional and national health leaders, and support enabling pharmaceutical policies to strengthen primary health care, bringing communities, countries and organisations together to grow and support this movement;</p>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<p>– To be regional health care ambassadors in the attainment of the United Nations Sustainable Development Goals through provision of essential patient care and safe, effective, quality and affordable essential medicines and vaccines for all.</p>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

PART II– National Strategies		
Please describe projects or initiatives undertaken by your organisation that are mapped and aligned with the Ankara Commitment to Action.		
Please tick all that apply and provide a brief explanation for each of the alignment levels between the Commitment and all relevant pharmaceutical development strategies.		
Ankara Commitment to Action on Primary Health Care	Is this Commitment aligned with any, some or all of your national-level programmes and strategies?  Please select one or more of the following options	<p>If you selected Option 1, please describe how your programmes or strategies align with this Commitment.</p> <p>If you selected Option 2, please describe any future plans aligned with the Commitment.</p> <p>If you selected Option 3, please describe why alignment is non-existent or low. What are the barriers and what kind of support would be needed?</p>
“To support the Declaration of Astana on primary health care for achieving universal health coverage through high-quality, safe, comprehensive, integrated, accessible, available and affordable health care for everyone, everywhere”	<input type="checkbox"/> 1. Yes, aligned with current programmes and strategies <input type="checkbox"/> 2. Yes, but aligned with our future plans <input type="checkbox"/> 3. Not yet aligned	
“To provide better primary health care services by transforming our pharmacy workforce and strengthening our practice and sciences”	<input type="checkbox"/> 1. Yes, aligned with current programmes and strategies <input type="checkbox"/> 2. Yes, but aligned with our future plans <input type="checkbox"/> 3. Not yet aligned	
“To transform and scale up pharmacy education by ensuring high-quality and fit-for-purpose education and training for primary health care provision, and to provide the foundation for workforce development, professional and scientific advancement”	<input type="checkbox"/> 1. Yes, aligned with current programmes and strategies <input type="checkbox"/> 2. Yes, but aligned with our future plans <input type="checkbox"/> 3. Not yet aligned	



<p>“To continue to address the growing burden of non-communicable diseases by empowering our profession to provide services in health promotion and disease prevention, screening, referral, disease management and treatment optimisation in people with non-communicable diseases”</p>	<p><input type="checkbox"/> 1. Yes, aligned with current programmes and strategies</p> <p><input type="checkbox"/> 2. Yes, but aligned with our future plans</p> <p><input type="checkbox"/> 3. Not yet aligned</p>	
<p>“To work with all healthcare professionals to deliver collaborative practice in primary health care, and build solid and strong interprofessional health care teams”</p>	<p><input type="checkbox"/> 1. Yes, aligned with current programmes and strategies</p> <p><input type="checkbox"/> 2. Yes, but aligned with our future plans</p> <p><input type="checkbox"/> 3. Not yet aligned</p>	
<p>“To shape primary health care delivery by adopting innovative approaches and adapting our workforce alongside the fast-changing digital health technologies”</p>	<p><input type="checkbox"/> 1. Yes, aligned with current programmes and strategies</p> <p><input type="checkbox"/> 2. Yes, but aligned with our future plans</p> <p><input type="checkbox"/> 3. Not yet aligned</p>	
<p>“To be an accessible, reliable and credible source of medical information for our communities and patients, empowering them to make healthier and more informed choices”</p>	<p><input type="checkbox"/> 1. Yes, aligned with current programmes and strategies</p> <p><input type="checkbox"/> 2. Yes, but aligned with our future plans</p> <p><input type="checkbox"/> 3. Not yet aligned</p>	
<p>“To play an essential public health role by providing evidence-based information about immunisation, eliminating public misconceptions about vaccines, supporting national immunisation strategies, and expanding vaccination coverage”</p>	<p><input type="checkbox"/> 1. Yes, aligned with current programmes and strategies</p> <p><input type="checkbox"/> 2. Yes, but aligned with our future plans</p> <p><input type="checkbox"/> 3. Not yet aligned</p>	
<p>“To encourage our pharmacy workforce to deliver primary health care effectively through the supply of quality medicines, improving medication adherence and patient safety, ensuring the rational use of medicines, and tackling the challenges of antimicrobial resistance by promoting antimicrobial stewardship strategies in our nation”</p>	<p><input type="checkbox"/> 1. Yes, aligned with current programmes and strategies</p> <p><input type="checkbox"/> 2. Yes, but aligned with our future plans</p> <p><input type="checkbox"/> 3. Not yet aligned</p>	

<p>“To generate evidence on the impact of pharmacists in improving health outcomes in primary health care systems through sustainable professional services and ensure broad access to these services”</p>	<p><input type="checkbox"/> 1. Yes, aligned with current programmes and strategies</p> <p><input type="checkbox"/> 2. Yes, but aligned with our future plans</p> <p><input type="checkbox"/> 3. Not yet aligned</p>	
<p>“To continue to support our current and future pharmacy workforce in order to meet the required competencies for the delivery of primary health care, and to close the gap between pharmacy education and practice”</p>	<p><input type="checkbox"/> 1. Yes, aligned with current programmes and strategies</p> <p><input type="checkbox"/> 2. Yes, but aligned with our future plans</p> <p><input type="checkbox"/> 3. Not yet aligned</p>	
<p>“To continue to engage our stakeholders and partners, empower our regional and national health leaders, and support enabling pharmaceutical policies to strengthen primary health care, bringing communities, countries and organisations together to grow and support this movement”</p>	<p><input type="checkbox"/> 1. Yes, aligned with current programmes and strategies</p> <p><input type="checkbox"/> 2. Yes, but aligned with our future plans</p> <p><input type="checkbox"/> 3. Not yet aligned</p>	
<p>“To be regional health care ambassadors in the attainment of the United Nations Sustainable Development Goals through provision of essential patient care and safe, effective, quality and affordable essential medicines and vaccines for all”</p>	<p><input type="checkbox"/> 1. Yes, aligned with current programmes and strategies</p> <p><input type="checkbox"/> 2. Yes, but aligned with our future plans</p> <p><input type="checkbox"/> 3. Not yet aligned</p>	

International  
Pharmaceutical  
Federation

Fédération  
Internationale  
Pharmaceutique

Andries Bickerweg 5  
2517 JP The Hague  
The Netherlands

-  
T +31 (0)70 302 19 70  
F +31 (0)70 302 19 99  
fip@fip.org

-  
[www.fip.org](http://www.fip.org)

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