

PARTICIPATION OF FIP YOUNG PHARMACISTS GROUP (YPG)

IN THE
WORLD HEALTH ORGANIZATION
72ND WORLD HEALTH ASSEMBLY



Y P G R E P O R T
2019

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Executive summary

In May 2019, the FIP Young Pharmacists Group attended the World Health Organization's (WHO) 72nd World Health Assembly (WHA) in Geneva, Switzerland for the first time as part of the FIP Delegation. The central theme of this Assembly was "Health for All," emphasising the significance of the need to achieve universal health coverage (UHC) for a healthier global population.

The WHO recognises the critical role that health care organisations play in the health workforce and released a call to action to address the projected 18 million health workers shortage by 2030. This call to action campaign aims to "stimulate bold collaborative actions of healthcare professional associations and youth organisations with Member States to implement ambitious solutions by 2023 to address the health workforce shortfall at country levels." The opening ceremony included an energetic and passionate speech by Ms. Natasha Mwansa, student at the University of Zambia, who underscored the critical need to not only invest in health workers, but more importantly, invest in women in health and in the youth, the future leaders of the world. At important global events, such as the WHA, the youth's presence is essential to share their voices, opinions, and calls to action.

There were a number of sessions and side events that FIP YPG participated in and led during the first week of the WHA. Prior to the start of the World Health Assembly, three of the YPG officers collaborated with other young professional organisations (International Pharmaceutical Students Federation [IPSF], World Congress of Chiropractic Students, and International Federation of Medical Students' Association) to lead a warm-up dance on stage for the 2nd Annual Walk the Talk event. There were also YPG members who were invited as panellists during youth-led side events, including the WHO Global Health Workforce Network Youth Hub. As chair of the World Health Professions Alliance in 2019, FIP hosted a High-Level dinner and a technical seminar during the WHA to address the 18 million health workers shortage. During this High-Level dinner event, FIP YPG members led various discussions with a variety of health profession organisations' representatives.

The FIP YPG members' attendance as part of the FIP delegation allowed them the opportunity to represent young pharmacists, learn new perspectives from various health care professionals, and weigh in on discussions that affect the pharmacy sector as well as the health care sector as a whole.

1 Participants

There were six YPG Members participated in this World Health Assembly (WHA).

1. Acacia Pik Kay Leong (AP) - Pharmacist, United Kingdom
2. Ayodeji Matuluko (AM) - Glasgow Caledonian University, United Kingdom / Nigeria
3. Diana Ching (DC) - University of Toledo / Toledo Family Pharmacy, United States
4. Khalid Garba Mohammed (KG) - Department of Pharmaceutical Sciences, University of Milan, Italy / Bayero University, Kano, Nigeria
5. Luísa Queirós (LQ) - Pharmacist, Portugal
6. Sherly Meilianti (SM)- University College London, United Kingdom / Indonesia



FIP YPG Participants

2 The importance of YPG in the WHA

Including YPG as a part of the FIP delegation at the World Health Assembly (WHA) will improve the visibility of the FIP as a whole. In the WHA, we have many opportunities to network with other organizations, including other youth organizations (eg, International Federation of Medical Students' Associations (IFMSA), International Pharmaceutical Students Federation (IPSF), Junior Doctors Network (JDN), Nursing Now, Youth Hub) and even Member States. We also are able to learn how to effectively advocate and represent the highly important role of pharmacists by learning from FIP leaders and colleagues. It is an opportunity for young pharmacists to learn about global health issues and how we can have an impact on global health through advocacy, policymaking, collaboration/partnerships, particularly in NCDs, falsified medicines, vaccinations, and patient-centred care. Having an experience in facilitating group discussions with individuals from various health care professions at a high-level FIP-hosted event regarding the shortage of 18 million health workers helped us to improve our communication and leadership skills.

Furthermore, we used this opportunity to help spread awareness to and engage with other young pharmacists who are unable to attend and interested in knowing how we can have an impact within the healthcare system on a global scale via social media (eg, Facebook, Twitter, Instagram). We are the next generation of pharmacists who will also be giving back to our profession and become the role models for the youth to come. Engaging youth in the global health agenda, such as producing statements, is vital to ensure FIP's work has continuity in the generations to come and gives the youth a voice. It is important that we act and invest now to prepare for our future. We can see the direct impact of our engagement during the WHA when many new contacts asked us about how to join YPG.



Khalid Garba Mohammed shares his opinions at one of the side events.

3 Timetable of YPG participation during the WHA

Date	Time	Session	AP	AM	DC	KG	LQ	SM
18 May 2019	15.30-19.30	Pre-WHA open session for youth						
19 May 2019	09.30-13.00	Walk the Talk: The Health for All Challenge 2019						
19 May 2019	15.00-17.00	Introduction to the World Health Assembly: A briefing for delegates						
20 May 2019	09.00-11.00	Greetings & briefings of FIP delegation						
20 May 2019	09.30-12.00	WHA Opening						
20 May 2019	12.30-14.00	Access to medicines, vaccines and health products: A multi-dimensional approach for ensuring transparency of markets, affordable and quality products to achieve Universal Health Coverage						
20 May 2019	12.30-14.00	Primary Health Care towards Universal Health Coverage and Sustainable Development Goals						
20 May 2019	14.00-16.00	Digital Natives Fight fake Medicines						
20 May 2019	14.30-16.00	Committee A						
20 May 2019	18.00-19.30	Universal Health Coverage to deliver the Global Strategy on Women's, Children's and Adolescents Health: re-thinking quality midwifery education						
20 May 2019	18.00-19.30	A Decade of Healthy Ageing (2020- 2030). Ideas and propositions to reach people and build healthy societies						
20 May 2019	18.00-19.30	Experiences on addressing NCDs risk factors and determinants						
20 May 2019	18.00-19.30	Financing Sustainable Community Health for All: The Importance of Women Leaders						
21 May 2019	08.00-09.00	Strategic meeting for official youth delegates						
21 May 2019	08.30-11.20	Symposium on Innovative Financing for Global NCDs: Catalyzing and generating political buy-in for NCDs financing and advocacy and diving deeper into the implementation realities						
21 May 2019	09.00-12.30	Committee A						
21 May 2019	12.30-14.00	Vaccination in an ageing world: Listening to older people						
21 May 2019	12.30-14.15	Patient Safety and Quality of care in the face of emergencies and extreme adversity - a prerequisite to achieve UHC						
21 May 2019	14.00-17.30	Committee A						
21 May 2019	15.30-17.30	Prevention in an Ageing World						
21 May 2019	18.15-21.00	High Level Dinner-addressing workforce shortages						
22 May 2019	08.30-17.00	WFPHA International vaccination & Capacity Workshop 2019						
22 May 2019	09.00-12.30	Committee A						
22 May 2019	10.00-11.30	Primary Health Care in achieving #healthforall						
22 May 2019	12.30-14.15	UHC: Good Governance, multi-sectoral actions for UHC - Partnership						
22 May 2019	12.30-14.30	Is Democracy Good for Health? A Discussion on the Political Determinants of Health						
22 May 2019	14.00-17.30	Committee A						

Date	Time	Session	AP	AM	DC	KG	LQ	SM
23 May 2019	09.00-12.30	Committee A						
23 May 2019	10.00-11.00	FIP-WHO MoU Signing						
23 May 2019	12.30-14.15	Technical Seminar: Investing in jobs and Health for All: The role of health care professional associations						
23 May 2019	15.00-16.30	Transforming primary healthcare in the digital age: the impact and sustainability of clinical decision support tools						
23 May 2019	15.00-17.30	Networking meeting between FIP-Ministry of Health of Indonesia and Youth Hub						
23 May 2019	15.00-17.30	Vaccine Hesitancy as a Challenge to Primary Health Care: Tackling the Problem with Young Generation of Healthcare Providers						
23 May 2019	18.30-21.30	Investing in Health Workers						
24 May 2019	09.00-11.00	The role of next generation in addressing Noncommunicable disease: delivering effective collaboration						
24 May 2019	18.00-21.00	Engaging youth in the global health agenda						

4 Pre-WHA

4.1 Pre-WHA Opening Session for Youth

4.1.1 Key Messages

In the first session during this event, we worked in groups. Our first observation was that in each group, most participants were medical students. There was also a large representation of nursing students. We should have more pharmacists as delegates to this kind of workshop in the future. We can possibly collaborate with IFMSA and JDN to have a pre-WHA session like this which is about brainstorming some issues related to youth involvement and some recommendations on how to improve youth engagement. Some recommendations made at this session were:

- a. Recommendation to Member States: It is important to create youth engagement and possibility to provide funding to come the WHA
- b. Recommendation to the WHO: The WHO should make a statement on the importance of youth to support Member States in youth engagement
- c. Recommendation to youth: We were encouraged to carry out peer education, online simulation, and make publications. We were encouraged to share our experiences at the WHA in our countries and publish articles on our experiences

The second session was about careers in global health. During the discussion, the panellists shared their experiences in global health and how youth can choose a career in global health.

4.1.2 Impact on Pharmacists and Young Pharmacists

- a. We need to provide more delegates in future WHAs from the Young Pharmacists Group
- b. We might be able to collaborate with IFMSA or JDN to prepare pre-WHA and WHA side events in the future
- c. We should disseminate our experiences in the WHA to not only our members but also all people around the world and maybe we need to collaborate with National/Regional YPG to share our experiences as well. Plan for dissemination will be through video and Bulletin of the YPG activities in the WHA

4.2 Walk the Talk: The Health for All Challenge 2019

4.2.1 Key Messages

During the WalktheTalk event, there were a lot of fun events. There was a speech from Dr. Tedros, the Director General of the WHO; the First Lady of Kenya, Margaret Kenyatta; and the Minister of Health and sports from the Netherlands. To raise mental health awareness, there was a performance by a musician from Nigeria, and a speech by the mother of Lady Gaga regarding mental health awareness (#SpeakYourMind). There were many inspiring speeches during the WalkTheTalk.

Youth presented messages on poster boards to raise awareness about youth involvement and a campaign to save the planet.

We collaborated with IPSF, IFMSA and Youth Hub to perform a 'SDG Dance' as part of the warm up activities at the WalkTheTalk. We performed the SDG Dance on stage to highlight youth involvement. We were also involved in the social media storm and went live on Facebook! There was a lot of energy from the audience during our dance.

4.2.2 Impact on Pharmacists and Young Pharmacists

Social Media Power was very helpful during the event. By promoting the event through social media, we are able to share our experiences with our YPG members on the WalktheTalk event. It was not only about maintaining a healthy lifestyle and mental health, but also about partnership and networking!



Diana Ching, Sherly Meilianti, and Ayodeji Matuluko at Walk the Talk event (Right to Left).

4.3 Introduction to the World Health Assembly: A briefing for delegates

4.3.1 Key Messages

This session was an insightful session that provided an introduction to the WHA procedures and Governance. Panel discussions centred around the transformation of the WHO and the implications of this, as well as an overview of the 72nd World Health Assembly. The fact that the Millennium Development Goals (MDGs) were an unfinished agenda and we are not yet to effectively act on the SDGs at WHO country level was highlighted. It was emphasised that to effectively transition from MDGs to SDGs will require concerted action from all Ministries not just Ministries of Health. The importance of promoting fairness and equity to achieve universal health coverage was also stressed by Steven Solomon with reference to the 'Nagoya Protocol' and how timely sharing of surveillance data on pathogens globally leads to faster public health responses. With respect to access to medicines, Andrew Rintoul highlighted WHO's work to support the availability of medicines, transparency and improving governance. Hanan Balkhy, the ADG for Antimicrobial Resistance (AMR) at WHO highlighted that AMR is driven by antibiotic misuse in the environment, human, animals, and the importance of improving infection prevention and control and biosecurity.

4.3.2 Impact on Pharmacists and Young Pharmacists

Attending this introduction to the WHA provided an easy transition into the week of WHA activities and increased understanding of the WHA and its functions. Young pharmacists who attend WHA will benefit greatly from attending this preWHA event and will find it a useful guide to the main WHA activities.

5 Plenary Session, Committee A and B Meeting

The World Health Assembly (WHA) is the governing body meeting of the World Health Organization (WHO), the technical health agency of the United Nations. The 72nd Session of the WHO's WHA took place in Geneva, Switzerland from 20 – 28 May 2019. It was attended by delegations from all 194 Member States. During the one-week meeting, countries agreed to resolutions, adopted action plans, supervised finances, reviewed and approved the proposed budgets, discussed key public health issues, and determined the policies of the organization. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed programme budget.

The discussion between Member States are held in the Plenary, Committee A and Committee B. FIP delivered Statements on various issues:

- a. Universal health coverage - Primary health care towards universal health coverage (11.5.1)
- b. Prevention and control of noncommunicable diseases (11.8)
- c. Member State mechanism on substandard and falsified medical products (12.2)
- d. Human Resources for Health - Global Strategy on human resources for health: workforce 2030 (12.3)
- e. Global action on patient safety (12.5.1)
- f. Strengthening synergies between the World Health Assembly and the Conference of the Parties to the WHO Framework Convention on Tobacco Control (21.1)

Member States adopted a new global strategy on health, environment and climate change and committed to invest in safe water, sanitation and hygiene services in health facilities. Countries adopted a landmark agreement to enhance the transparency of pricing for medicines, vaccines and other health products. The new WHO programme budget was approved and a common approach to antimicrobial resistance was agreed.

Patient safety was recognized as a global health priority and the 11th Edition of the International Classification of Diseases was adopted. Countries agreed on three resolutions on Universal Health Coverage (UHC) with a focus on primary healthcare, the role of community health workers and the High-Level Meeting on UHC to be held in New York in September 2019.

Apart from the Plenary sessions, Committee A and Committee B, there were a lot of side events that the YPG attended during the 72nd WHA. Side events can be proposed by member states to the WHO and usually it was done by the end of March. It would be good if in the future, the FIP YPG are able to submit some side events in collaboration with other member states or non-state actors to the WHA.



Committee A meeting

6 Side Events during the WHA

6.1 Side Events focused on the Ageing Population

6.1.1 Related side events

- a. A Decade of Healthy Ageing (2020- 2030). Ideas and propositions to reach people and build healthy societies
- b. Prevention in an Ageing World

6.1.2 Key Messages

In the session of “a decade of healthy ageing”, some countries reported their progress or plans to care for their ageing population (Singapore, Finland, Canada, Ecuador). In Singapore, they focus on empowering senior citizens to take responsibility for their own health. In Finland, they use some robotic or technologies to help older people navigate within their housing. In Canada, they are working on a national dementia strategy and building infrastructure for a smart city that makes it is easy for the disabled population to move freely. In Ecuador, they focus on the social protection of the elderly and free Universal Health Coverage (UHC) for the elderly. The country has made progress in functional capacity development, employment of more practitioners, more innovation with telemedicine, long term care with specialised knowledge in hospital, a global forum of ageing which focuses on the objective of day care for healthy ageing. All of these need multisectoral collaboration.

In the “prevention in an ageing world”, there was a launch session organised by International Longevity Centre UK (ILC) with speeches from ILC staff, WHO staff and a representative from the US on the importance of thinking about ageing when we are young and how we can age healthily. Speeches were followed by an interactive session of networking and opportunity for the audience to generate their responses to the following questions;

- a. What are examples of good or innovative preventative health interventions across the life course?
- b. What is the best way to prevent ill-health in later life?
- c. How can policy makers and health systems promote prevention across the life course?

6.1.3 Impact on Pharmacists and Young Pharmacists

What we learned from both sessions is that we are uniquely placed in the society/community to provide preventive health care services and screening services to the public to maintain good health and promote healthy aging. We need to encourage young pharmacists to share their experience or their role in being involved with caring for the elderly population. We can collate evidence and share it as part of public awareness on the important role of pharmacists in improving the quality of life of the elderly population.

6.2 Side Event focused on Fakes Medicines

6.2.1 Related side event

Digital Natives Fight Fake Medicines

6.2.2 Key Messages

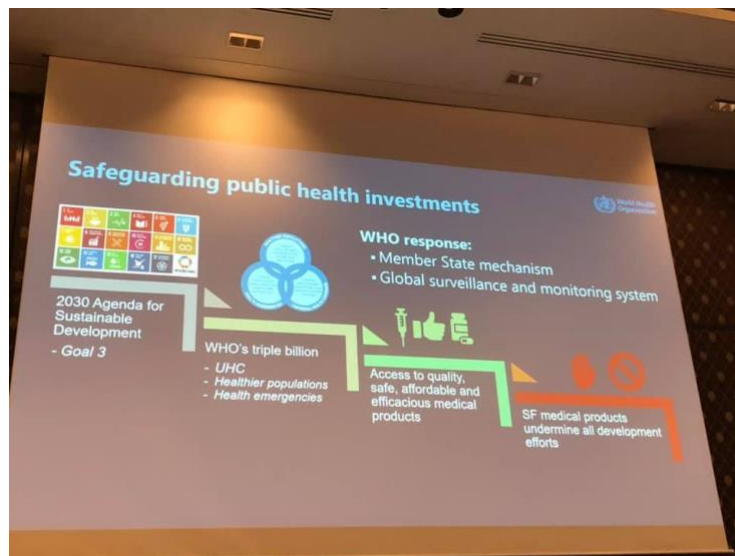
The impact of substandard and falsified (SF) medicines on achieving universal health coverage was discussed with presentations and discussions on innovative and disruptive technologies that are enhancing the fight towards SF medicines. Panel 1 discussants/presenters: Raja Sharif (FarmaTrust)- Blockchain; Adebayo Alonge (RxAll)- Nanoscanner; Israel Bimpe (Zipline)- Drones; moderated by Oksana Pyzik (UCL).

The WHO work on substandard and falsified (SF) medicines and the effects on the last mile due to SF medicines was presented. The public must be made aware that they need to purchase medicines at the right places.

Panel 2: Multi-stakeholder perspective on SF medicines. Panelists: Catherine Duggan (FIP)- Pharmacists; Serge Rudaz (University of Geneva)- Academia; Cyntia Genelot (IFPMA)- Industry; Dr Zuberi Muvungi (Ministry of Health Rwanda)- Government; Ed Kelley (WHO)- patients Catherine Duggan highlighted FIP’s work to include SF medicines in the pharmacy curriculum in 5 sub Saharan African countries. Pharmaceutical industry is the most regulated in the world, but not always in LMICs. There is also transborder transporting of fake medicines.

6.2.3 Impact on Pharmacists and Young Pharmacists

Taking the lead towards providing education on SF medicines and where the public should purchase good quality medicines.



Presentation slide during the Fight Fake Medicines side event.

6.3 Side Events focused on Human Resources for Health

6.3.1 Related side events

- a. High-Level Dinner
- b. Investing in Health Workers
- c. Technical seminars: Investing in jobs and Health for All: The role of health care professional associations

6.3.2 Key Messages

In the High-Level Dinner, all YPG delegates had the experience of being facilitators. We facilitated discussions on different tables around solutions to tackle the shortfall of 18 million health workers globally. There were 6 key messages from this event: (1) We need to join forces across professions to advance together, (2) We need to invest in health worker jobs for UHC and inclusive growth, (3) We need to ensure decent work conditions and eliminate discrimination, (4) We need to implement what works, (5) We need to activate the power of the youth, and (6) We need to harness technology to maximise impact.

Following the high-level dinner, we attended a technical meeting on investing in health workers. We need to work more collaboratively: community health workers, doctors, dentists, lab technicians, midwives, nurses, pharmacists and many other specialist occupations. Delivering high-quality care takes teamwork on the ground. Investing in health sector jobs is not a matter for health ministry's alone. It's a matter for ministries of education, employment and finance, working together to assess needs, design solutions and funds those solutions.

During the technical seminar on investing in jobs and Health for All, we understood that investing in health sector jobs is not an action for ministers alone but involves all stakeholders and sectors. Health workers are a team inclusive of all workers. Investing in jobs is an investment in women and youth, and it will have a major impact on the achievement of health for all. We need healthcare professionals to seek leadership roles at the local level. We should also create alliances, partnerships and opportunities for the growth of health workers. Health care workers need to work both interprofessional and 'outer-professionally' to deliver health. Policies need to have a clear roadmap for the implementation of goals. The FIP calls on health professional organisations to establish action hubs to address the health workforce shortfall. This will enable all associations to come together regularly with measurable and impactful actions.

6.3.3 Impact on Pharmacists and Young Pharmacists

As young pharmacists, we need to have a collaborative project with other stakeholders to raise awareness on issue on decent work conditions and the use of technology. We can potentially start by doing research together to find out the main problems associated with the health workers' shortfall in each profession and each country.



Groups of health care leaders with FIP Delegates at the High-Level Dinner

6.4 Side Events focused on Non-Communicable Diseases

6.4.1 Related side events

- a. Experiences on addressing NCDs risk factors and determinants
- b. Innovative Financing for Global NCDs: Catalyzing and generating political buy-in for NCDs financing and advocacy and diving deeper into the implementation realities
- c. The role of the next generation in addressing Noncommunicable disease: delivering effective collaboration and meaningful participation

6.4.2 Key Messages

During the experiences on addressing NCDs risk factors event, Health Ministers from Member States reported on practical experiences on the current efforts their countries are making in addressing NCDs, countries that participated include Sri Lanka, St. Vincent and the Grenadines, Uruguay, Finland among others. Investing in primary healthcare and implementing and/or increasing taxes on tobacco, alcohol, sugar containing drinks are among the different approach that countries are making to address NCDs. WHO representative reiterated the need for drastic actions to tackle cardiovascular diseases which is the number killer from NCDs. The need to control air pollution which was responsible for 5.8 million deaths from NCDs in 2016 was also highlighted.

We also attended side event organized by Health Finance Institute (USA), and expert panel from WHO, African Union, Health economists which discussed on the low funding of NCDs from the low- and middle-income countries which translates to the high rates of NCDs from these countries. The need for horizontal global financing of NCDs with innovative financing models engaging government and private sectors. To address NCDs, synergistic collaboration is necessary among pharmaceutical companies, academic institutions, and government institutions. The need for collaboration and synergy between finance ministers and health ministers at national levels was emphasized and more need to be done on preventive measures using radical approaches e.g better housing better health initiatives, healthy food, physical exercises, etc. The role of civil societies has been encouraged for mass campaigns and inclusion of digital health system into health budgets.

As the next generation in addressing NCDs, we need to invest in prevention rather than curation. We need to do this through a multi-sectoral approach, to find out the priorities of each organisation working on addressing NCDs. We need to create a global platform to advocate more about NCDs. It is also important to quantify the real economic and social value of preventive actions and programs, in order to inform governments. Investing in the education of health professionals in the field of Public Health is also fundamental for strategic action towards NCDs.

6.4.3 Impact on Pharmacists and Young Pharmacists

Being involved on the global level will raise awareness of young pharmacists in the global agenda. The need to engage pharmacist in both, prevention, screening and treatment of NCDs is paramount especially engaging the young

pharmacists in advocacy regarding smoking cessation, healthy lifestyle is paramount. As pharmacists, we have a close relationship with patients, which can create an opportunity for public health awareness, with a big contribution towards fighting NCDs. We also need to be involved in addressing NCDs financing, providing quality and affordable medicines for NCDs.

6.5 Side Events focused on Vaccination

6.5.1 Related side events

- a. Vaccination in an ageing world: Listening to older people
- b. World Federation of Public Health Associations (WFPHA) International vaccination & Capacity Workshop 2019
- c. Vaccine Hesitancy as a Challenge to Primary Health Care: Tackling the Problem with Young Generation of Healthcare Providers

6.5.2 Key Messages

For ageing population, we need more evidence on policy on what age we should start vaccination. In the session of vaccination in ageing world, the International Longevity Centre UK (ILC) promoted their report on vaccination in adults. They found that attitudes are a significant barrier to overcome in increasing vaccination rates, but also show that stakeholders don't focus on this enough. An effective way of addressing these issues would be to engage with the public's positive attitudes towards their own lifestyles. The voice of healthcare professionals is important. Attitudes are important. We need to advocate for a life course, healthy ageing and use of vaccination for preventable diseases especially for older people at risk.

In the workshop of International vaccination and Capacity Workshop, the key focus of the discussions focused on improving access to vaccination in different healthcare settings and addressing vaccine hesitancy. Presentations were made on universal health coverage as a means to increase vaccination coverage: South Africa's Vaccination Programme; the new Italian law that stipulates that children up to the age of six years will be excluded from nursery and kindergarten without proof of vaccination; the global status of vaccination coverage; Gavi- the Vaccine Alliance's work on saving children's lives; protecting people's health by increasing access to vaccines; and our collective responsibility in achieving vaccination coverage as well as communicating positive messages on vaccination. The workshop also talks about facilitating access and removing cost increases coverage of vaccines. The starting point of health system performance is how the delivery of vaccines impact people. The reasons for people choosing not to be vaccinated are complex (vaccine hesitancy) and largely influenced by the media. Healthcare workers in the community must be trusted to provide credible information on vaccines.

Apart from the value on ageing population, vaccination is the most cost-effective initiative to reduce vaccine preventable diseases, with great value in child health. As we are 11 years away from reaching the SDGs, immunization is a major entry point for attaining SDGs. Immunization gives the biggest return on investment.

We need to work more collaboratively: community health workers, doctors, dentists, lab technicians, midwives, nurses, pharmacists and many other specialist occupations. Delivering high-quality care takes teamwork on the ground. Investing in health sector jobs is not a matter for health ministry's alone. It's a matter for ministries of education, employment and finance, working together to assess needs, design solutions and funds those solutions. Anti-vaccination movement represents a real threat and there are already bad results. We need to collaborate multi-sectoral to address workforce shortfall. Maybe we can start by doing research together on what is the main problem of the shortfall in each profession and each country.

6.5.3 Impact on Pharmacists and Young Pharmacists

As easily accessible healthcare professionals in the community, pharmacists should be trusted to provide verified and reliable information on vaccines to members of the public, as well as address negative views on vaccines. Engaging community pharmacists in vaccine administration is non existing or very low in developing countries, therefore, this called for action to maximize the potential of pharmacists as the most trusted and easily accessible healthcare professional to be involved in vaccination which will ultimately improve acceptability by the public. We need to encourage young pharmacists to share their experience or their role in delivering vaccination services and the impact on that. We need to document all of this, so we can speak in the future based on evidence.



Panellists of health care leaders discuss the global movement for vaccine advocacy and access

6.6 Side Event focused on Patient Safety

6.6.1 Related side event

Patient Safety and Quality of care in the face of emergencies and extreme adversity - a prerequisite to achieving UHC

6.6.2 Key Messages

Ensuring patient safety and quality of healthcare even in the time of insurgencies and conflict was the focus of this session. Countries were urged to make ministerial level commitments for patient safety. The gap in patient safety is most profound in places of health emergencies. Patient harm due to adverse events is one of the top 10 causes of death and disability in the world. There will be a conference on patient safety- The 5th global ministerial summit on patient safety 2020, with a call to all countries, especially those affected by health emergencies.

Prof Dame Sally Davies (representing Jeremy hunt) highlighted that patients are entitled to safe quality care. Without that we diminish universal health coverage. She said that we can't talk about patient safety without mentioning infection prevention and control (IPC), vaccination and AMR which all impinge on patient safety.

The recent attacks in Sri Lanka were mitigated by rapid response. Hon. Dr. Patrick Ndimubanzi from Rwanda emphasised that we cannot talk about quality care if we don't have the workforce. Patient Safety and Quality of Care in Migrant Health was also highlighted, with an example from Turkey (Healthcare services for Syrians in Turkey). Turkey maintained an open-door policy for Syrians coming into their country and provided them quality healthcare. Dr Ngozi Azodoh from Nigeria talked about Nigeria's recent humanitarian emergency in the North East and other conflicts. She highlighted that there was humanitarian response through interprofessional participation (doctors, pharmacists, nutritionists, and the public health body).

On a final note, it was highlighted that in emergencies you find the most remarkable teams and leaders, hence patient safety can be implemented all over the world regardless of setting.

6.6.3 Impact on Pharmacists and Young Pharmacists

As young pharmacists, especially serving in the community in areas prone to health emergencies and conflicts we can provide healthcare services to the most vulnerable groups, and we can even collaborate with other healthcare professions and public health organizations to provide free healthcare to achieve universal health for all.

6.7 Side Events focused on Primary Health Care

6.7.1 Related side events

- a. Primary Health Care towards Universal Health Coverage and Sustainable Development Goals
- b. Primary Health Care in achieving #healthforall
- c. Transforming primary healthcare in the digital age: the impact and sustainability of clinical decision support tools

6.7.2 Key Messages

Some of the key points mentioned by the different countries regarding PHC is some of their vision and action points to achieve UHC in PHC. These include improving knowledge sharing for PHC, building an economic case and evidence based to support policy making surrounding PHC. The member states also urge for everyone to work together to achieve the Astana vision. The member states also urge for healthcare professionals and policy makers to improve PHC accessibility for patients regardless of their insurance status. The idea of PHC should be sustainable and the quality and efficiency of services should be increased to reach out rural areas as well. Some of the challenges to achieving sustainable PHC is being able to gather the evidence base for healthcare policy and measuring the progress and quality of PHC. A few key events for PHC were mentioned such as the Global Conference of Primary Healthcare and the High-Level General Assembly meeting on PHC taking place later this year.

Session “Primary Health Care in achieving #healthforall” was a youth led event to engage youth in realising their role in primary healthcare. The panel was formed of a multidisciplinary team of youth healthcare professionals each sharing their own personal experiences of how certain patient incidents in their career helps them realise the gaps in their practice and education and why it is important to empower youths in their career of their professions to take initiative and autonomy of their learning as well as improve the education of the future generation. Some of the key points mentioned were that primary healthcare is often overlooked as a career pathway resulting in health workers working in the PHC without having the relevant skills and experience to effectively treat and help patients. It was stressed that it is important to advocate for the role of healthcare professionals (HCPs) in PHC and raise awareness amongst the newer generation of healthcare professionals its potential as a career pathway as well as the impact PHC professionals have on patients. The education and training in PHC have to be of a higher standard to better equip the future workforce to take up PHC roles. Some reflections from LICs is that there is a deficit in PHC HCPs, and the training environment is inadequate to prepare HCPs to take on role in PHC. Reflections from HICs touches on the accessibility of PHC services as well as calling for HCPs to take social accountability on improving PHC services as well as addressing the social determinants of health in PHC.

There is big potential for digital aids in primary healthcare to allow more streamlined and efficient processes. However, it is important to take note that digitisation of healthcare cannot replace the person to person contact between a healthcare professional and a patient and it also cannot replace the complex clinical judgement process of a healthcare professional. Creating digital aids in healthcare is a complex process and must go through a stringent quality assurance process and trial testing almost as much as medicines go through to ensure the safety and efficacy of the device and algorithms.

It is important to note that this process can take a lot of time and money. Errors in digital aids can hugely negatively impact patients and at times can be fatal hence the creation and testing of digital aids should go through Phase 1, 2 and 3 of the quality assurance processes and legislation are being drafted to ensure all digital aids follows this process.

6.7.3 Impact on Pharmacists and Young Pharmacists

As young pharmacist, we will make up the workforce for PHC and it is important that we engage in the development of PHC and find innovative solutions in gathering the evidence-based results of investing in PHC to ensure the sustainability of funding for PHC. We as young professionals have the ability to contribute to PHC especially in taking on roles in PHC

that serve the underprivileged those with little accessibility. We also have a role in educating the future generation of PHC workforce in addressing the challenges of creating a sustainable PHC system and encourage them to play a more active in contributing to PHC and UHC.

Young pharmacists must appreciate early on that the important role of community pharmacists in primary health care and that they have a unique career pathway on its own with skills sets and challenges that is unique to a PHC setting. As touched on in the session, PHC roles should not be treated as a 'second option' to secondary care roles but instead, the training and education should fully acknowledge the skills needed to be competent in PHC roles such as strong communication with patients as well as the multidisciplinary stakeholders in PHC. It is vital to always take a patient centred care approach and develop skills to be able to offer a wide range of PHC services, awareness campaigns, address the range of OTC queries. PHC pharmacists are the most accessible point of care within PHC and young pharmacist needs to recognise the weight of the roles and responsibilities in being competent in a PHC setting. Young pharmacist must also learn from their education and early career how pharmacists fit within multidisciplinary stakeholders and be familiar with all the different PHC roles to ensure better collaboration and effective continuity of care of patients.

In this technological era, it is important that young pharmacist keep up to date with the digitisation of healthcare, the available devices, its uses and also being aware of its impact on patients. Young pharmacist will be the bridge between the earlier generation of professional and patients where digital aids were not as common and may be sceptical and unfamiliar to its usage and to the upcoming generation of healthcare professionals where innovation for digital aids will become and everyday tools used in their practice. Young pharmacist has a vital role to play in educating professional and patients around them in terms of the usage of digital aids as well as being aware and identifying the potential consequences or effects of the digital aids and feedback to the creators to help improve user convenience. Young pharmacist also needs to ensure that all digital aids has gone through a stringent quality assurance process and has evidence-based usage to ensure the safety and efficacy of use in primary health care.

6.8 Side Events focused on Universal Health Coverage

6.8.1 Related side events

- a. Access to medicines, vaccines and health products: A multi-dimensional approach for ensuring transparency of markets, affordable and quality products to achieve Universal Health Coverage
- b. UHC: Good Governance, multi-sectoral actions for UHC - Partnership
- c. Universal Health Coverage to deliver the Global Strategy on Women's, Children's and Adolescents Health: re-thinking quality midwifery education

6.8.2 Key Messages

In the session of medicines, vaccines and health products access, we had had governments of Costa Rica, Cyprus, Greece, Indonesia, Italy, Mexico, Mongolia, Netherlands, Portugal, Republic of Korea, Saudi Arabia, Spain and Vietnam as sponsors and participants. The session was focused on the current problems regarding access to medicines, vaccines and health products, the lack of transparency in price definition and its impact on the market, and possible solutions for the problems identified. The different perspectives presented were generally aligned focusing on:

- a. The importance of ensuring affordable and sustainable access to high-priced medicines with key points highlighted such as that to achieve UHC we need reasonable drug prices;
- b. How essential it is to have full access to all Clinical Trial's results, in order to ensure full understanding of the technology's value and to allow a better assessment;
- c. Transparency in price definition and negotiation steps is a key point to allow a better access to health products;
- d. Affordability is not just an issue for LMICs. We need to improve transparency through collaboration. Price negotiation by international groups may be very beneficial for everyone, ensuring some support for countries that represent smaller markets;
- e. Generic/biosimilar drugs will be instrumental in improving access to medicines and increasing transparency and it is particularly important in LMICs to enhance access to medicines.
- f. To find Innovative payment strategies and results monitoring processes may be the solution for a better access.

- g. Other issues that impact access to medicines, vaccines and health products are the low price of old products that with time turn into not economically interesting products, and the production focused on one/two manufacturing sites.

In the session of good governance for UHC, some countries shared their experiences UHC is not just service delivery or health financing, good governance is very important. An important lesson learned from Thailand's experience is that there is a need for a clear legislative framework to promote good governance for UHC. One of the successful factors which has an influence on UHC in Thailand is upholding the trust of citizens by providing reliable and credible health services. In Kenya, active community participation, engagement and multisectoral action coupled with sound political, technical and community leadership are key for the realization of UHC.

Lastly a session related to midwives shared information that midwives play a vital role in ensuring the health of women before, during, and after pregnancy and the well-being of infants, children and adolescents. This session involved panellists sharing their midwifery practice experiences. The key takeaway was that midwives should be included in interdisciplinary teams as they are practitioners that achieve positive health outcomes when utilized properly in women and children health care. Therefore, there should also be an increase in midwifery education programs as well as more structured curricula to underscore the importance of this profession.

6.8.3 Impact on Pharmacists and Young Pharmacists

Pharmacists, as the experts of medicines and health products, are the health professionals most involved in the circle of medicinal products and health products. They are also part of Health Technologies Assessment groups, and frequently members of government groups responsible for national decisions. For this reason, it is extremely valuable to understand the international position on the topic, to follow these discussions and the opinions shared by different countries and to ensure a proper participation and inputs by pharmacist. Moreover, we might be able to share concepts of good governance in UHC to understand more about pharmacists role in this area.

Attending the session on midwives education, we learned that although our curriculum does emphasize the importance of interdisciplinary care for patients, midwives are not often mentioned, yet they play a critical role in the health of women and children. Midwives also provide recommendations of medications for patients, which is where pharmacists may assist in the decision-making process.

6.9 Side Event focused on Women Leaders

6.9.1 Related side event

Financing Sustainable Community Health for All: The Importance of Women Leaders

6.9.2 Key Messages

This session was organized by the Centre for Global Health and Development and Communities at the Heart of UHC members, Living Goods, Last Mile Health and the What to Expect Project. It was an informal, interactive cocktail on the role of community health workers and mechanisms to finance sustainable health systems in low- and middle-income countries.

Ministers of Health, development agency representatives, private investors and civil society have discussed how community health programs are a cost-effective solution for increasing access to healthcare by extending primary care services to rural and vulnerable populations. Participants also highlighted how engaging and empowering female community health workers has transformed their communities by increasing productivity, access to health and education and general well-being. Speakers call governors attention to the need for domestic resource mobilization, partnerships between investors and governments and the creation of blended financing vehicles to improve development goals in the emerging markets

6.9.3 Impact on Pharmacists and Young Pharmacists

It is important to understand the interaction between different health professionals and the potential contribution and impact of non-formal professionals. It also understands the strategies used by these professionals to interact with the community and how they overcome the communication barriers.

6.10 Side Events focused on Youth Involvement and Legislation in the Global Agenda

6.10.1 Related side events

- a. Is Democracy Good for Health? A Discussion on the Political Determinants of Health
- b. Engaging youth in the global health agenda

6.10.2 Key Messages

From the “Democracy Good for Health” session, it highlighted that a major study of 170 countries published in the Lancet concluded that adult life expectancy improved more quickly in countries that switched to democracy over the past 50 years. Improvements in democratic quality did not make nations richer, but it did result in more government health spending. The health benefits of democracy for many non-communicable diseases and injuries were stronger than any other GDP effect and at the same time, some long-standing democracies are experiencing declines in life expectancy. And with democracy comes the also the discussion about gender equity. During the session some examples were shown about how the inclusion of women in health leadership positions impacts health outcomes in a good way. Some of the reasons for this fact is that women are most worried about family values and approach health problems differently. In a general conclusion, of course democracy impact health outcomes and as in many other areas in a good way.

Session “Engaging youth in the global agenda was divided into two parts. During the first session, we discussed in small groups on some global topics- Universal health coverage, primary health care, non-communicable diseases (NCDs), youth in WHO, sexual and reproductive health/rights, and WHO, FENSA and Civil Society Organizations. In the NCDs group, we discussed that the youth population are capable of carrying out advocacy efforts to promote healthy lifestyles, and in this way translate knowledge into action. We need to have strong voices and we need to start practising healthy lifestyle ourselves. There should be multi-sectoral involvement and responsibilities towards the implementation of strategies to tackle NCDs and improve health outcomes. We need to better link the health agenda and climate agenda. For example, animal consumption, land use in agriculture and transportation. There is a civil society movement/Working Group who are working on this. The ‘youth in WHO’ group discussed the possibility of organising a model WHA for youth and a hackathon. It was also discussed that youth voices need to be included in policy making and the need for increased internships slots for youth, not just in WHO headquarters, but also in WHO country offices. Youth were also encouraged to approach their countries’ ministries of Health to advocate for youth delegates to be included in those that attend the WHA yearly. Examples from countries which already had this in place were highlighted.

The second session provided an introduction/overview of YouthHub. There are three working groups in the YouthHub: the advocacy working group, convening spaces and the research working group. Participants were divided into three groups for discussion. In the research agenda working group, we discussed some possible research topics. They are:

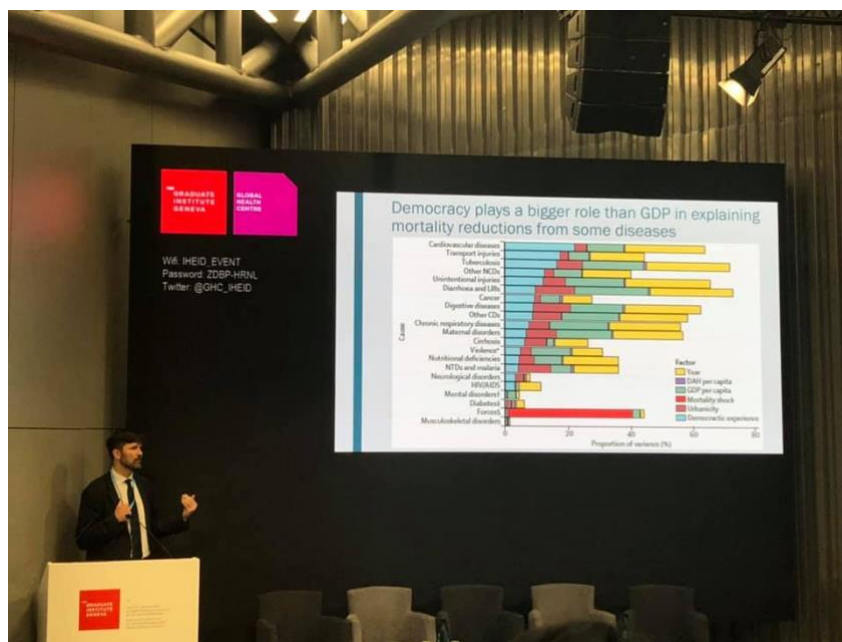
- a. Decent working conditions for healthcare professionals
In Mexico and other parts of the world, the health workforce faces work overload which can have an impact on mental and physical health.
- b. Healthcare workers’ migration
In Egypt, it would be interesting to investigate the reasons behind the migration of healthcare workers to other countries. This may not only be as a result of better remuneration, but also other reasons.
- c. Scholarship opportunities for females or increased opportunities to pursue medical education.
In Tokyo medical school, the number of females granted admission to medical school has decreased because of a policy which limits the number of females gaining admission to medical school.
- d. Financial topic –Financial returns on investment in the health workforce.
Availability of resources/funding for research in low-income countries.

- e. Research on violence against healthcare professionals.
We might be able to do research on how lawmakers can protect the health workforce and what regulations we need to implement.
- f. Research on the decrease of the admission numbers of health care students in universities (Nigeria)
- g. Research on the reasons for shortages of the workforce (clear location or where shortage comes from)

6.10.3 Impact on Pharmacists and Young Pharmacists

With emerging political changes and the growth of populist movement, it is important to call young health professionals' attention to the benefits of a democratic system in terms of health and to discuss the possible impact of political changes in health, and to identify some problems/questions that could be studied.

There is also a global digital forum platform by the WHO to share knowledge (<https://www.who.int/activities/gcm>). We might be able to use this to help us in our advocacy. There will be an NCD Commission and working groups as a global platform and we might be able to get involved in it. We might be able to involve in the YouthHub as well to speak our opinion on this global agenda.



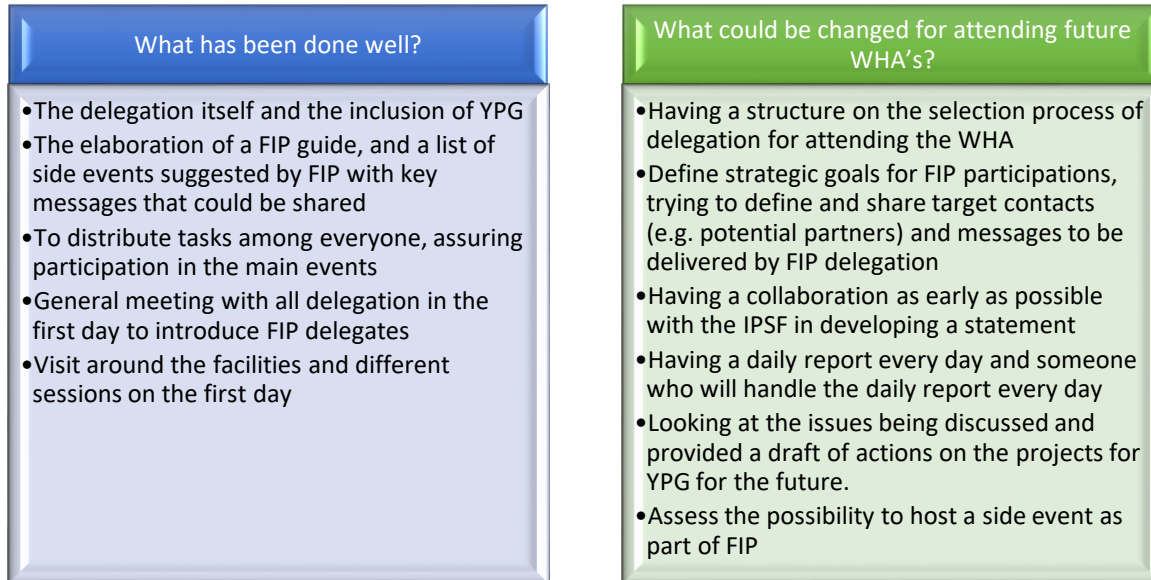
Discussion of the political determinants of health and how democracy plays a significant role in GDP



The Engaging Youth in Global Agenda Session

7 Conclusion

We reflected on the process and activities in the WHA and what we can do for the next WHA which can be seen in the Diagramme below.



For more information about the WHA, please visit

- a. <https://www.who.int/about/governance/world-health-assembly>.
- b. http://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_Div2-en.pdf
- c. <http://g2h2.org/posts/wha72events/>

Some publications that FIP YPG has done can be seen through this link:

- a. [A YPG newsletter article.](#)
- b. [A YPG WHA bulletin.](#)

8 Infographic of YPG Next Step

We also reflected on the preparation of the WHA and what we can do in the future. Our action plan post-WHA can be seen in the infographics below.



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International
Pharmaceutical
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Young
Pharmacists
Group (YPG)

Andries Bickerweg 5
2517 JP The Hague
The Netherlands

-

T +31 (0)70 302 19 70

F +31 (0)70 302 19 99 | 2019 /10/ YPG.