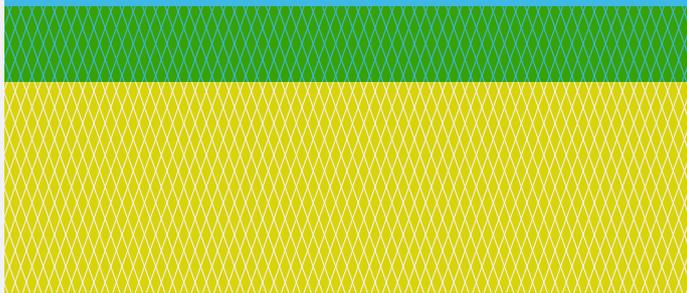


# Annual Report 2009/2010

Weaving positive  
change into global  
health

Fédération  
Internationale  
Pharmaceutique

International  
Pharmaceutical  
Federation



1912 • 2012  
100 YEARS OF  
ADVANCING  
PHARMACY  
WORLDWIDE

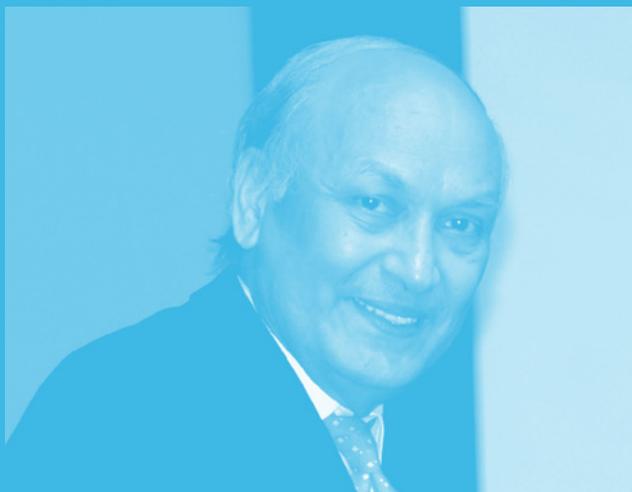
## FIP PRESIDENT

## DR KAMAL K. MIDHA

Dear Reader,

As President of the International Pharmaceutical Federation, it is with both pride and optimism that I present our Federation's 2009-2010 Annual Report. This is also an apt opportunity to introduce you to our first "green" issue of the FIP Annual Report, an online version that not only provides ease of access to our world-wide audience – as well as a wealth of information on activities and partners via the underlined, clickable links – but also considers the heightened global consciousness for our environment. We hope it serves both well.

Since the unanimous adoption of Vision 2020 – FIP's Vision, Mission and Strategic Plan in 2008, the unified focus of the Federation, its Leaders and Members has been to work towards achieving this new vision and its objectives through key tactical approaches.



As such, we felt a helpful way to reflect on the past year was in the context of Vision 2020, and how the accomplishments in each separate yet intertwined part of FIP are driving us towards our Vision – wherever and whenever decision makers discuss any aspects of medicines on a global level, FIP is at the table. In this way, FIP is at the forefront of global health trends and actively working towards positively influencing the global health environment – this has been the common thread throughout our Federation's activities and thus the theme of our Annual Report 2009-2010.

The work of the FIP Boards of Pharmaceutical Practice and Pharmaceutical Sciences continues to spearhead global developments in the newer fields of healthcare. As we march forward to achieve the promise of individualised medicine and genomics-based pharmacotherapy there will be a greater demand for increased interaction and cooperative approaches among pharmacy practitioners, pharmaceutical scientists and pharmacy educators. This collaboration will serve to increase the quality of care and outcomes for patients. FIP recognises that to advance the pharmaceutical sciences, pharmacy practice and pharmaceutical education – three of our key objectives – we must do so collaboratively, acknowledging that advances in healthcare and positive patient outcomes depend on the concerted growth and fruitful interaction in all three arenas of practice, science and education.

Pharmacy Education has continued to be a highlighted cornerstone of FIP, notably through the ongoing work of our Pharmacy Education Taskforce in creating and implementing a global philosophy for need based pharmacy education. Complementary to this initiative, just prior to this report FIP launched the Academic Institutional Membership, or FIP AIM. This Membership allows Faculties and Schools of Pharmacy, through their Deans, to become inter-connected on a global platform of discussion on need-based quality pharmaceutical education, faculty strategy and functioning, quality of students and staff and the challenges of resource allocation within academic institutions. The Membership focuses on supporting Deans and decision makers through the parallel evolution of Faculties and Schools of Pharmacy alongside the ongoing changes in pharmacy practice, science, research and their respective funding.

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We invite all Schools and Faculties of Pharmacy to become a FIP AIM Member through their Deans and Vice Deans and to join us at the First Global Deans Forum at the FIP Congress in Lisbon to discuss shared challenges, goals and successes.

The FIP Congress remains the most important and high profile event of the year for the Federation. It is the key forum for interaction between FIP and its Member Organisations, participants and global leaders. The 2009 FIP Congress in Istanbul, Turkey, with almost 3000 participants, exemplified ongoing dedication to advancing pharmacy science, practice and education on a truly global level – the FIP Congress gathers international visionaries in international locations with a shared goal for change at national levels. Collectively these changes will serve to shift the scope of pharmacy and the pharmaceutical sciences to enable a direct and measureable effect on healthcare at all levels.

We will soon witness a culmination of these activities and goals. In 2012, FIP will celebrate its Centennial – 100 years of working for better health worldwide through the advancement of pharmacy practice and the pharmaceutical sciences, both supported by need-based quality pharmacy education. The FIP Centennial Congress, taking place in Amsterdam in October of 2012, will not only honour these past achievements but will also be a springboard for FIP, our Members and our Partners into the next 100 years of advancement. It is here at the FIP Centennial Congress that we will define our voice for the future – join us and help us make this voice stronger!

Through these activities we are accomplishing two other key components to our Mission and Vision – communication and visibility. In order for the work of FIP to impact a larger community it needs to be conveyed via our Members. I have made it a goal to convey to our Members how they may contribute to the overall vision for pharmacy and the pharmaceutical sciences and become ambassadors of our FIP Mission: *to improve global health by advancing pharmacy practice and science to enable better discovery, development, access to and safe use of appropriate, cost-effective, quality medicines worldwide*. The response from our Member Organisations and Forums has been exemplary. They have moved forward from their promised support of the Strategic Plan to tangible activities and outcomes on national and regional levels, all going great lengths in fostering the advancement of practice,

pharmaceutical sciences and pharmaceutical education and therefore the FIP Vision.

FIP has also had continued success in the activities and actions with our Partner Organisations. Our efforts within the World Health Professions Alliance (WHPA) have resulted in innovative, multi-disciplinary developments within inter-professional healthcare reform, most notably at the joint World Health Professions Conference on Regulation in February of 2010. Here, hundreds of pharmacists, physicians, nurses, dentists and physical therapists gathered to discuss and formulate the future of health professionals' regulation.

Though our Geneva office, our work with the World Health Organization has made us a key contact on all medicines-related issues. Together we are making great strides in the areas of combating counterfeit medicines, creating a more robust pharmacist workforce in all corners of the globe, increasing patient safety through multi-disciplinary and multi-focused channels – for example, antibiotic resistance and the new UN global Joint Action Plan for Women's and Children Health, to name but two – and increasing awareness, prevention and treatment of non-communicable diseases. Our work with WHO is aimed at finding solutions to the world's most significant health and medicines-related issues. These issues feature so prominently in the success of achieving an improved level of global health that we have chosen to feature them as the basis of this Annual Report, showcasing how FIP and our partners are working towards positive health and patient outcomes.

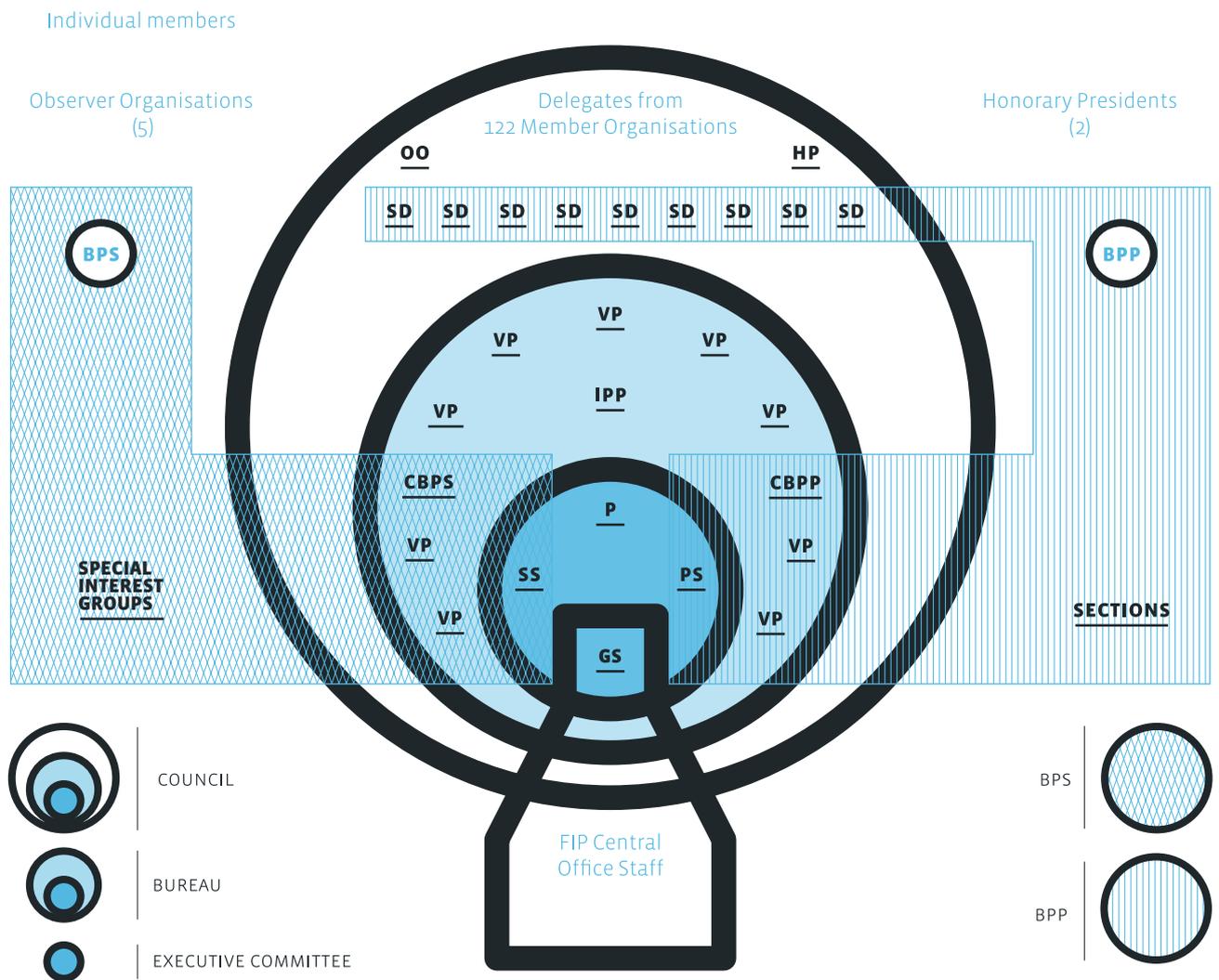
It is happening – more and more frequently FIP is sitting at the table.

As I prepare to hand the FIP Presidency over to my successor at our upcoming Congress in Lisbon, Portugal, I am confident that the past year for FIP, and the last of my Presidency, has served to build upon an already solid Foundation for our future work. I am confident that FIP's new Leadership will endeavor to fulfill the challenges that still lay ahead.

**Dr Kamal K. Midha**  
FIP President  
2006-2010

# CLICK THE VARIOUS PARTS OF THE FIP STRUCTURE

TO VISIT THE FIP WEBSITE AND LEARN MORE



- P** > The President is elected by the Council for a 4-year term
- IPP** > The Immediate Past President is a member of the Bureau and Council for 4 years after his presidency
- HP** > An Honorary President is a member of the Council, but without voting rights
- VP** > The Member Organisations\* propose candidates to the Bureau who then nominates Vice-Presidents of which 5 are elected by the Council for a 4-year, once renewable, term
- OO** > The Observer Organisations\* are members of the Council, but without voting rights
- GS** > The General Secretary is the Chief Executive Officer and is Ex Officio member of all FIP organs, without voting rights

- CBPS** > The Chairman of the BPS is ratified by the Council, after election by the BPS, for a 4-year term
- SS** > The Scientific Secretary is ratified by the Council, after election by the BPS, for a 4-year, once renewable, term
- VP** > 2 Vice-Presidents are ratified by the Council after election by the BPS for a 4-year, once renewable, term

- CBPP** > The Chairman of the BPP is ratified by the Council, after election by the BPP, for a 4-year term
- PS** > The Professional Secretary is ratified by the Council, after election by the BPP, for a 4-year, once renewable, term
- VP** > 2 Vice-Presidents are ratified by the Council after election by the BPP for a 4-year, once renewable, term
- SD** > Each Section has the right to appoint one Section Delegate in the Council

\* Member Organisations also include Predominantly Scientific Member Organisations

## THE WORLD HEALTH ORGANIZATION (WHO): GLOBAL HEALTH SITUATION AND TRENDS 1955-2025

Selection from WHO's 50 Facts: Global health situation and trends 1955-2025

Read the full list [here](#)

### Population

- \* The global population was 2.8 billion in 1955 and is 5.8 billion now. It will increase by nearly 80 million people a year to reach about 8 billion by the year 2025.
- \* Today's population is made up of 613 million children under 5; 1.7 billion children and adolescents aged 5-19; 3.1 billion adults aged 20-64; and 390 million over 65.
- \* The proportion of older people requiring support from adults of working age will increase from 10.5% in 1955 and 12.3% in 1995 to 17.2% in 2025.
- \* By 2025, increases of up to 300% of the older population are expected in many developing countries, especially in Latin America and Asia.
- \* Globally, the population of children under 5 will grow by just 0.25% annually between 1995-2025, while the population over 65 years will grow by 2.6%.

### Life expectancy

- \* Average life expectancy at birth in 1955 was just 48 years; in 1995 it was 65 years; in 2025 it will reach 73 years.
- \* By the year 2025, it is expected that no country will have a life expectancy of less than 50 years.

### Leading causes of global deaths

- \* In 1997, of a global total of 52.2 million deaths, 17.3 million were due to infectious and parasitic diseases; 15.3 million were due to circulatory diseases; 6.2 million were due to cancer; 2.9 million were due to respiratory diseases, mainly chronic obstructive pulmonary disease; and 3.6 million were due to perinatal conditions.
- \* Leading causes of death from infectious diseases were acute lower respiratory infections (3.7 million), tuberculosis (2.9 million), diarrhoea (2.5 million), HIV/AIDS (2.3 million) and malaria (1.5-2.7 million).
- \* Most deaths from circulatory diseases were coronary heart disease (7.2 million), cerebrovascular disease (4.6 million), other heart diseases (3 million).
- \* Leading causes of death from cancers were those of the

lung (1.1 million), stomach (765 000), colon and rectum (525 000), liver (505 000), and breast (385 000).

### Health of infants and small children

- \* Spectacular progress in reducing under 5 mortality achieved in the last few decades is projected to continue. There were about 10 million such deaths in 1997 compared to 21 million in 1955.
- \* The infant mortality rate per 1000 live births was 148 in 1955; 59 in 1995; and is projected to be 29 in 2025. The under-5 mortality rates per 1000 live births for the same years are 210, 78 and 37 respectively.
- \* At least two million a year of the under-five deaths could be prevented by existing vaccines. Most of the rest are preventable by other means.

### Health of older children and adolescents

- \* One of the biggest 21st century hazards to children will be the continuing spread of HIV/AIDS. In 1997, 590 000 children age under 15 became infected with HIV. The disease could reverse some of the major gains in child health in the last 50 years.

### Health of adults

- \* Infectious diseases will still dominate in developing countries. As the economies of these countries grow, non-communicable diseases will become more prevalent. This will be due largely to the adoption of "western" lifestyles and their accompanying risk factors – smoking, high-fat diet, obesity and lack of exercise.
- \* In developed countries, non-communicable diseases will remain dominant. Heart disease and stroke have declined as causes of death in recent decades, while death rates from some cancers have risen.
- \* About 1.8 million adults died of AIDS in 1997 and the annual death toll is likely to continue to rise for some years.
- \* Diabetes cases in adults will more than double globally from 143 million in 1997 to 300 million by 2025 largely because of dietary and other lifestyle factors.

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- \* Cancer will remain one of the leading causes of death worldwide. Only one-third of all cancers can be cured by earlier detection combined with effective treatment.
  - \* By 2025 the risk of cancer will continue to increase in developing countries, with stable if not declining rates in industrialized countries.
  - \* Cases and deaths of lung cancer and colorectal cancer will increase, largely due to smoking and unhealthy diet respectively. Lung cancer deaths among women will rise in virtually all industrialized countries, but stomach cancer will become less common generally, mainly because of improved food conservation, dietary changes and declining related infection.
  - \* Cervical cancer is expected to decrease further in industrialized countries due to screening. The incidence is almost four times greater in the developing world. The possible advent of a vaccine would greatly benefit both the developed and developing countries.
  - \* Liver cancer will decrease because of the results of current and future immunization against the hepatitis B virus in many countries.
  - \* Among the premature deaths are those of 585 000 young women who die each year in pregnancy or childbirth. Most of these deaths are preventable. Where women have many pregnancies the risk of related death over the course of a lifetime is compounded. While the risk in Europe is just one in 1 400, in Asia it is one in 65, and in Africa, one in 16.

### Health of older people

- \* Cancer and heart disease are more related to the 70-75 age group than any other; people over 75 become more prone to impairments of hearing, vision, mobility and mental function.
  - \* Over 80% of circulatory disease deaths occur in people over 65. Worldwide, circulatory disease is the leading cause of death and disability in people over 65 years.
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# FIP ANNUAL REPORT 2009/2010

## FIP – WEAVING POSITIVE CHANGE INTO GLOBAL HEALTH

Introduction by

MR A.J.M HOEK, CEO AND GENERAL SECRETARY, FIP

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Pharmacists play a vital role in promoting health and shaping global health, providing a crucial link between the local/grass roots level and national and international policy levels. As the global Federation representing the world's pharmacists and pharmaceutical scientists, FIP is in the unique position to be able to advocate for greater responsibility and accountability of health professions, particularly pharmacists, to promote good health and well being of their citizens. This while also building community capacity to address the social determinants of health and common behavioural risk factors for the prevention and control of non-communicable diseases. Coordinated action and advocacy is necessary on both levels to decrease the health equity gap.

With the new FIP office established in Geneva, Switzerland, the Federation continually raises and fulfills expectations amongst our Members in our Mission to improve global health and in support of [\*Vision 2020 – FIP's Vision, Mission and Strategic Plan.\*](#)

With a focus on improving the safety, quality and rational use of medicines, FIP is most actively working with the WHO department on Essential Medicines and Pharmaceutical Policies (EMP) within the WHO cluster on Health Systems and Services (HSS). Over the years, the Federation has extended its collaboration and advocacy with other clusters and departments in WHO.

This report highlights the key milestones and achievements of the collaboration between the Federation and the various WHO initiatives from 2009 to April 2010.

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## MEDICINES

In this area, the goal of FIP is to enable better access to and rational use of safe, cost-effective, quality medicines worldwide by improving global cooperation, participation and coordination of medicines related initiatives

### Key Partner:

WHO Essential Medicines and Pharmaceutical Policies department

### Summary of joint FIP/WHO activities:

- On behalf of the World Health Professions Alliance (WHPA), FIP had taken a lead role in the WG Communications in WHO International Medical Products Anti-Counterfeiting Taskforce (IMPACT) with an aim to drive forth a risk communications strategy for counterfeit medicines globally. FIP continues to work very closely with the WHO Anti-Counterfeiting Programme and IMPACT since 2006.
- FIP had led the development of a World Health Professions Alliance (WHPA) joint position statement on combating counterfeit medical products. With an objective to constructively engage the Geneva-based diplomatic Missions and the most relevant NGOs and Civil Society groups in strengthening political commitments so as to raise awareness about the public health risks of counterfeiting, and to bring about unified international actions to combat counterfeit medical products, FIP successfully organised an Open Forum for NGOs and diplomatic missions in Geneva in April 2009 as part of the pro-active approach to engage key stakeholders in the discussions on counterfeit medical products.
- FIP was invited to co-moderate a WHO Open Forum on the International Medical Products Anti-Counterfeiting Taskforce (IMPACT) on the 26th March 2010. FIP also assisted the Secretariat in organising the IMPACT part of the event. This meeting brought together 48 WHO Member States and 28 international development agencies, NGOs and private sector organisations from around the world to share information on the work of IMPACT, and review the feed-back from WHO Member States on the use of the term “counterfeit medicines” and/or equivalent in national legislation. The meeting was a valuable opportunity to present detailed overview of the technical work that FIP has undertaken since 2006 as chair of the IMPACT WG on Communications.
- FIP assisted in revision of the WHO Guide on Multisource (Generic) Pharmaceutical Products: Guidelines on registration requirements to establish interchangeability. A FIP/WHO Biopharmaceuticals Classification System (BCS) Task Force had been established to take on an immense amount of work in preparing the review articles on individual medicines’ biowaiver monographs which is ongoing and important. The FIP Board of Pharmaceutical Sciences will continue to be instrumental in the revision process of these guidelines.
- FIP and WHO had published the WHO/FIP Developing Pharmacy Practice: a Focus on Patient Care, Booklet 2006 Edition. This manual served as a tool and a guide for pharmacy training, both in industrialized and resource-constrained countries. A process of field testing had been initiated and will be continued through 2008 and beyond. FIP had also been actively promoting the publication in its Boards. This resource had been translated into French, Spanish, and Russian. Currently, FIP is working with partners on further translation into Chinese, Italian and other languages.
- FIP attended the WHO Expert Committee on Specifications for Pharmaceutical Preparations meeting in Geneva in October 2009. FIP contributed actively in the review of various WHO guidelines in particularly, the revision and update of the WHO Good Distribution Practice guidelines for pharmaceutical products. The Federation also took the opportunity to provide a status update on our work done to prepare for the revision of the 1993 FIP/WHO guidelines on quality of pharmacy services in the community and hospital settings. It is anticipated that the guidelines will be updated by 2010.
- FIP was invited by WHO to author the Chapter on Human Resources in the pharmaceutical sector in the WHO World Medicines Situation Report 2010. This publication provides a review of the medicine situation in the world.

- The FIP South East Asia Pharmaceutical Forum (SEARPharm) has been invited to share its work on promoting Good Pharmacy Practice and Access of Medicines at the WHO's Inter-country meeting on promoting rational use of medicines in the community to be held on 13-15 July 2010 in New Delhi. The FIP SEARPharm forum has also recently concluded its work to assist the development of the first ever India National Drug Formulary based on the WHO model formulary.

**Activities within other FIP organs:**

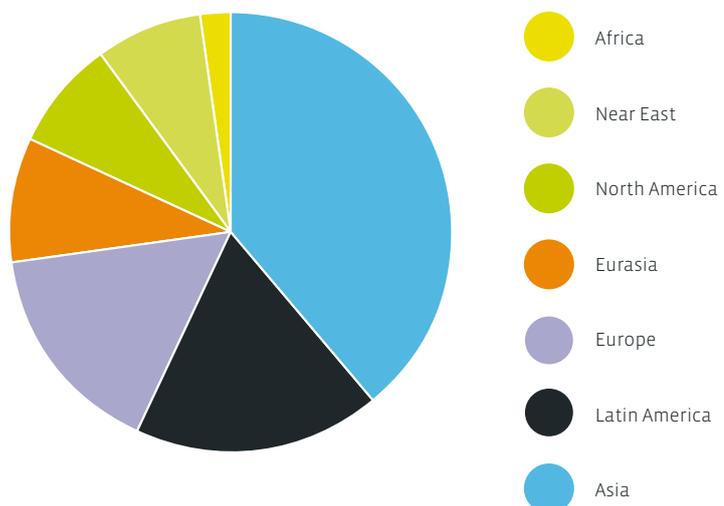
- The Industrial Pharmacy Section held a Tablet Workshop in Cairo, Egypt (January 2010) and was represented during Dutch Medicines Days – developing groundbreaking new treatments for gene and cell therapy and tissue engineering (October 2009).
- The SIG Individualized Medicine in collaboration with the Japan Society of Pharmaceutical Health Care and Sciences held a conference on Individualized Medicines – Bridging the gap between scientific and clinical studies in Nagasaki, Japan in October 2009. The outcome of the conference was an agreement that the use of molecular information in individualized medicine has significant potential in advancing drug development and pharmaceutical care.

- The SIG Dissolution/Drug Release co-organised with the American Association of Pharmaceutical Sciences (AAPS) a workshop prior to the AAPS meeting in Los Angeles in November 2009. The workshop was on “Special Dosage Forms: What’s new with in vitro drug release?” and presented drug methodologies to evaluate the product performance for special dosage forms, such as, specialized oral dosage forms (orally disintegrating tablets, buccal, chewable) and non-oral dosage forms (topical, ophthalmic, inhalation, suppositories, stent, liposomes, microsphere, nanoparticle formulations).

- From the African Pharmaceutical Forum – Dr D.S.K. Ngugi, Chairman, Pharmaceutical Society of Kenya, represented FIP during the DFID programme on access to medicines held in Nairobi, Kenya, 20-22 March 2010.
- From the SEARPharm Forum – A multi-drug resistant tuberculosis (MDR-TB) project was started along with partners in government, the Chemists Association, the Lilly MDR-TB partnership and the Indian Pharmaceutical Association in India.

**DISTRIBUTION OF COUNTERFEIT INCIDENTS DETECTED BY THE PHARMACEUTICAL SECURITY INSTITUTE, 2008**

From data from *The Report “The Globalization of Crime: A Transnational Organized Crime Threat Assessment.”* Was released by the United Nations Office on Drugs and Crime (UNODC).



## STRENGTHENING THE PHARMACEUTICAL WORKFORCE

In this area, the goal of FIP is to document and analyse pharmacy workforce trends and to develop guidance for FIP member organisations and other stakeholders on how to address challenges in pharmacy workforce development to support access to and rational use of medicines.

### Key Partners:

*WHO Human Resources department and the WHO Essential Medicines and Pharmaceutical Policies department*

### Summary of joint FIP/WHO activities:

- FIP has progressively increased its collaborations with the WHO Human Resources Department since the *WHO World Health Report 2006* and toolkit. Our contributions in Human Resources for Health included:
  - A work plan focusing on the country case studies in 7 African countries for 2010-2012 has been developed following the regional workshop held in Nairobi in August 2009 (report of workshop available on request). Through this plan, we aim to strengthen needs-based pharmacy education capacity in case study countries through regional and international collaboration for academic capacity, quality assurance systems, strategic vision and advocacy; as well as, to develop evidence base tools and guidance to inform global pharmacy education strategic development.
  - At the FIP Congress in Istanbul (September 2009), the *4<sup>th</sup> Global Consultation on pharmacy education* was held. Representatives from WHO HQ and country offices were actively involved and provided inputs to a first meeting of invited Deans of pharmacy schools. It was important to incorporate their views into the work of the FIP Pharmacy Education Taskforce and to engage them in steering FIP organisational development and policy with regard to pharmacy education.
  - The *University Twining Network (UNITWIN)* Chairs Programme is a UNESCO based programme that aims to advance research, training and programme development in higher education by building university networks and encouraging inter-university cooperation through transfer of knowledge across borders. The UNITWIN project to establish a Global Pharmacy Education Development Network has received designate status from UNESCO and WHO is a partner in supporting this initiative.
- Validation of the Global Framework for Quality Assurance of Pharmacy Education – a survey has been undertaken in 24 countries with 77 respondents. Data is being analysed and an updated framework to be completed in the next 6 – 9 months. As an outcome of this work, WHO and FIP is jointly developing an institutional self-assessment for pharmacy education. This will be piloted in Nigeria with the WHO country office.
- FIP and WHO are both undertaking a collaborative programme of work to develop evidence-based guidance and frameworks through which to facilitate the sustainable development of higher education capacity and a needs-based pharmacy workforce. The aim of the database is to provide estimate information on global pharmacy education capacity for policy makers and researchers at international, regional and national levels.
- FIP and our collaborating centre in London, together with support from the WHO launched the new global academic journal, *Pharmacy Education* in June 2009.
- The *2009 FIP Global Pharmacy Workforce Report* was officially launched at the 69<sup>th</sup> International Congress of FIP in Istanbul, Turkey. In the report, contributors from the World Health Organization (WHO) state that “Pharmacy workforce shortages translate into gaps in the management of the pharmaceutical system and supply chain and pose serious risks to patients.” FIP is pleased to be part of efforts to address such risks and offer advocacy tools to support pharmacy workforce planning in countries.
- FIP also joined the *Global Health Workforce Alliance (GHWA)*. A representative of the FIP-WHO Pharmacy Education Taskforce was invited to join the technical group on scaling up training and education.

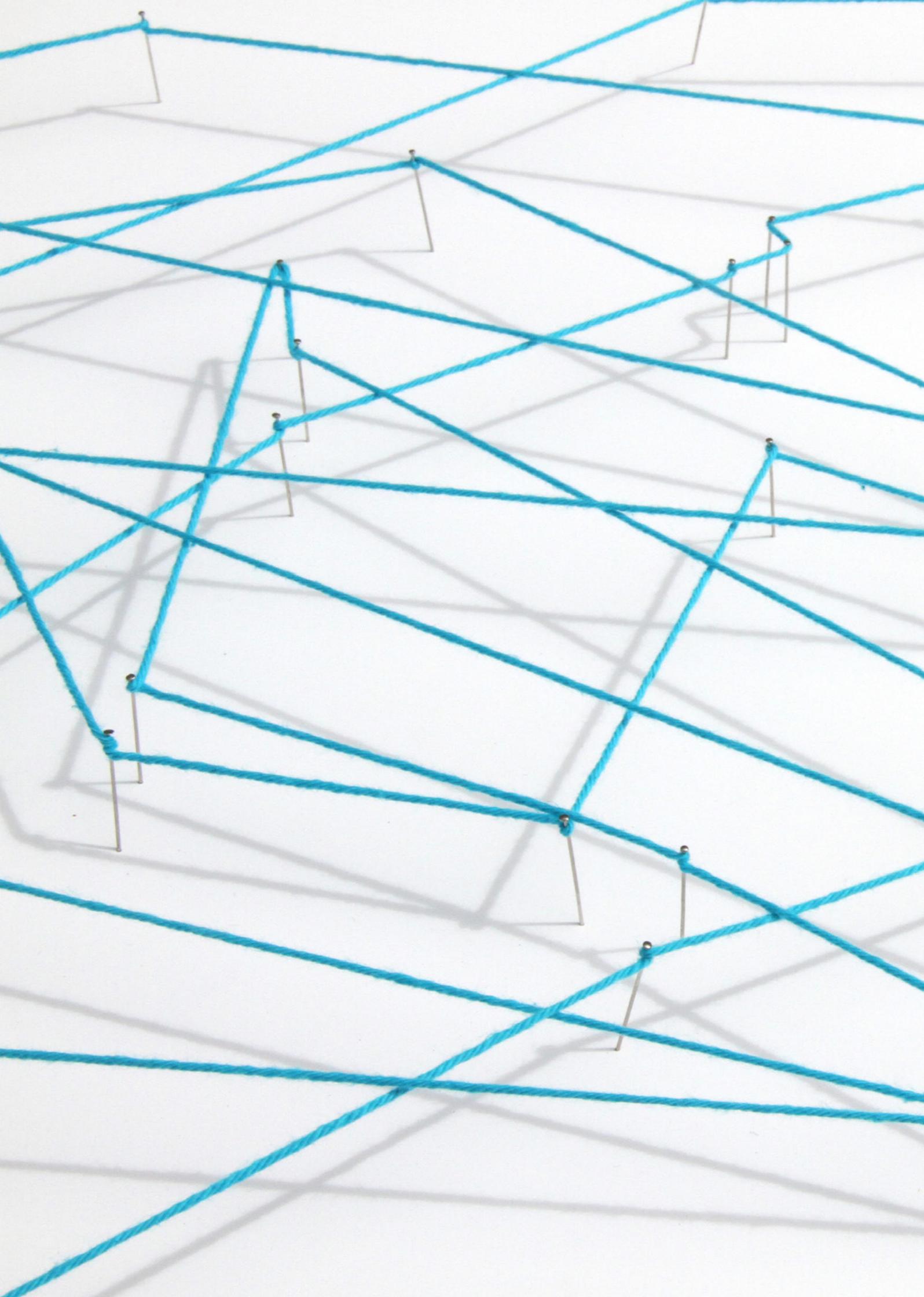


- FIP moderated part of the e-discussions focussing on task-shifting. This was organised by the Global Health Workforce Alliance from 28<sup>th</sup> April – 8<sup>th</sup> May 2009.
- Since 2008, FIP in collaboration with its partners in the World Health Professions Alliance and support from the WHO Global Health Workforce Alliance, initiated the *Positive Practice Environments (PPE)* Campaign, a worldwide campaign to generate public awareness and political will to introduce and maintain improved working conditions and environments within health systems. This is a country and facility-centred initiative focusing on all health care settings. The campaign aims to improve the quality of health services by raising awareness, identifying good practice, developing tools for managers and health professionals in the field.
- The Alliance convened a two-day informal consultation on ‘Advocacy and Communication Priorities for 2010-2011’ on 19-20 November 2009. The meeting gathered around 30 key advocates and communicators from the Alliance Communications Expert Network (CEN), HWAI (Health Workforce Advocacy Initiative) and other activists working on health workforce advocacy and communications. The meeting aims to create a platform for joint sharing, basing on lessons learnt and achievements, while identifying priority events and activities for the coming period. FIP was present and provided its inputs in the discussions.
- Working with the WHO department on Essential Medicines and Pharmaceutical Policies, FIP provided technical input in the WHO-supported “Survey of pharmaceutical human resources” project. A regional workshop was conducted in July 2009 in Abuja, Nigeria. Four countries were represented – Ghana, Nigeria, Sudan and Tanzania – with stakeholders from national ministries, professional regulatory councils, universities and private sector consultants, as well as FIP.

**Activities within other FIP organs:**

- The Pharmacy Information Section offered a stipend for a young pharmacist from Nepal to attend the 2009 FIP Congress in Istanbul, Turkey, for the purpose of professional education and career enrichment.
- The Community Pharmacy Section is running a project entitled “Quality work in pharmacies – how to develop indicators for change, processes and outcomes”. The Section is also directly supporting the implementation of Good Pharmacy Practice in Jordan.
- As a follow up to the Global Hospital Pharmacy Conference of 2008 the Hospital Pharmacy Section has been dedicated to translating the Basel Statements – statements that were the outcome of the Global Conference. Currently the statements have been translated into Bulgarian, Chinese (three versions), Croatian, French German, Greek, Hungarian, Indonesian, Italian, Japanese, Korean, Macedonian, Portuguese and Vietnamese. The Regional Pharmaceutical Forums have also played a key role in the translation and implementation of the Basel Statements at country-level.
- The Administrative Pharmacy Section has adopted a project entitled “Social Networks and Social Networking: impact on healthcare delivery by pharmacists”.
- The Western Pacific Pharmaceutical Forum participated in the WHO review of the document “Framework for Action on Interprofessional Education and Collaborative Practice”
- FIP developed a Reference Paper on Collaborative Practice, adopted by the FIP Council at the FIP Congress in Istanbul, 2009. The paper is being used as a basis for a FIP Statement of Policy on Collaborative Practice to be reviewed by the Council at the FIP Congress in Lisbon, 2010.







## PATIENT SAFETY

In this area, the goal of FIP is to focus on the contribution of pharmacists in improving patient safety. FIP aims to be a pro-active partner of the WHO Alliance on Patient Safety in its global initiatives, including involvement with the Global Challenges, Small Research Grant Programme, Patient Safety Solutions, Patients for Patient Safety, and African Partnerships for Patient Safety and where medication safety and patient safety is important.

### Key Partner:

*WHO Patient Safety department*

### Summary of joint FIP/WHO activities:

- To support the *WHO Patient Safety Global Challenge on antimicrobial resistance*, FIP and WHO organised a joint symposium on combating antimicrobial resistance for patient safety in the 69th FIP Congress in Istanbul, Turkey.
- FIP successfully received funding for its submission of a patient safety project on "Implementation and testing of culture-specific pharmaceutical pictograms for the labelling of medications in Mexico" by the World Alliance on Patient Safety Small Research Grant programme in 2008/2009. This project is an initiative of the FIP Military and Emergency Pharmacy Section and continues to be developed.
- FIP has been invited to review the WHO Patient Safety Curriculum Guide. WHO and FIP are both undertaking a major consultation exercise to develop a Multi-professional Patient Safety Curriculum Guide. This is being done in partnership with the International Confederation of Midwives, as well as the International Council of Nurses, the World Dental Federation and the World Medical Association under the auspices of the World Health Professions Alliance. This work is envisioned to be completed by end of 2010.

- FIP initiated discussions with the WHO African Partnerships for Patient Safety on potential opportunities to strengthen our activities and collaborations on the following areas:
  - Input into the WHO hospital situational analysis tool on hospital pharmacy processes. FIP will contribute by designing and defining key questions for the checklist on hospital pharmacy, based on the 6 themes of the Basel Consensus Statements. This will be one of the ways of monitoring the implementation of the Basel Statements and its evaluation in real practice.
  - Develop patient safety tools and advocacy materials on medication use and medication safety issues
  - Engage national pharmacy associations in Africa with the activities of the Partnership, especially in regards to the need to establish culturally accepted levels of hospital pharmacy practice standards in the beginning, leading to wider patient safety roles of pharmacists in the health system

### Activities within other FIP organs:

- The Clinical Biology Section is focussed on offering recommendations and advising on disease prevention based on patient biology, genetic predisposition and biological follow-up of diseases and therapeutics and participates in the International Federation for Clinical Chemistry group on quality laboratory medicine.
- The Military and Emergency Pharmacy Section continues to focus on developing strategies related to the safe use of medicines by providing tools to improve communications through their pictogram and asthma projects – more details can be found on the FIP website [here](#). The Section is also continuing work on a special project in the development of new practice guidelines regarding the use of evidence based medicine in the selection of products for the emergency environment.

## NON-COMMUNICABLE DISEASES

In this area, the goal of FIP is to support and promote pharmacists' interventions in the prevention and control of non communicable diseases (ie, tobacco cessation and HIV/AIDS). FIP aims to be a pro-active partner in supporting the WHO Global Strategy on Prevention and Control of Non Communicable Diseases and Mental Health and where appropriate, to give input into the implementation of the Global strategy by identifying the specific areas where FIP could contribute or collaborate with WHO.

### Key Partner:

[WHO Health Promotion department](#)

### Summary of joint FIP/WHO activities:

- As a pro-active partner to the [WHO Tobacco Free Initiative \(TFI\)](#) and the [Framework Convention on Tobacco Control \(FCTC\)](#), with a specific focus on supporting the implementation of Article 14: Demand reduction measures concerning tobacco dependence and cessation, FIP continued to be active in promoting the "Global Network of Pharmacists against Tobacco". The Network was established in order to facilitate collaboration between regional pharmaceutical forums, professional pharmaceutical associations and individual pharmacists in the area of smoking cessation and anti-tobacco activities. The [Pharmacists Against Tobacco](#) site is updated regularly.
- As an observer to the WHO FCTC, FIP participated in a meeting of NGOs in January 2009. The consultative meeting covered the areas of cooperation that will advance implementation of the Convention and the decisions of the Conference of the Parties. FIP will continue to working closely with the FCTC secretariat and WHO TFI on establishing mechanisms and resources for strengthening international cooperation and coordination for implementation of the Convention.

- FIP was invited to participate in the first WHO global forum on NCDNet on the 24th February 2010. NCDnet is composed of the WHO Secretariat staff, an International Advisory Council, NCDnet Global and Regional Forum meetings and selected, time-bound, task specific working groups. It is supported by web-based communications tools. The International Advisory Council provides strategic advice to WHO's Assistant Director-General for Non-communicable Diseases and Mental Health (NMH) on the achievement of objective 5 of the Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases and the goals of NCDnet. FIP continues to be actively engaged with the progress of this initiative supported in partnerships with other organisations such as the International Union of Cancer Control.
- On activities relating to health promotion, FIP continued its support as a board member of the WHO NGO Alliance on Health Promotion in 2009/2010. The mission of this Alliance is to improve the health and development of all people by generating and sharing knowledge for building a collective NGO voice and to strengthen advocacy, policy and action in the promotion of health. FIP provided inputs into a workshop that on civil society advocacy at the 7<sup>th</sup> Global Conference on Health Promotion in October 2009.
- For the WHO Executive Board meeting in January 2010, FIP drafted the joint intervention that was presented on behalf of the Inter-African Committee on Traditional Practices, the International Union of Health Promotion and Education, the International Network of Health Promotion Foundations, the International Health Co-operative Organisation, the NGO Alliance for Health Promotion, Life University USA, the Stop-Drink-Network Thailand, the Afro-European Medical Research Network, the International Baby Food Action Network, the Education Development Center, the International Council on Social Welfare, International Federation of Medical Students' Associations, the International Pharmaceutical Federation, the Associated Country Women of the World and the World Federation for Mental Health.

- 
- .....
- FIP is currently working with WHO to organise a one-day forum for NGOs, civil society and diplomatic missions in Geneva in 2010, focusing on the following thematic areas of a WHO global strategy for health promotion:
    - Documenting the evidence showing the value of health promotion
    - Strengthening advocacy of NGOs in health promotion
    - Exploring models for financing health promotion
    - Holding governments accountable for health promotion

**Activities within other FIP organs:**

Many of the FIP Member Organisations have taken innovative approaches to preventing and treating non communicable diseases.

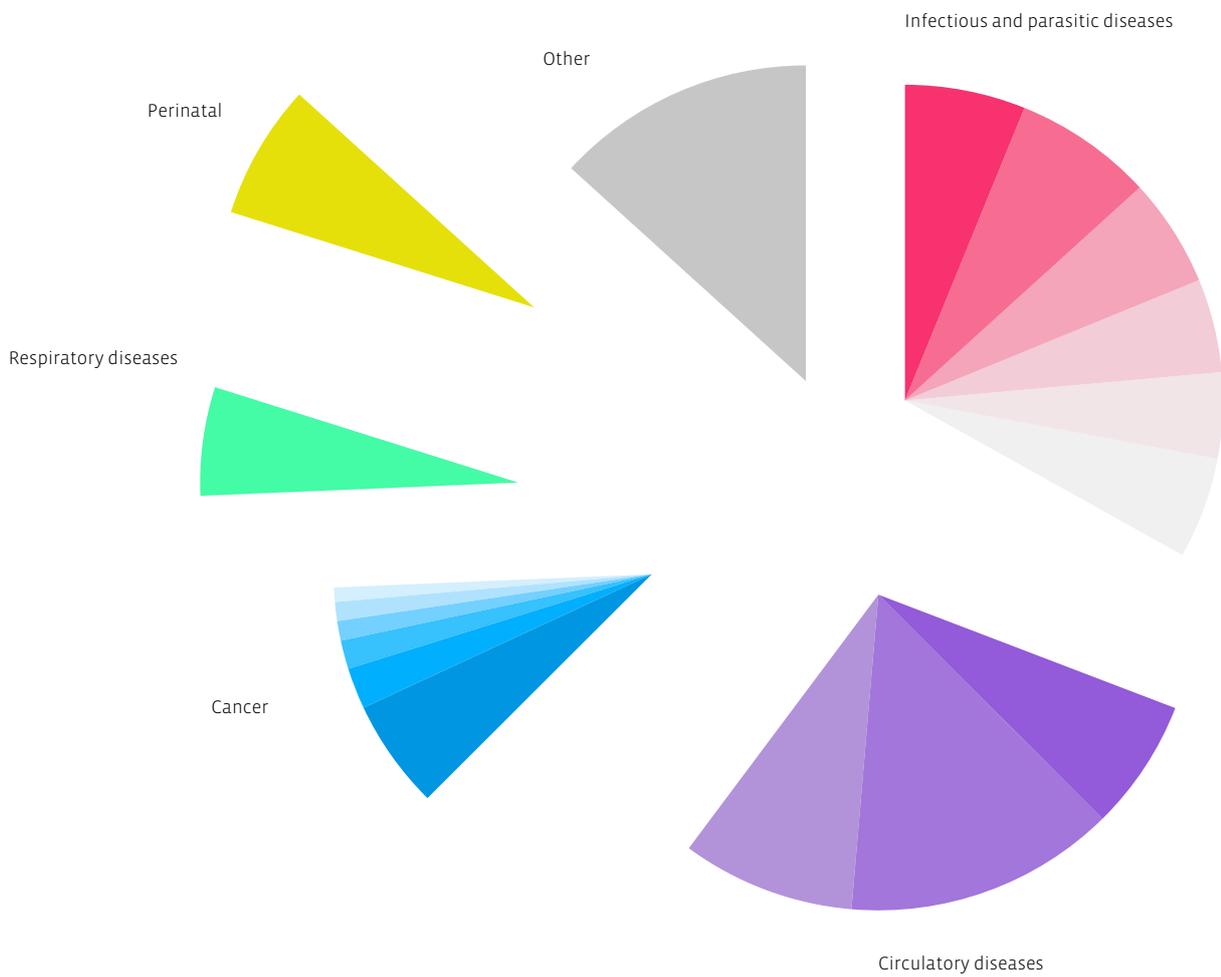
In Spain, for example, the Consejo General de Colegios Oficiales de Farmacéuticos, pharmacists have run educational programmes at elementary schools to educate children on nutrition, exercise and healthy living. In Malaysia, the Pharmaceutical Society of Malaysia has established a certification programme for pharmacists who can become Certified Smoking Cessation Service Provider and therefore, the quality of their services for smoking cessation is guaranteed. Similarly, for many years the Association of Finnish Pharmacies established programmes for cardiovascular diseases, diabetes and asthma (to list only a few) which are widely offered to patients order to improve the outcomes of medication use and to inform them of the benefits of changing their lifestyle for the better.

Screening at community pharmacies for cancer (e.g. bowel cancer) is a service offered in many countries such as Australia, Portugal and Switzerland. These services are aimed at early detection via early referrals to a physician and serve to education patients on preventing various forms of cancer.

FIP is please that our Members are taking an active role in the prevention and treatment of non communicable diseases through community health programmes and encourages all to take up such activities at national and local levels.

# LEADING CAUSES OF GLOBAL DEATHS

WHO GLOBAL HEALTH SITUATION AND TRENDS 1955-2025, DATA FROM 1997



- Other
- Tuberculosis
- HIV/AIDS
- Other
- Cerebrovascular disease
- Lung
- Colon and rectum
- Breast
- Lower respiratory infections
- Diarrhoea
- Malaria
- Coronary heart disease
- Other
- Stomach
- Liver
- Perinatal
- Respiratory diseases
- Other



## OTHER NOTABLE COLLABORATIONS

- FIP is an official Partner of the *WHO Partnership for Maternal, Newborn and Child health* (PMNCH) and FIP continues to advocate a role of the pharmacist in maternal, newborn and child health care. A new FIP Working Group has been established to develop a reference paper on the effective utilization of pharmacists in improving maternal, newborn and child health (MNCH). WHO will be invited to provide input.
- FIP will collaborate with the *WHO Stop TB* department to organise a joint symposium on “Pharmacists: an untapped potential in TB Control?” in the FIP Congress in Lisbon 2010. In strengthening our partnership in this area, both FIP and WHO will explore the opportunities to develop a joint declaration on the global situation of TB and MDR-TB. A working group will first be established.
- FIP was present at the 125<sup>th</sup> Executive Board Meeting of the World Health Organization in January 2009. During this time the Federation took to the floor to make interventions on:
  - Counterfeit Medical Products
  - Public Health Innovation and Intellectual Property
  - Primary Health Care
  - Social Determinants of Health
  - Code of Practice in the international recruitment of health personnel
- FIP was present at the World Health Assembly in May 2009. During this time, the Federation took the floor to make interventions on:
  - Rational use of Medicines
  - Public Health Innovation and Intellectual Property
- FIP was present at the 126<sup>th</sup> Executive Board Meeting of the World Health Organization in January 2010. During this time the Federation took to the floor to make interventions on:
  - Prevention and control of non communicable diseases: implementation of the global strategy (joint with the World Health Professions Alliance);
  - Prevention of Alcohol Abuse (as part of the World Health Professions Alliance)
  - Healthcare Worker Migration (as part of the World Health Professions Alliance)
- Prevention and control of non-communicable diseases: implementation of the global strategy (joint with a wider NGO alliance).
- As part of enhancing our ongoing communication strategy with WHO, FIP released supporting statements and press releases on the following international observance Days:
  - World Tuberculosis Day, 24<sup>th</sup> March 2009
  - World No Tobacco Day, 31<sup>st</sup> May 2009
  - World Heart Day, 27<sup>th</sup> September 2009
  - World Mental Health Day, 12<sup>th</sup> October 2009
  - World Diabetes Day, 14<sup>th</sup> November 2009
  - World AIDS Day, 30<sup>th</sup> November 2009
  - World Cancer Day, 4<sup>th</sup> February 2010
  - World Tuberculosis Day, 24<sup>th</sup> March 2010
  - World Health Day, 7<sup>th</sup> April 2010
- Several representatives from WHO attended the 69<sup>th</sup> World Congress of Pharmacy and Pharmaceutical Sciences in Istanbul, Turkey, as participants and/or speakers.
- FIP delivered expertise and input in the following WHO documents:
  - WHO Patient Safety Curriculum
  - WHO CC Chemical reference substance report
  - WHO Good Practices for Pharmaceutical Microbiology Laboratories (QAS/09.297/Rev.1)
  - WHO guideline on transfer of technology (QAS/08.259 Rev.1)
  - WHO good practices for pharmaceutical quality control laboratories (QAS/09.296 and QAS/09.296 Rev.1)
  - WHO guidelines on requalification of prequalified products (QAS/09.294 and QAS/09.294 Rev.1)
  - WHO GMP for sterile pharmaceutical products (QAS/09.295 and QAS/09.295 Rev.1)
  - The following revised proposals for the International Pharmacopoeia
    - Amikacin
    - amikacin injection
    - amikacin sulfate
    - Indinavir capsules
    - kanamycin acid sulfate
    - Kanamycin monosulfate
    - kanamycin injection
    - Lopinavir
    - lopinavir and ritonavir tablets
    - Saquinavir tablets
    - Tenofovir disoproxil fumarate
    - Tenofovir tablets
    - Quinine bisulfate tablets

## GLOBAL HEALTH – MOVING FORWARD

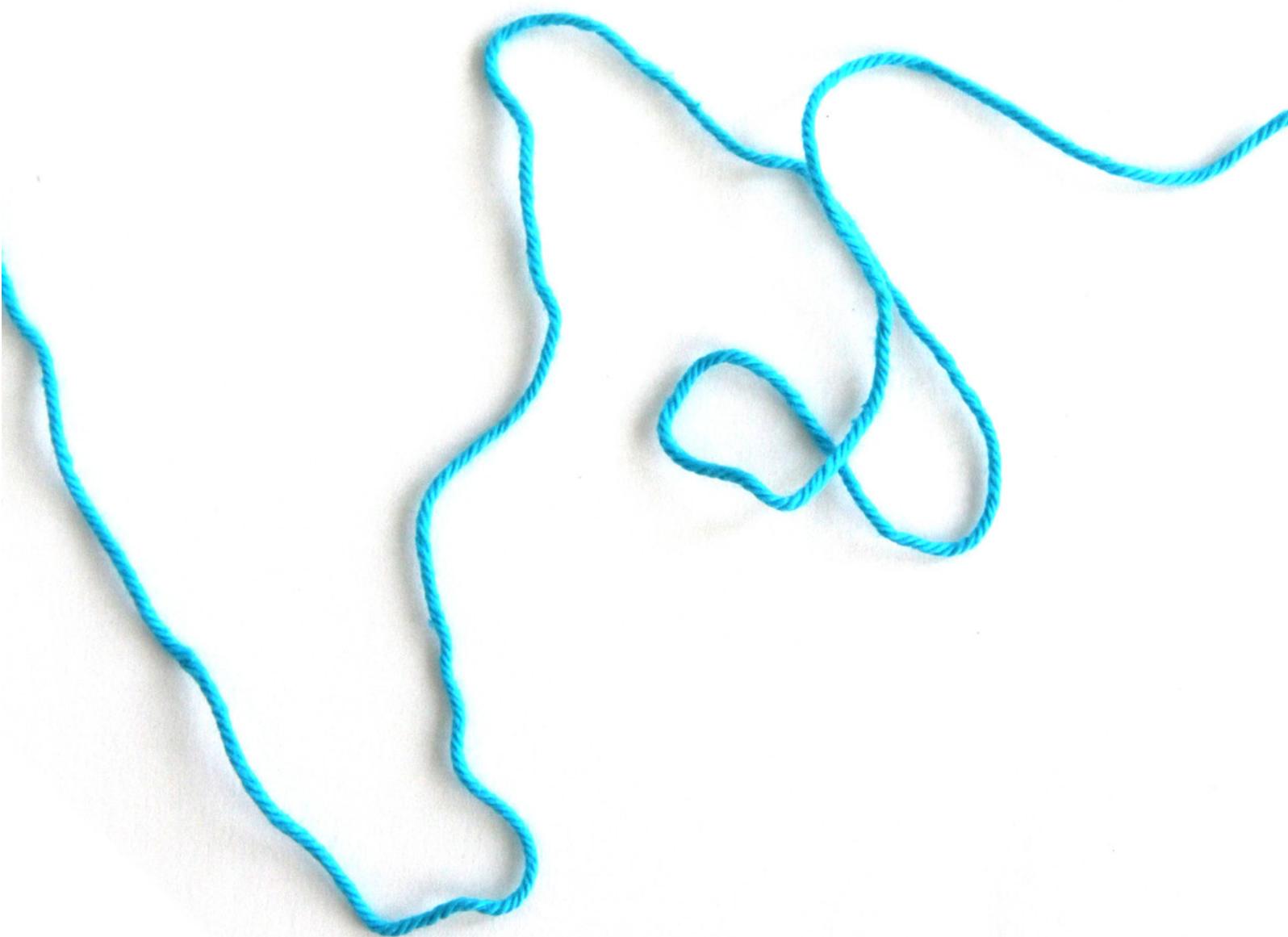
All pharmacists have a common goal to protect the well-being of patients in all parts of the world from poor quality, substandard and counterfeit medical products. FIP and its Member Organisations are taking pro-active steps in collaboration with governments and WHO to ensure the quality, safety and efficacy of all medical products available in countries, in accordance with recognized international standards.

Our collective experience tells us that successful health interventions demand a complex interaction between the available public and private sector institutions financing, availability of functioning health care facilities, skilled health personnel such as Pharmacists, access to medical and educational resources, both modern and traditional, all factors working with individuals taking responsibility for their own health. There are of course challenges to achieve all of that.

The motivation for developing and establishing a new advocacy office comes from the desire to build upon several significant accomplishments of the past several years. The most significant of these is the increased awareness and reputation of both FIP and the role of the pharmacist and pharmaceutical sciences. This has resulted from the work FIP has done internally and through mutually beneficial partnerships with key global players, such as, the World Health Organization (WHO). The complementary work of the FIP Regional Pharmaceutical Forums has facilitated a stronger relationship between FIP's Member Organisations and the WHO Offices in their respective countries and regions. This collaboration has also served to promote the role of pharmacists in the WHO healthcare agenda globally.

FIP invites its 122 national member organisations and all individual members to note this report.

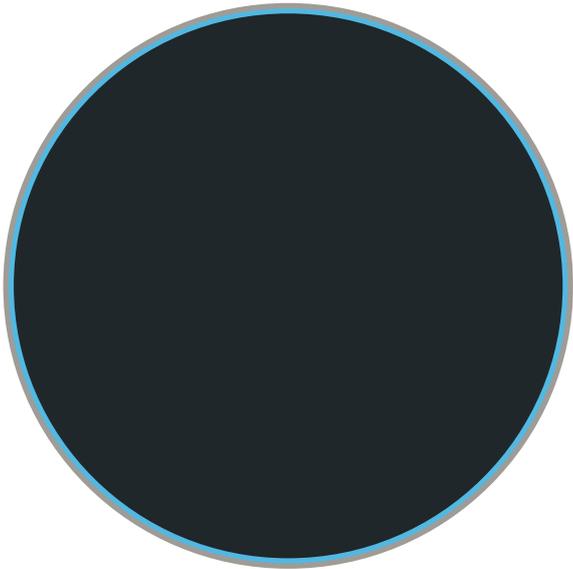
We would also like to take the opportunity to thank Dr Sabine Kopp from WHO for her resolute support to our sustained collaborations in 2009.



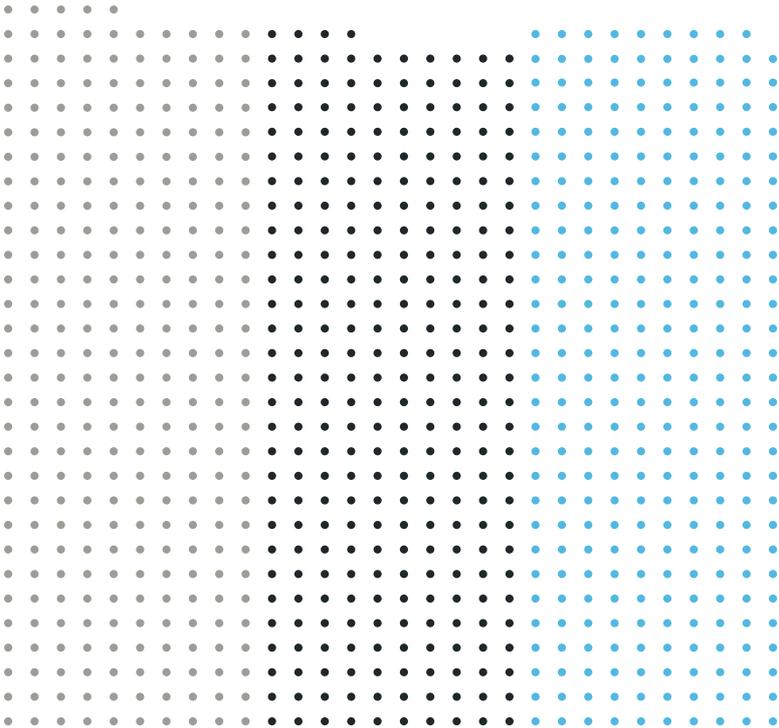
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# TOTAL NUMBER CONGRESS PARTICIPANTS

RELATIVE VISUALISATION OF CONGRESS PARTICIPATION 2007, 2008, 2009



● 2007   ● 2008   ● 2009



## THE FIP CONGRESS

Every year, FIP organises the *World Congress of Pharmacy and Pharmaceutical Sciences*, where thousands of pharmacists, scientists, academics and students meet, learn, share and exchange experience and vision. Combined with an unforgettable social programme in a fascinating, international city, the FIP Congress is the premier international event in pharmacy each year.

The FIP Congress is the most important event on the FIP calendar, as it the venue in which FIP's leadership, staff, officers, Members and participants come together in one place at one specific time in an atmosphere of learning and growth for all, including FIP as an institution.

In *2009 the FIP Congress*, welcomed almost 3000 participants to the intriguing city of Istanbul, Turkey. During the Opening Ceremony FIP President Kamal K. Midha stressed the many activities that the Federation had undertaken since the last meeting in Basel, reinforcing FIP's commitment to implement the Strategic Objectives that are supporting FIP's 2020 Vision. His words and dedication to the future of pharmacy and pharmaceutical sciences on a global level were echoed by the President of the Turkish Pharmacists Association, Mr Erdo an Çolak and the Minister of Health of the Republic of Turkey, Prof. Recep Akda. Special guest Dr Hans Hogerzeil, Director of Medicines Policy and Standards at the World Health Organization (WHO), solidified the joint efforts of the two organisations and emphasised the progress that has occurred in such areas as the fight against counterfeit medicines since WHO and FIP began their collaborative efforts. The Master of Ceremony also passed along words of congratulations from the President and Prime Minister of the Republic of Turkey.

FIP was also pleased to note exceptional registrant diversity in 2009. Over 200 Chinese participants joined us in Turkey, reinforcing our continued presence in China since the FIP Congress in Beijing in 2007. Furthermore, in 2009 over 600 people came to the FIP Congress as "First-Timers", 400 of which fall into the Young Pharmacists Category: under 35 and graduated within the last five years. This is a tremendous response from international young pharmacists and pharma-

ceutical scientists and it is hoped that these first-timers continue to join us in years ahead, bringing with them a growing number of new participants.

The FIP Congress is also the venue for key annual meetings, decisions and honours. Upon convening in Istanbul, the FIP Council welcomed four new Member Organisations to the FIP roster: the European Association of Hospital Pharmacists, the Iranian Association of Pharmaceutical Scientists, the Society of Hospital Pharmacists of Pakistan and the Ordre National des Pharmaciens du Tchad. (To view the full list of FIP Members please click [here](#))

This is also a time when leadership within pharmacy practice and the pharmaceutical sciences is commended and honoured. At the Opening Ceremony FIP was very proud to grant the following deserved [awards](#):

### **FIP Lifetime Achievement in the Pharmaceutical Practice Award:**

[Dr Jaldo de Souza Santos](#) (Brazil)

### **Distinguished Practice Award:**

[Mr Colin R. Hitchings](#) (UK)

### **Distinguished Service Award:**

[Mrs Gretie Rolf von den Baumen](#) (Netherlands)

### **FIP Fellows:**

[Dr Dirk Maarten Barends](#) (Netherlands);

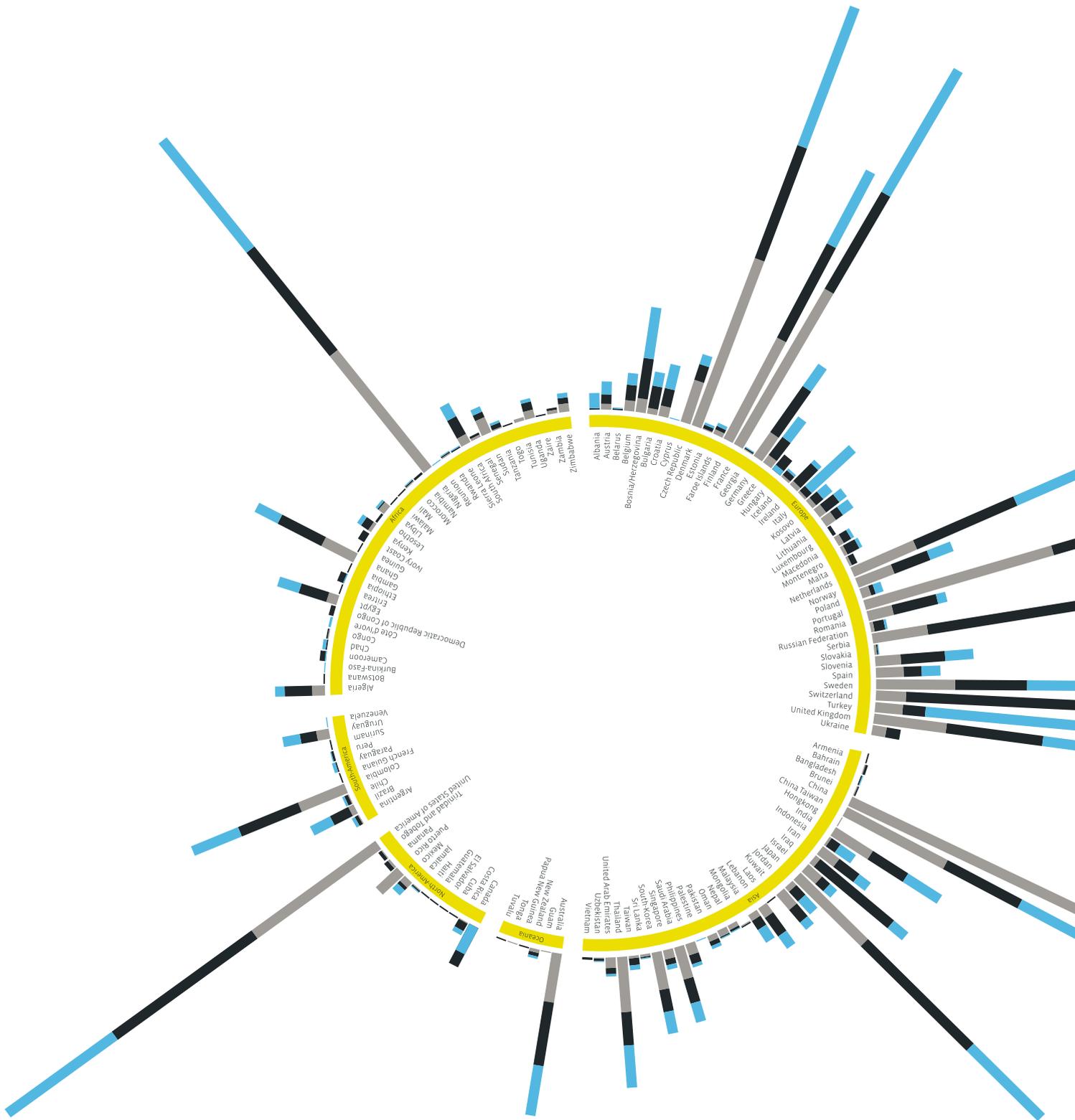
[Dr Michel Buchmann](#) (Switzerland);

[Prof. Martin Schulz](#) (Germany);

[Prof. Stanley M. Shaw, Emeritus](#) (USA);

[Dr Dick F.J. Tromp](#) (Netherlands)

The vital philosophy leading the FIP Congresses is growth; growth in the pharmaceutical sciences, pharmacy practice and how we as instruments of these disciplines may grow personally and professionally to fill the evolving needs of the profession, society and global health. Complementarily, the FIP Congress is growing in and of itself – each year we are welcoming more and more participants from expanding demographics and geographical areas.



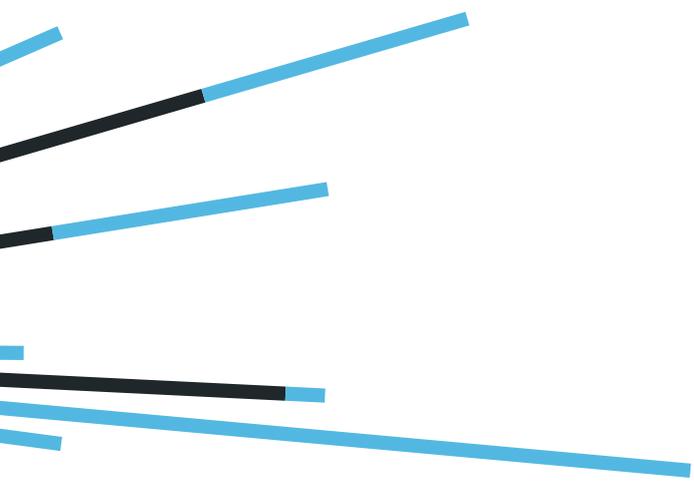
**CONGRESS PARTICIPANTS PER COUNTRY**

● 2007

● 2008

● 2009

● Continent



# FIP ANNUAL REPORT 2009/2010

From a historical perspective, the FIP Congress was a venue for the Leaders in pharmacy to gather; meaning the presidents and associates of national organisations were the main demographic of Congress participants. Recently, however, the Congress has attracted a much broader audience – it has truly become a Global Congress for Pharmacists and Pharmaceutical Scientists from all disciplines within pharmacy and related scientific fields.

It is a top goal for the FIP Marketing Department to see the number of participants continuously grow from year to year, attracting as many pharmacists and pharmaceutical scientists from as many countries as possible. This translates into increased visibility of FIP and our Vision and Mission and increased recognition of our projects and initiatives as valuable and influential in the global health/healthcare arena.

Due to its location in a different city around the world, the FIP Congress is an incredibly valuable instrument in emphasising the global aspect of FIP, location of the host city has definite impact on participants with travel and hotel costs key factors in the decision to join the FIP Congress. Proximity to the host country also influences the participant country demographics: [\[see graphic on page 26 - 27\]](#)

Apart from focusing on increased representation from different countries, FIP also look at fields of interest and age demographics as two other major criteria of growth. The biggest challenge for marketing is to ensure that the number of young pharmacists is growing, as they are our best bet as future participants.

After 2007 there was a renewed focus on young pharmacists. The addition of a First Timers Reception and targeted promotion of the Young Pharmacists Group via a presence in the booth and with specific flyers proved to raise the image of FIP within this demographic with positive results – the number of young pharmacist participants have been rising steadily. That being said, promotional activities at the FIP Congress is not enough.

The tone of voice of all congress material was evaluated and shifted for a younger audience and the promotional website was made more dynamic and contemporary. Starting in 2009 a special *Mentor Programme* was developed in order to connect Young Pharmacists and First Timers so that both may make the most of their Congress experience. The strategy was such that

the First Timer was connected to the Mentor from the moment they completed their participation form. The Mentor Programme served to dissuade the inevitable fear of First Timers that they will miss out on key connections at the FIP Congress.

Throughout the latter part of 2009-2010, social media has been employed to solidify the connection amongst First Timers at an even earlier point. A [Facebook group](#) has been set up for which all first timers to the FIP 2010 have received/are receiving a personal invitation. Facebook was chosen over other social media sites (ie Linked In) as it offers a very visual and interactive medium – photos, stories, links, comments – which allows a high degree of personal connection. In this way, future participants will already have the feeling they know each other before they even take their flight.

In comparison to other demographics the Young Pharmacists still represent a relatively small proportion of Congress participants. However, at the 2008 Basel Congress this age group of '21-30 years' topped the group of 'above 60 years' for the first time. The age group of '31-40 years' has been growing the most steady since 2007, also indicating that this demographic – those in the most developmental stages of their career and very likely to be repeat participants – are taking greater interest and involvement in the FIP Congress.

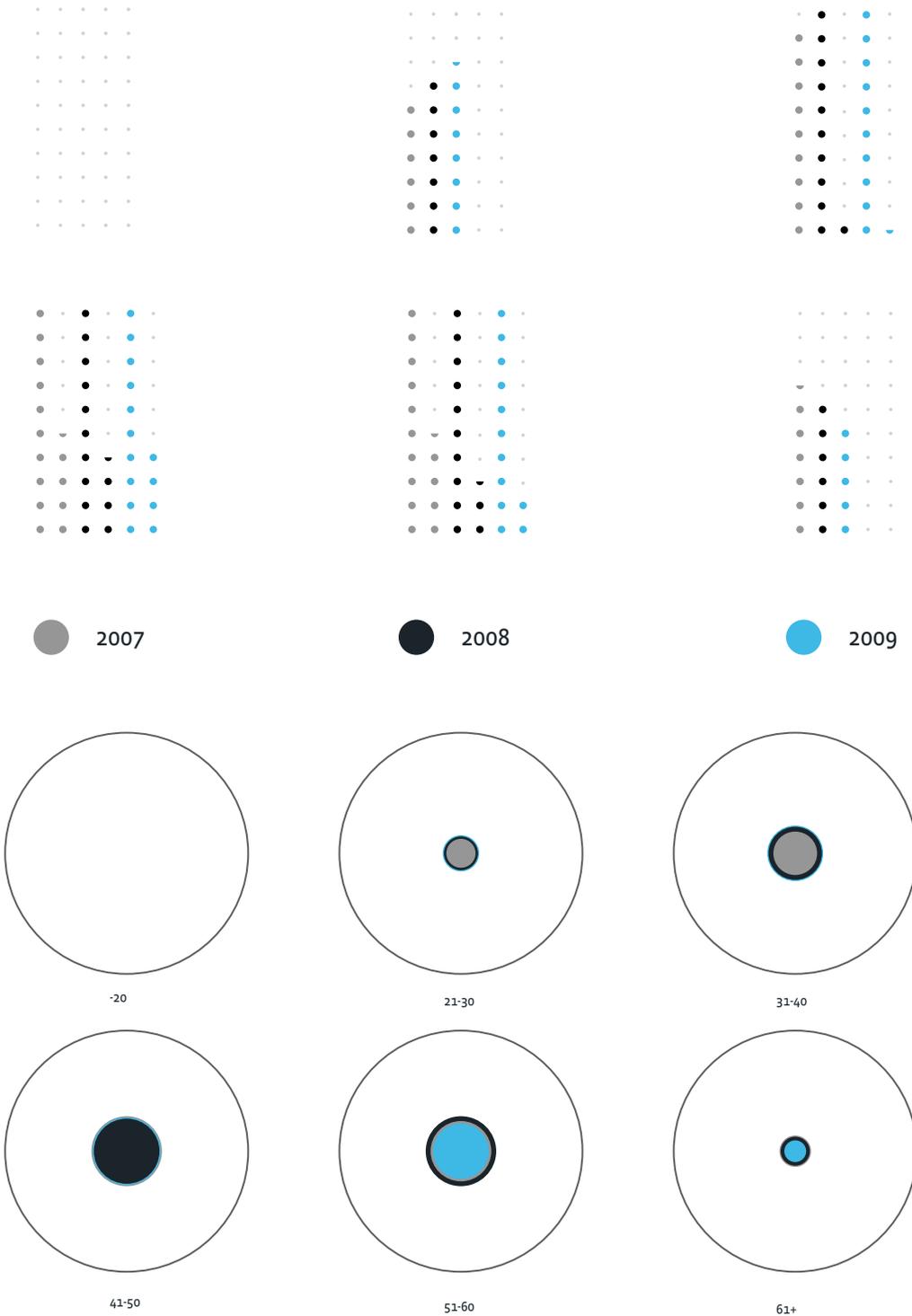
[\[see graph on page 29\]](#)

In both reflection and projection, we are on the right track of attracting a broader base of young practitioners to the FIP Congress and to have young pharmacists from all over the world connect, share knowledge and building their global network of colleagues and friends.

The Marketing and Communications department of FIP is working hard to increase the visibility of FIP and its Congress, in turn growing increasingly larger audiences for our Congresses. We are confident that the 2010 Congress in Lisbon, through to 2011 in Hyderabad and beyond to the 2012 FIP Centennial Congress in Amsterdam will all serve to educate, connect and motivate an increasing number of the world's pharmacists on a global platform of growth and development.

# AGE STATISTICS OF CONGRESS PARTICIPANTS

VISUALISATION OF AGE DEMOGRAPHICS OF PARTICIPANTS BASED ON BOTH YEAR AND AGE GROUP



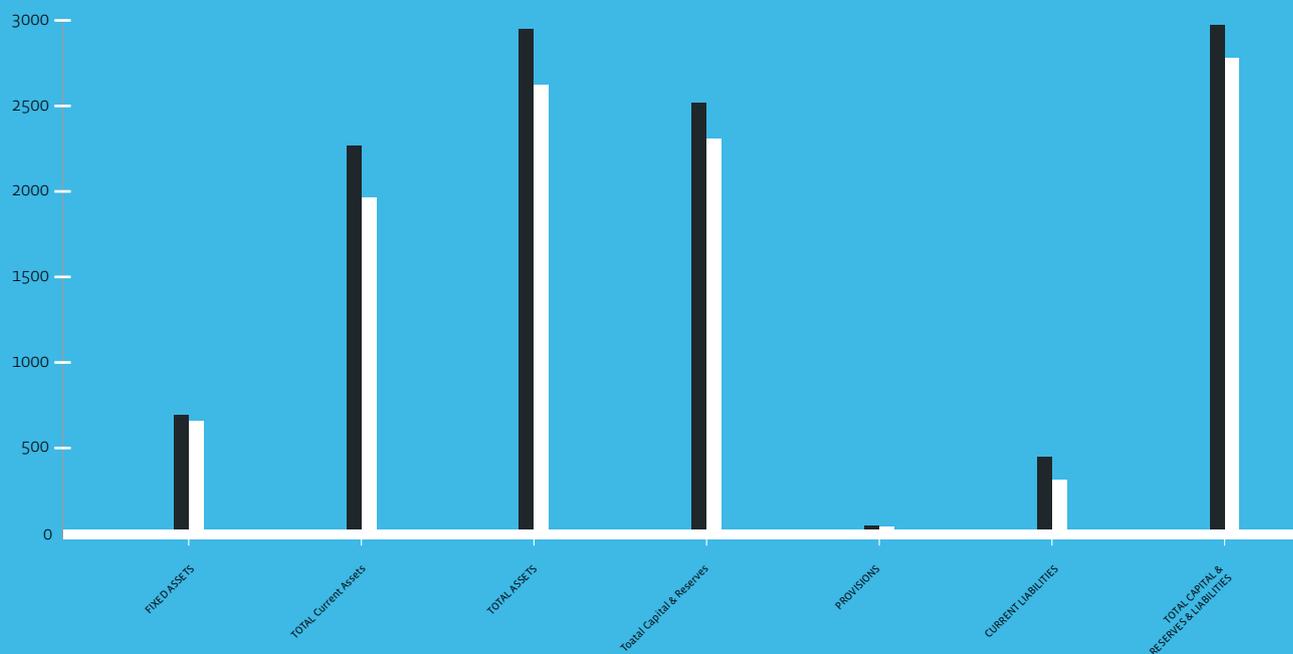
# FIP ANNUAL REPORT 2009/2010

## FINANCES

**BALANCE SHEET AT DECEMBER 31<sup>ST</sup>, 2009** – After appropriation of the result for 2009 (Expressed in EUR)

		December 31 2009	December 31 2008
<b>FIXED ASSETS</b>	<b>1</b>	661 879	686 760
<b>CURRENT ASSETS</b>			
Debtors, prepayments and accrued income	2	276 658	280 407
Cash at bank and in hand	3	1 685 017	1 982 575
<b>TOTAL CURRENT ASSETS</b>		<b>1 961 676</b>	<b>2 262 982</b>
<b>TOTAL ASSETS</b>		<b>2 623 555</b>	<b>2 949 742</b>
<b>CAPITAL AND RESERVES</b>			
Capital	4	1 282 067	1 525 971
Congress reserve	4	453 780	453 780
Board of Pharmaceutical Practice reserve	5	12 697	32 174
Board of Pharmaceutical Sciences reserve	5	209 284	234 868
Regional Forums Reserve	6	36 204	46 049
Reserve Centennial	6	300 000	200 000
Reserve HIV/AIDS	6	10 000	10 000
<b>Total Capital and Reserves</b>		<b>2 304 033</b>	<b>2 502 843</b>
<b>PROVISIONS</b>	7	15 000	9 113
<b>CURRENT LIABILITIES</b>	8	304 523	437 787
<b>TOTAL CAPITAL AND RESERVES AND LIABILITIES</b>		<b>2 623 555</b>	<b>2 949 742</b>

**BALANCE SHEET AT DECEMBER 31<sup>ST</sup>, 2009** – After appropriation of the result for 2009 (Expressed in EUR X 1000) ● 2008 ○ 2009



## STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR 2009 – Expressed in EUR

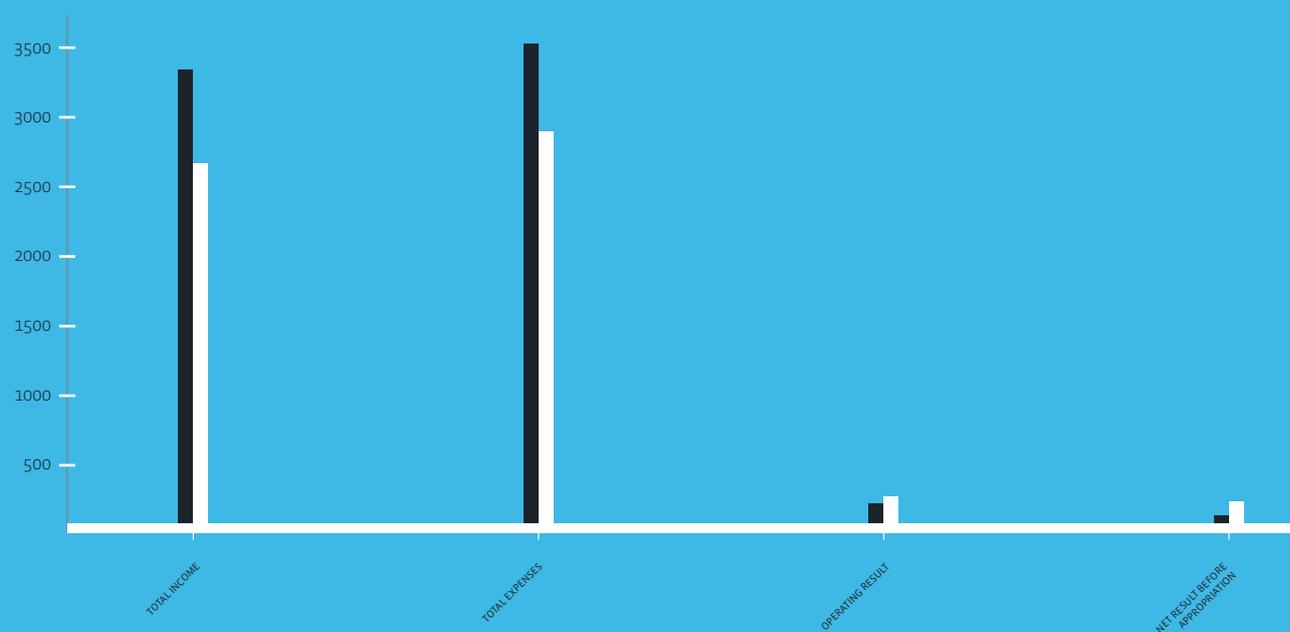
		Actuals 2009	Budget 2009	Budget vs actuals	Actuals 2008
<b>INCOME</b>					
Membership fees	9	835 033	865 000	(29 967)	843 571
FIP World Congress revenues	10	1 591 423	1 700 000	(108 577)	1 642 183
HPS Global Conference revenues	10	–	–	–	464 883
Publications	11	7 007	5 000	2 007	14 948
Other income BPP	19	–	–	–	6 986
Other income BPS	20	3 682	–	3 682	8 250
Sections income	23/24	103 243	120 000	(16 757)	178 504
WHO/Impact income		22 408	–	22 408	92 246
Other income	12	63 637	5 000	58 637	60 712
<b>TOTAL INCOME</b>		<b>2 626 433</b>	<b>2 695 000</b>	<b>(68 567)</b>	<b>3 312 283</b>
<b>EXPENSES</b>					
Personnel costs	13	817 101	800 000	17 101	845 283
Office costs	14	216 177	240 000	(23 823)	200 485
Meeting costs	14	150 504	150 000	504	141 613
Travel expenses (Ext. Representation)	14	63 455	70 000	(6 545)	94 775
Website and IT-costs		83 891	80 000	3 891	186 674
Depreciation of fixed assets	1	26 584	25 000	1 584	25 479
Special Projects (incl. Reg. Forums & PET)	15	162 282	70 000	92 282	102 697
Direct FIP World congress costs	16	914 951	909 500	5 451	854 072
HPS Global Conference costs	16	–	–	–	353 047
Publications	17	79 730	60 000	19 730	101 021
Subventions	18	9 500	8 500	1 000	8 500
Expenses BPP	19	120 822	102 000	18 822	108 575
Expenses BPS	20	77 921	50 000	27 921	200 086
Sections costs	23/24	119 084	120 000	(916)	178 806
Maintenance Fund	7	15 000	10 000	5 000	3 151
WHO/Impact expenses		328	–	328	92 246
Other expenses		–	5 000	(5 000)	–
<b>TOTAL EXPENSES</b>		<b>2 857 330</b>	<b>2 700 000</b>	<b>157 330</b>	<b>3 496 510</b>
<b>OPERATING RESULT</b>		<b>(230 897)</b>	<b>(5 000)</b>	<b>(225 897)</b>	<b>(184 227)</b>
Financial result	21	32 087	5 000	27 087	86 182
<b>NET RESULT BEFORE APPROPRIATION</b>		<b>(198 810)</b>	<b>–</b>	<b>(198 810)</b>	<b>(98 045)</b>

# FIP ANNUAL REPORT 2009/2010

## FINANCES

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR 2009 – Expressed in EUR X 1000

● 2008 ● 2009



# FIP ANNUAL REPORT 2009/2010

## COLOPHON

Federation Internationale Pharmaceutique (FIP)

PO Box 84200

2508 AE

The Hague, The Netherlands

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

Art Direction/Design

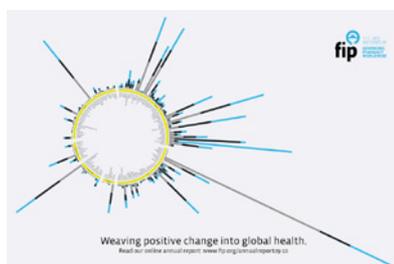
United 135, The Netherlands

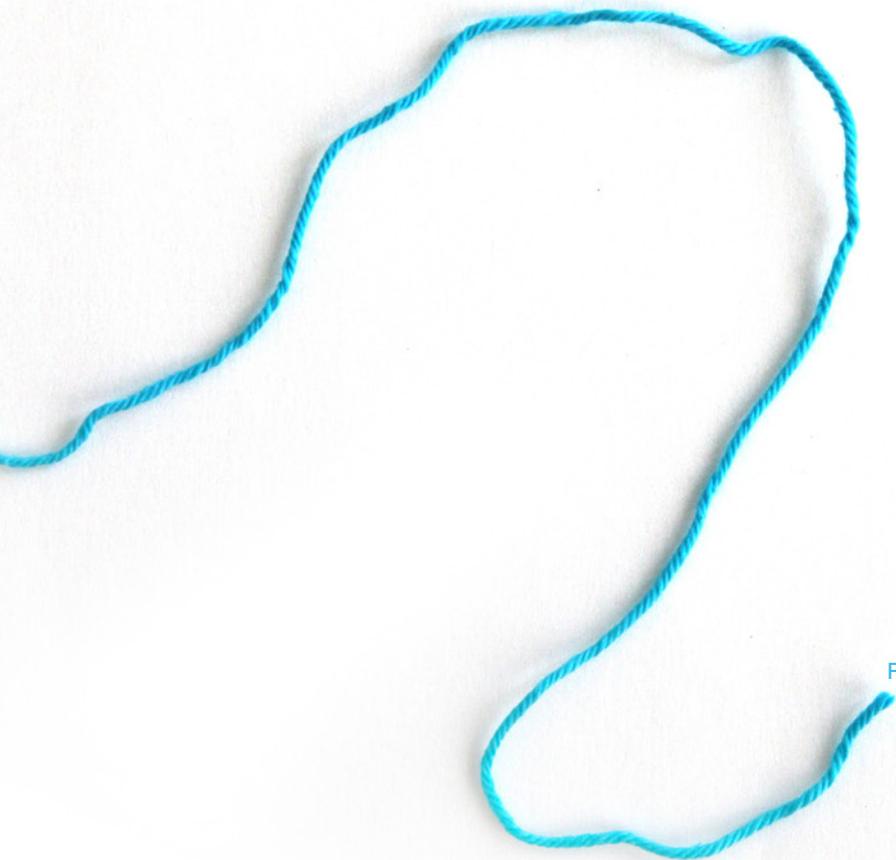
Karim Cherif, Lian Aelmans

[www.united135.com](http://www.united135.com)

## WALLPAPERS

TO BE DOWNLOADED





**FIP** will continue to foster a healthier, global community through the work of pharmacists and pharmaceutical scientists around the world.