

FIP STATEMENT OF POLICY

The role of pharmacists in non-communicable diseases

PREAMBLE

In 2006, FIP adopted a statement of policy on “The role of the pharmacist in the prevention and treatment of chronic disease”. More recently, FIP set up a working group with the goals of collecting and analysing the available evidence for the role and impact of pharmacists’ interventions in the fight against non-communicable diseases (NCDs). This group was tasked with providing an overview of existing national and regional policies around the fight against NCDs, assessing pharmacists’ value proposition in prevention, implementation and supervision of the therapeutic plan and how these initiatives could be supported by new technologies, as well as analysing the skills of pharmacists for delivering these services.

This FIP statement of policy renews the commitment of the profession to the optimal prevention, detection and care of patients living with NCDs.

The reference paper [1] produced by this working group considers newly available evidence on the epidemiology of NCDs in an ageing world, established and emerging roles of pharmacists in primary health care, and the developments in disease screening and sharing of patient clinical information across the health care team.

INTRODUCTION

According to the World Health Organization (WHO), more than 36 million people die annually from NCDs, representing over 60% of deaths worldwide, 15 million of which occur before the age of 70 years. NCDs represent a major health problem in countries of all income levels, with the main risk factors for NCDs being unhealthy diets, physical inactivity and tobacco use.[2]

NCDs pose one of the greatest healthcare risks for humanity, demanding new answers and requiring innovative and creative solutions from health systems and healthcare professionals. Building on the key roles pharmacists already play as primary healthcare professionals in the community, pharmacists can provide focused interventions, specialised counselling and care coordination improving patient engagement to achieve better outcomes in the global fight against NCDs.

Prevention and control of NCDs require interventions that are cost-effective, affordable by the patient and/or health systems and feasible, based upon patient-specific factors as well as local resources. Interventions need to be framed within national policies, goals for NCD improvement, and within generally accepted understandings of NCD risk-factor reduction strategies. Chosen interventions should contribute to improving equity in health care in targeted populations and individuals and improved health outcomes.[2]



For the WHO, priority NCDs fall into four areas: cardiovascular diseases, diabetes, asthma/chronic obstructive pulmonary disease and cancer.[3] For the sake of consistency with WHO's priorities, this policy statement related to pharmacists also focuses on these four priority areas, even though there is a multiplicity of other NCDs, including mental health conditionsⁱ, for which there is strong evidence of the role of and vital importance of the pharmacist in patient care.

Governments, health systems, professional organisations, health care providers and individuals have an active role to play in NCDs prevention and control. Coordinated efforts and collaboration are needed at every level of healthcare to reach the common goals.

AGAINST THIS BACKGROUND, FIP RECOMMENDS THAT:

Governments and policy makers:

1. Address major root-causes of NCDs, aiming to modify unhealthy lifestyles, eliminate inequalities in access to healthcare and develop policies to support prevention and control of NCDs;
2. Ensure patient access to quality-assured, safe medicines and optimal pharmacist-provided patient care services through sustainable care models;
3. Implement people-centred interventions grounded in primary health care;
4. Develop strategies and health programmes for the prevention and management of NCDs where the role of pharmacists is defined, recognised and enabled;
5. Recognise pharmacists' expertise in public health efforts and pharmacies as a valuable and highly accessible healthcare network;
6. Optimise health-related NCD outcomes through supporting collaborative care models and reinforcing the importance of interprofessional healthcare teams including pharmacists, physicians, nutritionists, nurses, physiotherapists, dentists and other healthcare professionals, as well as patients and caregivers. This requires promoting and setting the conditions for interprofessional cooperation, and increased integration of pharmacies within the primary care network.
7. Recognise, support and enable the role of community pharmacists in health promotion and disease prevention (addressing key NCD risk factors and coaching lifestyle changes), in addition to NCD screening and incorporating patient referral for appropriate diagnosis and follow up;
8. Promote and support adequate self-care models [4] to empower individuals, families and communities to tackle the impact of NCDs;
9. Implement effective, evidence-based and value-based health interventions in NCD management and treatment optimisation. This includes the promotion of

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ⁱ See FIP's report "Focus on mental health: The contribution of the pharmacist" (2015), available at <https://www.fip.org/file/1363>.



the responsible use of medicines based on individual needs and preferences, identification and resolution of medication-related problems, promotion of adherence to therapy, counselling on medicines, personalised pharmaceutical care plans and monitoring disease progression and treatment results, and, when legislation allows, adjusting the dosing of medicines and/or starting a new medicine treatment;

10. Develop and implement clear remuneration models for pharmacists' patient care services which fairly recognise the value of these services. Such models should recognise the economic impact of the contribution of pharmacists to reducing the burden of NCDs, and provide incentives to evidence-based practices that contribute to the efficiency and sustainability of health systems;
11. Promote and provide funding towards further research on developing effective medicines, care and treatment programmes for NCDs. There is a specific need for programmes integrating pharmacists which can tackle poor adherence to long-term therapies in patients with NCDs.
12. Ensure that a sufficient and appropriately trained and credentialed pharmacy workforce is available and accessible, who understand their role in achieving the goals of combating NCDs. Pharmacists' role in NCD should be integrated at all levels of pharmacists' education and training.

FIP Member Organisations:

1. Engage with policymakers and health authorities in identifying any barriers to the increased involvement of pharmacists in public health strategies and particularly in NCD-related strategies, including maximising the potential contribution of pharmacists through collaborative practice arrangements;
2. Develop and update a comprehensive range of nationally and/or locally appropriate pharmaceutical care services and programmes contributing towards the prevention, screening, referral, management and treatment optimisation of NCDs. This may include the development of practice guidelines and standards;
3. Reinforce the importance of interprofessional healthcare teams and foster collaborative care models to address NCDs;
4. Embrace and facilitate the use of new technologies supporting pharmacists' roles in NCDs, as well as the integration of pharmacies in the primary care network by sharing disease screening findings and patient clinical information across the health care team;
5. Promote the continuing education and professional development of their members to use and participate in these programmes for the benefit of patients living with NCDs and health systems in general;
6. Advocate for remuneration models for pharmacists' patient care services that adequately compensate their expertise and effort and provide incentives towards the quality, sustainability and accessibility of such services.

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THE COMMITMENT OF PHARMACISTS, FIP AND ITS MEMBER ORGANISATIONS TOWARDS BEATING NCDs

Provided that the appropriate conditions are in place, as recommended above, FIP, its member organisations and individual pharmacists around the world are committed to work together and align their efforts towards:

1. Reducing the burden of NCD at global and local level and their clinical, social and economic impact for patients, families and health systems;
2. Employing their expertise to contribute to the clinical outcomes of medicines therapy and to patients' quality of life and maintaining and updating their competence in the area of NCDs throughout their career;
3. Working with other healthcare professionals, social workers and other NCD care providers through collaborative care models to optimise health-related NCD outcomes, especially with regards to high-risk individuals;
4. Offering timely and qualified support to patient needs, by harnessing pharmacists' unique position as one of the most accessible primary healthcare professionals, so that patients can play a greater role in managing their own health and preventing NCDs;
5. Participating in NCD prevention programmes to address key risk factors, such as tobacco cessation, weight management and other NCD risk prevention strategies, and the promotion of healthier lifestyles;
6. Improving identification of NCD patients through pharmacy-provided screening programmes for symptom assessment and, if needed, quality assured and validated point-of-care measurements (e.g.; waist-circumference, blood pressure, glycaemia, cholesterol, etc.);
7. Ensuring adequate and timely referrals of NCD patients to or from other health care providers when appropriate;
8. Acting as care coordinators assisting in the delivery of public health interventions in the community and across transitions of care;
9. Providing medicines adherence improvement services to optimise treatment outcomes and avoid the economic consequences of nonadherence;
10. Contributing to the appropriate management of NCDs in the community and to improving the use of medicines through pharmaceutical care, including medicines review services, identification and resolution of medicines-related problems, medicines reconciliation and other services.
11. Harnessing the potential of new technologies and communication tools to provide convenient, timely and high-quality NCD-related pharmaceutical care to patients.
12. Collecting, documenting and sharing real world evidence and data of the impact of treatments and care interventions.

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References

1. International Pharmaceutical Federation (FIP). Beating non-communicable diseases in the community — The contribution of pharmacists. The Hague, International Pharmaceutical Federation, 2019. Available from: <http://bit.ly/2Dl9bQo> [Accessed 23 April 2019]
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3. World Health Organization. Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020. Geneva: World Health Organization; 2013. Available from: <http://bit.ly/2vAxDvy>. [Accessed 23 April 2019]
4. World Health Organization. Q+A about self-care. Geneva: World Health Organization; 2019. Available from: <https://www.who.int/reproductivehealth/self-care-interventions/questions-answers-self-care.pdf?ua=1> [Accessed 2 July 2019]

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