

FIP STATEMENT OF POLICY

The role of pharmacists in non-communicable diseases

Preamble

As long ago, as 2006, FIP adopted a statement of policy on “The role of the pharmacist in the prevention and treatment of chronic disease”,¹ marking an early recognition of the critical role pharmacists play in addressing the global challenge of non-communicable diseases (NCDs).

In 2018, FIP signed the Declaration of Astana on behalf of the profession, committing pharmacy to contribute to universal health coverage (UHC) by 2030, particularly through its role in primary health care.² This is in line with the 2030 United Nations (UN) Sustainable Development Goal target 3.4, which aims to reduce premature mortality from NCDs by one third.³

Furthermore, in 2019, FIP took further steps to strengthen this commitment by establishing an expert working group to analyse the evidence on pharmacists' contributions to best management of NCDs. This led to the publication of the reference paper “Beating non-communicable diseases in the community: The contribution of pharmacists”,⁴ which examined the significant impact of pharmacy services in the prevention, screening, management and therapeutic optimisation of NCDs. In the same year, FIP adopted the statement of policy on “The role of pharmacists in non-communicable diseases”,⁵ which reaffirmed the evolving role of the profession in addressing the NCDs crisis.

During the pandemic, in 2021, in response to the Astana Declaration and FIP's ongoing commitment to NCDs care, the [FIP Practice Transformation Programme \(PTP\) on NCDs](#) was launched.^{6, 7} This flagship project aims to deliver FIP's commitment to the UN Astana Declaration and the primary health care agenda, with a focus on non-communicable diseases. The FIP PTP on NCDs developed tools and strategic support for FIP member organisations to support the development of pharmacy services to have a sustained positive impact on the prevention, screening, management, and treatment optimisation of NCDs, ultimately improving patient outcomes and health systems efficiency and sustainability.

This FIP Statement of Policy reaffirms the commitment of the profession and the evolving role of pharmacists in the prevention, early detection, therapeutic optimisation, and interdisciplinary collaborative care for people living with single or multiple NCDs.

The 2019 Statement of Policy has been updated to incorporate new evidence on the epidemiology of NCDs, the impact of inequalities in social determinants of health and climate change across the lifespan, advancements in digital health, and the evolving role of pharmacists in health care. It also reflects progress in disease screening and the sharing of patient clinical information across healthcare teams. Furthermore, this update

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acknowledges pharmacists' commitment to embracing new and advanced practice skills to improve [people-centred care](#).

Introduction

According to the World Health Organization (WHO), NCDs were responsible for at least 43 million deaths in 2021, with 18 million people dying from an NCD before the age of 70 years old. Of these premature deaths, 82% occurred in low- and middle-income Countries (LMIC).⁸ Cardiovascular disease remains the leading cause of NCD-related mortality, contributing to at least 19 million deaths, followed by cancers (10 million), chronic respiratory diseases (4 million), and diabetes (more than 2 million, including kidney disease deaths linked to diabetes). Collectively, these four disease groups accounted for 80% of all premature NCDs deaths. Major risk factors for NCDs include tobacco use, physical inactivity, alcohol consumption, unhealthy diet, and air pollution. Strengthening efforts in early detection, screening and treatment is essential to reducing the global burden of NCDs.⁸

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. The WHO prioritises four major NCDs: cancer, cardiovascular diseases, chronic respiratory diseases and diabetes, as these account for the highest burden of morbidity and mortality worldwide.⁸ However, in 2018, the third UN High-Level Meeting on NCDs formally recognised mental health and air pollution as critical components of the NCDs response, leading to the expansion of the NCDs framework from the “4x4” (four main diseases: cancer, cardiovascular diseases, chronic respiratory diseases and diabetes; and four main risk factors: physical inactivity, tobacco use, unhealthy diet and alcohol use) to the “5x5” approach (adding mental health and air pollution to diseases and risk factors respectively).^{9, 10}

While these five disease groups represent the largest share of the global NCD burden, a wider range of conditions, including, chronic kidney disease, eye health conditions, obesity, oral health diseases, thyroid disorders, Alzheimer's disease, dementia Parkinsons disease, and increasingly addictive disorders also contribute significantly to global morbidity and mortality. In many instances, people will live with these diseases as co-morbidities and co-mortalities. Addressing NCDs comprehensively requires an integrated approach that recognises the links between these diseases, their shared risk factors, and the complex interactions with comorbidities across all aspects of government legislation and regulation.

A people-centred approach is essential when managing these conditions, ensuring that treatment plans are tailored to address both individual health needs and the broader impact of multiple coexisting diseases, with a focus on improving overall quality of life and health outcomes. For more detailed guidance, FIP has developed handbooks on key NCDs such as cancer, cardiovascular diseases, chronic respiratory diseases, diabetes, and mental health, and risk factors such as tobacco use, providing valuable resources for pharmacists to better support patients in these areas.¹¹⁻¹⁶

As one of the most accessible healthcare professionals, pharmacists can lead screening, targeted interventions, medication therapy management, and technology-driven patient engagement to improve health outcomes in NCDs management.

Prevention and management of NCDs require evidence-based interventions that are safe, cost-effective, affordable, and feasible for implementation in local settings. National policies and health priorities must inform interventions taking into account established NCDs risk-factor reduction strategies. Chosen interventions should contribute to ensuring and improving equity in health care in targeted populations, empowering individuals,



patients, and caregivers, and improving overall health outcomes.¹⁷

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

AGAINST THIS BACKGROUND, FIP RECOMMENDS THAT:

Governments and policymakers:

1. Address major root-causes of NCDs, aiming to promote positive lifestyles, eliminate inequalities in access to health care and develop policies to support prevention and control of NCDs through all areas of legislation and regulation;
2. Ensure access to quality-assured evidence-based, affordable, safe medicines, vaccines, medical devices and optimal pharmacist-provided people-centred care through sustainable and accessible service models;
3. Implement people-centred interventions in every aspect of health care;
4. Develop and implement evidence-based pharmacist-led interventions for education, prevention, early diagnosis, and management of NCDs, while adapting each country's regulations to enable pharmacists to practice to their full scope;
5. Recognise pharmacists' expertise in public health efforts and pharmacies as a valuable and highly accessible healthcare network, enabling their role as public health specialists and health promotion agents, with a strong focus on pharmacy-based NCDs prevention, screening and management;
6. Optimise health-related NCDs outcomes through supporting collaborative care models and reinforcing the importance of interprofessional healthcare teams, including patients, their caregivers and advocates. This requires promoting and fostering the conditions for interprofessional collaborative practice,¹⁸ and increased integration of pharmacists and pharmacies within the primary care network;
7. Recognise, support and enable the role of pharmacists in health promotion and disease prevention, interprofessional care coordination, and long-term disease management through their unique skillset of reviewing medicines, prescribing medicines, dispensing medicines and administering medicines;¹⁹
8. Encourage the use of new technologies as tools to support pharmaceutical care, including: medication adherence monitoring, mobile health solutions, access to and recording in electronic health records (EHRs), and point-of-care devices to support pharmacist-led interventions for NCDs prevention, screening and management;
9. Promote and support adequate self-care models to empower individuals, families and communities to tackle the impact of NCDs across all government departments and non-governmental organisations (NGO) policies;
10. Implement evidence-based pharmacist-led cost-effective health interventions in NCDs prevention, screening, and therapeutic optimisation. This includes the promotion of quality use of medicines based on individual needs, identification

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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. These procedures should always take into account the individual's choice, preferences and expectations about the intervention itself;

11. Develop and implement clear remuneration models that fairly recognise the value of pharmacists' patient care services, reflect their impact on reducing NCD burden, and reward high quality outcomes. To ensure equitable access and sustainability, these models should include recognition and coverage of pharmacists' services under patients' medical benefits across all payment models;
12. Promote and provide funding towards further research on pharmacist-led interventions, digital health solutions, and generation of real-world evidence to improve NCDs management and patient outcomes;
13. Ensure that a sufficient and appropriately trained and proactively regulated pharmacy workforce is available and accessible, who understand their role in achieving the goals of preventing and managing NCDs. The pharmacists' role in NCDs should be emphasised at all levels of education and training, reflecting their ongoing aspiration to practice in positive settings within a sustainable profession;²⁰
14. Enhance and promote patient organisations as advocacy and umbrella associations for people with NCDs and recognise their key role, especially in enabling people with NCDs to better understand their disease and to engage with other people living with NCDs; and
15. Implement policies that support data-driven decision-making in the management of NCDs. This includes setting key performance indicators (KPIs) and specific goals to measure the impact of interventions in patient education, treatment adherence, preventive health and disease management.

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FIP Member Organisations:

1. Engage with policymakers and health authorities to remove systemic barriers and achieve full scope of pharmacy practice and chronic disease management within national NCDs policies through programmes that recognise pharmacists to meet changing demands and to integrate the pharmacists in population health practice models;
2. Develop and update a comprehensive range of nationally and/or locally appropriate person-centred health prevention and pre-emptive self-care services and public health programmes contributing to the prevention, screening, referral, management and treatment optimisation of NCDs. This may include the development of clinical guidelines and practice standards as evidenced by international best practices;
3. Reinforce the importance of interprofessional healthcare teams and foster collaborative people-centred care models to address NCDs whilst underpinning the importance of practitioner wellbeing, positive practice settings and sustainable professional advancement to address workforce challenges;²⁰
4. Embrace and facilitate the use of new technologies supporting pharmacists' roles in NCDs, leveraging the use of digital pharmacy tools;



5. Embrace, promote and facilitate practice skills supporting pharmacists' roles in NCDs. Leverage the resource of electronically held pharmacy patient data through the integration of the primary care network to take full advantage of their physical, digital, and human infrastructure, whilst ensuring appropriate security safeguards for the management and sharing of patient information;
6. Develop career long, structured training programmes and education pathways for pharmacists focused on NCDs risk reduction, lifestyle coaching, and patient empowerment, expand training to include digital health applications, personalised medicines, and other new technologies to enhance clinical decision-making to optimise NCDs care; and
7. Advocate for appropriate remuneration models for pharmacists' professional services that adequately compensate for their expertise and effort and provide incentives towards the quality, sustainability and accessibility of such services.

Schools and faculties of pharmacy and other education providers should:

1. Integrate NCD competencies and social accountability into pharmacy curricula, ensuring all pharmacy graduates are equipped with knowledge and skills in prevention, screening, management, and patient-centred care for NCDs;
2. Promote research and evidence generation by involving pharmacy schools in studies on pharmacist-led interventions for NCD prevention, screening, monitoring, and therapy optimisation, thus contributing to better practices and policy development;
3. Train students in multidisciplinary teamwork, communication, and culturally appropriate counselling, preparing them to collaborate effectively in healthcare teams and deliver patient education on lifestyle modification and medication adherence for NCDs;
4. Encourage pharmacy schools to develop and evaluate innovative models of pharmaceutical care, including point-of-care testing, social prescribing, medication therapy management, and public health initiatives targeting NCD risk factors;
5. Foster continuous professional development and lifelong learning opportunities focused on advances in NCD management, enabling pharmacists to stay updated and responsive to evolving healthcare needs.

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Pharmaceutical industry:

1. Ensure that all medicines for the management of NCDs remain affordable and accessible in LMIC, namely by supporting public-private partnerships to implement subsidised access programmes for high-risk populations;
2. Increase investment in research and development of innovative therapies and supporting real-world evidence (RWE) studies on the impact of interventions in NCDs prevention and management;
3. Promote and invest in community-based screening programmes for the early detection of NCDs' risk factors, and expand access to preventive medicines and interventions targeting these risk factors;
4. Aim to align marketing strategies with global public health priorities, with an



emphasis on prevention rather than treatment alone and promote the rational use of medicines through awareness campaigns focusing on lifestyle modifications and adherence to preventive therapies;

5. Engage in corporate social responsibility (CSR) initiatives that prioritise NCDs prevention by partnering with workplaces, schools, and community organisations to promote healthy lifestyles and prevention of NCDs;
6. Ensure equitable medicines distribution and supply chains to prevent stock shortages; and
7. Support pharmacist-led interventions, including medication therapy management and intervention for NCDs prevention at a community level (e.g., through supporting education opportunities).

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

FIP and its member organisations commit to aligning their NCD strategy with the [WHO Global Action Plan 2013-2030](#), and the FIP PTP ensuring that pharmacists play a central role in achieving UHC. 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 NCDs at global and local level and their clinical, social and economic impact for patients, families, health systems and across all areas of government;
2. Employing their expertise to contribute to optimising medication use to improve clinical outcomes and patients' quality of life. Pharmacists need to engage in maintaining and updating their competence in the area of NCDs throughout their career;
3. Working with interprofessional healthcare teams, data scientists and public health agencies to develop data driven pharmacist led NCDs interventions;
4. Offering timely and qualified support to patients and their caregivers, by harnessing pharmacists' unique position as expert medicines and therapy healthcare professionals in both primary and secondary settings, so that individuals can be empowered in managing their own health and preventing NCDs throughout their healthcare journey;
5. Participating in NCDs prevention programmes that target key modifiable risk factors recognised in the 5x5 framework⁹ or equivalent programmes within member countries' context, such as [tobacco use](#), [physical inactivity](#), [alcohol consumption](#), [unhealthy diets](#), [air pollution](#)—while also promoting healthier lifestyle, addressing additional factors like [stress](#) and inadequate [sleep](#), and supporting other NCDs risk prevention strategies;
6. Improving the access of individuals living with NCDs to pharmacy-provided screening programmes and, if needed, quality assured and validated [point-of-care](#) measurements (e.g., waist-circumference, blood pressure, blood glucose, cholesterol, etc.);
7. Acting as care coordinators, ensuring adequate and timely access to

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pharmacist services across care settings, and adequate and timely referrals to or from other healthcare providers, as well as to/or from other pharmacists, especially across transitions of care;

8. Championing the delivery of public health interventions in the community;
9. Providing medicines adherence improvement services to optimise treatment outcomes while avoiding the economic burden of non-adherence;
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. Implementing personalised care utilising technology supported by data for medication adherence monitoring, and predictive analytics for NCDs risk assessment; and
12. Collecting, documenting and sharing real world evidence and data on the impact of treatments and care interventions, ensuring patient privacy and acting as trusted data custodians.



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Date of adoption	:	31 August 2025
Proposed by	:	FIP Bureau
This Statement replaces the following previous FIP Statements	:	International Pharmaceutical Federation (FIP). Statement of policy on the role of pharmacists in non-communicable diseases. The Hague: FIP, 2019. Available from: https://www.fip.org/file/4338 .
This Statement can be quoted by stating:	:	International Pharmaceutical Federation (FIP). FIP Statement of Policy: The role of pharmacists in non-communicable diseases. The Hague: FIP, 2025. Available at: www.fip.org/statements .
This Statement references the following FIP Statements and documents:	:	<p>International Pharmaceutical Federation (FIP). The role of the pharmacist in the prevention and treatment of chronic disease. Den Hague, FIP, 2006. Available from: https://www.fip.org/file/1468.</p> <p>International Pharmaceutical Federation (FIP). Statement of policy on the role of pharmacists in non-communicable diseases. The Hague: FIP, 2019. Available from: https://www.fip.org/file/4338.</p> <p>International Pharmaceutical Federation (FIP). Beating non-communicable diseases in the community — The contribution of pharmacists. The Hague: FIP, 2019. Available from: https://www.fip.org/file/4694.</p> <p>International Pharmaceutical Federation (FIP). FIP practice transformation programme on non-communicable diseases: Programme booklet. The Hague: FIP, 2023. Available from: https://www.fip.org/file/5482.</p> <p>International Pharmaceutical Federation (FIP). FIP Practice Transformation Programme on Non-communicable Diseases: Programme overview. The Hague: FIP, 2023. Available at: https://www.fip.org/file/5483.</p> <p>International Pharmaceutical Federation (FIP). Cancer care: A handbook for pharmacists The Hague: FIP; 2022. Available at: https://www.fip.org/file/5248.</p> <p>International Pharmaceutical Federation (FIP). Cardiovascular diseases: A handbook for pharmacists. The Hague: FIP; 2022. Available at: https://www.fip.org/file/5251.</p> <p>International Pharmaceutical Federation (FIP). Chronic respiratory diseases: A handbook for pharmacists. The Hague: FIP; 2022. Available at: https://www.fip.org/file/5230.</p> <p>International Pharmaceutical Federation (FIP). Diabetes prevention, screening, and management: A handbook for pharmacists. The Hague: FIP; 2021. Available at: https://www.fip.org/file/5071.</p> <p>International Pharmaceutical Federation (FIP). Mental health care: A handbook for pharmacists. The Hague: FIP; 2022. Available at: https://www.fip.org/file/5212.</p>

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