FIP STATEMENT OF POLICY AND CALL TO ACTION

Pharmacists supporting and empowering women and informal carers: From preventive care to responsible use of medicines

Executive summary

Informal carers play an essential role in supporting health systems and enabling people to receive care at home and within their communities. Globally, informal caregiving is highly gendered, with women undertaking the majority of caregiving responsibilities. This unequal distribution reflects persistent social, economic, cultural, and structural inequalities that can affect the health, wellbeing and financial security of carers.

Pharmacists are among the most accessible and trusted healthcare professionals and are well positioned to support informal carers, particularly women, through medicines management, health education, preventive care, digital health literacy and safe transitions of care. By empowering carers and promoting the responsible use of medicines, pharmacists can help improve health outcomes for both carers and those they support.

Aligned with the United Nations Sustainable Development Goals and the FIP Strategic Plan 2025–2030, this policy statement provides evidence-informed recommendations for governments, pharmacy organisations, educators and pharmacists. It calls for coordinated action to strengthen support for women and informal carers, promote equitable access to healthcare and information, and recognise the vital contribution of informal care to individuals, communities and health systems.

Introduction

The United Nations (UN) defines “informal” carers as individuals who generally provide care to those with whom they have an existing relationship such as a family member, friend or neighbour.[1] This care spans a wide range of activities, from help with personal tasks and activities of daily living (including bathing, dressing, mobility, eating and continence), to instrumental activities of daily living such as housekeeping, meal preparation, laundry, shopping, transportation, financial management and management of medicines.[2]

Globally, caregiving that is described as “informal” is highly gendered. Estimates suggest that approximately 80 % of informal (unpaid) carers are women.[3] This is consistent across countries regardless of income level or health system structure.[4] Women are also more likely to provide intensive and long-term care, particularly for older adults in family units, with evidence indicating that 57–81% of carers of the elderly are women and that up to 80% of impaired older adults are cared for at home by family members.[5] Informal carers frequently support individuals living with ageing-related conditions, frailty, dementia, disability, mental health conditions, multimorbidity and other complex chronic diseases, often assuming responsibility for managing complex medicines regimens and navigating healthcare systems. These responsibilities may

increase the risk of medicines-related problems, particularly in the context of polypharmacy and home-based care, further highlighting the important role of pharmacists in supporting safe and appropriate medicines use. These patterns reflect persistent gender inequalities and inequities in households and labour markets highlighting the urgent need for healthcare systems to recognise and support women and informal carers. This statement focuses on the role of pharmacists in supporting women as patients, women as informal carers, and informal carers of all genders, with particular attention to the disproportionate caregiving burden experienced by women.

Building on this, and in light of evolving caregiving realities and needs, digital transformation and persistent gender inequities, this updated Statement of Policy aims to equip governments, professional bodies, educators and practicing pharmacists with evidence-based recommendations to strengthen support for informal carers, with particular consideration of women who undertake a large share of caregiving responsibilities. In doing so, it seeks to enhance preventive care, promote the responsible use of medicines, and recognise the essential contribution of informal carers to health systems worldwide.

Background

Caregiving can have significant physical, emotional and financial impact when carers remain unsupported. Women and informal carers are more likely to proactively seek help about health or medicines, particularly for a family member, irrespective of the medical topic and are often the primary interface with healthcare professionals, including pharmacists.[6,7] Evidence links caregiving stress and burnout to poorer health outcomes for carers and an increased risk of medication errors in home settings.[8, 9] For women and informal carers who live in conflict zones, displaced communities, or areas affected by natural disasters, these risks are further exacerbated, increasing vulnerability and the need for accessible, trusted guidance.[10] Women in caregiving roles may also face additional social, cultural and structural vulnerabilities, including gender-based and domestic violence, as well as restrictions on mobility, autonomy or access to services in some settings.[11]

The COVID-19 pandemic accelerated structural shifts in healthcare delivery that further intensified informal caregiving responsibilities.[12] Health systems rapidly expanded home- and community-based care, shortened hospital stays and increased the frequency and complexity of transitions of care. At the same time, digital transformation has expanded in medicines use through e-prescriptions, electronic health records, mobile applications and remote consultations. Many carers now rely on online sources, including social media and AI-enabled tools, to support decision making, while health and medicines misinformation has expanded exponentially.[13, 14] These shifts increase the complexity of medicines management at home and heighten safety risks for informal carers and those they care for. Relevant considerations regarding the responsible and ethical use of artificial intelligence in pharmacy practice are further outlined in the FIP Statement of Policy: Artificial intelligence in pharmacy practice. [15]

Pharmacists are consistently ranked among the most trusted and accessible healthcare professionals worldwide, positioning them uniquely to support patients, informal carers and particularly women.[16, 17] Through their expertise in medication optimisation, prevention and patient education, pharmacists play a critical role in supporting the safe and responsible use of medicines across transitions of care. In the current digital and information-rich environment, pharmacists are also well placed to support carers' digital medicines literacy, guide the appropriate use of digital health tools, and help identify and mitigate the risks of misinformation. Health systems support the development of measurable indicators evaluating the impact of pharmacist-led support services for women and informal carers on medication safety, adherence, health literacy, and transitions of care. In settings where informal carers are formally

recognised through national policy or legislation, pharmacists can contribute to more structured and effective engagement with carers as part of multidisciplinary care.[18] Pharmacists may also be among the first points of contact for women facing gender-based and domestic violence and can play a role in recognising vulnerability and safely referring individuals to appropriate support services.

At the global level, the UN 2030 agenda for Sustainable Development provides a strong policy framework for addressing the intersecting challenges of health equity and gender equality.[19-21] Sustainable Development Goal (SDG) 3 aims to ensure healthy lives and promotes well-being for all at all ages, while SDG 5 seeks to achieve gender equality and empower all women and girls. Both goals explicitly recognise the central role of women's empowerment in improving health outcomes and strengthening health systems.[22]

The International Pharmaceutical Federation (FIP) has led in this domain, notably through its 2018 FIP Reference Paper on Pharmacists Supporting Women and Responsible Use of Medicines.[23] Building on this, FIP's Strategic Plan 2025-2030 commits to advancing healthcare equity and positioning pharmacists as integral members of primary care teams who strengthen healthcare systems.[24] Additionally, these imperatives are recognised under FIP Development Goals 10 (Equity and equality), 15 (People-centred care), 18 (Access to medicines, devices and services) and 21 (Sustainability in pharmacy). These initiatives and resources share a common goal: empowering pharmacists to deliver enhanced patient care by ensuring individuals have the knowledge and agency to make informed health decisions.

AGAINST THIS BACKGROUND, FIP RECOMMENDS THAT AND CALLS FOR ACTION BY STAKEHOLDERS TO:

Governments and policymakers:

Policy, regulation and recognition

1. Formally recognise the role and contribution of informal carers through dedicated legislation that acknowledges their societal value and ensures access to appropriate health, social and financial support systems.
2. Advance supportive legal and regulatory policies and frameworks that enable pharmacists' roles in empowering women and informal carers, including increasing access to pharmacist-led care as a means of empowerment.
3. Integrate pharmacists into national healthcare policies that promote equitable, affordable and sustainable access to healthcare, medicines, and health information for women and informal carers.

Workforce, education and capacity building

4. Develop and implement policies that address educational inequities, particularly among girls, recognising their long-term impact on health and empowerment.
5. Improve health outcomes by ensuring sustained financial investment in training and empowerment projects targeting women and informal carers, including women-centred services delivered in collaboration with health care professionals' and pharmacists' associations.

Service delivery

6. Engage pharmacists meaningfully by enabling them to practice in line with their education, skills and experience and by promoting their medicines expertise as a pivotal service in supporting women and informal carers.

7. Support pharmacists' contributions through appropriate remuneration and financing models that consider societal value and potential health system savings.

Equity and access

8. Initiate and support national and local policies and practices that sustainably support family and informal carers, addressing systemic socio-economic barriers to improved care, such as income, educational and geographical disparities.
9. Compensate informal care by establishing financial support mechanisms, such as remuneration schemes or allowances, that enable informal carers to be financially independent and participate in activities outside the home, recognising that informal care has both economic and social value.
10. Recognise that gender differences in economic status, health literacy and purchasing power influence health-seeking behaviour and health outcomes for both men and women, and
11. Identify and implement strategies that address diverse literacy needs of women and girls across different settings through legislation and budgeting.

Professional pharmacy organisations:

Policy, regulation and recognition

1. Advocate to governments to improve health outcomes by ensuring sustainable financial commitment for training and empowerment projects targeting women and informal carers and new women-centred services delivered in collaboration with health care professionals', pharmacists' associations, non-governmental organisations and social enterprises.

Workforce, education and capacity building

2. Support educational and continuing professional development activities, as well as advocacy efforts, to equip pharmacists to better empower women and informal carers in health matters, responsible medicine use, preventive care and safe transitions of care.
3. Support pharmacists to improve health literacy and care pathways literacy among women and informal carers, empowering them to navigate the healthcare system and make informed decisions for their families and those they care for.

Service delivery

4. Encourage and support the development, implementation and evaluation of services that empower women in their role as informal carers at national and local levels.
5. Develop structured, accessible and easily understandable information and materials to support pharmacists helping women in their health caregiving activities and roles.
6. Promote and enable inclusive and equitable digital and remote pharmaceutical care to support carers who face barriers to in-person services, especially for vulnerable populations.
7. Develop and promote standardised screening tools to support pharmacists in identifying and anticipating the needs of women and informal carers within their communities.
8. Promote awareness of medication-related and transitions- of-care guidelines among members, supporting coordinated, evidence-based practice globally.

Equity and access

9. Initiate and support projects focused on women's empowerment and their roles as informal carers.
10. Support pharmacists to address health and medicines misinformation by providing evidence-based and culturally appropriate resources and digital communication tools tailored to carers' needs.

Collaboration, research and advocacy

11. Facilitate communication and collaboration with umbrella bodies for carers and other healthcare professionals to ensure the continuity of pharmaceutical care during transitions of care.
12. Facilitate collaborations with community and civil society organisations and organise awareness sessions led by pharmacists, with support from pharmacy students.
13. Support participating in national or international health research projects targeting informal carers or the ageing population, and
14. Consider the allocation of scientific or special research funds to projects that produce a positive impact on society and the improvement of women's social status.

Pharmacy academic institutions and education providers:

Workforce, education and capacity building

1. Ensure undergraduate pharmacy curricula include competencies related to preventive care and responsible use of medicines.
2. Support continuing education and lifelong learning for pharmacists related to preventive care and responsible use of medicines, and
3. Incorporate education on sex-specific health differences, gender-based disparities, and culturally sensitive care into pharmacy curricula and continuing professional development programmes.

Pharmacists:

Policy, regulation and recognition

1. Support and advocate for the education of girls as a foundational determinant of women's empowerment, health and leadership.
2. Encourage and support women's leadership across pharmacy practice, education, and science.

Workforce, education and capacity building

3. Support governments in creating and implementing different strategies for women and girls with a wide range of literacy needs.

Service delivery

4. Explore new strategies and deliver services that empower informal carers in their role.
5. Support carers in using digital health tools safely, while recognising risks related to misinformation, digital exclusion, privacy, data quality and over-reliance on non-validated AI-enabled tools.
6. Involve informal carers in medicines-related discussions where appropriate, while respecting the patient's preferences, autonomy, consent and confidentiality.
7. Recognise signs of carer burden, fatigue or inability to manage complex medicines regimens, and to refer carers to appropriate health, social care or community support services.
8. Empower women and informal carers through the delivery of training, health promotion campaigns and medicines information services.

9. Develop services focused on women and informal carer's health, to mitigate potential negative effects of caregiving roles.

Equity and access

10. In the context of gender-related ethical or reproductive health issues, prioritise the perspective and best interests of patients.
11. Recognise, respond to, and safely refer women experiencing gender-based and domestic violence by connecting them to appropriate care through established support and referral pathways where relevant.

Collaboration, research and advocacy

12. Communicate and collaborate with informal carers and other healthcare professionals on the continuity of pharmaceutical care in transitions of care, and
13. Collaborate and act in a complementary manner with pharmacy organisations, other healthcare professionals and governments to create and implement educational policies, particularly related to the responsible use of medicines.

AGAINST THIS BACKGROUND, FIP COMMITS TO:

Policy, leadership and global advocacy

1. Provide global leadership in advancing women's empowerment by promoting preventive care and the responsible use of medicines among women, as priorities on the political and professional agenda.
2. Encourage and promote women's leadership across science, education and practice.

Workforce and professional development

3. Support pharmacists to reach their full potential in empowering women and informal carers.

Service development

4. Promote best practice in pharmacist-led support for women and informal carers.
5. Leverage recognition of FIP Member Organisations to stimulate the development of new pharmacy services that empower women and informal carers and improve health outcomes.

Equity, ethics and empowerment

6. In the context of gender-related ethical issues, promote the view that patients' perspectives and interests must always come first, free from discrimination based on gender identity.

Collaboration, partnerships & knowledge exchange

7. Promote collaboration among professional, patient and consumer organisations in the development of services targeting women's empowerment and empowerment of informal caregiving.
8. Building alliances with international and regional partners to develop joint statements, policies, campaigns and actions that facilitate the role of women and informal carers and promote responsible use of medicines.
9. Promote and engage in best practice sharing on related topics at the global and regional level, and
10. Enhance visibility of local pharmacist champions, member organisation champions and related projects around empowering women and informal carers in improving health matters and the responsible use of medicines.

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