The FIP Montreal Declaration on Non-Communicable Diseases (NCDs)

A call to recognise pharmacists as essential primary healthcare providers in strengthening prevention and management of non-communicable diseases.

Non-communicable diseases (NCDs) remain the leading cause of death and disability worldwide, placing a growing burden on individuals, families, communities, health systems and societies, while affecting health, independence, and quality of life across the life course. Their impact is intensified by ageing populations, multimorbidity, widening health inequities, and disruptions to care in humanitarian, fragile and conflict-affected settings.

At the same time, health systems across the world are under increasing pressure to improve access to care, strengthen prevention, and deliver integrated, people-centred and sustainable services. These challenges require urgent action and a stronger use of all available health workforce capacity.

Pharmacists are among the most accessible primary healthcare (PHC) providers in the world. They play a critical role in improving access to care, reducing pressure on health systems, and supporting the prevention and management of NCDs. Across health systems, pharmacists contribute through:

- Prevention and health promotion across the life course
- Screening and early detection
- Prescribing and treatment initiation in jurisdictions (where permitted)
- Chronic disease management
- Medicines optimisation
- Life course vaccination
- Self-care support
- Continuity of care

The FIP Montreal Declaration on NCDs positions pharmacists as essential contributors to PHC systems and as a central part of the global response to the growing NCD burden and PHC access challenges. This declaration is aligned with global commitments to accelerate action on NCDs, strengthen primary health care, advance universal health coverage (UHC), and build resilient, sustainable and equitable health systems.

Shared ambition

FIP, along with its members organisations and partners believe that pharmacists must be enabled to contribute, where possible, to the prevention and management of NCDs as part of integrated, team-based and people-centred PHC.

To achieve this, health systems must move beyond fragmented and disease-specific approaches towards integrated models of care that address prevention, early detection, long-term management, multimorbidity, shared risk factors, and the social, behavioural, commercial and environmental determinants of health.

Pharmacists are particularly well placed to support this transformation because of their accessibility, trusted role in communities, medicines expertise, continuity of contact with patients, and ability to provide services across the life course.

Priority areas for action

FIP and its members organisations call for strengthened action in the following areas:

1. **Access to PHC:** Expand the role of pharmacists as accessible PHC providers within community and PHC systems.
2. **Prevention and early detection:** Leverage community pharmacy as a front door to prevention, screening, risk identification, and timely referral.
3. **Chronic disease management:** Enable pharmacists to provide ongoing management, monitoring, and treatment optimisation for people living with chronic diseases.
4. **Integrated and team-based care:** Integrate pharmacists into multidisciplinary primary care teams, digital health systems, and coordinated models of care.
5. **Equity and continuity of care:** Ensure pharmacists contribute to improving equitable access to care, particularly for underserved populations and in humanitarian, fragile and conflict-affected settings.

Call to action

FIP along with its member organisations and partners call on governments, policymakers and health system leaders to integrate pharmacists to:

- Recognise pharmacists as PHC providers;
- Enable pharmacists to practise to their authorised scope, supported by appropriate education, governance, quality assurance and referral pathways;
- Integrate pharmacists into PHC systems and multidisciplinary care teams;
- Support sustainable funding and remuneration models for pharmacist-delivered services;
- Enable pharmacists to play an active role within primary care teams in delivering prevention, screening, vaccination, chronic disease management and treatment optimisation services, and where appropriate, to lead these services;
- Remove regulatory, financial and operational barriers that limit patient access to pharmaceutical care delivered by pharmacists and their teams;
- Invest in pharmacy workforce development, digital integration and sustainable practice environments; and
- Include pharmacists in national strategies for NCD prevention, management and health system strengthening.

Commitment of FIP

FIP and its member organisations commit to advocating for policies, regulations and practice environments that enable pharmacists to contribute fully to NCD prevention and care.

This includes supporting full scope of practice, treatment initiation where permitted, pharmacist-led primary care services, integrated care models, appropriate quality assurance and evidence-based clinical guidance, workforce development, digital health solutions, sustainable remuneration models and equitable access to high-quality pharmaceutical care.

FIP will support implementation through alignment with the FIP Development Goals, FIP Strategic Goals for 2025-2030, practical tools and guidance, evidence sharing, case studies, regional engagement and dissemination through the FIP world congresses and other platforms.

Through this declaration, FIP and its member organisations reaffirm their collective commitment to accelerating action on NCDs, strengthening primary health care, reducing health inequities, and ensuring that pharmacists are recognised and enabled as essential contributors to people-centred, integrated and sustainable health systems.

The FIP Montreal Declaration on Non-communicable Diseases (NCDs) is supported by:

FIP member organisations

1. Pharmacists Order of Albania
2. National Association of Algerian Pharmacists
3. Argentinian Pharmaceutical Confederation
4. Australasian Pharmaceutical Science Association
5. Pharmaceutical Society of Australia
6. Austrian Chamber of Pharmacists
7. Association of Pharmacists Belgium
8. Bolivian Society of Pharmaceutical Sciences
9. Chamber of Pharmacists of the Federation of Bosnia & Herzegovina
10. Brazilian Federal Council of Pharmacy
11. Bulgarian Pharmaceutical Union
12. Canadian Pharmacists Association
13. Chinese Pharmaceutical Association
14. Pharmaceutical Society of Taiwan
15. Taiwan International Pharmacy Advancement Association
16. Taiwan Society of Health-System Pharmacists
17. Colegio Nacional de Químicos Farmacéuticos de Colombia
18. Order of Pharmacists of the Democratic Republic of the Congo
19. College of Pharmacists of Costa Rica
20. Croatian Pharmaceutical Society
21. Association of Danish Pharmacies
22. Pharmadanmark
23. College of Chemists, Biochemists and Pharmacists of Pichincha
24. Egyptian organisation of pharmacy, development and training
25. Estonian Pharmacies Association
26. Ethiopian Pharmaceutical Association
27. Association of Finnish Pharmacies
28. Finnish Pharmacists Association

29. French Chamber of Pharmacists
30. French Community Pharmacists Union
31. French Pharmaceutical Unions Federation
32. Federal Union of German Associations of Pharmacists-ABDA
33. Pharmaceutical Society of Ghana
34. Pharmaceutical Society of Hong Kong
35. Pharmaceutical Society of Iceland
36. Indonesian Pharmacists Association
37. Irish Pharmacy Union
38. Pharmaceutical Association of Israel
39. Italian Pharmacy Owners Federation
40. Japan Pharmaceutical Association
41. Japanese Society of Hospital Pharmacists
42. Jordan Pharmacists Association
43. Pharmaceutical Society of Kenya
44. Korean Pharmaceutical Association
45. Kosova Pharmaceutical Society
46. Kuwait Pharmaceutical Association
47. Lebanese order of Pharmacists
48. Pharmaceutical Society of Liberia
49. Malaysian Pharmacists Society
50. Malta Pharmaceutical Association
51. Pharmaceutical Association of Mauritius
52. Mexican Pharmaceutical Association
53. Association of Mongolian Pharmacy Professionals
54. Nepal Pharmaceutical Association
55. Royal Dutch Pharmacists Association
56. Association of Community Pharmacists of Nigeria
57. Norwegian Association of Pharmacists
58. Norwegian Pharmaceutical Society
59. Norwegian Pharmacy Association
60. National College of Pharmacists of Panama
61. Pharmaceutical Society of Papua New Guinea
62. Philippine Pharmacists Association
63. National Association of Pharmacies (ANF)
64. Portuguese Pharmaceutical Society - Ordem dos Farmacêuticos
65. Association of Pharmacies and Pharmacists from Romania
66. Rwanda National Pharmacy Council
67. Saudi Pharmaceutical Society
68. Pharmaceutical Chamber of Serbia
69. Pharmaceutical Society of Singapore
70. Slovenian Pharmaceutical Society
71. Pharmaceutical Society of South Africa
72. General Pharmaceutical Council of Spain
73. Pharmaceutical Society of Sri Lanka
74. Swedish Pharmacists Association
75. pharmaSuisse
76. Turkish Pharmacists' Association
77. UAE Pharmacists Association
78. Academy of Pharmaceutical Sciences
79. Pharmacists' Defence Association

80. Royal College of Pharmacy (Great Britain)
81. American Association of Colleges of Pharmacy
82. American Pharmacists Association
83. American Society of Health-System Pharmacists
84. Uruguayan Association of Chemistry and Pharmacy
85. Venezuelan Pharmaceutical Federation

Organisations in collaboration with FIP

European Society of Clinical Pharmacy (ESCP)
European Scientific Working group on Influenza and other Respiratory Viruses (ESWI)
Global Allergy & Airways Patient Platform (GAAPP)
International Association of Gerontology and Geriatrics (IAGG)
International Diabetes Federation (IDF)
International Federation on Ageing (IFA)
International Society of Oncology Pharmacy Practitioners (ISOPP)
NCD Alliance (NCDA)
Speak up for COPD
World Heart Federation (WHF)
World Obesity Federation
World Patients Alliance (WPA)

Corporate partners

Danone
Haleon
Kenvue
La Roche-Posay
MSD
Opella
Pfizer
Reckitt

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Evidence Annex: The role of pharmacists in non-communicable diseases

1. Background and introduction

NCDs remain the leading cause of death and disability worldwide, placing an increasing burden on individuals, health systems, and societies, while affecting health, independence, and quality of life across the life course. In 2021 alone, NCDs were responsible for at least 43 million deaths, including 18 million premature deaths before the age of 70 years old, with a disproportionate impact on low- and middle-income countries.[1] This burden is further amplified by ageing populations, multimorbidity, and widening health inequities, and the disproportionate impacts in humanitarian, fragile and conflict-affected settings, where disruption to health systems and continuity of care further exacerbates NCD outcomes.[2, 3]

In 2018, at the United Nations (UN)/ World Health Organization (WHO) Global Conference on PHC, FIP reaffirmed the profession's commitment to the Declaration of Astana on PHC, strengthening pharmacy's role in advancing UHC and integrated people-centred care.[4] This commitment has been further operationalised through the development of the FIP Development Goals (FIP DGs) and strategic programmes supporting pharmacy workforce transformation worldwide, including the FIP NCDs programme.

Following the 2025 UN Political Declaration on NCDs and mental health and well-being, Member States have committed to accelerating action over the next five years to fast-track progress towards the Sustainable Development Goal target of reducing premature mortality from NCDs by one third by 2030.[5] The declaration highlights three global outcome priorities: Reducing tobacco use by 150 million people, improving hypertension control for 150 million people, and expanding access to mental health care for 150 million people.[5]

These UN and WHO commitments reinforce the urgency of implementing integrated, equitable and sustainable health systems grounded in PHC, underpinned by prevention, early intervention and strengthened PHC services. As the global body for the profession of pharmacy, it is imperative that we respond to the UN declaration with clear support and concrete actions to play our part and achieve these goals.

Pharmacists are uniquely positioned within health systems as highly accessible health professionals, contributing across the continuum of NCD prevention and care, including health promotion, early

[1] World Health Organization (WHO). Noncommunicable diseases [Internet]. 2025. [accessed: 21 May 2026]. Available at: https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases.
[2] World Health organization (WHO). Report of the global high-level technical meeting on NCDs in humanitarian setting: Building resilient health systems, leaving no-one behind. Geneva: WHO, 2024. Available at: https://www.who.int/publications/m/item/report-of-the-global-high-level-technical-meeting-on-ncds-in-humanitarian-setting.
[3] International Federation of Red Cross and Red Crescent Societies (IFRC). Non-communicable diseases in humanitarian settings [Internet]. [accessed: 04 June 2026]. Available at: https://www.ifrc.org/our-work/health-and-care/community-health/non-communicable-diseases.
[4] World Health Organization (WHO). Declaration of Astana — Global Conference on Primary Health Care [Internet]. 2018. [accessed: 21 May 2026]. https://www.who.int/publications/i/item/WHO-HIS-SDS-2018.61.
[5] United Nations General Assembly. Political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases and the promotion of mental health and well-being. [Internet]. New York: United Nations; 2025. [accessed: 21 May 2026]. Available at: https://cdn.who.int/media/docs/default-source/ncds/4th-high-level-meeting-of-ncds/unlm4_draft_pd_a_80_l_34.pdf?sfvrsn=65f041c4_1&download=true.

detection, treatment optimisation, and long-term management. Over the past decade, FIP has consistently generated evidence, guidance and implementation tools demonstrating the impact of pharmacists in addressing NCDs and their shared risk factors. The 2026 FIP Declaration on NCDs consolidates FIP's commitment to addressing the global burden of NCDs by strengthening the role of pharmacists and pharmacy through integrated, people-centred and life-course approaches aligned with PHC and UHC and the need for resilient, sustainable and equitable health systems capable of delivering continuity of care for people living with NCDs.

2. Scope: FIP integrated approach to NCDs

This declaration recognises that NCDs are driven by many interconnected biological, behavioural, environmental and social determinants, which requires coordinated responses across health systems and beyond.

The declaration addresses the WHO priority NCDs within the "5x5 framework", while recognising broader conditions and determinants that contribute significantly to global morbidity and mortality and therefore encompasses cardiovascular diseases, cancer, chronic respiratory diseases, diabetes and mental health conditions, alongside other high-burden conditions including chronic kidney disease, obesity, liver disease, neurological disorders, oral and eye health conditions, and other chronic and inflammatory diseases.

The declaration further recognises the central importance of shared risk factors, including tobacco use, unhealthy diets, physical inactivity, alcohol use, air pollution, stress, poor sleep health, alongside broader social and commercial determinants of health including humanitarian crises, displacement, conflict and environmental challenges that affect continuity of care and equitable access to services.

A life-course approach is essential in recognising that prevention and intervention at all stages of life, from early development to healthy ageing, are crucial for reducing the global burden of NCDs and require coordinated, cross-sectoral action across health systems and society.

3. The role of pharmacists in NCD prevention and care

Pharmacists are among the most accessible PHC providers in the world and play a critical role in improving access to care, reducing pressure on health systems, and supporting the prevention and management of NCDs.

Pharmacists support health systems through prevention and risk reduction interventions, including health education, behavioural counselling and early identification of risk factors. They play a central role in screening and early detection of conditions such as hypertension, diabetes and elevated cardiovascular risk, supporting timely referral to appropriate healthcare professionals for diagnosis and continuity of care, and contributing to earlier intervention and improved outcomes.

In chronic disease management, pharmacists contribute to medicines optimisation, treatment adherence support, monitoring of treatment outcomes, and reduction of medication-related harm. They also support integrated care for individuals living with multimorbidity, ensuring continuity across care transitions.

Pharmacists further contribute to vaccination programmes, self-care support, health literacy, and digital health innovation, helping to extend the reach and effectiveness of PHC systems. Their role is essential in addressing health inequities by providing accessible, community-based care.

4. Proposed areas for action

FIP and its organisations in membership commit to advancing integrated, people-centred and life-course approaches to NCDs prevention and care, aligned with PHC and UHC within resilient and sustainable health systems.

Health systems must move beyond disease-specific, siloed approaches, towards coherent strategies that reflect shared determinants of health, multimorbidity, and the biological, behavioural, environmental and social drivers of disease, while ensuring continuity of care and strengthening system resilience.

Recognising the interconnected nature of NCDs, mental health, behavioural, environmental and social determinants of health, the following priority areas are identified for action:

- **Prevention and risk reduction across the life course**: Recognising that health risks accumulate over time and are shaped by behavioural, metabolic, environmental and social determinants. Interventions should be embedded across health systems, education and public health policies to reduce preventable disease burden from early life through to older age.

- **Cardiovascular diseases:** Improving prevention, screening and long-term management of cardiovascular diseases, including hypertension, coronary heart disease, stroke and heart failure, recognising their position as the leading cause of mortality worldwide and their close association with other NCDs and shared risk factors. Community pharmacists play an important role in early risk identification, and ongoing disease monitoring, supporting long-term management through screening and point-of-care testing, such as blood pressure monitoring and cardiovascular risk assessment, as well as supporting safe and effective antithrombotic and thrombosis management where appropriate. This contributes to improve disease control, timely referral and continuity of care.

- **Diabetes:** Promoting prevention, early identification and long-term management of diabetes across the life course, recognising its growing global burden and its association with cardiovascular disease, chronic kidney disease and other NCDs. Community pharmacists play an important role in screening, monitoring, medicines optimisation, self-management support and timely referral, helping to improve health outcomes and reduce the risk of complications.

- **Cancer prevention and care:** Integrating cancer prevention, early detection and care, including screening, vaccination-linked prevention strategies and timely access to treatment. Cancer control should be integrated within broader NCD strategies, addressing shared risk factors such as tobacco use, diet, physical inactivity and environmental exposures.

- **Chronic respiratory diseases:** Strengthening prevention and management of chronic respiratory diseases, including asthma and chronic obstructive pulmonary disease, through early detection, medicines optimisation, inhaler technique, adherence, appropriate referral, long-term care and reduction of exposure to environmental and behavioural risk factors, including tobacco use and air pollution.

- **Mental health:** Embedding mental health within primary care, including prevention, early identification and management of conditions such as depression, anxiety, psychosis and stress-related disorders. Mental health should be integrated into primary care and community-based services, ensuring access to psychosocial support and reducing stigma and discrimination.

- **Neurological and neurodegenerative conditions:** Improving prevention, early recognition and coordinated long-term care for neurological and neurodegenerative conditions, including

Alzheimer's disease, dementia and Parkinson's disease. These conditions are closely linked to vascular health, metabolic and behavioural risk factors, highlighting the importance of integrated care throughout the life course.

- **Sleep health and stress management:** Recognising sleep health and stress management as critical determinants of physical and mental health,and integrating them into prevention strategies for NCDs and mental health conditions. Public health and clinical approaches should support behavioural interventions that improve sleep quality, stress resilience and overall well-being.

- **Liver health and steatotic liver disease:** Advancing prevention, early detection and integrated management of steatotic liver disease through primary care and NCD frameworks, addressing key modifiable risk factors including unhealthy diets, obesity, physical inactivity, tobacco and alcohol use, and supporting timely identification and management to reduce progression to advanced liver disease and related NCD complications.

- **Obesity:** Promoting prevention, early identification and long-term management of obesity across the life course, recognising obesity as a chronic disease and a major driver of other NCDs. Community pharmacists play an important role in prevention, early identification, medicines optimisation, self-management support and timely referral, helping to improve health outcomes and reduce the risk of obesity-related complications.

- **Skin diseases:** Recognising skin diseases as a global public health priority, encompassing a wide range of infectious, inflammatory-autoimmune disorders, congenital dermatosis, chronic and rare conditions, as well as malignant skin tumours and climate and environmental sensitive dermatological conditions.[6] Strengthening prevention, early detection and access to care, with pharmacists contributing through health promotion, medicines optimisation, self-care support and timely referral, while helping to address stigma, discrimination and health inequities.

- **Tobacco and nicotine cessation:** Expanding comprehensive, accessible and evidence-based tobacco and nicotine cessation services as a core pillar of NCD prevention across the life course, integrated within PHC through behavioural support, pharmacotherapy and digital tools to enable prevention, treatment and relapse prevention. Community pharmacies play a key role in supporting cessation through accessible, people-centred interventions, ongoing follow-up and support for adherence and long-term behaviour change.

- **Use of alcohol and other addictive substances:** Preventing and reducing the use of alcohol and other addictive substances, recognising their contribution to NCDs and mental health conditions. Integrated approaches should include early identification, behavioural support and public health measures addressing consumption patterns and underlying social determinants.

- **Physical activity:** Promoting strengthen regular physical activity across the life course as a core component of NCD prevention and control, supported by enabling environments, public health policies and community-based interventions that reduce sedentary behaviour and promote physical activity tailored to individual age, capacity, preferences and health status.

- **Life course nutrition:** Strengthening the integration of life course nutrition into healthcare systems, professional education and public health policy. Nutrition is a critical determinant of health across the life course, from early development to chronic disease prevention and

[6] World Health Organization. Skin diseases as a global public health priority. Resolution WHA78.15. Seventy-eighth World Health Assembly, 27 May 2025. Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_R15-en.pdf

management, cancer care and healthy ageing, with pharmacists well placed to identify nutritional risks, including malnutrition, and support patients in improving outcomes.

- **Air pollution:** Addressing air pollution as a major environmental determinant of NCDs through cross-sectoral policies that reduce exposure and improve air quality, including urban planning and sustainable transport strategies.

- **Health promotion:** Promoting integrated, person-centred approaches to health promotion that address the interconnected behavioural determinants of health, including nutrition, physical activity, sleep, stress management and other modifiable risk factors, recognising their cumulative, synergistic and life-course impact on physical and mental health outcomes. It is important for behavioural support efforts to be accompanied by public health measures that ensure access to health-promoting environments.

- **Community-based prevention, screening and early detection:** Expanding the role of community-based primary care services in prevention, screening and early detection of NCDs, including the use of point-of-care testing and risk assessment tools to support timely identification and referral. This includes leveraging community pharmacies as accessible health contact points to expand equitable access to preventive services.

- **Humanitarian settings and continuity of care:** Ensuring resilient and adaptable health systems that maintain continuity of care for people living with NCDs in humanitarian, fragile and conflict-affected settings, including integration of NCD prevention and management into emergency preparedness and response, safeguarding access to essential medicines and services, and ensuring uninterrupted treatment and coordinated care for displaced and vulnerable populations during emergencies, displacement and health system disruptions.

- **Immunisation and vaccination across the life course:** Improving access to and uptake of immunisation across the life course as a key preventive measure, including vaccines that reduce infection-related cancers and respiratory diseases. Immunisation should be fully integrated into primary care and preventive health strategies.

- **Self-care and health literacy:** Enhancing health literacy and self-care capacity across populations to enable informed decision-making, improved treatment adherence and active participation in health promotion and disease management.

- **Oral health:** Integrating of oral health into NCD prevention and care across the life course, in recognition of its important links with conditions such as cardiovascular diseases, and diabetes. Integrated approaches across health systems, including community pharmacy, can support prevention, early identification of risk factors and promotion of oral health as an important component of overall health and wellbeing.

- **Men's health:** Advancing integrated, person-centred approaches to men's health across the life course, addressing the burden of NCDs, mental health conditions and sexual and reproductive health issues, as well as behavioural risk factors such as tobacco and alcohol use. Improved engagement with preventive services, including community pharmacy, can support early risk identification, health literacy and timely intervention, including for conditions such as erectile dysfunction as a potential early indicator of underlying cardiovascular and metabolic disease.

- **Women's health:** Advancing integrated, person-centred approaches to women's health across the life course, addressing the intersection between NCDs, reproductive health and social

determinants, including disparities in access to prevention, early diagnosis and long-term management. Community pharmacy can support equitable access to care through health promotion, screening and early identification of risk factors at key life stages, including menstruation, pregnancy and menopause.

- **Healthy ageing and social determinants of health:** Promoting healthy ageing and address social determinants of health, recognising their influence on multimorbidity, equity and access to care. Strategies should support functional ability, independence and quality of life in older populations.

5. FIP Member Organisations commitments

FIP Member Organisations commit to:

- Advocating for policy and regulatory environments that enable the full scope of pharmacy practice in NCD prevention, screening, management and treatment optimisation within national health systems and primary care frameworks.
- Supporting the implementation of treatment initiation by pharmacists where permitted and appropriate within national regulatory frameworks.
- Developing and supporting the implementation of comprehensive, people-centred pharmacy services for NCD prevention and care, including health promotion, risk reduction, screening, referral, treatment optimisation and self-care support, aligned with national and international best practice.
- Supporting the development and expansion of pharmacist-led primary healthcare services that improve access, continuity of care and health outcomes.
- Strengthening interprofessional collaboration and integrated care models.
- Investing in workforce development, competency development and sustainable practice environments.
- Promoting the use of digital health solutions and interoperable patient data systems to support continuity, quality and coordination of care.
- Advocating for appropriate and sustainable remuneration models that recognise and incentivise pharmacy services contributing to improved NCD outcomes and population health.

6. Patients' and community actions

In collaboration with patient organisations and community partners, FIP recognises the importance of meaningful engagement of patients, individuals and communities in the co-design, implementation, monitoring and evaluation of NCD services, as well as in prevention, self-care and long-term management of NCDs.

This includes promoting active participation in self-care and prevention, strengthening health literacy and shared decision-making, and supporting equitable access to trusted, community-based services, including community pharmacy, as a first point of contact for accessible and people-centred care.

7. Implementation and follow-up for collective action

FIP will support implementation of this declaration through alignment with FIP Development Goals, the development of practical tools and guidance, and the promotion of best practices across member organisations.

FIP Member Organisations commit to translating these commitments into national action through strengthened pharmacy services, workforce development, integration within PHC systems, and measurable contributions to NCD prevention and management supported by appropriate indicators to monitor impact, outcomes and service performance.

Progress will be monitored through reporting mechanisms, case studies, and dissemination at the FIP Congress and regional platforms, supporting transparency, accountability and continuous shared learning and strengthening evidence on the impact of pharmacy-led NCD interventions.

FIP and its member organisations reaffirm their collective commitment to accelerating action on NCDs, strengthening health systems, reducing health inequities, and ensuring that pharmacists play a central role in delivering people-centred, integrated and sustainable care.