

Report on FIP work with the World Health Organization (WHO)

July 2025 – June 2026



International
Pharmaceutical
Federation

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1. Introduction

1.1 World Health Organization (WHO)

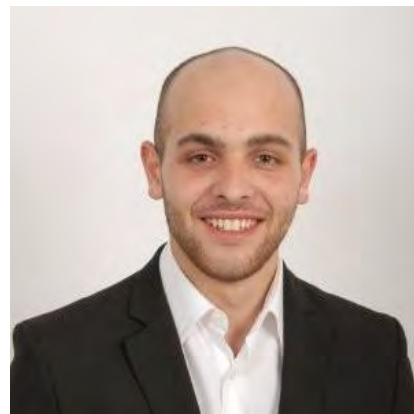
The World Health Organization (WHO) is an intergovernmental agency that directs and coordinates international health matters and belongs to the United Nations family. It was founded in 1948. The WHO is involved at global level through its headquarters in Geneva (Switzerland), through Regional Offices (the WHO world is divided into six regions) and at national levels through the WHO country offices.

The WHO is led by an elected Director-General (DG). Currently, the WHO DG is Dr Tedros Adhanom Ghebreyesus from Ethiopia, who was first elected in 2017. A Director-General can be re-appointed once, in accordance with the World Health Assembly (WHA) rules and procedures. Accordingly, in May 2022, he was re-elected to serve his second five-year term (from 2022 to 2027). At the 80th WHA in 2027, a new DG will be elected. On 24 April, Dr Tedros invited member states to make nominations for DG by 24 September. The official announcement of candidates for the post of DG will take place after the closure of the last regional committee session before the session of the Executive Board (EB) at which the candidate forums will take place.

1.2 FIP relationship with WHO

Since the creation of WHO, FIP has held the status of a Non-governmental Organisation (NGO) in official relations with WHO, together with 205 other NGOs across the globe. As a result, FIP is allowed to speak at the meetings of the governing bodies of WHO and take an active role in the technical work of WHO.

Every NGO in official relations with WHO has a focal point (a person, called the WHO Designated Technical Officer (DTO)). For FIP, this was Dr Luther Gwaza from January 2022 to April 2026. Effective 27 April 2026, Dr Steve Esteveao Cordeiro, who serves as Technical Officer in Norms and Standards for Pharmaceuticals, Health Products Policy and Standards (HPS) and Access to Medicines and Health Products Division (MHP) at WHO, will assume the DTO role for FIP. Dr Cordeiro is a pharmacist who obtained his degree (PharmD) at the University of Coimbra in Portugal and has served as a technical officer in WHO since 2020. We have worked with Dr Cordeiro previously for example, in the Biowaiver project and he was a speaker at our FIP Digital Events. We are confident he will be an excellent focal point and will provide strong support. We are looking forward to working with Dr Cordeiro and continuing our strong collaboration.



In addition, every three years, the WHO reviews the collaboration with FIP and decides on the desirability of maintaining the NGO in Official Relations with WHO status. The existing plan for collaboration between WHO and FIP (2025-2027, [Annex 4.2](#)) is in line with the 14th [WHO Global Programme of Work 2025-2028 \(GPW14\)](#). In addition to this collaboration plan, a memorandum of understanding (MoU) signed during the WHA in 2019, expired at the end of 2023. In addition, FIP was one of the signatories to the MoU signed between members of the World Health Professions Alliance (WHPA) and the WHO in November 2022. Both documents are available upon request at FIP Headquarters.

2. Interactions and meetings with WHO governing bodies in 2026

The WHO is governed by its governing bodies: the Executive Board (EB) and the World Health Assembly (WHA). The WHA is the General Assembly of Member States, represented by their ministers of health or their representatives. This is the equivalent of the FIP Council. To handle daily matters, the WHA votes for the WHO EB, which consists of 34 countries. If we wished to draw comparisons, the WHO EB could be compared to the FIP Board. The WHO EB meets twice a year in January/February and May, while the WHA meets once a year in May.

Given that FIP is an NGO in Official Relations with WHO, FIP official representatives can attend and make health policy interventions during the meetings of the WHO governing bodies (WHA and EB), ensuring that the voice of pharmacy, pharmacists and pharmaceutical scientists is heard. Health policy refers to decisions, plans, and actions undertaken to achieve specific healthcare goals within society. It outlines priorities and the expected roles of diverse groups.

2.1 FIP at the 158th WHO Executive Board

The WHO EB meeting was held in February 2026 in Geneva, Switzerland.

FIP made statements on relevant points of the agenda and promoted pharmacists' activities and roles on the following topics:

- [Agenda item 14. Draft updated global action plan on antimicrobial resistance](#) (FIP statement)
- [Agenda item 12. Substandard and falsified medical products](#) (FIP statement)
- [Agenda item 6. Follow-up to the high-level meeting on NCDs](#) (FIP statement, supported by the International Pharmaceutical Students Federation, IPSF)
- [Agenda item 13. International Recruitment of Health Personnel](#) (FIP statement, supported by the WHPA)¹

In addition, FIP contributed to the following agenda items:

- Agenda Item 26. Economics of health for all (FIP Constituency statement with WHPA, delivered by the International Council of Nurses, ICN)
- Agenda Item 15. Data, digital health and artificial intelligence in the health sector (FIP joint statement with WHPA, delivered by the World Medical Association, WMA)

All FIP interventions are included under 5.1.1, for reference.

¹ The World Health Professions Alliance (WHPA) consists of the World Medical Association (WMA: representing medical doctors), the World Dental Federation (FDI: representing dentists), the World Confederation for Physical Therapy (WCPT: representing physiotherapists), the International Council of Nurses (ICN: representing nurses) and the International Pharmaceutical Federation. More information: www.whpa.org.

2.2 79th World Health Assembly

The 79th WHA was held from 18 to 23 May 2026. As in past years, FIP invited its member organisations (MOs) to join, leading to impactful participation. The details of last year's engagement are described in a [dedicated report](#) published in July 2025 and are available for FIP MOs.

For 2026, FIP received a record number of expressions of interest, and the full delegation included 55 delegates. Among these were the FIP president, CEO, ten Board members, one Honorary President, four section representatives, 31 delegates from 20 MOs and two Academic Institutional Members (AIM), four Early Career Pharmaceutical Group (ECPG) representatives and four members from the FIP team. Three pre-WHA meetings were convened with all delegates, providing information and orientation on what to expect while in Geneva.

Throughout the WHA, FIP made significant contributions by presenting six individual statements on relevant agenda items (see section 5.1.2). Together with the other health care professionals in the WHPA, we submitted three agenda items for consideration as constituency statements. Only six agenda items were allowed for constituency statements, and WHPA resubmitted the three statements delivered at the EB earlier this year.

Delegates were also assigned to more than 80 side events throughout the first few days of the WHA, representing pharmacy and advocating using extracts from the [Global Situation Report on Pharmacy \(GSRP\)](#) and contributing to critical issues affecting global health.

FIP hosted three FIP side events and co-hosted a side event with the WHPA on 19 May 2026. The panel discussion related to a health workforce resolution adopted at the WHA. The recent WHPA [statements](#) for UHC Day (and [news item](#)) speak to the topics. The three FIP side events focused on:

- Delivering Primary Health care (PHC): Self-care essential for PHC. Pharmacists critical for self-care and Universal Health Coverage (UHC) (Monday, 18 May 2026, 16:00 at the International Federation of Red Cross and Red Crescent Societies)
- Addressing the impact of complex crises on global health through safe and sustainable access to medicines and strengthening pharmaceutical contributions to humanitarian action (Tuesday, 19 May 2026, 09:30 at the International Federation of Red Cross and Red Crescent Societies)
- Implementing the WHO Framework Convention on Tobacco Control and wider NCD prevention targets by integrating the pharmacy workforce (Wednesday, 20 May 2026, 09:30 at the Royal Hotel)

Furthermore, FIP Board members and representatives participated in 15 other side events as event moderators and/or speakers, amplifying the presence of pharmacy at each such event.

While in Geneva, the FIP Board used the opportunity to meet with WHO leads and team and discuss the FIP-WHO collaboration plan 2025-2027 (see section 5.2). During this meeting, FIP highlighted its main areas of work across prevention, non-communicable diseases (NCDs), patient safety, access to medicines, workforce development, immunisation, self-care, tobacco cessation, antimicrobial resistance (AMR), substandard and falsified medicines, and sustainability. Among other topics, FIP emphasised the importance of pharmacy workforce data, education and continuous professional development, and the need for stronger recognition of pharmacists within global health workforce frameworks. WHO was requested to consider FIP the global source of data.

3. FIP strategic alignment with WHO initiatives and advocacy priorities towards 2030

In 2025, the WHO adopted its 14th Global Health Strategy, formally known as the Fourteenth General Programme of Work (GPW14) 2025–2028, setting out a bold agenda to advance health equity, strengthen health systems, and respond to global health challenges such as climate change and health emergencies.

In parallel, FIP released its [Strategic Plan 2025–2030](#), which outlines a transformative vision for the pharmacy profession worldwide, including sustainability, PHC, equitable access, and workforce development.

The new FIP plan aligns closely with WHO's GPW14 by supporting its major strategic objectives and translating them into pharmacy-specific actions that contribute directly to global health priorities. Hereby a concise overview of main examples of alignment of FIP's strategic plan with WHO's Global Health Strategy:

1. Advancing UHC – WHO aims to improve service coverage and reduce inequities, while FIP promotes patient-centred care and better access to medicines to support UHC.
2. Strengthening PHC – WHO centres PHC in building resilient health systems, and FIP positions pharmacists as accessible frontline providers within PHC.
3. Health workforce development – WHO stresses the need for a skilled, adaptable workforce, and FIP focuses on empowering and preparing the pharmacy workforce for evolving health needs.
4. Addressing determinants of health and promoting equity – WHO highlights tackling root causes of ill health, while FIP works to improve equitable access and reduce barriers to pharmacy-led care.
5. Action on sustainability and climate health – WHO identifies climate change as a major health threat, and FIP commits to pharmacy's role in sustainability and climate-related health action.
6. Preparedness for health emergencies – WHO prioritises prevention, preparedness, and rapid response, and FIP supports the expanded role of pharmacists in continuity of care and emergency response capacities. 2026 is the UN year of pandemic preparedness.

FIP aligns its forthcoming initiatives with UN / WHO evolving priorities to ensure relevance and impactful engagement and direct FIP engagement with health ministers globally.

4. Technical contributions to WHO work

4.1 Workforce development and education

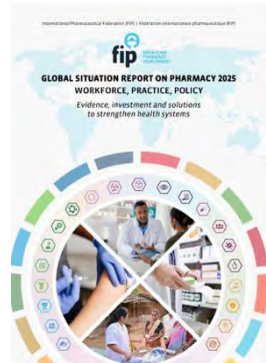
4.1.1 Working with WHO on obtaining pharmacy workforce data

Building on the 2023 [FIP Global Pharmacy Workforce Capacity Surveillance](#) project, FIP launched a follow-up global survey in 2024 focusing specifically on the pharmacy technician and support workforce. This ongoing initiative expands the evidence base by updating essential data on workforce capacity, distribution across healthcare settings, scope of practice, and the educational and professional development pathways that support career progression. By strengthening these datasets, the project aims to better inform national and global workforce planning and optimise the contribution of pharmacy technicians and support staff to healthcare delivery.

This commitment to strengthening workforce evidence is particularly critical in the African region, where the world's highest disease burden meets the lowest density of healthcare workers. To capture this reality, FIP published a report drawing on 12 case studies from MOs across Cameroon, DR Congo, Ghana, Liberia, Malawi, Nigeria, Rwanda, South Africa, Sierra Leone, Tanzania, Uganda and Zimbabwe. Taken together, these case studies surface important insights into pharmacy workforce development and shortages, pharmacy's roles in managing and preventing communicable and NCDs, pharmacists' contributions to humanitarian efforts, and environmental sustainability in pharmacy practice.



Extending this work to a global scale, FIP developed a strategic report that draws on global data, MO contributions, and real-world case studies from across all six WHO regions. The report serves as a strategic blueprint, outlining clear priorities and actions to advance pharmacy practice, education, science, and workforce development in alignment with the WHO Global Workforce Strategy 2030. It is grounded in the FIP Global Development Goals (DGs) and supports the United Nations Sustainable Development Goals (SDGs), particularly those related to health, equality, and sustainability, as well as the Federation's strategic plan for 2025–2030 and the WHO–FIP Collaboration Workplan (2024–2025).



Complementing this global perspective at the country level, the Country Pharmacy Profile Series presents a collection of in-depth case studies that provide a clear snapshot of national healthcare systems, pharmacy services, workforce capacity, and the broader health and economic context in each country. Developed in close collaboration with FIP MOs, the series highlights the unique challenges and perspectives faced by the pharmacy profession within different healthcare environments, broadening the understanding of how countries approach healthcare delivery and the role of pharmacists in strengthening health systems.



Data on pharmacists aligned with SDG#3 indicators

Under the SDGs framework, health worker density and distribution (including pharmacists) serve as an indicator of progress towards SDG 3 (Good Health and Well-being). In addition to workforce metrics, FIP will continue reviewing the broader data it collects on pharmacy practice and pharmaceutical science worldwide through the Global Pharmacy Observatory (GPO).

A major component of this work is the testing and validation of a new set of FIP process indicators, an ongoing process that was initiated in January 2024. These indicators are aligned with the FIP DGs, which themselves map directly to the SDGs and WHO priorities. To support this alignment, FIP has established links between FIP data and intelligence (the GPO) and the WHO data and analytics team, ensuring coherence between global pharmacy data and WHO's broader health workforce monitoring efforts.

Example of FIP advocacy

Thanks to the advocacy work of FIP and others, countries will have to consider pharmacists as core healthcare professionals who need to be measured when tracking the achievement of the target 3c and thus the progress of SDG3 on health and UHC.

Gender equity

Operating under the motto 'Pharmacy leaving no one behind', the FIP EquityRx programme encompasses many unique areas of work, all of which come together to support equity and equality for all. The EquityRx programme is underpinned by FIP DG 10: Equity & Equality, which calls for clear strategies to address inequalities in the pharmaceutical workforce and education, widen access and equity of pharmaceutical care services and access, as well as equity in global capacity in pharmaceutical sciences development. The EquityRx programme has five work areas, each highlighting a different aspect of equity and equality in healthcare. These areas are vaccine equity, health literacy, gender equity, maternal health, and FIP Women in Science and Education (FIPWiSE), linked to the FIP agreement with UNESCO.

FIPWiSE is an initiative that was launched on 11 February 2020 on the United Nations' International Day of Women and Girls in Science. On 12 February 2026, FIPWiSE marked its sixth anniversary by hosting the "FIPWiSE Global Online Summit" under the theme: women leading pharmacy through global challenges. In alignment with the UN [International Day of Women and Girls in Science](#), the summit featured speakers from our membership across all WHO regions, FIP leadership, and representatives from global health entities, with contributions from women leaders in practice, education, science, policy, and humanitarian settings. Discussions focused on gender equity, inclusive leadership, and workforce well-being not as peripheral issues but as essential to resilient health systems, especially amid global challenges such as climate crises, post-COVID recovery, conflict, mental health strain, and humanitarian emergencies. The summit concluded with the launch of the FIPWiSE Commitment to Women in Pharmacy and Society, a collective pledge to translate dialogue into action through policy, programming, and workforce development.

In March 2026, FIP marked International Women's Day with a [video message](#) from FIP leadership highlighting the organisation's commitment to advancing equity and empowering women across the pharmacy profession.

4.2 Communicable diseases

4.2.1 Antimicrobial resistance (AMR)

At the FIP congress in Copenhagen in September 2025, the chairs and members of the FIP AMR Commission participated in several sessions, sharing best practices in AMR at the full-day AMR-related sessions to highlight the issue. The day was dedicated to empowering pharmacists for safe and responsible antibiotic access in community health under [AMR regional roadmaps for 2024-2028](#). The roadmaps are based on the 53 actions from the [FIP Statement of Policy Mitigating Antimicrobial Resistance \(AMR\) through Antimicrobial stewardship \(AMS\)](#).

Furthermore, on this day, the [FIP Copenhagen Declaration on Antimicrobial Resistance](#) (AMR) was signed during the plenary session “Acting together for One Health: Strengthening global collaboration to combat AMR”. This call to action was co-signed by FIP president Paul Sinclair, Stine Hasling Mogensen, Chairman of Pharmadanmark; and Jesper Gulev Larsen, president of the Association of Danish Pharmacies. The declaration outlines clear priorities to address AMR, including global partnership building, promoting vaccination and rational antimicrobial use, protecting medicine supply chains, and advancing evidence on stewardship and outcomes. It reaffirms the vital role of pharmacists in safeguarding the effectiveness of antimicrobials and strengthening health systems against this critical global threat, with the support of 88 FIP member organisations.

Several stakeholders, such as Pharmadanmark, the Association of Danish Pharmacies, Wonderful Copenhagen and the WHO, collaborated to make this legacy project a success. The following [video](#), [testimonial](#) and [legacy case study](#) was produced by Wonderful Copenhagen and The Legacy Lab.

FIP is continuing its leadership on AMR, as outlined in FIP DG 17, aiming for frameworks in place to deliver services for antimicrobial stewardship (AMS). The FIP Commission on AMR is delivering multiple outputs, such as a resource repository for pharmacists, a series of awareness events, and successful sessions at FIP Congresses.

The draft updated WHO Global Action Plan on AMR 2026–2036 is now moving through the WHO governing process, with the EB at its 158th session invited to recommend its adoption to the WHA. FIP actively advocated at the EB for adoption of the plan, emphasising the essential role of pharmacy in AMS and the need for strong, coordinated global action. FIP will continue this advocacy at the upcoming WHA to ensure that the updated AMR plan is fully endorsed and that the pharmacy workforce is recognised as a key partner in its implementation.

In addition to our own programming, FIP collaborated with the WHPA on a joint WAAW event exploring the links between NCDs, AMR, and the importance of interprofessional collaboration in addressing resistance. During the event, there was a fruitful discussion on how to educate various health care professional teams on AMR and AMS. Additionally, increasing awareness of One Health, integrating One Health concepts into pharmacy curricula, and fostering collaboration with various sectors within One Health was also discussed. Around 400 attendees joined the event online, while others watched the live video stream on YouTube.

Example of FIP advocacy in AMR

FIP speaking at the 2025 WHPA-FIP digital event on AMR, highlighting the multidisciplinary approach to AMR

On 20th November 2025, FIP co-organised a webinar on AMR, highlighting overarching themes of NCDs, AMR, and Interprofessional Collaboration. FIP's speaker Darija Kuruc Poje from FIP AMR Commission spoke on pharmacists' role in AMS. FIP also contributed to the WHPA AMR campaign to commemorate the WAAW.

BRIDGING GLOBAL HEALTH AGENDAS
NCDs, AMR, and interprofessional collaboration

WHPA WEBINAR
13.00 CET
20 NOVEMBER

WENDY THOMPSON
FDI / Clinical Snr Lecturer, Manchester University, UK

BELINDA HENDERSON
ICN / Chief ICP Nurse, Queensland, Australia

DARIJA KURUC POJE
FIP / Vice-president of EAHP, Croatia

CALINE MATTAR
WMA / Assoc. Professor, Washington University, USA

ALISON LUPTON-SMITH
World Physio / Snr Lecturer, Stellenbosch Uni, S. Africa

UNIQUE INTERPROFESSIONAL INSIGHTS
Join WHPA's 2025 World Antimicrobial Awareness Week webinar to explore how interprofessional collaboration can strengthen AMR stewardship and continuity of care for people living with NCDs, building on recent UN commitments to tackle both AMR and NCDs globally.

REGISTER NOW!
<https://bit.ly/4hnbUjM>
www.whpa.org

World Health Professions Alliance | fdi | fip | ICN International Council of Nurses | WMA | World Physiotherapy

Kindly hosted by **FIP DIGITAL EVENTS**

WHPA Digital Event on AMR hosted by FIP on Bridging Global Health Agendas—NCDs, AMR, and Interprofessional Collaboration

Annually, the Commission prepares a series of events dedicated to the [World Antimicrobial Awareness Week](#) (WAAW). This year, WAAW was held from 18–24 November, and FIP actively contributed to the global campaign by hosting a dedicated digital event series aimed at strengthening awareness, stewardship, and professional collaboration around AMR. FIP organised three digital events covering key aspects of AMS, including: the use of data in AMS programmes; global perspectives on hospital AMS, and specialisation in communicable diseases. During the WAAW 2025, FIP ran a campaign on FIP's social media and engaged with pharmacists worldwide on avoiding misuse of antibiotics.

In December 2025, FIP launched a report on [hospital antimicrobial stewardship programmes \(ASPs\)](#) which aligns closely with WHO's global efforts to combat AMR. WHO promotes strong national policies, multidisciplinary stewardship teams, and the integration of pharmacists in optimising antimicrobial use. The FIP report supports these priorities by highlighting global ASP practices, emphasising the central role of pharmacists in stewardship activities, and

mapping national and regional policies that mirror WHO's guidance frameworks. By documenting global progress and providing evidence to strengthen ASP implementation, the report reinforces WHO's AMR agenda and contributes to the shared goal of improving patient safety and preserving antimicrobial effectiveness worldwide.

Previously, FIP collaborated with WHO to provide educational materials to healthcare professionals. FIP was one of the reviewers of the first **Interprofessional Competency Framework on AMR Control** (2018) and, consequently, FIP contributed to the **WHO Health Workers' Education and Training on AMR: Curricula Guide** (2019). FIP also contributed to **WHO's AMR curriculum assessment tool for pharmacy education** (2026) and the global webinar on AMR Education & Learning: Investing in a health workforce with competences to prevent and manage infections on 16 June 2026.

4.2.2 Vaccination

Contribution to WHO survey on the future of immunisation

In November 2025, WHO published its report '[Immunization Agenda 2030: mid-term review](#).' FIP participated in the survey designed to collect data to inform this report.

The publication provides a global assessment of progress toward immunisation goals and highlights the urgent need to strengthen PHC, restore routine vaccination coverage, and reach underserved populations. Although the report does not explicitly mention pharmacists, its key themes are highly relevant to the pharmacy profession. It emphasises the importance of integrated PHC delivery, a shift accelerated by the pandemic, in which immunisation services are increasingly delivered through diversified, community-based providers.

The review reinforces a life-course approach to vaccination, calling for immunisation beyond childhood and into adolescence, adulthood, and older age. This aligns closely with pharmacists' expanding role in providing accessible adult and travel vaccinations. It also stresses the need to close equity gaps and reach zero-dose individuals by offering flexible, community-level access points—an area where pharmacies are well positioned to contribute due to their broad geographic presence, extended opening hours, and trusted relationships with local populations.

In addition, the report identifies vaccine hesitancy and misinformation as major barriers to achieving the Immunisation Agenda (IA) 2030 goals. FIP advocates that pharmacists, as highly accessible health professionals, can play a critical role in counselling, educating the public, and building confidence in vaccines. Overall, WHO's IA2030 priorities such as equitable access, integrated PHC, life-course vaccination, and trusted community-based delivery underscore the important and growing relevance of pharmacists in achieving global immunisation goals.

In November 2025, FIP received an invitation from the Medical Countermeasures Unit, Epidemic and Pandemic Threat Management Department, WHO, to a discussion to provide more insight on the availability of data on seasonal influenza vaccination in pharmacies and potential mechanisms for experience sharing/peer learning on the process for successful introduction of pharmacy-based influenza vaccination. The engagement, which supports the department's ongoing seasonal influenza vaccination project, showcased what FIP has done and is doing in this area, placing pharmacy in the community as an access point for essential primary healthcare globally, and has built momentum for potential collaboration and opportunities in 2026 and beyond, which are under discussion.

In December 2025, FIP launched a [global pharmacy-based vaccination policy framework to guide pharmacists](#) and a [policy toolkit](#).

The framework, initiated by the global vaccination summits alongside WHO vaccination work, presents a comprehensive, structured approach to integrating pharmacy-based vaccination (PBV) into national immunisation efforts. It highlights pillars of life-course immunisation through PBV to ensure that PBV services are safely, effectively, and sustainably implemented while aligning with broader public health objectives.

Drawing on data from FIP's vaccination surveillance and lessons across different country contexts and legislative stages, the policy toolkit provides practical strategies and policy options for expanding PBV at various levels of maturity and implementation.



World Immunisation Week (WIW) 2026

FIP commemorated WIW by releasing five videos that highlighted

1. The importance of a true life-course approach to vaccination.
2. The growing role of digital tools in supporting pharmacists to deliver smarter, more proactive vaccination services.
3. The need for stronger PHC, better access and affordability, and a true life-course approach to vaccination.
4. The vital role of pharmacists in building vaccine confidence across all stages of life.
5. Role of vaccination in supporting disease management, reducing complications, hospitalisations and mortality.

Aligning with the theme “For every generation, vaccines work”, these messages reinforce the vital role pharmacists play in expanding access, reaching underserved communities, strengthening vaccine confidence, and emphasise that with the appropriate policies, their role can be further expanded to help ensure equitable vaccination and protection from infancy through to older age.



4.3 Patient safety

For several years, FIP has helped define the scope and objectives of the WHO Global Patient Safety Challenge on Medication Safety. FIP has been contributing to the efforts of WHO to implement the Global Patient Safety Action Plan 2021-2030.

4.3.1 FIP at the World Patient Safety Day (WPSD) Steering Committee

Annually, FIP observes the World Patient Safety Day (WPSD) on 17 September. WPSD is a worldwide movement to enhance global understanding of patient safety, engage relevant stakeholders and mobilize global action to reduce avoidable harm in health care.

The year 2019 marked a watershed moment for patient safety when the 72nd WHA in May 2019 recognised “Patient safety as a global health priority” through adoption of resolution WHA72.6 ‘Global Action on Patient Safety’ and establishment of an annual World Patient Safety Day, to be marked annually on 17 September. This success was built on recommendations made during the first Global Ministerial Summit on Patient Safety in London to dedicate a day to patient safety that will allow raising awareness about the issue and mobilising support to concerted actions at different levels. The second Summit held in Bonn made further recommendations by setting 17 September as the date for WPSD. The third and fourth Summits in Tokyo and in Jeddah further harnessed and advanced this vision. Each year, the campaign is dedicated to a specific theme where patient safety is to be prioritised and addressed. FIP was present at all these events and advocated for the importance of Patient Safety and the key role pharmacists play.

In order to ensure the active engagement of stakeholders both within WHO and externally, a number of mechanisms were put in place to steer and coordinate efforts. One of the mechanisms established is the WPSD Steering Committee (WPSD-SC) to provide advice and strategic guidance to WHO for successful implementation of the day. In 2026, WHO invited FIP to nominate a representative to serve on the WPSD-SC. FIP gladly joined this committee to ensure active involvement in the theme for the year’s WPSD campaign. FIP is contributing to planning and developing the global campaign and evaluating the impact of the Day and activities related to the theme.

Example of FIP advocacy

FIP serves at the 2026 WPSD Steering Committee (WPSD-SC), which provides strategic guidance for the successful implementation of World Patient Safety Day

In 2026, WHO invited FIP to nominate a representative to join the WPSD-SC to ensure active involvement in shaping that year’s campaign theme. FIP contributes to planning, developing, and evaluating the global campaign and all theme-related activities.

4.3.2 FIP’s policy tools

FIP furthermore collaborates with the WHO and advocates for how pharmacists can make a difference in medication safety by promoting patient engagement, interprofessional collaboration and a safety culture to reduce avoidable harm caused by medication errors.

FIP undertook these initiatives during Global Patient Safety Week in collaboration with WHO and made significant progress in advancing the programme’s priorities:

- The launch of the [FIP Global Campaign Series: Advancing patient and medication safety](#), in partnership with the WHO Collaborating Centre for International Drug Monitoring, marking the tenth anniversary of Medication Safety Week.
- A digital event on 17 September 2025, "[World Patient Safety Day: Empowering pharmacists for safer medication in paediatric and newborn care](#)," which engaged members and stakeholders on best practices.
- The release of a CPD Bite episode, "[The pharmacist's role in addressing substandard and falsified medical products](#)," on 23 October 2025.

Furthermore, FIP was involved in the MedSafety campaign, providing input from the pharmacy perspective to the materials and using material in our social media campaign. FIP commemorated the 10th Anniversary of MedSafety Week through:

- Medication Safety Week digital event, "[Pharmacists leading the way in medication safety](#)," on medication reconciliation.
- An FIP communications newsletter that highlighted the Patient Safety Programme to FIP members.

4.4 Health systems

4.4.1 Expert Committee on Specifications for Pharmaceutical Preparations

Every year, FIP is included in the reviewers of WHO technical document drafts developed under the WHO Expert Committee on Specifications for Pharmaceutical Preparations (ECSP). Since September 2025, around 10 documents have been circulated for FIP's input through the Sections and Special Interest Groups (SIGs).

In addition, FIP was invited to nominate a representative to review guidelines that are listed as priorities for development or revision at the 58th ECSP meeting held in October 2024. WHO constituted informal working groups to work on the texts for adoption at upcoming ECSP meetings (2025 - 2027).

FIP nominated experts and representatives for the following guidelines' review and drafting groups:

1. Good practices for implementing international scientific regulatory guidelines
2. Guideline on the design of Quality Control Laboratories (QCL)
3. Guidelines for safe disposal of unwanted pharmaceuticals
4. Guidelines on benefit-risk assessment to support regulatory decisions
5. Guidelines on the evaluation of combination products (drug-device)
6. Points to consider on the implementation of e-labelling (e-leaflet or e-PIL) guideline
7. Points to consider or reflection document on pre-registration testing
8. Reflection paper on Artificial Intelligence in Pharmaceutical Manufacturing
9. WHO good manufacturing practices for pharmaceutical products: Main principles
10. WHO good practices for pharmaceutical microbiology laboratories.

These drafting groups are to cover a two-year period, and so far the revision process has started for 'Good practices for implementing international scientific regulatory guidelines' and 'Guideline on the design of QCL'. For these two that have commenced, all nominated FIP representatives were invited to this process.

Biowaiver project

The FIP vice president science for strategic matters, Prof. Giovanni Pauletti, is continuing to support the WHO Biowaiver Project that centres on an accelerated regulatory strategy for the development of generic immediate-release solid oral dosage forms without the requirement for human in vivo bioequivalence studies. Prof. Giovanni Pauletti is regularly in contact with the WHO ECSPP and highlights FIP's role as a facilitator in raising awareness among relevant stakeholders, which can be adapted to other priorities of different regions that are aligned with FIP's global vision of a world where everyone benefits from access to safe, effective, quality, and affordable medicines.

Dr Hala Fadda, focus group chair on Pediatric Formulations within the Drug Delivery & Manufacturing SIG, is supporting the WHO working group updating the WHO guidelines on 'Development of Paediatric Medicines: Points to Consider in Formulation'. The revision is part of WHO's wider efforts including the Global Accelerator for Paediatric Formulations (GAP-f), to close global gaps in child-appropriate medicines.

4.4.2 Substandard and falsified (SF) medicines

In Q3 2025, WHO launched the [WHO's Substandard and Falsified Medical Products Training Toolkit](#). It provides WHO Member States with standardised training resources to strengthen their ability to prevent, detect, and respond to SF medicines. It includes a competency framework, curriculum guide, trainer's guide, and technical materials tailored for regulators, healthcare providers, and health system managers. The toolkit supports the development of stronger national regulatory systems by aligning with WHO's global competency framework for regulators of medicines. It aims to harmonise workforce skills across countries to enhance surveillance, reporting, and control of SF medical products. The toolkit forms part of WHO's broader strategy to build resilient regulatory capacity and protect public health from the risks posed by SF medicines.

This toolkit is building on the FIP-WHO educational materials in place. It expanded the scope beyond the African region, for use in high-income countries as well, given that these countries are not immune to the SF medicines problem. The FIP team met with WHO representatives to provide technical guidance and advice to the project on behalf of FIP.

4.4.3 Primary health care (PHC)

FIP celebrated the seventh anniversary of the signing of the Astana Declaration, reaffirming global commitments to strengthen PHC as the foundation of UHC and the UN SDGs. This digital event titled *From Astana to Today: Celebrating Progress in PHC and Global Health Advocacy* reflected on the progress made, highlighting the role of pharmacy in advancing PHC, FIP's impact and success at the WHA78, and how [FIP Strategic Plan 2025-2030](#) aligns with all these contributions, FIP DGs to PHC, and UHC. Participants gained insights from global health leaders, WHO representative, Dr Faraz Khalid, and MOs on achievements, challenges, and future directions in ensuring equitable, accessible, and people-centred PHC in achieving UHC, leaving no one behind. The report on [FIP representation at the 78th World Health Assembly: Impact and success](#) and [digital event](#) are publicly available.

FIP continues to deliver regional PHC engagement events and global summits to continue identifying and addressing global, regional, and national priorities on PHC for pharmacists and to measure pharmacy's progress towards WHO's PHC agenda. More information on how FIP contributes to PHC is available [here](#).

As part of the regional work, FIP supports pharmacy leaders in Europe and beyond with a roadmap for action to transform PHC. The report can be found [here](#). FIP also [commits to actions](#) towards PHC.

4.4.4 Self-care

Pharmacists' roles in emergency contraception

In addition, via WHO and based on our successful collaboration, FIP received an invitation from the European Consortium for Emergency Contraception, endorsed by WHO, to join a preformed panel at the International Conference of Family Planning (Bogotá, November 2025). The ICFP highlights collaboration in family planning and reproductive health as well as global sexual and reproductive health and rights and shares insights, celebrates milestones and confronts challenges. The panel aimed to highlight emergency contraception and its integration into the programme. FIP Vice President, Virginia Olmos, represented FIP at this meeting, to support pharmacists' roles as outlined in our 2024 work on the [Consensus Statement on EC](#).

FIP Side Event at the World Health Assembly 2026: Self-care essential for PHC. Pharmacists critical for self-care and UHC.

FIP hosted a side event at the WHA 2026 to showcase pharmacists' contribution to self-care, its impact on PHC, and the subsequent delivery of UHC. The session brought together various stakeholders to explore practical strategies to strengthen self-care through community-based services and community pharmacy, tailored to patient and public health needs, with an imperative to invest in services to maximise returns.

Dr Manjulaa Narasimhan, Lead, Self-care for Health and Well-being at WHO, delivered a presentation on "The global policy context of self-care and its impact on PHC" and was part of the panel discussion, which focused on demonstrating how pharmacy workforce integration can support the implementation of the WHO Framework on self-care and that pharmacy can support these policies with partners across all sectors.

The session also included FIP Board members, industry, patient and national organisation perspectives contributing to the discussion on the importance of partnerships and working across boundaries and professions in advancing equitable access to self-care and a life course approach to self-care.



FIP–WHO collaboration on self-care and endometriosis

In March 2026, FIP signed a MoU with the WHO Department of Sexual and Reproductive Health and Research (including Maternal, Newborn, Child, Adolescent and Ageing Health) (LHR). Through this collaboration, FIP will contribute pharmacy expertise to the review of WHO self-care and endometriosis guidance. The first scoping meeting is scheduled for 24 June 2026, marking the commencement of joint activities under the MoU and strengthening collaboration between WHO and FIP in advancing person-centred, evidence-based care.

4.5 Non-communicable diseases (NCDs)

4.5.1 WHO Global Coordination Mechanism on NCDs (GCM/NCD)

FIP contributes to the WHO GCM/NCD as a participant and regularly provides updates on the GCM/NCD Secretariat. In recognition of FIP's valuable contributions, a number of its resources on NCDs have been made available on the WHO Knowledge Action Portal (KAP), enhancing their visibility and accessibility to global stakeholders.

Example of FIP advocacy

FIP Representation at the Bi-annual Gathering of the GCM/NCDs

Dr Catherine Duggan, FIP CEO, represented FIP at the Bi-annual Gathering of the GCM/NCDs, titled "Beyond HLM4: 2025 Political Declaration on NCDs and Mental Health", which took place virtually on 24–25 November 2025.



Dr Catherine Duggan, FIP CEO, represented FIP at the Bi-annual Gathering of the GCM/NCDs

Although there was no space allocated for a formal FIP intervention in the meeting agenda, FIP expressed its commitment to contribute actively to global NCD and mental health efforts, stating:

"FIP stands ready to work closely with WHO and fellow Participants to align advocacy, share good practice, co-develop tools and accelerate proven models of pharmacy-based NCD and mental health care."

4.5.2 Building the WHO European Network in Healthy Ageing

The WHO European Region is undergoing a profound demographic transformation. For the first time, there are more people aged 65 and over than under the age of 17. By 2050, nearly one in three people will be over 60, with the population aged 85+ projected to more than double. These shifts have significant implications not only for health and care systems,

financing models, and the design of age-friendly communities, housing, and public infrastructure that support well-being and connectedness at all ages. To respond to these intersecting trends, WHO EURO is co-developing the regional strategy *Ageing is Living: Promoting a Lifetime of Health and Well-being (2026–2030)*. WHO EURO hosted a stakeholder engagement that brought together academic institutions, WHO Collaborating Centres, and research networks to ensure the strategy is anchored in the best available science and supported by a shared research vision to 2030. The meeting was a stakeholder engagement with Experts, WHO Collaborating Centres, and Key Research Networks on Healthy Ageing. FIP was the only organisation representing health professionals participating.

In October 2025, FIP held a series of three digital events titled "The role of pharmacists in the care of older persons". The first webinar of the series, "[Promoting healthy ageing: Evolving roles and practical tools for pharmacists](#)", featured a presentation by Dr Yongjie Yon, Technical Officer, Ageing and Health, WHO Regional Office for Europe, on "The Global Challenge of Ageing and the WHO Strategy 2026–2030". A total of 290 participants from 65 countries attended this webinar live, making it a very engaging event.

PROMOTING HEALTHY AGEING: EVOLVING ROLES AND PRACTICAL TOOLS FOR PHARMACISTS

DATE 1 OCTOBER 2025 TIME 13:00 - 14:30 CEST

 MODERATOR SHERIF GUORGUI President FIP Community Pharmacy Section Canada	 YONGJIE YON Technical Officer on Ageing and Health WHO Europe Denmark
 MICHEL JEAN-PIERRE Former head of the Geriatric Department Geneva University Hospitals Centre Medical Universitaire de Genève Switzerland	 ERMIRA KRASNIQI Associate Professor AMECC "Rezonanca" Kosovo
 RAFAELA DA SILVA F. Senior Scientific Project Manager Health Sciences e Training Switzerland	

fip ADVANCING PHARMACY WORLDWIDE

In December 2025, FIP vice president practice for operational matters, Mr Luís Lourenço met with Dr Natasha Azzopardi Muscat, Director of Health Systems, Dr Stefania Ilinca, Technical Officer, Ageing and Health, and Dr Yongjie Yon, Technical Officer on Ageing and Health. Dr Azzopardi-Muscat re-emphasised that it would be important to have FIP/pharmacists involved in this topic. We have since reestablished a full partnership with IFA.

Example of FIP advocacy

WHO EURO is co-developing the regional strategy *Ageing is Living: Promoting a Lifetime of Health and Well-being (2026–2030)*. In December 2025, FIP vice president practice for operational matters Mr Luís Lourenço represented FIP at the WHO EURO-hosted stakeholder engagement meeting that brought together academic institutions, WHO Collaborating Centres, and research networks to ensure the strategy is anchored in the best available science and supported by a shared research vision to 2030.

FIP attended regional strategy meeting on Ageing is Living: Promoting a Lifetime of Health and Well-being (2026–2030)



FIP vice president practice for operational matters Mr Luís Lourenço represented FIP at the WHO EURO-hosted stakeholder engagement

4.5.3 Advancing the role of pharmacists in tobacco and nicotine control

FIP's ongoing engagement with WHO Framework Convention on Tobacco Control (FCTC)

FIP has been a long-term supporter of the implementation of the WHO FCTC and holds the status of observer to the Conference of the Parties (COP). This status was renewed in February 2023 following a successful application, reflecting FIP's sustained commitment to global tobacco control. FIP has attended regular meetings of the FCTC and actively contributes to policy discussions.

FIP engagement and intervention at COP11

The Eleventh session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control (COP11) took place in Geneva, Switzerland, from 17 to 22 November 2025. The conference brought together 160 parties, alongside observers from NGO, youth representatives, and other stakeholders, to discuss global measures for tobacco control under the WHO FCTC – one of the most widely embraced UN treaties in history. COP11 provided a critical platform for reviewing progress, sharing innovative approaches, and addressing challenges in ending the global tobacco epidemic.

FIP was represented at COP11 by Mr Daragh Connolly, FIP vice president practice for strategic matters, who delivered a statement emphasising the essential role pharmacists play in tobacco and nicotine control, and the broader contribution of the pharmacy workforce to public health. FIP's participation marked the organisation as the sole representative of healthcare professionals making a formal statement for the record at the meeting.

Role of pharmacists in tobacco cessation

As emphasised by Mr Connolly, pharmacists are frontline health professionals who:

- Assess tobacco and nicotine use and readiness to quit.
- Deliver structured cessation programmes with monitoring and follow-up.
- Provide personalised counselling to help individuals achieve their goals and prevent relapse.
- Utilise evidence-based resources and tools.

- [Survey data from FIP](#) demonstrates that integrating pharmacists into cessation programmes results in higher success rates, underscoring the value of the profession in public health interventions.

Example of FIP advocacy

FIP attended the Eleventh session of the Conference of the Parties to the WHO Framework Convention on Tobacco Control (COP11).



FIP was represented at COP11 by Mr Daragh Connolly, vice president practice for strategic matters.

During COP11, Mr Connolly highlighted the unique and critical role of pharmacists in supporting individuals to stop using tobacco and nicotine:

"Pharmacists play a unique and critical role in supporting individuals to stop using tobacco and nicotine. Our accessibility, proximity to communities, and clinical expertise allow us to identify and engage individuals at the point of care, offering tailored support for cessation.

Pharmacists do more than dispense medication. We proactively ask about tobacco and nicotine use, assess readiness to quit, and provide structured cessation programmes with monitoring and follow-up. These interactions are not only opportunities to motivate and support individuals but also to ensure that any necessary adjustments to medications are made safely. Through personalised counselling and direct engagement, pharmacists help people set achievable goals, provide ongoing support, and prevent relapse. Evidence from healthcare systems that integrate pharmacists into cessation programmes shows higher success rates in quitting.

FIP supports pharmacists with practical resources, including the Brief Interventions for Tobacco Cessation Toolkit (2024) and complementary guides, to ensure they are equipped with the knowledge and skills to make a real difference. By empowering pharmacists, we bring cessation services closer to the people who need them, improving health outcomes and reducing the burden of tobacco-related disease worldwide."

This intervention reinforced FIP's commitment to equipping pharmacists with the knowledge, tools, and skills necessary to address tobacco use effectively, while advocating for their inclusion in global health policy discussions.

FIP will continue to advocate for pharmacists' contributions and support their role in promoting health, preventing disease, and protecting populations from the harms of tobacco and nicotine use.

FIP Side Event at the World Health Assembly 2026:
Implementing the WHO Framework Convention on Tobacco Control and wider NCD prevention targets by integrating the pharmacy workforce

FIP hosted a side event at the WHA 2026 in Geneva, bringing together global stakeholders to discuss the integration of the pharmacy workforce into tobacco cessation and broader NCD prevention efforts, in alignment with the WHO FCTC and global health priorities.

The session featured contributions from the WHO, including:

- **Dr Hebe Gauda (WHO Tobacco Free Initiative)**, who presented “Progress in tobacco control and tobacco cessation”, outlining recent global policy developments and implementation priorities.
- **Dr Tibor Szilagyi (WHO FCTC Secretariat)**, who presented “Tobacco cessation, the roles of pharmacists and the WHO FCTC”, highlighting the relevance of the FCTC framework in supporting expanded roles for pharmacists in cessation services.

The event also included perspectives from FIP Board representatives, as well as inputs from country-level practice experience and cross-sector partners, illustrating practical approaches to integrating tobacco cessation services within PHC and community pharmacy settings. The discussion emphasised the importance of strengthening health systems to better enable pharmacists to deliver accessible, evidence-based cessation support as part of integrated NCD prevention strategies.

Example of FIP advocacy

FIP vice presidents Mr Luís Lourenço and Prof. John Pieper represented FIP at the FIP side event at WHA79 and presented the organisation's ongoing work to strengthen the role of pharmacists in tobacco cessation and NCD prevention globally. This included an overview of FIP's sustained advocacy and programme work in this area over recent years, highlighting the importance of integrating pharmacists into national and global tobacco control strategies in line with existing WHO frameworks.



FIP Vice-Presidents Mr Luís Lourenço and Prof. John Pieper represented FIP at the FIP side event at WHA79.

The discussion reinforced the strategic opportunity to better integrate pharmacists into tobacco cessation pathways, recognising their accessibility, clinical expertise and trusted role in communities.

During the event, FIP also highlighted its continued commitment to strengthening pharmacist education and professional development through the launch of a dedicated CPD initiative. The “Supporting tobacco cessation: FIP CPD Bites series for pharmacists” was presented, marking the launch of its first episode:

- Episode 1: “Understanding the impact of second- and third-hand tobacco exposure on family members”

The series will comprise seven CPD Bite episodes released throughout 2026, each providing pharmacists with practical, evidence-based guidance on specific aspects of tobacco-related health and cessation support across the life course. The initiative aims to strengthen pharmacists’ capacity to deliver person-centred, effective interventions and to support behaviour change in community and primary care settings.

By reinforcing education, implementation tools and professional development pathways, this work reflects FIP’s broader advocacy message that pharmacists are ready to contribute more actively to tobacco cessation and NCD prevention efforts worldwide, and that the priority now is ensuring full integration of the pharmacy workforce within health systems to enable delivery at scale.

As summarised by John Pieper, FIP vice president education for strategic matters: “Pharmacists are ready to contribute more actively to tobacco cessation and NCD prevention efforts worldwide. The evidence, policy frameworks, educational resources, and implementation tools already exist. The priority now is to ensure that health systems fully integrate and enable the pharmacy workforce to deliver these services at scale.”

Overall, the side event highlighted clear policy and implementation pathways to strengthen pharmacy-led tobacco cessation services, supporting the implementation of the WHO FCTC and broader global NCD prevention goals.

World No Tobacco Day 2026

FIP marked World No Tobacco Day 2026 by releasing the second episode of the “Supporting tobacco cessation: FIP CPD Bites series for pharmacists”, further advancing its commitment to strengthening pharmacist education and practice in tobacco cessation. The episode, titled [“Health risks of tobacco alternatives beyond e-cigarettes”](#), provides evidence-based insights into the health risks associated with emerging tobacco and nicotine products beyond traditional smoking and e-cigarettes. Its release was aligned with the WHO World No Tobacco Day 2026 theme, [“Unmasking the appeal – countering nicotine and tobacco addiction”](#), reinforcing the importance of addressing the evolving landscape of tobacco and nicotine use and supporting health professionals in delivering effective cessation interventions across all forms of tobacco and nicotine exposure.

Example of FIP advocacy

On World No Tobacco Day 2026 (31 May), [FIP also released a video message](#) by vice president Mr Daragh Connolly, aligned with the WHO theme “Unmask the appeal – countering nicotine and tobacco addiction.” The message highlighted the ongoing targeting of children and adolescents by the tobacco industry through flavours, packaging and deceptive marketing, contributing to early initiation of tobacco and nicotine use, including vaping, and increasing the risk of long-term addiction.

It underscored the critical role of pharmacists as accessible and trusted healthcare professionals in breaking this cycle, emphasising routine identification of tobacco use,

assessment of readiness to quit, and the delivery of structured cessation programmes, with every patient interaction representing an opportunity to support quitting. The message also highlighted the role of pharmacists in prevention activities, including supporting people not to start using tobacco, and communicating the harms of emerging products such as e-cigarettes, nicotine pouches and synthetic nicotine devices.

The video referenced FIP's practical tools available through its tobacco cessation resources to support pharmacy practice, and reinforced evidence that integrating pharmacists into cessation programmes improves quit success rates and contributes to reducing the global burden of tobacco-related disease. It concluded by emphasising the importance of bringing cessation services closer to communities, supporting a collective effort towards a tobacco- and nicotine-free future.



Mr Daragh Connolly, FIP vice president.

“Pharmacists continue to play an important role in prevention, awareness and tobacco cessation support within their communities. Through accessible care, counselling and evidence-based interventions, pharmacists help bring cessation services closer to those who need them most.”

4.5.4 WHO COPD Guideline Development Group (GDG) Meetings

From May to June 2026, FIP was represented as an observer at several WHO COPD Guideline Development Group (GDG) meetings for the development of the WHO Guidelines for the Diagnosis and Management of COPD in PHC. FIP participated in these meetings through its membership of the Global Alliance against Chronic Respiratory Diseases (GARD). FIP remains committed to supporting the WHO guideline development process and looks forward to continuing its collaboration with WHO to promote the effective dissemination and implementation of the final guideline.

4.6 Preparedness, surveillance, and response

4.6.1 The responses of pharmacists to humanitarian needs

The FIP Humanitarian programme Humanity Rx provides support to pharmacists and pharmacy teams in crises. Very often, pharmacists provide essential roles and services by supporting the distribution of medicines to patients and providing advice on stock management. In addition to showcasing examples of crisis management and humanitarian support, such as the wars in Ukraine and Iran and the earthquakes that affected Türkiye and Syria, FIP maintains a list of resources and content that are available on the [FIP Humanitarian webpage](#). Through its HumanityRx programme, FIP aims to support pharmacists and pharmacy teams in humanitarian crises. The “Medicines To” campaign is a project conducted in partnership with FIP member organisations as part of FIP’s efforts to facilitate access to medicines to war-affected communities, including those in Ukraine, Gaza, and Africa. In 2025, FIP has increased the availability of the “[FIP Global humanitarian competency framework: Supporting pharmacists and the pharmaceutical workforce in a humanitarian arena](#)” into different languages. FIP is also engaging with members that are currently facing disaster and emergency situations, for example, the floods in the south of Brazil or the current conflicts in Gaza and Lebanon, collating the information from different countries into case studies that are available for colleagues to share their experiences.

FIP has also developed [learning resources](#) in the area of humanitarian pharmacy to support members with aspects of preparedness and regulatory, among others. FIP also reached out to the WHO Health and Migration Programme to establish further collaborations in the humanitarian setting, but no formal collaboration was possible at this time.

On World Humanitarian Day (19 August 2025), FIP launched the “[Pharmacy’s global responses to emergencies and disasters: Country examples](#)” report, which showcases how pharmacists worldwide are supporting communities in times of crisis. It presents real-world case studies from countries including Cameroon, Japan, Lebanon, New Zealand, South Africa, Spain, Turkey and Ukraine, highlighting pharmacists’ roles in responding to derailments, natural disasters, disease outbreaks, armed conflicts, and other emergencies.

4.6.2 Pharmacists’ response to climate change

Climate change is a pressing global health emergency, threatening the health and well-being of communities worldwide. We commend the WHO on the timely and inclusive development of the draft Global Action Plan on Climate Change and Health, which highlights the urgency for transformative action.

Climate change continues to pose a major threat to health systems, communities and equitable access to care.

In September 2025, FIP also organised a [digital event](#) titled, “From pollution to solutions: Empowering sustainable pharmacists for climate, health, and environmental stewardship” where healthcare professionals discussed how medicines and the environment affect each other: how environmental conditions change how medicines/healthcare work (ecokinetics), and how pharmaceuticals impact air, water, and soil quality (ecodynamics). ”

In 2026, FIP continued to strengthen its sustainability programme, SustainabilityRx, supporting the delivery of FIP DG 21: Sustainability in pharmacy, and highlighting the role of pharmacists in reducing environmental impact, improving resource efficiency, and contributing to climate-resilient health systems.

To mark Global Recycling Day on 18 March 2026, FIP developed a [SustainabilityRx awareness initiative](#) focused on what can be recycled in pharmacy. This included the development of an interactive social media visual highlighting recyclable materials commonly handled in pharmacy settings and encouraging pharmacists to consider practical actions that support

more sustainable pharmacy practice. The initiative aimed to raise awareness of how responsible resource use, recycling and waste reduction can contribute to more environmentally sustainable healthcare systems.

For the International Day of Zero Waste on 30 March 2026, FIP published a [blog](#) “Pharmacists are leading the way on Zero Waste Day”. The blog highlighted the role of pharmacists in managing medicines across their lifecycle, from procurement and medicines optimisation to dispensing, patient education and disposal. It also emphasised the contribution of hospital and community pharmacists to reducing medication waste, supporting safe medicines disposal, improving packaging sustainability, and advancing climate-resilient healthcare systems. The blog was published on the FIP Sustainability microsite and shared through FIP’s social media channels to mark the day.

On 5 June 2026, to mark World Environment Day, FIP organised a [digital event](#) entitled “Pharmacy’s role in climate change: Advancing sustainable practice and access to medicines”. The webinar brought together experts from practice, education, science and humanitarian settings to explore pharmacists’ role in addressing climate change and supporting climate-resilient, environmentally sustainable health systems. Discussions focused on sustainable pharmacy practices, planetary health education, and real-world responses to climate-related disruptions in access to medicines, highlighting how pharmacists can contribute to sustainable, equitable and resilient healthcare systems.

FIP also initiated the development of a CPD Bites episode on food waste and sustainable resource use, entitled “Pharmacists’ contributions to food waste reduction: Sustainable and humanitarian perspectives”. The episode builds on the 2026 International Day of Zero Waste theme of food waste and explores how pharmacists can contribute to reducing waste, supporting responsible use of food and health resources, and strengthening sustainability in humanitarian and resource-constrained settings. The episode is planned for launch in July 2026.

In addition, FIP continued to develop its climate and health engagement through work linked to COP31, which will take place in Türkiye in November 2026, and through wider positioning on pharmacists’ contributions to sustainable and resilient health systems. This work supports FIP’s ongoing commitment to environmental sustainability, climate action, and the recognition of pharmacists as essential contributors to healthier people and a healthier planet.

4.7 Celebrating WHO World Health Days

FIP is celebrating and promoting the World Days organised by the WHO. FIP invites its members to celebrate at a national level. FIP has prepared the following list of the most relevant world health days, some being associated with FIP resources that may be useful:

24 March	World Tuberculosis Day
7 April	World Health Day
25 April	World Malaria Day
24–30 April	World Immunisation Week
31 May	World No Tobacco Day
5 June	World Environment Day
14 June	World Blood Donor Day
28 July	World Hepatitis Day
25 September	World Pharmacists Day

10 October	World Mental Health Day
14 November	World Diabetes Day
November (Dates to be confirmed)	World Antibiotic Awareness Week
1 December	World AIDS Day

FIP also celebrates International Day of Women and Girls in Science (11 February), International Women's Day (8 March), and World Humanitarian Day (19 August).

The celebrations are connected to activities focused on awareness, prevention, and care. The list of the days that FIP celebrates and respective activities are listed on the FIP [website](#) or on FIP social media.

5. Annexes

Statements by FIP at the WHO Governing Bodies Meeting

5.1.1 Statements by FIP at the 158th WHO EB (February 2026)

Intervention on provisional agenda item 14. Draft updated global action plan on antimicrobial resistance

Distinguished Chair, honourable Members of the Executive Board,

I speak on behalf of the International Pharmaceutical Federation, representing over 5.5 million pharmacists, educators and pharmaceutical scientists worldwide.

We welcome the ‘WHO Draft Updated Global Action Plan on Antimicrobial Resistance (AMR) 2026–2036’ and strongly support its renewed ambition to optimise antimicrobial use. Its focus on strengthening AMS, expanding the evidence base, and ensuring equitable access to quality-assured antimicrobials aligns closely with FIP’s long-standing priorities, reflected in our recently adopted [‘Statement of Policy on mitigating AMR through stewardship’](#).

Pharmacists are central to optimising antimicrobial use—a core pillar of the WHO strategy. They are uniquely positioned to support appropriate prescribing by reviewing antimicrobial therapy, antimicrobial selection, or dosing issues. They ensure correct medication use through patient engagement.

We also welcome the Plan’s emphasis on surveillance. Pharmacists play a vital role in monitoring antimicrobial consumption, identifying inappropriate use, and reporting substandard or falsified medicines—functions essential to an effective AMR response. FIP also advocates for policies that ensure antimicrobials are supplied only when clinically indicated.

We strongly endorse WHO’s focus on strengthening workforce capacity and interprofessional collaboration. FIP calls for structured, competency-based training that equips pharmacists to lead core stewardship functions. FIP continues to mobilise the global pharmaceutical workforce to deliver high-impact stewardship interventions. Our 2025 report, [‘Antimicrobial stewardship programmes in the hospital setting: Global policies and practices’](#), highlights pharmacists’ integration into hospital stewardship programmes and the expectation that these programmes are multidisciplinary and pharmacist-led. FIP also continues developing pharmacy-specific tools and communication strategies that enable pharmacists to deliver accurate, evidence-based guidance their patients and communities.

Finally, FIP stands ready to work with WHO and Member States to translate this Action Plan into meaningful improvements for patients, communities, and health systems worldwide.

Thank you.

Intervention on provisional agenda item 12. Substandard and falsified medical products

Distinguished Chair, honourable Members of the Executive Board,

I speak on behalf of the International Pharmaceutical Federation, representing over 5.5 million pharmacists, educators and pharmaceutical scientists worldwide.

FIP commends WHO and the Member States for their continued commitment to strengthening global mechanisms that protect patients from substandard and falsified medicines. FIP particularly welcomes WHO's 2025 launch of the 'Training Toolkit on Substandard and Falsified Medical Products', a comprehensive resource designed to support health professionals, regulators and educators in preventing, detecting and responding to such products. The toolkit's competency framework, curriculum guide and trainer resources reflect WHO's recognition that a well-trained health workforce is essential for safeguarding medicines quality and reinforcing regulatory systems.

This WHO initiative directly builds on—and complements—FIP's long-standing work in this area, including our structured training resources such as the [curriculum](#) for undergraduate pharmacy students on substandard and falsified medical products, which provides foundational competencies, teaching materials and a train-the-trainer framework. FIP has also recently developed and published teaching [modules](#) that address the risks of purchasing substandard and falsified medical products online, supporting educators and practitioners in recognising digital-era threats and strengthening early detection and prevention.

FIP has consistently highlighted that pharmacists are key to detecting suspicious products, ensuring secure supply chains, reporting quality incidents, and educating the public and other health professionals. As frontline medicines experts, pharmacists play an essential role in maintaining product integrity and protecting patients from preventable harm.

As WHO advances its 2026–2027 priorities for the Member State mechanism, FIP looks forward to continued partnership with WHO. FIP stands ready to collaborate by promoting uptake of the WHO Training Toolkit across pharmacy education and practice, and by supporting our members in developing a competent and vigilant and pharmacy workforce able to address the evolving challenges posed by substandard and falsified medical products.

Thank you.

Intervention on provisional agenda 6. Follow-up to the political declaration of the high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

Distinguished Chair, honourable Members of the Executive Board,

I speak on behalf of the International Pharmaceutical Federation, representing over 5.5 million pharmacists, educators and pharmaceutical scientists worldwide. This statement is supported by the International Pharmaceutical Students' Federation.

The 2025 Political Declaration on NCDs and Mental Health calls for accelerated action. FIP seizes this moment to reaffirm and expand pharmacists' contributions as essential partners in prevention, early detection, treatment optimisation and people-centred care.

Pharmacists are among the most accessible healthcare professionals, particularly in underserved communities, where they are often the first and sometimes the only point of care for people living with NCDs and mental health conditions.

In 2025, FIP adopted a new [Statement of Policy on the role of pharmacists in non-communicable diseases](#). The policy provides clear recommendations for governments to fully integrate pharmacists into national NCD strategies, expand their scope of practice, ensure fair remuneration for services, and invest in workforce development. It also calls on professional organisations, educators and the pharmaceutical industry to align efforts to strengthen evidence-based pharmacy practice and research.

Pharmacists contribute directly to the delivery of the Political Declaration's commitments. They support prevention and early identification through risk-factor screening, tobacco cessation and lifestyle counselling; strengthen treatment outcomes through medicines optimisation, adherence support and coordinated care within multidisciplinary primary healthcare teams; and advance people-centred approaches that respond to individual needs across the life course, including for those living with multiple chronic conditions.

FIP encourages Member States and WHO to systematically engage pharmacists as part of integrated primary healthcare teams, in line with the system-level targets set out in the Political Declaration.

FIP and its Member Organisations remain fully committed to reducing the global burden of NCDs and supporting equitable, sustainable health systems that place people at the centre of care.

Thank you.

Intervention on provisional agenda item 13. Report of the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel

Distinguished Chair, honourable Members of the Executive Board,

I am speaking for the International Pharmaceutical Federation, member of the World Health Professions Alliance, representing 47 million dentists, nurses, pharmacists, physicians and physiotherapists.

We commend the EAG's report and fully support its recommendations to strengthen the code and prioritise resources for it.

However, we are concerned that this will not be enough to stem the growing tide of active recruitment and the harm being done to essential health services in under-resourced regions. We urge member states to require, rather than encourage, high-income countries to make targeted co-investments in the health workforce and health systems in source countries.

Thank you.

Intervention on provisional agenda item 15: Harmonization of regulatory approaches, governance and standards for data, digital health and artificial intelligence in the health sector

These are the non-state actors co-signing the statement:

- *FDI World Dental Federation*
- *FIP International Pharmaceutical Federation*
- *ICN International Council of Nurses*
- *WMA World Medical Association*
- *World Confederation of Physical Therapy (World Physiotherapy)*

Honourable Chair, Distinguished Delegates,

The WMA together with members of the WHPA, representing 47 million dentists, nurses, pharmacists, physicians and physiotherapists, commends WHO's leadership in advancing global standards for interoperability and governance.

As stated in the WMA's policy on Artificial and Augmented Intelligence, these technologies must support—not replace—the patient–health professional–relationship. Regulatory frameworks must ensure that licensed health professionals retain final clinical authority, with clear, harmonized standards for accountability and liability.

Equity must be built in by design, including the assessment of bias before deployment.

Digital transformation will only succeed if the health workforce is adequately educated in AI literacy and if patient confidentiality and data privacy are fully protected. Precision medicine must remain human-centred and equitable.

Thank you.

Intervention on provisional agenda item Item 26: Economics of health for all

These are the non-state actors co-signing the statement:

- *FDI World Dental Federation*
- *FIP International Pharmaceutical Federation*
- *ICN International Council of Nurses*
- *WMA World Medical Association*
- *World Confederation of Physical Therapy (World Physiotherapy)*
- *Humatem*
- *WONCA World Organization of Family Doctors*
- *IFBLS International Federation of Biomedical Laboratory Science*
- *IFA International Federation on Ageing*
- *IPPNW International Physicians for the Prevention of Nuclear War*
- *The Task Force for Global Health*

Honourable Chair, Distinguished Delegates,

Five of the organisations supporting this statement - FDI, FIP, ICN, WMA and World Physiotherapy - are part of the World Health Professions Alliance, representing 47 million health professionals, and have a Memorandum of Understanding with WHO.

An economy of health for all is impossible without sustained and strategic investment in the people who deliver health. There is no economic prosperity without population health, and no population health without a skilled, supported, protected and adequately resourced health workforce. Health workforce is an essential pillar of sustainable and effective health care systems, especially in light of accelerating population ageing the need for access to healthcare services will increase.

Addressing the global health workforce crisis requires long-term, sustainable strategies that prioritise workforce well-being as a core system investment. The health and well-being of health personnel directly influence quality of care, patient safety and economic productivity. Neglect leads to higher turnover, absenteeism, preventable errors or unavailability of medical devices, imposing significant and recurring costs on national economies. In contrast, investing in workforce well-being and education improves care quality and safety, strengthens retention, enhances system resilience and delivers substantial economic returns.

The economic evidence is clear. Every dollar invested in health systems generates returns of [\\$2-4USD](#). Higher health workforce density is associated with longer life expectancy, improved productivity, and sustained economic growth.

Health innovation and macroeconomic strategies must prioritise public health value, equity, and population needs, strengthening PHC and workforce capacity globally.

Thank you.

5.1.2 Statements by FIP at the 79th WHA (May 2026)

Intervention on provisional agenda item Agenda item 12.2 Mental health

Honourable Chair, Distinguished Delegates,

Thank you for the opportunity to speak on behalf of the International Pharmaceutical Federation (FIP), the global organisation representing over 5.5 million pharmacists, pharmacy educators and pharmaceutical scientists worldwide.

Achieving mental health for all is essential to achieving universal health coverage and resilient, people-centred health systems. FIP urges Member States to explicitly integrate pharmacists into national mental health policies and service delivery models. As one of the most accessible healthcare professionals, pharmacists can advance mental health promotion, early identification, safe and appropriate use of medicines, and timely referral—helping to reduce stigma and expand access, particularly in underserved communities.

We also call for urgent action to safeguard the mental well-being of the health workforce, including pharmacists, through safe and supportive working environments.

Strengthening the pharmacy workforce is key to leaving no one behind in mental health care.

Thank you for your attention.

Intervention on provisional agenda item 12.3 Communicable diseases - Immunization Agenda 2030

Honourable Chair, Distinguished Delegates,

Thank you for the opportunity to speak on behalf of the International Pharmaceutical Federation (FIP), the global organisation representing over 5.5 million pharmacists, pharmacy educators and pharmaceutical scientists worldwide.

We commend the progress made under the Immunisation Agenda 2030; however, vaccine inequity, misinformation, not allowing pharmacy-based vaccination and disruptions to immunisation services continue to threaten global health gains. Millions of children and vulnerable populations remain under-immunised or unvaccinated.

Pharmacists, as one of the most accessible healthcare professionals, are essential to the provision of vaccination services, from prescription to administration, supply chain management and public education, including addressing vaccine hesitancy. To date, only 44 countries have authorised pharmacists to administer vaccines. We call on Member States to authorise pharmacist-based vaccination to strengthen routine immunisation systems and outreach services. We recommend integrating vaccination training programmes into undergraduate and postgraduate pharmacy degrees.

Thank you for your attention.

Intervention on provisional agenda item Agenda item 12.6 Health in the 2030 Agenda for Sustainable Development

Honourable Chair, Distinguished Delegates,

Thank you for the opportunity to speak on behalf of the International Pharmaceutical Federation (FIP), the global organisation representing over 5.5 million pharmacists, pharmacy educators and pharmaceutical scientists worldwide.

Accelerating progress towards the health-related UN Sustainable Development Goals (SDGs) requires integrated, equitable, and sustainable health systems and workforces. Pharmacists are essential to advancing universal health coverage through ensuring safe, effective, and equitable access to medicines, strengthening prevention and primary care, and supporting vaccination and digital health services.

FIP calls on Member States to fully integrate pharmacists into national SDG implementation strategies, including workforce planning and sustainable health system transformation. Investing in pharmacy strengthens health systems and accelerates progress towards the 2030 Agenda, ensuring no one is left behind.

Thank you for your attention.

Intervention on provisional agenda item 12.7 Substandard and falsified medical products, 12.9 Draft updated global action plan on antimicrobial resistance

Honourable Chair, Distinguished Delegates,

Thank you for the opportunity to speak on behalf of the International Pharmaceutical Federation (FIP), the global organisation representing over 5.5 million pharmacists, pharmacy educators and pharmaceutical scientists worldwide.

Pharmacists are key members of Antimicrobial Stewardship (AMS) programme teams and can act as primary leaders of stewardship initiatives. Establishing the roles of dedicated pharmacists specialised in AMS and fostering collaborative relationships between pharmacists and other prescribers remains critical to strengthening stewardship efforts.

As experts in medication safety and the final link in the pharmaceutical distribution chain, pharmacists are uniquely positioned in educating and advising patients who have been exposed to SF medical products. , FIP urges Member States to take globally coordinated action to improve professional education and public awareness to prevent the use of SF medical products.

Thank you for your attention.

Intervention on provisional agenda item 12.4 Universal health coverage

Honourable Chair, Distinguished Delegates,

The FIP Global Situation Report on Pharmacy states that achieving UHC by 2030 will require harnessing the full potential of pharmacists in primary health care (PHC). With enabling policies and investment, pharmacy can deliver far more in health promotion, disease prevention, and treatment optimisation—ultimately improving access, wellbeing, quality, and equity in health for all.

Despite their value, pharmacists remain under-recognised and under-used in many countries' health policies and laws. Pharmacists are essential yet often overlooked as fully integrated health professionals.

We call on Member States to develop and implement policies that enable pharmacists to practice to their full scope and ensure equitable access to pharmacy services across all populations.

Thank you for your attention.

Intervention on provisional agenda item 14.2 Strengthening the evidence base for public health and social measures

Honourable Chair, Distinguished Delegates,

FIP advances the “Immunisation for All Ages” initiative—strengthening evidence and advocacy for life-course vaccination against influenza, COVID-19, pneumococcal disease, and RSV.

Pharmacists are already central to these efforts: 90% are engaged in vaccination-related advocacy, and over 56 countries now enable pharmacy-based vaccination, reflecting a clear global trend towards expanded scope of practice supported by evidence demonstrating improved vaccine access, increased uptake, and strengthened health system resilience.

We urge Member States to fully integrate pharmacists into primary health care for equitable vaccine access.

12.8 Report of the Expert Advisory Group on the WHO Global Code of Practice on the International Recruitment of Health Personnel

Individual statement, led by FIP

I am speaking for the International Pharmaceutical Federation, member of the World Health Professions Alliance, representing 47 million dentists, nurses, pharmacists, physicians and physiotherapists.

We commend the Executive Board's decision to support the EAG's report, fully endorse its recommendations to strengthen the code, and suggest prioritisation of resources for it.

However, we are concerned that this will not be enough to stem the growing tide of active recruitment and the harm being done to essential health services in under-resourced regions.

We urge member states to require, rather than encourage, high-income countries to make targeted co-investments in the health workforce and health systems in source countries.

5.2 Triennial collaboration plan

Collaboration Plan between WHO and the International Pharmaceutical Federation for the period 2025-2027

The WHO Executive Board admitted the International Pharmaceutical Federation into official relations with WHO. The official relations are governed by the Framework of engagement with non-State actors, according to which the basis of official relations is a plan for collaboration between WHO and the non-State actor with agreed objectives and outlining activities for the coming three-year period, structured in accordance with the General Programme of Work and Programme Budget and consistent with the Framework. These plans are expected to be free from concerns which are primarily of a commercial or profit-making nature.

The Executive Board, through its Programme, Budget and Administration Committee, reviews the collaboration with each non-State actor in official relations and decides on the desirability of maintaining official relations or defer the decision on the review to the following year.

The present document outlines the plan for collaboration, and serves as an agreement, between WHO and the International Pharmaceutical Federation (FIP) for the period 2025-2027, as discussed and agreed between WHO and the entity. The WHO Designated Technical Officer and the entity's focal point are responsible for this joint collaboration, including drafting and implementation of the agreed activities, on behalf of WHO and the non-State actor.

The objective of WHO's collaboration with non-State actors is, inter alia, to promote the policies and strategies derived from the decisions of the governing bodies of WHO. The agreed activities are intended to contribute to the outcome targets in the WHO General Programme of Work. The plan for collaboration contains activities that have been jointly planned with and tailored for WHO, and directly contribute to WHO's programmes.

To demonstrate the breadth of the collaboration, plans contain a minimum of two areas with three activities or three areas with two activities to cover the three-year duration of planned collaboration.

Certain activities are beyond the functional scope of official relations and are not to be reflected in this plan. These include, inter alia:

- participation in each other's meetings and conferences, including WHO experts' groups, as well as co-organization and co-sponsorship of meetings;
- policy, norm and standard setting, including information gathering, preparation for, elaboration of and the decision on normative texts;
- provision of interns, secondees or other types of human resources-related loans to WHO, and fellowships. These activities are subject to specific WHO rules and procedures;
- development and issuance of qualifying diplomas, certificates or delivery of courses offered as part of an established degree programme;

- activities which the entity conducts to serve its own mission and mandate (not with WHO);
- technical assistance or advocacy provided directly to WHO Member States, without WHO's involvement or request.

Once adopted by the WHO Executive Board, this plan for collaboration cannot be modified. The plan is published in the WHO Register of non-State Actors.

Non-State actor focal point: Dr Zuzana Kusynová, Lead for Policy, Practice and Compliance at FIP

WHO Designated Technical Officer (DTO): Dr Luther Gwaza, Team Lead, Norms and Standards for Pharmaceuticals

Summary of the overall collaboration (100 word limit)

The collaboration between WHO and International Pharmaceutical Federation aims to support WHO's priorities and strategic objectives of its General Programme of Work including strengthening the global pharmaceutical workforce to support Universal Health Coverage across primary health care, health emergencies, immunization, patient safety, health workforce, noncommunicable diseases, tobacco cessation, and self-care. These activities will contribute to the WHO Fourteenth General Programme of Work (GPW14) strategic objectives 2, 3, 4, 5, and 6, particularly supporting the implementation of activities to advance primary health care, strengthen health workforce, access to quality-assured health products, through disseminating WHO's evidence-based guidance through agreed channels and the provision of technical input to WHO on relevant technical resources that may inform its activities.

1. Area of collaboration¹

WHO strategic objective(s)	Strategic Objective 3: Advance the primary health care approach and essential health system capacities for universal health coverage.
WHO joint outcome(s)	Outcome 3.1. The primary health care approach renewed and strengthened to accelerate universal health coverage. Outcome 3.2. Health and care workforce, health financing and access to quality-assured health products substantially improved.
Objective ² : (50 word limit)	

¹ The WHO strategic objectives and WHO joint outcomes shall be filled in by the WHO DTO. Please see last page.

² Indicate the objective of the collaboration and briefly describe how this collaboration will contribute to WHO's work. If the collaboration is related to a specific strategy, please indicate which one.

To strengthen the implementation of WHO's Global Strategy on Human Resources for Health Objectives, WHO Astana Declaration on Primary Health Care, and Tallinn Charter on Health Systems for Health and Wealth through the provision of technical input for WHO's consideration towards developing the capacity of the pharmacy workforce and strengthening initial education, with the objective of widening access to primary health care services and universal health coverage, through improved access to quality services and medicines.							
Description of the activities to be undertaken, expected deliverables, timeframe and budget. In describing the activity, please indicate how it contributes to the work of WHO. The specific role of WHO and that of the entity for each activity are described.							
Activities	Expected deliverable (add as many as needed)	Timeframe ³		Other entities involved in the activities ⁴	Budget for the activity in USD	Source of funding ⁵	Comments
		Start	End				
As requested by WHO, provide technical input for its consideration that may inform its work in strengthening implementation of elements of the WHO Astana Declaration on Primary Health Care and WHO Global Strategy on Human Resources for Health Objectives as agreed by WHO.	Report documenting technical inputs provided to WHO including: (1) Data on enhanced integration of pharmacists into Primary Health Care systems, as measured by the implementation of primary health care services provided by pharmacists as per WHO's guidance and recommendations. – (2) Consolidation of pharmacy's position within the primary health care framework on the implementation of the Tallinn Charter on Health Systems for Health and Wealth and collecting and sharing data with WHO on	2025	2027	N/A	In-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provid

³ Indicate year of planned activity.

⁴ Please list Member States, intergovernmental organizations and other non-State actors involved if applicable (not individuals).

⁵ Indicate the non-State actor's budget for the activity and additional funding from other sources (name the donor), etc. supporting this area of collaboration. WHO does not fund non-State actors in official relations.

	progress towards strengthening pharmacists' contributions to primary health care.						ed by the entity on the subject matter as deemed appropriate.
Geographical area⁶: ☒ International ☒ Regional (specify WHO regions): WHO EURO ☐ National (specify country/ies): Click here to enter text.							
If the area of collaboration was agreed with another staff member from WHO than the DTO, please provide his/her name and department: N/A							
If another staff member from the non-State actor than the focal point is responsible for this area of collaboration, please provide the name and contact: Jim Campbell, Director, Health Workforce; Onyema Ajuebor, Technical Officer, Health Workforce							
Additional information if any: N/A							

2. Area of collaboration ⁷	
WHO strategic objective(s)	Strategic objective 5: Prevent, mitigate and prepare for risks to health from all hazards. Strategic objective 6: Rapidly detect and sustain an effective response to all health emergencies.
WHO joint outcome(s)	Outcome 5.1. Risks of health emergencies from all hazards reduced and impact mitigated. Outcome 5.2. Preparedness, readiness and resilience for health emergencies enhanced. Outcome 6.1. Detection of and response to acute public health threats is rapid and effective.

⁶ *International*: it involves agreement to act at the country level in more than two WHO regions; or the outcome is intended to be relevant to countries worldwide (e.g. a joint publication); or it is open to all countries (e.g. workshop with participants from more than two WHO regions). *Regional*: as above, except that the activity is restricted to a specific WHO region. *National*: a product/activity/service that is relevant only to the country, for example a national workshop.

⁷ The WHO strategic objectives and WHO joint outcomes shall be filled in by the WHO DTO. Please see last page.

Outcome 6.2. Access to essential health services during emergencies is sustained and equitable.							
Objective of collaboration ⁸ : (50 word limit) Support WHO as requested to strengthen implementation of its recommendations on pharmacists working the humanitarian environment and on WHO's vaccination agenda by providing technical input and advocacy support to amplify WHO's public health messages and recommendations.							
Description of the activities to be undertaken, expected deliverables, timeframe and budget. In describing the activity, please indicate how it contributes to the work of WHO. The specific role of WHO and that of the entity for each activity are described.							
Activities	Expected deliverable (add as many as needed)	Timeframe ⁹		Other entities involved in the activities ¹⁰	Budget for the activity in USD	Source of funding ¹¹	Comments
		Start	End				
1. Encourage national professional organizations and educators to strengthen pharmaceutical systems and enhance the role and impact of pharmacists in strengthening emergency and disaster preparedness and response. In case requested, support WHO in the development of training tools, building on expertise from FIP's global competency framework for pharmacists	Training tools and technical materials developed on strengthening pharmaceutical systems and enhancing the role and impact of pharmacists in promoting health and enabling better access to and use of quality and affordable medicines for Universal Health Coverage, particularly primary health care, and strengthening emergency and disaster preparedness and response of pharmacists working	2025	2027	N/A	in-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the

⁸ Indicate the objective of the collaboration and briefly describe how this collaboration will contribute to WHO's work. If the collaboration is related to a specific strategy, please indicate which one.

⁹ Indicate year of planned activity.

¹⁰ Please list Member States, intergovernmental organizations and other non-State actors involved if applicable (not individuals).

¹¹ Indicate the non-State actor's budget for the activity and additional funding from other sources (name the donor), etc. supporting this area of collaboration. WHO does not fund non-State actors in official relations.

working in the humanitarian environment, for WHO's use and consideration. WHO will review and approve the content of the training activity and ensure their alignment with WHO's norms, rules, policies, and standards. WHO may use the technical inputs developed by the entity on the subject matter as deemed appropriate. WHO will solely liaise with Member States.	in a humanitarian environment for WHO's review and consideration. .						technical inputs developed/provided by the entity on the subject matter as deemed appropriate. The activities to be performed are in no case related or leading to the development and issuance of qualifying diplomas or delivery of courses offered as part of an established degree programme. The WHO name and emblem may not be used on certificates of attendance, diplomas or similar awards to participants in training or other courses organized as part of this
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							collaboration plan.
2. As requested by WHO, support dissemination of WHO's alerts on substandard and falsified medical products and related up-to-date information on these public health emergencies to FIP's membership. Communicate these alerts through channels agreed upon with WHO, ensuring alignment with WHO's rules and policies.	Report documenting activities conducted to disseminate WHO's alerts on substandard and falsified medical products and related up-to-date information on these public health emergencies to FIP's membership.	2025	2027	N/A	in-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate. When conducting this activity, the entity will not be considered as representing nor speaking on behalf of WHO. WHO will review

							and approve all materials and content in line with WHO's policies and guidelines.
3. As requested by WHO, conduct advocacy activities to strengthen community education as agreed with WHO and in line with its rules and policies. contribute to WHO's Immunization Agenda 2030 and recommendations on the expansion of vaccination coverage through advocacy	Regularly report on advocacy activities conducted and impact on pharmacist and community education addressing vaccine hesitancy and concerns for WHO's review and consideration. Pharmacist-led immunization strategies and sharing of best practices for WHO's review and consideration.	2025	2027	N/A	in-kind contributions	FIP	When conducting this activity, the entity will not be considered as representing nor speaking on behalf of WHO. WHO will review and approve all materials and content in line with WHO's policies and guidelines.
Geographical area ¹² : ☒ International ☐ Regional (specify WHO regions): Click here to enter text. ☐ National (specify country/ies): Click here to enter text.							
If the area of collaboration was agreed with another staff member from WHO than the DTO, please provide his/her name and department: Dr Kate O'Brien, Director, Department of Immunization, Vaccines and Biologicals Dr Rudi Eggers, Integrated Health Services, WHO							

¹²International: it involves agreement to act at the country level in more than two WHO regions; or the outcome is intended to be relevant to countries worldwide (e.g. a joint publication); or it is open to all countries (e.g. workshop with participants from more than two WHO regions). Regional: as above, except that the activity is restricted to a specific WHO region. National: a product/activity/service that is relevant only to the country, for example a national workshop.

If another staff member from the non-State actor than the focal point is responsible for this area of collaboration, please provide the name and contact: N/A
Additional information if any: N/A

3. Area of collaboration ¹³	
WHO strategic objective(s)	Strategic objective 4: Improve health service coverage and financial protection to address inequity and gender inequalities.
WHO joint outcome(s)	Outcome 4.1. Equity in access to quality services improved for noncommunicable diseases, mental health conditions and communicable diseases, while addressing antimicrobial resistance. Outcome 4.2. Equity in access to sexual, reproductive, maternal, newborn, child, adolescent and older person health and nutrition services and immunization coverage improved.
Objective of collaboration ¹⁴ : (50 word limit) To provide technical input for WHO's consideration and raise awareness on WHO's recommendations and public health messages on patient safety, essential medicines, and substandard and falsified medical products and support advancing the implementation of WHO Global Patient Safety Action Plan 2021-2030 and WHO Global Action Plan on Antimicrobial Awareness as requested by WHO.	
Description of the activities to be undertaken, expected deliverables, timeframe and budget. In describing the activity, please indicate how it contributes to the work of WHO. The specific role of WHO and that of the entity for each activity are described.	
Activities	Timeframe ¹⁵
	Comments

¹³ The WHO strategic objectives and WHO joint outcomes shall be filled in by the WHO DTO. Please see last page.

¹⁴ Indicate the objective of the collaboration and briefly describe how this collaboration will contribute to WHO's work. If the collaboration is related to a specific strategy, please indicate which one.

¹⁵ Indicate year of planned activity.

	Expected deliverable (add as many as needed)	Start	End	Other entities involved in the activities ¹⁶	Budget for the activity in USD	Source of funding ¹⁷	
1. As per WHO's request, raise awareness on WHO's recommendations and public health messages on antimicrobial resistance to support the implementation of the WHO Global Action Plan on AMR through, in line with WHO's rules and policies.	Reports submitted for WHO's consideration documenting advocacy activities conducted to support provided to WHO to raise awareness on WHO's recommendations and public health messages on antimicrobial resistance to support the implementation of the WHO Global Action Plan on AMR through.	2025	2027		In-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate. When

¹⁶ Please list Member States, intergovernmental organizations and other non-State actors involved if applicable (not individuals).

¹⁷ Indicate the non-State actor's budget for the activity and additional funding from other sources (name the donor), etc. supporting this area of collaboration. WHO does not fund non-State actors in official relations.

							conducting this activity, the entity will not be considered as representing nor speaking on behalf of WHO. WHO will review and approve all materials and content in line with WHO's policies and guidelines.
2. As requested by WHO, disseminate and raise awareness on WHO's tools and guidance to advance the implementation of WHO Global Patient Safety Action Plan 2021-2030 and WHO Global Patient Safety Challenge: Medication Without Harm. provision of technical input on patient safety for WHO's consideration.	Report submitted for WHO's consideration documenting activities on raising awareness on WHO Global Patient Safety Action Plan 2021-2030 WHO Global Patient Safety Challenge: Medication Without Harm.	2025	2027	N/A	in-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provid

							ed by the entity on the subject matter as deemed appropriate. When conducting this activity, the entity will not be considered as representing nor speaking on behalf of WHO. WHO will review and approve all materials and content in line with WHO's policies and guidelines.
3. As requested by WHO, provide technical input for WHO's consideration that may inform WHO when reviewing draft WHO technical documents on specifications for pharmaceutical preparations.	Report documenting technical input provided on documents on specifications for pharmaceutical preparations for WHO's consideration.	2025	2027	N/A	in-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the

							technical inputs developed/provided by the entity on the subject matter as deemed appropriate.
4. In response to WHO's request, conduct a peer-review on WHO toolkit to raise awareness of pharmacists on substandard and falsified medical products and share the outcomes for WHO's consideration. raise awareness on WHO's guidance and recommendations on substandard and falsified medical products as requested by WHO.	Outcomes of peer-review of WHO toolkit to raise awareness of pharmacists on substandard and falsified (SF) medical products for WHO's consideration. Documented report on dissemination of WHO's guidance on substandard and falsified medical products shared for WHO's consideration.	2025	2027	N/A	in-kind contributions	FIP	When conducting this activity, the entity will not be considered as representing nor speaking on behalf of WHO. WHO will review and approve all materials and content in line with WHO's policies and guidelines.
Geographical area¹⁸: ☒ International ☐ Regional (specify WHO regions):Click here to enter text. ☐ National (specify country/ies):Click here to enter text.							

¹⁸International: it involves agreement to act at the country level in more than two WHO regions; or the outcome is intended to be relevant to countries worldwide (e.g. a joint publication); or it is open to all countries (e.g. workshop with participants from more than two WHO regions). Regional: as above, except that the activity is restricted to a specific WHO region. National: a product/activity/service that is relevant only to the country, for example a national workshop.

If the area of collaboration was agreed with another staff member from WHO than the DTO, please provide his/her name and department: N/A
If another staff member from the non-State actor than the focal point is responsible for this area of collaboration, please provide the name and contact: Mr Anand Balachandran, Unit Head AMR National Action Plans and Monitoring (NPM) and WHO Antimicrobial Resistance Secretariat Irina Papiieva, Acting Interim Unit Head, WHO Patient Safety Flagship/A Decade of Patient Safety 2020-2030, Patient Safety and Risk Management Unit Ms Pernette Bourdillon Esteve, Technical Officer, Incidents and substandard/falsified medical products Dr Kate O'Brien, Director, Department of Immunization, Vaccines and Biologicals
Additional information if any: N/A

4. Area of collaboration ¹⁹	
WHO strategic objective(s)	Strategic Objective 3: Advance the primary health care approach and essential health system capacities for universal health coverage.
WHO joint outcome(s)	Outcome 3.3. Health information systems strengthened, and digital transformation implemented
Objective of collaboration ²⁰ : (50 word limit) Support WHO's activities by providing data to the WHO Global Health Observatory and National Health WorkforceAccounts and advocating for WHO's Global Strategy on human resources for health in the pharmaceutical workforce and disseminating WHO's recommendations and public health messages in investment in health workforce education, employment, and retention.	
Description of the activities to be undertaken, expected deliverables, timeframe and budget. In describing the activity, please indicate how it contributes to the work of WHO. The specific role of WHO and that of the entity for each activity are described.	
Activities	Timeframe ²¹
	Comments

¹⁹ The WHO strategic objectives and WHO joint outcomes shall be filled in by the WHO DTO. Please see last page.

²⁰ Indicate the objective of the collaboration and briefly describe how this collaboration will contribute to WHO's work. If the collaboration is related to a specific strategy, please indicate which one.

²¹ Indicate year of planned activity.

	Expected deliverable (add as many as needed)	Start	End	Other entities involved in the activities ²²	Budget for the activity in USD	Source of funding ²³	
1. As requested by WHO, provide and align pharmaceutical data, including health workforce data, for WHO's consideration to advance the implementation of the WHO Global Health Observatory and National Health Workforce Accounts, in line with WHO's rules and policies by	Annual report outlining data shared including health workforce data and alignment with WHO Global Health Observatory and National Health Workforce Accounts provided for WHO's review and consideration.	2025	2027	N/A	In-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate.

²² Please list Member States, intergovernmental organizations and other non-State actors involved if applicable (not individuals).

²³ Indicate the non-State actor's budget for the activity and additional funding from other sources (name the donor), etc. supporting this area of collaboration. WHO does not fund non-State actors in official relations.

2. As requested by WHO, conduct advocacy activities in support of WHO's activities to strengthen implementation of WHO's Global Strategy on human resources for health in the pharmaceutical workforce and advocate for WHO's public health messages and recommendations in investment in health workforce education, employment, and retention.	Annual report documenting submitted to WHO for its consideration on advocacy activities conducted to advance the implementation of WHO's Global Strategy on human resources for health in the pharmaceutical workforce and disseminating WHO's public health messages and recommendations in investment in health workforce education, employment, and retention.	2025	2027	N/A	in-kind contributions	FIP	When conducting this activity, the entity will not be considered as representing nor speaking on behalf of WHO. WHO will review and approve all materials and content in line with WHO's policies and guidelines.
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Geographical area²⁴:

☒ International

☒ Regional (specify WHO regions): WHO Europe

☐ National (specify country/ies): [Click here to enter text.](#)

If the area of collaboration was agreed with another staff member from WHO than the DTO, please provide his/her name and department:
 Jim Campbell, Director, Health Workforce; Onyema Ajuebor, Technical Officer, Health Workforce

²⁴ *International*: it involves agreement to act at the country level in more than two WHO regions; or the outcome is intended to be relevant to countries worldwide (e.g. a joint publication); or it is open to all countries (e.g. workshop with participants from more than two WHO regions). *Regional*: as above, except that the activity is restricted to a specific WHO region. *National*: a product/activity/service that is relevant only to the country, for example a national workshop.

If another staff member from the non-State actor than the focal point is responsible for this area of collaboration, please provide the name and contact: N/A Additional information if any: N/A
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5. Area of collaboration ²⁵	
WHO strategic objective(s)	Strategic objective 2: Address health determinants and the root causes of ill health in key policies across sectors.
WHO joint outcome(s)	Outcome 2.1. Health inequities reduced by acting on social, economic, environmental and other determinants of health. Outcome 2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition, reduced through multisectoral approaches. Outcome 2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making.
Objective of collaboration ²⁶ : (50 word limit)	
To raise awareness on WHO's guidance, public health messages and recommendations to reflect the role pharmacists and community and hospital pharmacists in healthcare delivery and management of non-communicable and infectious conditions, in line with WHO's rules and policies.	
Description of the activities to be undertaken, expected deliverables, timeframe and budget. In describing the activity, please indicate how it contributes to the work of WHO. The specific role of WHO and that of the entity for each activity are described.	

²⁵ The WHO strategic objectives and WHO joint outcomes shall be filled in by the WHO DTO. Please see last page.

²⁶ Indicate the objective of the collaboration and briefly describe how this collaboration will contribute to WHO's work. If the collaboration is related to a specific strategy, please indicate which one.

Activities	Expected deliverable (add as many as needed)	Timeframe ²⁷		Other entities involved in the activities ²⁸	Budget for the activity in USD	Source of funding ²⁹	Comments
		Start	End				
1. As requested by WHO, conduct advocacy activities, publish scientific articles or OpEds and cap to amplify WHO's public health messages and recommendations on the role of pharmacists, community and hospital pharmacists in healthcare delivery in line with WHO's rules and policies. WHO will review and approve the content of the training/capacity building/workshop activity and ensure their alignment with WHO's norms, rules, policies, and standards. WHO may use the technical	A series advocacy activities and at least 3 webinars on pharmacy practice and the role of pharmacy workforce in the healthcare delivery and related aspects developed for WHO's review and consideration.	2025	2027	N/A	in-kind contributions	FIP	When conducting this activity, the entity will not be considered as representing nor speaking on behalf of WHO. WHO will review and approve all materials and content in line with WHO's policies and guidelines.
	At least 2 joint publications in peer-review journals or OpEds outlining aspects related to the expanded role of pharmacists in healthcare delivery	2025	2027	N/A	In-kind contributions.	FIP	Publications are subject to relevant WHO rules and procedures for publications. The provision of such technical inputs shall not create

²⁷ Indicate year of planned activity.

²⁸ Please list Member States, intergovernmental organizations and other non-State actors involved if applicable (not individuals).

²⁹ Indicate the non-State actor's budget for the activity and additional funding from other sources (name the donor), etc. supporting this area of collaboration. WHO does not fund non-State actors in official relations.

inputs developed by the entity on the subject matter as deemed appropriate. WHO will solely liaise with Member States.							the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate.
Geographical area ³⁰ : ☒ International ☒ Regional (specify WHO regions): Europe ☐ National (specify country/ies): Click here to enter text:							
If the area of collaboration was agreed with another staff member from WHO than the DTO, please provide his/her name and department: Dr Natasha Azzopardi Muscat, Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe Dr Stanislav Kniazkov, Technical Officer, Pricing & Reimbursement, Access to Medicines and Health Products, Country Policies and Systems, WHO EURO.							
If another staff member from the non-State actor than the focal point is responsible for this area of collaboration, please provide the name and contact: N/A							

³⁰*International*: it involves agreement to act at the country level in more than two WHO regions; or the outcome is intended to be relevant to countries worldwide (e.g. a joint publication); or it is open to all countries (e.g. workshop with participants from more than two WHO regions). *Regional*: as above, except that the activity is restricted to a specific WHO region. *National*: a product/activity/service that is relevant only to the country, for example a national workshop.

Additional information if any:

N/A

6. Area of collaboration ³¹							
WHO strategic objective(s)	Strategic objective 2: Address health determinants and the root causes of ill health in key policies across sectors.						
WHO joint outcome(s)	Outcome 2.1. Health inequities reduced by acting on social, economic, environmental and other determinants of health. Outcome 2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition, reduced through multisectoral approaches. Outcome 2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making.						
Objective of collaboration ³² : (50 word limit) To provide technical input and share best practices for WHO's consideration and raise awareness on WHO's, tools, public health messages and recommendations on non-communicable diseases.							
Description of the activities to be undertaken, expected deliverables, timeframe and budget. In describing the activity, please indicate how it contributes to the work of WHO. The specific role of WHO and that of the entity for each activity are described.							
Activities	Expected deliverable (add as many as needed)	Timeframe ³³		Other entities involved	Budget for the activity in USD	Source of funding ³⁵	Comments
		Start	End				

³¹ The WHO strategic objectives and WHO joint outcomes shall be filled in by the WHO DTO. Please see last page.

³² Indicate the objective of the collaboration and briefly describe how this collaboration will contribute to WHO's work. If the collaboration is related to a specific strategy, please indicate which one.

³³ Indicate year of planned activity.

³⁵ Indicate the non-State actor's budget for the activity and additional funding from other sources (name the donor), etc. supporting this area of collaboration. WHO does not fund non-State actors in official relations.

				in the activities ²⁴			
1. As requested by WHO, support in the implementation of the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2030 and the NCD-related Sustainable Development Goal (SDG) targets through sharing best practices for WHO's consideration and conduct advocacy activities to promote WHO's tools, public health messages and recommendations on the subject matter in line with WHO's rules and policies. WHO will review and approve the content of the training/capacity building/workshop activity and ensure their alignment with WHO's norms, rules, policies, and standards. WHO may use the technical inputs developed by the entity on the subject matter as deemed appropriate. WHO will solely liaise with Member States.	Knowledge sharing through best practices provided to WHO for its consideration and advocacy activities conducted to promote the WHO Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2030 and the NCD-related Sustainable Development Goal (SDG) targets. Report on proposed best practices for fostering high-level NCD commitments at local, national, regional and global levels for WHO's review and consideration.	2025	2027	N/A	in-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate. When conducting this activity, the entity will not be considered as

²⁴ Please list Member States, intergovernmental organizations and other non-State actors involved if applicable (not individuals).

							representing nor speaking on behalf of WHO. WHO will review and approve all materials and content in line with WHO's policies and guidelines.
2. When requested by WHO, support WHO in its capacity building for the delivery of pharmacist-led tobacco cessation services at the country level in line with WHO's rules and policies. This activity will be implemented in selected Member States as identified by WHO and in agreement with the national authorities. WHO will solely liaise with Member States. WHO will review and approve the content of the training activity and ensure their alignment with WHO's norms, rules, policies, and standards.	Draft training modules and content aiming to develop the competence of the pharmaceutical workforce for the delivery of tobacco cessation interventions, including data on the suitable regulatory and policy frameworks to enable the provision of such services captured in a report submitted for WHO's review and consideration. Participants of training will be identified and indicated by WHO.	2025	2027	Indian Pharmaceutical Association, Jordan Pharmaceutical Association, King Hussein Cancer Centre (Jordan), non-State actors subject to due diligence and risk assessment	in-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate. The
WHO may use the technical inputs developed by the entity on the subject matter as deemed appropriate.				t prior to engaging.			activities to be performed are in no case related or leading to the development and issuance of qualifying diplomas or delivery of courses offered as part of an established degree programme. The WHO name and emblem may not be used on certificates of attendance, diplomas or similar awards to participants in training or other courses organized as part of this collaboration plan.
3. As per WHO's request, promote, raise awareness on and share best practices collected from different countries in the six WHO regions on tobacco cessation for	Disseminating and raising awareness of WHO's technical resources on tobacco cessation as agreed by WHO. Share best practices on tobacco cessation	2025	2027	N/A	in-kind contributions	FIP	When conducting this activity, the entity will not be considered as representing nor

WHO's review and consideration.	collected from six WHO regions for WHO's consideration.						speaking on behalf of WHO. WHO will review and approve all materials and content in line with WHO's policies and guidelines. The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate. WHO will review and approve the content of the training activity.
							and ensure their alignment with WHO's norms, rules, policies, and standards. WHO may use the technical inputs developed by the entity on the subject matter as deemed appropriate. The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate. WHO will review

							and approve the content of the training activity and ensure their alignment with WHO's norms, rules, policies, and standards. WHO may use the technical inputs developed by the entity on the subject matter as deemed appropriate. WHO will solely liaise with Member States.
Geographical area³⁶: ☒ International ☒ Regional (specify WHO regions): All regions individually. ☒ National (specify country/ies): India, Jordan							
If the area of collaboration was agreed with another staff member from WHO than the DTO, please provide his/her name and department: Dr Vinayak M Prasad, Unit Head, No Tobacco (TFI), Department of Health Promotion							
If another staff member from the non-State actor than the focal point is responsible for this area of collaboration, please provide the name and contact: N/A							

³⁶International: it involves agreement to act at the country level in more than two WHO regions; or the outcome is intended to be relevant to countries worldwide (e.g. a joint publication); or it is open to all countries (e.g. workshop with participants from more than two WHO regions). Regional: as above, except that the activity is restricted to a specific WHO region. National: a product/activity/service that is relevant only to the country, for example a national workshop.

Additional information if any:

N/A

7. Area of collaboration ³⁷	
WHO strategic objective(s)	Strategic objective 2: Address health determinants and the root causes of ill health in key policies across sectors.
WHO joint outcome(s)	Outcome 2.1. Health inequities reduced by acting on social, economic, environmental and other determinants of health. Outcome 2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and poor nutrition, reduced through multisectoral approaches. Outcome 2.3. Populations empowered to control their health through health promotion programmes and community involvement in decision-making.
Objective of collaboration ³⁸ : (50 word limit) To provide technical expertise, input, and review to WHO on the role of pharmacists in advancing self-care and well-being as pillars of universal health coverage for its consideration.	
Description of the activities to be undertaken, expected deliverables, timeframe and budget. In describing the activity, please indicate how it contributes to the work of WHO. The specific role of WHO and that of the entity for each activity are described.	
Activities	Timeframe ³⁹
	Comments

³⁷ The WHO strategic objectives and WHO joint outcomes shall be filled in by the WHO DTO. Please see last page.

³⁸ Indicate the objective of the collaboration and briefly describe how this collaboration will contribute to WHO's work. If the collaboration is related to a specific strategy, please indicate which one.

³⁹ Indicate year of planned activity.

	Expected deliverable (add as many as needed)	Start	End	Other entities involved in the activities ⁴⁰	Budget for the activity in USD	Source of funding ⁴¹	
1. As per WHO's request, review and provide technical input for WHO's consideration that may inform its work on the implementation guidance on self-care interventions for health and well-being for WHO's review and consideration.	Technical input provided on the subject matter captured in a report for WHO's consideration.	2025	2025	N/A	in-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate.

⁴⁰ Please list Member States, intergovernmental organizations and other non-State actors involved if applicable (not individuals).

⁴¹ Indicate the non-State actor's budget for the activity and additional funding from other sources (name the donor), etc. supporting this area of collaboration. WHO does not fund non-State actors in official relations.

2. As requested by WHO, provide technical input for WHO's consideration that may inform its work on an adapted WHO competency framework on self-care interventions for HCPs and its Knowledge and Skills Guide for pharmacists on self-care.	Report documenting technical inputs provided to WHO for its consideration on the WHO competency framework on self-care interventions for HCPs targeted for pharmacists and on the Knowledge and Skills Guide for pharmacists on self-care for WHO's review and consideration.	2025	2025	N/A	in-kind contributions	FIP	The provision of such technical inputs shall not create the expectation that these will be positively considered by WHO, but they may inform WHO's work in the areas concerned. WHO may use the technical inputs developed/provided by the entity on the subject matter as deemed appropriate.
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Geographical area⁴²:

☒ International

☐ Regional (specify WHO regions): All regions individually.

☐ National (specify country/ies): [Click here to enter text.](#)

If the area of collaboration was agreed with another staff member from WHO than the DTO, please provide his/her name and department:

Manjulaa Narasimhan, Acting Unit Head, Sexual Health and well-being across the life course

Fiona Carr, Communication Consultant; Sexual Health and well-being across the life course, WHO

⁴² *International*: it involves agreement to act at the country level in more than two WHO regions; or the outcome is intended to be relevant to countries worldwide (e.g. a joint publication); or it is open to all countries (e.g. workshop with participants from more than two WHO regions). *Regional*: as above, except that the activity is restricted to a specific WHO region. *National*: a product/activity/service that is relevant only to the country, for example a national workshop.

If another staff member from the non-State actor than the focal point is responsible for this area of collaboration, please provide the name and contact: N/A
Additional information if any: N/A
