



Advancing health literacy through pharmacist-led public health initiatives: Global insights from a survey and interviews



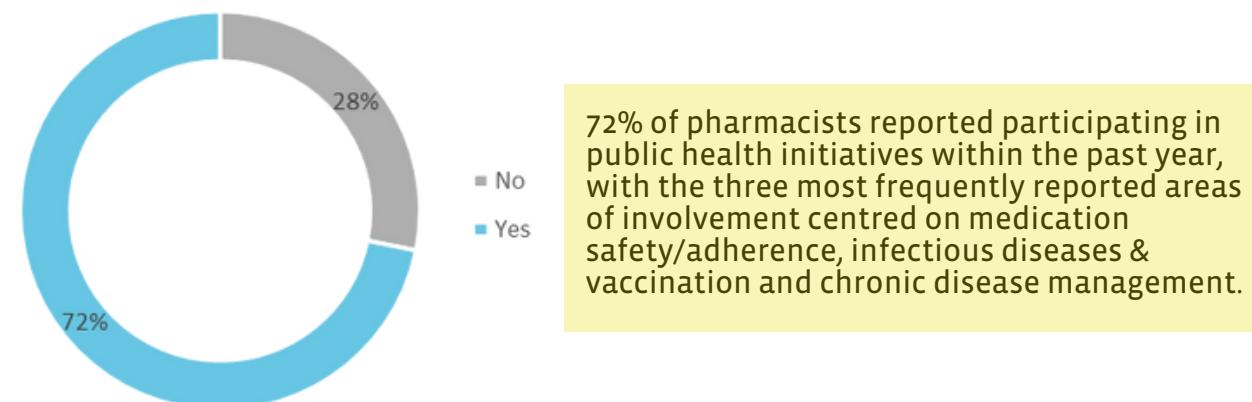
Survey findings: Perspectives and experiences of individual pharmacists



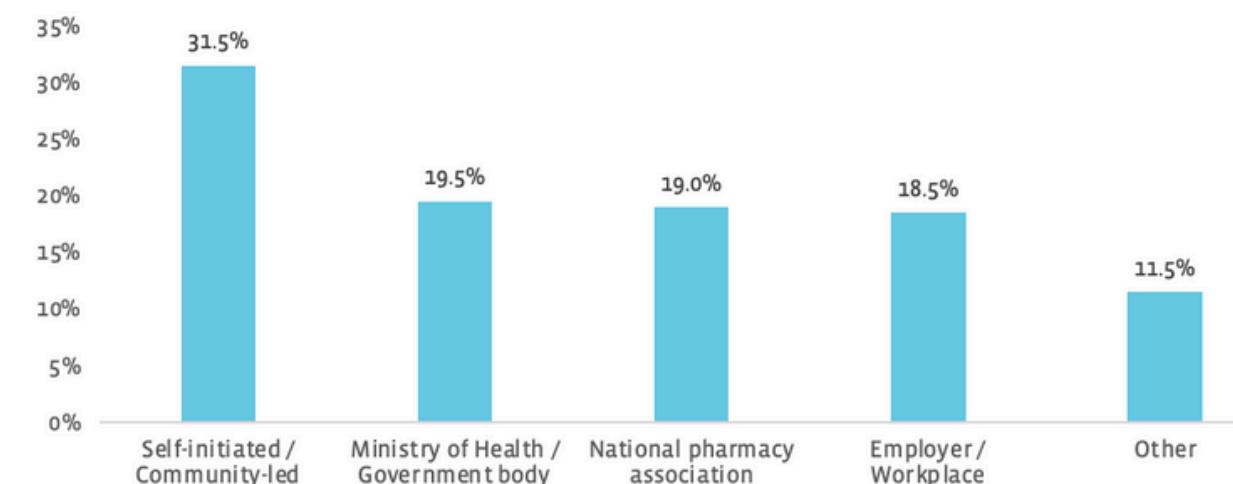
A total of 149 pharmacists from 52 countries responded to the survey, with a median of 24 years' professional experience.

Respondents worked across diverse sectors, most commonly community pharmacy (30.2%) and academia (24.8%), with additional representation from hospitals, regulatory bodies, and government.

Participation of pharmacists in public health initiatives

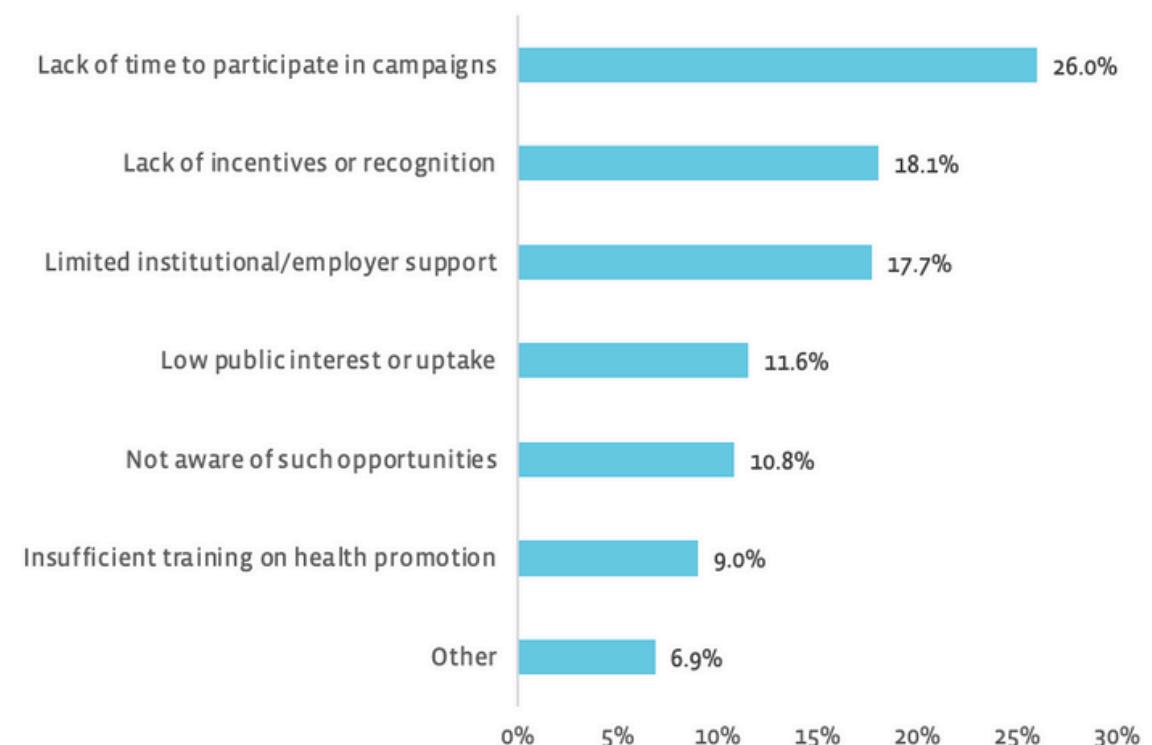


Public health campaigns were most often self-initiated, followed by those led by government bodies, national pharmacy associations, and employers.



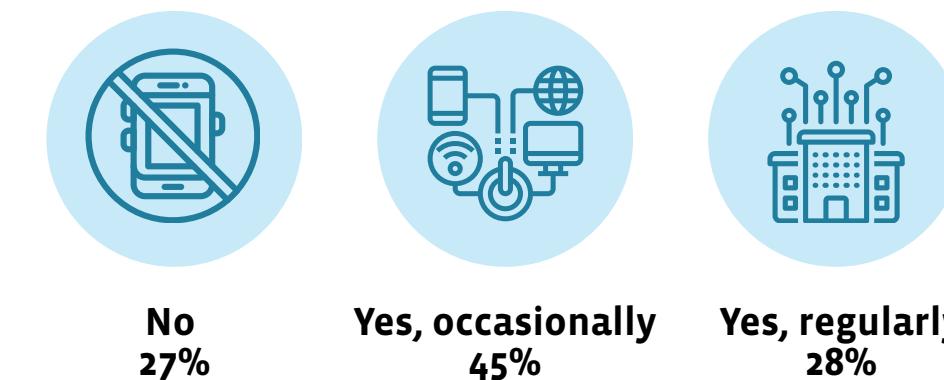
Barriers to participation in the public health campaigns

Major barriers to participation included time constraints, lack of incentives or recognition, and limited institutional support.



Use of digital tools in health literacy and patient education

Only 28% of pharmacists use digital tools regularly, with most adopting them only occasionally (45%) or not at all (27%).



This infographic was developed by the FIP Global Pharmaceutical Observatory. For any questions or further information, please contact us at: observatory@fip.org

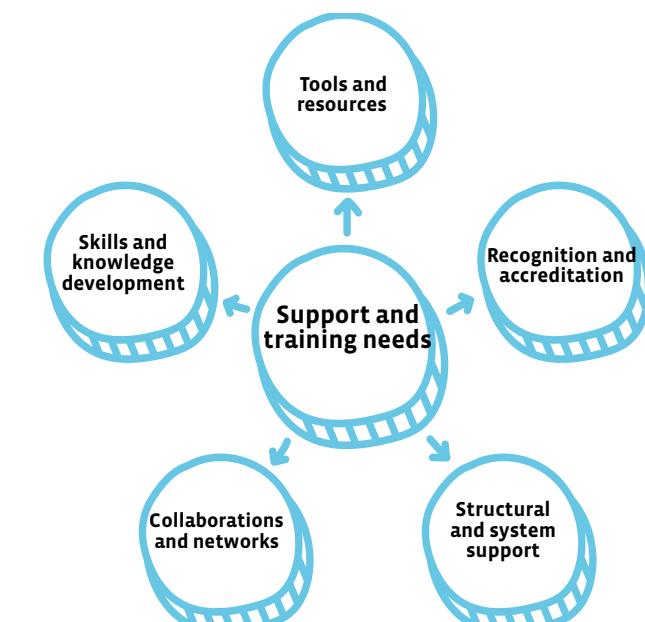


Several challenges to the adoption of digital technology include:

- 1 Limited digital literacy among patients
- 2 Time constraints in daily practice
- 3 Inadequate access to digital infrastructure
- 4 Insufficient training or technical support
- 5 Privacy and security concerns

Support and training needs

Five clusters of support and training needs were identified, showing a strong willingness among pharmacists to contribute to public health but which reveal systemic, structural, and resource-related barriers that constrain their impact.



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Interview findings: National and regional insights from FIP member organisations



Semi-structured interviews with representatives of FIP member organisations were conducted across six WHO regions.

A total of 22 member organisations from 21 countries participated in the interviews.

These findings are categorised into seven themes:

1. Pharmacy workforce roles in public health

Pharmacists contribute to public health through:

- Preventive services & health promotion
- Vaccination & patient safety
- Public education & health literacy
- Continuity of care
- Filling service delivery gaps (especially during emergencies)
- Health system integration (varies by country)

“Historically, pharmacists have been involved in different areas of public health in Spain, from health education, food safety, environmental health, training, research, health management, health inspection and public health laboratories.” – Spain

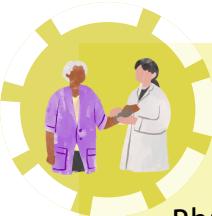


2. Pharmacy-led campaigns and health literacy activities

Pharmacists worldwide have spearheaded a wide range of public health campaigns, from vaccination drives and antimicrobial resistance (AMR) initiatives to chronic disease screening and medicine safety programmes.

Some key initiatives include:

- Norway’s “Return Antibiotics to the Pharmacy” campaign and Uganda’s AMR clubs highlighted rational antibiotic use. Their success stemmed from collaboration across competing pharmacy chains, integration with doctors, and student-led outreach amplified by social media.
- In Malta, Portugal, Taiwan and India, pharmacists conducted medication reviews, diabetes consultations, and community screenings. These programmes were effective because they combined trusted pharmacist-patient relationships with holistic care models, often linking pharmacies to social services or academic partners.



3. Barriers and challenges to greater involvement

The most reported barriers include:

- Restrictive regulatory frameworks that limit the scope of practice
- No formal recognition or inclusion within national programmes
- Underlying systemic gaps within the national health systems
- Inadequate remuneration or funding mechanisms to fund these initiatives
- Absence of a clear and predictable legal framework

“Even though the law mentions the pharmacist’s educational role, there are no clear and consistent regulations for implementing, evaluating, and reimbursing these activities (such as counselling, screening, or vaccination).” – Romania



4. Enablers, policies, and collaboration structures

Advocacy:

- Australia: Sustained advocacy efforts led to medication safety
- Malta: Economic evidence to show cost-effectiveness of pharmacy services
- India: Support from industry and hospitals contributes to sustain nationwide education programmes

Academic collaboration:

- Malta: Interprofessional education of pharmacy and medical students
- Portugal: Pharmacy and university partnerships on iodine & sun-safety campaigns



5. Digital tools and technologies

Social media platforms (Instagram, Facebook, and LinkedIn), informational websites, mobile applications, and helplines are used to provide patient education and support health communication.

“Social media has become a key space for public health messaging. This year, the government spent more on social media advertising for the flu campaign than on traditional broadcast media.” – Australia



6. Opportunities for advancing health literacy

These opportunities include: Advocacy for equitable access to medicines; provision of health information through campaigns and communication channels; and, provision of diagnostic services.

“Pharmacies can become local hubs for health education campaigns, using posters, special events, short counselling sessions, and informative materials.” – Romania



7. Framework and training for health literacy

There is no dedicated national framework and training for health literacy in India, South Africa, and Romania.

In Malta, pharmacists benefit from CPD programmes developed in collaboration with the University of Malta’s Department of Pharmacy, ensuring direct alignment between academic training and professional practice.



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