

FIP representation at the 76th World Health Assembly

Summary Report for FIP Members

May 2023



fip

International
Pharmaceutical
Federation

Colophon

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International Pharmaceutical Federation (FIP)

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FIP Bureau members (vice presidents): Lars-Åke Söderlund (Sweden), Luís Lourenço (Portugal), and Prosper Hiag (Cameroon).

Member organisation representatives: Ema Paulino (Portugal), Jaw-Jou Kang (Taiwan, China), Katarina Milosevic Kostadinovic (Montenegro), Luna Al Bizri (Lebanon), Mark Koziol (UK), Mariet Eksteen (South Africa), Wael Ali (Egypt), and Yuh-Lih Chang (Taiwan, China).

Representatives from the Early Career Pharmaceutical Group: Amanda Cavness, Karolina Miljak, Rafa Al Khalifa, Safiye Çağansel, Viktoria Gastens, and Yu Ya Hwang.

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Foreword

Dear FIP members,

It is with great pleasure that I present to you this report, summarising our contributions at the 76th World Health Assembly (WHA). This event showcased the pivotal importance of our relations with the World Health Organization (WHO) on its 75th anniversary. By attending WHA76, we had the opportunity to witness, network and influence global health policies while championing the invaluable role of pharmacists, pharmaceutical scientists and educators in shaping the future of health care.

Since WHO inception in 1948, our official relations have been a cornerstone of our engagement and influence on the global health stage. As a non-governmental organization (NGO) in official relations, we joined with over 200 NGOs sharing similar status to actively participate in the WHO's governing bodies, including the WHA and related side events. This unique opportunity allows us to share our voice, articulate our positions and advocate matters profoundly important to pharmacy and the critical contributions pharmacists make towards global health priorities alongside all players in global health.

The WHA serves as the ultimate global policy-making body of WHO, where delegates from all member states and non-state actors convene to shape policies, appoint the director-general, supervise financial policies, and review proposed programme budgets and implications for state actors. At WHA76, FIP delegates participated in thought-provoking discussions to influence policies, and contribute our expertise to advance the pharmacy profession's role in achieving universal health coverage and improving patient outcomes.

Our engagement at WHA76 went beyond simply representing FIP. It provided a unique opportunity for our members to witness the global health landscape first-hand and understand the complex dynamics that shape it. By attending the WHA, our delegates gained valuable insights, expanded their networks, and connected with professionals, policymakers and stakeholders from around the world.

Moreover, our participation laid the foundation for establishing meaningful connections, fostering partnerships and influencing policies that will shape the future of pharmacy and healthcare systems worldwide. By participating in panel discussions, side events and receptions, we demonstrated the immense value pharmacists and pharmacy bring to healthcare systems and the critical role they play in improving health outcomes globally.

This report presents us with a valuable opportunity to reflect on the lessons we have collectively learned and use them to shape our future plans and programmes. Through this review, we will refine our strategies, strengthen our engagement with WHO, and develop meaningful partnerships with health ministers to drive positive change in global health policies.

I encourage you to use this report as a comprehensive overview of our contributions at WHA76. By sharing our experiences and insights, my hope is to inspire even greater engagement from our members. In closing, I extend my heartfelt gratitude to each and every one of you, our valued members, for your unwavering dedication, commitment and contributions to FIP's mission. It is through your passion and engagement that we continue to make a meaningful impact on global health for all, leaving no one behind.

Catherine Duggan
CEO, International Pharmaceutical Federation



Executive summary

The 76th World Health Assembly (WHA) witnessed robust and impactful participation from the International Pharmaceutical Federation (FIP) delegation, which comprised 21 members, including the Bureau, CEO, member organisations (MOs), predominantly scientific member organisations (PSMOs), Early Career Pharmacy Group representatives and FIP staff members. Throughout the WHA, FIP made significant contributions by presenting three constituency statements on the WHO's preparedness and response to health emergencies and universal health coverage (UHC) agenda items. Additionally, FIP delivered five individual statements covering crucial topics such as public health emergencies, medical products, infection prevention and control, well-being and health promotion, social determinants of health, patient safety and women's, children's, and adolescents' health.

The active engagement of the FIP delegation extended beyond statements, with participation in more than 50 side events that explored critical issues affecting global health. Furthermore, FIP hosted a networking reception, fostering collaboration among FIP delegates, colleagues from allied organisations, and WHO officers. This gathering provided an invaluable platform for knowledge exchange and relationship building.

In addition to the substantive contributions made during WHA76, FIP held business meetings with WHO officials on key topics, including tobacco control, substandard and falsified medicines, medicines regulations and patient safety. These meetings exemplified FIP's commitment to actively shaping global health policies and practices in collaboration with the WHO.

The robust presence and active participation of the FIP delegation at WHA76 underscored our dedication to advancing the pharmacy profession's role in global health.

This report is divided into several sections, each highlighting different aspects of FIP's participation at WHA76. Figure 1 provides a summary of the key parts covered in this report for easy reference:

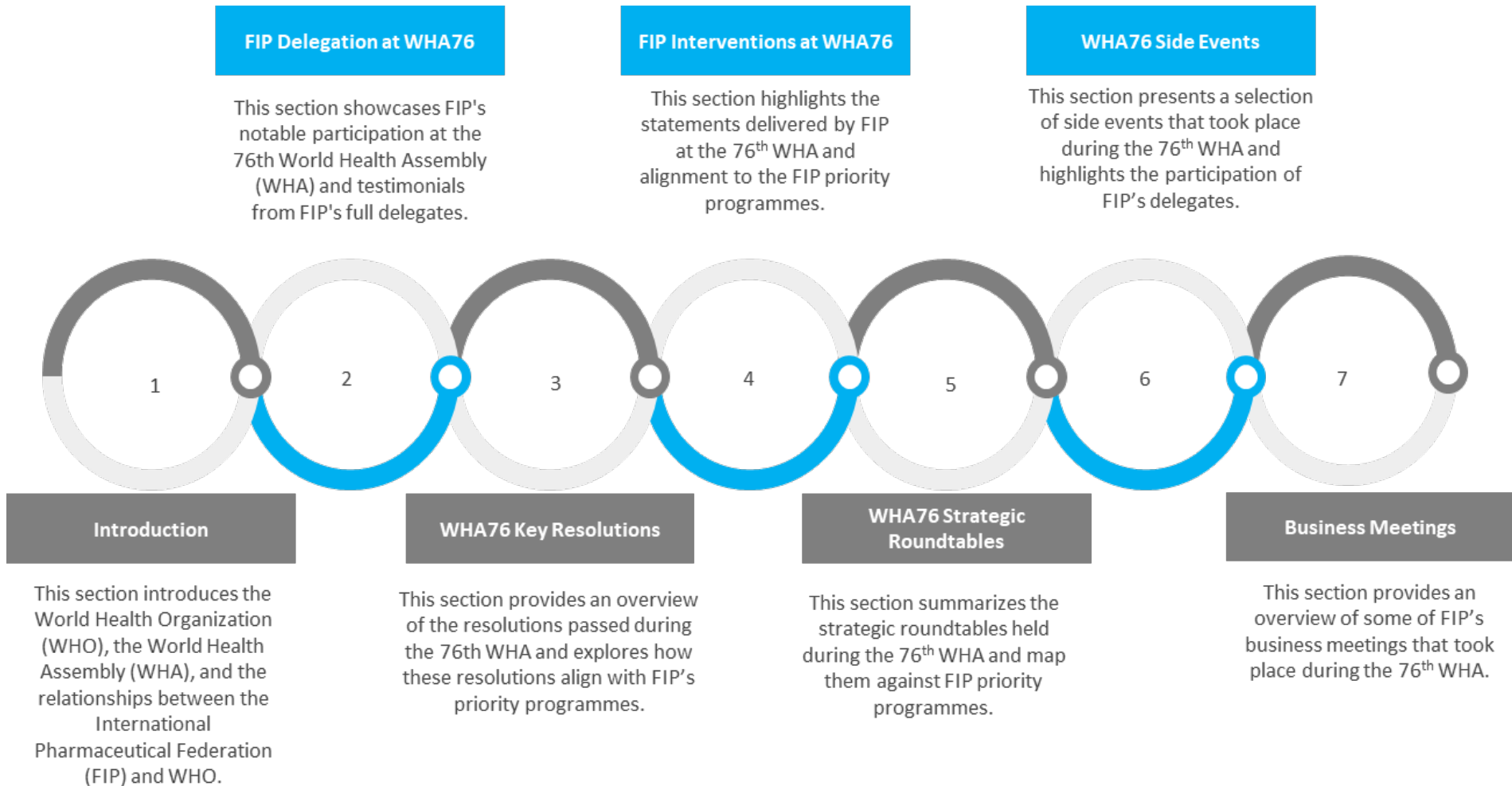


Figure 1. Overview of report sections.

1. Introduction

1.1 The World Health Organization

The World Health Organization (WHO) is an intergovernmental agency of the UN directing and coordinating international health matters, within the wider United Nations family. It was founded in 1948. Its objective is the attainment by all peoples of the highest possible level of health.¹ The constitution of the WHO can be found [here](#).

The WHO is involved at the global level through its headquarters in Geneva (Switzerland), at regional level through its six regional offices, and at national levels through WHO country offices.²

WHO is headed by an elected director-general, currently Dr Tedros Adhanom Ghebreyesus, from Ethiopia.³ In May 2022, he was re-elected to serve a second five-year term (2022–27). Dr Tedros was first elected in 2017. A director-general can be reappointed once, in accordance with World Health Assembly rules and procedures.⁴

1.2 WHO's 75th anniversary

On 7 April 2023, the WHO marked its 75th anniversary,⁵ uniting with its [194 member states and partners](#)⁶ to call for a renewed commitment to health equity.

The 75th anniversary of the WHO presents an opportunity to reflect upon the significant public health achievements that have elevated quality of life over the past seven decades. It also serves as a catalyst for inspiring collective action to address the present and future health challenges facing our world.

In celebration of the WHO's 75th anniversary, a timeline has been published, capturing memorable successes that have contributed to improved health outcomes worldwide. This timeline serves as a reminder of our shared achievements and provides inspiration as we confront the health challenges of the future.⁷ You can explore this timeline here: [Public health milestones through the years \(who.int\)](#).



1.3 The World Health Assembly

The World Health Assembly (WHA) is the general assembly of WHO member states (governments, state actors), represented by their minister of health or their representatives. The main functions of the WHA are to determine the policies of the WHO, appoint the director-general, supervise financial policies, and review and approve the proposed programme budget and focus on a specific health agenda.⁸

The member state delegations to the WHA include individuals from countries' ministries of health and other government departments directly responsible for health (e.g., food and pharmaceutical regulators) and from the countries' permanent missions to the UN in Geneva, which is typically part of the foreign affairs ministry. Representatives of the United Nations and other UN specialised agencies, such as the International Labour Organisation or the World Bank, also attend. FIP is under the category of observers at the WHA as representatives of "non-state actors in official relations with WHO".

The WHA takes place in the Palais des Nations in Geneva, Switzerland. Following the head of the WHO's declaration of the end of the COVID-19 pandemic as a public health emergency on 5 May 2023, in-person participation resumed from May 2023.

The WHA serves as a prominent global gathering, bringing together health ministers, governmental authorities, health policymakers, health-related NGOs, industry representatives, and WHO policy and technical officers. Alongside the WHA, numerous meetings and side events take place in various locations across Geneva, offering opportunities for networking and influencing policymaking. These events, though less formal and on a smaller scale, provided valuable avenues for engagement.



1.3.1 Meetings

At the WHA, two main types of meetings are held, each with a different purpose: plenary meetings and committee meetings.⁸

Plenary meetings are attended by all WHA delegates. The WHA meets in plenary sessions several times to listen to reports and adopt resolutions conveyed by the committees. The director-general and member states also address delegates at the plenary. This is where the agenda is discussed and adopted.

The technical briefings are organised separately on specific public health topics to present new developments in the area, provide a forum for debate and to allow for information sharing.

In addition, there are two types of committees. Committee A meets to debate technical and health matters as well as programme matters, and financial, management, administrative and legal issues are discussed by Committee B. The committees approve the texts of resolutions, which are then submitted to the plenary meeting.⁸

1.4 FIP's relationship with the WHO

Since its foundation in 1948, FIP has been a non-governmental organisation (NGO) in official relations with the WHO, together with over 200 other NGOs with similar status. FIP is therefore allowed to attend the meetings of the governing bodies of WHO, such as the WHA, the executive board meetings, and related side events to voice our positions on matters important to pharmacy and to how pharmacists may contribute to global health priorities.

Every NGO in official relations with the WHO has a focal point, namely, the WHO designated technical officer (DTO). For FIP, this is Dr Luther Gwaza, a pharmacist by background, who is the team lead in norms and standards for pharmaceuticals, health products policy and standards, and access to medicines and health products division at the WHO.

For more information and recent updates about the collaboration between FIP and WHO, you can read the latest report from [September 2022 to March 2023](#).

Following FIP signing the [Astana declaration](#) in October 2018, on universal health coverage and primary health care, we ensured pharmacy would deliver to leave no one behind. A [memorandum of understanding](#) between FIP and the WHO in 2019 strengthened collaboration to ensure healthy lives and well-being, building on the longstanding relationship since 1948.

Key areas of collaboration include:

- Patient safety;
- Antimicrobial resistance;
- Medicines shortages;
- Strengthening pharmaceutical workforce and education;
- Access to safe and quality medicines; and
- Non-communicable diseases.



FIP CEO, Dr Catherine Duggan, and WHO Director-General, Dr Tedros Adhanom Ghebreyesus, at the signing of the FIP-WHO memorandum of understanding in 2019

1.4.1 Global policies and their impact

Health policy refers to decisions, plans and actions that are undertaken to achieve specific healthcare goals within a society. It outlines priorities and the expected roles of different groups.

FIP closely observes the discussions at WHO and monitors the WHO priorities and plan of work, especially if those will likely impact pharmacy and require action from FIP MOs. FIP ensures that pharmacists' voice is heard and provides input and expertise in these matters.

2. FIP delegation at WHA76

The 76th World Health Assembly was held in Geneva, Switzerland, from 21 to 30 May 2023. This year's theme was: "WHO at 75: Saving lives, driving health for all".

In his opening remarks, director-general Dr Tedros Adhanom Ghebreyesus emphasised the significance of WHO's 75th anniversary, recognising past achievements while also highlighting the importance of learning from lessons and transitioning from the emergency phase of the COVID-19 pandemic. The goal is to create a future where every individual has equitable access to the necessary health services.

Recordings of the WHA76 sessions can be accessed here: [Seventy-sixth World Health Assembly \(who.int\)](https://www.who.int/news-room/76th-world-health-assembly)

WHA76 covered a wide range of topics related to public health, health emergencies, health systems, health promotion and health equity. It also featured a series of strategic roundtables where delegates, partner agencies, civil society representatives and WHO experts discussed current and future priorities for public health issues of global importance.

2.1 Composition of FIP delegation at WHA76

FIP had two types of delegates at WHA 76: full delegates and official delegates. The WHO had imposed a limit of accepting a maximum of six official delegates per non-state actor (NSA). While the number of official delegates from FIP was restricted by WHO regulations, there were additional avenues for engagement and influence beyond direct WHA participation.

Considering these factors, the composition of the FIP delegation was carefully deliberated and agreed upon by the FIP Bureau. Overall, FIP's delegation displayed a multifaceted approach, with official delegates playing a vital role in WHA proceedings while the full delegation encompassed a broader representation of FIP leadership, team members and MOs, fostering engagement and collaboration with key stakeholders.

The official FIP delegation comprised six delegates, as per the WHO limit. This official delegation included one representative from the FIP Early Career Pharmaceutical Group (ECPG), two FIP team members, and three MOs. These official delegates actively participated in the WHA meetings, delivering pre-scripted and agreed-upon statements on behalf of FIP. They were granted badges granting access to the United Nations buildings (Palais des Nations) and were able to contribute to strategic roundtables and events held at the Palais des Nations.



FIP official delegates. From left to right: Mariet Eksteen (Pharmaceutical Society of South Africa), Mark Koziol (Pharmacists Defence Association, UK), Safiye Çağansel (FIP Early Career Pharmaceutical Group), Farah Aqqad (FIP HQ), Aysu Selçuk (FIP HQ).

The full FIP delegation comprised the FIP CEO, select team members, Bureau vice presidents and interested MOs. This inclusive approach provided MOs with a valuable opportunity to engage with their respective countries' representatives, ministers and WHO officials, fostering meaningful interactions during WHA side events and receptions.



FIP full delegates captured during our FIP reception at the 76th World Health Assembly (WHA76).

In addition, the active participation of representatives from the FIP ECPG played a pivotal role in strengthening collaboration with the WHO Youth Workforce Hub and amplifying the voice of youth within global health discussions and side events.

Table 1 presents the delegates who represented FIP at the WHA. The full FIP delegation consisted of a total of 21 delegates, including six official delegates who attended the WHA sessions (marked with a *).

Table 1: FIP-WHA76 full delegates.

Name	Affiliation and role
Dr Catherine Duggan	FIP chief executive officer
Mr Luís Lourenço	FIP professional secretary
Dr Prosper Hiag	FIP vice president
Mr Lars-Åke Söderlund	FIP vice president
Dr Aysu Selçuk*	FIP policy, practice and compliance manager
Ms Farah Aqqad*	FIP regional engagement, support and development manager
Mr Gonçalo Sousa Pinto	FIP lead for practice development and transformation
Ms Safiye Çağansel*	FIP Early Career Pharmaceutical Group (ECPG) president
Dr Mariet Eksteen*	Pharmaceutical Society of South Africa (African region)
Mr Mark Koziol*	Pharmacists Defence Association (European region)

Dr Yuh-Lih Chang	Taiwan Society of Health-System Pharmacists (Western Pacific region)
Dr Wael Ali	Egyptian Organization of Pharmacy, Development, and Training (Eastern Mediterranean region)
Ms Ema Paulino	National Association of Pharmacies of Portugal (European region)
Prof. Jaw-Jou Kang	Pharmaceutical Society of Taiwan (Western Pacific region)
Ms Katarina Milosevic Kostadinovic	Pharmaceutical Chamber of Montenegro (European region)
Dr Luna Al Bizri	Lebanese Order of Pharmacists (Eastern Mediterranean region)
Dr Amanda Cavness	FIP ECPG
Ms Viktoria Gastens	FIP ECPG
Ms Rafa Al Khalifa	FIP ECPG
Ms Karolina Miljak	FIP ECPG
Ms Yu Ya Hwang	FIP ECPG

*FIP official delegates

Figure 2 illustrates a summary of FIP involvement at the WHA 76.

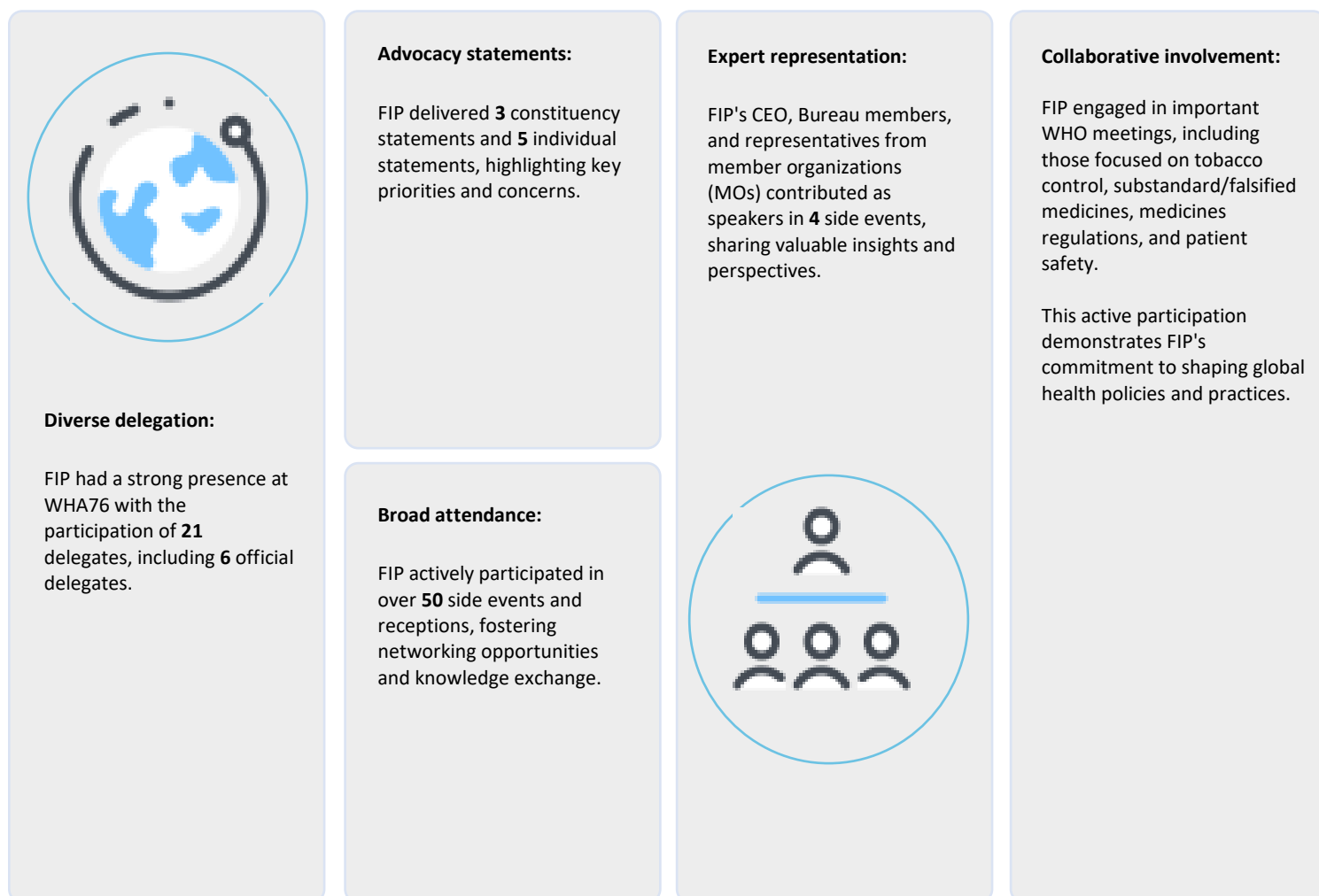


Figure 2. Summary of FIP's involvement at WHA76.

2.2 FIP-WHA76 delegates' testimonials

This section provides a summary of testimonials shared by the FIP full delegation regarding their experiences at WHA76.

Question 1. Could you share your overall experience attending the World Health Assembly?

Viktoria Gastens
FIP Early Career Pharmaceutical Group

"The WHA was an extremely inspiring event — I truly felt like being at the heart of global health and that the world comes together in Geneva to work on #HealthForAll"

Luna El Bizri
Lebanese Order of Pharmacists

"As a delegate representing my country, I had the opportunity to participate in side meetings held with government ministers. This experience provided valuable insights into the contrasting perspectives and priorities between the government and the pharmacists' organisation. Understanding these differences is crucial in determining the most effective approach when engaging with the government as a pharmacists' organisation"

Karolina Miljak
FIP Early Career Pharmaceutical Group

"I appreciated the fact that, alongside representing FIP and conveying its mission and vision to external parties, I had the chance to meet and get to know some of our FIP colleagues on a much deeper level than before. We were able to share experiences, thoughts, and ideas about how we can enhance pharmacy practices and elevate the importance of the pharmacy profession among other healthcare professions."

Prosper Hiag
Bureau member, FIP

"From my initial impression, I found this event to be highly constructive and enriching as it brought together all the key players in healthcare and self-care, particularly in light of the ongoing COVID-19 crisis. I must commend FIP for their exceptional organisation and seamless execution of the event."

Ema Paulino
National Pharmacy Association of Portugal

“I would say that the way that the FIP HQ prepared the attendance was very well thought of and it ensured that pharmacists were sitting at the table for the important discussions and were able to contribute with our point of view on the different topics.”

Mariet Eksteen
Pharmaceutical Society of South Africa

“I was absolutely blown away by the experience and opportunity to attend the World Health Assembly during 2023 and to celebrate WHO’s 75 year of existence. I found it fascinating to participate in this level of professional organisation, attending plenary, committee, and strategic roundtable discussions and to witness the leading global healthcare discussions. I am inspired by the level of leadership and dedication exhibited by global leaders towards Health for All.”

Safiye Çağansel
FIP Early Career Pharmaceutical Group

“There are a lot of opportunities for early career healthcare professionals in global health and yet a lot more can be done via inter-professional collaboration. During the WHA, I had the chance to observe how WHA setting, the discussions and health have drastically transformed in five years, when I have first attended the WHA71. I find it as a very rewarding experience: being able to join and listen to fruitful discussions during the side events or inside Palais des Nations.”

Rafa Al Khalifa
FIP Early Career Pharmaceutical Group

“The WHA76 experience was interesting yet fruitful on both the personal and professional levels. I enjoyed spending time with fellows from the delegation and getting to bond together”

Question 2. What were the key takeaways for you from the WHA? Were there any specific resolutions or discussions that left a lasting impact on you?

Luna El Bizri
Lebanese Order of Pharmacists

1. Emphasis on giving youth a prominent role among stakeholders, allowing them to be decision-makers rather than mere observers.
2. Focus on building capacities and actively listening to communities to understand their genuine needs, which will be crucial for future WHO targets.
3. Recognition of the challenges associated with achieving health and peace objectives, highlighting the importance of addressing these complex issues.
4. Acknowledgment of the COVID-19 pandemic as a significant learning opportunity for health emergencies, particularly in terms of studying successful approaches taken by smaller countries and fostering public-private partnerships to effectively respond to crises.

Karolina Miljak
FIP Early Career Pharmaceutical Group

1. The global demand and general narrative around health care and public perception of health have changed significantly in recent years.
2. Digital transformation and novel technologies used in pharmaceutical development and communication with patients opened a whole new "space" in which patients' voices and actions hold a high impact and a determinant role for the future directions of global healthcare.
3. The demand for accessible healthcare, ability to make informed health/self-care decisions and understanding of preventive measures (immunisation and infection prevention) call out for more pharmacists' support than ever before, especially with navigating patients in their communication with widely accessible "Dr Google".

Rafa Al Khalifa
FIP Early Career Pharmaceutical Group

- Healthcare systems are moving towards focusing on preventive care, digitisation and care coordination between different stakeholders. The pharmacist is an essential key player in this evolving landscape and direction of healthcare systems. Our contributions and interventions exposed this unattended fact.

Ema Paulino
National Pharmacy Association of Portugal

- The pandemic clearly showed that pharmacists are indeed part of the healthcare team and that they are an untapped resource that can now be further utilised, particularly in areas such as vaccination. I heard “pharmacists” being mentioned many more times than in the past.

Mariet Eksteen
Pharmaceutical Society of South Africa

1. Dr Alakija emphasised the importance of experiencing a problem first-hand to truly understand its impact, stating “no one knows where the shoe is pinching, unless you are wearing the shoe”. The strategic roundtable highlighted that the next pandemic is inequity and emphasised the need to act as if our own lives are at stake.
2. Dr Devora Kestel highlighted the significant return on investment in treating mental health, stating that every dollar spent yields a future return of 24 dollars through a productive and optimally functioning individual.
3. Dr Tedros highlighted the projected shortage of healthcare workers, calling for action to protect, invest and collaborate in addressing this issue.

Safiye Çağansel
FIP Early Career Pharmaceutical Group

- The attention that the World Health Organization (WHO) is devoting to advancing self-care for the purpose of achieving universal health coverage.
- The side events on access to vaccines and self-care were very interesting. I was able to address the issues of access to vaccines in middle- and low-income countries. We also highlighted the role of pharmacists in patient literacy to improve self-care. This raises the question of the quality of pharmacy education and health policy.

Prosper Hiag
Bureau member, FIP

- I was delighted to see that a lot of work had been done on the concept of self-care during WHA76 and to know that the WHO is placing significant focus on it to achieve universal health coverage.

Figure 3 presents a summary of responses from the FIP delegation regarding their perspectives on key global health issues discussed at WHA76. The figure aims to provide an overview of the diverse viewpoints and insights shared by the FIP delegation.

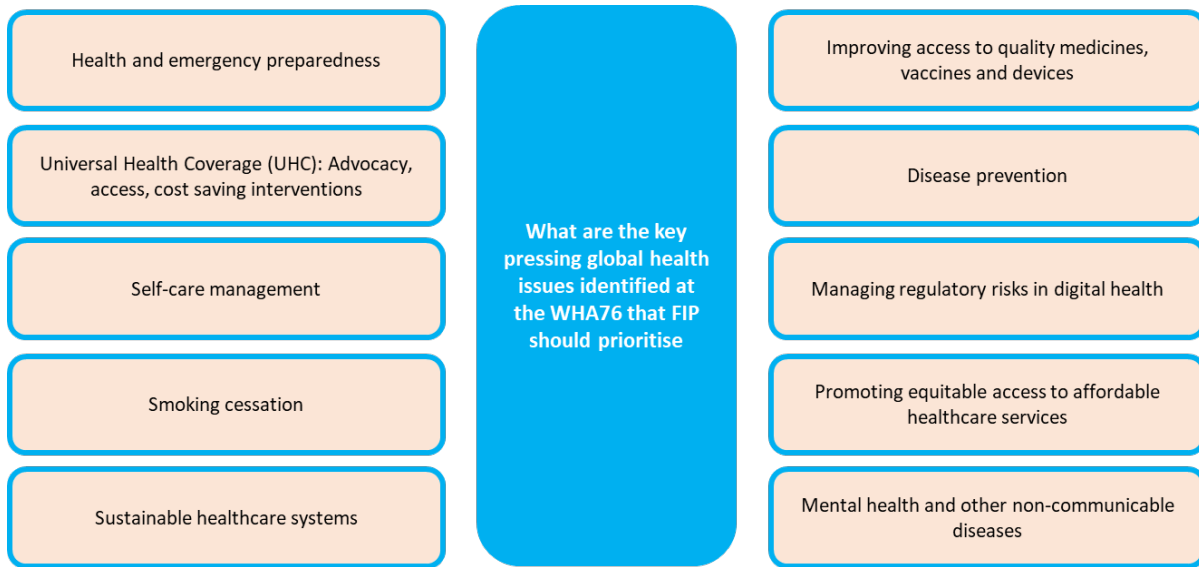


Figure 3. FIP delegation’s perspectives on key global health issues

3. WHA76 key resolutions

3.1 Summary of the WHA76 key resolutions

This section provides a summary of the WHA76 resolutions, highlighting their significance and implications for global health. Moreover, we explore the alignment of these resolutions with the priority programmes of FIP, representing the pharmacy profession's commitment to addressing key challenges and promoting health worldwide.

Below are some of the topics covered and resolutions that came out of the WHA76:



1. Pandemic prevention, preparedness and response accord:

The WHA76 adopted a landmark accord that aims to strengthen the global architecture for health emergency preparedness, response and resilience. The accord outlines the principles, commitments and actions that member states, the WHO and other stakeholders will take to prevent, prepare for and respond to future pandemics. The accord also calls for the establishment of a special session of the WHA in November 2023 to consider the development of a convention, agreement or other international instrument on pandemic prevention, preparedness and response.



2. Proposed programme budget 2024–2025:

The WHA76 adopted the proposed programme budget 2024–2025 that outlines the strategic priorities and resource requirements for the WHO's work in the next two years. The proposed programme budget is aligned with the WHO General Programme of Work 2019–2023 and reflects the lessons learned from the COVID-19 pandemic. The proposed programme budget also includes a new financing dialogue mechanism that aims to increase the predictability, alignment and flexibility of the WHO's funding.



3. Global Strategy for Women's, Children's and Adolescents' Health (2016–2030):

The WHA76 reviewed the progress and challenges in implementing the Global Strategy for Women's, Children's and Adolescents' Health and endorsed a new action plan to accelerate its achievement. The action plan focuses on six priority areas: strengthening leadership and accountability; improving quality, equity and dignity of care; addressing the health impacts of climate change and environmental degradation; advancing sexual and reproductive health and rights; harnessing innovation and digital health; and mobilising sufficient, sustainable and equitable financing.



4. Reorienting health systems to primary health care:

The WHA76 recognised the importance of primary health care as a resilient foundation for universal health coverage and agreed to prepare for a high-level meeting of the United Nations General Assembly on UHC in 2024. The WHA76 also adopted a resolution that urges member states to implement the Astana Declaration on Primary Health Care (2018) and to strengthen their health systems based on the principles of equity, solidarity, participation and multisectoral action.

5. Health of Indigenous Peoples:

The WHA76 adopted a resolution that recognises and addresses the health challenges faced by Indigenous Peoples, such as higher rates of communicable and noncommunicable diseases, lower life expectancy, poorer access to health services, and social and environmental determinants of health. The resolution also urges the WHO and its member states to take actions to improve the health and well-being of Indigenous Peoples, such as strengthening data collection and disaggregation, enhancing participation and partnership, promoting cultural safety and respect, and ensuring equitable access to quality health care.



6. Non-communicable diseases and mental health:

The WHA76 adopted a resolution that urges member states to implement the recommendations of the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (2018), and to adopt an acceleration plan to prevent and manage obesity over the life course. The resolution also calls for increased investment and action on mental health, especially in the context of the COVID-19 pandemic. The resolution also requests the WHO to monitor and report on the progress and challenges in addressing non-communicable diseases and mental health.



7. Achieving well-being:

The WHA76 agreed on a draft plan that suggests how to include well-being in public health using a way of improving health that focuses on the whole person and their environment. The draft plan says that well-being is not just about physical health, but also about mental, social, spiritual, and environmental factors that affect human life. The draft plan also asks member states to think about making national policies and strategies on well-being, based on what works and what is proven by research.



8. Poliomyelitis:

The WHA76 adopted two resolutions that reaffirm the commitment to polio eradication and call for effective transition planning and post-certification strategies to sustain the gains and benefits of polio eradication. The first resolution urges member states to intensify their efforts to interrupt wild poliovirus transmission in Afghanistan and Pakistan, as well as to prevent outbreaks of circulating vaccine-derived polioviruses in other countries. The second resolution calls for comprehensive polio transition planning at national and global levels, as well as for developing a post-certification strategy that will ensure the continuity of essential polio functions after global certification.



9. Health conditions in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan:

The WHA76 adopted a resolution that expresses concern over the health situation in the occupied Palestinian territory, including east Jerusalem, and in the occupied Syrian Golan, and requests the WHO to continue providing technical assistance and support to address the health needs of the affected populations. The resolution also calls for the respect of international humanitarian law and human rights law in relation to the provision of health services and access to health care in these areas.



10. Strengthening diagnostics capacity:

The WHA76 adopted a resolution that calls on member states to consider the establishment of national diagnostics strategies, as part of their national health plans, that include regulation, assessment and management of diagnostics and development of integrated networks to tackle all diseases and medical challenges, avoiding current silos often observed. The resolution also requests the WHO to develop a global action plan on diagnostics by 2024, in consultation with relevant stakeholders.

Figure 4. Summary of WHA76 resolutions and priorities.

3.2 Mapping WHA76 resolutions and key topics to FIP priority programmes

Table 2 summarises the key WHA76 resolutions and their alignment with FIP priority programmes (). This analysis highlights the connection between the global health agenda discussed at WHA76 and FIP's strategic priorities, highlighting areas of synergy and potential collaboration. It underscores FIP's commitment to addressing critical global health issues through its priority programmes.

Table 2. Mapping of WHA76 resolutions to FIP priority programmes.

WHA76 resolutions and key topics	FIP priority programmes
Pandemic prevention, preparedness and response accord	Prevention programme Sustainability in pharmacy programme
Proposed programme budget 2024–2025	(aligned to FIP strategy and annual plans)
Global Strategy for Women's, Children's and Adolescents' Health	Equity and equality programme
Reorienting health systems to primary health care	Primary health care programme
Health of Indigenous Peoples	Equity and equality programme Prevention programme
Non-communicable diseases and mental health	Non-communicable diseases programme
Achieving well-being	Sustainability in pharmacy programme, Transformation programmes: workforce, education, practice, Primary health care programme, Prevention programme (self-care)
Poliomyelitis	Prevention programme (vaccination) Equity and equality programme
Health conditions in occupied territories	Equity and equality programme Humanitarian programme
Strengthening diagnostics capacity	Prevention programme Non-communicable diseases programme

4. FIP interventions at WHA76

The participation of FIP at WHA76 was marked by a series of impactful statements that reflected FIP's commitment to advancing pharmacists' contributions to addressing global health priorities. These statements included both individual statements, where FIP representatives presented FIP's perspective on specific agenda items, and constituency statements, which involved collaborative efforts with partner organisations and alliances.

In this section, we highlight the statements delivered by FIP at WHA76 and their relevance to our FIP priority programmes (Tables 3 and 4).

Table 3. FIP-WHA76 constituency statements

Agenda item	Link to the statement	Alignment to FIP priority programme(s)
5.1 Strengthening WHO preparedness for and response to health emergencies (3 documents) (previously agenda item 13.1)	Statement led by the World Health Professions Alliance on COVID-19 impact on health workforce, and its contribution to pandemic response. https://www.fip.org/file/5544	Primary health care programme, prevention programmes, sustainability in pharmacy programme
13.1 Universal health coverage (previously agenda item 11.1)	Statement led by NCD Alliance and World Heart Federation, with a focus on NCDs https://www.fip.org/file/5541	Primary health care programme, non-communicable diseases programme
13.1 Universal health coverage (previously agenda item 11.1)	Statement led by Global Self-Care Federation and WONCA (World Federation of Family Doctors), with a focus on self-care and primary health care https://www.fip.org/file/5542	Primary health care programme, equity and equality programmes, transformation programmes

Table 4. FIP-WHA76 individual statements.

Agenda item	Link to the statement	Alignment to FIP priority programme(s)
14. Public health emergencies: preparedness and response	https://www.fip.org/file/5550	Primary health care programme, prevention programmes, humanitarian programme
13.3 Substandard and falsified medical products.	https://www.fip.org/file/5537	Antimicrobial stewardship programme, patient safety programme, prevention programmes

Item 13.5 Draft global strategy on infection prevention and control		
16.1 Well-being and health promotion	https://www.fip.org/file/5538	Equity and equality programmes, prevention programmes, transformation programmes
16.3 Social determinants of health		
Committee B — C. Global action on patient safety: resolution WHA72.6 (2019) and decision WHA74(13) (2021)	https://www.fip.org/file/5540	Patient safety programme
Committee A — 12. Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–2030) Document A76/5	https://www.fip.org/file/5539	Primary health care programme, non-communicable diseases programme, equity and equality programmes

Pictured below are the FIP official delegates as they deliver their individual statements on behalf of FIP during the WHA76.



Mark Koziol (bottom left) from the Pharmacists Defence Association, delivering FIP’s statement on public health emergencies: preparedness and response.



Mariet Eksteen (bottom right) from the Pharmaceutical Society of South Africa delivering FIP's statement on global strategy for women's, children's and adolescents' health.



Safiye Çağansel from FIP Early Career Pharmaceutical Group delivering FIP's statement on patient safety.



Farah Aqqad (bottom right) from the FIP team delivering FIP’s statement on substandard and falsified medical products and infection prevention and control.



Aysu Selçuk from the FIP team, delivering FIP’s statement on well-being and health promotion.

5. WHA76 strategic roundtables

The 76th World Health Assembly (WHA76) featured a series of strategic roundtables that brought together global health stakeholders to address critical issues and shape the future of global health. These roundtables covered a range of topics, including pandemic preparedness, health workforce investment, climate action, tuberculosis eradication, immunisation and tobacco control. Chapter 5 provides an overview of the discussions, outcomes, and collaborative efforts that emerged from the WHA76 strategic roundtables.

Table 5 provides a summary of the WHA76 strategic roundtables and maps them against FIP's priority programmes. This mapping allows us to identify the alignment between the roundtable discussions and FIP's priority programmes, highlighting areas of synergy and potential collaboration. By analysing these connections, we can better understand the role of the pharmacy profession in contributing to these important global health agendas.

Table 5. Summary of WHA76 strategic roundtables

Strategic roundtable title	Mapping to FIP priority programmes
The world together: Member state-led processes to strengthen pandemic prevention, preparedness and response, today and for generations to come	Sustainability in pharmacy programme
Protecting and investing in the health and care workforce: An action-oriented agenda for the second half of the SDGs	Primary health care programme
The role of the health community in climate action: Taking stock and moving forward	Sustainability in pharmacy programme Prevention programme
Ending TB by 2030: Universal access to care, multisectoral collaboration, and innovations to accelerate progress and combat antimicrobial resistance	Antimicrobial stewardship programme Prevention programme
Immunisation: Ensuring a safer and healthier tomorrow by catching up on routine immunisation today	Prevention programme
Celebrating the 20th anniversary of the adoption of the WHO framework convention on tobacco control: A fit-for-purpose life-saving treaty	Non-communicable diseases programme Prevention programme

5.1 The world together: Member-state led processes to strengthen pandemic prevention, preparedness, and response, today and for generations to come

The strategic roundtable on “The world together”, for the first time, has brought together the three key member state-led processes: the Intergovernmental Negotiating Body (INB) to draft and negotiate an international instrument on pandemic preparedness and response; the Working Group on Amendments to the International Health Regulations (2005) (WGIHR); and the high-level meeting of Pandemic Prevention, Preparedness and Response by the United Nations General Assembly.



Panellists of the round table.

Key issues discussed included:

1. The need for a comprehensive approach to pandemic prevention, preparedness and response that includes measures to strengthen surveillance and early warning systems, build up stockpiles of essential medical supplies, and develop and deploy effective vaccines and treatments.
2. The underlying drivers of pandemics, such as climate change, environmental degradation, and poverty, need to be addressed.
3. The need to ensure that pandemic prevention, preparedness and response efforts are equitable and inclusive and reach all populations, including those in marginalised and vulnerable communities.

Key recommendations that emerged included:

1. Strengthen surveillance and early warning systems.
2. Build up stockpiles of essential medical supplies.
3. Develop and deploy effective vaccines and treatments.
4. Address the underlying drivers of pandemics.

5. Ensure that pandemic prevention, preparedness, and response efforts are equitable and inclusive.

Key observations for FIP:

1. **Recognise the importance of international healthcare regulation:** FIP should actively engage in understanding and influencing the implications of the international healthcare regulation programme for pharmacy.
2. **Consider the value of simulation exercises:** There was a suggestion to conduct simulation exercises, and FIP should carefully consider the potential value of such exercises. Exploring this possibility can enhance preparedness and help identify areas for improvement in pharmacy's response to health emergencies.
3. **Advocate the inclusion of pharmacy in pandemic response frameworks:** FIP should emphasise the crucial role of pharmacy, particularly community pharmacy, within the future pandemic response framework developed by the WHO. By highlighting the expertise and contributions of pharmacists, FIP can ensure that pharmacy is recognised and integrated into global strategies for pandemic preparedness and response.
4. **Ensure FIP's accomplishments are acknowledged:** FIP should ensure that the valuable work already accomplished by the organisation is acknowledged and considered during the development of the pandemic response framework. This includes sharing best practices, evidence-based approaches and successful initiatives implemented by FIP and its member organisations.
5. **Proactively fill gaps in the framework:** After the pandemic response framework is published, FIP should assess whether there are any gaps or areas where pharmacy can contribute effectively. By identifying these gaps and proactively filling them, FIP can ensure that pharmacy's expertise and resources are maximised in addressing health emergencies and advancing global health priorities.

For further details of the programme and panellists of this strategic roundtable and to watch the recording, visit the WHO website [here](#).

5.2 Protecting and investing in the health and care workforce: An action-oriented agenda for the second half of the SDGs

The roundtable on protecting and investing in the workforce brought together member states, international organisations and civil society representatives to discuss the importance of protecting and investing in the health and care workforce. Participants highlighted the need for a comprehensive approach to workforce planning and development that includes measures to attract and retain qualified health workers, provide them with adequate training and support, and protect them from violence and abuse. Alarming, there is a high prevalence of anxiety, stress and burnout among health and care workers, exacerbating long-standing systemic challenges.



FIP Official Delegates with FIP CEO, joining the strategic roundtable left to right: Mark Koziol (Pharmacists Defence Association, UK), Aysu Selçuk (FIP staff), Safiye Çağansel (FIP ECPG president, Cyprus), Farah Aqqad (FIP staff), Catherine Duggan (FIP CEO) and Mariet Eksteen (Pharmaceutical Society of South Africa).

Key issues discussed included:

1. The need for a global workforce strategy that includes measures to address the shortage of health workers, the unequal distribution of health workers, and the brain drain of health workers from low- and middle-income countries.
2. The need to invest in the education and training of health workers, including through scholarships and fellowships.
3. The need to provide health workers with adequate salaries and benefits, and to protect them from violence and abuse.
4. The need to create a supportive environment for health workers, including providing them with access to quality training, supervision and continuing education.

Key recommendations that emerged included:

1. Develop and implement a comprehensive global workforce strategy: This strategy should address workforce planning, recruitment, training and retention to ensure an adequate and skilled health and care workforce worldwide.
2. Invest in education and training: Governments and stakeholders should prioritise investment in the education and training of health workers, ensuring access to quality education programmes and continuous professional development opportunities.

3. Provide competitive salaries and benefits: Adequate remuneration and comprehensive benefit packages should be offered to health workers to attract and retain qualified professionals, addressing issues of inequitable pay and improving job satisfaction.
4. Create supportive work environments: Policies and initiatives should be implemented to promote a supportive and enabling work environment for health workers, including access to necessary resources, workplace safety measures and supportive management practices.
5. Address gender pay gap: Efforts should be made to address and eliminate gender pay gaps in the health and care sector, ensuring equal pay for equal work and promoting gender equity within the workforce.
6. Prevent brain drain: Collaborative efforts should be undertaken to prevent the migration of healthcare workers from resource-limited countries to wealthier nations. This can be achieved through providing incentives for health workers to remain in their home countries, such as improved working conditions, better salaries and career development opportunities.
7. Prioritise primary care: Governments and healthcare systems should prioritise the recruitment, training, and support of primary care workers, recognising their crucial role in delivering comprehensive and preventive care, managing chronic diseases and promoting community health.
8. Understand healthcare staff motivation: Efforts should be made to understand the motivations and needs of healthcare staff to inform the development of effective policies and programmes. This can be achieved through engagement, research, and feedback mechanisms to ensure that interventions align with the aspirations and motivations of health workers.
9. Strengthen multisectoral collaboration: Collaboration between governments, healthcare institutions, educational institutions and other relevant stakeholders should be strengthened to address workforce challenges and ensure coordinated efforts in building a resilient and sustainable health and care workforce.
10. Monitor and evaluate workforce interventions: Robust monitoring and evaluation mechanisms should be established to assess the impact of workforce interventions, identify areas for improvement, and inform evidence-based decision-making for future workforce planning and development.

Key observations for FIP:

1. **Skill mix:** FIP needs to recognise the growing significance of skill mix within the pharmacy profession and consider its implications for the organisation's work.
2. **Labour relations:** The role of labour relations in fostering sustainable development in pharmacy practice and driving progress should be given due consideration by FIP.
3. **Recruitment and retention:** FIP should focus on identifying key markers that contribute to the recruitment and retention of pharmacists and their teams. Understanding pharmacist motivation is also crucial in this regard.
4. **Global Pharmaceutical Observatory:** The considerations mentioned introduce a new and important element to FIP's global observatory, warranting dedicated attention and integration into its work.

For further details of the programme and panellists of this strategic roundtable and to watch the recording, visit the WHO website [here](#).

5.3 The role of the health community in climate action: Taking stock and moving forward

The climate roundtable discussed the role of the health community — including frontline health workers, ministries of health, intergovernmental and nongovernmental health organisations and health academics — in addressing the

climate crisis. It was used as a medium to identify opportunities, including the United Nations Framework Convention on Climate Change (UNFCCC) COP28, the UN Secretary-General Climate Ambition Summit 2023, and the WHA76, to firmly place the health community and the WHO as key actors in addressing the climate crisis, and to drive action.

Key issues discussed included:

1. The health community can play a role in raising awareness of the health impacts of climate change, such as heat waves, air pollution and the spread of infectious diseases. This can be done through public education campaigns, training for health workers and advocacy with policymakers.
2. The health community can support policies that reduce greenhouse gas emissions, such as investing in renewable energy, improving energy efficiency, and reducing deforestation. These policies can help to protect public health by reducing the risk of climate change-related health problems.
3. The health community can help communities adapt to the impacts of climate change, such as by developing early warning systems for heatwaves and floods, and by providing training for health workers on how to treat climate-related health problems.

Key recommendations that emerged included:

1. Increase awareness of the health impacts of climate change.
2. Promote policies that reduce greenhouse gas emissions.
3. Adapt to the impacts of climate change.
4. Strengthen the health workforce.
5. Invest in research.
6. Build partnerships.

Key observations for FIP:

1. **Recognise the significant health impacts of climate change:** FIP should increase awareness and understanding among its members and the broader healthcare community about the health risks associated with climate change, such as heatwaves, air pollution and infectious diseases. This knowledge will enable pharmacists to play a more active role in addressing these impacts.
2. **Advocate policies to reduce greenhouse gas emissions:** FIP should actively promote policies that aim to reduce greenhouse gas emissions, such as supporting the use of renewable energy sources, implementing energy-efficient practices and advocating sustainable transportation. These efforts will contribute to mitigating climate change and protecting public health.
3. **Strengthen the role of pharmacists in climate change mitigation and adaptation:** FIP should encourage pharmacists to integrate climate change considerations into their professional practices. This can be achieved through providing education and training on climate-related health issues, promoting sustainable healthcare practices and advocating the inclusion of pharmacists in climate change planning and decision-making processes.
4. **Foster research and innovation:** FIP should promote research initiatives that explore the intersection between climate change and pharmacy practice. This includes supporting studies on the environmental impact of pharmaceutical products, the development of sustainable healthcare technologies and the evaluation of interventions aimed at addressing climate-related health issues.
5. **Foster collaborations and partnerships:** FIP should actively engage with relevant stakeholders, including international organisations, governments and other healthcare professionals, to foster collaborations and partnerships that address the health implications of climate change. This includes participating in global

initiatives, sharing best practices, and advocating the inclusion of health considerations in climate change policies and strategies.

For further details of the programme and panellists of this strategic roundtable and to watch the recording, visit the WHO website [here](#).

5.4 Ending TB by 2030: Universal access to care, multisectoral collaboration, and innovations to accelerate progress and combat antimicrobial resistance

The tuberculosis (TB) roundtable focused on the challenges and opportunities to end TB by 2030, by building on equitable universal access to TB prevention and care, and in alignment with the agendas of universal health coverage, antimicrobial resistance and pandemic preparedness. TB remains among the world's top fatal infectious diseases. In 2021, 1.6 million people lost their lives to TB. In 2018, world leaders at the UN High-Level Meeting on TB adopted a historic declaration ([A/RES/73/3](#)), with ambitious targets. The declaration catalysed progress towards ending TB, saving lives. However, disruptions caused by the COVID-19 pandemic coupled with other ongoing global crises have reversed years of progress.

Dr Lucica Ditiu, executive director of the Stop TB Partnership, emphasised the need for increased and sustained funding for universal access to TB services during the discussion. To get back on track in the fight against TB, it is crucial to deliver TB services without stigma and discrimination, address antimicrobial resistance and take multisectoral actions to tackle the underlying drivers of the epidemic. Furthermore, the development of better tools, including vaccines and innovative strategies, is essential. The upcoming second UN High-Level Meeting on TB in September holds the potential to provide the necessary political impetus to turn the tide in the fight against tuberculosis.



Aysu Selçuk (FIP staff), Safiye Çağansel (FIP ECPG president) and Gonçalo Sousa Pinto (FIP staff) attending the roundtable on Ending TB by 2030.

Key issues discussed included:

1. The need to address the social determinants of TB, such as poverty, inequality and stigma.
2. The need to develop new tools and approaches to prevent and treat TB, including new drugs, diagnostics and vaccines.
3. The need to strengthen the TB workforce and to improve the quality of TB care.
4. The need to build and sustain political will for TB control.

Key recommendations that emerged included:

1. Ending TB by 2030 is a feasible goal, but it will require increased investment, improved access to care, enhanced collaboration and strengthened advocacy.
2. Governments, businesses and foundations should increase investment in TB prevention and care, including new drugs, diagnostics, and vaccines.
3. Governments should improve access to TB care, including for people living with HIV and other marginalised groups.
4. Governments, businesses and civil society organisations should enhance collaboration between different sectors, including health, development and finance.
5. Civil society organisations and the private sector should strengthen advocacy for TB, including by raising awareness of TB among the public and policymakers.

Key observations for FIP:

1. Pharmacists in countries where TB remains prevalent can play an important role in improving access to TB care, namely through the provision of directly-observed treatment short-course (DOTS), triaging patients presenting with cough based on evidence-based guidelines, monitoring antimicrobial resistance and promoting antimicrobial stewardship, among other roles.
2. It is important for pharmacists to step forward and advocate their integration in TB care policies and strategies.
3. FIP and the WHO adopted a joint declaration on the role of pharmacists in tuberculosis and control in 2011, which can be used to support and advance the role of pharmacists globally in this area.

For further details of the programme and panellists of this strategic roundtable and to watch the recording, visit the WHO website [here](#).

5.5 Immunisation: Ensuring a safer and healthier tomorrow by catching up on routine immunisation today

The immunisation roundtable aimed to explore the factors contributing to the remarkable progress made by many countries in immunisation recovery and the strategies driving their success. With a specific focus on the role of community health workers, the roundtable examined how their involvement plays a crucial role in achieving global immunisation targets. The session featured insightful discussions involving healthcare workers, ministers, and representatives from governments, multilateral organisations and civil society. Each stakeholder shared their perspectives on the necessary actions required to reach all children and adolescents, emphasising the importance of collective efforts to ensure health for all through comprehensive immunisation coverage.

The discussion centred around the profound impact of the COVID-19 pandemic on routine immunisation, resulting in approximately 67 million children missing out on essential vaccines in the past three years. With a collective commitment to reverse this trend, the roundtable examined the key factors driving successful immunisation recovery.



Panellists at the round table together with Dr Tedros, WHO Director General.

Key issues discussed included:

1. Governments should make routine immunisation a priority. Governments should invest in immunisation programmes and should ensure that all children and adults have access to vaccines.
2. Healthcare providers should educate patients about the importance of immunisation. Healthcare providers should also ensure that all patients are up to date with their immunisations.
3. Communities should support immunisation programmes. Communities can support immunisation programmes by raising awareness of the importance of immunisation, and by encouraging families to get their children vaccinated.

Key recommendations that emerged included:

1. Emphasise the importance of routine immunisation: Routine immunisation is crucial for safeguarding individuals against preventable diseases. It is essential to reinforce the message that vaccines are safe and effective in protecting both children and adults.

2. Ensure universal access to vaccines: Every child and adult should have equal access to vaccines, regardless of their geographic location, socioeconomic status or other factors. Efforts should be made to remove barriers to immunisation and ensure that vaccines are accessible to all.
3. Shared responsibility among governments, healthcare providers, and communities: Governments, healthcare providers, and communities all have a role to play in ensuring that everyone is immunised. Governments should prioritise immunisation programmes, healthcare providers should deliver vaccines effectively, and communities should actively participate in promoting and supporting vaccination efforts.
4. Strengthen immunisation systems: It is important to invest in strengthening immunisation systems, including supply chain management, vaccine delivery infrastructure and healthcare workforce training. By enhancing these systems, we can improve immunisation coverage and reach underserved populations effectively.

Key observations for FIP:

1. **FIP's focus on a life-course approach to vaccination:** FIP has prioritised the role of pharmacists in contributing to a life-course approach to vaccination. This includes ensuring accessible, diversified, and simplified vaccination pathways and services to cater to individuals of all ages and health situations.
2. **Pharmacists as key players in building vaccine confidence:** Pharmacists play a crucial role in building vaccine confidence and addressing vaccine hesitancy and complacency. Leveraging their expertise and trusted relationships with the community, pharmacists can provide reliable information, address concerns and promote the importance of vaccination.
3. **Ensuring universal access to vaccines:** FIP recognises the importance of ensuring that everyone, regardless of age, health situation or other factors, has access to all the vaccines they need. Pharmacists are seen as part of the solution in achieving high vaccination coverage rates, particularly among population groups at higher risk of acquiring vaccine-preventable diseases and experiencing severe forms of these infections.

For further details of the programme and panellists of this strategic roundtable and to watch the recording, visit the WHO website [here](#).

5.6. Celebrating the 20th anniversary of the adoption of the WHO framework convention on tobacco control: A fit-for-purpose life-saving treaty

As part of WHO's 75th anniversary, WHA76 celebrated the 20th anniversary of one of the key milestones in the history of WHO: the adoption of the first international public health treaty. The WHO Framework Convention on Tobacco Control (FCTC), an evidence-based instrument, provides new legal dimensions for international cooperation. Member states were called to action to accelerate implementation of the FCTC measures.

The purpose of the roundtable was to discuss the progress that has been made in tobacco control since the adoption of the FCTC in 2003, and to identify the challenges that remain.

Key issues discussed included:

1. Several successes in tobacco control, including:
 - A decline in global tobacco consumption;
 - A decline in the number of deaths from smoking-related diseases; and

- The implementation of FCTC measures in many countries.
- 2. Several challenges in tobacco control, including:
 - The tobacco industry's continued efforts to undermine tobacco control efforts;
 - The high cost of tobacco cessation products in some countries; and
 - The lack of access to cessation services in some countries.

Participants concluded that the FCTC is a valuable tool in the fight against tobacco use. They called on governments, civil society organisations and the private sector to work together to ensure that the FCTC is fully implemented and that its benefits are realised for all.

The roundtable was a valuable opportunity for the health community to come together and discuss the progress that has been made in tobacco control since the adoption of the FCTC. Participants shared their experiences and ideas, and they developed a number of recommendations for how the health community can continue to fight tobacco use. The roundtable was a positive step forward in the fight against tobacco use.

Key recommendations that emerged included:

1. Increase investment in tobacco control: Governments, civil society organisations and the private sector should increase investment in tobacco control programmes. This investment should be used to promote cessation, reduce tobacco use among young people and implement FCTC measures.
2. Strengthen tobacco control laws: Governments should strengthen tobacco control laws to ensure that they are comprehensive and effective. This includes laws that prohibit tobacco advertising, promotion and sponsorship, that require plain and standardised packaging, and that place large and clear health warnings on all tobacco products.
3. Increase taxes on tobacco products: Governments should increase taxes on tobacco products to make them more expensive. This will discourage consumption and generate revenue that can be used to fund tobacco control programmes.
4. Provide cessation services: Governments should provide cessation services to help people quit smoking. This includes counselling, medication and support groups.
5. Address the social determinants of tobacco use: The social determinants of tobacco use, such as poverty, inequality and stigma, contribute to tobacco use. Governments should address these social determinants to reduce tobacco use.
6. Hold the tobacco industry accountable: The tobacco industry is responsible for the harm caused by tobacco use. Governments should hold the tobacco industry accountable for its actions by, for example, requiring the industry to pay for the health care costs of tobacco-related diseases.

Key observations for FIP:

1. **Collaboration with WHO Tobacco Control Unit:** FIP is actively collaborating with the WHO Tobacco Control Unit to harness the global potential of pharmacists in delivering comprehensive tobacco cessation services. This collaboration aims to expand the reach and accessibility of these services worldwide.
2. **Pharmacists as providers of tobacco cessation services:** Pharmacists are well-positioned to offer effective tobacco cessation services, utilising both pharmacological and behavioural approaches. Their expertise in medication management and patient counselling enables them to play a crucial role in supporting individuals in their journey to quit smoking.
3. **FIP resources to support pharmacists:** FIP has developed valuable resources, including a handbook, knowledge and skills guide, and a holding statement on e-cigarettes. These resources equip pharmacists

with the necessary tools and knowledge to effectively deliver tobacco cessation services and address emerging trends such as e-cigarette use.

4. **Promoting implementation at country level:** FIP recognises the importance of promoting the implementation of tobacco cessation services by pharmacists at country level. To achieve this, FIP will collaborate with its member organisations, starting with India and Jordan, to advocate the integration and expansion of these services within national healthcare systems.

For further details of the programme and panellists of this strategic roundtable and to watch the recording, visit the WHO website [here](#).

6. WHA76 side events

6.1 FIP’s supported events


As part of its commitment to advancing the pharmacy profession and improving patient care worldwide, FIP supported several events during the WHA76. These events provided a platform for experts, stakeholders, and policymakers to come together and exchange ideas, best practices, and innovative solutions. Topics covered a wide range of crucial issues, including access to medicines, pharmacy workforce development, quality assurance in pharmacy education, and the role of pharmacists in public health.

In addition to the supported events, FIP’s representatives actively participated as speakers in various side events at WHA76. Through these speaking engagements, FIP shared its expertise and perspectives on key pharmacy-related topics, advocating the role of pharmacists as essential healthcare providers. FIP’s representatives emphasised the importance of integrating pharmacy services into primary healthcare systems, improving medication safety, promoting rational use of medicines and addressing global health challenges.



The list of side events where FIP had supported is listed in Table 6 below:



Table 6: FIP supported events at WHA76.


Title*	Organiser	Summary	Alignment with FIP priority programmes
Developing robust and resilient patient partnerships with health professionals to promote patient-centred, compassionate and humanised healthcare	International Alliance of Patients’ Organizations	Catherine Duggan, FIP CEO, spoke at the event, and focused on the following areas: <ul style="list-style-type: none"> - FIP’s scope of work on self-care and management of common ailments; - The role of pharmacists during the pandemic; and - FIP’s work on pandemic preparedness, including the 10 pandemic response themes and sustainability in pharmacy. Event recording can be accessed here	Primary health care; patient safety; sustainability in pharmacy

Title*	Organiser	Summary	Alignment with FIP priority programmes
			
FIP reception	International Pharmaceutical Federation	The FIP reception at WHA76 served as a gathering of FIP delegates, including MO representatives, the ECPG team, FIP HQ team, along with our esteemed partners from IPSF, and officers from the WHA. This event provided a unique opportunity for networking, collaboration, and sharing of ideas to advance global pharmacy practice.	NA

Dr Catherine Duggan, FIP CEO, presenting on the role of pharmacists in selfcare, pandemic response and preparedness, and pharmacy profession development at the event.

Title*	Organiser	Summary	Alignment with FIP priority programmes
<div style="display: flex; justify-content: space-around;">   </div> <p data-bbox="183 858 1637 916">Picture on the left: FIP CEO Dr Catherine Duggan delivers a speech at the FIP reception. Picture on the right: A group picture at the FIP reception.</p>			
<p>Leaving no one behind: Progress on life course immunisation roundtable</p>	<p>International Longevity Centre UK</p>	<p>Luís Lourenço, FIP professional secretary, presented the huge contribution that pharmacists are making in life-course vaccination.</p> <p>FIP is also pleased to be in a new alliance — the Healthy Ageing and Prevention Coalition — launched during the assembly, ensuring that our profession is represented in joint work in this area. The coalition was launched at this side event.</p>	<p>Equity and equality programme Prevention programme Non-communicable diseases programme</p>



Title*	Organiser	Summary	Alignment with FIP priority programmes
<div style="display: flex; justify-content: space-around;">   </div> <p data-bbox="226 807 1597 868">Involvement of FIP Bureau representatives at the event. The picture on the left is Luís Lourenço (Bureau Member) delivering a presentation on the subject, while the picture on the right is Prosper Hiag (Bureau Member) contributing with an intervention.</p>			
Self-Care Resolution Coalition	Global Self-Care Federation	<p data-bbox="810 911 1328 994">Mariet Eksteen, from the Pharmaceutical Society of South Africa, spoke at this event, and focused on the following areas:</p> <ul style="list-style-type: none"> <li data-bbox="810 1046 1350 1219">- Pharmacists as a resource for self-care — Pharmacists are well-positioned resources to support self-care, enhance patient health literacy, and promote preventive care. The expansion of their scope of practice would further amplify their impact in these areas. <li data-bbox="810 1230 1328 1342">- Active patient role in care — Patients were encouraged to actively participate in their own care, with pharmacists playing a supportive role along the care continuum. 	Prevention programme

Title*	Organiser	Summary	Alignment with FIP priority programmes
			
<p>FIP delegate, Mariet Eksteen (South Africa) participating at the event.</p>			
<p>Pharmaceutical Society of Taiwan forum: Leveraging the expanded role of pharmacists for resilient health systems; contributions to pandemic response and medicine shortages</p>	<p>Pharmaceutical Society of Taiwan</p>	<p>FIP CEO Catherine Duggan, along with FIP Vice-Presidents Prosper Hiag and Lars-Åke Söderlund, spoke at this event.</p> <p>The event showcased presentations by representatives from our Taiwanese MOs: Yuh Lih Chang from the Taiwanese Society of Hospital Pharmacies and Jaw-Jou Kang from the Pharmaceutical Society of Taiwan.</p> <p>Key topics covered included:</p> <ul style="list-style-type: none"> - The expanded role of pharmacists during and beyond the pandemic, focusing on protecting progress and preparing for future challenges; 	<p>Sustainability in pharmacy programme</p>

Title*	Organiser	Summary	Alignment with FIP priority programmes
		<ul style="list-style-type: none">- The crucial role of pharmacists in minimising the impact of medicine shortages at both the system and patient levels; and- The significant contributions of hospital pharmacists during the COVID-19 pandemic and their role in managing drug shortages.	



On the left, Prosper Hiag (Bureau Member) delivers insights on the contribution of pharmacists to pandemic preparedness, and on the right, Lars-Åke Söderlund (Bureau Member) discusses the role of pharmacists in addressing medicine shortages.

Title*	Organiser	Summary	Alignment with FIP priority programmes
			
<p>Picture on the left: FIP delegate Yuh-Lih Chang (Taiwan) talks about the role of hospital pharmacists during the pandemic. Picture on the right: FIP delegates with the organisers from the Pharmaceutical Society of Taiwan.</p>			

6.2 Other side events

presents a list of other side events attended by the FIP delegation, including key messages and highlights, and how these events align with FIP's priority programmes. Attending these side events provided FIP delegates with the opportunity of highlighting pharmacists' contributions to the various topics, voicing our concerns, engaging with key stakeholders, learning about new developments in each area, and networking with related organisations, policy-makers and experts.

7. Business meetings

During the World Health Assembly, FIP organised several business meetings, which highlighted its commitment to global goals. These meetings included engaging discussions with various stakeholders, such as the WHO Tobacco Cessation Unit, other WHO colleagues and health ministers.

In the meeting with the WHO Tobacco Cessation Unit, FIP focused on its extensive work in tobacco cessation. This encompassed the development of valuable resources, hosting informative webinars and collaborating with the WHO on a joint declaration. Furthermore, FIP discussed plans to support the implementation of tobacco cessation services in India and Jordan through partnerships with member organisations and the WHO.

FIP also had the opportunity to meet Luther Gwaza, the designated technical officer for FIP at WHO, and Rogério Gaspar, the director of the WHO Regulation and Prequalification Department and Access to Medicines and Health Products Division. These meetings fostered discussions on potential collaborations, exploring avenues where FIP and WHO could join forces to address pertinent global health challenges.

FIP also had a meeting with the WHO Substandard and Falsified Medicines Unit via Pernette Esteve, technical officer, incidents and SF medical products, to address critical issues concerning medicines, including quality, accessibility and regulatory aspects.

In addition, FIP actively participated in a consultation meeting and reception in preparation for the Tallinn Charter 15th anniversary conference. During this event, FIP provided valuable insights and expertise aimed at advancing pharmacy practice and enhancing patient care.

Furthermore, FIP had the privilege of attending an invitation-only lunch with the Minister of Health and Welfare of Taiwan. This exclusive gathering provided a high-level platform for in-depth discussions on various healthcare and pharmacy-related matters, allowing FIP to contribute to important conversations and strengthen relationships with key stakeholders.

Through these engagements, FIP conveyed a clear message to ministers and stakeholders about the essential role of pharmacists in health care. FIP continues to advocate the involvement of pharmacists, pharmaceutical scientists and pharmacy educators in the global health agenda, working towards improving health outcomes worldwide.





FIP Bureau and staff during their participation in WHO meetings.



FIP Bureau and staff during their participation in WHO meetings.

8. Conclusions

This report serves as a comprehensive overview of FIP's engagement and contributions at the 76th World Health Assembly. FIP is proud to have represented the pharmacy profession and advocated its crucial role in shaping global health policies.

One of our key objectives during WHA76 was to identify synergies between FIP's priorities and the discussions held at the assembly. We have successfully mapped our FIP priorities in this report, enabling us to identify areas of alignment and plan our next steps accordingly. This strategic approach will guide our efforts across different programmes, ensuring that our actions are impactful and in line with global health priorities.

We extend our sincere appreciation to all the FIP delegates who actively participated and contributed to the discussions at WHA76. Their dedication, expertise and commitment have played a significant role in advancing the pharmacy profession and promoting the importance of pharmacists in achieving universal health coverage.

We are grateful for the support and contributions of our members, partners, and stakeholders in this journey. Together, we will continue to make a meaningful impact on global health, leaving a lasting legacy for future generations. We eagerly anticipate the next World Health Assembly and the opportunities it will bring to further advance our mission.

We are excited about the opportunities that lie ahead. Building on the valuable learnings from the WHA, we will focus on developing robust plans for engaging with health ministries at both national and international levels. By establishing strong partnerships and collaborations, we will work towards driving positive change in global health policies and promoting the role of pharmacists in improving patient outcomes.

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Appendix 1. About the FIP priority programmes for 2023 and 2024.

The FIP priority programmes are made up of various projects, led by different teams, under the RACI (Responsible, Accountable, Consulted, and Informed) model. They are described to cover 2023 and 2024 to ensure we have some capacity and sustainability. We will be updating the FIP strategy at the end of 2024, to cover 2025 to 2030 when programmes may move to business as usual as new priorities emerge as urgent. They are not exhaustive or exclusive of the support, development and administration involved in other projects which sit in our business plans. They are also supported by our enabling systems and mechanisms that support us in delivery.


Examples of enablers include the UNITWIN partnership with UNESCO (so the projects sit across education transformation and provision programmes), FIP Hub (covers all programmes and wider), Pharmacy Education Journal (a delivery route for many), microsites (again, a dissemination route for many), the FIP Consortium (ensuring quality of provision), the FIP Global Pharmaceutical Observatory and the Data and Intelligence Commission (supporting evidence and data generation and analysis for intelligence), and the expert advisory groups.

The 12 FIP priority programmes for 2023 and 2024.


Global health priorities	Primary health care programme Antimicrobial stewardship programme Humanitarian programme
Professional priorities	Patient safety programme Prevention programmes Non-communicable diseases programme Equity and equality programmes, including FIP WISE (Women in Science and Education) Sustainability in pharmacy programme
Ways we deliver (priorities)	Transformation programmes, including workforce, education, practice Provision programme Multinational needs assessment programme Surveillance programme

Appendix 2. Side events attended by the FIP delegation

No	Title	Organiser	Key messages and highlights	Alignment with FIP priority programmes
21.05.2023				
1	Walk the talk	World Health Organization	The WHO joined the United Nations family and the Geneva community in celebrating the importance of healthy lifestyles and demonstrating the steps that can be taken to hold public events safely.	NA
 <p>FIP and IPSF delegates at the walk the talk event.</p>				
2	Swiss reception	World Health Organization	The reception was attended by Alain Berset, president of the Swiss Confederation, WHO director-general Dr Tedros Adhanom Ghebreyesus and former WHO director-general (1998–2003) Gro Harlem Brundtland as well as other delegates and guests. The reception was an opportunity to celebrate the 75th anniversary of WHO and its achievements in improving public health around the world.	NA
 <p>Picture on the left: Dr Tedros Adhanom Ghebreyesus, the WHO Director-General, and Gianni Infantino, the FIFA President, cut a cake to celebrate the 75th anniversary of the WHO during the event.</p>				

No	Title	Organiser	Key messages and highlights	Alignment with FIP priority programmes
<p>Picture on the right: Dr Tedros Adhanom Ghebreyesus, the WHO Director-General, alongside the FIP delegates: Luna Bakri (Lebanon), Aysu Selçuk (FIP staff), Farah Aqqad (FIP Staff), and Safiye Çağansel (FIP ECPG).</p>				
3	75 years of global health governance: WHO's legacy and the making of its future	World Health Organization	<p>The United Nations Foundation and the International Geneva Global Health Platform co-hosted their annual briefing on 21 May 2023, providing a preview of the key issues considered at the 76th World Health Assembly (WHA) and explaining WHA modalities for delegates, non-state actors, the media and general audiences.</p> <p>The event highlighted the WHO's 75th anniversary and examined its evolving role in global health governance during a period of intense efforts to reform multilateral cooperation on health.</p> <p>The discussion acknowledged the serious and growing challenges faced in delivering health care in conflict and crisis settings, while also exploring the WHO's current and future approaches to supporting countries in addressing these challenges.</p>	Primary health care
				
<p>A snapshot from the event.</p>				
<p>22.05.2023</p>				
4	Delivering cancer care for all: How cities can drive progress, implement WHO initiatives and reach the most vulnerable	City Cancer Challenge Foundation and various stakeholders	<p>Focus on equitable access — The session highlighted the need to address disparities in accessing cancer care by promoting strategies that improve accessibility, especially for those in underserved regions.</p> <p>Collaborative approaches — Successful case studies or initiatives demonstrating collaboration between healthcare providers, organisations, and the private sector were showcased, illustrating how collaborative efforts can enhance cancer care delivery.</p> <p>Patient-centred care — The session emphasised the importance of improving the patient experience and ensuring that cancer care is tailored to the specific needs and preferences of individuals.</p> <p>Impact on progress — Discussions revolved around how collaboration, enhanced training and improved diagnostic</p>	Non-communicable diseases

No	Title	Organiser	Key messages and highlights	Alignment with FIP priority programmes
			<p>tools can accelerate progress in achieving better outcomes and overall care for cancer patients.</p> <p>Call for action — The session concluded with a call to action, urging stakeholders to strengthen partnerships, invest in resources, and drive initiatives that will advance cancer care and support the well-being of patients</p>	
<div style="display: flex; justify-content: space-around;">   </div> <p>The right picture shows a snapshot from the event. The left picture on the left shows Amanda Cavness (ECPG), who represented the FIP at the event.</p>				
5	Sexual and reproductive health and rights (SRHR) — an essential component of universal health coverage	Alliance Gender Equality UHC	<p>Ensuring safe access to SRHR for all — It was emphasised that safe access to SRHR is crucial for achieving universal health coverage. In this context, pharmacists were recognised as the most accessible healthcare providers, playing a strong role in delivering SRHR services.</p> <p>The role of supply chain in SRHR — The session highlighted an inspiring example from Argentina, where authorities have taken a strategic decision to produce misoprostol domestically. This decision ensures better access to this essential medicine for SRHR purposes. Argentina’s efforts in national production were celebrated as a source of pride.</p>	Prevention
<div style="display: flex; justify-content: space-around;">   </div> <p>Snapshots from the event.</p>				


No	Title	Organiser	Key messages and highlights	Alignment with FIP priority programmes
6	Harnessing the power of strategic healthcare partnerships to improve cardiovascular health outcomes	World Heart Federation, Harvard Health Systems Innovation Lab, Ministry of Health, Labour and Welfare of Japan, Ministry of Health of the Slovak Republic	<p>Bridging education gaps — The session emphasised the existence of gaps in patient and primary care provider education regarding cardiovascular health. To address these gaps, there is a need for increased advocacy, reinforcement of practice guidelines, and improved dissemination of knowledge and information.</p> <p>Role of pharmacists in cardiovascular health — Considering the high mortality rate within the first year of a cardiovascular event, the session emphasised the importance of intensified secondary prevention care, which pharmacists can actively contribute to.</p> <p>Collaboration with stakeholders — The session underscored the importance of collaboration with various stakeholders, particularly youth, to address the reasons behind gaps in implementing planned strategies. Collaborative efforts are crucial in understanding the current state of practice, employing capacity building activities, utilising technologies and tools, and implementing effective risk management strategies., technologies and tools effectively.</p>	Non-communicable diseases
				
<p>The left picture shows a snapshot from the event. The right picture on the left shows Rafa Al Khalifa (ECPG), who represented the FIP at the event.</p>				
7	Synergies in global health and why they matter	International Geneva Global Health Platform, The Lancet, London School of Hygiene & Tropical Medicine (LSHTM), Ghana College of Physicians and Surgeons	<p>Drivers of dis-synergies — The discussion shed light on the diverse and multidimensional drivers of dis-synergies within the global health context. Factors such as inappropriate laws/policies, imbalanced investments, siloed programmes and politically driven interventions were identified as contributors to dis-synergies that hinder the effectiveness and efficiency of healthcare system.</p> <p>As accessible healthcare providers, pharmacists have the potential to contribute significantly to creating harmonious and coordinated efforts across various healthcare programmes and initiatives.</p> <p>One important link shared during the event was the launch of the Lancet Commission on synergies in global health: The Lancet Commission: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)01930-4/fulltext</p>	Primary health care


No	Title	Organiser	Key messages and highlights	Alignment with FIP priority programmes
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The left picture shows a snapshot from the event.
 The right picture shows Amanda Cavness (ECPG), and Amanda Cavness (ECPG) who represented the FIP at the event.

8	Institutionalising social participation in primary healthcare	Thailand, Slovenia, Norway, Tunisia, Madagascar, UHC2030, the Civil Society Engagement Mechanism (CSEM), and the UHC Partnership.	<p>Action and accountability — The session emphasised that while problems and solutions for achieving universal health coverage are known, what is lacking is action and accountability. It is crucial to move beyond identifying challenges and focus on implementing concrete measures and holding stakeholders accountable for their commitments.</p> <p>Addressing gender inequality in health care — With 80% of healthcare staff being women, the session highlighted the persistent issue of gender inequality in the healthcare workforce. Women, on average, are paid 24% less than their male counterparts, which poses a barrier to achieving universal healthcare. Addressing this inequality is essential for ensuring equal opportunities and fair treatment within the healthcare sector.</p> <p>Combating violence against healthcare professionals — The session brought attention to the increasing problem of violence against healthcare professionals. It emphasised the need to identify a common approach to address and prevent such incidents. Ensuring the safety and well-being of healthcare workers is vital for providing quality care and maintaining an effective healthcare system.</p>	Primary health care; equity and equality
9	Accelerating universal health coverage (UHC) with inclusive new tools	Drugs for Neglected Diseases initiative (DNDi)	<p>UHC is a human right and a global priority, but it is not yet a reality for many people, especially those who are neglected, marginalized, or living in remote areas.</p> <p>Inclusive innovation is a way to ensure that no one is left behind in the quest for UHC, by developing and delivering new tools that are affordable, accessible, acceptable, and adaptable to the needs and preferences of the end-users.</p> <p>Inclusive innovation requires a paradigm shift in the way we think about and do medical research and development, by adopting a people-centred design, a public interest-driven approach, and an open science culture.</p> <p>Inclusive innovation also demands a collaborative and coordinated effort from all stakeholders, including</p>	Primary health care Sustainability in pharmacy programme


No	Title	Organiser	Key messages and highlights	Alignment with FIP priority programmes
			<p>governments, funders, researchers, developers, manufacturers, regulators, health workers, and patients.</p> <p>Inclusive innovation can help us tackle the current and future health challenges, such as COVID-19, antimicrobial resistance, climate change, and noncommunicable diseases.</p> <p>Inclusive innovation can also contribute to achieving other Sustainable Development Goals, such as reducing poverty and inequality, promoting gender equality and education, and fostering peace and justice.</p> <p>You can watch the recording here.</p>	
 <p data-bbox="165 1099 464 1128">A snapshot from the event.</p>				
23.05.2023				
10	Global launch of the Healthy Ageing and Prevention Index	International Longevity Centre UK	<p>Healthy Ageing and Prevention Index — The session highlighted the importance of the Healthy Ageing and Prevention Index, which emphasises the significance of countries investing in promoting healthy living, happiness, and improving overall standards to enable people to adopt healthier lifestyles as they age.</p> <p>Investment in universal health coverage (UHC) — Research has shown that investing in UHC has a positive impact on people’s health and lifestyles. UHC plays a crucial role in ensuring access to quality healthcare services, promoting preventive measures, and improving overall health outcomes.</p> <p>Healthcare accessibility and availability — Countries that rank lower in the Healthy Ageing and Prevention Index often face challenges related to inadequate access to qualified healthcare practitioners. This highlights the importance of ensuring health care accessibility and availability to enhance health outcomes, especially for ageing populations. This index is related also to the availability and accessibility of life-course vaccination programmes as part of prevention strategies. It aligns with FIP’s work on vaccination and our upcoming statement on life-course vaccination.</p>	<p>Primary health care programme</p> <p>Non-communicable diseases programme (vaccination)</p> <p>Prevention programme</p>

No	Title	Organiser	Key messages and highlights	Alignment with FIP priority programmes
 <p data-bbox="165 842 453 871">Snapshots from the event.</p>				
11	Standing in the way of universal health coverage and global health security: The urgent need to address corruption in health	Global Network for Anti-Corruption, Transparency and Accountability in Health Systems (GNACTA)	<p data-bbox="611 943 1220 1084">Impact of corruption — Corruption in the health sector contributes to antimicrobial resistance, increased maternal and child mortality, and erodes public trust in leaders. It undermines efforts to achieve universal health coverage and global health security.</p> <p data-bbox="611 1115 1220 1256">Areas of corruption: —Corruption occurs in various aspects of the health system, including procurement, medical supply chains and care delivery. Addressing corruption in these areas is crucial for ensuring effective and efficient health care delivery.</p> <p data-bbox="611 1288 1220 1464">Overcoming corruption — It is essential to change the perception that corruption is intractable or inevitable. Instead, there is a need to adopt a proactive approach to tackle corruption by strengthening health systems and creating an environment where corruption is less likely to occur.</p> <p data-bbox="611 1496 1220 1673">Strengthening health systems — The WHO views addressing corruption to strengthen health systems, rather than focusing solely on punitive actions. By building robust health system designs and addressing the drivers and vulnerabilities of corruption, progress can be made in combating corruption and its detrimental effects.</p> <p data-bbox="611 1704 1220 1872">Impact on Sustainable Development Goals (SDGs) — Capturing even a small portion of the losses due to corruption in the health sector would significantly contribute to advancing multiple SDGs, demonstrating the importance of addressing corruption as part of the broader development agenda.</p>	<p data-bbox="1246 943 1414 994">Primary health care programme</p> <p data-bbox="1246 1025 1366 1113">Equity and equality programme</p>
12	Strengthening health systems through upscaling surgical care moving dialogue to	The Global Surgery Foundation	<p data-bbox="611 1883 1220 1966">Healthcare inequity — Approximately six billion people lack access to safe and affordable health care, leading to significant inequities in healthcare systems worldwide.</p>	<p data-bbox="1246 1883 1414 1935">Primary health care programme</p> <p data-bbox="1246 1966 1366 2054">Equity and equality programme</p>

No	Title	Organiser	Key messages and highlights	Alignment with FIP priority programmes
	implementation : Sustainable financing		<p>Poor quality surgeries — Many individuals receiving healthcare services still experience poor quality surgeries, highlighting the need for improved surgical care standards.</p> <p>Challenges in low- and middle-income countries — Healthcare professionals in LMICs face critical life and death decisions due to challenging social, economic and security situations in their regions.</p> <p>Action-oriented approach — Moving beyond dialogue, concrete implementation is necessary. Sustainable financing plays a key role in upscaling surgical care and strengthening health systems.</p>	
13	From commitment to action: How the UN High-Level Meetings is key to delivering health for all	UHC2030, International Federation of Red Cross and Red Crescent Societies (IFRC) and others	<p>The event explored how the UN High-Level Meetings (UN HLMs) on health in 2023 can help accelerate progress towards achieving health for all by 2030, especially for the most vulnerable and marginalized populations.</p> <p>The event featured speakers from different countries and organizations, who shared their perspectives and experiences on how to drive and support inclusive innovation for UHC, and how to synergize outcomes across the three UN HLMs on health in 2023: UHC, tuberculosis (TB), and pandemic prevention preparedness and response (PPR).</p> <p>The event concluded with an interactive session where the audience was invited to suggest how to make the momentum for UHC more decisive in the upcoming policy fora in 2023, such as the G7 and the UNGA.</p> <p>The event also promoted the Action Agenda from the UHC Movement, a set of action-oriented policy recommendations that country leaders should implement to strengthen resilient and equitable health systems, advance UHC and health security, and deliver health for all by 2030.</p> <p>Links from the event: Action agenda from the UHC movement https://www.uhc2030.org/un-hlm-2023/action-agenda-from-the-uhc-movement/</p> <p>UHC action agenda https://www.uhc2030.org/un-hlm-2023/action-agenda-from-the-uhc-movement/</p>	Primary health care

No	Title	Organiser	Key messages and highlights	Alignment with FIP priority programmes
<p>Snapshots from the event.</p>				
14	Ensuring healthy ageing across the world: What's needed?	Devex, McKinsey Health Institute	<p>Profound demographic shift — The world is experiencing one of the most significant demographic shifts in history, with the number of older adults expected to more than double to an estimated 1.6 billion by mid-century.</p> <p>Collaboration for success — Successful approaches to healthy ageing require collaboration among various stakeholders, including governments, healthcare systems, communities and individuals. Together, they can address the challenges and opportunities presented by the growing ageing population.</p> <p>Extending healthy life expectancy — Efforts must focus on extending the span of healthy life, as simply living longer does not guarantee a better quality of life. By promoting lifestyle changes, adopting a person-centred approach, reducing risk factors such as smoking and alcohol consumption, and addressing non-communicable diseases, healthcare workers can enhance the well-being of older adults and promote healthy ageing.</p> <p>Importance of vaccinations — The significance of vaccinations for the elderly was highlighted, particularly in light of the COVID-19 pandemic. It is essential to adapt and innovate vaccination strategies to protect the health and well-being of ageing populations.</p> <p>Valuing the elderly — Older adults are valuable resources within societies, and it is crucial to provide them with the support they need for a high quality of life. This includes respecting their rights, recognising their contributions and ensuring their overall well-being.</p>	Non-communicable diseases
15	“No health without mental health” intergenerational dialogue	Commonwealth Secretariat, Commonwealth Youth Health Network	<p>Mental health is an integral part of health and well-being, and a human right for everyone. However, mental health is often neglected, stigmatized, and underfunded in many countries. The COVID-19 pandemic has exacerbated the mental health crisis, increasing the demand for mental health services, while disrupting the delivery of existing services. The pandemic has also exposed the gaps and inequalities in mental health systems and policies</p> <p>There is also a need to innovate and transform mental health services, by adopting a people-centred approach that respects the rights, preferences, and choices of people with mental disorders, and that involves them in decision-making</p>	Non-communicable diseases

No	Title	Organiser	Key messages and highlights	Alignment with FIP priority programmes
			<p>and service delivery. This includes promoting community-based care, integrating mental health into primary care and other sectors, using digital technologies, and strengthening the role of civil society and peer support.</p> <p>Young people are key stakeholders and partners in advancing mental health in the Commonwealth. They have unique insights, experiences, and solutions to address the mental health challenges they face. They also have the potential to influence policy and practice through advocacy, awareness-raising, and innovation.</p> <p>Intergenerational dialogue is a valuable tool to foster mutual understanding, learning, and collaboration between young leaders and policymakers on mental health issues. It can help bridge the gaps between different perspectives, priorities, and expectations, and create a common vision and action plan for mental health in the Commonwealth.</p> <p>The World Mental Health Report 2022 was a relevant and timely resource for the session: https://www.who.int/publications/i/item/9789240049338</p>	
16	Using the power of health taxes to prevent NCDs	Global Health Advocacy Incubator	<p>Influence on consumption behaviour — Health taxes have the power to influence consumption behaviour by deterring and reducing the consumption of products linked to non-communicable diseases. They play a crucial role in saving lives by discouraging the consumption of harmful products.</p> <p>Finance perspective — Implementing effective fiscal measures, such as health taxes, presents an opportunity for investment in building healthier societies. These measures can shape the environment and create incentives for individuals to make healthier choices.</p> <p>Equity perspective — Health taxes promote health equity by targeting products that are commonly consumed by individuals of lower social status. Harmful products like sugary drinks, unhealthy foods, tobacco, and alcohol disproportionately affect marginalised populations. By discouraging the consumption of these products, health taxes help reduce health disparities and associated negative health outcomes.</p>	<p>Non-communicable diseases programme</p> <p>Prevention programme</p>
17	Countdown to 2030: Are we on track to achieving SDG 3.4?	World Heart Federation	<p>Progress in cost-effective measures — Over the past three years, there has been consistent improvement in implementing cost-effective measures to address non-communicable diseases. These efforts have shown positive results.</p> <p>Persistent challenges — Despite progress, challenges remain in effectively addressing NCDs. These challenges include issues of inequity, environmental concerns, shortages in the healthcare workforce and the need for financial protection for NCD-related healthcare services.</p> <p>Strategies for achievement — To work towards achieving SDG 3.4 related to NCDs, several strategies were highlighted. These include fostering commitment among countries, promoting collaborative projects, ensuring adherence to</p>	<p>Non-communicable diseases programme</p> <p>Prevention programme</p>

No	Title	Organiser	Key messages and highlights	Alignment with FIP priority programmes
			<p>interventions, implementing non-pharmacological approaches and encouraging local production of healthcare resources.</p> <p>Political will and public advocacy — Driving change in addressing NCDs requires the synergy of political will and public advocacy. By aligning these forces, progress can be made in achieving SDG 3.4 and improving NCD prevention, treatment and management.</p>	
 <p>The left picture shows a snapshot from the event. The right picture on the left shows Rafa Al Khalifa (ECPG) with IPSF delegates.</p>				
24.05.2023				
18	Advocacy and action: A plan for sickle cell disease	NA	<p>Sickle cell disease should be included in NCD discussions at the global level:</p> <ul style="list-style-type: none"> - Call upon researchers to generate more and new knowledge, especially for affordable treatments; - Pharmaceutical groups to develop new drugs and more affordable products; - There must be simple, accurate, and affordable diagnostic tools; - Encourage governments not to include sickle cell disease with neglected tropical diseases; and - Call on health workers to ignite their passions for treating children with sickle cell disease. <p>Data on all facets of sickle cell disease is vital to continue to improve care for patients diagnosed and living with it.</p>	Transformation; equity and equality
19	From neglected NCD to priority: Accelerating action on kidney disease	Devex, International Society of Nephrology	<p>Magnitude of kidney disease — Kidney disease affects twice as many patients as diabetes, making it a significant health concern. It has the fastest growing death rates among non-communicable diseases and is the third leading cause of death.</p> <p>Unequal progress — Kidney disease has not received the same level of attention and progress as other NCDs, highlighting the need for accelerated action and prioritisation.</p> <p>Lack of awareness — There is a substantial lack of awareness regarding kidney disease, despite it being easily diagnosable through blood and urine tests. Initiatives like World Kidney Day play a crucial role in raising awareness.</p> <p>Patient perspective — The session highlighted the patient's journey, emphasising the need for a comprehensive</p>	Non-communicable diseases

No	Title	Organiser	Key messages and highlights	Alignment with FIP priority programmes
			<p>approach considering multimorbidity and tailoring treatments to individual needs.</p> <p>Some useful reports that were mentioned: https://www.who.int/publications/i/item/WHO-NMH-NVI-17.9</p>	
20	Revolutionizing health care: Navigating the integration of artificial intelligence in medical and pharmaceutical education	International Pharmaceutical Students Federation (IPSF), International Digital Health and AI Research Collaborative (I-DAIR), and International Federation of Medical Students Associations (IFMSA)	<p>Role of AI — AI is not intended to replace healthcare professionals but to enhance their abilities. It serves as a tool to augment and support human decision-making processes.</p> <p>Ethical AI development — It is crucial to ensure that AI training models are taught appropriately to avoid the incorporation of biases. Developers have a responsibility to create AI systems that are unbiased, transparent and accountable. Oversight mechanisms are necessary to ensure ethical AI development.</p> <p>AI curriculum integration — Students perceive AI simulations of real-life experiences and patient interactions as valuable in their education. Such simulations equip them with practical skills and enhance their ability to handle real patients when the time comes. Integrating AI into the curriculum can contribute to the development of well-rounded healthcare practitioners.</p> <p>Embrace and adapt — There is a need for the pharmacy profession to embrace AI and proactively adapt to its integration in patient care. By being knowledgeable and comfortable with AI technologies, pharmacists can effectively collaborate with patients and leverage AI tools to deliver personalised and efficient healthcare services.</p> <p>Some important resources mentioned were:</p> <p>WHO guidance on ethics and governance of AI for health: https://www.who.int/publications/i/item/9789240029200</p> <p>Comparing physician and artificial intelligence chatbot responses to patient questions posted to a public social media forum. JAMA April 28 2023 https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2804309</p>	Transformation

No	Title	Organiser	Key messages and highlights	Alignment with FIP priority programmes
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Snapshots from the event.

21	Making resilience a reality: Strengthening today's medicine supply chain for tomorrow's challenges	United States Pharmacopeia	<p>COVID-19 revealed inequities — The COVID-19 pandemic exposed the existing inequities in the global medicines supply chain system. The vulnerabilities and disruptions experienced during the crisis highlighted the need for increased resilience and sustainability.</p> <p>Emphasis on local production — There is a growing recognition of the importance of local production, particularly in the African continent. Promoting and strengthening local manufacturing capabilities can enhance the resilience of the medicines supply chain, improve accessibility and reduce dependency on external sources.</p>	Prevention; equity and equality
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A snapshot from the event.

22	Alzheimer's Disease International – from plan to impact VI	Alzheimer's Disease International	<p>Political will — The session emphasised the critical need for political will to address the challenges of Alzheimer's disease and related dementias. Strong commitment from governments is crucial in driving policies and allocating resources to support effective dementia plans.</p> <p>Investment — adequate investment is essential to implement comprehensive dementia plans and initiatives. Allocating sufficient financial resources to research, care, support services, and awareness campaigns is crucial for making a significant impact in the field of dementia.</p> <p>Collaboration and coordination — The session highlighted the importance of collaboration and coordination among stakeholders. By working together, governments, organisations and communities can leverage their expertise, resources, and knowledge to advance dementia-related</p>	Non-communicable diseases
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No	Title	Organiser	Key messages and highlights	Alignment with FIP priority programmes
			<p>initiatives and improve outcomes for individuals affected by the condition.</p> <p>Involvement of local pharmacies — The Ministry of Active Ageing in Malta was mentioned for including staff at local pharmacies in its national dementia plan. This approach recognises the role that pharmacists can play in supporting individuals with dementia and highlights the importance of engaging diverse healthcare professionals in comprehensive dementia care strategies.</p>	
23	Diagnostic Day 2023		<p>Collaboration— Partners, governments, laboratories, private diagnostic companies and professionals collaborate to strengthen the healthcare system.</p> <p>Decentralisation — Bridging the patient access gap in remote areas by decentralising diagnostic services.</p> <p>Investment — Recommendations include investing in prevention, education, integrated systems, strategic partnerships and medical professionals’ training</p>	Primary health care
24	Resolution on clinical trials	International Federation of Pharmaceutical Manufacturers and Associations (IFPMA)	<p>Strengthening global clinical trials — Efforts are being made to enhance the global clinical trials system, aiming for faster medicines accessibility throughout the trial process.</p> <p>Role of the Global Research Collaboration for Infectious Disease Preparedness (GloPID-R) - The forum, GloPID-R, plays a vital role in coordinating funding for clinical trials and supporting member states in their trial initiatives.</p> <p>Funders’ responsibilities — Funders face the challenge of selecting trials to fund and ensuring their quality. Balancing timely decision-making and rigorous assessment of trial design is crucial.</p> <p>US Food and Drug Administration’s modernisation efforts — The FDA is working towards modernising clinical trials and maximising interoperability among different agencies and ecosystems.</p> <p>Capacity building — Focus on educating principal investigators on proper trial conduct and improving access to specific patient groups.</p> <p>Funding well-designed trials: — Making informed choices in funding trials that meet rigorous design criteria.</p> <p>Interoperability and efficiency — Enhancing collaboration and data sharing, streamlining trial complexity and expediting licensing and medicines access.</p>	Primary health care
25.05.2023				
24	Maternity matters: How the private sector can advance equitable access to care	Devex, MSD for Mothers, Country Connector on Private Sector Health	<p>Numbers — Women deliver 70% of health care vs 25% leadership roles. “Women deliver health and men lead it” https://womeningh.org/delivered-by-women/</p> <p>Gender disparities — Women play a significant role in delivering health care, yet they are underrepresented in leadership positions. Addressing this disparity is crucial for achieving equitable access to care. https://womeningh.org/delivered-by-women</p>	Equity and equality

No	Title	Organiser	Key messages and highlights	Alignment with FIP priority programmes
			<p>Barriers faced — Barriers such as the motherhood penalty (a term that describes the disadvantages that working mothers face in the workplace compared to childless women and men) and sexual harassment hinder women’s progress in health care. Overcoming these challenges is essential to create a more inclusive and supportive environment.</p> <p>Triple gender dividend — Advancing gender equality in healthcare brings multiple benefits, including improved health outcomes, economic growth and social progress. This concept of the triple gender dividend emphasises the importance of empowering women in health care.</p> <p>Bold actions — Taking bold actions, such as implementing all-women shortlists for leadership positions, is necessary to overcome gender disparities. This ensures that women have equal opportunities for advancement and leadership roles.</p> <p>Ending exploitation — The session highlighted the need to address the exploitation of unpaid or underpaid workers, particularly in the healthcare sector. Recognising and valuing the contributions of all healthcare professionals, regardless of gender, is crucial.</p> <p>Doing the right thing — Advancing equitable access to care is not just a matter of fairness; it is also a smart decision. Embracing gender equality in health care leads to improved outcomes, innovation and overall success.</p>	



Snapshots from the event.

25	Breathing life with clean air action: Civil society drives change	International Geneva Global Health Platform, Health Policy Watch, Clean Air Fund, Climate and Clean Air Coalition of the UN Environment Programme	<p>Health impacts of air pollution — Environmental and air pollution poses significant risks to human health. Air pollution is a major risk factor for various chronic respiratory conditions. Addressing air pollution is crucial for preventive care plans and the overall well-being of individuals.</p> <p>Role of pharmacists and healthcare providers — Pharmacists and other healthcare providers play a vital role in addressing the issue of air pollution as part of preventive care plans. By raising awareness, providing education, and offering appropriate interventions, they can contribute to mitigating the impacts of air pollution on respiratory health.</p> <p>Importance of robust waste management — A robust waste management system is essential for tackling environmental pollution. This requires practical regulations, initiatives, funding, enabling infrastructure, and awareness and</p>	Non-communicable diseases; prevention, sustainability
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No	Title	Organiser	Key messages and highlights	Alignment with FIP priority programmes
			education campaigns. Through the implementation of effective waste management practices, the adverse impacts on air quality can be reduced.	



Snapshots from the event.

26	<p>Strengthening rehabilitation in health systems — Responding to the new WHO Resolution</p>	<p>Governments of Brazil, Colombia, Croatia, Slovakia, WHO Collaborating Centre for Rehabilitation and Assistive Technology, WHO Collaborating Centre for Rehabilitation in Global Health Systems, American Speech-Language-Hearing Association (ASHA) Humanity & Inclusion, International Society for Prosthetics and Orthotics (ISPO), International Society of Physical and Rehabilitation Medicine (ISPRM), International Spinal Cord Society (ISCOs), World Federation of Chiropractic (WFC), World Federation of Occupational Therapists (WFOT), World Physiotherapy</p>	<p>Need for increased attention to rehabilitation — Despite the initiation of rehabilitation activities early on after World War II, the healthcare system has not given sufficient attention and resources to this crucial area of care. Recognising the importance of rehabilitation is essential for improving patient outcomes and overall healthcare delivery.</p> <p>Impact on pharmacy and pharmacists — Rehabilitation plays a vital role in the care of patients, particularly those with chronic conditions and high-cost medication needs. Conditions such as multiple sclerosis often require rehabilitation to prevent disease complications. To ensure cost-effective and holistic patient care, pharmacists and rehabilitation teams should collaborate and align their efforts.</p> <p>The event also discussed the tools and resources that WHO has developed to support countries in strengthening rehabilitation, such as the Rehabilitation 2030 initiative, the Rehabilitation in Health Systems guide, the Standards for Prosthetics and Orthotics Services, the Global Cooperation on Assistive Technology (GATE) initiative, and the Package of Interventions for Rehabilitation (PIR). The speakers emphasized the need for political commitment, multisectoral collaboration, capacity building, data collection, research, innovation, and funding to advance rehabilitation in health systems</p>	Transformation
27	<p>WHO Global NCD Platform multi-stakeholder breakfast</p>	<p>WHO Global NCD Platform (GNP)</p>	<p>The event highlighted the importance of NCDs as a major public health and development challenge, affecting millions of people around the world, especially in low- and middle-income countries. NCDs are responsible for 71% of global deaths and 85% of premature</p>	<p>Non-Communicable diseases; prevention</p>

			<p>deaths in low- and middle-income countries.</p> <p>The event emphasized the need for political commitment, multisectoral action, and multistakeholder engagement to address NCDs effectively and equitably. The event showcased examples of good practices and lessons learned from different countries and regions that have implemented multisectoral actions for NCDs and mental health, such as Brazil, Thailand, Kenya, South Africa, Europe, and Eastern Mediterranean</p> <p>The event also called for action to accelerate progress towards achieving the global targets for NCDs and mental health, as well as the Sustainable Development Goals (SDGs), especially SDG 3 on health and well-being. The event urged all stakeholders to join forces and work together to implement the WHO Global Action Plan for NCDs, the WHO Mental Health Action Plan 2013-2020, the Political Declaration of the third High-level Meeting of the General Assembly on NCDs, and other relevant frameworks and commitments.</p>	
28	Commitment for youth partnership in global health and the role of c stakeholders	FIND, the World Health Organization (WHO), the International Federation of Medical Students' Associations (IFMSA), and the Young Professionals Chronic Disease Network (YP-CDN)	<p>Youth partnership in global health is essential to address the current and future challenges of health equity, access, and quality. Young people have the potential to be agents of change, innovation, and leadership in their communities and beyond.</p> <p>Multilateral organisations and governments have a key role to play in creating an enabling environment where youth can meaningfully engage in global health agendas and decision-making processes. This includes providing resources, capacity building, mentorship, and recognition for youth-led initiatives and movements.</p> <p>The event aimed to showcase the power of youth partnership in global health and how it is shaping the future.</p> <p>Role of youth in policy making and advocacy — The WHO youth council and youth healthcare partners engaged in a productive discussion regarding the significant role of youth in policy making and advocacy. Sharing success stories, many medical and pharmacy youth highlighted their contributions in their respective countries.</p>	NA



			<p>Some of the topics discussed in the event were:</p> <p>The challenges and opportunities for meaningful youth engagement in global health</p> <p>The role of multilateral organisations in supporting youth-led initiatives and movements</p> <p>The impact of COVID-19 on young people's health and well-being</p> <p>The importance of self-care and mental health for young health professionals</p> <p>Recording of the event: https://www.youtube.com/watch?v=bC-FyAuqw8k</p>	
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