FIP-EquityRx Collection

Inclusion for all
Equity for all

2019

International Pharmaceutical Federation

Colophon

International Pharmaceutical Federation (FIP)
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Foreword: FIP's commitment to equity for all

Dear Reader,

Welcome to the inaugural issue of the FIP-EquityRx Collection series, and the first FIP 'Collection' publication!

The FIP Collections are unique compilations of global evidence, policy initiatives, opinion pieces, and seasonal features focusing on a selected FIP & pharmacy priority programme of work. Our first Collection, 'FIP-EquityRx Collection: Inclusion for all, equity for all', features a roundup of articles, views, perspectives and opinion pieces within the realm of equity in pharmacy.

FIP-EquityRx is FIP's leading campaign for championing women in global pharmacy and health. The work is aligned with global strategies and priorities for women in the health workforce as illustrated by Roopa Dhatt, Chair of the World Health Organisation (WHO) Gender Equity Hub & Executive Director of Women in Global Health, in the Leading Editorial of this Collection. Every Collection features a Leading Editorial from global experts and partners who champion pharmacy and the work we do.

While the current areas of work within FIP-Equity Rx focus on empowering women both within and beyond the workforce, FIP is expanding the scope of its equity programme in 2020 to beyond gender & diversity balances — extending to equity in access to care and all that this encompasses. FIP CEO Dr Catherine Duggan explains this direction under the banner of 'Equity for all' in the FIP View column. To complement this, we present both the current outputs and future plans of our volunteer-driven FIP-EquityRx workstreams in the 'Year in review' feature. This describes how 2019 was our "Setting the wheels in motion" year for FIP-EquityRx.

Understanding the global evidence and data on equity on pharmacy is paramount to supporting our mission to identify priorities for action and advocacy; in this issue's Global View, we focus on showcasing a gender analysis of global pharmacy workforce data that FIP collects from its members and stakeholders and discuss the impact of this intelligence on evidence gaps, future planning and policy-making. The Collection section 'FIP-EquityRx in Action' presents examples of transformative policies & initiatives from around the globe; a national case example from Pakistan is featured and intended to drive big thinking and adoption elsewhere.

In 'Voices and Views', we have asked colleagues from around the world about their opinions and perspectives on equity in pharmacy. In this issue, we have views on gender equity challenges from different perspectives and contexts and how FIP can address them. Decent work and harassment in the workforce is a global challenge faced by all health workers, and especially women; in 'In the Spotlight', we feature what we know and don't know about decent working conditions in the pharmacy workforce. We also shine a light on "social accountability" and its role in achieving health equity. Finally, we conclude this Collection with an Interview with FIP Immediate Past President Dr Carmen Peña – FIP's first female president.

Importantly, with this inaugural Collection, we are announcing FIP's plans to develop & launch a 'Commitment to Equity' in 2020. The Commitment will serve as a roadmap for committed & concerted action towards equity in pharmacy and support driving both the contribution of pharmacy towards a better and more inclusive world for all, as well as the FIP-EquityRx programme of work and its impact. We invite you all to support the development of this commitment and shape the global pharmacy agenda on equity by responding to our simple 2-question survey 'Call for Contributions' which will help us collate ideas, solutions and themes to support developing a comprehensive and responsive Commitment. To support this initiative, please complete the survey through fip-equityrx.questionpro.com before 1 February 2020.

We invite you to also support our next Collection due in 2020 by submitting ideas to feature, case studies, or issues we should highlight in our next issue. We're also launching '*The FIP-EquityRx Collection Front Cover Design Competition*' to find a unique image for the next issue's front cover! The winning design will bring to life the concept of 'Equity for all'. For editorial suggestions and competition submissions, please email lina@fip.org. The competition closes on 1 May 2020.

Finally, we thank all the contributors, authors and content editors of this first Collection and hope you enjoy this publication. Join us in our commitment to equity and our committed action to this cause — Inclusion for all, equity for all.

The Editors

Leading Editorial: Championing our Collection

Every Collection features a Leading Editorial from global experts and partners who champion pharmacy and the work we do. In our first Leading Editorial Roopa Dhatt explains global imperatives for investing in women in the health workforce and how FIP's agenda aligns to world initiatives.

Seven out of ten health and social workers are women and unpaid care work represents half of women's contribution to global wealth, but half of women's $1.3 trillion contribution to global GDP in health is unpaid. Resilient health systems and universal health coverage cannot be progressed without consideration of the gendered aspects of the workforce. Without this consideration we will not be able to achieve the Sustainable Development Goals (SDGs)[1]. Addressing gender biases and inequities in the health and social workforce is not only essential to achieving SDG 3 (health and well-being), but also SDG 4 (quality education), SDG 5 (gender equality) and SDG 8 (decent work and inclusive economic growth).

The Working for Health five-year action plan[2] of the World Health Organization, Organization for Economic Co-operation and Development (OECD), and the International Labour Organization (ILO), identified the 1. development of gender-transformative global policy guidance and 2. support to build implementation capacity to overcome gender biases and inequities in the education and health labour market as two key deliverables to maximize women's economic participation and empowerment.

The WHO Global Health Workforce Network (GWHN) thematic hub on Gender Equity in the Health and Social Workforce, co-chaired by WHO and Women in Global Health was launched at the 4th Global Forum on Human Resources for Health in November 2017. The purpose of the Hub is to accelerate large-scale gender-transformative progress to address gender inequities and biases in the health and social workforce for the SDGs as envisioned by the Working for Health five-year action plan.

Women in Global Health (WGH) is an organization, built on a global movement that brings together all genders and backgrounds to achieve gender equality in global health leadership. We believe that everyone has the right to attain equal levels of participation in leadership and decision-making regardless of gender. WGH creates a platform for discussion and a collaborative space for leadership, facilitates specific education and training, garners support and commitment from the global community, and demands change for Gender Transformative Leadership.

The Gender Equity Hub has released a report on the current state of gender equity in the global health and social workforce. Launched in March 2019 at the 63rd Commission on the Status of Women, the report, Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce[3], points to workplace gender biases, discrimination and inequities that are systemic in the health workforce. The report lays the foundation for gender transformative policy action that will be driven by ILO-OECD-WHO Working for Health.

The report findings are based on the review of over 170 studies in a literature review of gender and equity in the global health workforce, with a focus on four themes: occupational segregation; decent work free from bias, discrimination and harassment, including sexual harassment; gender pay gap; and

[1] Sustainable Development Goals. United Nations; 2015.

[2] Five-year action plan for health employment and inclusive economic growth (2017–2021). Geneva: World Health Organization; 2018.

[3] Delivered by women, led by men: A gender and equity analysis of the global health and social workforce. Geneva: World Health Organization; 2019. Available at: https://apps.who.int/iris/bitstream/handle/10665/311322/9789241515467-eng.pdf

gender parity in leadership. The report summarized the findings in five key messages:

i. In general, women deliver global health and men lead it.
ii. Workplace gender biases, discrimination and inequities are systemic, and gender disparities are widening.
iii. Women in global health are underpaid and often unpaid.
iv. Workplace violence and sexual harassment in the health and social sector are widespread and often hidden.
v. Occupational segregation by gender is deep and universal.

Four key recommendations emerge from the report:

i. It is time to change the narrative. Women, as the majority of the global health and social care workforce, are the drivers of global health.
ii. Gender-transformative policies should be adopted that challenge the underlying causes of gender inequities. Such policies are essential to advancing gender equality in the health and social workforce.
iii. The focus of research in the global health and social workforce should be shifted. Research priorities must prioritize low- and middle-income countries; apply a gender and intersectionality lens; include sex- and gender-disaggregated data; and include the entire health and social workforce, including the social care workforce.
iv. A mid-plan review should be aligned with the independent review of the Working for Health five-year action plan involving WHO, ILO and OECD to assess progress on deliverables on gender equality, and recommend steps to ensure delivery of action plan commitments by 2021.

As co-chair of the Gender Equity Hub & Executive Director of Women in Global Health, I congratulate FIP for progressing these recommendations for the pharmacy workforce, an important and critical component of the global health and social workforce. FIP has been an important partner in the Hub as one of its earliest members who participated in the first meeting of the Gender Equity Hub. FIP has worked with the Hub on a number of activities including:

1. Directly inputting into the WHO report "Delivered by Women, Led by Men". FIP directly supported drafting the global call for submissions, designing a global mapping matrix, and co-authored the draft for consultation.
2. Co-authoring the Lancet paper "Time for gender-transformative change in the health workforce"[4] which seeks to briefly introduce the issues currently facing women in the health workforce.
3. Formally representing the Hub as a delegate at the WHO meeting: The Health Policy and Systems Research Agenda on Gender and Intersectionality Meeting (April 2018).
4. Participating at an event organised by Women in Global Health a during the Global Conference on Primary Health Care in Astana, Kazakhstan (October 2018).
5. Hosting a joint webinar "Health leaders united for change: driving transformative gender equity policies for the global health workforce" in partnership with WHO Gender Equity Hub, Women in Global Health and the World Health Professions Alliance.

I further commend FIP on this Collection and the Commitment to Equity it plans to develop. It is particularly important that global professional bodies like FIP identify its role within the equity agenda, not only in terms of gender equity in the workforce but also equity as access to health and social care. I trust the viewpoints and stories reported in this Collection will inspire advocacy for the role of pharmacy in this important global cause and I encourage colleagues around the world to support this work and respond to the Call for Contributions to support the development of pharmacy's commitment to equity.

Roopa Dhatt
Co-chair of the Gender Equity Hub, WHO Global Health Workforce Network
Executive Director and co-founder of Women in Global Health

[4] Betron M, et al. Time for gender-transformative change in the health workforce. Lancet, 2019. 393(10171): e25-e26.

The FIP View: Equity for all

The FIP View features key messages from FIP leadership on our commitment to action on equity and diversity. In this Collection, FIP CEO Dr Catherine Duggan comments on the widening & inclusive scope of our FIP-EquityRx work.

Reflections from 2019: Highlighting gender inequities

Achieving gender equity in is at the heart of the FIP's agenda. Aligned with major global policies, the tenth FIP Pharmaceutical Workforce Development Goal: Gender and Equity Balances, is a goal that FIP set globally to strive for balanced gender distribution and diversity in our profession, with a majority female representation[1]. The goal calls for all countries to have clear strategies for addressing gender and diversity inequalities in the pharmaceutical workforce, continued education and training, and career progression opportunities.

Findings from the 2018 FIP 'Pharmacy Workforce Intelligence: Global Trends Report'[2] show that women make up the majority of the global pharmaceutical workforce are women, with year-on-year increases. Our intelligence indicates that the average female proportion of the total global pharmacy workforce will increase to over 70% by 2030, mirroring the proportion of women in the wider health workforce. Promoting equity in the pharmacy workforce is needed, now more than ever, to utilise women's roles to deliver better medicines-related health for all.

Launched in May 2019, alongside the World Health Assembly, FIP-EquityRx is FIP's leading campaign for championing women in global pharmacy and health, through the empowerment of women both within and beyond the workforce. The evidence is clear: investing in women, whether through the female workforce (across all settings and stages) or through women caregivers in the community, enhances access to quality health care and is an essential step towards achieving universal health coverage.

As the overarching label and unifying theme for FIP's initiatives and work on gender and diversity, FIP-EquityRx is not only about spearheading transformative gender workforce-centred policies, but also about addressing diversity issues in general. Our work currently includes three active workstreams described in more detail in the 'Year in Review': (1) promoting equity in the pharmacy workforce; (2) championing women in science and academia; and (3) empowering women as informal caregivers.

Gender equity is complex, multi-faceted and with many lenses to look through.

When it comes to gender equity:
We have the global health workforce perspective, and the global pharmacy perspective.
We have the women health care professionals, and the women caregivers.
We have the practitioners, and the policymakers.
We have the UN Sustainable Development Goals, and we have the FIP Workforce Development Goals.

But the most important lens, is that of the health of the people: our patients.

Forward view: Inclusion for all, equity for all

FIP, as the global leadership body for pharmacy, is completely committed to equity and all that the concept encompasses – including access to quality care and pharmacy-delivered health services. This is why we are expanding the scope of our FIP-EquityRx programme in 2020 to encompass all elements of equity and not only gender equity, but equity and equality for all- one of the fundamental challenges facing all of us in today's global health agenda.

[1] International Pharmaceutical Federation (FIP). Pharmaceutical Workforce Development Goals. The Hague, International Pharmaceutical Federation, 2016.

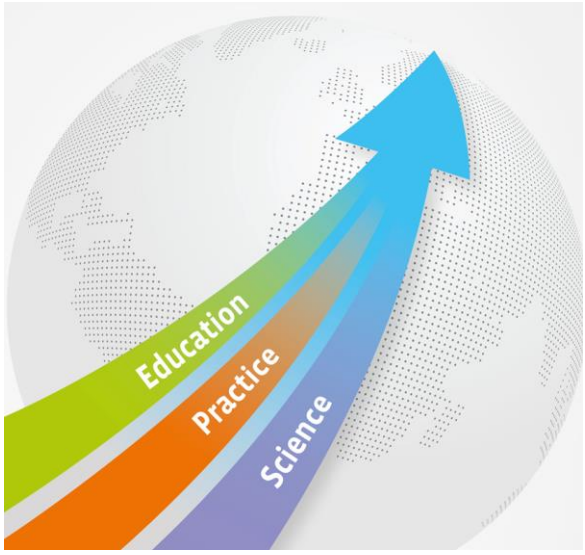
[2] Workforce Intelligence: Global Trends Report. The Hague: International Pharmaceutical Federation; 2018.

The advancement of pharmacy practice and patient-focussed pharmaceutical services has become an imperative, in line with global health goals and FIP's commitment with the World Health Organization (WHO).

FIP is committed to deliver the WHO Declaration of Astana by positioning pharmacists as one of the most accessible and effective providers of Primary Health care (PHC) for delivering the health the Sustainable Development Goals (SDG) and achieving Universal Health Coverage (UHC) by ensuring that all global citizens have access to the same quality of pharmaceutical care.

Building on the success of the FIP Global Pharmaceutical Workforce Development Goals, FIP are developing, FIP aims to develop Global Development Goals (GDGs) for pharmacy services and practice as well as science and innovation, to complement the current Workforce Development Goals.

Together, and synergistically, these three sets of pharmaceutical goals – forming the GDGs – will provide a global framework for pharmacy transformation around the world.



Equity in access to medicines, pharmaceutical care & service delivery will be at the core of the practice development goals and will encompass: delivering care to meet patient needs including catering for diverse needs, working towards equal access to quality care and medicines, advocacy and engaging with patients, social accountability and social value, access for fragile and vulnerable populations.

The GDGs will be launched during the FIP World Congress in Seville (September 2020).

Committed and concerted action
We have big plans for FIP-EquityRx 2020. We will continue our current workstreams as we expand the scope of the programme to cover equity as access to quality care & medicines, and playing our part to achieving the SDGs and UHC.

During International Women's Day 2020, we are planning to launch a 'Commitment to Equity' in 2020. The Commitment will serve as a roadmap for committed & concerted action towards equity in pharmacy and support driving both the contribution of pharmacy towards a better and more inclusive world for all, as well as the FIP-EquityRx programme of work and its impact.

We will continue working with our global, regional and national partners worldwide to deliver the FIP vision of *a world where everyone benefits from access to safe and effective medicines and pharmaceutical care*[3].

I strongly encourage you to support the development of this commitment and shape the global pharmacy agenda on equity by responding to our simple 2-question survey 'Call for Contributions' which will help us collate ideas, solutions and themes to support developing a comprehensive and responsive Commitment.

To support this initiative, please complete the survey before 1 February 2020 through fip-equityrx.questionpro.com

Dr Catherine Duggan
Chief Executive Officer
International Pharmaceutical Federation

[3] International Pharmaceutical Federation (FIP). Strategic plan 2019-2024. The Hague, International Pharmaceutical Federation, 2019. Available at: https://www.fip.org/publications

FIP-EquityRx: The year in review

The Year in Review provides an overview of FIP activities and upcoming plans across our current EquityRx workstreams.

Promoting equity & diversity in the pharmacy workforce

With women making up more than 70% of the global health and social workforce and with about 50% of women's contributions to global health is categorized as unpaid care work, resilient health systems and universal health coverage cannot progress without considering the gendered aspects of the health and social care workforce. Addressing gender biases and inequities in the health and social workforce is essential to achieving the United Nations Sustainable Development Goal (SDG) 3 (health and well-being), SDG 4 (quality education), SDG 5 (gender equality) and SDG 8 (decent work and inclusive economic growth). Additionally, progressing gender equity in the pharmacy and pharmaceutical sciences workforce will be central to the implementation of FIP's Pharmaceutical Workforce Development Goals (PWDGs), particularly PWDG 10 (Gender and Diversity Balances).

The ILO-OECD-WHO Working for Health Five-Year Action Plan identified two key deliverables to maximize women's empowerment and economic participation: (1) the development of gender-transformative global policy guidance and (2) support to build implementation capacity to overcome gender biases and inequities in the education and health labour market.

In order to achieve these two deliverables, the WHO Global Health Workforce Network (GHWN) has recently established a thematic hub on gender equity in the health and social workforce: the Gender Equity Hub. The purpose of the Hub is to accelerate large-scale gender-transformative progress to address gender inequities and biases in the health and social workforce for the SDGs. The Hub's members represent multi-stakeholder groups including intergovernmental agencies/multilateral groups (e.g. OECD, ILO, WHO), civil society organizations (e.g. Women in Global Health, Intrahealth, HRH 2030), academics, researchers and ThinkTanks (e.g. Research in Gender and Ethics, Women and Health Initiative at Harvard), member states, and other stakeholder groups (e.g. Merck, Medtronic Foundation). FIP is a founding member of the WHO Gender Equity Hub.

FIP's Pharmaceutical Workforce Development Goal (PWDG) 10: "Gender and diversity balances" calls for all countries to have clear strategies for addressing gender and diversity inequities in the pharmaceutical workforce, continued education and training, and career progression opportunities. Some of the goal's indicators and mechanisms are:

i. Demonstration of strategies to address the gender and diversity inequities across all pharmaceutical workforce* and career development opportunities.
ii. Ensure full and effective participation and equal opportunities for leadership at all levels of decision-making in pharmaceutical environments; avoidable barriers to participation for all social categories are identified and addressed.
iii. Engagement and adoption of workforce development policies and enforceable legislation for the promotion of gender and diversity equity; policies and cultures for the empowerment of all without bias. This should be applicable to academic capacity and leadership development activities.

FIP has made a commitment to support its members in working towards the Workforce Development Goals (WDGs) and has set in motion strategic mechanisms to meet this aim, including the establishment of the Workforce Development Hub (WDH) and more recently the FIP Workforce Transformation Programme (WTP).

The FIP Workforce Development Hub (WDH) connects and supports units within FIP and external to FIP (for

example the World Health Organization Department of Human Resources for Health) to achieve the goal of transforming the global pharmaceutical workforce to meet the health needs of societies. The hub provides a focal point for project work and activity based on FIP's education and workforce mission, and for the wider mission of FIP and its constituencies.

In order to meet the extended needs of our members in supporting progress, the Hub has expanded its team of global workforce experts – our Global Leads. Each of the Workforce Development Goals now has a team commissioned to drive the implementation of our tools and frameworks. The Hub now has Global Leads drawn from all regions of the world and representing a cross section of practice and expert areas including pharmaceutical sciences.

Global Leads for Workforce Development Goal 10: Gender and diversity balances are working together to drive the activities of this goal which include developing global tools for implementation and advocacy activities. WDG10 Global Leads work closely with colleagues across FIP to integrate the issue of women in the workforce within the wider equity agenda. In 2020, this team aims to develop a tool to support countries develop initiatives on equity and women's participation, drawing from successful examples from countries around the world (such as Pakistan - see case study in 'FIP-EquityRx in Action). The tool can be adopted and adapted with the support of the global leads, for use across countries.

Although discussions on gender equity within the context of health and wellbeing traditionally have been focused on women, men must also be included in this conversation. It is crucial to consciously explore how boys and men are included in discussions around gender roles and stereotypes, and how their broader health and well-being, alongside that of women and girls, helps or hinders in terms of creating enabling environments for improving gender equity.

Furthermore, we must engage men as advocates for gender equity so they may promote equitable opportunities across the gender spectrum. A key distinction in promoting equity is empowering traditionally marginalized groups, for example, women, with opportunities to engage in decision making and removing structural barriers that both explicitly and implicitly perpetuate inequities. There is great empowerment and opportunity to work as a collective and raise expectations for this very important topic.

Together, we can address the issues around gender inequity.

Dr Vibhuti Arya
Associate Clinical Professor, St. John's University College of Pharmacy and Health Sciences
& FIP Global Lead for WDG10

Dr Lina Bader
Lead for Workforce Transformation & Development
International Pharmaceutical Federation

Nadia Bukhari
Principal Teaching Fellow, UCL School of Pharmacy
& FIP Global Lead for WDG10

Carlene McMaugh
Sales Representative, Novartis
& FIP Global Lead for WDG10

Championing women in science and academia

Science, technology and education provide unprecedented opportunities for the profession, patients and the public. Yet trends indicate a growing gender divide and women are under-represented in these areas, specifically in leadership positions and this prevents women from developing and influencing gender-responsive innovations to achieve transformative gains. Innovative approaches that disrupt "business as usual" are central to removing structural barriers, ensuring that no woman is left behind.

Based on current trajectories, existing interventions will not suffice to achieve gender and diversity balances in the pharmaceutical workforce. There is a global unmet need in pharmacy and pharmaceutical sciences education on how discriminatory practices and norms are framed and measured, gender equity initiatives are monitored and reflected, and women represented in scientific and academic leadership.

The FIP-WiSE (Women in Science and Education) initiative will build a support network, identify multiple barriers that pharmaceutical scientists, academics, educators and students face in pharmacy and pharmaceutical sciences education, promote progress and strengthen accountability for results by putting in place innovative and inclusive projects to help achieve gender equity for women in pharmaceutical sciences and education. The ultimate purpose of FIP-WiSE is to ensure women in pharmaceutical sciences and education feel confident, competent, and empowered to achieve their full potential.

At the FIP Congress 2019 in Abu Dhabi, UAE, an informal working group convened women leaders and members of FIP constituencies, namely FIP Education (FIPEd), Board of Pharmaceutical Practice (BPP) and Board of Pharmaceutical Sciences (BPS). The group represented women in pharmacy and leaders from different sectors such as pharmaceutical industry, academic pharmacy and brought together the members of three FIP Equity Rx initiatives.

The group identified common trends and barriers that women in different career levels and areas face along their journey. Bias in hiring, authorship, recognition and promotion, hostile work environments, self-limitation and lack of support to balance work and non-work roles have been challenging women not only in pharmaceutical sciences and education but women from every part of the world and all professions.

Despite the barriers, the working group shared their stories and experiences that help them thrive and get them where they are today. Self-motivation, having a support network of family, friends and colleagues, inspiring role models were amongst the turning points for the members of the working group. While there are many commonalities, FIP WiSE working group will bring its focus to close the data gap. To remove the barriers that hold woman back, we need to understand those barriers comprehensively.

The working plans for FIP-WiSE are being developed around the key milestone days for women in the global calendar. The official launch of FIP-WiSE is planned for February 11, 2020 – International Day of Women and Girls in Science. FIP-WiSE will hold a worldwide public campaign to bring attention to the growing gender divide and structural barriers that hold women back and ensuring that no woman is left behind.

Follow FIP's communication channels and join the FIP WiSE movement on February 11 to support women in pharmaceutical sciences and education to feel confident, competent, empowered to achieve their full potential! Are you FIP WiSE? #IamFIPWiSE #FIPEquityRx

Nilhan Uzman
Lead for Education Policy and Implementation
International Pharmaceutical Federation

Empowering women as informal caregivers

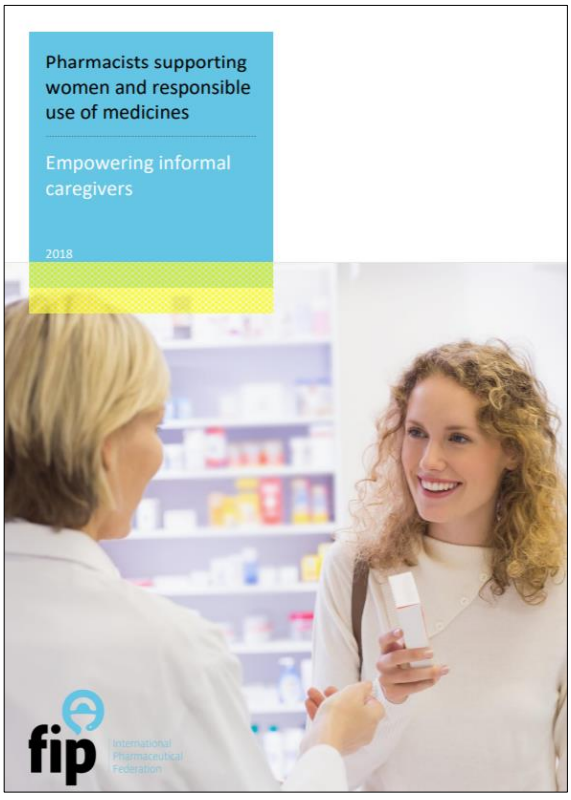
Women are the non-professional caregivers closest to healthcare professionals and are often the ones who visit pharmacies and assume responsibilities for health in the household. In general, women tend to seek treatment and visit doctors or pharmacies (and pharmacists) more frequently than men do. It is often the woman who encourages family members to visit a healthcare professional and who makes sure they take medicines and understand the treatment[1].

With an ageing population, women are increasingly volunteering to care for their elderly family members. Worldwide, nearly 70% to 80% of the impaired elderly are cared for at home by their family members. Varying estimates across different countries indicate that 57% to 81% of all caregivers of the elderly are women. In most cases, female caregivers are wives or adult daughters of the elderly person[2].

Pharmacists should support women in these emerging roles, because medicines are like a double-edged sword — of great benefit if used correctly, but capable of causing harm if used incorrectly. The overuse, underuse or misuse of medicines results in wastage of scarce resources and widespread health hazards. By intervening with compassion and providing information, resources and support, pharmacists may positively affect care recipients and their caregivers. It is a fact that women as informal caregivers considerably lighten the load of the healthcare labour force, often playing a crucial and underappreciated role in providing healthcare to families and communities.

With a focus specifically on women, in 2016 the FIP Bureau established the Working Group on Women and Responsible Use of Medicines to gather evidence on how pharmacists have the potential to contribute as agents of women's empowerment through supporting and promoting their education and providing them with the information they need to ensure medicines are used responsibly.

The working group identified the focus of this work to be the pharmacists' role in supporting women as informal caregivers. It worked to gather evidence of the role women play in contributing to good health and disease prevention when providing informal care to their family members. The working group performed an analysis of existing data by reviewing the available literature on the role of women in health care, and the role of pharmacists in supporting women's empowerment as informal caregivers. The working group further undertook a survey among FIP member organisations on existing interventions by pharmacists. The results were published in the 2018 report: "Pharmacists supporting women and responsible use of medicines: Empowering informal caregivers" [3].



[1] Henry J. Kaiser Family Foundation. Key findings from the Kaiser Women's Health Survey. Women and health care: A national profile. Menlo Park, California: The Henry J. Kaiser Family Foundation, 2005. Available at: https://bit.ly/2n1bjde

[2] Sharma N, Chakrabarti S, Grover S. Gender differences in caregiving among family-caregivers of people with mental illnesses. World Journal of Psychiatry 2016;6(1):7–17. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4804270/.

[3] International Pharmaceutical Federation (FIP). Pharmacists supporting women and responsible use of medicines. The Hague, Netherlands: International Pharmaceutical Federation (FIP), 2018. Available at: https://www.fip.org/publications

FIP has also undertaken an analysis of how pharmacy is poised to support women's health, specifically by providing reproductive health care directly. For more information on this topic, refer to the FIP Reference Paper & Statement of Policy: "The effective utilization of pharmacists in improving maternal, newborn and child health (MNCH)". The work focuses on the role of pharmacists in providing services around conditions related to (or particularly worsening during) pregnancy, delivery and post-natal period or in childhood.

Evidence from the 2018 report on empowering women as informal caregivers reveals that health systems rely on women's contributions as important caregivers, but they do not adequately support women in this endeavour. There is strong evidence on the negative impact of caregiving on women, if they are unsupported.

This presents an opportunity for pharmacists to become more actively involved and, as the most accessible healthcare professionals, are in an ideal position to:

i. Empower women in their role as informal caregivers
ii. Communicate to women the need to be informed
iii. Support women's health literacy, to enable them to influence others.

This document also provides an overview of gender-based policies and a brief overview of current initiatives in this area. Data on women's health and well-being show a clear need for policies to go beyond reproductive and maternal health, encompassing a broader perspective of women and their roles in their own health care and in relation to those they care for. Women's contribution to health care is summarised. The document also provides guidance for pharmacists on supporting health literacy and empowerment of women.

The report has also formed a basis for the development of an FIP Statement of Policy on Pharmacists Supporting Women and Responsible Use of Medicines- Empowering informal carers, launched in September 2019, can be found in Annex 1. A Statement of Policy sets out FIP's current policy on a specific subject and indicates FIP's intention to pursue this policy with other relevant international organisations and expects its member organisations to promote the policy to national bodies, including governments.

Zuzana Kusynova
Lead for Policy, Practice and Compliance
International Pharmaceutical Federation

With the other members of the Working Group on Women & the Responsible Use of Medicines:

Parisa Aslani (Australia)
Josélia Cintya Quintão Pena Frade (Brazil)
Ola Ghaleb Al Ahdab (UAE)
Safeera Hussainy (Australia),
Nsovo Mayimele (South Africa)
Michelle McIntosh (Australia)
Seun Omobo (Nigeria)
Carmen Peña (Spain)
Sofía Segura (Costa Rica)
Régis Vaillancourt (Canada)

& Chair of the Working Group:
Ema Paulino (Portugal)

The Global View: Evidence and data on worldwide gender equity in pharmacy

The Global View presents evidence, data and analysis on equity issues in pharmacy. In this issue, we focus on showcasing a gender analysis of global pharmacy workforce data that FIP collects from its members and stakeholders and discuss the impact of this intelligence on evidence gaps, future planning and policy-making.

Although the global community is more actively progressing towards greater gender equity and women's empowerment[1], women continue to face obstacles in achieving equality, such as gender wage gaps, hostile working conditions or the disproportion of women in leadership positions.

Considering that currently 70% of the global healthcare workforce is female[2], gender analysis of the healthcare workforce becomes critical in identifying the current and potential issues that hinder the acceleration of equitable female participation in workforce roles.

The pharmacy workforce has its own challenges to overcome. The role of the pharmacist has become more complex as more responsibilities are being undertaken within diverse fields of practice such as healthcare, industry, or academia[3]. Accordingly, the International Pharmaceutical Federation (FIP)'s 2018 Global Trends Report on Pharmacy Workforce Intelligence[4] identified that the capacity of the global pharmacy is generally increasing worldwide (with regional variation).

With the pharmacy workforce being majority female, an increase in overall in capacity indicates an effect on women's participation is in the workforce. As such, further analysis was carried out to identify current trends of female pharmacists in relation to the income levels and WHO regions.

The study used previous data collected by the FIP from three time points (2009, 2012, 2016), which included the number of licensed female pharmacists in each of the countries that provided this information. Mixed-model regression analysis was used to identify correlations with proportions of female pharmacists at country level over time and factors such as national income level categories and WHO regional geography.

Overall, the report found that the proportion of female pharmacists in the registered workforce has increased globally from 58% in 2009 to 62% in 2016; forecasting analysis also predicts that, by 2030, around 72% of the pharmacy workforce will be represented by women.

A significant association was found between the proportion of female pharmacists and the income level of the country (p=0·026) and this was consistent across all time points. Even though in 2016 65% of female workforce was found in high-income countries, all countries — independent of their income level — underwent an increase in the percentage of female pharmacists across the study. There was a more significant increase in the low-income and lower-middle-income countries (+16% and +7% respectively) than in the high-income and upper-middle-income countries (+1% and 2% respectively).

A significant association was also found between the proportion of female pharmacists and WHO regions (p = 0·032) that was consistent across all time points. Even though Europe and the Americas regions comprised, on average, more than half of the female pharmacists workforce in 2016 (65%), every WHO region experienced an increase in the proportion of female pharmacists across the time points with the highest increases in Africa (+18%), South-East Asia

[1] Goal 5: Sustainable Development Knowledge Platform. https://sustainabledevelopment.un.org/sdg5

[2] International Labour Organisation [ILO] 2017. Improving Employment and Working Conditions in Health Services: Report, Tripartite Meeting on Improving Employment and Working Conditions in Health Services, Geneva. ISBN 978-92-2-130533-0.

[3] Galbraith KG, Bates IB. Advanced Practice and Specialisation in Pharmacy: Global Report. Hague, Netherlands.: International Pharmaceutical Federation (FIP), 2015

[4] Bates IB, John CJ, Meilianti SM, Bader LB. Pharmacy Workforce Intelligence: Global Trends Report. Hague, Netherlands: International Pharmaceutical Federation (FIP), 2018.

(+11%), Western Pacific (+9%) and Eastern Mediterranean (+7%).

This study reveals new and robust evidence related to female participation and the pharmacy workforce. Clear trends are showing the acceleration of the female pharmacy workforce globally. Moreover, a similar tendency existed when separately characterizing countries by their WHO region and income levels; however, it is essential to consider these factors inter-dependently.

The pharmacy workforce is changing; therefore, improving gender equity is essential to strengthen workforce numbers and distribution. Consequently, there is a need to promote and adopt a gender-responsive approach towards creating programmes and policies that will help support female inclusion and retention within the workforce. In this context, ideas to encourage women's participation in pharmacy should embrace more flexible career paths, and integrate supportive programmes to enable women to develop satisfying careers even after long professional breaks.

Gender equality is certainly a key factor in the health and pharmacy workforce, and progress towards it has picked up pace in some high-income regions; yet, there is still lots of work to be done to engage these and, especially, less developed regions towards decreasing gender gaps. To advance this work, future steps should focus on having more systematic and rigorous evidence to allow a better-developed understanding of the causative factors that remain to hinder gender equity in the pharmacy profession. Further work is also needed to explore other dimensions of equity including diversity & intersectionality (factors such as race, age and sexuality).

The full results and analysis of this study are being prepared for publication in an international health journal. An update will be included in the next Collection.

Prof. Ian Bates
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FIP-EquityRx in Action: Transformative policies & initiatives from around the globe

The Collection section 'FIP-EquityRx in Action' presents examples of transformative policies & initiatives from around the globe on equity; a national women-empowerment pharmacy initiative from Pakistan in this issue.

What is the initiative and what are its main objectives?

The United Nations Sustainable Development Goals include gender equality (Goal 5) which aims to "achieve gender equality and empower all women and girls". It is recognized that achieving this global Goal would benefit every nation – adding to its individual prosperity and sustainability.

Moreover, gender equality is a fundamental human right, which means allowing and facilitating equal access to opportunities for men and women. Importantly, this doesn't mean, or imply that women and men are the same, but that the opportunities and rights open to both should be comparable and should not be based on their gender.

Gender equity refers to the fairness of treatment for both genders according to their needs. This may include equal treatment or treatment that is different; however, it is equivalent in terms of rights, obligations and opportunities.

The vision of the National Alliance for Women in Pharmacy (NAWP) is to support, enable and recognise women pharmacists in the workplace and to provide a supportive environment and mentorship for the advancement of women leaders.

Our objectives include:

I. To contribute to debate within the profession and health care with particular focus on women
II. To address career and professional development issues
III. To provide networking opportunities
IV. To examine "women in health care" issues
V. To provide mentorship opportunities
VI. To liaise with women in pharmacy globally

NAWP

What were the drivers and imperatives behind establishing the National Alliance for Women in Pharmacy (NAWP)?

The International Pharmaceutical Federations' (FIP) workforce data shows that the majority of the global pharmaceutical workforce are women, with year-on-year increases. Promoting equity in the pharmacy workforce is needed to utilize women's roles to deliver better medicines-related health for all.

FIP's Pharmaceutical Workforce Development Goal 10 (Gender and diversity balances) calls for all countries to have clear strategies for addressing gender and diversity inequalities in the pharmaceutical workforce, continued education and training, and career progression opportunities. The 'Delivered by Women, Led by Men' WHO report highlights major gaps in data and research from low- and middle-income countries on gender and equity dimensions health workforce as well as major gaps in implementation research on impact of policy change

The pharmacy workforce landscape in Pakistan reflects the global workforce data, a fact that regularly concerned the founder of NAWP during her official trips to academic institutions and pharmacy chains there. Often, she only met with and liaised with the male leaders within the profession. Photo opportunities were uncomfortable: being the only woman present. All this prompted the question: "Where are the women?" which sparked discussions

and highlighted the dire need for a collective to support and promote women pharmacists in Pakistan.

The professional body for pharmacists in Pakistan — the Pakistan Pharmacists Association (PPA) were approached — to propose an alliance for women in pharmacy. After much discussion regarding the feasibility and practicalities, the National Alliance for Women in Pharmacy (NAWP) was born. NAWP held their launch in Lahore, Pakistan, in April 2019 at the PPA headquarters with around 200 female pharmacists in attendance. A first for Pakistan!

How is NAWP planning to address gender and other inequities for pharmacy in Pakistan?

NAWP is the first of its kind initiative in the health sector and particularly pharmacist community in Pakistan. The initiative holds unique importance for offering a platform to voice the needs as well as to showcase the contributions of women pharmacists in Pakistan. NAWP has initiated a process of dialogue between stakeholders regarding the women in pharmacy. NAWP plans to also raise awareness regarding gender equity and promote leadership development for women by offering organizational support, mentorship opportunities, networking platforms and engagement outlets for women.

NAWP identifies its key role in initiating policy decisions and awareness regarding security at workplace, pay gaps and safe working environment. Spreading awareness on the implementation of basic rights for working women including paid maternity leave, day care centres, and introducing the concepts of flexible working hours, working from home and encouraging career breaks and comebacks to ensure that the women workforce is functional will be among the areas in which NAWP will offer support and advocacy.

Entrepreneurship is also identified as a special emphasis area as the women-led business projects would more conveniently offer the enabling environment that is sensitive to the needs of the women workforce without undermining their professional skills and competencies. NAWP plans to facilitate breaking of stereotypes and cultural barriers like that observed by having very few women pharmacists in the retail pharmacies and even less pursuing marketing-oriented careers and other field-based jobs.

What are some of the activities already undertaken?

Three main events have been organized by NAWP since its establishment in April 2019: the inaugural event, the first annual symposium and annual awards.

The inaugural event of the NAWP was held under the auspices of Pakistan Pharmacist Association in April 2019. The event announced the launch of the organization as well as its first nominated executive body and invitation for participation in the provincial liaison groups. The program was attended by around 200 participants with majority being women pharmacy professionals and students (pictured below). Inclusion and participation being central to the conduct of the event, the input of the participants on the various decisions of the new organization was recorded using voting and survey techniques.

The NAWP logo of an aspiring female's desire to leap forward to utilize her full potential, was also selected after a very participatory round of voting and interesting discussion by the audience. Surveys were also conducted for how the new organization will carry out its functions, define its role, and develop a funding model to achieve sustainability. Discussions and open dialogue focused on participation of women in setting objectives, priorities and strategies

that NAWP should follow. The event included a video message from FIP CEO Dr Catherine Duggan, signifying the support NAWP has from FIP.

In October 2019, NAWP held its first annual symposium followed by the first awards ceremony during the 20th International Pharmaceutical Congress and Exhibition held by PPA in Lahore (pictured below). Participants from all over Pakistan were involved and NAWP provided an opportunity for women to share their success stories as well as challenges.

Ten awards were announced for women in pharmacy in Pakistan including three life-time achievement awards: (1) Pakistani Woman in Global Health awarded to Dr Sania Nishtar; (2) Global Pharmacy Leader awarded to Dr Catherine Duggan; and (3) Women Empowerment in Pharmacy in Pakistan awarded to Dr Zeba Ahmed Shuja. Other awards recognised excellence in pharmacy profession, researcher of the year, commitment to continuing professional development, emerging leader in hospital pharmacy, emerging entrepreneur in pharmacy, outstanding performance in community pharmacy and young academic achiever.

Through NAWP, the concept of gender equity and creating an enabling environment for women and women leadership are discussed for the very first time in pharmacy and the health sector in Pakistan. The efforts have sparked a wave of motivation in the young female pharmacy students in Pakistan, with more young women committing to come forward and presenting their work in overcoming the barriers in women participation at the international and national conferences and professional development events. It has reiterated through its activities that the needs of the women workforce must be understood and addressed.

How is NAWP planning to engage with global stakeholders? How can other countries learn?

We at NAWP are pleased to have collaborated with the International Pharmaceutical Federation (FIP) and to have aligned our strategy with FIP's EquityRx agenda, making Pakistan a pathfinder for gender equity within the pharmaceutical workforce that can lead the way for other countries. We have also begun discussions with Women in Global Health – Pakistan Chapter, an organization built on a global movement that brings together all genders and backgrounds to achieve gender equality in global health leadership, to see how NAWP can collaborate with them and align some of our work. FIP, through the Workforce Development Hub, is developing a needs-based tool that can be adopted and adapted to support other nations initiate such initiatives and the tool is largely based on the experiences at NAWP and we hope our work and learnings will spark enthusiasm everywhere around the world where the same issues are faced.

Nadia Bukhari
NAWP Founder and Patron-in-Chief
Principal Teaching Fellow, UCL School of Pharmacy
FIP Global Lead for WDG10

Dr Huma Rasheed
NAWP President

Prof. Madeeha Malik
NAWP Publications Secretary

Voices and Views: Sponsors & allies

In this year's FIP World Congress in Abu Dhabi, some of our brightest pharmacists got together to discuss the most pressing issues of equity from their perspectives. We asked them what major commitments FIP should make and what in their view are issues they face in their contexts and fields. We're welcoming suggestions on questions we should ask (and who we should ask) in the next Collection's Voices & Views. Email your ideas to lina@fip.org

Prof. Patricia Acuña-Johnson
Professor of Pharmacology
University of Valparaiso, Chile
& FIP Global Lead for WDG1: Academic Capacity

As FIP drives the equity agenda forward, especially through the EquityRx campaign, what commitments should FIP make to instil gender transformative policies?

FIP should signify an example through different specific actions, some already evident, others that are a challenge for the organization itself. FIP must direct and commit to:

1. Promoting female leadership. Two female leaders within FIP: Dr Carmen Peña as 1st FIP President and Dr Catherine Duggan 1st female CEO are vivid examples. Another way to promote female leadership is by creating a program of emerging women leaders as part of the annual programming of their international and regional congresses.

2. Incorporating gender equality into corporate principles and values.

3. Promoting gender equality through the certification of international standards that assesses equal pay, hiring, talent development, job flexibility, and organization culture. Thus, FIP would be publicly declaring its commitment to promoting gender equality in the workplace.

4. Specifying protocols for prevention and reporting of sexual harassment based on gender.

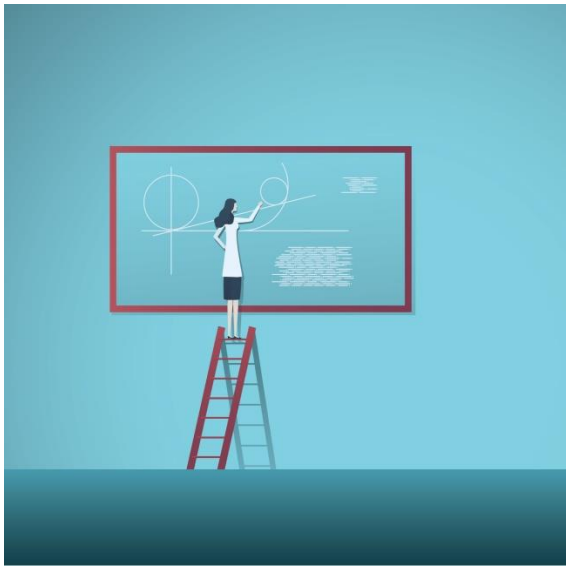
5. Associating with other international and regional organizations to promote work and family reconciliation programs, such as parental leave campaigns, breastfeeding, and childcare policies. Support programs for mothers and fathers who work to develop tools and skills to face the challenges of work and parenting.

On their own or separately, these actions are not enough to create and maintain a culture of gender equity. However, together, and with continuous support, the change will occur and will come to stay.

As an academic, what are the key issues faced by women in science and in academia? What has worked? What isn't working?

The key issues faced by women in science in academia are not different from those in other professional fields. In some countries with tradition regarding specific roles that men and women should play in society, the participation of women in Higher Education is still limited and stigmas about women exist and persist despite changing times.

Some countries have joined the UNESCO STEM and Gender Advancement Program, SAGA, which seeks to identify gaps in current policies for more equal and equitable participation in the development of science, knowledge, technology, and innovation.



In Chile, according to figures from the Ministry of Women and Gender Equity[1], in 2018, only one in four enrolments in these areas corresponds to the female gender; along with this, in the technological field, only 5% of the workforce is occupied by women.

It is evident that there is a need to increase visibility, participation, and respect for women in STEM areas but also in other areas where science is involved.

Therefore, one of the main challenges of higher education today, is leading cultural changes to allow social changes for a society where gender equity ceased to be an issue.

2018 was crucial in addressing gender equity for many universities around the world. Gender Equity units were created at the highest level of the university government in strengthening and promoting anti-discrimination policies and guaranteeing equal rights and opportunities for men and women. In most cases, all of these units became the successor of others of lower-decision levels that existed earlier.

Since then, gender equity has been addressed from a transversal perspective, where the academy assumed an active role in the construction and projection of an equal society.

Academia can play an important role as facilitators and leaders of a social change towards gender equity, therefore as academics, we must validate ourselves as reliable engines of change and not another obstacle in the path towards gender equity.

Gender equity is not about social position or political power; it is about looking at each other and considering us all as equals, beyond being male or female.

In this sense, the academy must contribute towards a society with more co-responsibility between fathers and mothers, between men and women. If we do not change this paradigm, it is difficult to achieve any change.

Dr Timothy Hanlon
Trustee & Honorary Secretary
Commonwealth Pharmacists' Association

As FIP drives the equity agenda forward, especially through the EquityRx campaign, what commitments should FIP make to instil gender transformative policies?

I believe that there are two aspects to this issue. FIP should consider having as its dual focus gender mainstreaming and the empowerment of women.

1. Gender mainstreaming considers the implications for both men and women of any planned action, policy or programme in any area and at any level. This would make gender equity an integral part of the design, implementation, monitoring and evaluation of policies and programmes in all spheres so that men and women can benefit equally. This often requires quite a bit of work to remove barriers and create necessary incentives for effective gender mainstreaming.

2. Women's empowerment refers to the process of women gaining control over their own lives. It involves awareness raising, building self-confidence, expanding choices, increasing access to and control over resources and actions to transform the structures and institutions which reinforce and perpetuate gender discrimination and inequality.

The commitments are, of course, laudable but these cannot only relate to the professional leadership and advocacy role that FIP so rightly holds. They must, first and foremost, be modelled by FIP as an employer.

I believe that for FIP to be credible in the area of gender equity it must effectively role model these commitments. In this way, FIP will be seen as a beacon of gender equity and will hold an authentic credibility. I believe that this is key to getting the

[1] National Commission on Scientific and Technological Research (CONICYT). (July 22, 2019) Retrieved from https://www.conicyt.cl/blog/2019/07/22/chile-implementa-metodologia-que-mide-la-participacion-de-mujeres-en-stem/

level of commitment and implementation of this incredibly important issue right.

The Commonwealth Pharmacists Association is a membership organisation representing multiple countries across several regions. How can a common thread be sewn cross-nations with such an issue? Where do we begin?

The first point to note is that the Commonwealth has an incredibly proud heritage of championing gender issues and has been something of a trail blazer where gender is concerned.

The first draft of the Commonwealth Plan of Action on Gender Equality dates back to 2003 with the 2012 Commonwealth Gender Equality Policy stating clearly that gender equality is a human right and a fundamental principle of the Commonwealth. First comes equality, then comes equity.

The second point is that a common thread can be woven through professional leadership and advocacy. One of the key challenges here is to build leadership capacity and to effectively coach people to overcome fear. I really want to underline how paralysing fear can be. If people are not assisted to recognise their fear, particularly with an issue such as gender equity which can be counter-cultural in some countries, then action will be slow.

I believe that we begin (or at least focus further attention because I believe that the work has been underway for some time) on developing and supporting role models throughout the Commonwealth who themselves truly understand and operate under the principles of gender equity. We do not need tokenism but authentic professional leadership.

We also need to recognise that it is not for the Commonwealth Pharmacists' Association nor, I would suggest, FIP, to impose a model but to propose a model or models for local adoption. There can be a tendency to oversimplify the local social and ethnic context, which can appear condescending to colleagues locally.

Organisations such as ours (CPA and FIP) need to stand shoulder-to-shoulder with member countries and accompany and support them to develop thinking and policy in this area and to effectively implement good gender equity practice.

Aya Jamal
President
International Pharmaceutical Student's Federation

As FIP drives the equity agenda forward, especially through the EquityRx campaign, what commitments should FIP make to instil gender transformative policies?

Gender equity is not only a female issue but rather a human rights issue. Women not believing in themselves or their capabilities make them less powerful and impactful. Our societies are better off when everyone is empowered and recognized wherever they work and on whatever they do. FIP should lead the movement to reflect on the gender equity issue in all possible occasions and platforms. It's important to always remind the people that a simple investment on women involvement in leadership positions and situations in all sectors including health would be the key in transforming systems, communities and even economies to meet the needs of the future.

Another aspect that we need to work on is changing the social norms that restricting young women and even men in some places to dream big and achieve higher. Those norms and challenges are restricting the majority of women from pursuing their careers and to become successful and even believe that they can become leaders without any community's discrimination. If we are starting a movement of change we should start with households and this is for sure not an easy thing to do unless we have all national and international organizations working together with the national authorities in changing any polices or rules that would support and consolidate such social norms.

Investing on research and setting policy recommendations and frameworks can be another way how FIP can contribute to this agenda. Helping societies understand the best way to provide equity in health services and opportunities and how this will in turn improve other health systems and the economies of these societies.

As the President of the International Pharmaceutical Students Federation what commitments will IPSF make? How should students and young pharmacists be engaged in this issue?

IPSF as the leading International advocacy organization which represents around 350,000 pharmacy students' and recent graduates in more than 99 country and areas world-wide - we are working actively in the health workforce rights agenda including gender equity as one of the main topics.

Through our campaigns and interventions, we are actively working on changing the narrative about several issues not only affecting pharmacists' rights but rather human rights.

We believe that the youth are the ones who are more affected by the gender equity issue, how communities defines gender and what they impose on them whether on women or on men is what defines their future. The change will start from the youth and for the youth.

IPSF members all over the world are advocating locally to have better and equal opportunities for pharmacists regardless of their genders. I believe the young people can be an active key player in changing the norms and influencing communities and this is the point where we should start from.

Education is the best tool to create healthy, equal and equitable societies where everyone is enjoying highest level of health, education and social inclusion. We are now talking about paving the way towards UHC I believe that addressing the gender equity issue is one of the ways to achieve this agenda.

Acting now means a better future and stronger communities for the future. Our role as young pharmacists is to shed light on this and to contribute to all interventions that would ensure a better future for us and for the next generation.

Israel Bimpe
Zipline International Inc., Rwanda

Regional engagement is key to transforming policy, what would be the priority area for development in terms of equity & diversity in the African region?

There is no doubt that on all possible standards, the African region is still behind on equity & diversity, mostly due to deeply rooted religious and cultural beliefs in societies. I believe priority areas are grassroots community awareness on equity & diversity, and advocacy for national policy reforms that set the foundations to promote equity & diversity in all facets of the society.

Twitter chat!

"What in your view is the role of male allies in the quest for gender equity in pharmacy? How have male/female allies supported you?"

Share your thoughts with us on Twitter! Don't forget to tag @FIP_org and use #FIPEquityRx

In the Spotlight

In the Spotlight sheds light on specific issues or hot topics in equity. 'In the Spotlight', we feature what we know and don't know about decent working conditions in the pharmacy workforce. We also shine a light on "social accountability" and its role in achieving health equity.

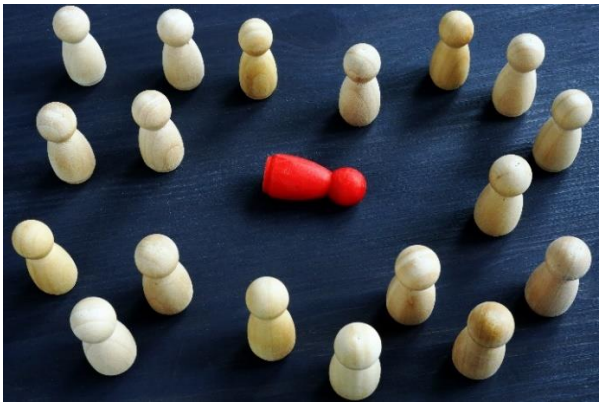
Decent work: Tackling violence and harassment in community pharmacy

As community pharmacists (cRPh), earning our patients' trust and hearing of their well-being are the most rewarding moments of our career. It seems to make all hardships - of working different shifts in a day and weekends, juggling different tasks, being on perpetual holds with insurance companies and doctors' offices, shuffling from one foot to another to stave off going on bathroom breaks, getting no lunch breaks - feel worth it. Unfortunately, that's not all we hear. We are quite often subjected to verbal abuse, threats or even violence.

It is estimated that at least 8-38% of health workers experience physical violence; accounting for verbal abuse and threats, the incidences are even higher.[1] These numbers don't have a break down for pharmacists. However, knowing professional realities of cRPh, I would guess definitely higher.[2] This is what we set out to explore at the Health Law Institute, which raises awareness and advocates for health worker rights. We decided to focus on cRPh as they make up 75% of practicing pharmacists[3], and organizational structures in the community practice can be very different than other pharmacy settings. Also, the study was limited to incidences committed by patients[4] as easy access[5] coupled with customer service expectations[6] make cRPh more vulnerable to abuse and violence from their patients.

A mixed method study, which combined qualitative analyses of data from expert panels of cRPh along with a literature review (to determine documentation and reporting of incidences in published literature), was conducted. The literature is sparse on reports of pharmacists' experiences as victims of abuse and violence, and even among those, the papers were outdated, not pharmacist-specific or only based on hospital pharmacists. Keyword searches primarily identified reports of pharmacists as interveners or witnesses of domestic violence and substance abuse experienced by patients.

On the other hand, pharmacists interviewed had all experienced incidences of abuse and violence, though frequency and severity varied, ranging from being yelled at to being held up at gun point. These incidences not only affected their mental health and work efficiency but also impacted other patients. Majority of the incidences were related to controlled substance prescriptions due to their increased processing time, or when not in stock, or refusal to fill by pharmacist exercising good faith dispensing.



Though pharmacists believed that store or upper management support may help abate or prevent these situations, many did not engage management for fear of repercussions or not being supported, with many preferring to call the police if the situation escalated. Further, none of the pharmacists were aware of formal or institutional reporting guidelines or protocols when pharmacist experiences abuse and violence from patients but knew of clear signage and company protocols if a patient initiated a complaint.

[1]https://www.who.int/violence_injury_prevention/violence/workplace/en/

[2]My experiences and insights as a community pharmacist at http://healthlawinst.org/from_the_trenches/is-your-local-pharmacist-safe/

[3]https://www.fip.org/files/fip/publications/2017-09-Pharmacy_at_a_Glance-2015-2017.pdf

[4]The highest number of abuse and violence incidences are imputed to patients and visitors (https://www.who.int/violence_injury_prevention/violence/workplace/en/); Other actors include employers, supervisors, co-workers or other third parties

[5]cRPh are one of the most accessible members of the health workforce team as patients can access their services simply by walking into a pharmacy without a prior appointment and without going through a support staff.

[6]In addition to their role as a healthcare provider they are also evaluated by their customer service skills often measured by key performance indicators or customer complaints

Further, some pharmacists mentioned a gender bias in comments and attitudes with female pharmacists being hit on or subjected to sexual or personal comments unlike their male counterparts. There seemed to be a correlation between the years of practice and the effect of these experiences. Many felt that the incidences affected them more when they were new in practice, as educational curriculums did not prepare them for the practical realities of abuse and violence in the workplace.

However, the cumulative effect of the incidences along with expanding cRPh roles, deeper budget cuts, inadequate and fluctuating support staff, and customer service expectations led to burnout with one pharmacist transitioning out of community practice.

Our pilot survey explicitly shows that cRPh experience abuse and violence from patients during the course of their work. This coupled with the sparse published literature point towards under-reporting of abuse and violence and the need for clear and defined reporting guidelines. An expanded survey with larger samples, which will generate quantitative data that informs a better understanding of scale and nature of these incidences, is currently being disseminated.[7] A global perspective will help us comprehend contributory factors[8] which vary from one geographical location. Also, disaggregated data will shed more light on the significance of age, gender and race on these experiences and allow us to better understand downstream implications of abuse on patient care delivery and make it possible to suggest viable recommendations and accountability mechanisms.

Even though our preliminary study was not set up to draw conclusive inferences, we were apprised of instances of gender-specific harassment, but it was too limited to make generalizations as to whether other abuse and violence incidences escalated when the pharmacist was female than male. Given that women represent 59% of actively practicing pharmacists[9] and we can safely assume this percentage is even more skewed when we consider frontline cRPh positions compared to management[10], we cannot ignore the gendered aspect of abuse and violence.

Moreover, most of the additional jobs[11] created in the health and social care sector is expected to be filled by young women leading to possible increased exposure to violence for young females. In many cases, women choose community pharmacy practice because of its flexibility, ending up in part-time or floater positions which may not be assigned to fixed store locations.

"It is estimated that at least 8-38% of health workers experience physical violence; accounting for verbal abuse and threats, the incidences are even higher

Lack of knowledge or familiarity with the patient population and store management has been observed to aggravate the situation even further. This would also be the case in regions with oversupply of pharmacists. In many instances, women's professional authority is not recognized or respected unlike their male peers making these incidences of abuse and violence even more demoralizing.

[7] If you are currently a community pharmacist or have worked in community practice, please take the survey at http://bit.ly/2lHYmaR

[8] Inadequate and fluctuating support staff, increased number of tasks, oversupply of pharmacist but no pharmacist overlap during shifts as previously practiced, recruitment of only floater or part-time pharmacist positions, pharmacist burnout, increasing cost of health care, non-coverage of prescription drugs and lack of awareness of the role of the pharmacist were identified to exacerbated the potential for abuse and violence

[9] https://www.fip.org/files/fip/publications/2017-09-Pharmacy_at_a_Glance-2015-2017.pdf

[10] "Women are 70% global health workforce but hold only 25% senior roles"; Delivered by Women, Led by Men: A Gender and Equity Analysis of Global Health and Social Workforce; https://apps.who.int/iris/bitstream/handle/10665/311322/9789241515467-eng.pdf?ua=1

[11] The health and social care sector is expected to create 40 million new health worker jobs by 2030. And, as each health worker job is assumed to create two additional supportive jobs, a total job creation potential for over 120 million is forecasted

Abuse and violence of health workers constitutes a violation of their dignity and fundamental human rights. The right to decent work encompasses a right to safe working condition and respect for the physical and mental integrity of the worker in the exercise of his/her employment. Moreover, abuse and violence incidences can be coupled with other rights violation; for example, violation of right to due process[12] or violation of freedom of assembly[13]. The recently adopted ILO Convention 190[14] is a much-needed international legal instrument that provides for integrated, inclusive, and gender-responsive protections for the right to freedom from violence and harassment in the workplace. Its definition of violence and harassment makes allowance for an expanded coverage of behaviours, practices and threats, for even a single incidence[15], and is applicable to varied work arrangements[16]. It specifically highlights gender-based violence and harassment[17] and Article 9 of Recommendation 206 specifically recognizes that health workers are particularly exposed to violence in the workplace.[18] However, Convention 190 will only enter into force twelve months after two member States have ratified it.

"Abuse and violence of health workers constitutes a violation of their dignity and fundamental human rights."

Nonetheless, this provides us with an opportunity for engagement to furnish evidence-based recommendations and policies as States, through tripartite consultation, are required to identify high-risk sectors or occupations and take measures to effectively protect those workers.

It presents a strong case for further research and data collection on abuse and violence of health workers, implementing formal or institutional reporting guidelines and institutional accountability structures[19], developing and enforcing workplace policies on violence and making provisions for training and awareness raising. In the short term, store and upper management engagement and patient education[20] on the role of cRPh may help limit incidences of abuse and violence.

Practices that place economic incentives over professionalism and fundamental human rights need to be curbed.[21]

Soosmita Sinha
Founder and President of the Health Law Institute, Geneva, Switzerland

[12]Near-fatal assault on a junior doctor following the death of an elderly patient at an emergency ward. "Doctors' Strikes: Why Does India Harm Its Healers?". https://www.arre.co.in/social-commentary/doctors-strikes-india-kolkata-nrs-hospital-violence/?fbclid=IwAR22yFxunwMTRrUH9y_i1RANYpmeiGkVz1vvVrG2YDmxjTqDmP6pIR_9c-A.

[13] Kidnapping and alleged violence against Dr Peter Magombeyi, who as the acting president of the Zimbabwe Hospital Doctors Association, was active in organising a series of strikes over poor pay and working conditions. https://www.theguardian.com/world/2019/sep/20/zimbabwe-union-leader-peter-magombeyi-found-alive-reported-abduction

[14] ILO Convention 190 along with its legally non-binding Recommendation 206 got adopted on June 21 2019 by the ILO Member States, worker representatives, and employers' organizations

[15] Article 1(a) of the Convention states that the term "violence and harassment" in the world of work refers to "a range of unacceptable behaviors and practices, or threats thereof, whether a single occurrence or repeated, that aim at, result in, or are likely to result in physical, psychological, sexual or economic harm, and includes gender-based violence and harassment."

[16] It covers everyone who works, irrespective of contractual status, for all work-related activities and work-related communications

[17] Article 1(b): the term "gender-based violence and harassment" means violence and harassment directed at persons because of their sex or gender, or affecting persons of a particular sex or gender disproportionately, and includes sexual harassment

[18] Though it is not legally binding, it constitutes a guideline on how the Convention should be applied and sets out practical measures that consider multiple and intersecting forms of discrimination, gender stereotypes and unequal gender-based power relations

[19] Includes remedies for victims (compensation and protection from retaliation); witness protection measures; and whistleblowers protections

[20] Many incidences were due to lack of awareness of pharmacist roles and resulted when pharmacist exercised their professional judgement or performed required protocols.

[21] In our study, it was suggested that customer service expectations of community pharmacists influence the current lack of awareness, documentation, reporting and accountability mechanisms of these incidences

Achieving equity in health through social accountability in workforce education & training

Global imperatives for social accountability in health
The World Health Organization defines equity as 'the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification'.

According to the WHO, "Health equity" or "equity in health" implies that "ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential."

Achieving equity in health cannot be done without ensuring social accountability.

Social accountability in the health sector is often viewed as "an advanced form of community participation whereby citizens take action to enhance the accountability of politicians, policymakers and service providers". Social accountability is critical to achieving the UN Sustainable Development Goals (SDGs) – including Goal 3 Good Health, Goal 4 Quality Education, Goal 5 Gender Equality, Goal 10 Reduced Inequalities, Goal 16 Peace and Justice, and many others.

Community-engagement was emphasized in the 1978 Alma-Ata Declaration on Primary Health Care which the world re-committed to through 2018 Astana Declaration. Following Alma-Ata, the 1987 Bamako Initiative more specifically outlined community participation principles within health system planning with the objectives to:

a. Strengthen the management and financing of health care at the local level.
b. Promote community participation.
c. Improve the supply, management and use of essential drugs.
d. Ensure sustainable financing of primary health care units.

Social accountability as a concept is used in several contexts, including in health professional education, where it is defined as the obligation of training institutions to align their education, research and services to priority needs, and identify those in collaboration with stakeholders, including citizens. Social accountability is embedded within the WHO 'Global Strategy on Human Resources for Health: Workforce 2030' which aims to progress the health SDG and its workforce indicator.

"Achieving equity in health cannot be done without ensuring social accountability."

The National Health Workforce Accounts (NHWA), that track the progress of WHO's Global Strategy, include indicators related to regulation and accreditation that aim in part to monitor social accountability of education institutions.

Values of social accountability & community engagement
THEnet: Training for Health Equity Network, envisions a world of healthy vibrant communities where all people attain the highest level of health.

THEnet and its partners contribute to health equity through health workforce education, research, and service, based on the principles of social accountability and community engagement.

THEnet proposes that Social Accountability rests upon five important values:

Quality: Health services must be delivered in a way that optimally satisfies both professional standards and community expectations.

Equity: Opportunities for health gains are available to everyone. Health equity and social determinants of health should be considered in all aspects of education, research and service activities.

Relevance: The most important and locally relevant problems are tackled first. Decisions on health resources are responsive to community needs and the principles of cultural sensitivity and competency.
Partnership: Partnerships are key in developing, implementing and evaluating efforts between all stakeholders - faculty and students, communities, health and education systems, and schools.

Efficiency: The greatest impact on health is achieved through cost-effectiveness and with available resources targeted to address priority health needs.

Key principles that should be emphasized in socially accountable schools are community engagement, focusing on current and future health and workforce needs, learning in community and underserved settings where students are exposed to the social determinants of health, inter-sectoral and interprofessional collaboration and assessment of impact.

Social accountability in action: example of pharmacy in Australia
While equity is an essential component and value of social accountability, quality is just as important. Accreditation standards and quality assurance systems must have specific equity measures incorporated and mechanisms and resources to enforce compliance with those standards.

The Australian Pharmacy Council (APC) is the authority that accredits pharmacy education and training in Australia and New Zealand on behalf of the Pharmacy Board of Australia (PBA) and the Pharmacy Council of New Zealand (PCNZ).

The APC 2020 Accreditation Standards, effective January 2020, provide a prime example of how social accountability can be embedded within health professional education. The Standards consists of five main domains, the first of which is 'Safe and socially accountable practice' reflects the framing of the 2020 Accreditation Standards around the overarching principle of social accountability, which encompasses the responsibilities and obligations of individuals and organisations to serve society, by seeking both to prevent harm and to promote optimal health outcomes.

This represents an important and innovative approach that other regulated health professions could emulate.

Practical capacity-building tools for social accountability

Framework for Socially Accountable Health Workforce Education
In 2011, in collaboration with its partner institutions, THEnet developed a powerful, practical and comprehensive tool The Framework for Social Accountability in Health Workforce Education.

The Framework helps schools design, modify, and evaluate their institutional strategies and programs to maximize their positive impact on health and health equity in a highly inequitable world. Available

as an open-source tool on THEnet's website, The Framework has been adopted by workforce education institutions in Australia, Belgium, Brazil, Canada, Cuba, Iran, New Zealand, Pakistan, Portugal, South Africa, Sudan, and the United States, with more schools signing on every year.

The Framework is a living, breathing quality improvement tool that can be adapted to any institutional setting. Some schools are using it to set, or reset, their priorities. Some are using it selectively, applying the most relevant modules to specific issues and challenges. And some turn to The Framework to figure out where and how to start.

The Framework is designed for use by all health workforce education institutions including pharmacy and pharmaceutical sciences schools. Link to the Framework: https://thenetcommunity.org/the-framework/

Students' Toolkit on Social Accountability in Medical Schools
Social Accountability (SA) in medical education is becoming increasingly prominent global and national discussion. This toolkit aims to provide students with a brief introduction of what SA is, what its core principles are, and how students, can apply several of the existing tools to assess their own school to really make a difference.

The development of the Students' Toolkit on Social Accountability of Medical Schools was a collaboration between the International Federation of Medical Students' Associations (IFMSA) and the Training for Health Equity Network (THEnet). Link to the Toolkit: https://ifmsa.org/social-accountability/

Have you or your organisation incorporated social accountability into your strategies, business plans or initiatives? Tell us more at lina@fip.org

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The Interview

We asked FIP Immediate Past President Dr Carmen Peña – FIP's first female president. a few questions about allies, injustices, and more.

What in your view is the role of male allies in the quest for gender equity in pharmacy? How have male & female allies supported you?
I consider that as it is precisely a search for social justice, we should not differentiate allies by gender. However, strategically, the approach to obtain allies must be selective to achieve optimal results.
In simple terms, I could say that I have received proactive help from men/women at a rate of 30/70 percent, respectively. However, knowing that 30% male allies I have encountered in my professional life have been extremely useful and that the 70% magnificent women allies have also been very supportive, one has to take into consideration that women are 50% of the population and have less power to make decisive decisions.

Where have you seen injustice for men and women?
I have found that in countries & territories where there was or there is no real democracy, social injustice is more pronounced for both men and women, but there are even more obstacles for women, children, the elderly, the poor, the disadvantaged, rural populations and minorities in general.

Where do you think pharmacy's biggest contributions to equity (including gender, diversity and access to care) lie?
Precisely in those diverse groups most disadvantaged by injustice is where pharmacy, thanks to its accessibility, professionalism and quality of service, is even more necessary, since it works for and with patients, with people, fulfilling a truly essential role in the field of Health.

If you had one message to share with the world about supporting women, what would that be?
According to WHO and UN reports, we will need at least 18 million new jobs for healthcare professionals by 2030.

My message would be:

"Please — leaders, politicians, policy makers and social agents: promote policies that ensure education for girls and young women of the present so we can have a future in which social justice is and will be a reality for the benefit of humanity."

Dr Carmen Peña
Immediate Past President
International Pharmaceutical Federation

Annexes

Annex 1

FIP STATEMENT OF POLICY
Pharmacists supporting women and responsible use of medicines – Empowering informal careers

Background:

In 2016, the world transitioned from a focus on the United Nations Millennium Development Goals (MDGs) to a renewed focus on international equity through the cross-sectional application of 17 Sustainable Development Goals (SDGs)[1]. The SDGs seek to change the course of the 21st century, addressing key challenges such as gender inequality and need for empowerment of women and girls. Achieving gender equality and women's empowerment is a stand-alone goal — Goal 5 — of the SDGs. It is also part of all the other goals, with many targets specifically recognising women's equality and empowerment as both an objective and as part of the solution[2]. Goal 5 recognises that in the labour market, women worldwide make 77 cents for every dollar earned by men[3]. At the same time, they carry out three times as much unpaid household and care work as men — from cooking and cleaning, to fetching water and firewood, and / or caring for children and the elderly[4].

As mothers, women are the primary carers of their children's needs, including their health. And with an ageing population, women are increasingly volunteering to care for their elderly family members. Worldwide, nearly 70-80% of the impaired elderly are cared for at home by their family members,and varying estimates across different countries indicate that 57-81% of all carers of the elderly are women[5]. In healthcare, women are the non-professional carers closest to healthcare professionals and assume responsibilities for health in the household. They are more likely to proactively seek help about health or medicines[6, 7], particularly for a family member, irrespective of the medical topic[6, 8]. It is therefore not surprising that women, as carers, are more often than not, the ones who visit pharmacies or seek medicines information from a wide range of sources including primary healthcare professionals, medicines call centres and the Internet[9]. In addition, there is evidence showing that caregiving can have negative health effects on carers. It can take physical, emotional and financial tolls on women, especially if they remain

[1] United Nations. The Millennium Development Goals Report 2015. New York: United Nations, 2015. Available at: https://bit.ly/1gjxI03 and United Nations. Sustainable Development Goals 2016. New York: United Nations, 2015. Available at: https://bit.ly/1Kjkno8

[2] United Nations Women. SDG 5: Achieve gender equality and empower all women and girls. New York: United Nations, 2017. Available at: https://bit.ly/2IpzESq

[3] United Nations. Women's economic empowerment in the changing world of work: Report of the Secretary- General. New York: United Nations, 2016. Available at: https://bit.ly/2KplaHj

[4] United Nations. Progress towards the Sustainable Development Goals. New York: United Nations, 2017. Available at: http://undocs.org/E/2017/66

[5] Sharma N, Chakrabarti S, Grover S. Gender differences in caregiving among family-carers of people with mental illnesses. World Journal of Psychiatry 2016;6(1):7–17. Available at: https:// ncbi.nlm.nih.gov/pmc/articles/PMC4804270

[6] Renahy E, Parizot I, Chauvin P. Determinants of the frequency of online health information seeking: Results of a web-based survey conducted in France in 2007. Inform. Health Soc. Care 2010; 35: 25–39

[7] Percheski C, Hargittai E. Health information-seeking in the digital age. J. Am. Coll. Health 2011; 59: 379–86

[8] Warner D, Procaccino JD. Women seeking health information: Distinguishing the web user. J Health Commun. 2007;12:787-814.

[9] Pache DM, Hollingworth SA, van Driel ML, McGuire TM. Does consumer medicines interest reflect medicines use? A comparative quantitative analysis of medicines call centre queries with medicines use in Australia. Res Social Admin Pharm 2019; 14(4): 440-7. Available from: doi.org/10.1016/j.sapharm.2018.06.012

unsupported[10]. Seeking information and reassurance from accessible sources is an important coping mechanism for women to deal with the uncertainty or anxiety associated with a family illness[11].

Health systems currently rely heavily on women as informal carers, but they do not provide adequate support for them. Furthermore, women may have different needs in accessing information, given the barriers they face in education in many regions of the world as compared to men, thus creating further inequalities. Understanding how pharmacists can support women in their role as informal carers can facilitate achieving the ambitious United Nations Sustainable Development Goals of gender equality and sustainable development by 2030 and help reduce potential health-related inequalities to a minimum.

Pharmacists are often ranked as the most trusted and accessible healthcare professionals. In addition, the pharmacy profession comprises both men and women, with the latter being predominant in many countries[12].[12] This often allows patients and carers to choose who they would like to interact with, potentially choosing a female pharmacist if they feel more comfortable talking about issues such as reproduction or breastfeeding with a female counterpart. The pharmacist's relationship with female carers is key to the value women place on the pharmacy as a community resource. This provides an opportunity for public health initiatives to be delivered in pharmacies.

Specific examples of activities and initiatives relevant in the context of this statement can be found in the 2018 FIP Reference Paper 'Pharmacists supporting women and responsible use of medicines'[13].

AGAINST THIS BACKGROUND, FIP RECOMMENDS THAT:

Governments:

1. Initiate and support national and local policies and practices that sustainably aid family carers and address systemic socio-economic barriers to improved informal care, such as income, educational and geographical disparities;
2. Demonstrate the political will to compensate informal care by taking measures that enable carers to be financially independent and participate in activities outside the home;
3. Recognize that gender differences in economic status, health literacy and purchasing power affect thehealth-seeking behaviour and health outcomes of both men and women;
4. Equalise the value of productive activities and reproductive activities, thus supporting birth and demographic sustainability;
5. Identify the need to support different strategies that cover the wide range of literacy needs for women and girls, and implement them accordingly;
6. Engage pharmacists meaningfully by employing their full potential and promoting their medicines expertise as a pivotal service in supporting women as informal carers;

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[10] Swinkels J, Tilburg TV, Verbakel E, Broese van Groenou M. Explaining the gender gap in the caregiving burden of partner carers. J Gerontol B Psychol Sci Soc Sci. 2019 10;74(2):309-317. doi: 10.1093/geronb/gbx036

[11] Brashers DE., Goldsmith DJ, Hsieh E. Information seeking and avoiding in health contexts. Hum Commun Res 2002;28: 258–71

[12] Janzen D, Fitzpatrick K, Jensen K, Suveges L. Women in pharmacy: A preliminary study of the attitudes and beliefs of pharmacy students. Can Pharm J (Ott). 2013 Mar;146(2):109-16. doi: 10.1177/1715163513481323

[13] International Pharmaceutical Federation. Pharmacists supporting women and responsible use of medicines. The Hague: FIP, 2018. Available at: https://www.fip.org/files/fip/publications

7. Support pharmacists' activities through appropriate remuneration models that consider societal values and potential savings;
8. Eliminate legal and regulatory barriers that impede the pharmacist's role in empowering women carers;
9. Deliver on their main responsibility to develop and implement effective policies to combat childhood illiteracy, particularly among girls, with active and inclusive policies for children's education;
10. Improve health outcomes by ensuring a stable financial commitment for training and empowerment projects targeting (informal) women carers and new women-centred services delivered in collaboration with health care professionals' and pharmacists' associations.

Pharmacy organisations:

1. Encourage and support, at national and local levels, the development and evaluation of services that aim to empower women in their role as informal carers;
2. Support pharmacists to provide information on care options, as well as logistical and financial details pertaining to healthcare, in a way that empowers women to make the best decisions for their family and those whom they are responsible for;
3. Communicate and collaborate with carers and other healthcare professionals on the continuity of pharmaceutical care in the transition between acute care and home settings;
4. Promote awareness of medication-related and transition of care guidelines to their members, to enable a coordinate global and evidence-based approach to be appropriately implemented in the professional environment in which they work;
5. Advocate to governments to improve health outcomes by ensuring a stable financial commitment for training and empowerment projects targeting (informal) women carers and new women- centred services delivered in collaboration with health care professionals' and pharmacists' associations;
6. Initiate and conduct projects related to women and their empowerment as informal carers;
7. Develop a standardised screening form or tool for pharmacists to implement as they seek to meet and anticipate the needs of women in their community;
8. Support joining national or international health research projects targeting (informal) carers or the ageing population;
9. Support academic activities that educate pharmacists to enhance their role to empower women and informal carers in health matters and the responsible use of medicines and the safe transition of care;
10. Consider the allocation of scientific or special research funds to projects that produce a positive impact on society and the improvement of women's social status;
11. Develop structured and easily understandable information and materials to help women in their health caregiving activities / roles.

Pharmacists:

1. Encourage the education of girls to subsequently foster the leadership of women;
2. Encourage women in leadership roles;
3. Support care provided by informal carers for children and the elderly, or people living with physical disabilities or mental illness;
4. Explore new strategies and deliver services that empower informal carers in their role;
5. Communicate and collaborate with carers and other healthcare professionals on the continuity of pharmaceutical care in transitions of care;

6. Support women to provide caregiving at home;
7. Collaborate and act complementary with pharmacy organisations, other healthcare professionals and governments to create and implement educational policies, particularly related to the responsible use of medicines;
8. Support governments in creating and implementing different strategies for women and girls with a wide range of literacy needs;
9. Support women carers by engaging in and delivering healthcare training, campaigns and medicines information services from an empowerment perspective;
10. Develop services focused on women carer's health, to offset the potential negative effects of their role;
11. In the context of gender-related ethical or reproductive health issues, put the perspective and interest of patients first;
12. Offer an emotionally supportive environment in their practice.

AGAINST THIS BACKGROUND, FIP COMMITS TO:

1. Provide leadership for the empowerment of women throughout the world, by keeping the topic of the responsible use of medicines through women high in the political agenda;
2. Encourage women in leadership roles;
3. Support pharmacists to reach their full potential in empowering women informal carers;
4. Promote cooperation among professional and patient / consumer organisations in the development of services targeting women's empowerment and empowerment of informal carers;
5. Seek alliances with other organisations to create statements, policies, campaigns and joint actions to facilitate the role of women carers to improve the responsible use of medicines;
6. Promote and engage in best practice sharing on related topics at the global level;
7. Utilise recognition of FIP Member Organisations as a means to promote the development of new pharmacy services that empower women and informal carers in improving health matters and the responsible use of medicines;
8. In the context of gender related ethical issues, promote the view that the perspective and interest of patients should always come first, free from discrimination against gender identity.
9. Promote best practice and visibility of local pharmacist champions, Member Organization champions and related projects around empowering women and informal carers in improving health matters and the responsible use of medicines.

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