FIP GLOBAL HUMANITARIAN COMPETENCY FRAMEWORK (GbHCF)

Supporting pharmacists and the pharmaceutical workforce in a humanitarian arena

VERSION 1

Background

Pharmacists are professionally responsible for the safe and effective use of medicines. They traditionally work in various environments, such as community, hospital, industry and academia. However, there are also a number of pharmacists working in a humanitarian arena[i1], where the infrastructure, supply chains and patient needs are vastly different from those that pharmacists working in more traditional roles encounter.

Pharmacists working in a humanitarian arena undertake tasks and responsibilities based on orthodox competency frameworks and scope of practice for pharmacists but will also be required to be able to fulfil competencies unique to the humanitarian sector. Previously, these competencies have been usually acquired with time and experience. Very few development programmes exist to train pharmacists to practise in the humanitarian sector, and there is no readily available competency framework for the development of pharmacists working in humanitarian environments.

Anecdotally, some organisations have identified the need to have a structured way of training pharmacists working in a humanitarian arena. There is an additional drive among pharmacists and pharmacy students to be more engaged with the humanitarian sector. Those with such interest often ask for guidance on how to gain the right exposure, access resources and receive structured training in humanitarian pharmacy.

Current training opportunities for pharmacists working in a humanitarian arena are limited and often organisation-specific. In other words, in most cases, pharmacists can only access humanitarian pharmacy training programmes once they have been hired by an organisation. This limits the number of pharmacists who have received such training and leads to an inconsistent skill set throughout the profession and across organisations.

Many educational programmes exist on various aspects of humanitarian pharmacy. However, without a defined and recognised competency framework, it is unclear if the programmes are relevant and useful.

With the growing recognition and demand for pharmacists with humanitarian pharmacy skills, there is also a growing need to develop an internationally recognised competency framework for these unique pharmacists. Defining these competencies will become the basis of educational programmes to train these pharmacists.

Evidence based practice should always be used; however, in specific humanitarian contexts, evidence may not available. Where evidence is not available, existing evidence from outside the humanitarian sector may need to be evaluated and extrapolated or adapted using a patient-centred approach and taking into account the unique risks that may occur. Pharmacists working in the humanitarian sector should support the development of evidence where there are known gaps.

The aim of this work was as to provide an international competency framework for pharmacists working in the humanitarian arena, that would be used to guide education and training programmes in this increasingly important field of practice.

[1] This may be pharmacists supporting medicines expertise in challenging humanitarian aid environments; it may be specialist pharmacists in careers focussing on humanitarian aid and support.

Definitions[2] used for the purpose of this document:

Humanitarian pharmacy

An area of pharmacy that provides material, logistic and pharmaceutical assistance/advice to people in need, in line with the humanitarian principles and international humanitarian law for the primary purpose of supporting and promoting access to healthcare.

Pharmacist working in a humanitarian arena

Registered pharmacist working in Humanitarian Pharmacy.

Working group

Group lead, Sylvain Grenier, liaised with international organisations that employ pharmacists who work in a humanitarian arena, such as UN agencies, the International Federation of the Red Cross, Pharmaciens Sans Frontières, Médecins Sans Frontières, Save the Children and the Australian National Critical Care and Trauma Resource Centre, to identify working group members.

Each member of the working group participates as an independent individual with extensive experience and expertise in the field and does not represent the organisations they work for or have worked for.

The members are:

Cdr Dr Sylvain Grenier, CD, BPharm, PharmD, FFIP, FOPQ

Sylvain Grenier is president of FIP's Military and Emergency Pharmacy Section MEPS and director of the Plasma Protein and Related Products Formulary Program at Canadian Blood Services. He is a military pharmacist who has served 28 years with the Canadian Armed Forces during which time he was involved with aspects of the planning of the Disaster Assistance Response Team and Major Air Disaster. He was also deployed in missions to Bosnia and Afghanistan.

Marwan Akel, PharmD, MPH, PhD, FFIP

Marwan Akel is a projects manager for workforce at FIP. He is the chair of the pharmacy practice department at the Lebanese International University. Dr Akel worked for 15 years with refugees in different camps across Lebanon, as a pharmacist running the volunteer dispensaries and raising awareness campaigns about self-care and other health-related issues.

Mauricio Aragno, MPH, BPharm

Mauricio Aragno is an independent consultant for International Health, with expertise in medical supply chains, working with UN agencies, international NGOs, global institutions and ministries of health, with more than 13 years' experience in humanitarian work and international programmes.

[2] More definitions can be found at the end of this document.

Ina Donat, MFRPSII, MRPharm, IP, FHEA

Ina Donat is a pharmacist volunteer/trainer with PSF Germany and Lemonaid (Scotland). She volunteered in Haiti and in the the European emergency response to the influx of refugees, and was involved in disaster preparedness and response planning with pharmacy employers. She teaches aspects of global public health with a humanitarian focus.

Maj (Retd) Katherine Enright, MPharm

Katherine Enright is a Wellcome Trust-funded DPhil student at the University of Oxford, and founder of Global Pharmacy Exchange. She is a pharmacist with 14 years' experience across the British Army and humanitarian sector (with deployments to conflict, emergency and development programmes in Afghanistan, Iraq, Haiti, Chad, Ethiopia, South Sudan, Sierra Leone, Kenya and Madagascar, and with remote support to numerous other countries, including Bangladesh, Yemen and Myanmar). She has extensive experience of transforming and leading pharmacy and medical supply chain services at international NGOs (including MERLIN, Save the Children and UK-Med).

Alexandra Karacs, PharmD

Alexandra spent 17 years in the pharmaceutical industry, building GMP and GDP systems and managing operations. Specialising in modern pharmaceutical technologies, she currently works as a GDP and GVP inspector for the local authority. She had the opportunity to gain insight into the challenges of the humanitarian sector through her passionate work in a global Senior officer position at the IFRC.

Dr Elizabeth McCourt, BPharm, Grad Cert Int Pub Hlth, PhD, MSHP

Elizabeth McCourt is health professional research coordinator at Queensland Health, Australia. She is a pharmacist and has completed her PhD research on improving the preparedness of pharmacists to respond to disasters. She has volunteered in health and education sectors in the Philippines, the Solomon Islands, Nepal, Sri Lanka and Australia.

Pernille Miller, MSc(Pharm)

Pernille Miller has worked in the humanitarian field with Médecins Sans Frontières in South Sudan, Yemen, Iraq and Bangladesh. She has worked at a field and country level, and has, among other things, ensured medical supplies and supported the projects in the countries.

Melanie Morrow, BPharm(Hon), MClinPharm, FSHPA

Melanie Morrow has worked in the humanitarian field for the past 11 years. She is the senior clinical pharmacist for the National Critical Care and Trauma Response Centre in Darwin, Australia. She ensures medication readiness, pharmacy services and team health for the Australian Medical Assistance Team field hospital.

Petra Straight, BPharm, PGCert Clin Pharm, PGDip Global Health

Petra Straight is a clinical pharmacist who has worked as a pharmacist in the humanitarian sector for eight years for both government and non-governmental organisations. She sits on several international advisory groups for pharmacy and medical supply chain in humanitarian contexts.

Prof. Ian Bates, FRPharms, FFIP, FRSS

Ian Bates holds the Chair of Pharmacy Education at the UCL School of Pharmacy and is director of the FIP Global Pharmaceutical Observatory and Workforce Development Hub. He is programme director for UCL professional programmes, providing foundation, advanced training and workplace education for NHS pharmacists. At FIP, he was instrumental in authoring and launching the initial global Workforce Development Goals and the subsequent FIP Development Goals in 2021.

Dr Andreia Bruno-Tomé, PharmD, PhD

Andreia Bruno-Tomé is an FIP Workforce Development Hub global lead for competency development, and affiliate of the Faculty of Pharmacy and Pharmaceutical Sciences, Monash University, and senior expert strategist at McCann Health, Portugal. Dr Bruno-Tomé has 15 years of experience in leading cross-functional teams (50 nationalities) and designing innovative competency frameworks, global programmes and strategies for workforce development. An expert in health workforce and professional development, she led the strategy and implementation of pharmaceutical workforce and education programmes for FIP member organisations. As a result, her tools and frameworks are being used by practitioners worldwide.

Dr Naoko Arakawa, BPharm, MSc, PhD, FHEA,

Naoko Arakawa is an FIP Workforce Development Hub global lead for competency development, an FIP Academic Pharmacy Section executive committee member, and an assistant professor in international pharmacy at the University of Nottingham, UK. Her work involves a number of research projects to develop national pharmacy competency frameworks in different countries.

Zuzana Kusynová, Mgr, PharmD

Zuzana Kusynová is lead for policy, practice and compliance and a programme lead at FIP. With over eight years of experience, she supports the FIP Board of Pharmaceutical Practice and coordinates its international working/expert groups and projects. She is the focal point for FIP's close collaboration with international partners in health policy arena, such as the World Health Organization.

Developing the competencies

The FIP working group on the FIP Global Humanitarian Competency Framework (GbHCF) met for the first time in an online meeting in November 2017 (see "working group" section for list of members and their expertise). The objectives of the working group were:

- To define the humanitarian environments in which pharmacists are working;
- To list and define tasks and responsibilities facing pharmacists who work in humanitarian arenas; and
- To develop a competency development framework based on the tasks and responsibilities identified by the working group.

The working group considered the reports and conclusions of the 2006 FIP statement of professional standards regarding "The role of pharmacists in crisis management" and the qualitative study that was undertaken in 2012–2013 to better understand the challenges faced by pharmacy personnel during previous responses to emergencies. A literature review focusing on the roles of pharmacists in a disaster (work published independently) also guided the working group as did the individual expertise of the group members.

The working group participated in online meetings from November 2017 to September 2021 and had two face-to-face meetings that aligned with FIP World Congresses in September 2018 and September 2019.

From these meetings a detailed list of tasks and responsibilities of pharmacists working in a humanitarian arena was agreed upon. This list was based on the results of the literature search and was complemented by the experience of the working group members.

FIP Education (FIP*Ed*) was approached to join and provide expertise for developing a competency framework based on the works by the working group members.

The FIP*Ed* team for the project comprised Prof. Bates, Dr Bruno-Tomé and Dr Arakawa (see "working group" section)

The FIP*Ed* team, led by Dr Bruno-Tomé, transformed the tasks and responsibilities into a competency framework. Competencies and behavioural indicators developed by the FIP*Ed* team were then reviewed by the working group and amendments made through discussion and consensus. Competencies were then circulated to all groups within FIP for comment and review.

How does this work relate to the FIP Global Competency Framework?

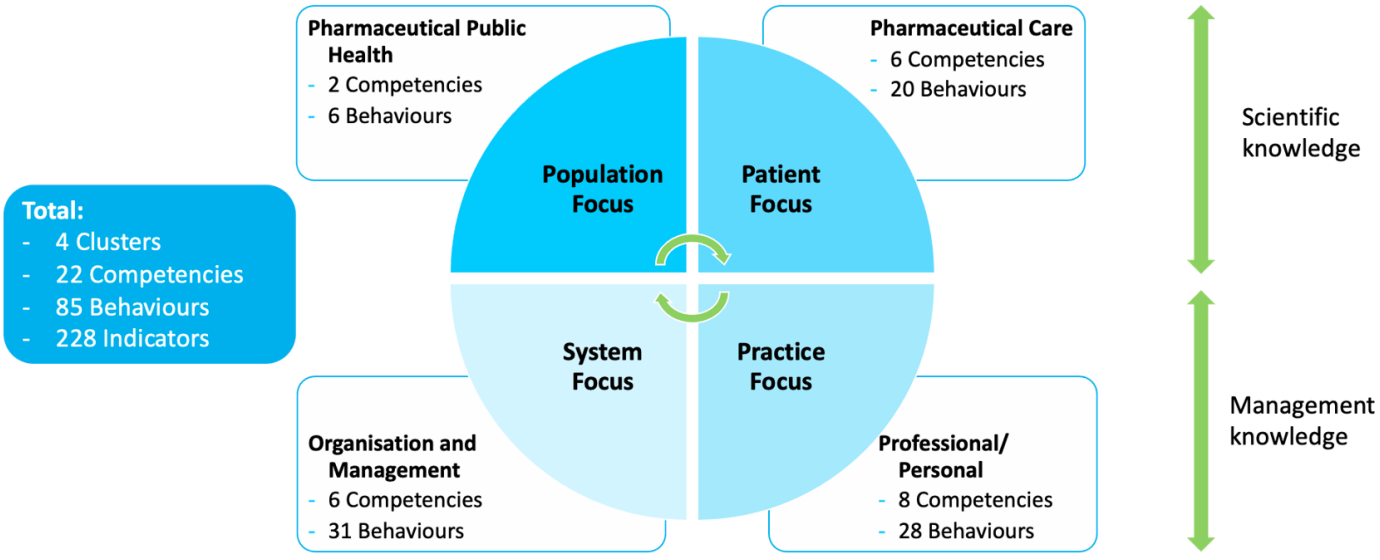
The Global Humanitarian Competency Framework (GbHCF) is a holistic developmental framework designed to be used for pharmacists working in the humanitarian arena internationally. The developmental framework has a clear link with the FIP Global Competency Framework (GbCF) embedding the same four clusters of competencies that are required for effective performance when working in a humanitarian arena. With a global perspective in mind, the framework ensures that an "adopt and adapt" approach for implementation can be consistently applied at global, regional, national and organisational levels.

The framework can be used with an assessment grid of performance monitoring (i.e., competencies are consistently, usually, sometimes or rarely applied) to support individual pharmacists working in the area for developing and assessing their own competencies and identifying individual learning gaps and needs for continued professional development. Mentors and employers of such pharmacists can use it with such assessment grids to support and guide pharmacists to advance and further develop their humanitarian competencies, aiming towards excellence in practice. Educators and trainers can use the framework to guide the development of education and training provision as a mapping tool to support pharmacists working in these critically important roles.

Humanitarian competencies

A total of 588 tasks and responsibilities were identified by the working group, consisting of 346 related to pharmacists' roles and 242 related to pharmacologistics.

The project team transformed these tasks and responsibilities into a competency framework, linking with the four domains of "pharmaceutical public health", "pharmaceutical care", "organisation and management", and "professional and personal" in the FIP GbCF. Each domain was made up of core competencies with relating behaviours and indicators that can be measured and observed during effective performance. A total of 22 core competencies and 88 associated behaviours are described clustered under four domains focusing on population, patients, system and practice. The concept of behaviours between core competencies and indicators can assist developing micro-credentials of humanitarian activities, which could be part of a larger portfolio for pharmacists working in humanitarian area.



Framework overview

Scientific knowledge

1. Pharmaceutical public health	
Competencies	**Behaviours**
1.1 Health assessment (needs-based)	1.1.1 Scope
	1.1.2 Prepare
	1.1.3 Implement
1.2 Health, medicines information and advice	1.2.1 Disseminate
	1.2.2 Train
	1.2.3 Counsel

2. Pharmaceutical care	
Competencies	**Behaviours**
2.1 Assessment of medicines	2.1.1 Assess
	2.1.2 Resolve
2.2 Compounding medicines	2.2.1 Compound
2.3 Dispensing	2.3.1 Interpret
	2.3.2 Validate
	2.3.3 Rationalise
	2.3.4 Label
	2.3.5 Report
2.4 Medicines	2.4.1 Select
	2.4.2 Counsel
	2.4.3 Package
	2.4.4 Administer
	2.4.5 Store
	2.4.6 Secure
	2.4.7 Dispose
	2.4.8 Quality control
2.5 Monitor medicines therapy	2.5.1 Monitor
2.6 Patient consultation and diagnosis	2.6.1 Record
	2.6.2 Assess
	2.6.3 Manage

Population focus

Patient focus

System focus

Practice focus

Management knowledge

3. Organisation and management	
Competencies	**Behaviours**
3.1 Budget	3.1.1 Plan
	3.1.2 Ensure
3.2 Human resources management	3.2.1 Plan
	3.2.2 Organise
	3.2.3 Train
	3.2.4 Manage people
	3.2.5 Manage risk
3.3 Improvement of service	3.3.1 Develop
	3.3.2 Evaluate
3.4 Procurement	3.4.1 Identify
	3.4.2 Design
	3.4.3 Plan
	3.4.4 Select
	3.4.5 Receive
	3.4.6 Manage risks
	3.4.7 Evaluate
	3.4.8 Analyse (donations)
3.5 Supply chain management	3.5.1 Order
	3.5.2 Manage space
	3.5.3 Distribute
	3.5.4 Receive
	3.5.5 Store
	3.5.6 Manage stocks
	3.5.7 Document
	3.5.8 Quantify
3.6 Workplace management	3.6.1 Manage activities
	3.6.2 Document
	3.6.3 Manage infrastructure
	3.6.4 Improve service
	3.6.5 Mitigate
	3.6.6 Manage (cold chain)

4. Professional and personal	
Competencies	**Behaviours**
4.1 Communication skills	4.1.1 Convey
	4.1.2 Develop
	4.1.3 Execute
4.2 Continuing professional development	4.2.1 Reflect
	4.2.2 Plan
	4.2.3 Learn
	4.2.4 Evaluate
4.3 Digital literacy	4.3.1 Assess
	4.3.2 Promote
	4.3.3 Secure
4.4 Interprofessional collaboration	4.4.1 Demonstrate
	4.4.2 Collaborate
4.5 Leadership and self-regulation	4.5.1 Lead
	4.5.2 Learn
	4.5.3 Strategise
	4.5.4 Create
	4.5.5 Regulate
4.6 Legal and regulatory practice	4.6.1 Adhere
	4.6.2 Identify
	4.6.3 Advocate
4.7 Professional and ethical practice	4.7.1 Comply
	4.7.2 Ensure
	4.7.3 Demonstrate
4.8 Quality assurance and research in the workplace	4.8.1 Document
	4.8.2 Quality control
	4.8.3 Collect
	4.8.4 Analyse
	4.8.5 Ensure

Framework

1. Pharmaceutical public health		
Competencies	**Behaviours**	**Indicators**
1.1 **Health assessment (needs-based)**	1.1.1 **Scope**	1.1.1.1 Assess the population's primary healthcare needs (taking into account the cultural and social setting of the populations)
		1.1.1.2 Assess previous healthcare services and expectations and compare these with the current system
	1.1.2 **Prepare**	1.1.2.1 Identify, adhere, review and implement preventive measures issued/recommended by health authorities on an ongoing basis
		1.1.2.2 Identify country point of contact for coordination of care to support national and local health priorities and initiatives
		1.1.2.3 Identify and engage relevant stakeholders (e.g., community, patients, teachers, health workers) and be able to assess, plan and evaluate an appropriate pharmacy response, taking into consideration lessons learnt
		1.1.2.4 Identify when and how protocols for patient care activities will be initiated or implemented (e.g., mass vaccination)
		1.1.2.5 Design plans to address healthcare needs, taking into account community values, existing standards of care in the affected region, ongoing disease surveillance activities, partners' capacity and expected health risks
		1.1.2.6 Develop a pharmacy-specific response plan (for oneself and the team) that aligns with plans of the health organisation and/or community
		1.1.2.7 Develop guidance to facilitate efficient delivery of clinical care to affected individuals
		1.1.2.8 Design and/or determine access and exit strategies
	1.1.3 **Implement**	1.1.3.1 Advise and provide public health services and initiatives based on assessments of the population needs
		1.1.3.2 Implement the delivery of care in accordance within the legal context of the locality
		1.1.3.3 Report on and modify programmes based on evaluation of relevant and appropriate performance indicators
1.2 **Health, medicines information and advice**	1.2.1 **Disseminate**	1.2.1.1 Identify sources of, retrieve, evaluate, organise, assess, disseminate and provide relevant and appropriate medicines information according to the needs of the population to enable ongoing monitoring of health risks
	1.2.2 **Train**	1.2.2.1 Create and conduct information and/or awareness sessions for prescribers and patients/population
		1.2.2.2 Design/use mechanisms to ensure healthcare professionals have access to medicines information support and/or references
	1.2.3 **Counsel**	1.2.3.1 Counsel the patient/population, pharmacists and prescribers on the safe and rational use of medicines and devices (e.g., selection, indications, contraindications, adverse reactions, costs and sources, storage, quality and side effects of non-prescription and prescription medicines)

2. Pharmaceutical care		
Competencies	**Behaviours**	**Indicators**
2.1 **Assessment of medicines**	2.1.1 **Assess**	2.1.1.1 Gather, analyse, research, and interpret information about the patient and the patient's medicines-related needs (e.g., indication, effectiveness, safety and adherence)
		2.1.1.2 Retrieve relevant patient information (e.g., medication history, vaccination status) and record of allergies to medicines and adverse drug reactions in the medication record
	2.1.2 **Resolve**	2.1.2.1 Identify, prioritise, resolve and follow up on medicine-medicine interactions, medicine-disease interactions, medicine-patient interactions and medicine-food interactions
		2.1.2.2 Appropriately select medicines (e.g., according to the patient needs, hospital, government policy)
2.2 **Compounding medicines**	2.2.1 **Compound**	2.2.1.1 Prepare medicines (e.g., extemporaneous, cytotoxic medicines), determine the requirements for preparation (e.g., calculations, appropriate formulation, procedures, raw materials, equipment) and designate areas for higher-risk activities
2.3 **Dispensing**	2.3.1 **Interpret**	2.3.1.1 Accurately dispense prescribed medicines and devices (standard medicines list), ensure availability of valid prescription orders for patients with chronic conditions
	2.3.2 **Validate**	2.3.2.1 Appropriately clinically and legally check prescriptions
	2.3.3 **Rationalise**	2.3.3.1 Ensure rational use of medicines and devices
	2.3.4 **Label**	2.3.4.1 Accurately label medicines with the required and appropriate information (e.g., special precautions, use of pictograms in non-literate populations)
	2.3.5 **Report**	2.3.5.1 Accurately report defective or substandard medicines to the appropriate authorities
2.4 **Medicines**	2.4.1 **Select**	2.4.1.1 Select appropriate medicines, formulation, route, time, dose, documentation, action, form, quantities and response for individual patients (e.g., time-sensitive medications, auto-injectors for antidotes)
		2.4.1.2 Select medicines to minimise the risk of inappropriate administration by healthcare professionals (e.g., do not include syringes in kits for delivery to shelters that do not have healthcare professionals on site)
	2.4.2 **Counsel**	2.4.2.1 Counsel patients, giving relevant and appropriate instructions about medicines and devices (e.g., timing, frequency, duration, side effects, storage, safety and other relevant warnings/precautions)
	2.4.3 **Package**	2.4.3.1 Package medicines to optimise safety (ensuring appropriate repackaging and labelling of medicines)
	2.4.4 **Administer**	2.4.4.1 Administer either the first or unique dose to the patient, and keep the patient under observation (if needed and appropriate)
		2.4.4.2 Administer vaccines and other preventive measures as directed by health authorities
	2.4.5 **Store**	2.4.5.1 Manage appropriate storage conditions on site and throughout the supply chain as appropriate (e.g., temperature control, heating/cooling system, ventilation system, light, humidity, packaging)
		2.4.5.2 Specify areas for storage and handling of different types of products (e.g., narcotics and controlled substances, sterile products and injectables, inhaled anaesthetics and medical gases, disinfectants and other topical agents not intended for systemic administration, and food)

	2.4.6 **Secure**	2.4.6.1 Apply security measures to prevent diversion, misuse or unsafe use of medicines (e.g., high-alert medicines, narcotics and controlled substances)
	2.4.7 **Dispose**	2.4.7.1 Implement an appropriate system for the safe disposal of medicines, considering all options
		2.4.7.2 Design and/or use a standard operating procedure (SOP) for disposal/destruction and include all relevant steps, contacts, authorising agents, costs, etc
		2.4.7.3 Ensure availability of adequate facilities for non-chemical on-site disposal
		2.4.7.4 Dispose safely of unwanted medicines and devices in line with national regulations and legislation, or if absent, with WHO regulations
	2.4.8 **Quality control**	2.4.8.1 Assess physical and chemical characteristics of different formulations of the same medicine to identify the most stable products (e.g., ointments preferred to creams, tablets preferred to capsules, powders for reconstitution preferred to liquid injectables)
		2.4.8.2 Implement procedures to permit random selection of medicines specimens against pharmacopoeia standards at accredited laboratories, where possible
		2.4.8.3 Conduct preliminary testing of products at receiving healthcare facilities, where possible
2.5 **Monitor medicines therapy**	2.5.1 **Monitor**	2.5.1.1 Apply medicines monitoring (including compliance) and assess impact and outcomes for individual patients where possible, or arrange for ongoing care from an alternative care provider
2.6 **Patient consultation and diagnosis**	2.6.1 **Record**	2.6.1.1 Obtain, reconcile, review, maintain and update relevant patient medication and disease histories, where possible
		2.6.1.2 Implement, create or use templates to document patient-specific pharmacy interventions
	2.6.2 **Assess**	2.6.2.1 Discuss, review and agree patients' medicines therapy regimens and make therapeutic recommendations/decisions, taking into account patient preferences, where appropriate
		2.6.2.2 Identify and support urgent/special care needs of patients and carers and arranging for follow-up care, where appropriate
		2.6.2.3 Evaluate, assess, and develop health literacy education and counselling on medicines and healthcare needs
	2.6.3 **Manage**	2.6.3.1 Manage the consultation area

3. Organisation and management		
Competencies	**Behaviours**	**Indicators**
3.1 **Budget**	3.1.1 **Plan**	3.1.1.1 Effectively determine funds for planning purposes
		3.1.1.2 Review key proposals and budgets for adequate planning
	3.1.2 **Ensure**	3.1.2.1 Ensure financial transparency
3.2 **Human resources management**	3.2.1 **Plan**	3.2.1.1 Design an activity plan/logical framework for the pharmacy
		3.2.1.2 Recruit staff ensuring they are adequately qualified and trained (e.g., have sufficient knowledge about medicines and their management and have skills to assess their quality)
	3.2.2 **Organise**	3.2.2.1 Ensure the mobility of staff as required to minimise exposure to new and evolving health risks, or to address the needs of the affected population
		3.2.2.2 Manage the roles, responsibilities and numbers of pharmacy staff required to support operations
		3.2.2.3 Identify as a team, priority practice areas that must be provided during an intervention
		3.2.2.4 Evaluate/assess the need for additional staff (e.g., daily workers)
		3.2.2.5 Monitor and evaluate all pharmacy staff and activities
		3.2.2.6 Manage the collaboration, with other pharmacy team members and adapt to the planned mission
	3.2.3 **Train**	3.2.3.1 Create, implement, support and/or facilitate staff training (e.g., the management of pharmaceutical donations and organisational procedures, rational use of medicines, resilience [mental health], antimicrobial stewardship, good prescribing and dispensing practices, medical devices and equipment, incident management)
	3.2.4 **Manage people**	3.2.4.1 Design and use an organogram specifying place and responsibility of each staff member (expatriate and national staff)
		3.2.4.2 Ensure staff have and are aware of personal emergency plan (PEP)
		3.2.4.3 Establish and manage expectations of the pharmacy team and external stakeholders
		3.2.4.4 Review (self)-identification of pharmacy staff to patients and other team members
		3.2.4.5 Identify responsible person for debriefing of staff
		3.2.4.6 Ensure availability of sufficient, qualified and competent staff (e.g., clear job description)
		3.2.4.7 Ensure staff are adequately qualified for the activities they are performing
		3.2.4.8 Monitor performance according to their job description
		3.2.4.9 Recognise and manage the potential of each staff member and utilise systems for performance management (e.g., conduct staff appraisals at least annually)

	3.2.5 **Manage risk**	3.2.5.1 Ensure adequate supplies of medicines for staff personal use
		3.2.5.2 Implement pre-deployment and ongoing checks of staff in accordance with guidance by health authorities (e.g., allergies and medical conditions, up-to-date vaccinations)
3.3 **Improvement of service**	3.3.1 **Develop**	3.3.1.1 Develop and implement tools, templates and/or systems for all pharmacy activities (e.g., patient care, medical supplies, orders, medical library)
		3.3.1.2 Develop and implement new mechanisms for delivering pharmacy services and dispensing medicines
	3.3.2 **Evaluate**	3.3.2.1 Evaluate pre-identified medicines list and propose corrections and amendments for future interventions
		3.3.2.2 Evaluate and audit services (e.g., using QI tools like PDSA cycles)
3.4 **Procurement**	3.4.1 **Identify**	3.4.1.1 Identify medicines that are likely to be required to address health needs for an intervention, and document these as an essential medicines list, (EML); refer to the country's standard list of medicines where possible
	3.4.2 **Design**	3.4.2.1 Plan medical orders, using a chronogram, for the project/mission, taking into account geographical, security, HR management capacity and operational constraints
		3.4.2.2 Design and/or use a list of selected medicines in accordance with pre-established standardised therapeutic regimens, taking into account the national and WHO Essential Medicines List (EML) (e.g., vulnerable sub-populations)
		3.4.2.3 Design and/or use more limited lists (formularies) according to the level of health structures and competencies of prescribers
		3.4.2.4 Design and/or use a list of medical supplies (e.g., dressings, injections, sutures) limited to essentials
	3.4.3 **Plan**	3.4.3.1 Analyse, estimate and review consumption data to respond to and anticipate changing needs (e.g., seasonal pathologies, change in medical activities, expansion or reduction of existing activities, consumption-based versus morbidity-based)
		3.4.3.2 Determine funds for procurement
		3.4.3.3 Design and use quality assurance documents for procurement (e.g., policies, standard operating procedures, quality control procedures and plan)
		3.4.3.4 Evaluate the need for replenishing emergency modules and kits
		3.4.3.5 Keep documentation related to orders in one file
	3.4.4 **Select**	3.4.4.1 Select reliable supply of products (e.g., cost effectiveness, timely delivery, transport, order consolidation)
	3.4.5 **Receive**	3.4.5.1 Verify the condition of purchases, donations or returns on reception (e.g., verify formulation and dosage; sufficient shelf life; state of packaging; certificates are in order)
	3.4.6 **Manage risks**	3.4.6.1 Identify potential risks for all products entered into inventory
		3.4.6.2 Review recall notices and new sources of information (e.g., watch lists of counterfeit and substandard products)

	3.4.7 **Evaluate**	3.4.7.1 Define quality standards for suppliers (e.g., documentation, transport conditions)
		3.4.7.2 Review tendering methods and evaluation of tender bids
		3.4.7.3 Review proposed suppliers to be involved in the tendering process
		3.4.7.4 Review list of requested medical supplies (e.g., names, dosages, forms)
	3.4.8 **Analyse (donations)**	3.4.8.1 Communicate clearly with potential donors by referring to WHO guidance on donations
		3.4.8.2 Assign suitable point of contact for donation decisions ensuring all potential donors are referred to this individual/department
		3.4.8.3 Request donations based on needs assessment and relevant/related calculations
		3.4.8.4 Assess needs (e.g., of the recipient's/beneficiary's requirements)
		3.4.8.5 Determine the items required based on the needs assessment
		3.4.8.6 Calculate the quantity of stock required based on the needs assessment
		3.4.8.7 Determine the suitability of items (e.g., consider quantity, compliance, familiarity, quality, expiry, legal status, compatibility, language)
		3.4.8.8 Determine the suitability of logistical arrangements (e.g., distribution, costs, complexity, supply chain, time, handling, tax, resources, space)
		3.4.8.9 Determine suitability of devices and equipment (e.g., installation, maintenance and training)
		3.4.8.10 Formalise procedures to evaluate and manage the pharmaceutical donations ensuring suitability and safety of all donated goods for use (e.g., appropriately labelled, packaged in appropriate quantities, useable formulations)
		3.4.8.11 Evaluate the donation process and recommend procedural improvements to the management team
3.5 **Supply chain management**	3.5.1 **Order**	3.5.1.1 Implement a reference system for order/delivery forms of the end-user units (e.g., classification and archiving of orders, use sequential numbers)
		3.5.1.2 Assess and plan needs appropriate to context
		3.5.1.3 Identify primary and alternative sources to ensure adequate supply capability
		3.5.1.4 Identify cost-effective alternatives of acceptable quality for medicines in short supply
		3.5.1.5 Identify and follow established procedures for provision of supplies
		3.5.1.6 Ensure approval and validation of local purchase orders by headquarters
	3.5.2 **Manage space**	3.5.2.1 Ensure availability of the appropriate furniture and office materials
		3.5.2.2 Ensure strategic location of the central medical stock (e.g., accessibility, security, efficient distribution, space for loading/unloading)
		3.5.2.3 Ensure health and safety of personnel in charge (e.g., bucket with sand, eye wash or easily accessible rinse area in case of damage and spatter, fire extinguisher, availability of step ladder)

		3.5.2.4 Ensure the interior layout is logical and corresponds to handling circuit (e.g., reception, storage and dispatch according to access doors)
		3.5.2.5 Ensure correct storage conditions are in place (e.g., temperature, humidity, ventilation, pest control)
		3.5.2.6 Ensure return of supplies and materials to pre-event locations and status
		3.5.2.7 Identify a suitable geographical location for the new dispensing site
	3.5.3 **Distribute**	3.5.3.1 Ensure appropriate packaging of items to prevent damage
		3.5.3.2 Ensure proper relabelling of medicines if transferred from their original packaging
		3.5.3.3 Ensure management of goods compliant with their handling requirements
		3.5.3.4 Replenish medicines and medical devices in staff pharmacy, expatriate health, first aid kits in vehicles and others
	3.5.4 **Receive**	3.5.4.1 Receive, check, and store and/or distribute all goods (basic warehousing)
	3.5.5 **Store**	3.5.5.1 Implement system for stored products following the principle of stock rotation ("first expired, first out" and "first in, first out" (FEFO-FIFO))
		3.5.5.2 Implement a documentation system (e.g., for movements of psychotropic and narcotic medicines)
		3.5.5.3 Ensure legibility and good condition of labels on boxes and bottles
		3.5.5.4 Identify medicines for destruction and destroy at the earliest opportunity
	3.5.6 **Manage stocks**	3.5.6.1 Carry out a physical inventory before each order and withdraw non-expired medicines no longer used
		3.5.6.2 Conduct regular physical inventories (e.g., minimum once every three months, obligatory before every international order)
		3.5.6.3 Ensure safekeeping of stocks (e.g., solid doors, locks, windows and ceilings, fire extinguisher, restricted access, presence of guard)
		3.5.6.4 Obtain an import-export licence for your home country to ensure redeployment/return of medicines
		3.5.6.5 Prepare bulk compounds only where no suitable alternatives exist under supervision of a pharmacist
	3.5.7 **Document**	3.5.7.1 Organise an archiving system for documents (e.g., order forms, packing lists, donation certificates, old stock cards)
		3.5.7.2 Review legal requirements pertaining to identification, reporting, and investigation of losses, thefts and disposal of pharmaceuticals, including dangerous goods
		3.5.7.3 Ensure the same medicine and material classification is used at every level of the management system (e.g., pharmacy lay-out, order forms, stock cards, inventory lists)
		3.5.7.4 Ensure the most recently updated version of necessary documentation and guidelines is available (e.g., medical catalogues, essential medicines guidelines)
		3.5.7.5 Ensure data collection tools are in place and correctly used (e.g., tally sheets)

		3.5.7.6 Ensure transfer of records and supplies to designated care teams, prior to departure/conclusion of the mission
	3.5.8 **Quantify**	3.5.8.1 Take responsibility for quantification and supply chain forecasting
		3.5.8.2 Calculate value of expired items and communicate to headquarters on a regular basis
		3.5.8.3 Monitor and evaluate the corresponding financial loss (e.g., collect the indicators to have a mean of comparison and monitoring over time)
3.6 **Workplace management**	3.6.1 **Manage activities**	3.6.1.1 Ensure availability of protocols and guidelines
		3.6.1.2 Appropriately manage work schedules, staff and equipment to facilitate safe and effective dispensing of medicines
		3.6.1.3 Implement good reception and distribution practices
		3.6.1.4 Implement a stock management system adapted to the context (e.g., quota or consumption based orders, collective prescriptions for 24 hours, prescriptions, emergency cupboard, weekly order, levels, among others)
		3.6.1.5 Implement a repeat prescription system (e.g., claims processing)
		3.6.1.6 Ensure pharmacy management tools are in place at all levels and correctly used (e.g., standard list, order form, inventory sheet, narcotic and psychotropic register)
		3.6.1.7 Ensure a procedure is in place to terminate the mission (e.g., deadlines for closure of temporary facilities, procedures for transfer of supplies and information, resumption of normal pharmacy operations)
	3.6.2 **Document**	3.6.2.1 Implement record-keeping systems for all items related to the workplace (e.g., thefts, losses, transfers, quantities dispensed, among others)
		3.6.2.2 Facilitate access to written records of pharmacy inventory and other information
		3.6.2.3 Ensure appropriate documentation of care plans for future reference
		3.6.2.4 Ensure quality documentation management
	3.6.3 **Manage infrastructure**	3.6.3.1 Ensure a logical flow of patients in the hospital/pharmacy
		3.6.3.2 Ensure appropriate equipment (e.g., for preparation and dispensing of medicines) and management of the infrastructure and facilities
		3.6.3.3 Ensure maintenance and repair of equipment and infrastructure and identify responsible person
		3.6.3.4 Ensure that the alternate dispensary is housed in an appropriately serviced facility (inspect the facility to ensure that it has acceptable levels of lighting, ventilation, humidity and temperature, to permit effective operations)
	3.6.4 **Improve service**	3.6.4.1 Investigate other service mechanisms (e.g., telepharmacy) and alternative venues which can be used for delivering pharmacy services to beneficiaries
		3.6.4.2 Engage with relevant stakeholders to improve medicines use and management (e.g., audit)
		3.6.4.3 Implement pharmacy management software (e.g., Isystock) and provide staff training

		3.6.4.4 Monitor availability of sufficient staff to guarantee a regular service in handling medicines
	3.6.5 **Mitigate**	3.6.5.1 Monitor and identify known health risks in existing working environment and take measures to limit exposure
		3.6.5.2 Develop/adapt response plan/solution in case of absence of plan or in case of new sudden response
		3.6.5.3 Implement guidance on a zero tolerance to violence and aggression
	3.6.6 **Manage (cold chain)**	3.6.6.1 Design and/or use a cold chain contingency plan (e.g., determine cold chain capacity, determine who is doing what, have an alternative storage possibility ready, establish a list of service technicians, ensure emergency procedures are implemented in advance of the event)
		3.6.6.2 Implement a flow chart with a clear roles and responsibilities of medical and logistic/supply staff (including contact details)
		3.6.6.3 Identify the material needs for the cold chain with a logistician (e.g., facilities, type and number of refrigerators, freezers, cool boxes, vaccine carriers, ice packs)
		3.6.6.4 Ensure an adequate and functioning cold chain, from beginning to end (e.g., including maintenance, monitoring, storage, transport)
		3.6.6.5 Ensure efficient communication between med-logs (cold chain)
		3.6.6.6 Ensure correct preparation, loading and transport conditions

4. Professional and personal		
Competencies	**Behaviours**	**Indicators**
4.1 **Communication skills**	4.1.1 **Convey**	4.1.1.1 Communicate effectively and appropriately
		4.1.1.2 Tailor communication that is appropriate to the person's needs (e.g., health literacy, cultural or language barriers, social needs, and emotional status)
		4.1.1.3 Communicate effectively regarding medical supply capability within an affected area (e.g., identify locations of other pharmacies, state whether personal documentation is required to obtain medicines)
		4.1.1.4 Communicate effectively the medicines and medical devices list to prescribers
		4.1.1.5 Communicate lessons learnt
	4.1.2 **Develop**	4.1.2.1 Implement robust communication systems and plans
		4.1.2.2 Ensure communication and integration between internal departments (e.g., by using available communication channels)
	4.1.3 **Execute**	4.1.3.1 Communicate state of stock and related pharmacy activities to relevant staff
		4.1.3.2 Communicate clearly period of physical inventory (e.g., stock unavailable during that period)
		4.1.3.3 Develop, prepare, review and provide updates to disseminate key messages regarding the use of pharmaceuticals during the mission (including those external to pharmacy)
4.2 **Continuing professional development**	4.2.1 **Reflect**	4.2.1.1 Document continuing professional development (CPD) activities
		4.2.1.2 Reflect on performance
		4.2.1.3 Identify if expertise is needed if circumstances are outside current scope of knowledge
		4.2.1.4 Recognise own limitations and act upon them
	4.2.2 **Plan**	4.2.2.1 Identify learning and development needs
	4.2.3 **Learn**	4.2.3.1 Engage with students/interns/residents
		4.2.3.2 Demonstrate engagement/participation in professional development and life-long learning activities
	4.2.4 **Evaluate**	4.2.4.1 Evaluate learning and development progress
		4.2.4.2 Evaluate accuracy of knowledge and skills
4.3 **Digital literacy**	4.3.1 **Assess**	4.3.1.1 Identify, manage, organise, store, and share digital information
		4.3.1.2 Critically appraise, analyse, evaluate, and/or interpret digital information and its sources
	4.3.2 **Promote**	4.3.2.1 Participate in digital health services that promote health outcomes and engage with digital technologies (e.g., social media platforms and mobile applications) to facilitate discussions with the patient and others, where applicable

	4.3.3 **Secure**	4.3.3.1 Maintain patient privacy and security of digital information related to the patient and workplace
4.4 **Interprofessional collaboration**	4.4.1 **Demonstrate**	4.4.1.1 Respect and acknowledge the expertise, roles and responsibilities of colleagues and other health professionals
		4.4.1.2 Provide expertise to partners and collaborators (e.g., rational use of medicines)
	4.4.2 **Collaborate**	4.4.2.1 Engage in collaborative practice, research and service provision to optimise patient health outcomes
		4.4.2.2 Engage in relationship building with healthcare professionals (e.g., conflict transformation, teamwork, communication, consultation)
		4.4.2.3 Demonstrate mutual respect and adopt shared values of the workplace and towards patient care
		4.4.2.4 Recognise the value of the pharmacy team and of a multidisciplinary team
4.5 **Leadership and self-regulation**	4.5.1 **Lead**	4.5.1.1 Demonstrate leadership and practice management skills, initiative and efficiency
		4.5.1.2 Demonstrate flexibility, adaptability and resilience
	4.5.2 **Learn**	4.5.2.1 Develop an understanding of the position of key stakeholders
		4.5.2.2 Implement lessons learnt
	4.5.3 **Strategise**	4.5.3.1 Identify and communicate the problems/challenges being addressed by advocacy activities
		4.5.3.2 Create strategies for achieving goals (e.g., negotiate with pharmaceutical companies)
		4.5.3.3 Negotiate with stakeholders and parties from various positions, with the aim of moving towards an agreed compromise
		4.5.3.4 Assess dispensing practices in pharmacies under area of responsibility
		4.5.3.5 Advocate that pharmacists should perform all legally permitted professional activities as required to enable patients to access necessary drugs and health care
	4.5.4 **Create**	4.5.4.1 Develop, implement and monitor innovative ideas
	4.5.5 **Regulate**	4.5.5.1 Ensure and self-assess personal readiness and take action to prepare for the mission (e.g., routine vaccinations, passport and visas, local currency, professional qualifications)
		4.5.5.2 Adopt a team mentality to support a successful mission (e.g., team cohesiveness, role flexibility and issues of hierarchy, personal accountability and interdependency)
4.6 **Legal and regulatory practice**	4.6.1 **Adhere**	4.6.1.1 Ensure adherence to the regulatory framework regarding medicines and the environment
	4.6.2 **Identify**	4.6.2.1 Identify regulations pertinent to the mission and context
		4.6.2.2 Analyse laws and regulations to develop procedures and guidelines relating to pharmaceuticals for mission staff
		4.6.2.3 Ensure legislation permits effective pharmacy action
	4.6.3 **Advocate**	4.6.3.1 Advocate legislation to enable pharmacy staff to contribute more effectively and to allow adequate provision of pharmacy services

		4.6.3.2 Advocate changes to laws and regulations to facilitate smooth running of mission or supply chain
		4.6.3.3 Work with authorities to negotiate around legal constraints to ensure the effective delivery of health care to the beneficiary population
4.7 **Professional and ethical practice**	4.7.1 **Comply**	4.7.1.1 Comply with data protection legislation (e.g., privacy and confidentiality)
	4.7.2 **Ensure**	4.7.2.1 Ensure accessibility to back-up copies of information essential for patient care (e.g., dispensing records)
	4.7.3 **Demonstrate**	4.7.3.1 Recognise professional limitations of self and others in the team
		4.7.3.2 Demonstrate professional responsibility for all decisions made and actions taken
		4.7.3.3 Demonstrate awareness of socially accountable practice (e.g., including cultural and social needs; cultural safety, respect, and responsiveness; diversity, equity and inclusiveness)
4.8 **Quality assurance and research in the workplace**	4.8.1 **Document**	4.8.1.1 Implement, conduct and maintain a reporting system of pharmacovigilance (e.g., report adverse drug reactions)
	4.8.2 **Quality control**	4.8.2.1 Ensure appropriate quality control tests are performed and managed appropriately
	4.8.3 **Collect**	4.8.3.1 Implement an appropriate manual data collection system
	4.8.4 **Analyse**	4.8.4.1 Implement appropriate computerised data encoding
	4.8.5 **Ensure**	4.8.5.1 Ensure quality standards of medicines and medical devices (e.g., counterfeiting)

Future directions

This new Global Humanitarian Competency Framework provides a foundation for future educational programmes and development activities for pharmacists working in the humanitarian arena. It can be used by relevant organisations to provide a harmonised basis for pharmacists working in the humanitarian arena to be trained and assessed against.

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Definitions

Assistance

Assistance is aid provided to address the physical, material and legal needs of persons of concern. This may include food items, medical supplies, clothing, shelter, seeds and tools, as well as the provision of infrastructure, such as schools and roads. "Humanitarian assistance" refers to assistance provided by an organisation for humanitarian purposes (i.e., non-political, non-commercial, and non-military purposes). In UNHCR practice, assistance supports and complements the achievement of protection objectives.[1]

Development

See "Official development assistance" below.

Disaster

A disaster is a serious disruption of the functioning of a community or a society causing widespread human, material, economic or environmental losses which exceed the ability of the affected community or society to cope using its own resources. Disasters are often described as a result of the combination of a natural hazard, the conditions of vulnerability, and insufficient capacity or measures to reduce or cope with the potential negative consequences. A disaster also may be seen as an outcome of the "risk process", the interactions of the above three factors over time that lead to the development of disaster risks and the expression of that risk through disaster events.[1]

Emergency

An emergency is a sudden and usually unforeseen event that calls for immediate measures to minimise its adverse consequences.[1] In humanitarian work, it is a situation in which it is necessary to meet the pressing needs of people who have been put at risk either by a natural or technological disaster or by armed conflict.[2]

Emergency relief

Emergency relief is the immediate survival assistance provided to the victims of crisis and violent conflict. Most relief operations are initiated on short notice and have a short implementation period (project objectives are generally completed within a year). The main purpose of emergency relief is to save lives.[1]

Humanitarian act

In the EHL programme, a humanitarian act is an act that is performed by a person to protect the life or human dignity of someone whom he or she may not know or would not ordinarily be inclined to help or protect; a humanitarian act is likely to involve personal risk or loss.[2]

Humanitarian action

Humanitarian action comprises assistance, protection and advocacy actions undertaken on an impartial basis in response to human needs resulting from complex political emergencies and natural hazards.[1]

Humanitarian assistance

Humanitarian assistance is aid that seeks to save lives and alleviate suffering of a crisis-affected population. Humanitarian assistance must be provided in accordance with the basic humanitarian principles of humanity, impartiality and neutrality, as stated in General Assembly Resolution 46/182. In addition, the UN seeks to provide humanitarian assistance with full respect for the sovereignty of states. Assistance can be divided into three categories — direct assistance, indirect assistance and infrastructure support — which have diminishing degrees of contact with the affected population.[1]

Humanitarian engagement

Humanitarian engagement is the involvement of humanitarian agencies and organisations within a complex emergency to deliver protection, assistance and relief.[1]

Humanitarian Intervention

While there is no agreed international definition of “humanitarian intervention” yet, it is a doctrine generally understood to mean coercive action by states involving the use of armed force in another state without the consent of its government, with or without authorisation from the UN Security Council, for the purpose of preventing or putting to a halt gross and massive violations of human rights or international humanitarian law. The UN’s operations in Northern Iraq and Somalia, and NATO’s operation in Kosovo have all been termed humanitarian interventions.[1]

Humanitarian operations

Humanitarian operations are operations conducted to relieve human suffering, especially in circumstances where responsible authorities in the area are unable or unwilling to provide adequate service support to civilian populations.[1]

Humanitarian worker

The term “humanitarian worker” encompasses all workers engaged by humanitarian agencies, whether internationally or nationally recruited, or formally or informally retained from the beneficiary community, to conduct the activities of that agency.[1]

Intervention

An intervention is a move by a state or an international organisation to involve itself in the domestic affairs of another state, whether the state consents or not. Intervention can include: (i) preventive interventions before the outbreak of a conflict; (ii) curative intervention that aims at the solution, limitation, control or regulation of an existing conflict; (iii) de-escalating intervention that aims at reducing tension and must be based on insight into the factors and mechanisms that led to escalation; and (iv) escalating interventions, it can be in the interest of a permanent conflict resolution to escalate a 'cold' conflict (one in which the parties avoid both contact and confrontation). An emerging global consensus about the permissibility of multilateral coercive actions covers the following situations: (i) “to prevent and punish aggression by one state against another; (ii) in a civil war, to reimpose peace terms on one party that has reneged, provided their terms had originally resulted from UN peace making; (iii) to enforce violations of international agreements banning the possession, manufacture or trade of weapons of mass destruction; (iv) to enforce agreements banning or limiting trade in conventional arms, including trade in dual-use and forbidden technologies; (v) to prevent an event certified by experts as an immediate impending ecological catastrophe; (vi) to prevent genocide; (vii) to protect an established democratic polity from antidemocratic armed challenges, but not to protect a dubious or fictitious one; and (viii) to prevent and alleviate famine and mass epidemics”.[1]

Official development assistance

The concept of official development assistance, or aid, was defined over 50 years ago. It refers to financial support — either grants or “concessional” loans from OECD-DAC member countries to developing countries. These funds are provided to advance development in areas such as health, sanitation, education, infrastructure, and strengthening tax systems and administrative capacity, among others.[3]

Pharmacologistics

The term “pharmacologistics” refers to all aspects of logistics as it relates to medicines, medical supplies and equipment.

Personal emergency plan

A personal emergency plan includes aspects such as personal health (physical and mental), family, finances, etc. Each individual member of the team needs to have one.

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