

**DR KAMAL K MIDHA, Address
Opening Ceremony, FIP Congress Beijing
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More than 25 years ago, I began my association with the work of The International Pharmaceutical Federation (FIP) and one year ago the Council elected me to be FIP President. By accepting the honour shown in your Council's vote of confidence, I took on the obligation to fulfill the challenging mission statement I quoted when I welcomed you to our Congress. [SLIDE 3 – mission statement] The theme of our 67th Congress, [SLIDE 4] 'From Anecdote to Evidence: Pharmacists Helping Patients Make the Best Use of Medicines,' is a powerful statement of that same mission. With your continuing help, together we will strive toward achieving this mission. The future of Pharmacy and Global Health Care through adequate access and rational use of medicines is literally in our hands, whether as a pharmacy in an isolated village in Africa, or as an ultra modern pharmaceutical unit in a plush private hospital in Japan. Our FIP vision is rooted in our seeing, feeling and accepting the responsibility to wholeheartedly offer our skills and knowledge for assuring the safe and rational use of medicine and consequently for the betterment of health and the wellness of individuals.

In becoming Pharmacists and Pharmaceutical Scientists, we dedicated our lives to "global health and quality of life," to making our world a healthier world.

Strong leadership is essential to ensuring that our dedicated efforts produce fruitful results. The leadership that FIP offers to our Members, Partners and peers – namely – you – shines through the vast array of initiatives we undertake. FIP leadership is demonstrated in the many different yet interconnected branches of the Federation that are accomplishing improvements to global health in a constant and focused effort. Yet, as your President, I feel dutifully gratified in setting demanding standards, high expectations, and noble goals for FIP and those who serve it, myself included.

As such, I wish now to share with you the foundational priorities for FIP on my agenda:

Setting high standards of education and practice. Such agreed upon and widely-shared standards, while taking into account cultural, geographical, age, ethnic, political and economic differences, make it possible for us together to ensure the preparation of future Pharmacists who will be the upcoming generation of healthcare professionals and practitioners in global health care. This is our obligation, and they are our promise and our gift to the future.

Utilizing human resources for health. As a worldwide federation, we must draw upon our collective resources – personnel, policies, finances and alliances – so as to ensure developing and deploying adequate human resources for the health care of all, both now and in the future. This priority includes addressing issues of access to medicines, affordability, quality assurance, and migration of health care professionals from developing countries.

Raising awareness among Pharmacists and Pharmaceutical Scientists of their role in public health, good pharmacy practice and patient safety. The paramount importance of pharmaceutical care, cognitive services, and the proper role of Pharmacists in disease management cannot be over-emphasized. Other health care professionals as well as patients must believe in, trust, and respect us as Pharmacists and Pharmaceutical Scientists; professionals who play an integral part in providing quality health care practices and ensuring patient safety. Pharmacy education must produce professionals and standards of practice that are deserving of such public trust and respect "for shaping and improving Global Health Care."

To accomplish these aims we must bring about the following key changes:

First (1). A new model of providing health care services. We must offer people not only medicines, but also all types of consulting, medicine-use evaluations, pharmaceutical care, and disease and therapy management guidance. This model must replace and eliminate the senseless and antiquated model of selling valuable medicines as regular merchandise. [SLIDE 8] Our model must be Patient-focused and medicine-centred care, which, while recognizing and keeping a single patient focus, also moves toward concern for and attention to populations as a whole. Increasingly, the good health of each individual depends on and is protected by the good health of populations. Governments and public health systems, always challenged for sources of funding, are looking to Pharmacy Professionals and their Associations to help them curtail expenses through efficient medicine-use, collaborative consultations, and increasing compliance and rational use of treatments. We can make a difference both by improving the quality and effectiveness of health care provided through all multi-disciplinary partners and by supporting fiscal responsibility and restraint. We will continue to strongly support the collaborative efforts of FIP and WHO in programs of comprehensive Good Pharmacy Practice which are spreading this more effective Patient-focused and medicine-centred model of providing health services.

Second (2). Standards for the required professional education of all pharmaceutical professionals. We must seek the cooperation of, governments, academia, industry and practitioners in setting and effecting professional education as the expected and required standard for all Pharmaceutical practitioners. There is a clear need for schools which can develop the skills, knowledge and professionalism needed by Pharmacy Practitioners as well as centres for developing scientific research expertise required by Pharmaceutical Scientists. For a truly collaborative Patient-focused and medicine-centred health care practice, [SLIDE 10] Pharmacists must be respected and have equal status as full health care team members, based on competence established through contemporary and rigorous educational standards. We must keep in mind that world leaders are themselves patients with families who share the same health concerns as the rest of the population. It is our individual and collective actions that will affect the profession in each of our countries and thus the profession of Pharmacy as a whole.

Third (3). We must aid underdeveloped countries to achieve a level of good health. The people of these countries are “ravaged by the unfair burden of disease, poverty, and illness,” facing vast infectious diseases and an HIV/AIDS epidemic, which human intervention and resources can alleviate. Our communication skills and global knowledge must be used effectively. What is the point of the most effective medication if the patient has no access to it, either because of cost or distribution, or if the patient has no idea of how to use it? As I told an audience of peers at the PSWC 2007 in Amsterdam this past April, this is a challenge for both Pharmacists and Pharmaceutical Scientists.

Fourth (4). From Brain Drain to Brain Gain in developing countries. Many of our fellow pharmacists live and work in developing countries carry the heaviest burden in caring for patients... They face inadequate infrastructure, severely limited resources in their daily efforts to resolve public health issues, inadequate remuneration and low status. It is therefore understandable that many of our colleagues leave their place of graduation for “greener pastures” abroad, further stressing the increasingly sparse resources at home [SLIDE 14] The migration of Pharmacists from underdeveloped countries cannot be ignored; neither can the underlying reasons for such action. Unfortunately many governmental institutions as well as the WHO see that the major solution to curb this human resource crisis is to transform lay people into healthcare workers. This might provide some temporary relief for the immense healthcare shortage, but will never be the structural change that the developing countries desperately need. Developing countries need and deserve appropriately trained healthcare professionals. Therefore the best solution is to invest in contemporary and scientific education of healthcare professionals and strengthen the healthcare systems where they can adequately work.

Fifth (5). Good health care must be recognized as a human right rather than as a commodity for sale. Access to good health care practice is the right of all. As the Pharmaceutical Profession, we must earn respect through effective and efficacious practices and advocacy for the good of all everywhere. We do this in accepting our responsibility and fulfilling our mission to make this world indeed a healthier world. What we as Pharmacists achieve or fail to achieve today in each of our countries affects not only our country and its people, but the entire world of Pharmacy and the global community. Our leadership in health care is necessary at all levels – working with each other as Pharmacists and Scientists, as Associations, in Forums, in Alliances with WHO and with the World Health Professions Alliance. In an age of SARS, TB, Avian Flue, and HIV/AIDS, we face challenges that respect no borders. Only by working together – locally, regionally and globally – can we successfully address such challenges. The health of all of us – students, professionals, associations, nations – depends on each of us.

Sixth (6) Intensify the collaboration between the Pharmaceutical Sciences and Pharmacy Practice. Good Pharmacy Practice and Pharmaceutical Sciences are interdependent and complementary in our collective efforts to meet the challenges of global health care through patient-focused, medicine-centred interventions, especially in developing nations.

In April, more than 2,300 participants from 72 countries attended our scientifically highly successful 3rd Pharmaceutical Sciences World Congress held in Amsterdam. We have become the primary platform for international pharmaceutical sciences. In speaking to the theme, “Optimizing Drug Therapy: An Imperative for World Health,” at this Congress I said: “Our Pharmacy Profession nurtured with good science is a dynamic, health caring profession. FIP’s efforts are already showing positive impact and meaningful outcomes as seen through the increasingly prominent roles Pharmacists and Pharmaceutical Scientists are called upon to play in Global Health and Wellness.” (International Pharmacy Journal, June 2007, p. 48)

We strive to develop and make medicines available, not only for those with chronic and life-style diseases of the developed world, but also for persons in developing and neglected regions of the world. Assuring availability, affordability and accessibility of safe and effective medicines for this populace has become one of our main objectives, working collaboratively with WHO and other partners of the World Health Profession Alliance.. We cannot and must not fail.

Toward this objective, we have already initiated with BPS leadership to develop a document, “Impact of Pharmaceutical Sciences on the Discovery and Development of Effective and Safe New Medicines.” This document should allow FIP to identify and highlight the contributions of the Pharmaceutical Sciences to the development of treatment modalities for patients wherever they live. This document may allow us to formulate effective policies for governments, health care organizations, NGOs, and educational institutions. As a sign of PSWC’s increasing maturation in addressing difficult challenges of priority, need, discovery, allocation, and funding, we have established a new Special Interest Group (SIGs), Medicinal Chemistry, added biotechnology workshops to our existing outreach programmes, and added two new PS Member Organizations. We are planning a focused conference of opinion leaders in 2008 on the future of Pharmaceutical Sciences in the 21st century to increase the conversation and cooperation among Pharmaceutical scientists in academia, industry, and regulatory bodies. The vitality of two Boards under one FIP umbrella makes FIP a unique organization for meeting the dual challenge of developing critically needed medicines while providing timely, effective, and informed delivery and patient care. By bringing together scientists and practitioners worldwide within close working relationships, new findings can be rapidly transferred, evaluated and properly utilized for the benefit of the patient.

[SLIDE 19] Currently Health-System Reform (HSR) is the key focus of the Chinese government with a clear directive from President Hu Jintao that all Chinese should have access to affordable Essential Health Services. I congratulate the Ministry of Health and State Food and Drug Administration (SFDA) for their commitment and collaboration in pursuing the development of a National Essential Medicine Policy, as Dr. Henk Bekedam, WHO Representative in China, said at a June Symposium this year on a similar topic. Such a policy will assure medicines are available

within the context of current functioning health system, at all times, in adequate amounts, in the appropriate dosage forms with assured quality, and at a price the individual and the society can afford.

Quality assurance of medicines is paramount—as it addresses quality, safety and efficacy—which are the most important criteria for market authorization, licensing, and export.

China is to be commended for intensifying its efforts to implement and strengthen the GMP inspections, post-marketing surveillance, and Pharmaco-vigilance systems. These efforts will help ensure more rational use of medicines in China and ensure trust and good health of its populace.

Our respected and gracious hosts, you are becoming an example to the world and we can only urge you to use to the fullest extent your pharmaceutical practitioners and scientists who, motivated as they are, will make your plans both attainable and highly successful. Then you will have crystallized your plans in having essential medicines available to all.

FIP is a window on the world of health care and the Pharmaceutical Profession and Sciences. Through our network of Associations and Alliances, we make the Pharmaceutical Profession visible and respected on a global scale. A year ago in Brazil, I said: “We must pool our resources, utilize them collectively and successfully to address these issues.” [SLIDE 22] Your Associations are windows for FIP on world health care, populations, and patients. You are networks of windows which show our strengths and our challenges, our concerns and our deeply shared values and commitments to the Best Pharmaceutical Practices and Scientific Standards. [SLIDE 23] I feel deep confidence in knowing that you will join me in ensuring that the critical mission of FIP will be achieved. Your presence at this Congress deepens and further cements our shared commitment. Thank you.