

Introducing the FIP 'Transforming Vaccination Globally, Regionally and Nationally' 2021

Accelerating equity, access and sustainability through policy development and implementation

Event 1.3 - Vaccinations and the genders: Examining inequities in gender access and handling of vaccinations globally to inform pharmacy policy

10 August 2021



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Moderators



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Carlene McMaugh

*Medical Sales at Cipla Pharmaceuticals
FIP Global Lead for DG10 Equity and Equality*



Nadia Bukhari

*Associate Professor at UCL
Chief Pharmacist and Gender Lead at doctHERs (Pakistan)
FIP Global Lead for DG10 Equity and Equality*

Announcements



This webinar is being recorded and live-streamed via YouTube



The recording will be available on our website <https://events.fip.org>



You may ask questions using the question box provided



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Today's Panelists



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Samiratou Ouedraogo

Co-founder and Lead of the Women in Global Health Francophone West Africa Chapter



Erica N. Rosser

Research Associate at the Johns Hopkins Bloomberg School of Public Health



Sofia Segura

*Professor at the School of Medicine of the University of Costa Rica
Collaborator of College of Pharmacists of Costa Rica*



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Dr. Samiratou Ouedraogo

*Co-founder and lead of the Francophone
West Africa Chapter
Women in Global Health*

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Women in workforce and vaccination inequity



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Dr. OUEDRAOGO SAMIRATOU

Women in Global Health

Lead of Francophone West Africa Chapter

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Women in Global Health Francophone List

Women in Global Health have launched a #WGHFrancophone list to highlight Francophone women in global health who are working towards better health for their communities.

[Voir la liste ici](#)

[See the list here](#)

La liste des femmes en santé mondiale est publiée!

La visibilité et la reconnaissance des femmes en tant que leaders et expertes en santé mondiale demeurent un défi. Nous assistons souvent à des panels constitués exclusivement d'hommes et à des rencontres scientifiques et autres réunions pour lesquelles l'expertise des femmes est trop rarement sollicitée ou reconnue.

List of Francophone Women in Global Health Released!

The visibility and recognition of women as leaders and experts in global health remains a challenge. We too often witness panels of men and gender imbalanced scientific gatherings and other meetings in which the expertise of women is rarely included or acknowledged.

[Click here to read about our work on COVID-19](#)



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Gender Equal Health & Care Workforce Initiative



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The Initiative aims to drive action in the health and care sector under four pillars:



WOMEN ARE ON THE FRONT LINES OF FIGHTING THE CORONAVIRUS



WOMEN ACCOUNT FOR 70%
OF HEALTH AND SOCIAL WORKERS

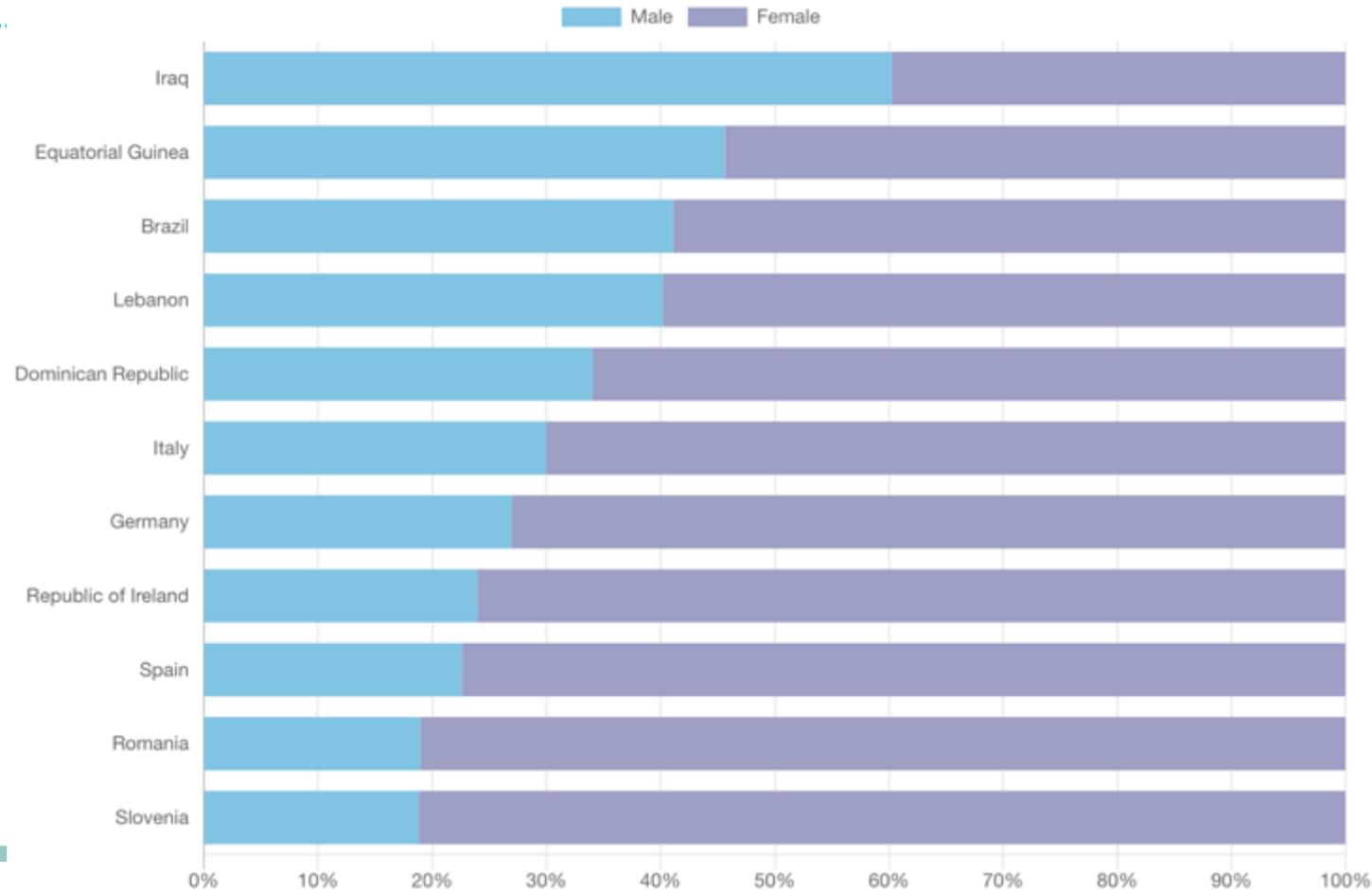


Women represent 70% of the global health workforce

Women perform 75% of unpaid care work

COVID-19

Confirmed cases among healthcare workers



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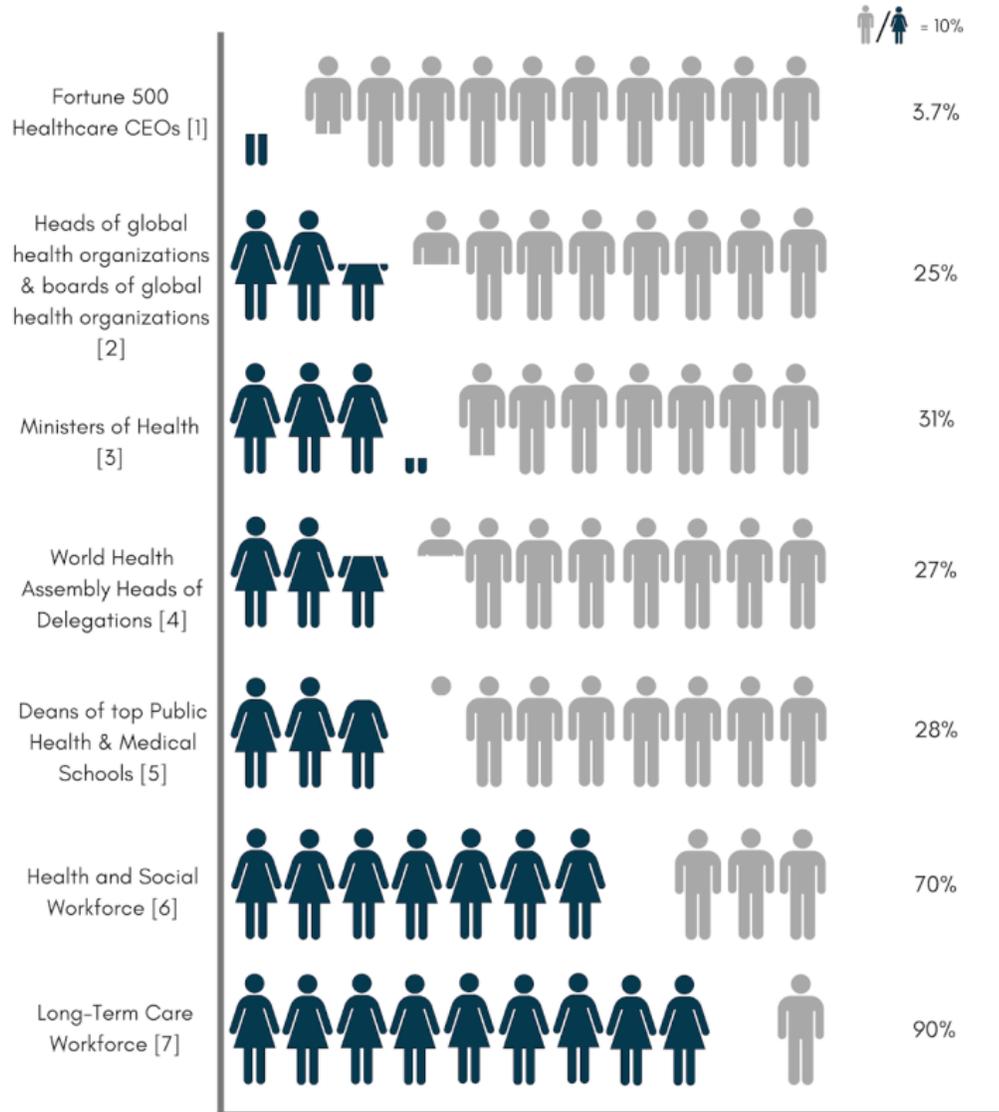
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Credit Photo: <https://globalhealth5050.org/the-sex-gender-and-covid-19-project/the-data-tracker/>



Global Health Leadership Pyramid

Women's representation in global health leadership, based on influence



1: Fortune 500 List for healthcare sector, Fortune, 2018
 2: Global Health 50/50 Report, Global Health 50/50, 2018
 3: World Health Organization Member States, Women in Global Health [data unpublished], 2018
 4: World Health Organization's World Health Assembly List of Delegates and Other Participants, Women in Global Health [data unpublished], 2018
 5: QS World Ranking 2018: Top 25 Global Universities for Public Health and Medicine, 2018
 6: Improving employment and working conditions in health services, International Labour Organization, 2017
 7: Improving employment and working conditions in health services, International Labour Organization, 2017



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Women hold only 25% of leadership roles

In most countries, male workers take up the majority of physician, pharmacist, and leadership positions, whilst female workers comprise the majority of the nursing and midwifery workforce

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How does gender inequity in workforce impact vaccination access?



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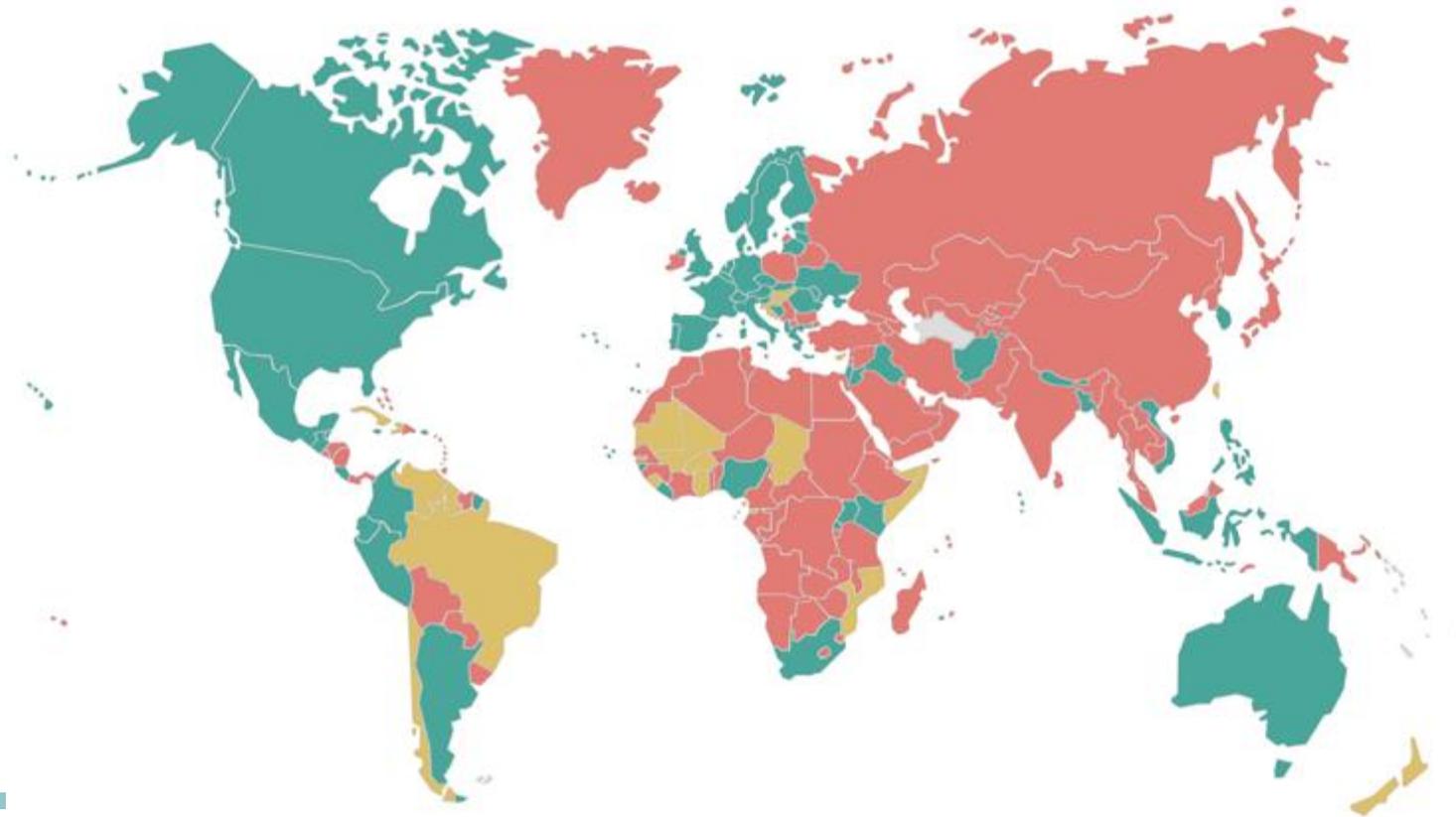


Interrelated vulnerabilities

Which countries are currently reporting sex-disaggregated data?

As of 28 July 2021

- have reported data on cases and deaths in past month
- have reported either case or death data in past month
- no sex-disaggregated case or death data reported in past month
- not yet tracked



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**National governments
responses to this
evidence in their COVID-
19 health policies**

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<https://globalhealth5050.org/the-sex-gender-and-covid-19-project/the-data-tracker//>



Important policy change that can take place today to reduce vaccination inequity



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Credit Photo: The Council of Europe
<https://www.coe.int/en/web/bioethics/-/covid-19-and-vaccines-equitable-access-to-vaccination-must-be-ensured>

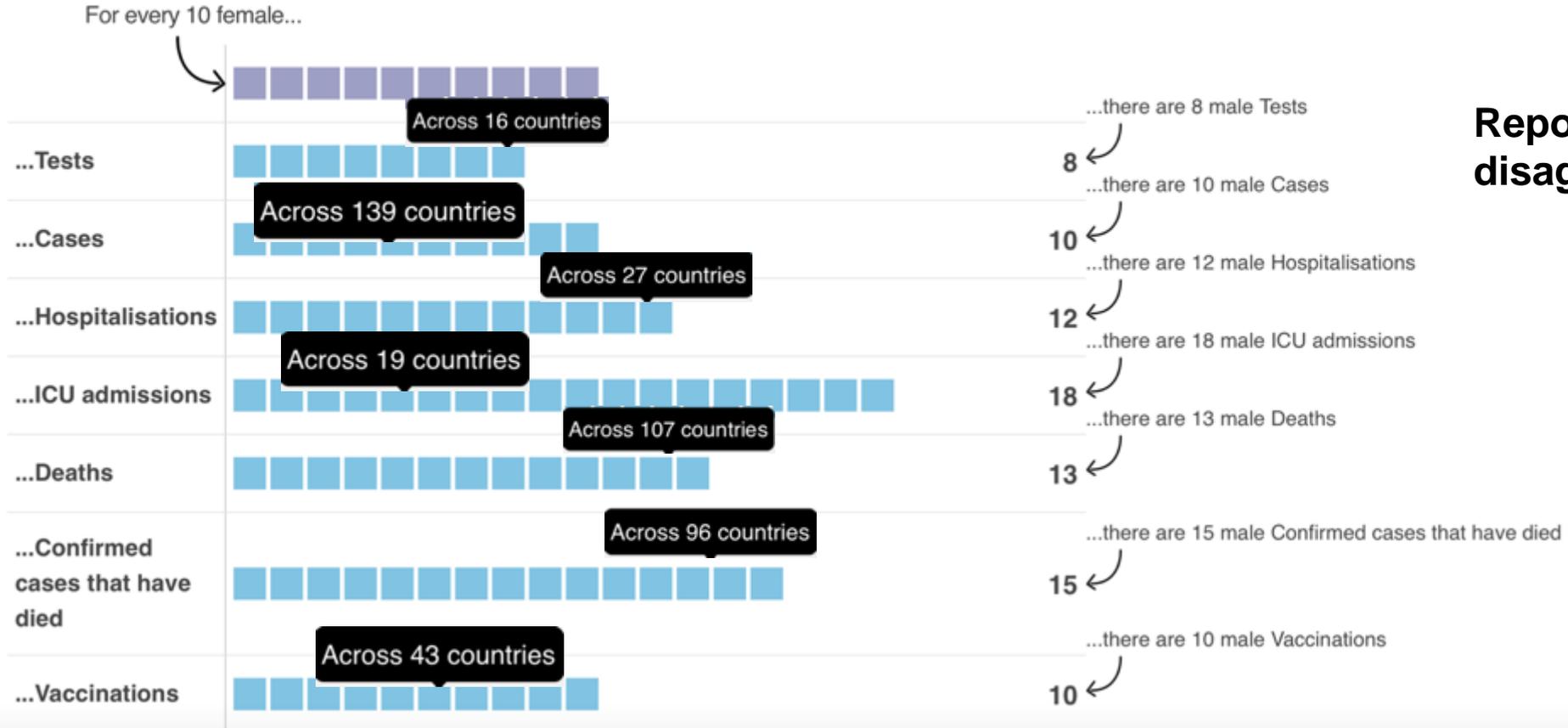


Disaggregated data reporting



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At the global level, what does the data show?



Report gender disaggregated data

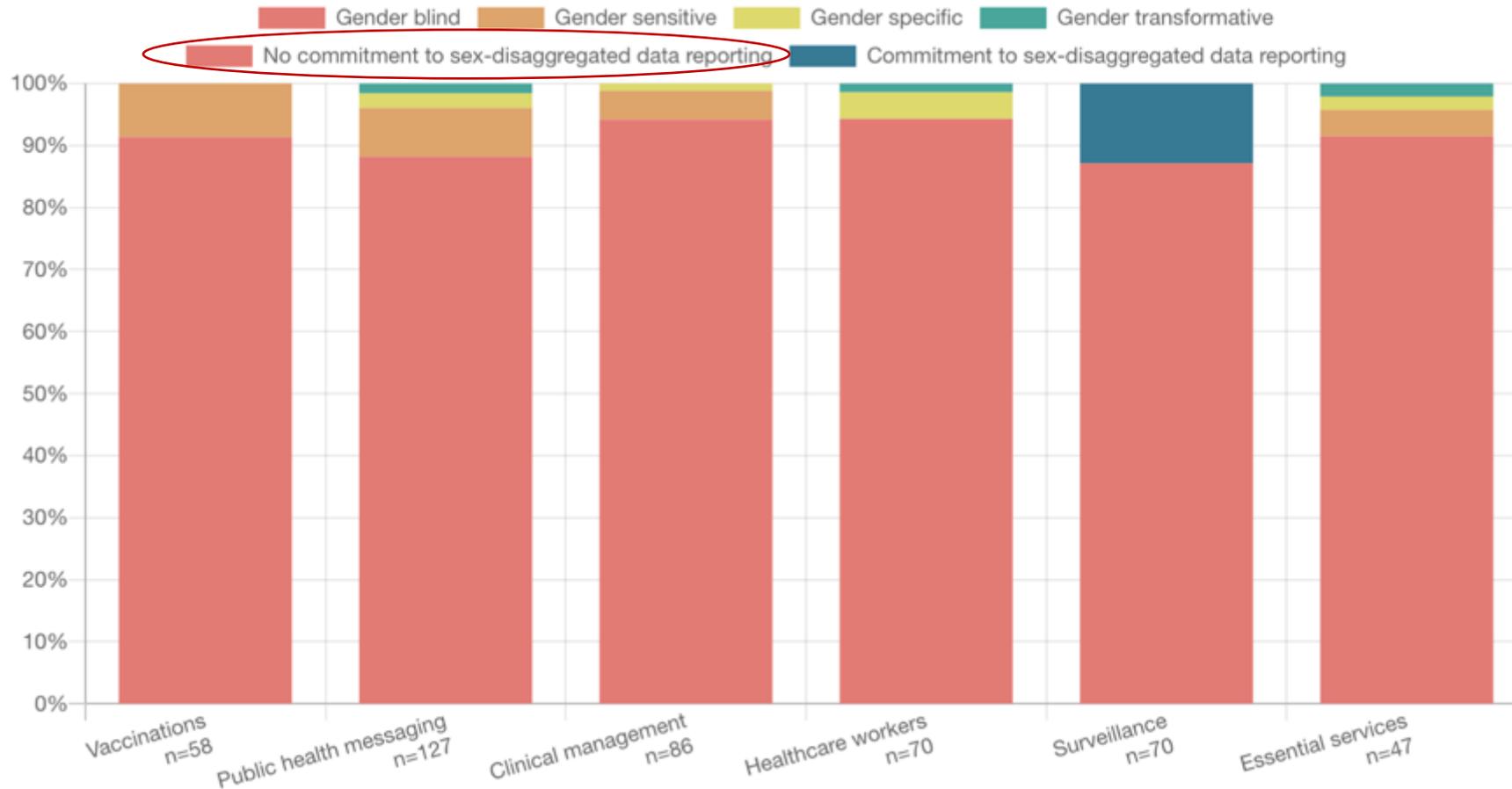
” The Sex, Gender and Covid-19 Project” Health Policy Portal



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**National governments
responses to data
disaggregation in their
COVID-19 health policies**

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<https://globalhealth5050.org/the-sex-gender-and-covid-19-project/>



Enablers in health policies that could help reduce vaccination inequities



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Pharmacists could contribute to reduce vaccination inequities



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As Health service provider

As community partners

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Credit Photo: CDC
<https://www.cdc.gov/vaccines/covid-19/index.html>





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Thank you four your attention!!



Any questions?

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Erica N. Rosser

Research Associate

Johns Hopkins Bloomberg School of Public Health

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The Gendered Impacts of COVID-19



Erica N. Rosser, MHS

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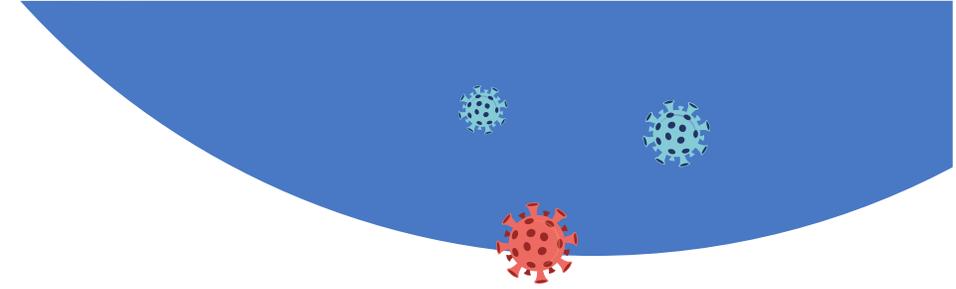
Effects of COVID-19

Primary Effects

- Exposure
- Infection
- Disease – duration and severity
- Death

Secondary Effects

- Economic
- Social
- Health
- Security



Gendered Impacts of Past Outbreaks

Zika in Latin America and the Caribbean

Gender power dynamics left women with:

- Limited autonomy over sexual and reproductive health
- Inadequate access to health care
- Insufficient money to travel for check-ups for children

Ebola in West Africa and the DRC, 2014-16

Women were:

- At higher risk of infection due to roles as caregivers in families and front-line HCWs
- Less likely to have decision making power in regard to the outbreak
- Sexual and reproductive health resources diverted to emergency response, contributing to rise in maternal mortality

Comment

the intervention, a careful interpretation of the negative findings is needed. Drug development and clinical evaluation of more potent and specific latency reversal agents alone and in combination in people living with HIV receiving ART and finding new approaches to put the kill into the kick and kill regimen are still warranted to determine if this strategy might allow people living with HIV to safely stop ART and achieve a cure.

SHL reports grants from the National Health and Medical Research Council of Australia, National Institutes of Health, American Foundation for AIDS Research, the Melbourne Trust, Australian Centre for HIV and Hepatitis Virology Research, Melbourne HIV Care Consortium, Global Sciences, Black, VIV Healthcare, and Ladies, outside of the area of work commented on here. TMH reports grants from the Danish Research Council, Region Midt Denmark, Australian Centre for HIV and Hepatitis Virology Research, Melbourne HIV Care Consortium, and Global, outside the area of work commented on here.

*Sharon R Lewin, Thomas A Rasmussen
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The Peter Doherty Institute for Infection and Immunity, The University of Melbourne and Royal Melbourne Hospital, Melbourne, VIC 3000, Australia (SHL, TMH); and Department of Infectious Diseases, Alfred Hospital and Monash University, Melbourne, Australia (SHL)

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COVID-19: the gendered impacts of the outbreak

Published Online: March 4, 2020
[https://doi.org/10.1016/S0140-6736\(20\)01818-2](https://doi.org/10.1016/S0140-6736(20)01818-2)

Policies and public health efforts have not addressed the gendered impacts of disease outbreaks.¹ The response to coronavirus disease 2019 (COVID-19) appears no different. We are not aware of any gender analysis of the outbreak by global health institutions or governments in affected countries or in preparedness phases. Recognising the extent to which disease outbreaks affect women and men differently is a fundamental step to understanding the primary and secondary effects of a health emergency on different individuals and communities, and for creating effective, equitable policies and interventions.

Although sex-disaggregated data for COVID-19 show equal numbers of cases between men and women so far, there seem to be sex differences in mortality and vulnerability to the disease.² Emerging evidence suggests that more men than women are dying, potentially due to sex-based immunological³ or gendered differences, such as patterns and prevalence of smoking.⁴ However, current sex-disaggregated data are incomplete, cautioning against early assumptions. Simultaneously, data from the State Council Information Office in China suggest that more than 90% of health-care workers in Hubei province are women, emphasising the gendered nature of the health workforce and the risk that predominantly female health workers incur.⁵

The closure of schools to control COVID-19 transmission in China, Hong Kong, Italy, South Korea, and beyond might have a differential effect on women, who provide most of the informal care within families, with the consequence of limiting their work and economic opportunities. Travel restrictions cause





Understanding and mitigating real-time differential gendered effects of the COVID-19 outbreak

Comparative case study in Bangladesh, Nigeria, Kenya, DRC, Brazil, Canada, UK, China and Hong Kong

Supported by: Bill & Melinda Gates Foundation and Canadian Institute for Health Research

<https://www.genderandcovid-19.org>



Our project brings together academics from around the world, we conduct real time gender analysis to identify and document the gendered dynamics of COVID-19 and gaps in preparedness and response. **Find out more.**

We provide rapid policy guidance and support to those crafting interventions. **Just ask.**

If you are a researcher, policy maker or practitioner interested in these issues, please join our Gender Working Group – an energetic and growing community of experts who can celebrate and support your work. **You are welcome.**



How to create a gender-responsive pandemic plan

Addressing the secondary effects of COVID-19

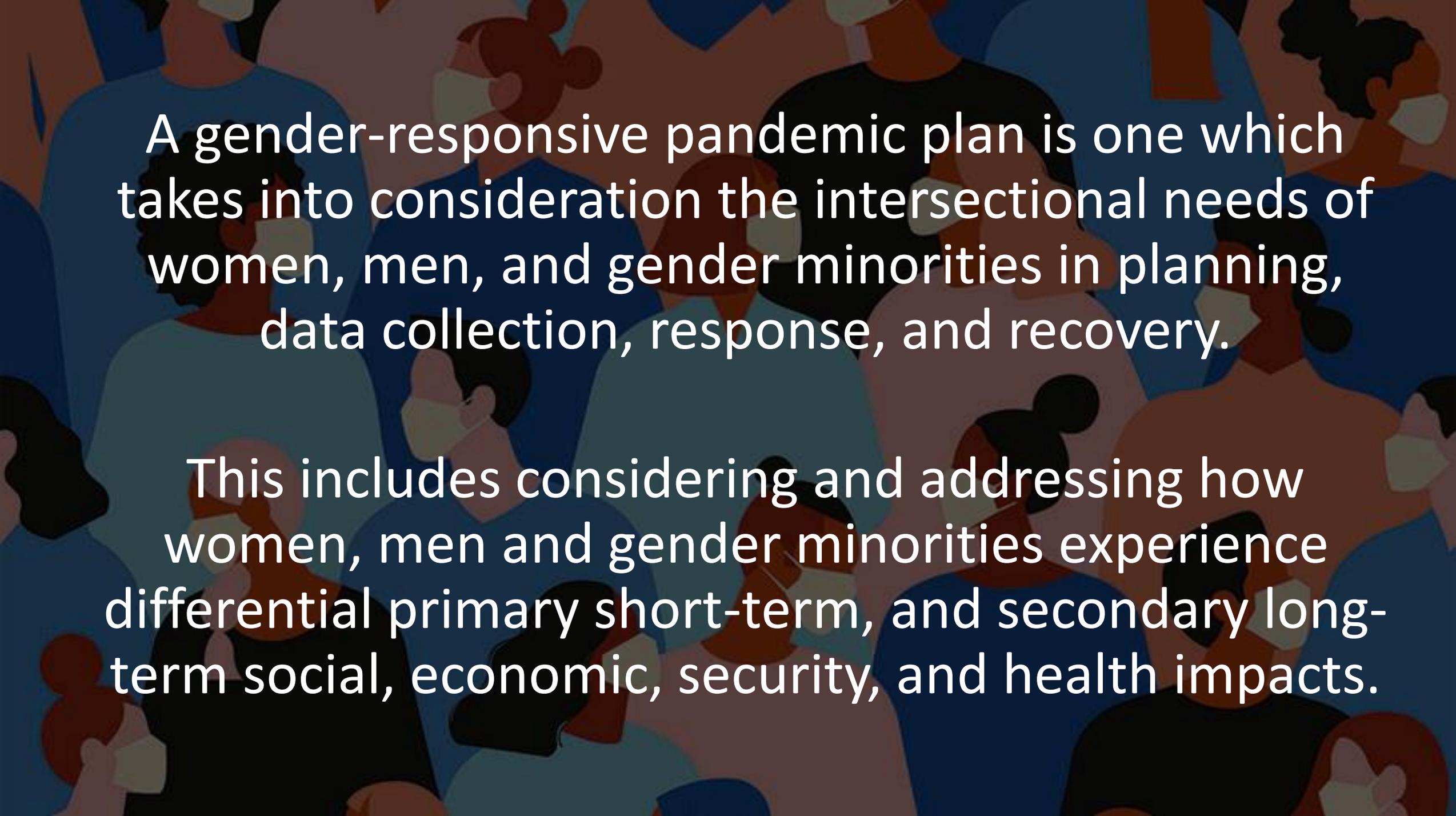


- Data
- Process
- Priority Areas
- Partnerships
- Resources
- Framework





What is a gender-responsive pandemic plan?

A stylized illustration of a diverse crowd of people, all wearing face masks. The figures are rendered in various colors (blue, red, black, pink, light blue) and are arranged in a dense, overlapping pattern. The background is a dark, muted blue. The overall style is flat and graphic.

A gender-responsive pandemic plan is one which takes into consideration the intersectional needs of women, men, and gender minorities in planning, data collection, response, and recovery.

This includes considering and addressing how women, men and gender minorities experience differential primary short-term, and secondary long-term social, economic, security, and health impacts.

Priority Areas

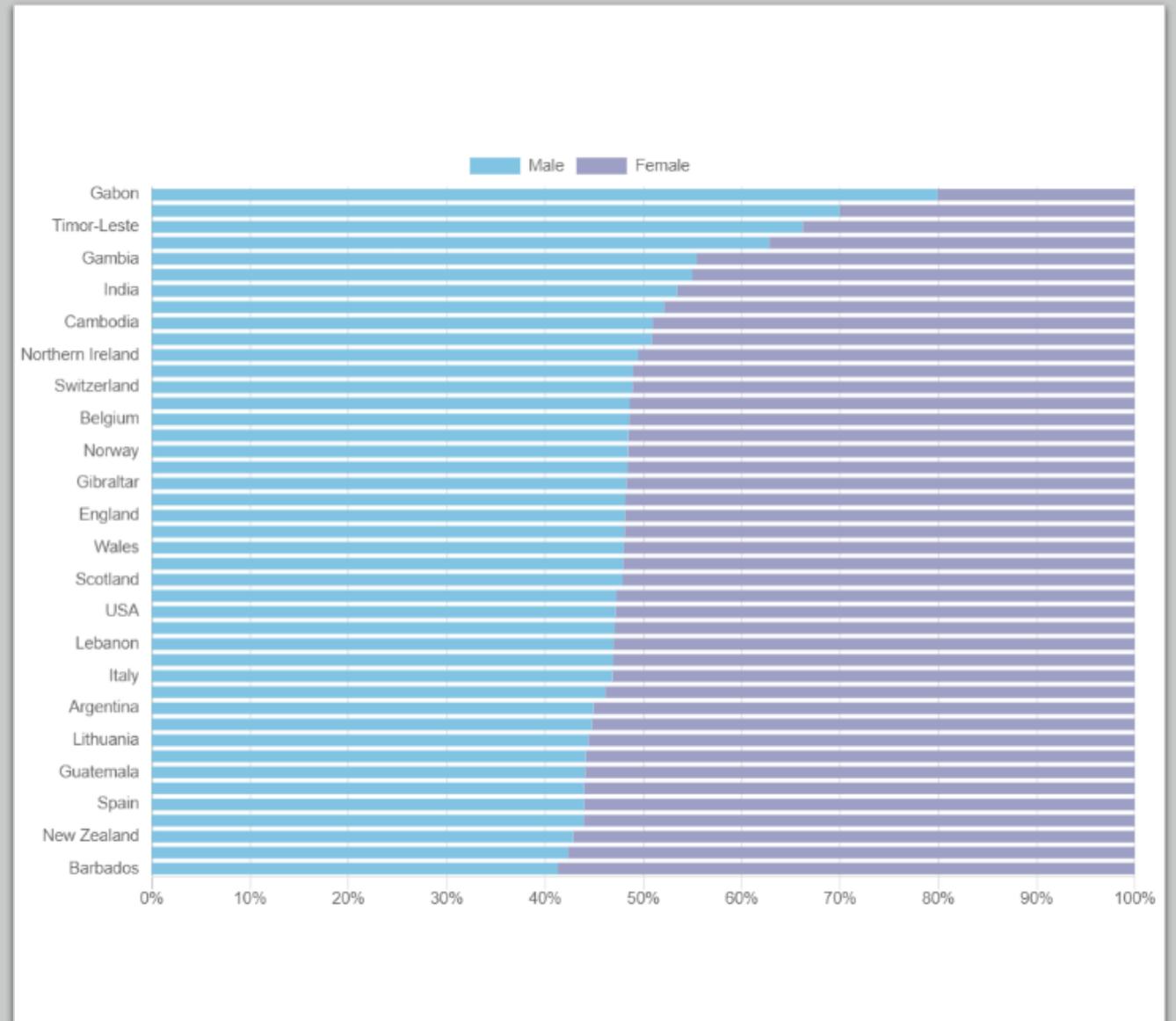
- Gender-based Violence
- Mental Health
- Sexual and Reproductive Health Services
- Economic/Work-related concerns
- Representation in Decision-making
- Education



The background is a stylized illustration of a diverse group of people wearing face masks. The people are rendered in various colors (orange, blue, pink, black) and are shown in profile or three-quarter view. The illustration uses a flat, modern style with bold outlines. In the center, a white diamond shape with a thin white border contains the text. The overall theme is public health and community safety.

What do
gender-responsive
pandemic plans have to do
with vaccination?

Vaccinations - At least 1 dose





Factors that explain the gender imbalance in global vaccination rates include:

- Occupation
- Age
- Gender norms and behavior
- Misinformation
- Sociopolitical country context

Vaccination Policies and Exclusion

- Vaccination passports
 - Pregnant women
 - Unequal burden of childcare

Clare Wenham: Why vaccine passports are gendered

April 1, 2021

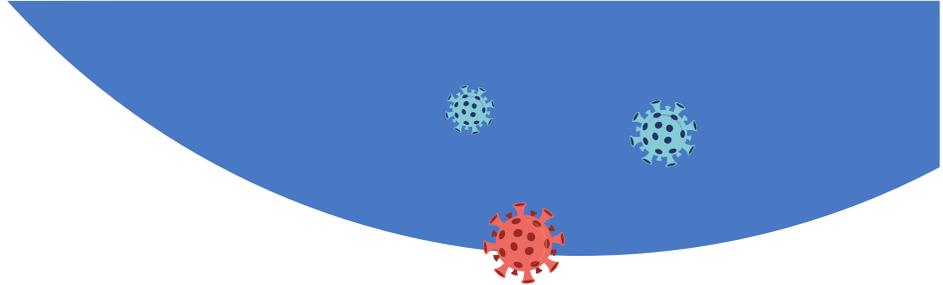
Vaccine passports are being dubbed the solution to reopen economies and get back to some form of reality. The principle is straightforward: those who've had a vaccine would be able to present evidence of this to enable entry to a country, onto a plane, into a cinema or pub. This would be much like the [carte jaune](#) for Yellow Fever vaccination, required by many locations for travel. We have these passports already with Greece and Dubai already stating that those with a vaccine passport will be able to visit their beaches this summer; Israel has introduced the [green card](#) which has allowed for domestic economic activity to resume; and the EU have recently voted on the principle of a [digital green certificate](#).  

While the conversation has predominantly focused on how these [would work](#)—would they be digital, how to maintain consistency between national efforts to ensure quality, and regulation of the system—it has also considered whether detail of the vaccination type should be included, with the suggestion that some countries may only allow you in if you have had a vaccine which they consider to be acceptable—China, for example, has said it will only recognise those with Chinese vaccinations. Iceland has also released its [list of approved vaccinations](#) which do not require mandatory quarantine. It's not a stretch of the imagination to think many countries would say something similar—I can't imagine USA permitting Russian or Cuban vaccination certificates, for example.

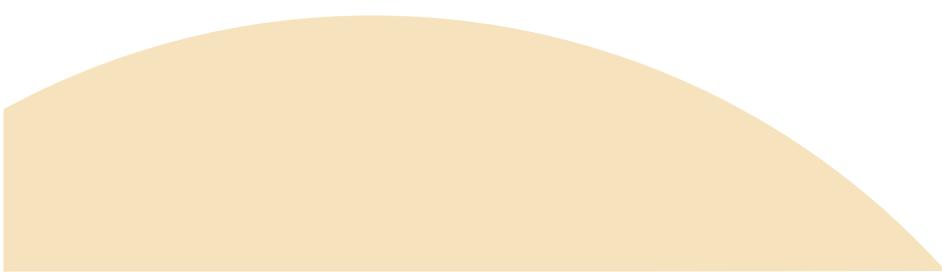
However, less has been mentioned about how vaccine passports may generate or [compound inequalities](#); those who are unable to get a vaccine may be limited in their participation in public, social, and economic life. Currently, there are many groups who are unable to get a vaccine; those who can't for health reasons; younger population groups, with most national vaccination campaigns basing distribution on age as the key predictor of risk; and anyone in a LMIC which do not have purchase agreements with pharmaceutical firms, or have only managed to procure enough for a small percentage of their population through the COVAX mechanism, and therefore will be many years before a widespread national rollout is possible. Requiring a vaccine passport will exclude these groups—and if history of public health has told us anything, excluding people based on their health status is dangerous, and ethically reprehensible.

We also must consider the gendered effects of such a policy intervention: covid-19 has shown us time and time again, that gender neutral policy focused exclusively on epidemiological decision making, expects that [women will bear the brunt](#) of changes to life, and will [absorb the additional labour](#). Vaccine passports are no exception: introducing vaccine passports will limit women's public opportunities and further entrench the gendered norms

Data Driven Response



Benefits of ethical and safe collection and analysis of intersectional disaggregated data :

- Bridge the global gender data gap
 - Identify and prioritize populations at increased risk
 - Provide basis for decision-making
 - Ensure equitable access
 - Monitor performance
- 

Leave No One Behind

1. Regulatory preparedness
2. Planning and coordination
3. Costing and funding
4. Human resource management and training
5. Vaccine delivery strategies
6. Priority populations for vaccination
7. Vaccine acceptance and uptake
8. Vaccine safety
9. Monitoring and evaluation systems

THE CHECKLIST

Regulatory preparedness
Have you and your organization established a regulatory pathway for COVID-19 vaccine development and deployment? Do you have regulatory technical preparedness?

Planning and coordination
Have you established a cross-sectoral and multi-stakeholder coordination mechanism for COVID-19 vaccine development and deployment? Do you have a clear role for the Gender & Health Hub?

Costing and funding
Are you able to estimate the total cost of vaccine development and deployment? Do you have a clear funding strategy for COVID-19 vaccine development and deployment?

Human resource management and training
Do you have the human resources and training needed for vaccine development and deployment? Do you have a clear role for the Gender & Health Hub?

Vaccine delivery strategies
Do you have a clear vaccine delivery strategy? Do you have a clear role for the Gender & Health Hub?

Priority populations for vaccination
Do you have a clear priority population for vaccination? Do you have a clear role for the Gender & Health Hub?

Vaccine acceptance
Do you have a clear vaccine acceptance strategy? Do you have a clear role for the Gender & Health Hub?

Vaccine safety
Do you have a clear vaccine safety strategy? Do you have a clear role for the Gender & Health Hub?

Monitoring and evaluation systems
Do you have a clear monitoring and evaluation system? Do you have a clear role for the Gender & Health Hub?

Guidance note and checklist for tackling gender-related barriers to equitable COVID-19 vaccine deployment

DOWNLOAD THE BRIEF NOW

Gender & Health Hub

**UNITED NATIONS UNIVERSITY
UNU-IIGH**



Advocate!

- Gender-sensitive vaccine research and development
- Targeted, community-based health education
- Equitable and timely allocation of vaccines across high-, middle- and low-income countries

Gender Working Group

We meet online on the third Wednesday of every month to discuss key issues, activities, opportunities, and ideas for collaboration. We have a long and growing list of resources on gender and COVID-19.



Thank You

www.genderandcovid-19.org

 @Gender_COVID19



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Why is important to have gender equity on vaccination?

- Gender equity

- Gender equity is the process of being fair to women and men



- Gender equality

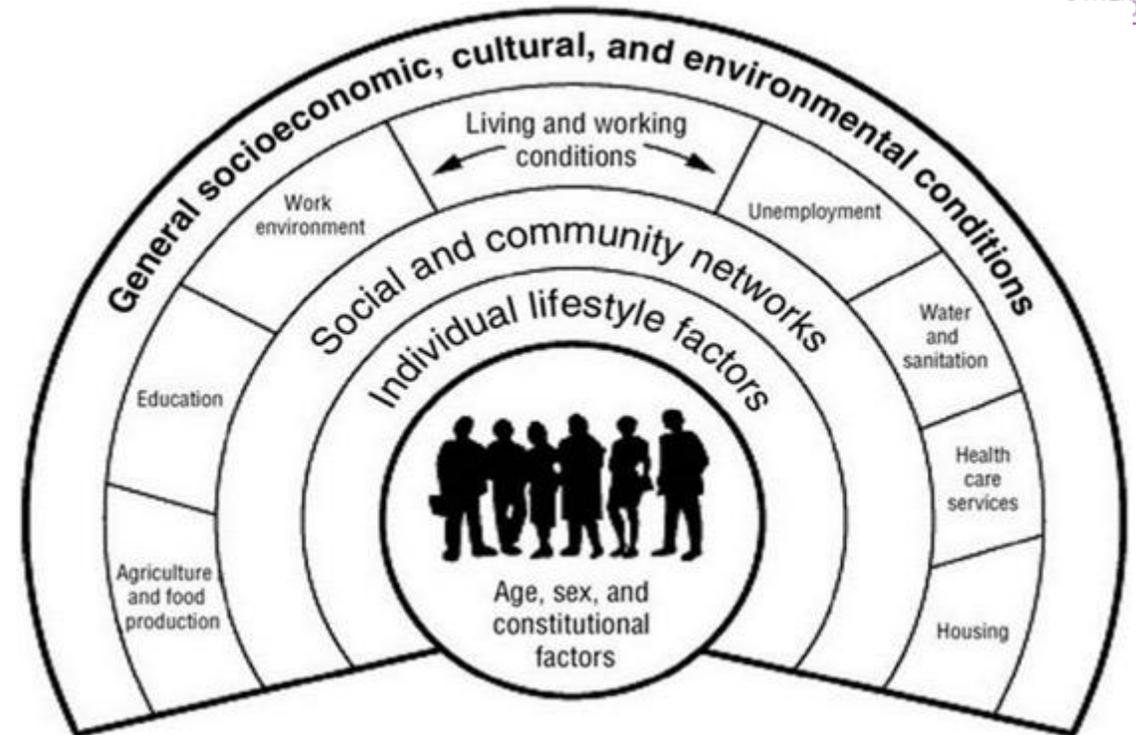
- Gender equality requires equal enjoyment by women and men of socially-valued goods, opportunities, resources and rewards



How does it affect gender inequities on health?

SDH account for between 30-55% of health outcomes

- Social determinants of health (SDH):
 - Income and social protection
 - Education
 - Unemployment and job insecurity
 - Working life conditions
 - Food insecurity
 - Housing, basic amenities and the environment
 - Early childhood development
 - Social inclusion and non-discrimination
 - Structural conflict
 - Access to affordable health services of decent quality.



Source: Dahlgren and Whitehead (1991)



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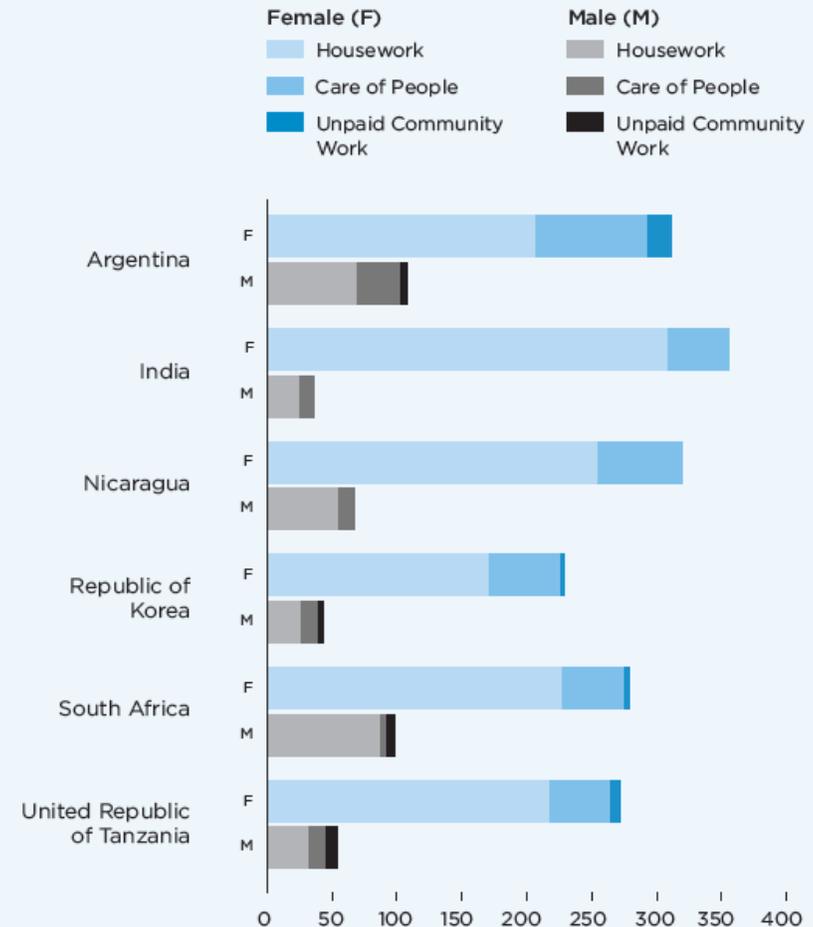
What is care? Who cares?

All the caregivers are in equal conditions?

- Meaning of care
- Who are the informal caregivers?
- What is the economic, social and personal impact of informal caregivers?
- Who are they caring for?

FIGURE 1

Time spent per day on unpaid care and domestic work, by sex



Source: Budlender 2008. Based on time-use surveys in each country: Argentina (2005, Buenos Aires only), India (1998/1999), Nicaragua (1998), Republic of Korea (2004), South Africa (2000) and United Republic of Tanzania (2006). Note: Argentina covers Buenos Aires only.



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TRANSFORMING VACCINATION

GLOBALY, REGIONALLY & NATIONALLY

Some data



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- 57% and 81% of informal caregivers (for the elderly) are women
- Female caregivers were more likely to report
 - *moderate difficulties with life tasks [ARRR = 1.45 (95% CI: 1.01, 2.08)],*
 - *feel mild-moderate anxiety [ARRR = 1.64 (95% CI: 1.22, 2.22)], and*
 - *report feeling severely depressed [ARRR = 1.86 (95% CI: 1.28, 2.69)] compared to female non-caregivers.*
- Although men also provide assistance, female caregivers may spend as much as 50% more time providing care than male caregivers

What has happened with COVID-19?



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- “Globally, for every **10** COVID-19 intensive care unit admissions among **women**, there are **18** for **men**; for every **10 women** who die of COVID-19, **15 men** die. In the United States, a gender gap is emerging in vaccination rates, with **women ahead of men by 6 percentage points**, according to the Centers for Disease Control and Prevention.”
- The coronavirus outbreak exacerbates existing inequalities for women and girls across every sphere – from health and the economy, to security and social protection.
 - “Given **women’s front-line interaction with communities** and their participation in much of the care work, they face a higher risk of exposure. With such proximity to the community, women are also well placed **to positively influence** the design and implementation of prevention activities and community engagement.”

What is the main impact of improving vaccination on women or, rather, informal caregivers?



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What has FIP been saying?

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

How can this be translated for vaccination services?

- Increase vaccination rates directly and indirectly
- Promote access to vaccines information
- Clarify misconceptions about vaccines
- Improve safety and healthy practices of those who are cared for.



What can be done?

- It is not possible to achieve a goal about informal caregivers if their contribution, value and support to our societies is not recognized.
- So, the first step is to acknowledge them and make them visible through a strong advocacy.
- Globally, there is a need to drive transformative changes for equality by addressing the paid and unpaid care economy.
- As pharmacists we must encourage gender equality to achieve a better health in our societies.



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Relationship between FIP DG and gender equality on vaccination



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Gender equality must be transversal to the FIP DG

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Federation

Any Questions?



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FIP Transforming Vaccination Regionally & Globally 2020

Recapping key outcomes

The 1st FIP digital transformation outcome-based online programme

Underpinned by the FIP Development Goals (FIP DGs)

Resulted in:
Global FIP Commitment to Action on Vaccination in Pharmacies
&
FIP Transforming Vaccination Collection



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Resource Webpage
transformingvaccination.fip.org

**FIP
D/GITAL
EVENTS**



Transforming Vaccination 2021



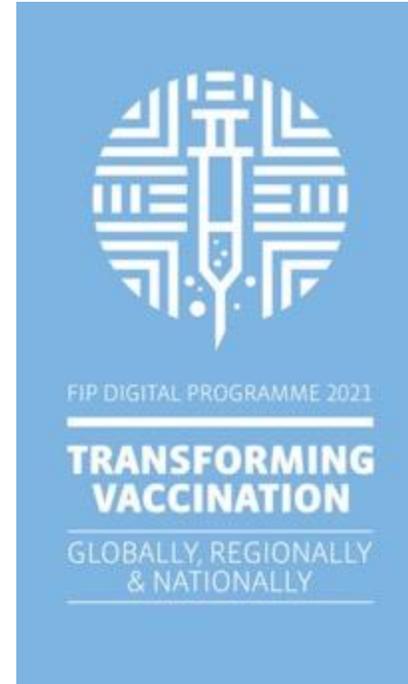
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12 events over 2 series

- Series 1: Towards equity in vaccinations globally
- Series 2: Sustainability in vaccinations regionally and nationally



Transforming Vaccination 2021: Key Outcomes



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- 1) 12 digital events including 6 regional roundtables and a Leadership Summit**
- 2) FIP Global Commitment to accelerate equity, access and sustainability of vaccinations**
- 3) Special Policy Collection**

**FIP
D/GITAL
EVENTS**



Upcoming event

Event 1.4 Health illiteracy and vaccine misinformation as determinants for equity: developing policies to establish access to quality information in an equitable way

Date: 26th August 2021

Time: 13:00-14:30 CEST



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Please join our next events!



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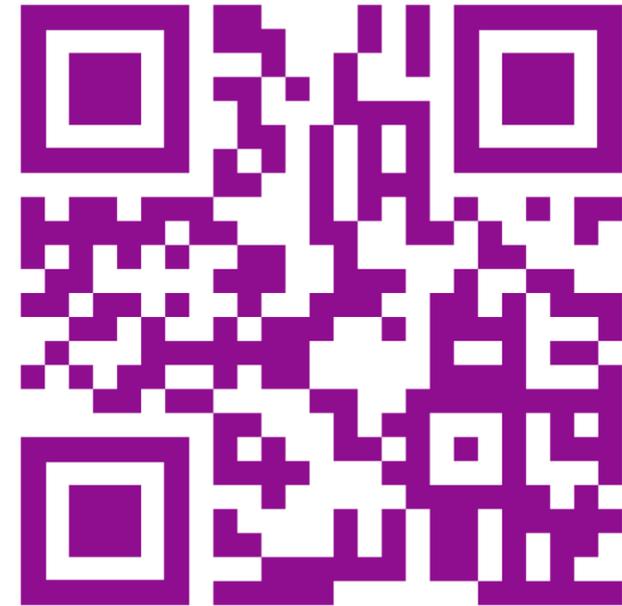
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To register:

Scan the **QR code** on screen

Or visit **events.fip.org**

Or **transfromingvaccination.fip.org**



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Check all future FIP Digital Events here:



events.fip.org

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UNITING
PHARMACY
AROUND
THE GLOBE



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World Pharmacists Day: 25 September

#WPD2021 — Join the campaign!

The COVID-19 pandemic has highlighted how we are all connected across borders, and has also emphasised the value of solidarity among the pharmacy profession.

The International Pharmaceutical Federation (FIP) invites you to make sure your country is represented by showing your support on the WPD2021 Champions Wall.

It takes just a few simple steps to create your graphic and add your voice, the first of which is to click here:
www.fip.org/world-pharmacists-day#Powerpoint

Our hope is that colleagues in all countries/states in the world take part in advocating our great profession this year.

World Pharmacists Day, now in its 11th year, is an opportunity for our profession to make our vital role in improving health known in every corner of the world!



Thank you for attending!
