IFAPP TODAY

The Global Pharmaceutical Medicine Journal

INTERNATIONAL FEDERATION OF ASSOCIATIONS OF PHARMACEUTICAL PHYSICIANS AND PHARMACEUTICAL MEDICINE

THIS ISSUE INCLUDES:

A New Year, a Shared Purpose

As we step into a new year, I want to extend my warmest wishes to our global IFAPP community. Across regions, disciplines, and generations, pharmaceutical physicians and professionals in Pharmaceutical Medicine continue to play a vital role in advancing safe, ethical, and innovative healthcare.

The year ahead brings both opportunity and responsibility. Scientific progress is accelerating, regulatory landscapes are evolving, and expectations around trust, transparency, and patient impact are higher than ever. These shifts underline the importance of our shared professional values, lifelong learning, and international collaboration.

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In 2026, IFAPP will continue to focus on strengthening our global network, supporting education and competency development, and fostering dialogue on the future of pharmaceutical medicine. Together, we can ensure that our profession remains resilient, relevant, and firmly centred on patients and public health.

Thank you for your ongoing commitment to IFAPP and to the field we serve. I look forward to working with you in the year ahead.

With best wishes for a healthy and successful year!

Eric Klaver
President, IFAPP

IFAPP Fellowship Awards 2026

The call for applications for the 2026 IFAPP Fellowship Awards in Pharmaceutical Medicine (PM) is now open. You can apply for any of the three following categories based on experience:

1) Scientific Leadership in Pharmaceutical Medicine (IFAPP Senior Fellow)
For Senior Candidates (with an experience > 15 years in PM roles):

- Please submit your current curriculum vitae and a copy of an academic diploma (MD, PhD, PharmD, Biomedical, MPH, healthcare professional diploma).
- Please provide a short list of publications: minimum 10 publications as co-authors in peer-reviewed journals and a nomination letter from an IFAPP Board Member or a Board Member of a national member association (NMA).

2) Scientific Excellence in Pharmaceutical Medicine (IFAPP Mid-career Fellow)
For Mid-career Candidates (with an experience of > 10 years and ≤ 15 years in PM roles):

- Please submit your current curriculum vitae and a copy of an academic diploma (MD, PhD, PharmD, Biomedical, MPH, Healthcare professional diploma).
- Please provide a short list of publications: minimum 5 publications as co-authors in a peer-reviewed journal and a nomination letter from an IFAPP Board Member or a NMA Board Member.

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3) Rising Star in Pharmaceutical Medicine (IFAPP Rising Star)
For Early-career Candidates (with an experience of > 3 years in PM roles):

- Please submit your current curriculum vitae and a copy of an academic diploma (MD, PhD, PharmD, Biomedical, MPH, healthcare professional diploma).
- Please provide a short list of publications: minimum 2 publications as co-authors in a peer-reviewed journal and a nomination letter from an IFAPP Board Member or a NMA Board Member.

Following the application an interview with IFAPP Fellowship Award Committee Members will be scheduled. The IFAPP Fellowship Committee consists of seven people, i.e. members of the IFAPP Board of Officers, Working Group Chairs, IFAPP Fellows.

Being a Senior Fellow, a Mid-career Fellow, or a Rising Star of IFAPP is not only recognition of contribution to Pharmaceutical Medicine, it also means that you belong to a dedicated group of professionals who demonstrate scientific integrity and excellence in research, education and leadership.

Submissions should be sent to Anna Jurczynska (anna.jurczynska@ifapp.org) by **31 March 2026.**

Racing against Resistance: The Future of Antimicrobials

Context
Symposium: 30th Annual Swiss Symposium in Pharmaceutical Medicine – **Programme**
Date & Location: 26 November 2025, Zurich, Switzerland
Organised by: Swiss Society of Pharmaceutical Medicine (SGPM)
In partnership with: European Center of Pharmaceutical Medicine (ECPM) and Swiss Roundtable on Antibiotics (Swiss RTA)

Welcome addresses
Martin Traber, President SGPM
Rudolf Blankart, President Swiss RTA
Carlos Quinto, Board Member FMH (Swiss Medical Association) for 30th anniversary of Swiss Symposium in Pharmaceutical Medicine

Chair: Stephan Harbarth, University Hospital Geneva
Theme & Objectives

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Theme & Objectives

Antimicrobial resistance (AMR) poses a profound and growing threat to modern medicine, undermining the effectiveness of life-saving interventions across healthcare, including oncology, surgery, and intensive care. The symposium convened clinicians, researchers, policymakers, regulators, and industry representatives to examine AMR across its full continuum - from global burden and surveillance to translational science, regulatory pathways, and market incentives. The meeting aimed to stimulate innovation, inform policy, and strengthen cross-sector collaboration to secure sustainable antimicrobial therapies for future generations.

Session I: The Global Health Threat

The opening session framed AMR as a systemic global health crisis rather than a niche infectious disease challenge It was highlighted that resistance is increasing faster than the development of new antibiotics, raising concerns about the long-term availability of effective treatments for severe infections. By presenting practical clinical examples it was shown that critical last resort antibiotics are not licensed in Switzerland and must be imported on a case-by case basis. This leads to increased costs, logistical challenges, and delays in access, which can affect patient care (Silvio Brugger, University Hospital Zurich).

A dedicated focus on oncology (Shalini Jayasekar Zürn, Union for International Cancer Control; UICC) underscored the broader clinical implications of AMR. Cancer patients are particularly vulnerable: infections remain a leading cause of morbidity and mortality during cancer treatment, and resistant pathogens are significantly more prevalent in this population. Data presented showed that AMR rates for key priority pathogens are up to two- to threefold higher in cancer patients compared with non-cancer populations, with bloodstream infections, pneumonia, and sepsis being major drivers of poor outcomes. These findings emphasised that AMR directly threatens progress in cancer survival and must be addressed as an integral component of cancer care strategies.

Audience

Session II: AMR and Antibiotic Use Monitoring

This session highlighted Switzerland's comparatively strong surveillance infrastructure while demonstrating the need for increased granularity and actionable insights.

ANRESIS, the Swiss Centre for Antibiotic Resistance, was presented (Catherine Plüss, University of Berne) as a cornerstone of national AMR surveillance, integrating resistance data from the vast majority of human medical laboratories with antibiotic consumption data from hospitals, outpatient care, insurers, and veterinary sources. This comprehensive approach supports early trend detection, benchmarking, and targeted stewardship inter-

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ventions within the framework of Swiss StAR (Strategy on Antibiotic Resistance Switzerland).

Complementary analyses based on healthcare claims data (Sabrina Stollberg, Helsana) illustrated how surveillance can be taken beyond aggregated national indicators. Prescriber-level analyses revealed substantial heterogeneity in outpatient antibiotic use across provider groups and antibiotic classes, challenging common assumptions about prescribing drivers. In addition, an in-depth evaluation of antibiotic pack sizes showed that approximately one third of outpatient prescriptions were potentially non-conform with guideline-recommended treatment regimens. This mismatch increases the risk of leftover antibiotics, inappropriate reuse, environmental contamination, and ultimately resistance. Together, these findings support stewardship approaches that address both clinical behaviour (demand side) and structural factors such as packaging and dispensing (supply side). Of note is the recent permission to cut blister packs into smaller units and provide the patient with a personalised number of tablets.

Session III: Innovation Challenges in Antibiotic R&D

The third session focused on why antibiotic innovation remains fragile despite clear medical need. The AMR Action fund with a multitude of members and a $1 billion fund (Henni-Karolina Ropponen, AMR Action Fund) invests in companies that are developing urgently needed therapeutics for priority pathogens and is committed to ensuring that these novel antibiotics are used appropriately and are needed.

Academic perspectives (Christoph Dehio, University of Basel) demonstrated how patient-informed experimental models can improve translational relevance. Advanced in-vitro systems that better reflect physiological conditions were shown to reveal clinically meaningful differences in antibiotic activity and treatment failure, supporting more informed candidate selection and development decisions.

From an industry perspective, translational challenges in antibiotic development were discussed in detail, with a particular focus on multidrug-resistant gram-negative pathogens (Caterina Bissantz, F. Hoffmann-La Roche), which account for a large proportion of AMR-related mortality. Discovery is hampered by biological barriers such as poor bacterial penetration, while development is constrained by small, heterogeneous patient populations and ethical limitations of large non-inferiority trials. Commercially, short treatment durations and stewardship-driven low volumes continue to undermine return on investment.

From a regulatory perspective it can be said that the prevalence of antibiotic resistance is lower in Switzerland as compared to the EU. Around 90 antimicrobials are currently under development. Finance is the most prominent challenge. Umbrella, basket or platform trials may be an option for antibiotic development. Swissmedic, the Swiss Agency for Therapeutic Products, is offering the Fast Track Pilot as a way to accelerate development (Rolf Kaiser, Swissmedic).

Session IV: Fostering Availability of and Access to Antibiotics

The final scientific session addressed the persistent gap between regulatory approval and real-world availability of antibiotics. Despite successful development, many newer agents are not accessible in several countries, including Switzerland, due to market failures, pricing and reimbursement challenges, and market size.

Innovative push and pull incentive models (Chantal Morel, University of Berne) were discussed as essential tools to address this gap. These include subscription-based approaches and revenue guarantees that decouple antibiotic value from sales volume, thereby aligning stewardship with commercial sustainability.

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Switzerland's proposed revision of the Epidemics Act (Articles 50a and 51a) was presented (Simon Gottwald, Swiss Federal Office of Public Health) as a concrete national step, combining targeted R&D funding with mechanisms to ensure availability of antibiotics addressing unmet medical needs.

Podium Discussion: New Approaches to Address AMR

The concluding panel discussion brought together perspectives from academia, industry, regulators, and public authorities. Panellists converged on the need for earlier and more integrated collaboration across the antimicrobial lifecycle, clearer regulatory pathways for innovative development strategies, and sustained political commitment to incentive mechanisms. AMR was repeatedly framed as a long-term preparedness challenge requiring stable frameworks beyond short-term crisis responses (Moderator: Stephan Harbarth; participants: Chantal Morel, Simon Gottwald, Rolf Kaiser, Christoph Dehio, Caterina Bissantz, Henni Karoliina Ropponen).

The Panel

Practical Relevance for the Pharmaceutical Industry

- Increasing importance of granular surveillance and real-world data for stewardship, Health Technology Assessment (HTA), and reimbursement decisions
- Clear policy momentum towards volume-independent reward models for antibiotics
- Critical role of robust translational science in de-risking development under streamlined pathways
- Growing expectations for public–private collaboration across Research and Development, Regulation, and Market Access

Relevance for Academia and Clinicians

- High relevance of funding to increase research for new mechanism of actions or for repurposing of known molecules
- Collaboration between research institutions and hospitals that perform clinical trials of utmost importance

Conclusion

The 30th Swiss Symposium in Pharmaceutical Medicine highlighted that addressing AMR demands coordinated, cross-sectoral action spanning global health, surveillance, translational science, regulation, and market incentives. While Switzerland benefits from strong surveillance and policy foundations, sustained innovation and access will require continued collaboration and novel frameworks. For the pharmaceutical industry, AMR represents both a societal responsibility and a proving ground for new models of sustainable innovation.

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An Italian Educational Programme on Antimicrobial Resistance

Antimicrobial resistance (AMR) is a global emergency as defined by the World Health Organization (WHO). There are many reasons why this phenomenon is becoming increasingly worrisome: some are structural, such as a country's ecology, while others stem from a lack of attention to important hygiene standards. But above all, the shortage of new antibiotics and their excessive, improper, and unjustified use - both in adults and children - are responsible for this emergency. In addition, their heavy use in intensive livestock farming for food production contributes to the problem.

The WHO has predicted that, based on current data, by the year 2050, deaths caused by AMR will rank first among global causes of death, reaching around 10 million per year, while deaths from cancer will fall to 8.2 million.

On the basis of these premises, a working group within RICMA (the working group on Clinical Research and Medical Affairs, part of SIMeF, the Italian Society for Pharmaceutical Medicine), coordinated by Livio Di Lecce, proposed organising an educational programme on this topic, structured around three events: two webinars held in September and October, and finally an in-person concluding event held on 11 November 2025.

The Italian Society of Pharmacology (SIF) was involved in this project, since pharmacology can provide essential support in addressing AMR emergency. When we extended our invitation to collaborate to the SIF President, Armando Genazzani, his response was enthusiastic. It is worth recalling that, in the past, SIMeF organised many scientific events in collaboration with SIF, and their congresses always included a SIF–SIMeF satellite symposium. The hope is that the renewal of our collaboration will continue into the future.

The in-person event took place in the beautiful conference hall of the European Institute of Oncology (IEO), Milan, which we thank for its hospitality.

The meeting was opened by Livio Di Lecce (SIMeF), who recalled the three-step structure of this project: the two webinars laid the foundations for shared knowledge, while during the in-person session the focus shifted to possible solutions to be adopted.

The first session, moderated by Elisabetta Riva (SIMeF) and Francesco Scaglione (SIF), both in the photo, featured Filomena Fortinguerra (AIFA, the Italian Drug Agency) as the first speaker. She reiterated that AMR has been on the global agenda of all regulatory agencies for years.

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Unfortunately, Italy has consistently ranked last among EU countries, despite the fact that, since 2017, AIFA has launched several programmes to combat AMR. She confirmed that too many antibiotics are consumed in Italy (16.9 DDD (2) per 1,000 inhabitants), with only a very modest reduction of 1.3% in 2024 compared to 2023. She also noted that about 92% of antibiotic use occur in the community and only 8% in hospitals, and that the highest consumption is among children and the elderly, with women consuming more antibiotics than men. There is also a pronounced geographic difference in consumption: 30.6% of prescriptions are in the north, while 43.6% are in the south.

In conclusion, the speaker expressed regret that all the targets set by AIFA had been missed, both in the community and in hospitals. In particular, the goal had been to reduce the use of broad-spectrum antibiotics to 40%, but their use is still above 50%, whereas in the European Union it is below 40% of prescriptions. She reiterated AIFA's commitment to combating AMR through dissemination of WHO guidelines (for example, on how to treat otitis media in adults and children), economic incentives for the development of narrow-spectrum antibiotics, and funding of non-profit clinical studies to improve their use.

Francesco Scaglione (SIF), in photo, then took the floor and reviewed the major milestones in the discovery of the main antibiotics. He naturally began with penicillin, discovered by Alexander Fleming in London in 1928, but for various reasons put into production only in 1941 in the United States and administered to the first patients (American soldiers fighting in Europe) only in 1943. Subsequent steps included the identification of molecules active after oral administration and the search for broad-spectrum antibiotics, since the problem of AMR was not yet apparent. However, starting in the 1980s, AMR became an important global issue, caused mainly by incorrect use and insufficient hygiene and health measures. The spread of AMR was then further amplified by the use of antibiotics in animal farming (not only in cattle and swine, but also in beekeeping, aquaculture, and agriculture). In closing, Francesco Scaglione emphasised another critical problem: the limited availability of new antibiotics. No new class of antibiotics has been discovered since 1984; therefore, the solution he advocates is investment in research.

Milo Gatti (SIF) echoed the previous speaker, highlighting the role of pharmacology and of the clinical pharmacologist in combating AMR. He stressed that appropriate prescribing requires knowledge of the pharmacodynamic and pharmacokinetic properties of antibiotics - knowledge that belongs to clinical pharmacology. He also suggested that, since having a clinical pharmacologist in every hospital is not feasible, remote consulting services should be established to connect smaller hospitals with centres where a clinical pharmacologist is available.

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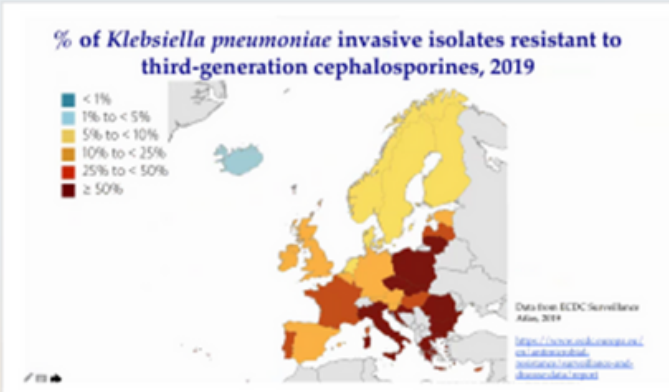
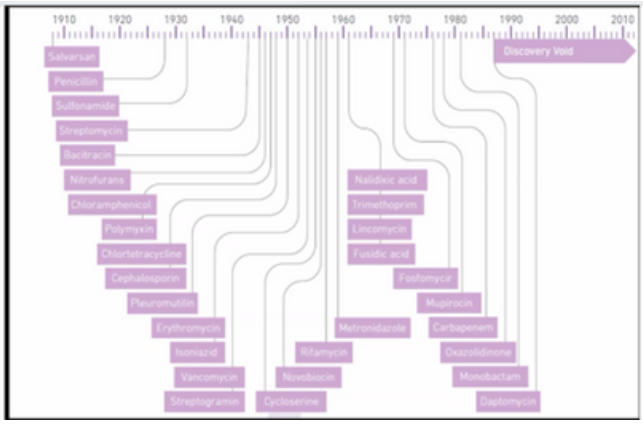


Example of AMR in EU in 2019



Time sequence of antibiotics discovery

The first session was concluded by Mauro Racaniello (Farmindustria), who recalled how pharmaceutical companies operating in Italy are heavily engaged in this field. Considering that Italy shares with Germany the European lead in pharmaceutical manufacturing, the first step has been to impose strict controls throughout the entire production chain of antibiotics - from the moment raw materials arrive at production sites to quality checks on the finished product, production waste, and wastewater. Recently, these controls have also been extended to any subcontractors, so as to monitor the entire production chain. Unfortunately, research on new antibiotics remains the “Cinderella” of global Research and Development, with only 1.6 billion euro in investments, while oncology receives 26.5 billion euro. In conclusion, the speaker reaffirmed the industry's commitment through public awareness initiatives and dissemination of guidelines against AMR.

After a series of questions to the speakers and a short coffee break, the second part began, moderated by Livio Di Lecce (SIMeF) and Arianna Pani (SIF).

The first speaker, Jacopo Angelini (SIF), in his role as a member of the Territorial Ethics Committee (CET), recalled the two main activities of the CET: the evaluation and approval of clinical trials of medicinal products, and the assessment of requests for compassionate use of medicines. In the field of antibiotics, his experience is based on proposals for clinical studies of old antibiotics for new indications not included in the Summary of Product Characteristics (SPC), or for new routes of administration. Therefore, he also confirmed the absence of new antibiotics currently undergoing clinical trials. He then highlighted the new EMA/ICH (1) guideline recommending the inclusion of pregnant and breastfeeding women in new clinical studies.

Next, Paolo Bonfanti (University of Milano-Bicocca), drawing very creatively on his family’s genealogical tree, reminded us that, in the 1870s, at the time of his great-grandfather, infant mortality was 350 deaths per 1,000 live births. This number has steadily declined - thanks both to antibiotics and better household hygiene - reaching only 9 deaths per 1,000 live births at the time his daughter was born in 2000. He then compared empirical therapy with targeted therapy in the use of antibiotics. In empirical therapy, it is important to follow an algorithm that suggests first identifying the site of infection, then considering the most likely pathogen, then considering AMR issues and local epidemiology, and finally paying close attention to immunocompromised patients. In targeted therapy - which would obviously always be preferable –the speaker presented many publications that, however, show results that are not always optimal, with failures likely due to AMR.

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The next speaker, Francesco Dentali (FADOI – the Italian Association of Clinicians), listed several questions that every clinician should ask: When should an antibiotic be prescribed? And for how long? First, however, he stressed the importance of hygiene, which is too often neglected in hospitals, where three- or even four-bedrooms still exist. This is problematic because pathogens can be transmitted not only through direct contact but also via droplets emitted during speech. Therefore, even before turning to antibiotics, improving environmental hygiene in hospitals would be very useful because this is where resistance prevention begins.

Corrado Confalonieri (SIMeF) emphasised the major support the hospital pharmacist can provide, especially as a member of a multidisciplinary team that should involve the infectious disease specialist, the microbiologist, the hospital hygiene officer, and the pharmacist. Indeed, the pharmacist can bring pharmaceutical and management expertise to this table, as well as act as a point of reference for digitalisation and the sharing of patients' clinical data. In concluding, he also highlighted the problem of the shortage of new antibiotics: of the 47 new products under study, 45 are traditional and only two are truly innovative (with a new anti-toxin mechanism of action). Between 2017 and 2022, AIFA approved 12 new antibiotics, but 10 of them were modifications of known drugs.

Ovidio Brignoli (SIMG, the Italian Association of General Practitioners, GPs) recalled that general practitioners prescribe 90% of antibiotics, but unfortunately 45% of these prescriptions are inappropriate. A proper approach should consider the patient's clinical history, local AMR data, and also possible exchanges of opinions with other GPs. Among the most frequent errors, he mentioned the first line prescribing of amoxicillin plus clavulanic acid, choosing long half-life antibiotics for a supposed greater safety margin, and failing to reassess the patient after 48 - 72 hours. In his view, the mental algorithm that every GP should follow involves determining whether the infection is bacterial or viral, choosing a narrow-spectrum antibiotic, and knowing the minimum effective duration. The positive news is that many regions are implementing mandatory AMR training programmes, based on three key steps: delayed prescribing to gather more information, availability of rapid diagnostic tests, and continuous review of prescribing habits.

The event was concluded by Daniele Roberto Giacobbe (University of Genoa), an expert in artificial intelligence (AI), who reminded us of the significant help AI can offer in this field as well. First, he recalled the meaning of AI: it refers to the ability of certain machines to learn activities for which they were not explicitly programmed. In the field of antibiotic therapy, AI can provide great support by processing in seconds billions of data points derived from a large body of published studies. Therefore, in his view, AI will increasingly become a valuable tool to assist infectious disease specialists in the correct prescription of antibiotics.

The event concluded with several questions for the second group of speakers, followed by due acknowledgments for an afternoon of intensive cultural and scientific insight.

Authors:
Domenico Criscuolo, MD, President at Genovax
Livio Di Lecce, Medical Director, ADVANZ Pharma

Abbreviations/References:

1) EMA/ICH: European Medicines Agency/International Conference on Harmonization: ICH E21 guideline on inclusion of pregnant and breastfeeding individuals in clinical trials – Scientific guideline | European Medicines Agency (EMA)
2) DDD: Defined Daily Dose

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Press Release: WHO approves first Child-Friendly Primaquine Formulations for Malaria Treatment

A mother and child both diagnosed with relapsing malaria, Iquitos, PAVE study, Peru.

- First-ever paediatric formulations of primaquine prequalified by WHO, paving the way for improved access for children in malaria-endemic regions.
- Children account for over 74% of malaria deaths globally, making the availability of quality-assured antimalarial formulations critical.
- These medicines are a game-changer on the path to malaria elimination, helping to prevent relapse and transmission.

Geneva, Switzerland, 19 November 2025 Medicines for Malaria Venture (MMV) and Unitaid welcome the World Health Organization (WHO)'s prequalification of two child-friendly formulations of primaquine, a highly effective medicine that prevents malaria relapse and transmission. Until now, primaquine launched over 60 years ago, was not available in quality assured, child-friendly formulations, leaving one of the most vulnerable populations at risk of repeated illness.

Through the Partnership for Vivax Elimination (PAVE) and funded by Unitaid, MMV partnered with Fosun Pharma to develop 2.5 mg and 5 mg dispersible tablets tailored for paediatric use. These tablets are flavor-masked, easier to administer, support improved adherence, and are suitable for children weighing over 5 kg. The new formulations meet WHO's international standards for quality, safety and efficacy – an endorsement that will support countries' decision-making to include them in their treatment guidelines and make them available to children.

"Having quality-assured paediatric primaquine in a dispersible format is a game-changer for elimination," said Dr Martin Fitchet, Chief Executive Officer at MMV. "It means national programmes can now treat children more effectively, helping to break the cycle of relapse and transmission."

"Fosun Pharma is proud to partner with MMV on child-friendly dispersible primaquine," said Mr Chen Yuqing, Chairman of Fosun Pharma. "This WHO prequalification is an important step toward improving paediatric care and making effective antimalarial treatment more accessible to the children who need it."

"Children are disproportionately affected by malaria, which takes a toll on their health, education and future. Without putting children at the center of the response, we can't beat malaria," said Dr Philippe Duneton, Executive Director at Unitaid. "Unitaid's support to PAVE in introducing the first child-friendly formulations of primaquine marks a significant step towards better protecting one of the most vulnerable populations."

Plasmodium falciparum: WHO recommends a single low dose of primaquine to block the transmission of P. falciparum malaria[3] by killing gametocytes (the sexual stage of the parasite reproduction cycle). By preventing onward transmission from

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infected patients back to mosquitoes, primaquine helps limit the rise of drug resistance, one With children under 5 years accounting for over 74% of malaria deaths globally,[1] having a quality-assured paediatric option is critical for malaria elimination efforts. WHO prequalification not only validates the quality of these formulations but also accelerates the uptake by global health donors, such as the Global Fund, which require new medicines to be prequalified to be eligible for procurement, helping ensure timely availability in malaria-endemic regions.

Primaquine plays a critical role in combatting the two main species of parasite that cause malaria in humans:

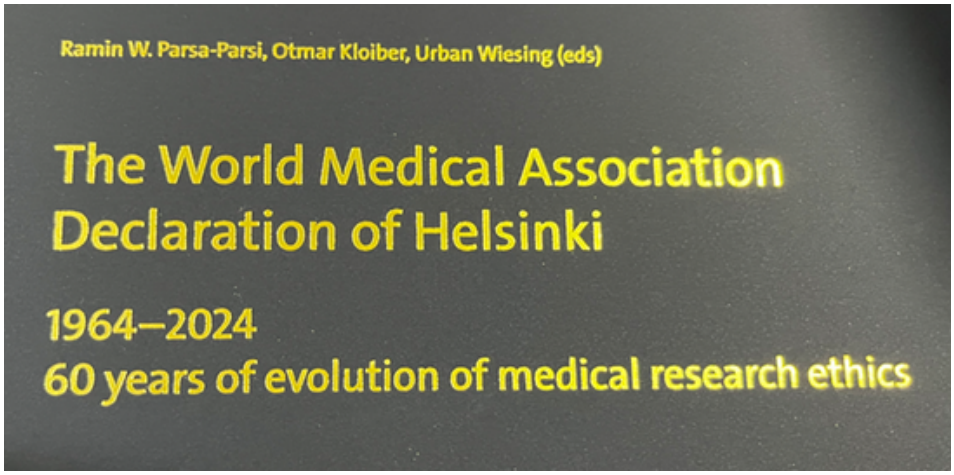
1. Plasmodium vivax[2]: administered over 7 or 14 days, primaquine helps eliminate the dormant liver stage of P. vivax malaria, which can cause relapse weeks or even months after the initial infection. Without treatment, children remain vulnerable to repeated illness, leading to anaemia and missed school days, undermining both health and development.
2. Plasmodium falciparum: WHO recommends a single low dose of primaquine to block the transmission of P. falciparum malaria[3] by killing gametocytes (the sexual stage of the parasite reproduction cycle). By preventing onward transmission from infected patients back to mosquitoes, primaquine helps limit the rise of drug resistance, one of the greatest threats to malaria elimination.

This milestone is an important step towards making sure that no child is left behind on the path towards malaria elimination.

1. WHO World Malaria Report 2024
2. WHO Malaria Treatment guidelines, section 5.2.1.5 Uncomplicated malaria caused by P. vivax, P. ovale, P. malariae or P. knowlesi.
3. WHO: Policy brief on single-dose primaquine as a gametocytocide in Plasmodium falciparum malaria

A Commemorative Book of the Diamond Anniversary of the Declaration of Helsinki

A publication commemorating the 60th diamond anniversary of the Declaration of Helsinki (DoH) has been released by the World Medical Association (WMA) in September 2025 (1). It is available via the WMA website (https://www.wma.net/publications/wma-doh-1964-2024/) at a remarkably affordable price, 18.68 Euro for the e-book and 40-65 Euro for the hardcover book, depending on the region.



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It was at the WMA General Assembly in Helsinki, Finland, that the first and the 10th amendments of the DoH (2) were adopted. Consequently, a foreword by the former President of Finland, Mr. Sauli Niinisto, was added. Prof. James F. Childress, who co-authored the book in 1979 to establish the four principles of autonomy, non-maleficence, beneficence, and justice with Tom L. Beauchamp, contributed a special commentary on the 2024 DoH. He also wrote an obituary for Tom L. Beauchamp, who had passed away in 2025. An extensive historical analysis and a future perspective of the DoH were described by Profs. Urban Wiesing and Hans-Jorg Ehni. It is an immense honour that the WMA has entrusted me to provide my research ethics journey to this book which contains articles of distinguished authors. Short commentaries were provided by national medical associations, international organisations such as UNESCO (www.unesco.org/), CIOMS (https://cioms.ch), and WHO (https://www.who.int), regulatory authorities, academic societies and others.

My role as a member of IFAPP, which has a formal memorandum of understanding of cooperation with the WMA, as an independent bioethicist and journalist, has been stimulating global discussions and conveys to the WMA the voices of various interested parties, medical experts, bioethicists, patients and the public, and especially underrepresented voices from the Global South and Asia. Some opinions were ultimately reflected in the 2024 DoH, while others were not. Through such debates, practice of research and research review will improve, with pursuit of the highest standards of research ethics.

One of the ten sections in my paper presents how IFAPP members have contributed to the revision process, publishing scientific papers, joining WMA's regional meetings, and having web and in-person meetings etc. In addition, a book to which I contributed as a leading editor, compiling commentaries on the 2024 DoH from IFAPP members and other experts and a patient group, was also published by Springer around the same time as the WMA's book. A brochure introducing our book was displayed on the same table as the WMA's book at the WMA General Assembly held in Porto, Portugal, in October 2024.

The image on the screen in the photograph below shows Dr Lujain Alquodmani, the WMA President (2023-2024), with whom I shared the final session of the last regional meeting in Washington DC in August 2024. The photograph was received just on the day after Dr Alquodmani participated online in the Drug Information Association (DIA) Japan session held in Tokyo on 20 October 2025 where I exchanged with her via the screen our views on "structural inequity" and "vulnerability", topics which achieved a great transformation of research ethics theory in the DoH. I am deeply grateful to my global friends who continue striving towards the highest standards of research ethics.

Author: Chieko Kurihara, BA, Specially-appointed Professor, Kanagawa Dental University, Editor-in-Chief, Clinical Evaluation

References:

1) Parsa-Parsi RW, Kloiber O, Wiesing U, editors. The World Medical AssociationDeclaration of Helsinki: 1964-2024 60 years of evolution of medical research ethics.
2) The World Medical Association (WMA) Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Participants. First adopted in 1964, last amended in 2024.

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Introducing the New Scientific Chair for the Young Professionals Working Group

I am delighted to introduce myself as the new Scientific Chair of the IFAPP Young Professionals Working Group (YPWG). Taking on this role is both an honour and an exciting opportunity to further support, connect, and empower young professionals within the IFAPP community.

After completing a PhD in biochemistry, during which I experienced first-hand the value of guidance and support from more experienced colleagues, I moved to Austria in 2020 to begin my career in Pharmaceutical Medicine as a Clinical Project Manager. Working in global clinical development across multiple phases and therapeutic areas, and collaborating closely with sponsors, contract research organisations, regulatory authorities, ethics committees, and multidisciplinary teams, has shaped my broad operational and strategic perspective on the field.

In parallel with my professional career, I joined IFAPP in 2021 as a member of the YPWG, motivated by my own experiences and a desire to provide the support and guidance I would have valued when starting my career. In May 2025, I assumed the role of Interim Lead of the YPWG.

Within the YPWG, I would like to continue developing the WG as an active and impactful platform within IFAPP by:

- creating engaging content that highlights career pathways in Pharmaceutical Medicine;
- enhancing collaboration with the Education and Certification Working Group (ECWG) to increase awareness of the profession and its opportunities;
- supporting knowledge transfer and the development of the next generation of IFAPP experts.

As part of this vision, we are launching a webinar series addressing topics highly relevant to young professionals' careers and lives, such as entering Pharmaceutical Medicine, navigating career transitions, and balancing professional growth with family life in a fast-paced and competitive industry. The first webinar will take place on 28 January 2026. Follow IFAPP on LinkedIn to ensure you do not miss registration.

Another initiative we have already begun shaping is an exclusive mentoring programme for IFAPP members. This annual, pair-wise initiative aims to connect young professionals with experienced colleagues who can provide targeted guidance in addressing individual career challenges.

I look forward to working closely with the IFAPP community to further strengthen the YPWG, which already consists of incredibly active and highly engaged members. With an ambitious and growing portfolio of activities, I warmly invite interested professionals to join us and contribute to YPWG initiatives. I strongly believe that young professionals are not only the future of Pharmaceutical Medicine, but also an essential voice in shaping its present.

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I am grateful for the honour of leading this group and look forward to strengthening its role within the IFAPP community.

Kateryna Uspenska,
Clinical Project Manager at Gouya Insights and Scientific Chair of the YPWG and Board member at IFAPP

New Educational Opportunities through IFAPP-GMDP Academy Collaboration

Dear IFAPP members,

We are pleased to announce a significant collaboration between IFAPP and the GMDP Academy (http://gmdpacademy.org), which has been formalised through a Memorandum of Understanding (MoU) recently signed by both parties. This partnership is designed to expand educational and professional development opportunities for IFAPP members worldwide, thereby reinforcing our shared mission to promote the advancement of pharmaceutical medicine and medicines development as respected biomedical professions.

Opportunities for IFAPP members
Through this collaboration, IFAPP members will gain access to a range of GMDP Academy programmes, including

- Certification in the Medicines Development Programme (in collaboration with King's College London)
- Digital Technology in Medicines Development
- Leadership in Medicines Development
- Global Fellows Programmes recognise individuals who have made significant contributions to the discipline.

These programmes are jointly endorsed and promoted by IFAPP and the GMDP Academy, ensuring their alignment with IFAPP's professional standards and values.

Special benefits for IFAPP members
- 10% tuition discount for IFAPP members who are referred directly by IFAPP.

Roles and engagement
IFAPP will disseminate information about GMDP Academy courses to National Member Associations (NMAs) and Individual Affiliates (IAs). Interested members will be invited to apply through IFAPP's referral process. IFAPP will maintain records of member registrations for logistical coordination.

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Next steps

We encourage all IFAPP members to explore these opportunities and take advantage of the special benefits available. Details of upcoming courses and enrolment procedures are found via this link: https://ifapp.org/formation/gmdp-academy-programmes/

PM/MD (1) professionals are encouraged to actively shape their professional identity by engaging with our communities of practice, seeking feedback and ensuring that their personal values align with their professional goals.

If you select a programme to attend, please inform Anna Jurczynska, IFAPP Secretary (anna.jurczynska@ifapp.org) so that IFAPP can approve the reduced fee and subscribe you to GMDP. When submitting your registration to IFAPP, please indicate your country and whether you are a member of an NMA or an IA. This collaboration represents a significant step forward in strengthening our global community of biomedical scientists, pharmaceutical physicians, and medicine development professionals, as well as other scientists. Together, we aim to foster excellence, ethical conduct and professional autonomy in the interests of patients and society.

On behalf of IFAPP
Anna Jurczynska
IFAPP Board of Officers Secretary
anna.jurczynska@ifapp.org

(1) PM/MD: Pharmaceutical Medicine/Medicines Development

Get the IFAPP TODAY straight to your inbox –
Just email secretariat@ifapp.org

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Great Opportunity for IFAPP Members

GPMed, IFAPP's Austrian National Member Association (NMA), offers a 10% discount to all IFAPP members, i.e., all members of all NMAs and all Individual Affiliates, for the course below.

Introduction to Medical Affairs and Pharmaceutical Medicine

Comprehensive overview and insights on one of the central roles in the pharmaceutical industry

DEPARTMENT OF CLINICAL PHARMACOLOGY

MEDICAL UNIVERSITY OF VIENNA

Vienna Healthcare Group University Hospital Vienna

Medical Affairs as a major player in the pharmaceutical industry

Course description

Medical Affairs is an independent function in a pharmaceutical company that closely cooperates with other functional areas. The main responsibilities of Medical Affairs include Medical Information & Communication, Training & Education, Establishing of Networks with Healthcare Professionals, Medical Planning & Operations, Interventional & Non-Interventional Trials, Gathering of Insights and many more. The aim of this course is to provide a comprehensive picture of Medical Affairs in the context of pharmaceutical industry while reflecting all current national and international regulations and guidelines. It provides insights into the role of Medical Affairs in drug development and the cooperation with Marketing & Sales, Regulatory & Pharmacovigilance as well as with academic institutions. Students will get an understanding of the international pharmaceutical market and of the importance of internal and external communication and team- and networking on national and international level. The course provides details on different job profiles and practical tasks in Medical Affairs and furthermore on collaboration with healthcare professionals and other stakeholders.

Target audience

- academic & non-academic employees in the pharmaceutical industry
- job applicants for the pharmaceutical industry
- physicians and other professions interested in the perspective of the pharmaceutical industry

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IFAPP Pharmaceutical Medicine

The Online Course will be held in the late afternoon of in total 8 days and additional self-study

5 ECTS
Part 1: March 2nd – 5th 2026
I: Prereads
II: Medical Affairs - A Journey Through Time
III: Medical Affairs - The Interface within Pharma
IV: Regulatory Affairs
V: Drug Safety and Pharmacovigilance
VI: Compliance
VII: Project Management & Medical Affairs Plan
VIII: Homework to create Medical Affairs Plan
IX: Individual assessment of Medical Affairs Plan
Part 2: May 4th – 8th 2026
X: Patient Engagement
XI: Legal Requirements
XII: Medical Affairs from Commercial Perspectives
XIII: Presentation of Medical Affairs Plan
XIV: Role of Medical Affairs in Healthcare System
XV: Career Fair
XVI: Homework to upgrade Medical Affairs Plan
XVII: Individual assessment of Medical Affairs

Information on the course
This part-time blended learning program allows professionals to remain on their job and to integrate the training with professional activities. Workshops are offered online through engaging webinars.

Location
Online

Language
All courses are held in English

Duration
125 hours/5 ECTS

Certificate
"Introduction to Medical Affairs and Pharmaceutical Medicine" certificate after successful completion.

Tuition fee
Euro 3.200,– in total. 10% discount for Medical University Alumni Club members and members of the GPMed ("Gesellschaft für Pharmazeutische Medizin") at the time of application.

Start
2nd March 2026

Application
clinical-research@meduniwien.ac.at

Learn about the specific role of Medical Affairs in the pharmaceutical industry

In cooperation with

GPMed
GESELLSCHAFT FÜR PHARMAZEUTISCHE MEDIZIN E.V.

www.gpmed.at/introduction-to-medical-affairs-and-pharmaceutical-medicine

Contact
E-Mail: clinical-research@meduniwien.ac.at

Apply now!

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Celebration of the 50th Anniversary of the Spanish Association of Pharmaceutical Medicine (AMIFE)

Over 160 members of AMIFE got together on 27 November 2025 to celebrate the 50th anniversary of the Association: founded in 1975 by a small group of enthusiastic pharmaceutical physicians, it developed to a well-considered and an important partner of pharmaceutical companies, regulatory agencies and other stakeholders.

Pep Alcaraz

The event was held in the auditorium of the Official College of Physicians in Madrid and its main theme was: “Medicine, Industry and Future: 50 years of Innovation”. The keynote lecture was entitled: “From validation of contents to value generation: How the medical knowledge may transform companies and persons” and was delivered by Pep Alcaraz, Vice-President, Scientific Services, Evidenze Health Spain.

Coordinators of the different Working Groups (as in below picture) presented their achievements and plans for the future, some were run as “work interviews” with interesting questions and conclusions, some involved the audience that participated in the role-playing with great enthusiasm.

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Enthusiastic audience

The Executive Committee of AMIFE (below) was in charge of the whole organisation of the event and received lots of positive and productive comments.

Author:
Anna Jurczynska
Working Groups Coordinator, Executive Committee of AMIFE
Secretary of IFAPP's Board of Directors

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Personal Reflection: The Paradox of Progress and the Increasing Use of AI in Pharmaceutical Medicine

The rapid integration of artificial intelligence (AI) into Pharmaceutical Medicine over the past few years has been both impressive but also unsettling. By the end of the year 2025, I have witnessed how AI has moved from being a peripheral tool to a central presence across medicine development, clinical trials, regulatory science, pharmacovigilance, education, and professional communication.

As I reflect on this shift, at this stage of my professional career, I find myself at a crossroads between efficiency and the preservation of the "human element" that defines our field and aligned with my previous training.

I must admit that I was initially reluctant to embrace AI considering my age, let alone the feeling of embarrassment even shame. There is a certain sacredness to the creative process, the "blank page" struggle that eventually yields a perfect speech or an outstanding presentation. However, as I began using these tools to prepare slides and draft speeches, the productivity gains became impossible to ignore. What once took hours now takes minutes. Yet, I often wonder: Are we saving time, or are we outsourcing our thinking?

In Pharmaceutical Medicine, where decisions directly impact patient safety, public trust, regulatory rigor, and professional integrity, the idea of delegating aspects of thinking and creation to algorithms raises legitimate concerns.

This tension became particularly visible in my role as a university lecturer and academic educator. The increasing use of AI by students has fundamentally altered assessment dynamics. Distinguishing between truly exceptional students and those who are merely proficient users of AI tools has become increasingly challenging. When every essay is perfectly structured and every presentation is flawlessly designed, the unique "spark" of individual critical thinking, the hallmark of a future leader in Medicines Development, becomes harder -and harder- to detect!

This raises an uncomfortable question for educators: **are we assessing understanding, or the ability to prompt effectively?**

From a philosophical standpoint, this leads to a broader question: Is innovation always better? We often operate under the assumption that technological innovation is synonymous with progress. In Pharmaceutical Medicine, we chase innovation to save lives.

AI can analyse vast datasets for drug discovery in seconds, but it cannot (yet) navigate the complex ethical nuances that a human bioethicist must weigh. In my view, innovation is only "better" if it enhances our humanity rather than replacing it.

Despite my early reluctance, I have begun to use AI pragmatically. I now use it to support the preparation of teaching slides, structure lectures, and refine speeches. In these contexts, AI functions best as an assistant rather than an authority: accelerating routine tasks while leaving interpretation, judgement, and responsibility firmly with the human professional. This shift has prompted me to ask whether my position will evolve further in 2026.

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Perhaps the question is no longer *whether* to use AI; the genie is out of the bottle, but how consciously and ethically it should be used.

The question has progressed further and becomes even more radical: Could we see future working groups run by AI, synthesising evidence, drafting position papers in minutes rather than months?
Technically, this is already feasible. But should AI own meetings, steer discussions, or shape consensus? In fields like Pharmaceutical Medicine, where disagreement, uncertainty, and human values are integral, full automation might risk hollowing out the discourse that safeguards patients and society.

The responsibility lies with us, as physicians, scientists, regulators, and educators, to ensure that AI augments rather than replaces human judgement. As we move beyond 2025, the challenge is not keeping up with AI, but ensuring that our professional identity, ethical compass, and capacity for critical thinking are not quietly outsourced in the process.

Final disclosure, I must admit that AI helped me to write this reflection!

Author
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The Middle East Association of Pharmaceutical Medicine Professionals - MEAPP
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Announcement: APCR Joins IFAPP as National Member Association

We are delighted to announce that the Academy of Physicians in Clinical Research (APCR), based in Illinois, USA, has become a National Member Association (NMA) of the International Federation of Associations of Pharmaceutical Physicians and Pharmaceutical Medicine (IFAPP). The membership was ratified during the last House of Delegates meeting on 28 November 2025. This membership marks a significant milestone for advancing clinical research and Pharmaceutical Medicine.

The Academy of Physicians in Clinical Research is an exclusive professional network designed to foster enhanced education, professional development, but also enable qualification and certification to participate in research opportunities. It is the only such organisation to represent the physician research community in the American Medical Association (AMA) and in such a role plays a part in guiding national policy on many issues.

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APCR advances policies and practices that build a trustworthy, safe, reliable, innovative, and adaptive clinical research enterprise that accelerates drug and device development and improves health for all. APCR multiplies the collective experiences of physician clinical researchers working in diverse settings from private practice to biotechnology to industry, all with the goal of propelling innovation in the United States' biomedical health sciences and improving health and health care. APCR's members are professionals involved in designing or conducting clinical trials and/or associated with clinical research.

By joining IFAPP as an NMA, APCR strengthens its commitment to global collaboration and professional development. This new alliance will enable both organisations to share expertise, expand educational opportunities, and advocate for the highest standards in clinical research and Pharmaceutical Medicine.

We warmly welcome APCR to the IFAPP family and look forward to a fruitful collaboration dedicated to advancing excellence in clinical research and Pharmaceutical Medicine.

Author:
Robert Lins, MD, PhD, Chair of IFAPP's External Affairs Working Group

Upcoming Free Webinars

In the months of January and February, IFAPP is organizing three interesting webinars that you can attend free of charge.

More information about these webinars can be found in the November/December edition of IFAPP TODAY.

Would you like to register right away? Then click through to the agenda on the next page.

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Free Webinars

- 28 January 2026 - Career Pivots: Switching Roles Within Pharma (and How to Do It)
  Click here to register.
- 4 February 2026 - Opportunities and challenges in implementing the European AI Regulation: Overview of content and status of implementation from a regulatory perspective
  Click here to register.
- 19 February 2026 - EU In Vitro Diagnostic Regulation (IVDR) implementation. State of play and challenges
  Click here to register.

THE FLAG

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IFAPP is the International Federation of Associations of Pharmaceutical Physicians and Pharmaceutical Medicine.

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