IFAPP TODAY

The Global Pharmaceutical Medicine Journal

INTERNATIONAL FEDERATION OF ASSOCIATIONS OF PHARMACEUTICAL PHYSICIANS AND PHARMACEUTICAL MEDICINE

THIS ISSUE INCLUDES:

IFAPP Fellowship 2026 Awardees

Award recognition of the following candidates

1 RISING STAR FELLOW – EARLY CAREER IN PHARMACEUTICAL MEDICINE

Yasmin Nagaty, Egypt

Dr Yasmin A. Nagaty, Pharm.D., BCPS, is a pharmaceutical professional with diverse experience spanning clinical practice, academia, clinical research, bioequivalence, ethics, and professional leadership.

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

Her career has included serving as Head of a bioequivalence centre in Egypt and later as Chair of the Institutional Review Board (IRB) of another bioequivalence centre.

She currently serves as the Regional Manager of the Middle East Association of Pharmaceutical Medicine Professionals (MEAPP), NMA (a National Member Association) of IFAPP, where she coordinates and supports the development and expansion of MEAPP's activities across the region. Her role includes fostering regional partnerships and member engagement, facilitating educational and training initiatives, liaising with academic and industry stakeholders, and contributing to MEAPP's strategic development and its mission to advance standards and professional development in Pharmaceutical Medicine.

Alongside her professional role, Yas min is actively involved in academia as a Visiting Lecturer at King's College London, New Giza University and the Continuing Pharmaceutical Education Programme at the Faculty of Pharmacy, Cairo University.

She is an active member of IFAPP, where she serves as Co-editor of IFAPP TODAY and contributes to the Communication and Young Professionals Working Groups, having previously contributed to the Ethics Working Group.

2 MID-CAREER FELLOWS – SCIENTIFIC EXCELLENCE

Alejandro Díez Vidal, Spain
Internal Medicine and Infectious Diseases physician with extensive experience in clinical trials and academic research, currently oriented towards the pharmaceutical industry. Sub- and Site-principal Investigator in over 30 Phase I–IV studies in infectious diseases, vaccines, oncology, and biomarkers of aging, with responsibilities that included protocol design, patient recruitment and retention, oversight of protocol adherence and data integrity, and safety monitoring with timely adverse event/serious adverse event (AE/SAE) reporting.

Experienced in close collaboration with contract research organisations (CROs) and sponsors, ensuring inspection-ready documentation and full compliance with ICH-GCP standards. Advisor to biotech startups on clinical trial design, regulatory strategy, and drug development pipelines.

Author or collaborator in over 90 peer-reviewed publications and frequent presenter at international congresses, with a strong track record in generating and communicating scientific evidence. Completed the Certification in Medicines Development (GMDP Academy & King's College London) and multiple Master's degrees in Clinical Research, HIV Infection, and Pharmacology, providing a solid foundation in drug development, regulatory frameworks, and translational medicine.

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

Yasuhiko Miyata, Japan
Director, Clinical Development and Medical Affairs, Miltenyi Biomedicine.

Responsible for clinical development and medical strategy of zamtocabtagen autoleucel. Reviewing materials related to trial and submission; Consultation meetings with Pharmaceuticals and Medical Devices Agency Japan [PMDA (Clinical, Cartagena)]; Site selection and site communication; Communication with investigators; Medical monitoring; CRO management; Medical activities.

3 SENIOR FELLOWS– SCIENTIFIC LEADERSHIP

Domenico Valle, Italy

25+ years spent in different roles in the pharmaceutical industry:
11 years in Clinical Research/Medical Affairs,
13 years in affiliate Regulatory Affairs and Market Access,
3 years in International Regulatory Affairs (19 countries, 28 people),
50+ price/reimbursement negotiation with the Italian Medicines Agency AIFA (>98% success rate), 60 publications in peer-reviewed journals, 14 contributions to books and proceedings reviewer for major journals, 100+ speeches in national and international meetings, 20+ years in academic/teaching activities.

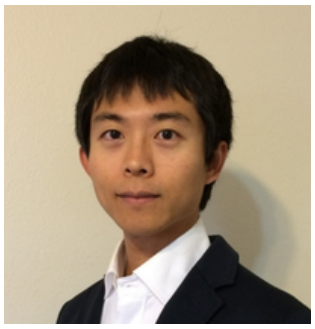
Bernd Rosenkranz, Germany and South Africa

My activities in the field of Pharmaceutical Medicine have extended over 40 years, working in senior positions in big pharma and a biotechnology company. As head of the Division of Clinical Pharmacology at Stellenbosch University, South Africa, I had the opportunity to promote capacity building in medicines development and regulation, an initiative which I am continuing and extending via our Fundisa African Academy of Medicines Development.

Current projects include a training programme for young scientists in around 10 medicines regulatory agencies across Africa, the annual Clinical Investigator Certificate (CLIC) Course, and the hybrid-format Digital Health Africa (DHA) Conferences.

IFAPP TODAY

The Global Pharmaceutical Medicine Journal



Takayuki Kimura, Japan

Local medical lead for Japan oncology assets with accountability for medical strategy, evidence generation, and external scientific engagement across the product lifecycle. Direct ownership of pre-launch and launch readiness activities in a matrix environment, working across Medical Affairs, Marketing, Clinical Development, Market Access, and Regulatory Affairs. MD, PhD Medical Affairs leader with more than 15 years of experience across oncology and immunology in Japan and the US.

Recognised for integrating real-world evidence into medical strategy to support value demonstration, access discussions, and clinical positioning. Strong regulatory and drug development foundation, including PMDA engagement, CTD contribution, and clinical trial support, informing Medical Affairs decision-making. Fluent in Japanese and English, with consistent experience operating as the local interface between Japan affiliates and global medical teams.

Ammar Raza, Dubai, UAE

Physician with specialist training in Clinical Diabetology/ Endocrinology, an alumnus of the reputed Indian Institute of Management Bangalore (IIMB), Fellow of Clinical Pharmacology (FCP), American College of Clinical Pharmacology (ACCP, USA) and Fellow of Faculty of Pharmaceutical Medicine (FFPM), Royal Colleges of Physicians, UK (RCP, UK).

A Medical and Clinical leader with over two and a half decades of experience in healthcare across Emerging markets including clinical practice in India & Libya (hospital-based and part-time outpatient-based in clinical diabetology) and in the biopharmaceutical industry across multiple geographies.

Two decades of biopharma experience, holding leadership roles with increasing responsibility and geographic scope in medical affairs, clinical development and pharmacovigilance for innovative small molecules, biologics, vaccines, biosimilars, medical devices and branded generics across multiple therapeutic areas. Worked in Global Pharma Majors with growing responsibility (AstraZeneca, Novo Nordisk, Novartis, Allergan, AbbVie) and in Indian Multinational Companies (Dr. Reddy's and Strides Arcolab) across multiple geographies.

Misbahuddin Rafeeq, Oman

Associate Professor and Head, College of Medicine, Dhofar University, Oman Develop and implement strategic plans for the division, and foster collaboration between basic departments and with clinical departments.
Oversee the development and administration of exams, monitor and enhance the quality of teaching and learning within the division. Added academic advising and mentoring the students, mediate conflicts among faculty and staff, Ensure the availability of state-of-the-art laboratories, equipment, and facilities

IFAPP TODAY

The Global Pharmaceutical Medicine Journal

Karolina Feakinsm, Ireland

Neurologist and Neuroscientist working on overcoming challenges associated with subjectivity of patient reported outcomes and improving reliability of clinical trials through innovative design and rigorous methodology. Over 20 years of experience in late-phase clinical trials in several therapeutic areas, including chronic pain, migraine, multiple sclerosis, substance use disorders, stroke, and dementia. Published expert on neuroimaging biomarkers in drug development.

Eleonora Grippa, Italy

Main responsibility: Medical Lead, Patient Affairs referent, Responsible person for Medical Information and Scientific Services for Cardiometabolic and Venous Diseases (CMVD), Servier Italia S.p.a.

Main tasks: Team management in Medical Affairs Department, Patient Advocacy and Scientific Services in Cardiometabolic and Venous Diseases.
Main fields: Cardiometabolic and Venous Diseases (Hypertension, Dyslipidaemia, Heart failure, Diabetes, Chronic Venous Disease, Haemorrhoidal Disease).

Tiziana Musacchio, Italy

More than 20 years of experience between academia and pharma industry at country and international level, leading different roles and responsibilities across different therapeutic areas.

Experienced in oncological nanomedicine, biologics, gene therapy, pain, neuroscience (migraine, spasticity, movement disorders), urology and urogynaecology, ophthalmology and drug delivery systems Experienced in people management, coaching and mentorship in working in mid-sized as well as big pharma companies. Effective abilities in creating proficient working relationships between country and/or international crossfunctional teams (including Marketing, Regulatory Affairs, Market Access, Legal, Clinical and Commercial Development, Medical Excellence, and Publication).

Experienced in brand plans, pre-launch and launch plans for new indications and new drugs Partnered with Regulatory Affairs, Clinical Development and Market Access for dossier submissions to regulatory agencies at country and international level for new launches and label expansions. Led the development of digital health projects at country and international level. Led the development of projects in partnership with scientific societies and research centres of excellence. Teacher in Master Programs for residents and specialists

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

Ghazaleh Gouya, Austria

As founder of Gouya-Insights GmbH & Co KG (www.gouya-insights.com), Ghazaleh provides clinical development leadership to biotechnology, pharmaceutical and medical device companies to address the challenges of clinical product development and regulatory compliance. The cornerstone of this success is an expert team of scientists and clinical experts in life science research. It is this insight that enables Gouya Insights to guide clients from discovery through testing, clinical trials, regulatory approvals and ultimately to market in the most efficient manner.

Ghazaleh Gouya Lechner is board certified in internal medicine, cardiology and clinical pharmacology, and has more than 20 years of experience in clinical research. After being awarded the title of Associate Professor of Internal Medicine at the Medical University of Vienna, she joined a global CRO as Medical Director. Ghazaleh has been involved in a number of product development processes where she has made a significant contribution to project strategy and protocol development, identifying the best strategy for the right patients at the right site through to completion of marketing authorization documentation.

Masahiro Nitta, Japan

After I got my master's degree in biophysics, I joined Sumitomo Pharmaceuticals (SP) where I worked as a molecular biologist and pharmacologist in the field of dyslipidaemia, diabetes and obesity for 15 years (during this time, SP and another pharmaceutical company merged to be DSP). Then I was transferred to the drug development division in the same company where I worked in the field of schizophrenia, bipolar disease and epilepsy for about 3 years.

Then I was transferred to a research-oriented psychiatric hospital in New York where I worked as a visiting scientist for 2 years. After that, I came back to the medical affairs section in DSP, where I worked basically in the field of steatohepatitis for about 4 years and have been working in the field of diabetes for about 7 years. From 2020, I worked as a team leader of a diabetes team in the medical affairs section. In 2024, my responsibility was changed to that of a team leader of oncology, medical affairs, Japan. The company's name was changed from DSP to Sumitomo Pharma Co. Ltd. in 2022.

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

Masahisa Jinushi, Japan

Over 10 years of leadership experience in the pharmaceutical industry, combining clinical development and medical affairs expertise to deliver high-impact therapies. A strategic leader with a track record of designing and executing multi-million-dollar MA strategies, building and mentoring cross-functional teams, and driving patient-centric corporate initiatives.

Global collaboration with headquarters in the US and multicultural partners has enabled advancement of complex programmes across Asia-Pacific and beyond, consistently achieving or surpassing organisational objectives. Recognised for thought leadership through invited presentations and panel discussions including the 2025 Drug Discovery Ecosystem Panel. Prepared to lead at the highest level as MA Head, Development Head, or General Manager.

Livio Di Lecce, Italy
Medical Director & Healthcare Compliance Officer

Main role:
Country Medical Director with strategical, operational and people management leadership.

Moreover:

- Expert in hepatology, liver rare disease (PBC), anti-infective (antibiotics and antifungals) and innovative medicines;
- Manager of medical affairs team;
- Development, execution and communication of Italian medical/brand plan;
- Liaising externally with KOLs, regulatory bodies/agencies, national pharmaceutical industry bodies;
- Leading tactics with commercial, market access, external engagement;
- Local Healthcare Compliance Officer;
- Responsible and point of reference for Regulatory Affairs and Pharmacovigilance;
- Liaising with Clinical Operation for international and local studies;
- Member of Country Leadership Team;
- Member of EU Medical Leadership Team.

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

When Regulatory Affairs Becomes a Driver of Healthcare Innovation

From Clinical Research to Artificial Intelligence: A Professional Journey in Support of Access to Innovation

In the pharmaceutical industry, Regulatory Affairs is often perceived as a technical function primarily responsible for ensuring compliance with regulations. In reality, over the past years, its role has become increasingly strategic, directly influencing the speed at which innovation reaches patients and contributing to the sustainability of healthcare systems. Throughout my career, I have had the opportunity to work across seemingly distinct fields–clinical research, drug development, market access, and regulatory affairs–discovering that they are, in fact, deeply interconnected by a common objective: making innovative therapeutic solutions available to both clinicians and patients as quickly as possible.

As a specialist in internal medicine and researcher, I began my professional journey in clinical research, participating in the development of medicines across multiple therapeutic areas and coordinating studies involving thousands of patients in Italy and across Europe. This experience enabled me to fully appreciate the value of scientific evidence and the importance of generating robust and meaningful data to support decision-making. This awareness became the foundation of my subsequent career in Regulatory Affairs, where I progressively assumed broader responsibilities in defining regulatory and market access strategies. In this role, I coordinated activities spanning the entire lifecycle of a medicine, from clinical development planning and regulatory approvals to negotiations with healthcare authorities regarding reimbursement and patient access to new therapies.

One of the most significant lessons from this experience has been the value of early dialogue with regulatory institutions. Together with my teams, I devoted considerable effort to promoting an integrated approach that connects clinical development, regulatory evaluation, and market access, working to ensure that innovative medicines could become available to patients within timelines consistent with clinical needs and the sustainability requirements of the Italian National Health Service. In this context, I participated in some of the first European initiatives that brought regulatory agencies and Health Technology Assessment (HTA) bodies together at the early stages of clinical trial design through the European Medicines Agency's Joint Scientific Advice programs. This model aimed to contribute to the generation of evidence better aligned with the needs of both regulatory authorities and decision-makers responsible for reimbursement and patient access across European countries.

Another defining aspect of my professional journey has been my experience in Pricing, Reimbursement, and Market Access. Over more than a decade in this field, I'm even more sure that the patients' access to innovation is based both on the unmet medical need the new treatment offers effective answer to and on building a transparent dialogue among the concerned stakeholders: healthcare institutions, healthcare professionals, citizens and pharmaceutical companies.

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

Equally stimulating has been my experience in the fields of Digital Health, Digital Therapeutics, and Telemedicine. Through my participation in working groups within Farmindustria (Italian Pharma Trade Association) and EFPIA (European Federation of Pharmaceutical Industries and Associations), I contributed to discussions on the future European regulatory framework for Digital Therapeutics, a field poised to transform the way many chronic diseases are prevented, monitored, and treated. In this setting, Regulatory Affairs plays a crucial role in creating the conditions required for technological and healthcare innovations to be integrated safely, effectively, and sustainably into healthcare systems.

Applying this “cross-fertilising” mindset, at SIMeF (Italian Society of Pharmaceutical Medicine), we have recently launched a series of webinars on the European HTA regulation, opening a multi-disciplinary dialogue among representatives from R&D, Regulatory Affairs, Real World Evidence and Access.

In recent years, my regulatory responsibilities have expanded beyond Italy to include several countries across Central and Eastern Europe, leading multicultural teams managing increasingly complex therapeutic portfolios and supporting the implementation of new European regulations.

Among the most significant opportunities we have today is the adoption of Artificial Intelligence (AI) in regulatory processes. AI offers extraordinary opportunities in terms of efficiency, information management, and decision support; however, to exploit its potential, it requires new competencies, strong governance frameworks, and careful human oversight.

After nearly thirty years of professional experience, I can confidently state that Regulatory Affairs is no longer merely a compliance function. It has become an essential component of the healthcare innovation ecosystem, capable of connecting science, technology, institutions, and patient needs. The true value of this discipline lies in its ability to facilitate dialogue among these stakeholders, accelerating patient access to innovative therapies and contributing to the development of a healthcare system that is more effective, sustainable, and future-oriented.

Author:
Domenico Valle, MD, Executive Director Regulatory Affairs – Italy Hub – Eli Lilly

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

IFAPP Webinar - The New EU Pharmaceutical Framework: What It Means and What Comes Next | 15 October 2026

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

From Support Function to Strategic Partner: The Rise of Medical Affairs in the Middle East Healthcare

INTRODUCTION: A REGION IN TRANSFORMATION

A region long celebrated for its awe-inspiring architectural marvels is now shaping a healthcare landscape that is equally robust and solid. The healthcare landscape in the Middle East is growing and evolving rapidly, driven by many factors including a business-friendly environment, ambitious healthcare reforms, the push for innovation, digital transformation and a powerful vision. This evolution is laying a strong foundation for sustainable, patient-centric systems to be developed, and to be able to provide equitable, value-based care. This transformation is more distinctly visible in the UAE (United Arab Emirates) and the Kingdom of Saudi Arabia (KSA) within the Middle East region.

a. Vision 2030 programmes and national healthcare reforms

The UAE Healthcare Vision 2031 (1) is a national strategic roadmap designed to position the UAE among the top 15 healthcare systems in the world by the year 2031. Similarly, Saudi Arabia's Vision 2030 places healthcare among its key national priorities, alongside a broad range of economic, social and developmental initiatives.

b. Rise of value-based healthcare and patient-centricity

Value-based healthcare in the region is transitioning from a volume-driven model to an outcome-driven framework that is aimed at managing chronic diseases and controlling rising costs. This is necessitated by the rising cost of chronic diseases such as diabetes and cancer. This has led to a shift in focus to more sustainable, patient-centric systems by modernising infrastructure and steering health systems towards sustainable, preventative care.

c. Why Medical Affairs is Gaining Strategic Importance

With the evolving healthcare landscape and the regulatory environment, the role of medical affairs becomes increasingly more strategic. The need for data generation, especially real-world evidence (RWE) generation and the ability of medical affairs teams to articulate complex data into simplified messages for the consumption of various stakeholders, gives medical affairs the edge. This becomes even more critical with the advent of more complex and innovative therapies, with unique and complex mechanisms of action, e.g. monoclonal antibodies (esp. antibody drug conjugates), gene therapies, cell therapies and personalised medicines.

THE EVOLUTION OF MEDICAL AFFAIRS: FROM SCIENTIFIC SUPPORT TO STRATEGIC LEADERSHIP

a. Traditional role of Medical Affairs and its Evolution

Medical affairs in the past was more of a reactive, tactical, support function primarily focused on training sales teams, responding to medical enquiries, approving promotional material etc. In the last two decades this has changed dramatically, with medical affairs becoming more proactive, more strategic and playing a significant role as a strategic partner for the wider organisation. This is particularly visible in the Middle East, especially when it comes to collaboration and partnership with the commercial organisation. Interestingly, most medical affairs professionals in the Middle East are pharmacists who started their career on the commercial side and then moved to medical affairs . Further, the role of Medical Science Liaison (MSL) has rapidly evolved in the last decade, strengthening the presence of field medical affairs. MSLs become the conduit between the company and the various stakeholders including Health Care Professionals (HCP) and Key Opinion Leaders (KOLs).

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

b. Shift from transactional to strategic engagement

The shift from being a transactional role to a more strategic role, with an impact both internally and externally, has been notable. The emphasis in the past few years has been on having an enterprise-wide impact, moving away from just providing medical expertise. This is reflected both in internal engagement with key stakeholders, and in programmes and projects to engage external stakeholders, be it HCPs or other stakeholders like regulators, payers, clinical sites, etc. This shift is observed at a varied pace across geographies and notably visible in the Middle East over the last few years.

Another significant area of focus for medical affairs teams in recent years has been insight generation and utilising those insights to input into the strategy. In many setups, medical affairs is now co-leading strategy teams.

c. Increasing influence in evidence generation and policy shaping

The importance of evidence generation, particularly RWE and its impact on policy shaping has seen a lot of progress in the last few years, owing to both, the push from the pharma industry but also from the regulatory and health authorities in the region. This has become even more necessary as novel therapies become more complex with the introduction of gene therapies, cell therapies, antibody-drug conjugates etc.

d. Expansion beyond KOL management and its Impact

Traditionally medical affairs focus was primarily directed towards HCP and KOL development and management. However, with the advent of more complex therapies, increasing complexity of clinical data (e.g., more complicated trial designs, trial endpoints, safety parameters etc.), the variety of stakeholders has significantly changed, and this is quite visible in the Middle East. On the other hand, there is openness at the regulators' level and at ministry of health officials' level, to improve access to such therapies and to do so in an accelerated way, where possible. There are many examples in the recent years of first global approvals or approvals in quick succession following US FDA (Food and Drug Administration) approvals of therapies in the UAE and in Saudi Arabia. This unprecedented pace is accelerating access to novel therapies in the region.

KEY DRIVERS RESHAPING MEDICAL AFFAIRS IN THE MIDDLE EAST:

a. Regulatory modernisation: The regulatory environment has been rapidly changing, providing more opportunities to bring innovations and accelerate their access. As pointed out earlier, there are many examples of approval of medicines either for the 1st time or in quick succession to approval by major regulators viz US FDA or EMA (European Medicines Agency). The regulatory authorities and health ministry decision makers are notably open to innovative approaches and ideas and willing to collaborate with the industry to facilitate these positive changes.

b. Digital health and artificial Intelligence (AI) adoption: The region is rapidly adopting digital health and AI, with the regional market for healthcare AI and robotics projected to reach $320 billion by 2030, as per estimates (2). This shift is led by the governments through unified national policies and heavy investments in digital health technologies.

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

c. Growing importance of RWE: Use of real-world data is rapidly gaining importance to shape smarter health policies, accelerate approvals, and guide reimbursement decisions. This is driven by many factors including rising healthcare costs, changing demographics of the population, digitisation of medical data, and significant regulatory shifts. Leading regional regulators like the Saudi FDA (Food and Drug Authority) and the Department of Health (DoH) of Abu Dhabi are establishing frameworks to incorporate RWE into policy and drug evaluation.

d. Precision medicine and advanced therapeutics: The Middle East is rapidly emerging as a global hub for precision medicine and advanced therapeutics, driven by large-scale national genomic projects and significant investments in AI and biotech infrastructure. Both the UAE (with the Emirati Genome Programme) and Saudi Arabia (via the Saudi Human Genome program) are leading the way in introduction of precision medicine.

MEDICAL AFFAIRS AS A BRIDGE BETWEEN SCIENCE, HEALTHCARE SYSTEMS, AND PATIENTS:

Medical Affairs serves as the essential scientific bridge that connects pharmaceutical and medical device innovations with regional regulatory bodies, HCPs, and patients across the Middle East. It has transformed into a core strategic pillar navigating the unique demands of the region and broader MENA (Middle East and North Africa) healthcare ecosystems. This has been made possible through several initiatives as pointed out earlier viz working with key regulatory bodies, generation of RWE, early access and clinical trials to bridge science with health care systems.

To support bridging science with patients, there are many examples of patient-centric programmes including the design of ethical, regionally compliant Patient Support Programmes (PSPs) that assist treatment adherence and navigation without commercial bias. Robust medical education initiatives that help translate complex, cutting-edge pharmacological advancements into actionable, real-life clinical practices for local physicians through Continuing Medical Education (CME) and scientific symposia. In addition to addressing unmet needs by understanding local disease burden, that provides insights back into the R&D pipelines.

DIVERSITY OF TALENT POOL:

The Middle East, especially UAE, is uniquely positioned as it attracts a diverse talent pool, from various nationalities, health systems and educational backgrounds (physicians, pharmacists, etc.). This diverse pool includes professionals not only from across the Middle Eastern countries (Egypt, Lebanon, Jordan, etc.) but also Asia (especially India and Pakistan, etc.), Turkey, Africa and even developed markets in Europe and the US. Many professionals move within their organisations to the Middle East to gain exposure and to support the region, given its accelerated pace of growth in healthcare.

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

CONCLUSION:

The health care ecosystem in the Middle East is transforming rapidly and is making significant strides in building robust health care infrastructure/systems and adopting digital technologies, including AI and robotics. On similar lines, medical affairs is rapidly evolving from being a tactical and support function to being a more strategic partner to the business in the growing pharmaceutical industry in the region, aiming towards making an enterprise-wide impact. This is primarily propelled by the changing healthcare environment and regulatory landscape in the region. Medical affairs is emerging as a key strategic pillar and the Middle East is uniquely positioned to facilitate this transformation from a support function to a strategic partner in more than one way.

Disclaimer: *The views and opinions expressed in this article are those of the author in his personal capacity based on experience and research and do not represent in any way the views or opinions of his current or past employers.*

References:

(1) https://atlas.fgic.gov.ae/uaeatlas/?lang=en
(2) https://www.deloitte.com/middle-east/en/our-thinking/mepov-magazine/frontiers/transforming-healthcare-in-the-middle-east.html

Author:
Dr Ammar Raza MBBS, D.Diab&Endo, MBA, FFPM, FCP, PCTM
AA Regional Medical Director- Middle East & Africa (MEA), AbbVie, Dubai, UAE

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

Patient Engagement at an Evidence Turning Point

Abstract
The Patient Engagement Open Forum PEOF highlighted a timely shift in the patient engagement field: the growing connection between patient engagement, Patient Experience Data (PED), evidence generation and health-system decision-making. As regulatory, health technology assessment (HTA), access and clinical contexts increasingly require evidence that reflects patient realities, patient knowledge must be recognised as more than a voice in the room. This article reflects on PEOF 2026 as a space where patient engagement is evolving towards an evidence partnership, with implications for medicines R&D, research, innovation, and care through shared language, capacity-building, bi-directional collaboration, and global equity.

Patient engagement, evidence and decision-making
PEOF 2026 came at an important moment for patient engagement. Brought together by Patient Focused Medicines Development (PFMD), The European Patients Academy on Therapeutic Innovation (EUPATI) and the European Patients' Forum (EPF). The PEOF has become a multi-stakeholder space where learning across the patient engagement field continues to evolve. Each year brings a different emphasis while building on previous discussions. In 2026, policy, evidence and health-system decision-making came more clearly to the forefront.
What stood out was the way Patient Engagement and PED emerged not as separate conversations, but as two closely connected pillars. Across discussions on regulatory decision-making, HTA, clinical trials, impact measurement, real-world evidence and tangible patient benefit, patient knowledge was increasingly recognised as more than a voice in the room. It was being discussed as a legitimate and essential contribution to what evidence is needed, how it is interpreted and how it informs decisions.

This is where the value of PEOF as a space becomes important. In a health ecosystem often shaped by specialised language, formal roles and inherited assumptions, PEOF allows different actors to pause, listen across perspectives and speak more honestly about what patient engagement is becoming, and what it still needs to become. It is a space where some assumptions can be left at the door, not because disagreement disappears, but because it can be made visible, explored and better understood.

Such spaces matter because patient engagement cannot mature through declarations alone. It requires trust, clarity, shared language and, at times, the willingness to sit with uncomfortable questions; What do we mean by partnership? Whose knowledge is considered credible? At what point are patients involved? Who defines the evidence needs? And how are patients and patient communities supported to contribute meaningfully?

The PEOF 2026 community in Seville, brought together by PFMD, EUPATI and EPF

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

Why this matters in healthcare

This shift is highly relevant. Evidence expectations no longer stop at regulatory approval. Medicines increasingly have to demonstrate value across multiple decision points: regulatory review, HTA, reimbursement, clinical adoption, real-world use and patient acceptability. In this landscape, patient engagement cannot remain a late-stage consultation or an isolated activity. It becomes part of how meaningful evidence is planned, generated and understood across the lifecycle of medicines.

This is where PED, Real-world Data (RWD) and Real-world Evidence (RWE) become especially important. These are not simply technical categories. They are ways of asking whether the evidence being generated reflects the realities of people living with illness, receiving treatment, navigating care pathways, managing uncertainty and weighing benefit against burden in daily life.

PED can help clarify what matters to patients, what outcomes are meaningful, what treatment burdens are acceptable and where clinical measures may not fully capture lived reality. RWD and RWE can help illuminate how interventions perform beyond controlled settings, across more diverse populations and over time. Together, they offer a more complete understanding of value, but only if patients and patient communities are involved in shaping the questions being asked.

This was one of the important messages reflected in PEOF 2026. The issue is no longer only whether patient perspectives should be included. The more mature question is how patient knowledge can be integrated early, systematically and ethically into evidence generation and decision-making.

Education as part of engagement

Patient education and capacity-building are central to this shift. For patients and communities to contribute to discussions on evidence, regulation, HTA, access and value, then engagement cannot depend only on invitation. It must also be supported by education, shared language and trusted bi-directional learning environments.

This is where EUPATI's role within the patient engagement ecosystem is especially important. EUPATI's work has long connected patient education with medicines research and development. Education does not make patient knowledge more valid; lived and collective experience already have value. Rather, education helps ensure that this knowledge can be translated into informed, confident and decision-relevant contribution. This does not mean expecting patients to become researchers, regulators, health economists or medical professionals. It means recognising that meaningful collaboration requires enough shared understanding for different forms of expertise to meet. In this sense, engagement through education becomes part of the infrastructure needed for meaningful patient involvement.

Beyond the patient voice: advocacy and engagement

One of the risks in this field is that familiar language can make progress sound easier than it is. We often speak of "the patient voice", but voice alone is not enough. Voice can be invited, recorded and quoted without necessarily shaping the underlying agenda.

For patient engagement to mature, patient knowledge must be treated with more seriousness. It includes lived experience, but it is not limited to individual testimony. It can include collective insight from patient communities, disease-specific expertise, understanding of treatment burden, access realities, preferences, social context, trust, acceptability and outcomes that matter.

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

These forms of knowledge can help identify what is missing from evidence plans, where assumptions need to be questioned and how decisions may affect patients in practice.

Yet, it was clear that the definitions are still eluding us. Patient engagement and patient advocacy are closely related, but they are not the same and a useful distinction is needed. Patient engagement creates the space for collaboration; advocacy helps keep that collaboration connected to unmet needs, lived realities, ethical accountability and meaningful change.

From an advocacy standpoint, patient engagement is not only about being invited to a process. It is also about whether patients and communities can help shape the questions, priorities and accountability around decisions that affect them. Engagement creates the space for collaboration; advocacy helps ensure that collaboration remains connected to unmet needs, lived realities, ethical accountability and meaningful change. Without this lens, patient engagement risks becoming procedural; without meaningful engagement opportunities, advocacy can remain outside the systems it seeks to influence. The opportunity is to bring both together through structured collaboration that is informed by patient and community priorities, grounded in evidence and connected to decision-making.

This distinction becomes especially important as patient engagement moves closer to evidence generation. If patient communities are asked to contribute to PED, RWD or RWE, they should not only be treated as data sources or consultees. They should be partners in shaping what questions are asked, what outcomes are meaningful, how burden is understood and how evidence is interpreted. For Pharmaceutical Medicine, this has practical consequences: if patient engagement arrives only as late-stage consultation, it may be too late to influence what is measured, how value is understood or how decisions are shaped across the lifecycle of medicines.

A PEOF+ Africa satellite meeting at PEOF 2026: bringing together perspectives, experience and shared commitment to advancing meaningful patient engagement across Africa (author 3rd from the left)

From engagement to evidence partnership

The language of patient engagement has evolved over time. We have moved from participation to engagement/involvement, to co-creation. Each step has mattered. Yet PEOF 2026 suggested that another step is now coming into view: evidence partnership.

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

This requires involvement earlier in the evidence lifecycle. Patients and patient organisations should not only be asked to react to protocols, endpoints, materials or communication plans once key decisions have already been made. They should be part of discussions about what uncertainty matters, what outcomes are meaningful, what burdens are acceptable, what diversity is needed, and how evidence will be interpreted and used.

The shift towards integrated evidence generation makes this especially timely. When evidence is planned across regulatory, HTA, payer, clinician, and patient needs. The patient perspective cannot sit at the margins; it must be present where evidence questions are defined. This is increasingly reflected in emerging frameworks that encourage patient-relevant evidence to be considered earlier and more systematically across clinical development, regulatory evaluation, HTA and RWE generation.

PEOF's « Made with Patients » awards

Launched by PFMD to celebrate and benchmark excellence in patient engagement, the "Made with Patients » awards make visible the people and projects that turn co-creation from principle into practice. Each year, initiatives with patient engagement at their core show that meaningful collaboration is not owned by any one stakeholder group. It takes shape when patient communities, researchers, health systems, civil society and industry each bring their expertise into a shared effort. StITCH, recognised as Best Overall Initiative at the 2026 awards, brought together governments, frontline healthcare workers, civil society, academic institutions, private-sector partners and people living with hepatitis to strengthen care in Vietnam and the Philippines. Other award examples also showed the breadth of meaningful engagement in practice. Unite4Rare was recognised for systematic meaningful patient engagement in rare diseases, with Sobi describing co-creation, feedback loops, measurable impact indicators and collaboration with people living with rare diseases and caregivers. Little Journey received the Best Tools Implementation Award for systematic, co-designed patient engagement in paediatric healthcare and research settings.

Such examples move the discussion from whether patients should be engaged to what becomes possible when engagement is systematic, resourced and genuinely collaborative.

A bi-directional and global future

Yet one gap remains underdeveloped. Much of the patient engagement conversation still starts from the institutional side: how can researchers, companies, regulators, policymakers or health systems involve patients? That question remains important. But it is incomplete. Patients and patient communities are also asking, how they can initiate, access, shape and actively contribute to projects themselves. How can they bring forward unmet needs? How can they identify gaps in evidence? How can they challenge assumptions about value, burden or feasibility? How can they contribute to research agendas rather than only respond to them?

A more mature patient engagement ecosystem must therefore be bi-directional, not only invitational. It requires capacity-building for patient communities, but also readiness from institutions to share language, methods, timelines, resources and decision space. It also requires transparency about what patient input can influence, what it cannot influence, and how contributions are used.

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

This is also why PEOF+ Asia and PEOF+ Africa matter. Patient engagement cannot be shaped only from the perspective of highly resourced settings and then applied elsewhere. Evidence, access, trust, health literacy, diagnosis, care pathways and community priorities look different across contexts. If patient engagement is to become part of evidence generation and decision-making, it must be built with these differences in mind.

Medicines are developed, assessed and used across different systems and populations. Evidence generation that does not adequately consider diversity, access barriers and contextual realities risks missing important dimensions of value, feasibility and equity. Patient communities can help make these realities visible, but only if engagement is designed to listen beyond the most accessible or familiar voices.

The opportunity ahead

The opportunity now is not simply to do more patient engagement. It is to make patient knowledge part of how evidence is planned, understood and used across the lifecycle of medicines.

PEOF 2026 offered an important reminder that this work depends on more than frameworks. It depends on trust, shared language, ethical collaboration, education, capacity-building and the willingness to ask more difficult questions. It also depends on recognising patient organisations and communities not only as contributors of experience, but as partners in shaping evidence that is relevant, meaningful and accountable.

If patient engagement is to mature, it must move beyond presence towards influence, beyond voice towards knowledge, and beyond isolated activities towards evidence partnership.

That is what PEOF 2026 helped make visible.

Author:

Ghada Ibrahim, President, Patient Advocates for Cancer Research and Treatment (PACRT), Switzerland; Vice-President, EUPATI Switzerland; Regional Ambassador, International Society of Patient Engagement Professionals (ISPEP); Chair, MEAPP Patient Engagement Working Group.

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

From Foundations to Fitting Models: Advancing Pharmaceutical Medicine through Egypt's First Blended-Learning Pharmacometrics Course

Introduction: A Growing Need for Model-informed Approaches

Pharmaceutical Medicine continues to evolve rapidly, shaped by advances in data science, clinical pharmacology, and regulatory innovation. Within this landscape, pharmacometrics has become central to model-informed drug development (MIDD) and precision medicine. It involves integrating pharmacokinetics PK), pharmacodynamics (PD), and patient variability into quantitative frameworks that inform decisions across research and development, regulatory review, and clinical practice. As the principles of model-informed drug development are increasingly harmonised across regions, quantitative literacy is no longer a specialist luxury but a shared expectation.

Yet access to pharmacometrics training remains uneven across Africa and the Middle East, limiting the integration of these methods into clinical research and drug development. Narrowing that gap calls not only for education, but for durable local ecosystems where institutions, mentors, and partnerships are able to sustain training and translate it into practice. In a previous issue of IFAPP TODAY (Issue no. 64 of May 2026), we introduced the Pharmacometrics Africa - Egypt Chapter and its early activities. Here we report its first flagship initiative: a blended-learning course designed to bring pharmacometrics to a broad regional audience while building genuine, hands-on competency.

The Egypt Chapter and the Pharmacometrics Hub at Future University in Egypt

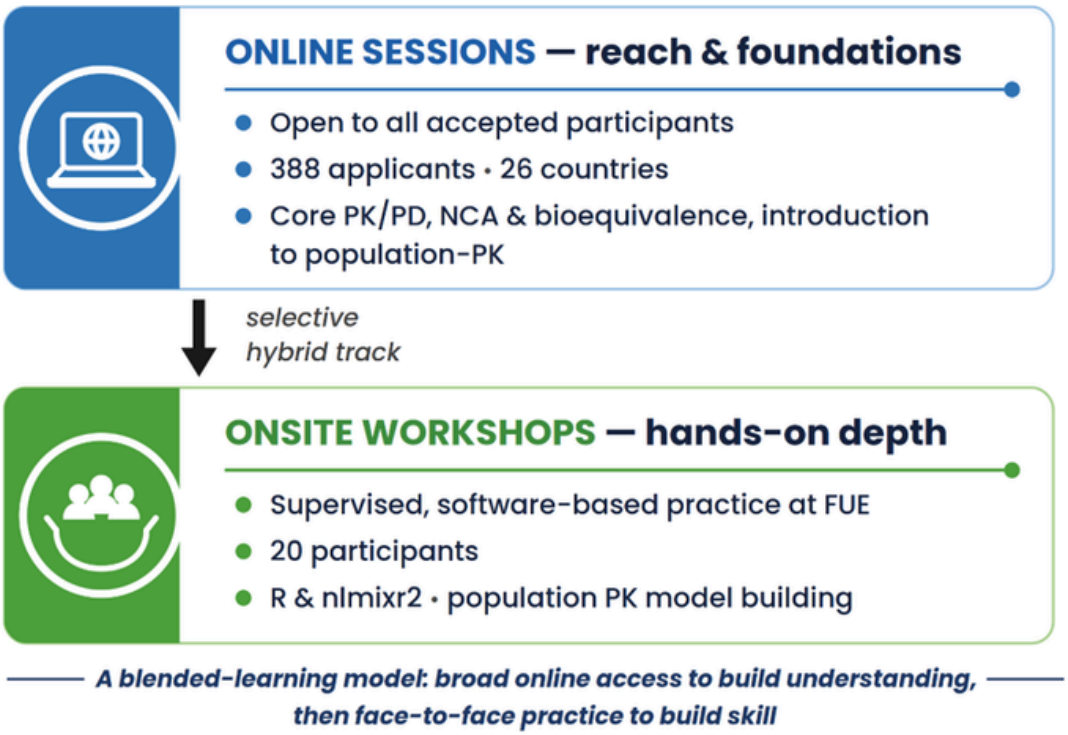
The Egypt Chapter was established to strengthen quantitative clinical pharmacology capacity in the country and the wider region, working in close interaction with other Pharmacometrics Africa chapters. Its institutional anchor is the Pharmacometrics Hub at the Faculty of Pharmacy, Future University in Egypt (FUE), a dedicated focal point for teaching, mentorship and applied modelling that provides the academic home and continuity such initiatives require. The ambition is to make Egypt a reliable regional platform for pharmacometrics education and collaboration across academia, healthcare, industry and regulatory science.

A Blended-learning Initiative

The Chapter translated this ambition into action with its first course in clinical pharmacology and pharmacometrics, delivered in July 2026 in partnership with the Faculty of Pharmacy at FUE and made possible by the sponsorship of DAF for Technological Solutions.

The course was deliberately built around a blended-learning model. An open online two-day session course (10–11 July 2026) delivered the conceptual foundations (core PK, PD, non-compartmental analysis and bioequivalence, and an introduction to population-PK modelling) to all accepted participants. A selective, intensive onsite two-day workshop (17–18 July 2026) at FUE then offered supervised, hands-on practice in the open-source R programming environment for statistical computing and its nlmixr2 package for nonlinear mixed-effects (population-PK/PD) modelling to a smaller hybrid-track cohort. The design paired reach with depth: broad online access to build understanding, followed by face-to-face, software-based practice to build real skill.

IFAPP TODAY
The Global Pharmaceutical Medicine Journal



From Reach to Competency

The response underlined the demand for pharmacometrics in the region. Registration drew 388 applicants, of whom 312 were accepted, joining from 26 countries across Africa, the Middle East and South Asia. The audience spanned the full Pharmaceutical-Medicine community, postgraduate and doctoral students, early-career and senior academics, clinical pharmacists, and colleagues from industry and regulatory bodies, precisely the multidisciplinary mix that model-informed practice requires.

The two tiers proved complementary. In the online tier, participants reported clear gains in self-assessed knowledge across every topic, and satisfaction with content and delivery was consistently high. The largest improvements were in the more quantitative areas (data analysis and regression, and population-PK modelling) where regional baselines are typically weakest. In the onsite tier, most participants arrived with little practical software experience, and their confidence in R- and nlmixr2-based skills rose sharply over the intensive sessions, with gains markedly larger than in the online tier. Tellingly, both cohorts, the broad online audience and the focused onsite group alike, independently identified the same priority for the future: more hands-on, software-based practice. Nearly all participants intended to apply what they had learned and to pursue further training courses.

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

Key Takeaways and Future Directions

The Egyptian experience echoes a lesson emerging across the region's chapters: capacity building, accessibility and multidisciplinary collaboration are the key enablers, and conceptual teaching must be coupled with practical, hands-on training if it is to translate into competency. Blended learning offers a pragmatic way to reconcile reach with depth in settings where both matter.

Institutional anchoring and sustained sponsorship are what turn a single course into a programme. The Pharmacometrics Hub at FUE provides the former, and the support of DAF has provided the latter for this first edition. Looking ahead, the Chapter aims to run further editions with an expanded hands-on component, to develop regionally relevant applications, including special populations and disease areas of local importance, and to strengthen collaboration with sister chapters across Africa and the Middle East, including the Tunisia Chapter whose Francophone initiative was featured previously in IFAPP TODAY, June Issue no. 65, 2026. In step with the ongoing harmonisation of model-informed standards, such efforts can help build the regional readiness that modern regulatory science increasingly demands.

Taken together, this initiative illustrates how a locally owned, blended-learning model, anchored in a committed institution and enabled by supportive sponsorship, can widen access to pharmacometrics, deepen competency, and advance Pharmaceutical Medicine across Africa and the Middle East.

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

Authors and Acknowledgements

Authors:

Nouran Omar El Said, Faculty of Pharmacy, Future University in Egypt (FUE); Chair of the Education and Standards Working Group, The Middle East Association of Pharmaceutical Medicine Professionals (MEAPP), Pharmacometrics Africa, Egypt Chapter

Nada M. El Hoffy, Faculty of Pharmacy, Future University in Egypt (FUE); Pharmacometrics Africa, Egypt Chapter; Pharmacometrics Consultant, DAF Pharmacometrics Excellence Center (DEPEC)

Acknowledgements: The Egypt Chapter gratefully acknowledges DAF for sponsoring this inaugural initiative and Pharmacometrics Africa for its continued support.

We also extend our sincere appreciation to our course instructors Ibrahim Komeil, Aya Ismail, Abdelrahman Saqr, Hossam Kadry, Mohamed El Meligy and Amira Ghoneim for their valuable contributions and support.

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

World Patient Safety Day: Patient Safety at the Heart of IFAPP

Patient safety is considered important to IFAPP! Therefore, we exceptionally publish two articles for the World Patient Safety Day and its theme "Safe care for noncommunicable diseases" in this edition. One article is focusing on noncomunnicable diseases (NCDs) as such, e.g., their risk factors, the burden to the healthcare system, the patient's healthcare journey and a call to action to the various healthcare stakeholders. The other article is focusing on challenges associated with NCDs for pharmacovigilance professionals, e.g., with regard to drug interaction detection, signal evaluation, risk minimisation and (missing) real-world data on long-term safety.

Safe Care for Life–Advancing Patient Safety Across the Continuum of Noncommunicable Disease Care

1. Introduction to World Patient Safety Day

Every year on 17 September, the global healthcare community celebrates World Patient Safety Day (WPSD), an initiative established by the World Health Organization (WHO) to raise awareness of patient safety and mobilise action to reduce avoidable harm in healthcare. Since its launch, WPSD has become an important platform for advancing the patient safety agenda worldwide, highlighting critical challenges that affect the quality and safety of care and encouraging collective action among governments, healthcare organisations, healthcare professionals, patients, families, caregivers, academia, and industry (1-3).

For 2026, WHO has selected the theme "Safe care for noncommunicable diseases" under the slogan "Safe care for life!". The campaign focuses on preventing harm throughout the continuum of care for people living with noncommunicable diseases (NCDs), from prevention and early detection to diagnosis, treatment, rehabilitation, long-term management, self-care, and palliative care. WHO emphasizes that people living with NCDs often require continuous care across multiple settings and over long periods of time, creating numerous opportunities for safety risks to arise. (1-3, 6).

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

The choice of this theme reflects an important shift in thinking about patient safety. Rather than focusing exclusively on individual healthcare encounters, the campaign recognises that patient safety must be embedded across a person's entire healthcare journey. As populations age and chronic diseases become increasingly prevalent, healthcare systems are being challenged to provide coordinated, integrated, and person-centered care over many years, often involving multiple professionals, institutions, medicines, and technologies (1-4).

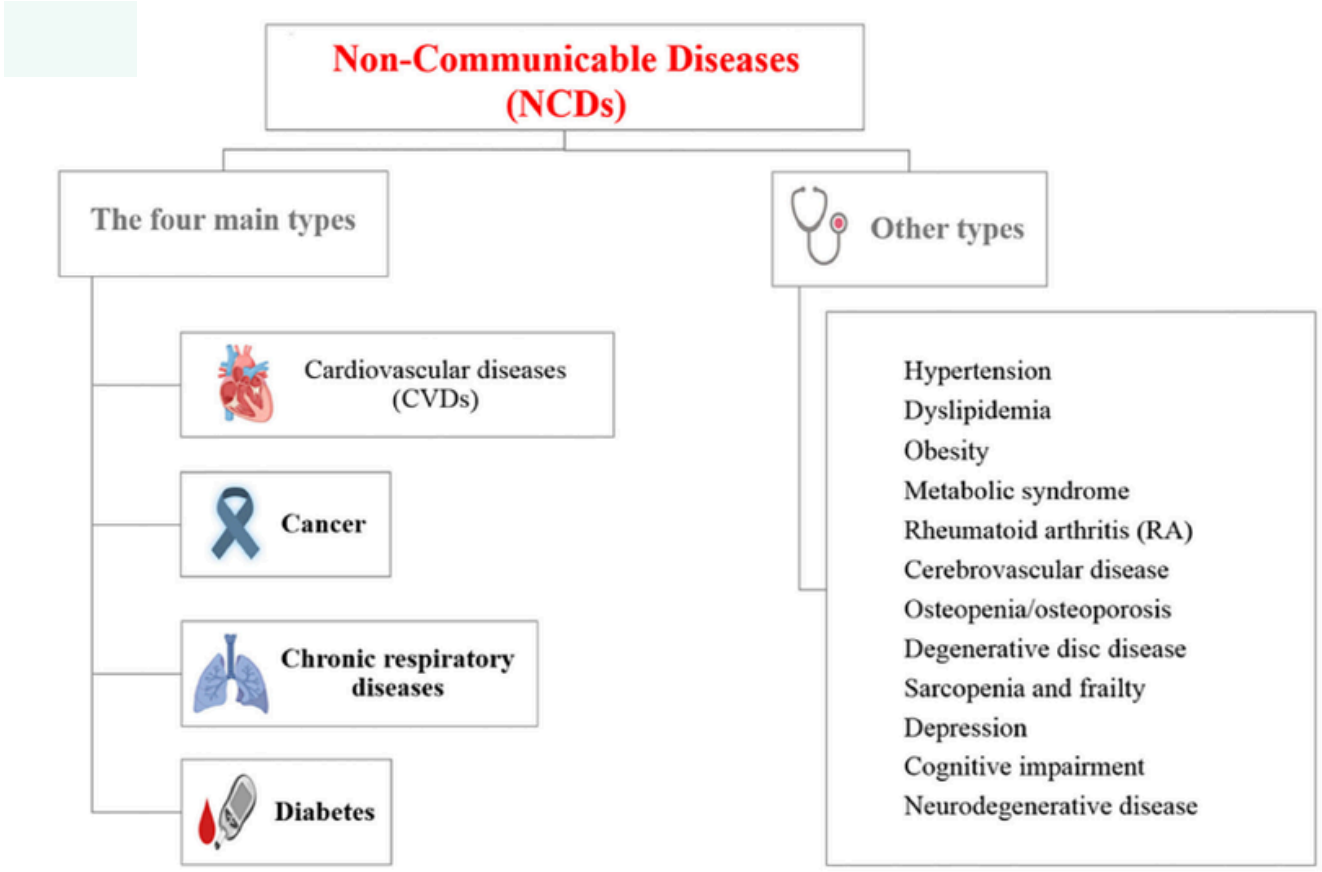


Figure 1. Classification of non-communicable diseases (NCDs). Source: Reproduced from Budreviciute A, Damiati S, Sabir DK, et al. Management and Prevention Strategies for Non-communicable Diseases (NCDs) and Their Risk Factors. Front Public Health. 2020;8:574111. doi:10.3389/fpubh.2020.574111 (11).

World Patient Safety Day 2026 therefore provides a timely opportunity to strengthen awareness of the unique safety challenges associated with chronic disease management and to promote practical actions that can reduce preventable harm at every stage of care. Ultimately, the campaign reminds us that safe care should not be episodic but lifelong, accompanying every individual living with an NCD throughout their health journey (1-3, 6).

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

2. Why WHO Chose NCDs for 2026

NCDs represent one of the defining health challenges of the twenty-first century. According to WHO, NCDs, including cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases, account for approximately 75% of non-pandemic-related deaths worldwide. In 2021, they caused at least 43 million deaths, including approximately 18 million premature deaths before the age of 70 years. Cardiovascular diseases accounted for around 19 million deaths, followed by cancers (10 million), chronic respiratory diseases (4 million), and diabetes (more than 2 million) (6, 9, 10).

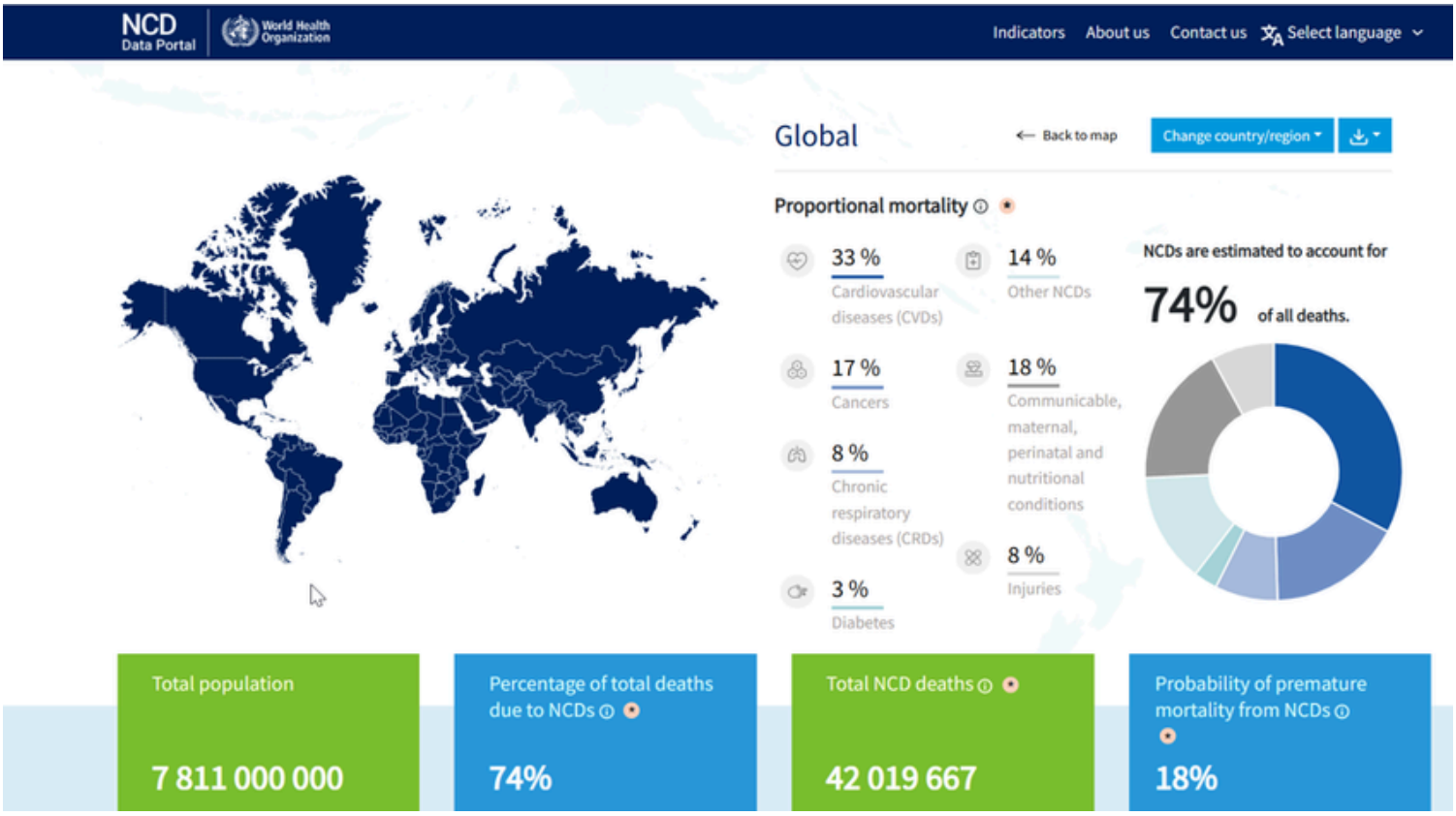


Figure 2. Data from WHO NCD Data Portal NCD Home (6)

The burden extends well beyond mortality. The Global Burden of Disease Study 2021 estimated that NCDs accounted for approximately 1.73 billion disability-adjusted life years worldwide, affecting quality of life, families, health systems, and economies. Although age-standardised mortality rates have declined in many regions, population growth, ageing, and rising prevalence continue to increase the number of people needing long-term care (9,10).

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

This need for sustained care makes NCDs especially relevant to patient safety. Management may involve regular monitoring, multiple therapies, specialist consultations, rehabilitation, and support at home. As care moves between primary care, specialist clinics, hospitals, community services, and the home, patients may encounter diagnostic delays, medication-related problems, device-related harm, infections, communication failures, and unsafe transitions (1-3, 6-8).

These risks are not distributed equally. Poverty, discrimination, limited health literacy, environmental exposures, geographic barriers, and unequal access can delay diagnosis, disrupt treatment, and weaken continuity. Safe NCD care therefore depends on more than clinical excellence. It also requires integrated health systems that can provide timely, understandable, and equitable care across settings (4, 6, 9-11).

By choosing NCDs as the focus of WPSD 2026, WHO highlights a simple but important principle: chronic disease care cannot be considered high quality unless it is both effective and safe over time (1-3, 6).

3. The Burden of Harm in Chronic Disease Care

Patient harm remains a major global public health challenge. WHO estimates that one in ten patients experiences harm while receiving healthcare and that nearly half of this harm may be preventable. For people living with NCDs, repeated treatment, monitoring, referrals, and transitions can allow small gaps in care to accumulate into significant risk (7).

Medication-related harm is a particular concern. Long-term regimens, polypharmacy, medicines prescribed by different specialists, adverse drug reactions, drug-drug interactions, and adherence challenges can combine to create preventable harm. Medication reconciliation, periodic review, clear communication, and appropriate monitoring are therefore essential throughout the care pathway (8).

The nature of risk also differs by condition and treatment. Cancer care may involve surgery, radiotherapy, systemic anticancer therapies, and supportive treatment; WHO reports that in some settings up to one in three patients with cancer experiences an adverse event during care. People living with diabetes face risks related to insulin, glucose monitoring, medication management, and delayed recognition of complications, while cardiovascular disease often requires several therapies that must be carefully balanced and monitored (7, 8).

Multimorbidity adds another layer of complexity. When two or more chronic conditions coexist, clinical priorities may compete, specialist recommendations may not align, and treatment burden may become difficult for patients and caregivers to manage. Polypharmacy, duplication of therapy, fragmented follow-up, and avoidable hospital admissions become more likely when no one has a complete view of the care plan (4, 7-10).

The consequences extend beyond physical injury. Preventable harm can reduce quality of life, undermine treatment adherence and trust, increase caregiver burden, and generate additional treatment, hospitalisation, and healthcare costs. Reducing it requires coordinated action from policymakers, healthcare professionals, regulators, patient organisations, researchers, industry, patients, and caregivers (4, 7-10).

The central challenge is therefore not simply to prevent isolated errors, but to design NCD pathways that remain safe as patients move between professionals, settings, and stages of disease (1-4, 7, 8).

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

4. Risk Factors for NCDs

NCD risk does not arise from a single exposure or decision. It develops through the interaction of behavioural, metabolic, environmental, social, and health-system factors over time. This matters for patient safety because the same conditions that increase the likelihood of developing an NCD can also shape whether disease is detected early, treatment is understood and followed, and care can be accessed consistently. Prevention and safety should therefore be viewed as connected goals rather than separate areas of action (4, 5, 9-11).

Behavioural risk factors

Tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity are major modifiable drivers of NCDs. However, describing them only as individual "lifestyle choices" can oversimplify the context in which people make health decisions. Access to affordable nutritious food, safe spaces for physical activity, reliable information, education, working conditions, and exposure to commercial influences all affect what options are realistically available. Effective prevention combines individual support with policies and environments that make healthier choices easier and more sustainable (5, 9-11).

Metabolic risk factors

High blood pressure, overweight and obesity, elevated blood glucose, and abnormal blood lipids often represent the biological pathways through which behavioural and environmental exposures translate into disease. They are also clinically important warning signals. Because these conditions may remain asymptomatic for long periods, missed screening, delayed follow-up, or failure to communicate results can allow risk to progress unnoticed. Reliable detection, clear explanation of results, appropriate treatment, and continued monitoring are therefore both prevention measures and patient-safety safeguards (5, 9-11).

Environmental and social determinants

Air pollution, occupational and environmental exposures, poverty, socioeconomic inequality, low health literacy, stigma, discrimination, and limited access to health services influence both the development of NCDs and the safety of subsequent care. They can delay diagnosis, interrupt treatment, complicate self-management, and widen differences in outcomes. A safety strategy that focuses only on clinical encounters may therefore miss out on the underlying barriers that repeatedly place some populations at greater risk of harm (4. 9-11).

From risk-factor control to safer care pathways

The practical implication is that risk reduction should extend across the full care pathway. Population-level prevention should be linked with accessible screening and early detection; abnormal findings should lead to timely diagnosis and follow-up; and long-term treatment should be supported by coordinated care, medication review, understandable information, and attention to the patient's circumstances. In this way, action on risk factors becomes part of a broader system for safe care, helping to prevent diseases where possible and reduce avoidable harm when an NCD is already present (1-6, 8-11).

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

Addressing NCD risk therefore requires a proportionate and equitable approach: universal prevention measures for the whole population, combined with additional support for people facing greater exposure, fewer resources, or more complex care needs. The goal is not simply to reduce risk-factor prevalence, but to create conditions in which people can prevent disease, obtain timely care, and manage chronic conditions safely throughout life (4, 5, 9-11).

5. Key Messages of the WPSD 2026 Campaign

WHO's four campaign messages form a connected framework for safer NCD care. Together, they identify who is at risk, where harm may arise, what health systems must provide, and why patients and caregivers must be active partners (1-3, 6).

People Living with NCDs Are at Increased Risk of Harm in Health Care
Long-term treatment, frequent interactions with healthcare services, multimorbidity, polypharmacy, fragmented information, and unequal access can allow risks to accumulate. Safety depends on whether the overall care plan remains coordinated, appropriate, and manageable for the individual (1-3, 6-8).

Risks Must Be Addressed Across the Continuum of Care and in Daily Life
Harm may arise during prevention, screening, diagnosis, treatment, rehabilitation, self-care, or follow-up. Safeguards must therefore extend across hospitals, clinics, communities, and homes, with particular attention to medicines, devices, test results, warning signs, handovers, and discharge (1-3, 6-8).

Strong, Integrated Health Systems and a Supported Health Workforce Are Essential
Individual vigilance cannot compensate for poorly designed systems. Integrated primary care, clear responsibilities, reliable information exchange, standardised high-risk processes, adequate staffing, training, teamwork, and learning from incidents are essential for continuity and safety (1-3, 6-8).

People Living with NCDs Must Be Partners in Safe Care
Patients and caregivers bring essential knowledge of symptoms, treatment burden, preferences, and practical barriers. Meaningful partnership requires understandable information, shared decisions, opportunities to raise concerns, and clarity about medicines, follow-up, warning signs, and whom to contact. [2,4,6]

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

Figure 3. Reproduced from: World Health Organization. World Patient Safety Day 2026: Safe Care for Noncommunicable Diseases (Safe Care for Life!). Geneva: WHO; 2026 (1)

6. Call to Action – Safe Care for Life

WPSD 2026 calls for sustained action across the entire NCD journey. Safety must be embedded in prevention, diagnosis, treatment, transitions, monitoring, self-care, and palliative care (1-3, 6).

Policymakers and health-system leaders should integrate safety into NCD strategies, strengthen primary care, reduce barriers to access, support the workforce, and involve people with lived experience in policy and accountability. **Healthcare organisations** should standardise high-risk processes, clarify responsibilities across settings, and use safety data and patient feedback to improve care (2-4, 6).

Healthcare professionals should promote prevention and early detection, review medicines and treatment burdens, communicate across boundaries, and confirm that patients understand the care plan. **Patients and caregivers** can contribute by keeping accurate health information, asking questions, recognising warning signs, and clarifying follow-up during referrals, handovers, and discharge. **Civil society, academia, and industry** can strengthen health literacy, generate evidence, advocate for equity, and co-create practical solutions (2, 4, 6, 8).

Safe care must follow the person rather than stop at the boundary of a clinic, profession, or organisation. On 17 September 2026, the shared commitment should be translated into visible improvements: safer transitions, clearer communication, stronger partnerships, and continuous learning. This is what it means to provide safe care for life (1-3, 6).

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

References

(1) World Health Organization. World Patient Safety Day 2026. Geneva: WHO; 2026.
(2) World Health Organization. Calls to Action and Key Messages: World Patient Safety Day 2026. Geneva: WHO; 2026.
(3) World Health Organization. Announcing World Patient Safety Day 2026: Safe Care for Noncommunicable Diseases. Geneva: WHO; 2026.
(4) World Health Organization. WHO Framework for Meaningful Engagement of People Living with Noncommunicable Diseases, and Mental Health and Neurological Conditions. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.
(5) Wang Y, Wang J. Modelling and Prediction of Global Noncommunicable Diseases. BMC Public Health.2020;20:822. doi:10.1186/s12889-020-08890-4
(6) World Health Organization. Safe Care for Noncommunicable Diseases: World Patient Safety Day 2026. WHO Knowledge Action Portal.
(7) World Health Organization. Patient Safety: Key Facts. Geneva: World Health Organization.
(8) World Health Organization. Medication Without Harm: WHO Global Patient Safety Challenge on Medication Safety. Geneva: World Health Organization.
(9) Li J, Pandian V, Davidson PM, Song Y, Chen N, Fong DYT. Burden and attributable risk factors of non-communicable diseases and subtypes in 204 countries and territories, 1990-2021: a systematic analysis for the Global Burden of Disease Study 2021. Int J Surg. 2025;111(3):2385-2397. doi:10.1097/JS9.0000000000002260.
(10) Institute for Health Metrics and Evaluation (IHME). Global Burden of Disease Study 2021 (GBD 2021) Results. Seattle (WA): IHME; 2025.
(11) Budreviciute A, Damiati S, Sabir DK, Onder K, Schuller-Goetzburg P, Plakys G, et al. Management and Prevention Strategies for Non-communicable Diseases (NCDs) and Their Risk Factors. Front Public Health. 2020;8:574111.

Authors:

Eirini Chatzopoulou
Patient Safety Manager
Novartis Pharma AG

Marfa Javier
Pharmacovigilance Head
Sanofi-Aventis, S.A. (Sanofi)

Members of the IFAPP Pharmacovigilance Working Group

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

Safe Care for Noncommunicable Diseases: World Patient Safety Day 2026

World Patient Safety Day 17 September 2026

According to the World Health Organization (WHO), noncommunicable diseases (NCDs) - such as cardiovascular diseases, cancers, chronic respiratory disorders, and diabetes - affect billions of people and account for approximately 74% of all deaths globally. People of all age groups, regions and countries are affected by NCDs. Therefore, this year's World Patient Safety Day on 17th September 2026 takes place under the theme **"Safe care for noncommunicable diseases"** and the slogan **"Safe care for life!".**

Typically, five major risk factors can be found in patients living with NCDs, i.e. tobacco use, physical inactivity, the harmful use of alcohol, unhealthy diets and air pollution. NCDs, once established, are chronic conditions that often require ongoing care throughout life with lifelong medical interventions. Hence, affected patients often navigate a continuous care journey across primary care, specialist consultations, and self-care settings, inevitably creating multiple points where safety risks can arise - from prevention and diagnosis to treatment, long-term management and self-care.

For patients, their treating physicians and nursing staff as well as pharmacovigilance (PV) and patient safety professionals, NCDs are therefore associated with particular challenges.

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

Polypharmacy and Care Interfaces

When care is fragmented across diverse clinical settings (i.e. between primary care physicians, specialists, and hospital settings), this may result in certain risks for the patients. For example, when a patient with chronic kidney disease is prescribed a nonsteroidal anti-inflammatory drug (NSAID) by an orthopaedic specialist without coordinating with the primary physician, acute renal failure may occur.

Moreover, treating multiple NCDs frequently results in polypharmacy, exposing patients to an increased risk of drug interactions. This holds true in particular during transitions of care (e.g. moving from secondary specialised hospital care back to primary healthcare settings) where the lack of maintaining an up-to-date complete and correct medication plan may become a hazard.

PV systems are usually not designed to consider these circumstances because spontaneous reports typically attribute untoward medical occurrences solely to the acute illness and/or prescribed drug rather than a system-level failure in therapy coordination. Targeted educational initiatives for different healthcare stakeholders, e.g. in the context of risk management plans (RMPs) may help address such issues so that joint responsibilities eventually help ensure that safety is preserved when NCD therapies cross different clinical boundaries.

Signal Detection in Multimorbid Cohorts

Evaluating safety signals in NCD patients generally represents a clinical and methodological challenge. While clinical trials routinely exclude patients with extensive comorbidities or complex drug regimens to isolate therapeutic efficacy, real-world NCD patients present with multimorbidity and pre-existing pathological symptoms.

This background noise is very likely to complicate signal evaluation. A key challenge is distinguishing between an adverse drug reaction (ADR) and the natural progression or complications of an underlying NCD. For instance, determining whether peripheral neuropathy is caused by a newly prescribed drug, long-standing diabetic microvascular damage, or a combination of both requires advanced analytical approaches since NCD complications can mimic or mask ADRs. Standard disproportionality analyses using spontaneous reporting databases often fail in these scenarios due to confounding by indication. Integrating real-world evidence and longitudinal healthcare databases into PV evaluations can help resolve this - maybe further supported by appropriate artificial intelligence (AI) tools. By utilising active surveillance and comparing treated cohorts with matching untreated chronic patient registries, PV teams are able to calculate more reliable baseline incidence rates to isolate valid safety signals from clinical disease manifestations.

Therapy Adherence - The Human Factor

The WHO 2026 campaign highlights that safe care is highly relevant across everyday life and self-management. Constantly encouraging patients to manage the risk factors that led to their noncommunicable disease is one of the challenges in primary care. Another one concerns the long-term therapy adherence in chronic diseases with average adherence rates around 50% for NCD patients. This poor adherence compromises both, patient safety and safety evaluation.

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

If patients are non-adherent but are assumed to be taking their medication as prescribed, clinical non-response can be misinterpreted as drug resistance. This may lead physicians to inappropriately escalate doses, exposing the patient to higher cumulative toxicity and severe ADRs once full adherence is resumed. For pharmacovigilance and patient safety professionals, the human factor means integrating behavioural science into their sources for evaluation, i.e. to develop additional Risk Minimisation Measures (aRMMs) with patient-centred approaches. Introducing simplified dosing schedules, digital adherence companions (with smart drug intake reminders, dose/symptom tracking or refill alerts) and clear risk communications may, for instance, help reduce medication errors or drug omissions during daily self-care.

Co-designing Safety together with Patients

One of the WHO 2026 campaign's key messages is the meaningful engagement of individuals with lived experience, moving away from viewing them as passive recipients and instead treating them as active partners in care. In Pharmaceutical Medicine, this partnership is realised through patient-focused drug development and patient-centric PV already.

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

Actively capturing patient-reported safety outcomes and patient-generated health data can also support PV in identifying safety issues that might be overlooked in physician-focused reporting. Adding digital health technologies to therapy approaches, such as wearables and remote monitors, offers further opportunities. For example, continuous cardiac monitoring or smart glucometers can detect subclinical ADRs early (e.g., asymptomatic QTc prolongation or nocturnal hypoglycaemia) and in real time.

And engaging patients directly to understand their tolerance limit helps pharmaceutical companies to design more effective risk management tools, ensuring that therapeutic benefits are delivered without too negatively affecting quality of life. Hence, shifting the PV mindset from regulatory compliance to cooperative safety monitoring results in an ultimate improvement for patients.

Long-Term Safety in Real-World Settings

Since NCD therapies are administered over decades, pre-authorisation clinical trials - that are typically short in duration and limited in sample size - are often poorly suited for predicting post-authorisation long-term safety. Cumulative toxicity, late-onset adverse events or rare organ disorders can only be identified through active, continuous monitoring across the product lifecycle.

This highlights the importance of robust Post-Authorisation Safety Studies (PASS) data and active therapeutic registries. Innovative trial designs that are aligned with national primary healthcare strategies should consider the particularities of NCDs. And integrating PV principles directly into long-term disease registries allows continuous benefit-risk assessments in real-world settings.

By systematically monitoring patients over years and decades, physicians, pharmaceutical industry and Health Authorities can deliver on the promise of "Safe care for life!", ensuring that chronic treatments remain safe throughout the patient's lifetime.

Conclusion

The 2026 World Patient Safety Day theme is a call to action for all the various stakeholders to take a closer look at the causes and management of NCDs. Raising awareness about risk factors, supporting patients in managing them in terms of disease prevention, and improving the coordination of medical care across the various levels of the healthcare system are key elements for the practicing physicians and nursing staff in preventing NCDs, handling the challenges of multimorbidity, mitigating polypharmacy risks across care interfaces, supporting therapy adherence, improving treatment, and ensuring better quality of life.

Pharmaceutical physicians are also perfectly positioned to support the translation of the WHO's vision of safe care into a sustainable reality for patients worldwide by e.g. strengthening risk communications, setting up targeted educational initiatives for different healthcare stakeholders, developing patient-centred approaches in risk minimisation, adapting active surveillance schemes, adding real-world evidence in signal evaluations, integrating digital / AI technologies, and involving patients to become safety partners. In this way, joint efforts have the clear power to realise "Safe care for noncommunicable diseases".

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

References:

World Patient Safety Day 17 September 2026
https://www.who.int/campaigns/world-patient-safety-day/2026

World Patient Safety Day, 17 September 2026: "Safe care for noncommunicable diseases"
https://www.who.int/news-room/events/detail/2026/09/17/default-calendar/world-patient-safety-day--17-september-2026---noncommunicable-diseases

Noncommunicable diseases
https://www.who.int/health-topics/noncommunicable-diseases#tab=tab_1

Noncommunicable diseases
https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases

Campaign materials and logo
https://www.who.int/campaigns/world-patient-safety-day/2026/campaign-materials-and-logo

Author:
Monika Boos, MD, PhD, LLM
IFAPP Board Member
Chair of the IFAPP Pharmacovigilance Working Group

IFAPP TODAY
The Global Pharmaceutical Medicine Journal

31st Annual Swiss Symposium in Pharmaceutical Medicine 2026
Advances in Dementia and Alzheimer's – forgotten diseases?

25th November 2026 at Musikschule, Florhofgasse 6, Zurich, Switzerland

We are delighted to welcome you to this year's Annual Symposium in Pharmaceutical Medicine dedicated to Dementia and Alzheimer's Disease. The symposium is jointly organised by the Swiss Society of Pharmaceutical Medicine (SGPM), the European Center of Pharmaceutical Medicine (ECPM), and Demenz Forschung/Stiftung Synapsis Schweiz, and will be held in English.

Leading experts from science, clinical research, regulatory affairs, and patient advocacy will present the latest advances in biomarkers, innovative therapies, real-world data, health technology assessment, healthy ageing, and patient perspectives. The programme also addresses reimbursement challenges, public health implications, and the roles of genetics, nutrition, and the environment in healthy ageing.

We hope this symposium will inspire new insights, foster collaboration, and contribute to improving the lives of people affected by dementia and Alzheimer's disease. We look forward to welcoming you and your colleagues.

Dr med Martin Traber, President SGPM
Dr Annette Mollet, Managing Director ECPM

Here is the link to the programme and registration: https://www.annual-meeting.ch/registration
Please note: Early bird ends on 1st October

Pharmaceutical Medicine
From Molecules to Medicines

Annual Symposium 2026 by

IFAPP TODAY

The Global Pharmaceutical Medicine Journal

Upcoming Free Webinars

Mark Your Calendar with the Upcoming Free Webinars:

- 14 September 2026 - Ethics of Genome Editing and iPS Cells: Experiences from South Africa and Japan
  Click here to register.
- 15 October 2026 - The New EU Pharmaceutical Framework: What It Means and What comes Next
  Click here to register.

THE FLAG

IFAPP Secretariat - Leidsestraatweg 41d - 3443 BP Woerden - The Netherlands
Chamber of Commerce 30224375 – VAT number NL817747321B02
Phone: (+31) 6 2291 1039 – e-mail: secretariat@ifapp.org – website: www.ifapp.org

IFAPP Communication Working Group
Ghazaleh Gouya-Lechner (Chair), Assem el Baghdady, Francesco Butti, Brigitte Franke-Bray (Editor), Anna Jurczynska, Hakan Polat and Yasmin Nagaty (Editor).

Production and layout
Caroline van Bruggen and Manon van Galen

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

Follow us on: