WHO Strategic Objective 11: “To ensure improved access to, quality and use of medical products and technologies”
Many of us take for granted that we can rely on access to medicines, medical products such as blood, vaccines, and technological devices when we need them. Yet in many countries, even in the European Region, such access is limited and precarious. In some low-income countries in the WHO European Region, it is estimated that half the population does not have regular access to essential medicines.

For example, an estimated 1.5 million people in the European Region are infected with HIV/AIDS, but life-saving antiretroviral medicines are available to only 19% of the 610 000 people currently in need of treatment, and only patients in western Europe have access to them. Access to good quality and rational use of the first and the second line medicines to combat TB and MDR (and XDR) TB is also a major problem. Access to medicines for treating non-communicable diseases for patients in eastern Europe is equally problematic, and many patients have to pay for their medicines themselves directly, which often means that people do not get medicines they need, or they incur high costs: in many Eastern European countries out-of-pocket expenditures are the second item of household expenditures after food.

Vaccines already save thousands of lives every year, but so much more could be done. The full potential of vaccination has unfortunately not yet been realized. Use of new vaccines, such as those for high-burden pneumococcal disease, rotavirus or human papillomavirus, and expansion of under-utilized vaccines could have a significant impact on the health of the people.

Blood services show similar disparities in their quality and efficiency across the Region, where the availability and safety of blood supplies vary dangerously. Increased HIV infection, high rates of hepatitis B and C, syphilis, re-emerging malaria, and outdated health care practices have led to several reports of nosocomial transmission of blood-borne pathogens in recent years in the eastern part of the Region. In this challenging landscape, WHO/ Europe supports countries as they work to save lives and improve health, by ensuring that people have equitable access to affordable medicines, vaccines, blood products and medical devices of assured quality, and that medicines are prescribed and used appropriately.

Introduction

The following WHO/Europe programmes are concerned with medical products and medical technologies:

- **HEALTH TECHNOLOGIES AND PHARMACEUTICALS PROGRAMME.**
- **VACCINE PREVENTABLE DISEASES AND IMMUNIZATION PROGRAMME (PARTICULARLY IN RELATION TO QUALITY ASSURANCE AND SAFETY OF VACCINES AND DEVICES ASSOCIATED WITH IMMUNIZATION).**
- **HEALTH CARE QUALITY PROGRAMME (PARTICULARLY IN THE AREA OF MEDICAL DEVICES AND SAFETY OF BLOOD PRODUCTS).**
“Governments want to be forward-looking, and improve the efficiency, quality, equity and cost control of medicines and health technologies. We help them do this and also to adapt their health systems to meet the new global trends which increasingly influence these sectors.”

Zsuzsanna Jakab, WHO Regional Director for Europe

Executive summary

The Health technologies and pharmaceuticals programme focuses mostly on countries where public access to essential medicines and medical devices is limited. WHO’s direct technical support is needed where countries lack not only resources, but also training programmes, quality assurance, regulatory systems or national medicine policies, which are of great benefit in the face of commercial and other pressures to buy or prescribe inappropriately.

The Vaccine preventable diseases and immunization programme supports countries as they implement national policies on vaccine and immunization services, which have to be accessible and effective, and meet international standards of quality and safety. Removing barriers to the uptake of vaccines, including misinformation, will help to use the full lifesaving potential of vaccination across the Region, particularly as new vaccines become available.

The Health care quality programme works to improve the organization, capacity and safety standards of national blood services across the Region, especially where the availability and safety of blood supplies and medical devices vary dangerously. It supports countries in developing a national blood policy, with a timetable for implementation and a set of quality indicators, and it also encourages efforts to raise blood donation rates and provide training in current techniques.
Medicines and medical devices

Medicines
WHO estimates that by 2015 over 10.5 million lives a year could be saved worldwide — thus also boosting economic growth and social development — by expanding access to existing interventions for infectious diseases, maternal and child health, and non-communicable diseases. Most of these interventions depend on essential medicines and devices.

The majority of Member States in the WHO European Region have formulated a comprehensive national medicines policy that includes legislation, medicines selection, regulation and quality assurance, procurement and distribution, pricing and reimbursement, education and training, information for the public, and research and development. However, not all countries have developed mechanisms and tools for implementation of these policies. Countries vary enormously across Europe, from the highly developed EU system where the pharmaceutical sector is well developed and patients have access to medicines to the under-resourced systems in the transition countries, where often patients have to pay for medicines themselves.

Medical devices
Health technologies range from simple or single-use devices such as temperature monitors or fingertip oximeters, to incubators, to the most advanced medical equipment such as magnetic resonance imaging (MRI) scanners. Technology is used in all types of health facilities, plays a major role in contemporary health care systems and contributes directly to the quality of patient care.

Challenges lie in the cost of equipment, the decisions about which to buy, and its ongoing maintenance. Decisions on selecting medical equipment for a health care facility should be supported by evidence and based on clinical needs, financial resources and the local capacity for effective use, with health technology assessments used to support more informed decision-making on the funding and use both of medicines and medical products. Efficient health technology maintenance programmes are needed to keep equipment in good working order with maximum effectiveness in terms of clinical use and running costs. The availability and sophistication of such programmes varies widely in the WHO European Region: some eastern countries lack them, while some advanced hospitals in western Europe have fully automated systems in place.

Challenges
The organization and capacity of national pharmaceutical systems vary widely across the Region. Challenges differ depending on these but lie in national policies, access, rational use, regulation and quality assurance, particularly in the following areas:

Costs
The key challenge for countries who want to improve access for their populations to medicines, medical products and technologies, is cost. Medicines are responsible for a substantial part of health care costs. In 2007, in the European Union the average annual per capita spending on medicines was 430 Euros which is largely publicly funded, whereas in the eastern European countries it is only between 20 to 100 Euros per capita, most of which is out of pocket expenditure.
In a number of transition countries more than 40% of total health expenditure is on medicines, most of which is out-of-pocket expenditure – the patients pay. For many of them, regular access to good-quality, safe and affordable medicines is still a dream: one month’s treatment of simple hypertension, for example, can cost up to 35 days’ wages.

The ratio of public to private funding of pharmaceutical expenditure varies widely in the WHO European Region, from 90% being publicly funded in the Netherlands and United Kingdom to less than 50% in Latvia, Lithuania and Poland, and even less than 50% in all newly independent states.

One solution is wider use of generic medicines, which are cheaper: international price surveys show that originator brands of medicines can be as much as forty times more expensive than the lowest-priced generic medicine.

>> Formularies not used
All the countries in the European Region have national reimbursement lists or essential medicines lists or national formularies, however as multiple studies show, in NIS countries (newly independent states, which include former USSR, except Baltic countries) these tools are not being effectively used by health professionals.

>> Education
The education of pharmacists in many countries is still focused on medicinal products per se, but not on patient needs.

>> Supply and monitoring systems
In the majority of NIS countries, the systems for supply and monitoring of medicine use are not designed to function in a way which supports uninterrupted access to essential medicines.

>> Regulation of medicines and counterfeit medicines
Counterfeiting and substandard quality is an important public health risk especially in the transition countries with less developed regulatory systems. In many countries, Internet-based sales of medicines are a source of counterfeits, threatening those who seek cheaper, stigmatized or unauthorized treatments.

According to the latest WHO study in 6 NIS countries 28% of sampled Rifampicine used for TB treatment did not comply with quality specifications. However, all medicines prequalified by WHO were of good quality.

>> Rational use
Inappropriate prescribing and use of medicines continues to be an enormous public health problem, and is caused and influenced by a wide range of health care factors: organizational, financial and educational/informational and cultural.

>> Advertising and promotion
Promotional practice by the industry affects the way in which health professionals prescribe. This can lead to inappropriate prescribing, and often inappropriate demands by patients.

In many countries, health professionals and patients lack adequate knowledge and sources of objective information in order to understand such promotion and to respond to it. A pilot study performed by WHO found that in one of NIS, each newborn baby was prescribed on average 1.5 antibiotics. The overuse and misuse of antimicrobials in human medicine and animal husbandry has led to the growing problem of antimicrobial resistance.
Lack of information
There is a lack of systematized information in the WHO European Region about available medical devices and their working condition in health facilities at the national and international levels.

National regulations on devices
In the area of medical devices there is a lack of national regulations on major technical management issues, such as requirements related to reference inventory lists, health facility planning, equipment recommendation lists, acquisition and maintenance mechanisms and procedures, and certified training for medical staff and engineers.

What WHO Regional office for Europe is doing
In response to these challenges, WHO is providing direct technical support to countries to strengthen regulatory systems and improve access to medicines through reinforcing supply, reimbursement systems and pricing regulations.

It also:
- provides evidence-based tools for implementing pharmaceutical policies;
- aims to improve the prescription and use of medicines through the development and implementation of treatment guidelines and other strategies aimed at rational use of medicines;
- supports the strengthening of medicine supply systems and medicine pricing and reimbursement arrangements;
- supports the strengthening of the regulatory systems in order to assure good quality and safety of medicines;
- supports improved systems for monitoring medicines consumption and strengthened processes for medicines selection; and
- gives specific attention to enhancing access to HIV/AIDS and tuberculosis drugs, in part through improved regulation of locally manufactured drugs in the eastern European countries.

WHO also helps to identify and adapt innovative technologies that are expected to have a significant impact on public health in Member States.

The Regional Office facilitates networks among countries and professionals on these areas, and builds capacity through training and knowledge transfer, through courses, policy dialogue workshops, enhancing participation in networks, assistance in streamlining processes and drafting legislation, or monitoring and evaluation processes.

WHO also works closely with western European countries through networks on medicine pricing and reimbursement, and on rational use of medicines, policy dialogues with Ministries of Health and Health Insurance...
What additional progress can be achieved with more resources?

They would enable WHO to build on the work already done, and:

> strengthen and widen the EU networks on pricing and reimbursement of medicines to collaborate with the SE European and NIS countries, and enhance the active exchange of medicines price information;
> bring the issues surrounding policies for selection of medicines for reimbursement to a higher political agenda, and build capacity on using health technology assessment (HTA) for medicines selection in eastern Europe;
> assist in further strengthening the HTA networks for medicines selection in Europe and include financial incentive policies and HTA in promoting public health needs in R&D on new medicines, including updating the Priority Medicines Report;
> support South eastern European (SEE) and NIS in improving their medicines supply systems, especially for HIV/AIDS, TB (first and second line) and non-communicable diseases, including advice on using TRIPS flexibilities on IP issues and promoting the use of generic medicines;
> conduct studies to estimate the scale of counterfeiting in the Region, provide governments with evidence-based tools for decision making, and strengthen regulatory authorities in their enforcement policies;
> provide further training and capacity building in the area of quality assurance of medicines in order to assure access to cheaper medicines of good quality;
> develop capacity in understanding and responding to the promotional activities of the pharmaceutical industry, and strengthen regulatory oversight and control, as well as country capacity to provide evidence-based information to health professionals and patients;
> enhance capacity in the area of pharmacy education and bring it closer to the patients’ needs;
> enhance the development of information collection systems on the consumption of antibiotics in NIS and SEE in order to prevent the irrational use of antibiotics and increase of antimicrobial resistance, and assist in setting up national programmes on the rational use of antibiotics;
> collect evidence on the use of essential medicines and give further support to establishing sustainable mechanisms of revision and update of national essential lists, national formularies and treatment guidelines; and
> work with the non-communicable disease programmes on the rational selection of medicines for those diseases, and enhance national programmes to enhance their rational use.
WHO’s work in the area of immunization quality and safety focuses on the implementation of national policies and services, to ensure that vaccines and immunization services are accessible and effective, and that they meet international norms and standards of quality and safety.

Removing barriers to immunization allows the rapid introduction and uptake of life-saving vaccines into national immunization schedules in accordance with the burden of disease and national priorities.

The Global immunization vision and strategy (GIVS), adopted by the World Health Assembly in 2005 (WHA 58.15), addresses strategies to protect more people against more diseases, introduce a range of new vaccines and technologies, integrate other critical health interventions with immunization, and manage vaccination programmes in the context of global interdependence. By adopting GIVS, Member States committed to ensuring availability and access to affordable and cost-effective vaccines of assured quality and desired efficacy, as well as to develop, strengthen and/or maintain surveillance systems for vaccine-related adverse events, linked with systems for monitoring compliance of safe injection practices.

Challenges
The challenges with vaccination programmes are found mostly in the low and middle-income countries, and are partly linked to resources, but that is not the whole story:

**Costs**
The cost of fully vaccinating an infant against poliomyelitis, tuberculosis, diphtheria, tetanus, pertussis, Haemophilus influenzae, hepatitis B, measles, mumps and rubella is estimated at approximately US$ 15 and the addition of pneumococcal and rotavirus vaccines increases the vaccine cost to US$ 35 per infant. There is substantial variation in access to vaccines intended for children, adolescents, elderly, and certain occupational or risk groups.

Thus prices continue to be a major obstacle to vaccine introduction or expansion of target groups, and the current levels of production of vaccines of assured quality are insufficient to meet public health needs. More efforts are needed to improve the affordability of these vaccines for low- and middle income countries.

The cost of vaccine storage, delivery and administration, and immunization waste management, as well as the cost of monitoring immunization safety further constrains the limited budgets available for preventive services, leaving the health authorities in a precarious situation when outbreaks or pandemics of vaccine-preventable diseases occur.

**Technical advisory groups needed**
The lack of national immunization technical advisory groups in a considerable number of Member States provides an obstacle to evidence-based decisions regarding immunization schedules, prioritization of the use of available new vaccines, and the efficacy and safety of products used in national immunization programmes.

**Misinformation**
In several countries, media reports, misinterpretation of data and misinformation related to adverse events following vaccination, have led to the delayed introduction or suspension of the use of vaccines, which has led to an increase in morbidity and mortality of vaccine-preventable diseases.
Risk and trust in vaccines

There is a tendency to underestimate risks of vaccine preventable diseases. Vaccines provide an important public health tool to minimize the harm. Yet lack of information used for regulatory decision making in public domain fuels criticisms voiced over inadequate and insufficient testing prior to licensing as it was the case of pandemic A (H1N1) 2009 influenza vaccines. Significant scientific review is a prerequisite for vaccine licensing, yet trust in vaccine safety mechanisms is mixed. The value and importance of randomized controlled clinical trials is indisputable. However, examples of an older rotavirus vaccine and an inactivated adjuvanted intranasal influenza vaccine clearly demonstrated lack of power and predictability of rare events in prelicensure trials as well as reliance on postmarketing surveillance.

Constraints of regulation

The regulation of vaccines and biotech medicines remains a specialist activity with relatively limited global resource. National regulatory authorities face increasing resource constraints to successfully regulate these products.

What WHO Regional Office for Europe is doing

The activities of the programme include:
- supporting the development of relevant national policies and standard operational procedures;
- assistance devising multi-year plans;
- guidance with implementation and monitoring of norms and standards;
- assuring the quality of vaccines and immunization equipment through both capacity strengthening of national regulatory authorities and prequalification activities;
- strengthening vaccine management, immunization logistics, injection safety and safe waste management at service provision levels; and
- building regional expertise and in-country capacity for efficient management of immunization programmes as well as monitoring, assessing and responding to vaccine safety issues.

What additional progress can be achieved with more resources?

They would enable WHO to enhance its many initiatives underway at this important time, and:

- to assist Member States to formulate evidence-based policies for the use of new vaccines;
- to further explore and sustain the integration of immunization services and logistics with other public health interventions such as primary health care, injection safety and health care waste management, essential drug supply chains;
- to ensure that all populations have access to vaccines of the highest assured quality through strengthened, streamlined regulatory and vaccine management processes;
- to advocate for NRA strengthening in the area of biologicals, define future goals and obtain political support;
- to devise communication strategies to address misinterpretation of data and misinformation related to adverse events following vaccination and provide access to credible sources of information on vaccine safety;
- to strengthen vaccine regulatory and postmarketing surveillance capacity to meet current challenges and contribute to global efforts;
- to support countries’ capacity to address regulatory and vaccine deployment challenges of outbreak or pandemic preparedness and response, and
- to identify existing and support development of additional training opportunities relevant for biologicals.
Safe blood supplies

The safety and availability of blood supplies have direct implications for public health. Recorded differences in the pace of development of blood transfusion services across the WHO European Region are related to the general economic and social level of each country. These are reflected in the technologies used, medical practices, and public attitudes towards donation and transfusion of blood and blood products and also in the quality, safety and availability of the blood transfusion services. Countries that have appropriate legislation for blood transfusion practice mostly organize systems on a national basis. This enables a coherent strategy and development of common standards, shared working procedures and cost-effective use of resources.

Challenges
The organization, capacity and safety standards of national blood services vary widely across the Region. Countries lacking a national blood policy should give high priority to making one, with a timetable for its implementation and a set of quality indicators in accordance with European Union directives and Council of Europe and WHO recommendations. Other challenges include:

- **Insufficient safe blood donation rates**
  Donation rates for blood vary by more than 10 times across the Region, generating inadequacies and inequities in the availability of blood for clinical use and choice of transfusion therapies.

- **Restrictive funding**
  Restrictive funding for blood transfusion services hinders local priority setting, mostly with respect to maintaining a balance between the acquisition of new technologies and the optimization of existing services.

- **Lack of training**
  In the area of blood transfusion, outdated practices and inadequate risk assessment persist in some countries in the eastern part of the Region owing to deficient information flows and lack of appropriate training and technologies.
What additional progress can be achieved with more resources?

They would enable WHO to build on the achievements made so far, and particularly target:

- the systemic deficiencies of blood transfusion services as part of broader national health reforms in all countries concerned, supported by the international community;
- capacity building in optimal management of the blood service and effective delivery of blood products by implementation of WHO GMP dedicated guidelines; and
- advocacy for, promotion of and support to voluntary non remunerated blood donation as well as appropriate use of blood and blood products at the clinical site, as cornerstones for a safe and adequate blood supply.

What WHO Regional Office for Europe is doing

WHO/Europe works with national health authorities, international stakeholders and partners for blood service reform.

This involves:

- supporting countries in developing nationally coordinated blood (and plasma) programmes with appropriate regulatory systems and effective legislation
- the development of national donor programmes
- improving the quality of management of clinical blood use
- enhanced information sharing
- dissemination of WHO guidelines and recommendations promoting the health system approach
- building capacity, which involves facilitating the training of blood services staff to optimize performance and promote patient safety, updating the technical knowledge of health care workers and patient information, and empowerment: priorities of work in this process
- facilitating the establishment of reporting mechanisms for adverse/unexpected events related to blood components and plasma-derived medicines and other biologicals.

For more information, see http://www.euro.who.int/bloodsafety
Progress in the Region

Expanding access to essential medicines and removing barriers to immunization has been a priority in the lower income countries, particularly for low-income and disadvantaged populations and for the priority diseases HIV/AIDS and TB. A major focus is on financing, supply systems and quality assurance, where effective work with countries and partnerships with other international organizations, aid agencies and nongovernmental organizations are crucial for achieving sound, sustainable results.

Newly independent states (NIS)

NIS are Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine, Uzbekistan. WHO has worked there since 1993 with counterparts in the NIS to help reform their pharmaceutical sectors. This collaboration covers a broad range of activities to improve the legislative framework, train staff in key areas, improve access to drugs and encourage the rational use of good-quality drugs. The overriding objective has been to facilitate local ownership of reforms, so that countries develop and implement drug policies and drug regulatory systems that will be sustainable in the long term. DRUGNET network (network of NIS regulators) facilitates information exchange and collaboration in the region.

Here are some of the achievements so far:

- Eleven of the twelve NIS have formulated national medicines policies with the support of WHO.
- Essential medicines lists and national drug formularies of the majority of countries are regularly updated and used for procurement of essential medicines.
- All second-line TB medicines are now successfully registered and re-registered in Kyrgyzstan and Russian Federation. This process is also underway in Ukraine and Uzbekistan. The legislation of Azerbaijan and the Republic of Moldova was amended in order to enhance access to TB medicines.
- In the past five years, over 200 experts from 11 NIS have been trained in specially developed training courses on the following areas.
  - Development of a formulary system
  - Quality control and quality assurance (enhancing the use of cheaper generic medicines of good quality)
  - Good manufacturing practices and GMP inspection
  - Blood safety (quality management, testing, donor promotion, clinical use)

As a result of these exercises, in the last biennium three countries have amended their national regulations in the area of quality assurance of generic medicines and two countries have developed national drug formularies. Most importantly, five countries have developed regulatory mechanisms of revision and update of their national formularies.

- Ukraine has amended its national medicines and patent legislation in order to enhance access to generic medicines.
- Tajikistan has developed a comprehensive national health strategy with a chapter on medicines in line with WHO recommendations, as well as an updated blood safety national strategy and donor programme.
South-eastern European (SEE) countries

SEE include Albania, Bosnia Herzegovina, Croatia, Montenegro, Serbia, The former Yugoslav Republic of Macedonia and Turkey.

WHO/Europe supports SEE countries directly to strengthen the supply, procurement, pricing, reimbursement and regulation of pharmaceuticals.

- In The former Yugoslav Republic of Macedonia and Albania, WHO gave technical support to formulating national medicines policies and good governance frameworks for the pharmaceutical sector.

- In Turkey, training was provided through national workshops on medicines evaluation organized with the Ministry of Health. The brief was to discuss health technology assessment approaches for the evaluation of essential medicines for their national medicines reimbursement lists, and to develop standard treatment guidelines.

- In Bosnia Herzegovina, WHO supported the strengthening of medicines regulation, the development of new medicines legislation, and the establishment in law of a new Medicines Agency. Technical staff were trained.

- Bosnia and Herzegovina and Montenegro received technical assistance with managing vaccine safety alerts.

- Montenegro and Bosnia Herzegovina had expert advice to improve the prescribing and use of medicines, through training workshops for physicians on rational prescribing and the development of standard treatment guidelines.

- Croatia will be hosting in 2011 the annual WHO meeting of the network of national authorities on monitoring adverse drug reactions.

- In Serbia, WHO gave support for the improvement of medicines supply systems. This was done through a review of the Serbian medicines reimbursement system, and recommendations were formulated to further improve the effectiveness of the system.

- Vaccine-producing countries Serbia and Croatia received technical assistance with their regulatory authorities.

- The South-eastern European Health Network (SEEHN) blood safety project led to the development of national dedicated updated policies and strategies and national donor programmes in the nine participant countries, consistent with European legislation and Council of Europe and WHO recommendations.
European Union (EU)

WHO/Europe collaborates with the European Commission and EU Member States and neighbour countries to improve access to safe and affordable medicines. These activities and projects include regular networking meetings with Ministries of Health and Social Health Insurance on pharmaceutical policies, especially – and with the WHO Collaborating Centre on medicines pricing and reimbursement policies “Gesundheit Österreich” - the Pharmaceutical Pricing and Reimbursement Information (PPRI) network and the Pharmaceutical Health Information System (PHIS) project and other European initiatives.

WHO/Europe facilitates networking among European Union countries to exchange information and experience on pricing and reimbursement policies, including health technology assessment applied to evaluating medicines for reimbursement, safe blood transfusion practices and health technology management.

These initiatives have led to the setting up of a European database on medicine prices, and the regular exchange of information on medicine prices as well as on policy arrangements. The networks also provide an excellent platform for learning from the policy successes and failures in other countries, i.e. on the introduction of generic medicines, the use of HTA for medicines reimbursement, the use of external reference pricing, policies to streamline the distribution sector, among others.

Other activities include:

- policy dialogue with the European Commission and EU countries on medicines policies and stimulating R&D and medical innovation that corresponds to public health needs;
- capacity building and training courses in HTA and clinical- and cost-effectiveness evaluation of medicines, and support to European networking on collaboration on medicines evaluation;
- specific projects such as the WHO review of the Technology Appraisal programme (2003) and the Clinical Guidelines programme of NICE in England (2006), and the WHO review of the programme on Health information for patients and the general public, by the German Institute for Quality and Efficiency in Health Care IQWiG (2010);
- In the area of biologicals, activities included interactions with regulatory agencies of vaccine producing countries regarding WHO prequalified vaccines for global supply, collaboration on establishment of international standards, and support in addressing vaccine safety related issues; and
- participation in the periodic meetings of the EU Competent blood authorities.

Focus countries

The focus for these country support programmes is mainly the newly independent states and the south eastern European countries, while supporting the networking functions with the EU and other western European countries on information exchange and evidence generation.
Global strategies tailored for the WHO European Region

WHO Member States reaffirmed their commitment to the principle of equitable access to safe and affordable medicines and medical products and devices in recent World Health Assembly resolutions on the Rational use of medicines WHA 60.16, and on the Global strategy and plan of action on public health, innovation and intellectual property WHA61.21. In 2008 WHO launched the global initiative on health technologies (GIHT) to help make core technologies available and usable at an affordable price, particularly to communities with limited resources.

The Global immunization vision and strategy (GIVS), adopted by the World Health Assembly in 2005 (WHA 58.15), addresses strategies to protect more people against more diseases, introduce a range of new vaccines and technologies, integrate other critical health interventions with immunization, and manage vaccination programmes in the context of global interdependence. By adopting GIVS, Member States committed to ensuring availability and access to affordable and cost-effective vaccines of assured quality and desired efficacy, as well as to develop, strengthen and/or maintain surveillance systems for vaccine-related adverse events, linked with systems for monitoring compliance of safe injection practices.

The availability, quality and safety of blood products is a global and regional priority reaffirmed by the establishment of a World Blood Donor day (WHA58.13, 2005) and the resolution WHA63.12 on the Availability, safety and quality of blood products.

Recent publications

Recent publications are available from the websites
http://www.euro.who.int/en/what-we-do/health-topics/Health-systems/medicines/publications2
http://www.euro.who.int/en/what-we-do/health-topics/Health-systems/health-technologies/publications2
http://www.euro.who.int/en/what-we-do/health-topics/Health-systems/blood-safety/publications2

To date, key partnerships include:

WHO/Europe collaborates with the European Union through direct policy consultation and networking initiatives
- European Network for Health Technology Assessment (EUNETHTA) http://www.eunethta.net/Public/About_EUnetHTA/
- World Bank http://www.worldbank.org/ country offices
- The Council of Europe
  - European Directorate for the Quality of Medicines (EDQM) http://www.edqm.eu/en/Homepage-628.html
- GAVI Alliance http://www.gavialliance.org/
- Global Fund to Fight AIDS, Tuberculosis and Malaria http://www.theglobalfund.org/en/
- Health Action International http://www.healthweb.org/
- The International Federation for Medical and Biological Engineering (IFMBE) http://www.ifmb.org/
- The International Network of Agencies for Health Technology Assessment (INAHTA) http://www.inahta.org/
- The UK DfID Medicines Transparency Alliance http://www.medicinestransparency.org/
- EuroPharm Forum http://www.europharmforum.org/page/4227 is a joint network of national pharmaceutical associations and WHO Regional Office for Europe.

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WHO’s Strategic objectives

With a specific focus on inequalities, social determinants of health and health in all policies, 2020 provides a European platform for achieving the 11 Strategic Objectives which frame the work of WHO in the European Region.

Briefings are available in each of the Strategic Objective areas:

1. Reduce the health, social and economic burden of communicable diseases.
2. Combat HIV/AIDS, tuberculosis and malaria.
3. Prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment.
4. Reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals.
5. Reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact.
6. Promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.
7. Address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches.
8. Promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.
9. Improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development.
10. Improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research.
11. Ensure improved access, quality and use of medical products and technologies.