

Collaborating with WHO to improve affordable access of quality-assured medicines

GÖG Colloquium

organised by the WHO Collaborating Centre for Pharmaceutical Pricing and
Reimbursement Policies

Pharmacoeconomics Department, Austrian National Public Health Institute
(Gesundheit Österreich GmbH / GÖG)

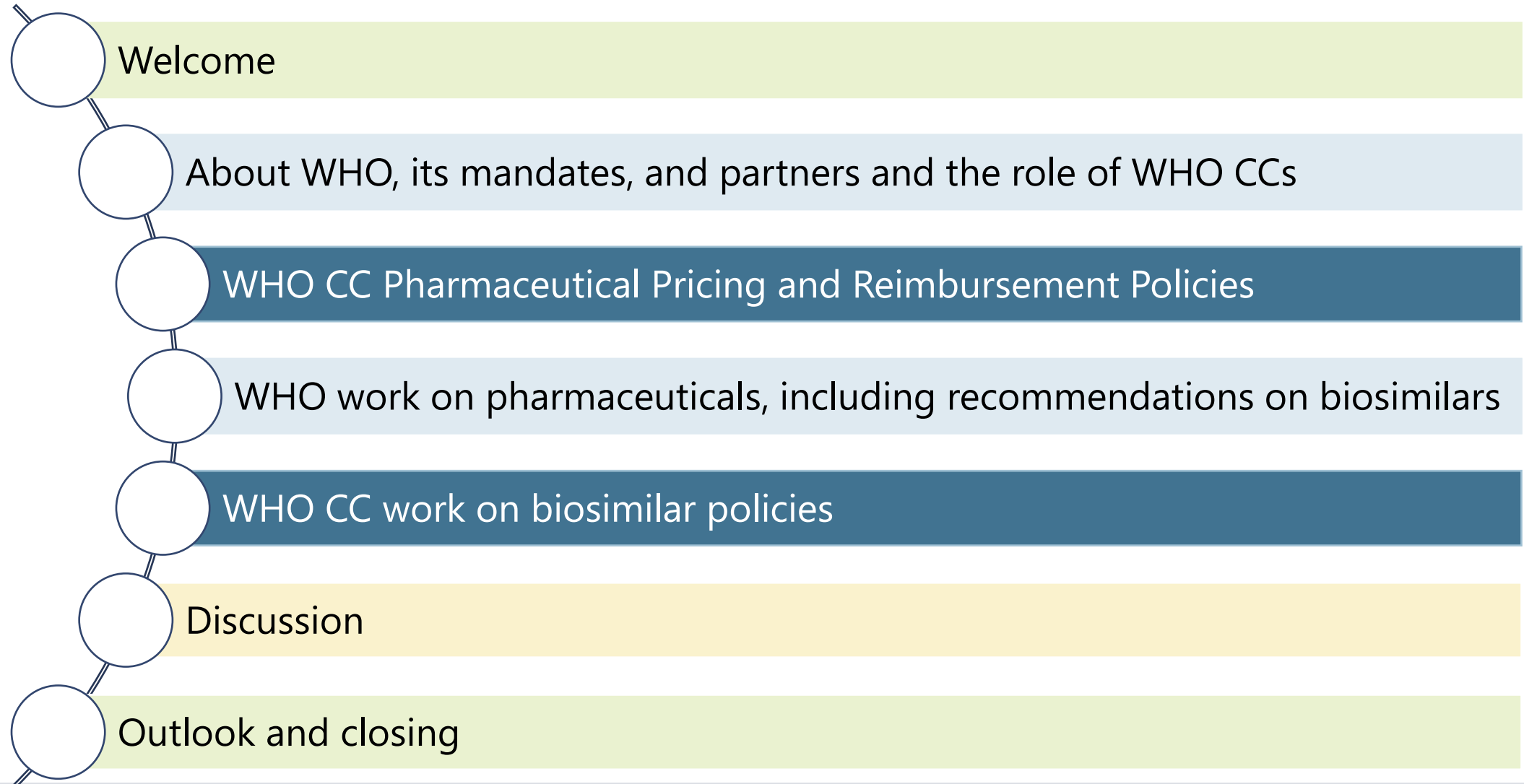
GÖG Colloquium

1 September 2026

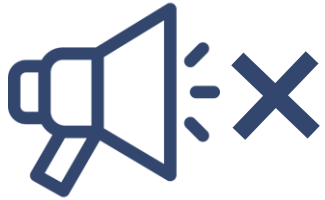
Welcome

By Sabine Vogler

Agenda



Housekeeping rules



Please **mute your microphone** when you are not speaking.



Please use the “**raise your hand function**” if you have questions. Q&A and discussion will be at the end of the presentations.



Please also use the **chat function** for additional information or if you have a question. The facilitator will either read the question afterwards or give you the floor for stating your question (turn microphone on). Please state your name and country first.

— Guest speaker



© private

Kiu Siang Tay Teo, PhD

Technical Officer at WHO Headquarters

GÖG Colloquium

Collaborating with WHO to improve affordable access of
quality-assured medicines

Kiu Tay-Teo

About WHO, its mandates, and partners



The United Nations System



PRINCIPAL ORGANS

GENERAL ASSEMBLY

SECURITY COUNCIL

ECONOMIC AND SOCIAL COUNCIL

SECRETARIAT

INTERNATIONAL COURT OF JUSTICE

TRUSTEESHIP COUNCIL⁴

SUBSIDIARY ORGANS

Intergovernmental and Expert Bodies

- Disarmament Commission
- Human Rights Council
- International Law Commission
- Joint Inspection Unit (JIU)
- United Nations Commission on International Trade Law
- Main Committees
- Standing committees and ad hoc bodies

Funds and Programmes¹

- UNDP United Nations Development Programme
- UNCDF United Nations Capital Development Fund
- UNV United Nations Volunteers
- UNEP⁶ United Nations Environment Programme
- UNFPA United Nations Population Fund
- UN-HABITAT⁶ United Nations Human Settlements Programme
- UNICEF United Nations Children's Fund
- WFP World Food Programme (UN/FAO)

Research and Training

- UNIDIR United Nations Institute for Disarmament Research
- UNITAR United Nations Institute for Training and Research
- UNSSC United Nations System Staff College
- UNU United Nations University

Other Entities

- ITC International Trade Centre (UN/WTO)
- UNCTAD^{1,6} United Nations Conference on Trade and Development
- UNHCR¹ Office of the United Nations High Commissioner for Refugees
- UNOPS¹ United Nations Office for Project Services
- UNRWA¹ United Nations Relief and Works Agency for Palestine Refugees in the Near East
- UN-WOMEN¹ United Nations Entity for Gender Equality and the Empowerment of Women

RELATED ORGANIZATIONS³

- CTBTO Preparatory Commission
- Preparatory Commission for the Comprehensive Nuclear-Test-Ban Treaty Organization
- IAEA¹ International Atomic Energy Agency
- ICC International Criminal Court
- IOM¹ International Organization for Migration
- ISA International Seabed Authority
- ITLOS International Tribunal for the Law of the Sea
- OPCW Organization for the Prohibition of Chemical Weapons
- WTO¹ World Trade Organization

Peacebuilding Commission

HLPF⁹
High-level Political Forum on Sustainable Development

SUBSIDIARY ORGANS

- Counter-Terrorism Committee
- International Residual Mechanism for Criminal Tribunals
- Military Staff Committee
- Peacekeeping operations and special political missions
- Standing committees and ad hoc bodies
- Sanctions Committees

COMMISSIONS AND OTHER SUBSIDIARY ORGANS

Functional Commissions

- Crime Prevention and Criminal Justice
- Narcotic Drugs
- Population and Development
- Science and Technology for Development
- Social Development
- Statistics
- Status of Women
- United Nations Forum on Forests

Regional Commissions⁶

- ECA Economic Commission for Africa
- ECE Economic Commission for Europe
- ECLAC Economic Commission for Latin America and the Caribbean
- ESCAP Economic and Social Commission for Asia and the Pacific
- ESCWA Economic and Social Commission for Western Asia

Other Bodies⁶

- Committee for Development Policy
- Committee of Experts on Public Administration
- Committee on Non-Governmental Organizations
- Permanent Forum on Indigenous Issues
- UNAIDS Joint United Nations Programme on HIV/AIDS
- UNGEGN United Nations Group of Experts on Geographical Names
- UNGGIM Committee of Experts on Global Geospatial Information Management

Research and Training

- UNICRI United Nations Interregional Crime and Justice Research Institute
- UNIRISD United Nations Research Institute for Social Development

SPECIALIZED AGENCIES^{1,3}

- FAO Food and Agriculture Organization of the United Nations
- ICAO International Civil Aviation Organization
- IFAD International Fund for Agricultural Development
- ILO International Labour Organization
- IMF International Monetary Fund
- IMO International Maritime Organization
- ITU International Telecommunication Union
- UNESCO United Nations Educational, Scientific and Cultural Organization
- UNIDO United Nations Industrial Development Organization
- UN TOURISM World Tourism Organization
- UPU Universal Postal Union
- WHO World Health Organization
- WIPO World Intellectual Property Organization
- WMO World Meteorological Organization
- WORLD BANK GROUP⁵
 - IBRD International Bank for Reconstruction and Development
 - IDA International Development Association
 - IFC International Finance Corporation

DEPARTMENTS AND OFFICES⁷

- EOSG Executive Office of the Secretary-General
- DCO Development Coordination Office
- DESA Department of Economic and Social Affairs
- DGACM Department for General Assembly and Conference Management
- DGC Department of Global Communications
- DMSPC Department of Management Strategy, Policy and Compliance
- DOS Department of Operational Support
- DPO Department of Peace Operations
- DPPA Department of Political and Peacebuilding Affairs
- DSS Department of Safety and Security
- OCHA Office for the Coordination of Humanitarian Affairs
- OCT Office of Counter-Terrorism
- ODA Office for Disarmament Affairs
- ODET Office for Digital and Emerging Technologies
- OHCHR Office of the United Nations High Commissioner for Human Rights
- OIOS Office of Internal Oversight Services
- OLA Office of Legal Affairs

- OOSA Office for Outer Space Affairs
- OSAA Office of the Special Adviser on Africa
- SRSO/CAAC Office of the Special Representative of the Secretary-General for Children and Armed Conflict
- SRSO/SVC Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict
- SRSO/VAC Office of the Special Representative of the Secretary-General on Violence Against Children
- UNDRR United Nations Office for Disaster Risk Reduction
- UNODC¹ United Nations Office on Drugs and Crime

- UNOG United Nations Office at Geneva
- UN-OHRLLS Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and Small Island Developing States
- UNON United Nations Office at Nairobi
- UNOP² United Nations Office for Partnerships
- UNOV United Nations Office at Vienna
- UN YOUTH United Nations Youth Office

Notes:

- 1 Member of the United Nations System Chief Executives Board for Coordination (CEB).
- 2 The United Nations Office for Partnerships is the focal point vis-a-vis the United Nations Foundation, Inc.
- 3 These organizations are separate and independent from the United Nations. They have been brought into relationship with the United Nations through relationship agreements.
- 4 The Trusteeship Council suspended operations on 1 November 1994, as Palau, the last United Nations Trust Territory, became independent on 1 October 1994.
- 5 International Centre for Settlement of Investment Disputes (ICSID) and Multilateral Investment Guarantee Agency (MIGA) are not specialized agencies in accordance with Articles 57 and 63 of the Charter, but are part of the World Bank Group.
- 6 The secretariats of these organs are part of the United Nations Secretariat.
- 7 The Secretariat also includes the following offices: the Ethics Office, United Nations Ombudsman and Mediation Services, and the Office of Administration of Justice.
- 8 For a complete list of ECOSOC subsidiary organs see un.org/ecosoc.
- 9 HLPF was established by the General Assembly. Meetings of HLPF are separately convened under the auspices of the General Assembly and of the Economic and Social Council.

This Chart is intended to provide a graphical reflection of the functional organization of the United Nations system and is for informational purposes only. The relevant rules of the organization concerned should be consulted in order to establish the legal status, functions and reporting lines of each entity shown in this Chart. The Chart does not include all offices or entities of the United Nations system. Published by the United Nations Department of Global Communications. 25-00005 — March 2025 © 2025 United Nations. All rights reserved worldwide.

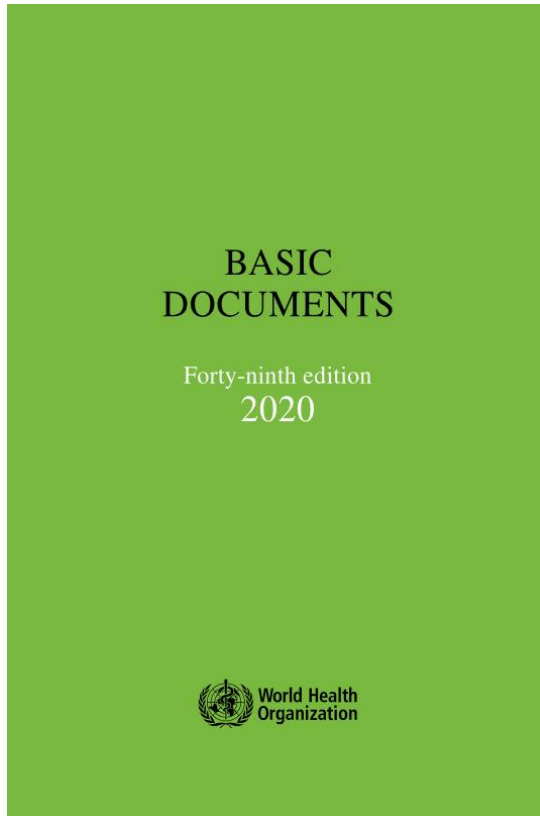
WHO is a specialized agencies within the UN system

These organizations are separate and independent from the United Nations. They have been brought into relationship with the United Nations through relationship agreements.

Source:

<https://digitallibrary.un.org/record/4079829?ln=en&v=pdf>

WHO Basic Documents include WHO Constitution, the Agreements with other Intergovernmental Organizations, rules & procedures, among other documents



The objective of the World Health Organization shall be the attainment by all peoples of the highest possible level of health.

- Health is a state of **complete physical, mental and social well-being** and not merely the absence of disease or infirmity.
- The enjoyment of the highest attainable standard of health is one of the **fundamental rights** of every human being without distinction of race, religion, political belief, economic or social condition.
- The health of all peoples is fundamental to the **attainment of peace and security** and is dependent upon the fullest **co-operation of individuals and States**.
- The achievement of **any State** in the promotion and protection of health is of **value to all**.
- **Unequal development** in different countries in the promotion of health and control of disease, especially communicable disease, **is a common danger**.

© WHO

Source: <https://iris.who.int/handle/10665/339554>

WHO Basic Documents describes WHO functions

- Coordinate and promote collaboration and cooperation
- Setting norms and standards
- Provide technical assistance
- Building capacity

- (a) to act as the **directing and co-ordinating authority on international health work**;
- (b) to establish and maintain **effective collaboration** with the United Nations, specialized agencies, governmental health administrations, professional groups and such other organizations as may be deemed appropriate;
- (c) **to assist Governments, upon request**, in strengthening health services;
- (d) to furnish appropriate **technical assistance** and, in emergencies, necessary aid upon the request or acceptance of Governments;
- (e) to **provide or assist** in providing, upon the request of the United Nations, health services and facilities to special groups, such as the peoples of trust territories;
- (f) to establish and maintain such administrative and technical services as may be required, including **epidemiological and statistical services**;
- (g) to stimulate and advance work to **eradicate epidemic, endemic and other diseases**;
- (h) to promote, in co-operation with other specialized agencies where necessary, the **prevention of accidental injuries**;
- (i) to promote, in co-operation with other specialized agencies where necessary, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of **environmental hygiene**;
- (j) to promote **co-operation among scientific and professional groups** which contribute to the advancement of health;
- (k) to propose conventions, agreements and regulations, and make recommendations with respect to international health matters and to perform such duties as may be assigned thereby to the Organization and are consistent with its objective;
- (l) to promote **maternal and child health and welfare** and to foster the ability to live harmoniously in a changing total environment;
- (m) to foster activities in the field of **mental health**, especially those affecting the harmony of human relations;
- (n) to promote and conduct **research in the field of health**;
- (o) to promote improved standards of **teaching and training in the health, medical and related professions**;
- (p) to **study and report** on, in co-operation with other specialized agencies where necessary, administrative and social techniques affecting public health and medical care from preventive and curative points of view, including hospital services and social security;
- (q) to **provide information**, counsel and assistance in the field of health;
- (r) to assist in **developing an informed public opinion** among all peoples on matters of health;
- (s) to establish and revise as necessary **international nomenclatures of diseases**, of causes of death and of public health practices;
- (t) to **standardize** diagnostic procedures as necessary;
- (u) **to develop, establish and promote international standards with respect to food, biological, pharmaceutical and similar products**;
- (v) generally to take all necessary action to attain the objective of the Organization

WHO partners with various stakeholders at global, regional and country levels to meet SDG goals and triple billion targets



Achieving UHC requires people having access to safe, effective, quality, and affordable essential medicines and vaccines

SUSTAINABLE DEVELOPMENT GOALS

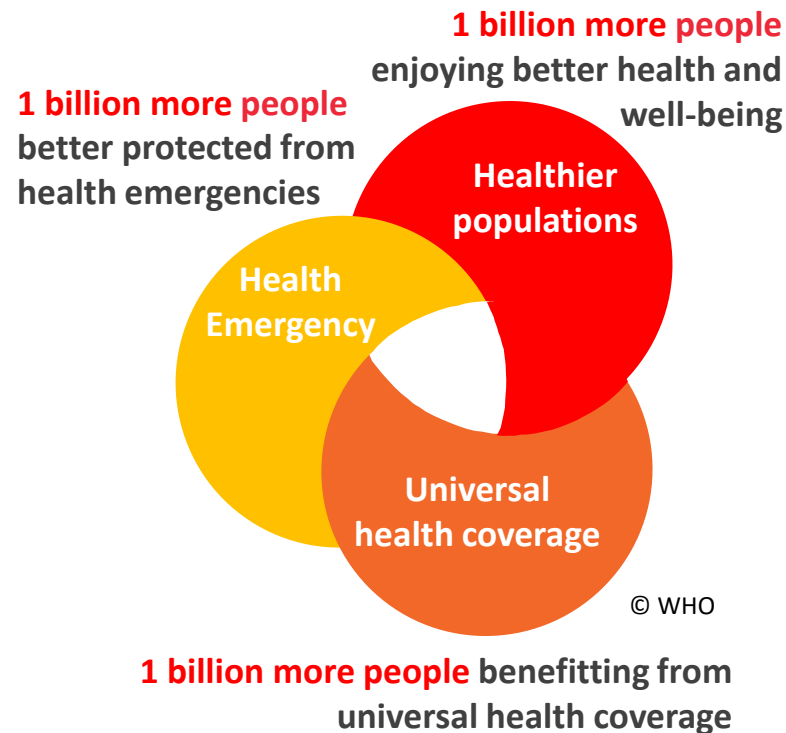
2016- 2030



- **3.8** Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all

Source:
<https://sdgs.un.org/goals>

WHO 'Triple billion' goals 2019- 2023



A Global Health Strategy for 2025–2028

advancing equity and resilience in a turbulent world

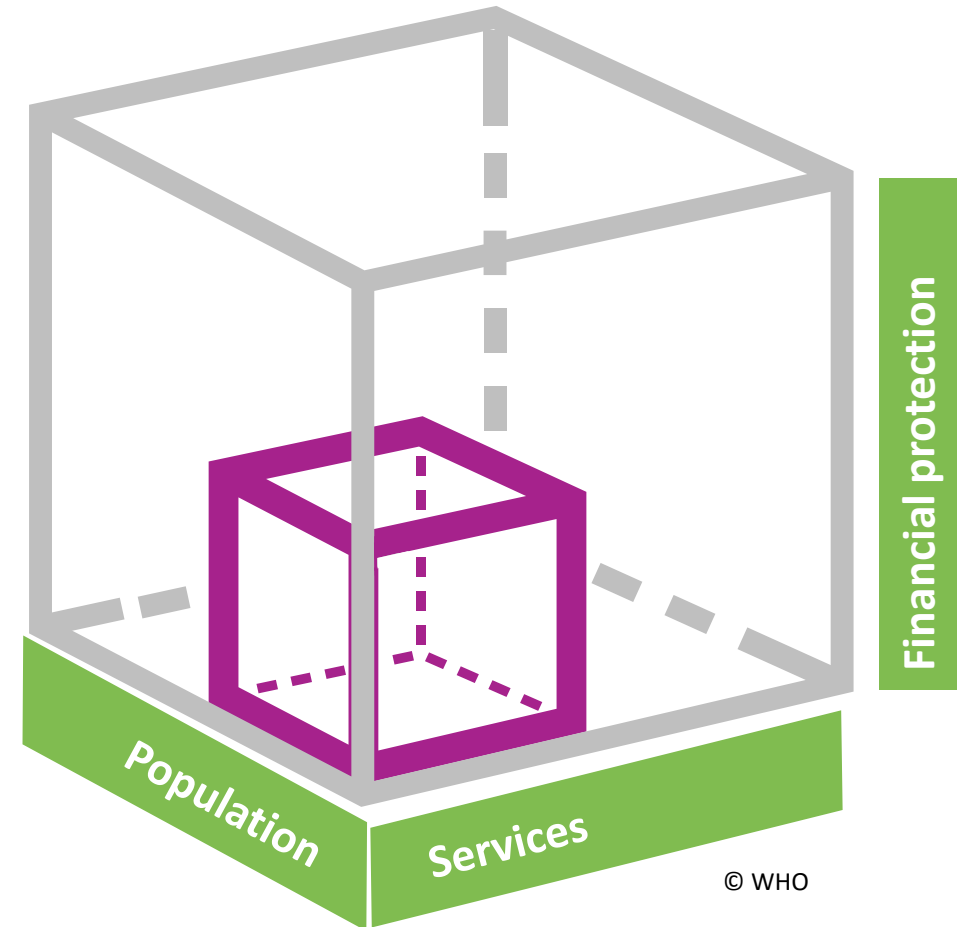
Fourteenth General Programme of Work



© WHO

Universal Health Coverage: breath, depth and scope of progress

- Provide **all people** with access to needed health services (including prevention, promotion, treatment and rehabilitation) of sufficient quality to be effective
- Ensure that the use of these services does **not** expose the users to **financial hardship**



© WHO



World Health
Organization



HEALTH
FOR ALL

About WHOCC and its role

A WHOCC is an institution designated by the WHO Director-General

To form part of an **international collaborative network** set up by WHO in support of its programme at the country, intercountry, regional, interregional and global levels.

WHO collaborating centres is to provide strategic support to the Organization to meet two main needs:

- Implementing **WHO's mandated work and programme** objectives
- Developing and **strengthening institutional capacity** in countries and regions

The functions of the WHO collaborating centres are diverse

- collection, collation and dissemination of **information**
- **standardization** of terminology and nomenclature, of technology, of diagnostic, therapeutic and prophylactic substances, and of methods and procedures
- **development and application** of appropriate technology
- provision of **reference** substances and other services
- participation in **collaborative research** developed under the Organization's leadership, including the planning, conduct, monitoring and evaluation of research, as well as promotion of the application of the results of research
- **training**, including research training
- **coordination of activities** carried out by several institutions on a given subject.



WHO Collaborating Centre for Drug Statistics Methodology based at the Norwegian Institute of Public Health

ATC/DDD Index 2026

- **WHO's Anatomical Therapeutic Chemical (ATC) classification system and Defined Daily Dose (DDD)**
- The purpose of the ATC/DDD system is to serve as **a tool for drug utilization monitoring and research** in order to improve quality of drug use. One component of this is the presentation and comparison of drug consumption statistics at international and other levels.

Source: https://atcddd.fhi.no/atc_ddd_index/

ATC/DDD Index 2026

A searchable version of the complete ATC index with DDDs is available below. The search options enable you to find ATC codes and DDDs for substance name and/or ATC levels. In your search result you may choose to show or hide the text from the Guidelines for ATC classification and DDD assignment linked to the ATC level. The text in the Guidelines will give information related to the background for the ATC and DDD assignment.

Search query

ATC code	or	name	Search
		containing query	

ATC code

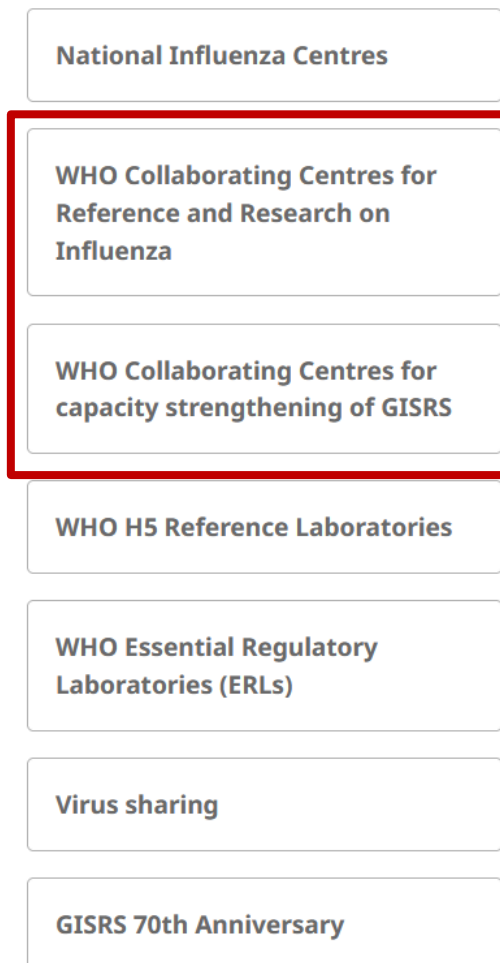
- All ATC levels are searchable.
- A search will result in showing the exact substance/level and all ATC levels above (up to 1st ATC level).

A ALIMENTARY TRACT AND METABOLISM
B BLOOD AND BLOOD FORMING ORGANS
C CARDIOVASCULAR SYSTEM
D DERMATOLOGICALS
G GENITO URINARY SYSTEM AND SEX HORMONES
H SYSTEMIC HORMONAL PREPARATIONS, EXCL. SEX HORMONES AND INSULINS
J ANTIINFECTIVES FOR SYSTEMIC USE
L ANTINEOPLASTIC AND IMMUNOMODULATING AGENTS
M MUSCULO-SKELETAL SYSTEM
N NERVOUS SYSTEM
P ANTIPARASITIC PRODUCTS, INSECTICIDES AND REPELLENTS
R RESPIRATORY SYSTEM
S SENSORY ORGANS
V VARIOUS



GISRS has been established **since 1952**

- global mechanism of surveillance, preparedness and response for seasonal, pandemic and zoonotic influenza;
- global platform for monitoring influenza epidemiology and disease
- global alert for novel influenza viruses and other respiratory pathogens



To support influenza surveillance and vaccine response:

Seven WHOCCs in Melbourne Australia, Beijing China, Tokyo Japan, London UK, Georgia USA, Memphis USA, Novosibirsk region in Russian Federation
(and four Essential Regulatory Laboratories)

To support capacity development and the implementation of quality systems to strengthen laboratory and surveillance capacities at national and regional levels:

Two WHOCCs in SAR Hong Kong China, and Dakar Senegal

Source: <https://www.who.int/initiatives/global-influenza-surveillance-and-response-system>

WHO Collaborating Centres for Pharmaceutical Policy

WHO CC for Governance, Transparency and Accountability in the Pharmaceutical Sector, University of Toronto, Canada

WHO CC in Pharmaceutical Policy, Boston School of Public Health, USA

WHO CC for Pharmaceutical Policies, Fiocruz, Rio de Janeiro, Brazil

WHO CC for Research and Training in the Patient Perspective on Medicines Use, University of Copenhagen, Denmark

WHO CC for Pharmaceutical Policy and Regulation, Utrecht University Kingdom of the Netherlands

WHO CC for Pharmaceutical Pricing and Reimbursement Policies, Austrian National Public Health Institute, Vienna, Austria

WHO CC for Pharmaceutical Policy and Evidence Based Practice, University of Kwazulu-Natal, Durban, South Africa



World Health
Organization



HEALTH
FOR ALL

WHO CC Pharmaceutical Pricing and Reimbursement Policies

Activities & collaboration with WHO

WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies @ GÖG

First designation
as a WHO CC



Redesignated
for another 4 years



Long-term
collaboration
with WHO

July
2010

July
2014

July
2018

July
2022

July
2026

WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies @ GÖG



© PPRI



PPRI Network
public authorities working on pricing
and reimbursement for medicines and
medical devices from 50 countries



WHO Euro
(associate partner)

WHO (HQ & Euro) involved in the PPRI network and PPRI Advisory Board member

First designation
as a WHO CC

Redesignated
for another 4 years

Long-term
collaboration
with WHO

July
2010

July
2014

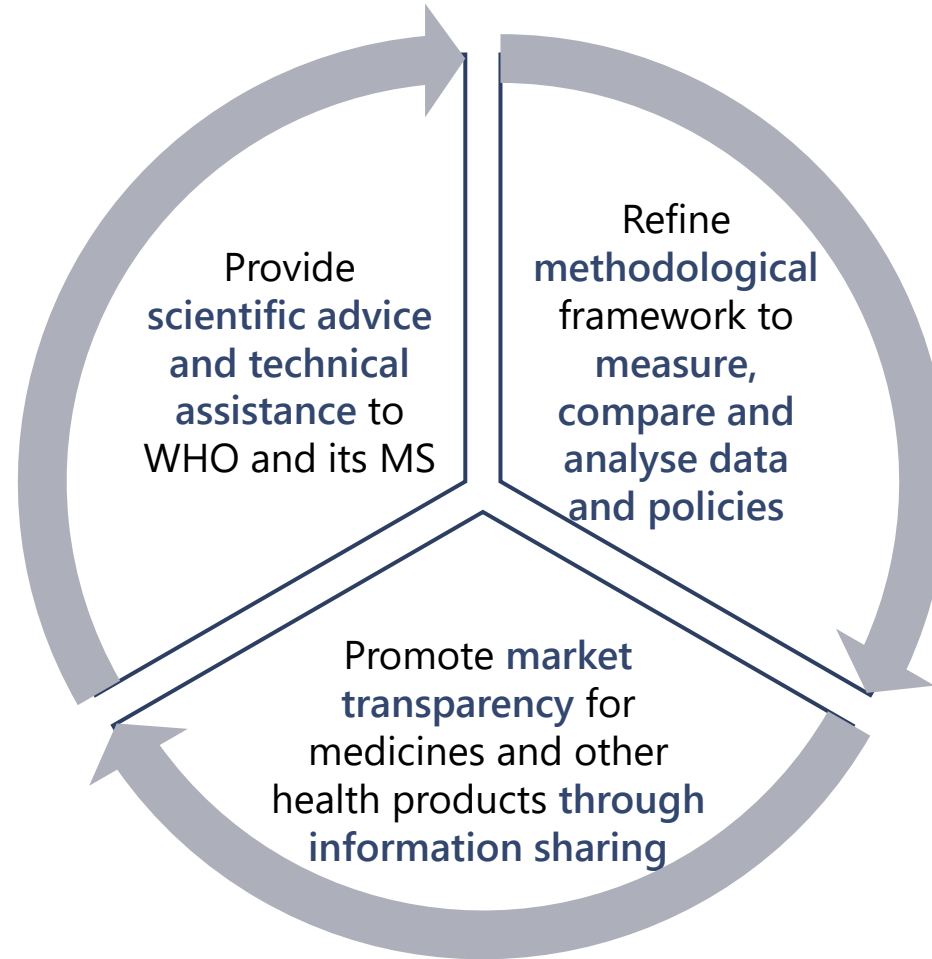
July
2018

July
2022

July
2026

WHO CC for Pharmaceutical Pricing and Reimbursement Policies

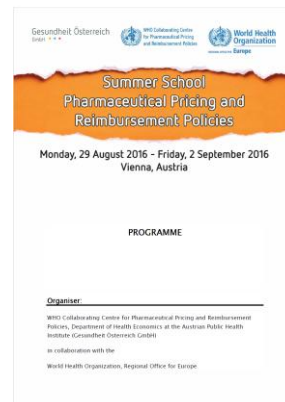
Our Terms of Reference



WHO CC for Pharmaceutical Pricing and Reimbursement Policies

Examples of previous activities

Provide
scientific advice
and technical
assistance to
WHO and its MS



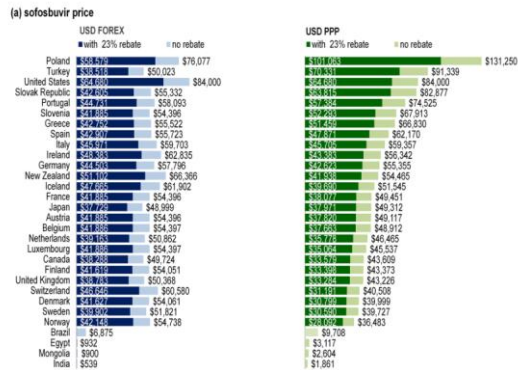
© GÖG

WHO CC for Pharmaceutical Pricing and Reimbursement Policies

Examples of previous activities

Analysing data and policies

Refine methodological framework to measure, compare and analyse data and policies

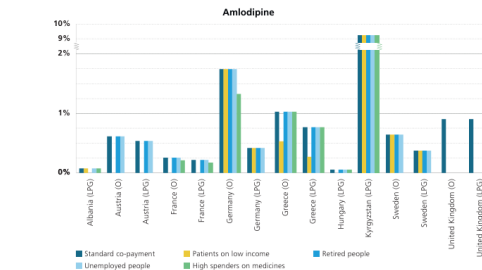


Iyengar S, Tay-Teo K, Vogler S, Beyer P, Wiktor S, De Joncheere K, Hill S. : [Prices, Costs, and Affordability of New Medicines for Hepatitis C in 30 Countries: An Economic Analysis](#). PLoS Med, 2016;13: 5

Surveying & reporting policies



Fig. 7.2 | Co-payments for a one-month or episode treatment as a proportion of the monthly minimum wage for defined patient groups in countries of the financial burden analysis, September 2017



Notes:

- Amlodipine: no data available for Albania (D), Hungary (D) and Kyrgyzstan (D); co-payment calculated for one pack because this pack size corresponds to one month's treatment.
- Where no data are available, the medicines are not displayed in the figures. If the country is included but no bar is shown in the figures, this means that no co-payment is charged.

<https://www.who.int/europe/publications/i/item/9789289053365>

Comparing policies

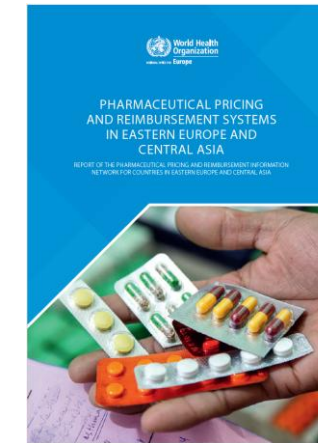
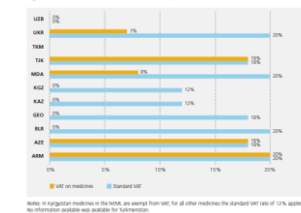
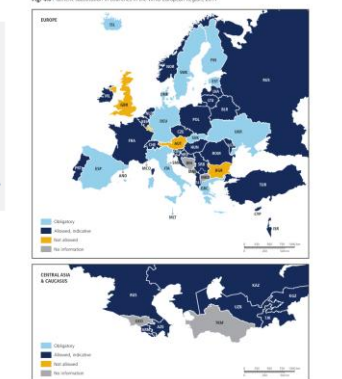


Fig. 3.4 | VAT rates on medicines, compared to other goods, in EUCA PPI network countries, 2018



<https://iris.who.int/items/1cbc40b2-8acc-4abc-ae58-ea714785e012>



<https://www.who.int/europe/publications/i/item/9789289053365>

WHO CC for Pharmaceutical Pricing and Reimbursement Policies

Examples of previous activities

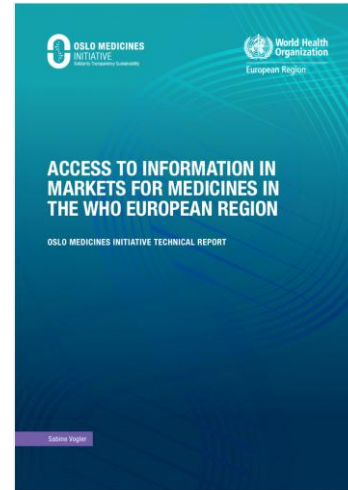
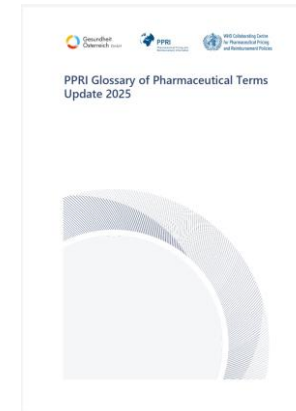
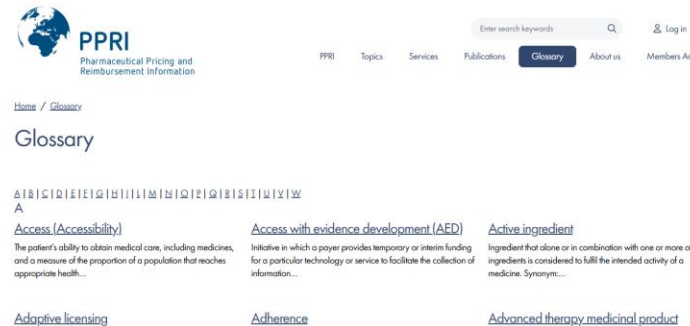


Fig. 8. Overview of mapping access to data in 48 countries



<https://www.who.int/europe/publications/i/item/9789289058322>

Promote market transparency for medicines and other health products through information sharing



https://ppri.goeg.at/system/files/inline-files/Masterfile_PPRI%20Glossary_Update%202025_final_Aug25_barrierefrei.pdf

WHO CC for Pharmaceutical Pricing and Reimbursement Policies

Connected with WHO and other WHO relevant stakeholders

WHO Headquarters

WHO Europe

Further regional
WHO offices

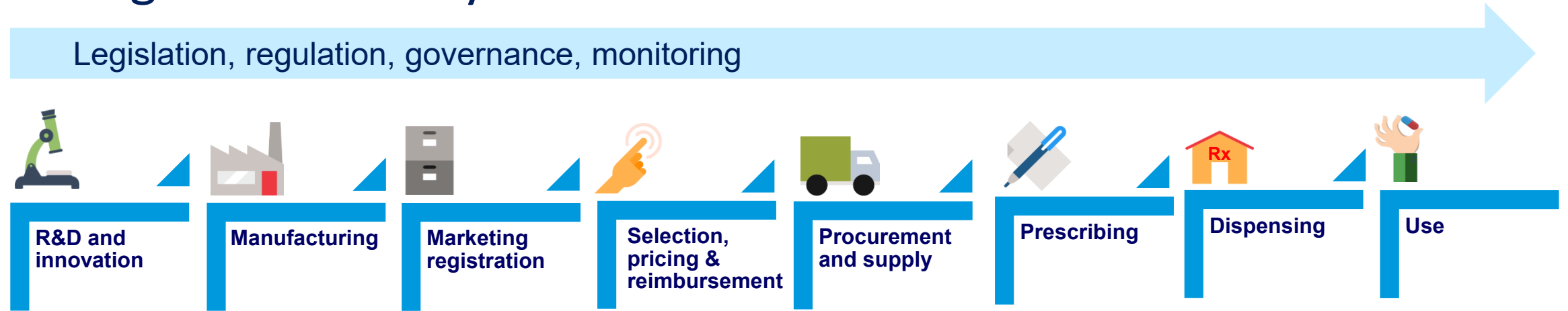


Photocredit: GÖG

WHO CCs in
Pharmaceutical Policy

WHO work on pharmaceutical pricing

HPS's work supports the entire technology value chain to strengthen health system



**Technical and
normative work**

Country support

Convening role

Examples of major work programs

- Regulatory system strengthening
- Prequalification of medicines (including biosimilars), vaccines, diagnostics, vector control products
- Local production and industry supports
- Regulation and safety e.g. pharmacovigilance, falsified & substandard products
- Essential Medicines List, Essential Diagnostics List, Priority assistive products
- International nonproprietary names
- Technical Standards and Specifications
- Drugs of Dependence
- Pricing and affordability
- Supply chain management, including shortages

To make access to established and novel essential medicines affordable, secretariat work has been broadly conceived based on WHO's core functions:

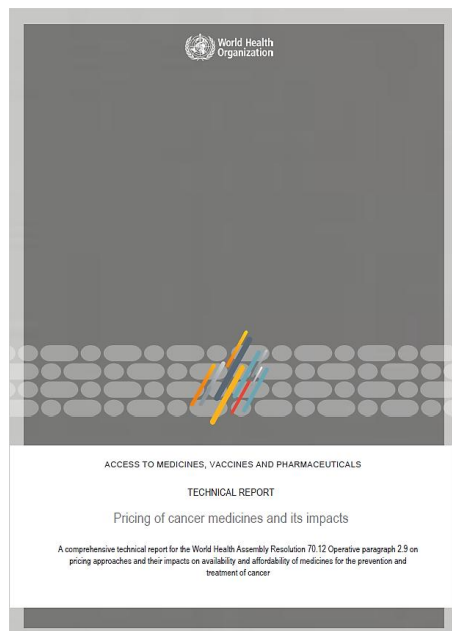
Normative guidance: present robust evidence to inform policy and guidance

Country support: build country capacity in managing pharmaceutical pricing

Convening role: facilitate policy discussion across all stakeholders

1. Normative guidance: Presenting robust evidence to inform policy

Thought leadership based on a thorough review of evidence on the pricing of and access to cancer medicines, and insulin products



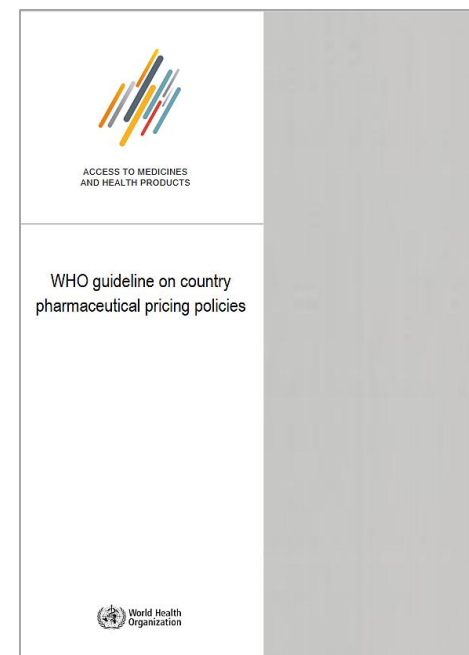
Dec 2018



Nov 2021

June 2023

Policy Guideline on country pharmaceutical pricing policies developed according to WHO's high standards and processes



Sep 2020

2. Country support: build country capacity in managing pharmaceutical pricing

Ten Plain language summaries to explain technical content in simpler layman terms

Mark-up regulation across the pharmaceutical supply and distribution chain

WHO Guideline on Country Pharmaceutical Pricing Policies
A plain language summary

Main points

- In mark-up regulation, governments specify how much suppliers can add to the cost of medicines along the supply chain.
- Setting lower mark-ups for higher-priced medicines can encourage more use of lower-priced medicines such as generics.

Pros

- Mark-up regulation ensures that prices along the supply chain are predictable, consistent and transparent.
- Predictable prices improve expenditure management.
- Carefully designed mark-up regulation can improve spending efficiency because it can maximize the supply of low-priced products to achieve the same health outcomes with the same amount of money.

Cons

- Products may become unavailable if mark-up levels do not meet suppliers' cost and profit expectations.
- Monitoring prices and enforcing mark-up regulations require high-level skills and resources.
- Failure to enforce the policy can mean failure to make products more affordable.

HIGHLIGHTS
For policymakers responsible for promoting affordable access to health products

- 1 WHO suggests the use of mark-up regulation across the supply and distribution chain for medicines under the following conditions:
 - Mark-up regulation should be used in conjunction with other pricing policies.
 - Mark-up structure should be regressive, where the mark-up rate decreases as the price increases (rather than a fixed percentage mark-up for all prices).
- 2 WHO suggests that countries consider using remuneration and mark-up regulation as incentives for supplying specific medicines (e.g. generic medicines, low volume medicines, reimbursable medicines) or to protect medicine access for specific patients or population groups (e.g. vulnerable groups, or populations living in remote areas).
- 3 WHO suggests that countries ensure transparency of prices and methods when setting mark-ups along the supply and distribution chain, including disclosure of any rebates and discounts.
- 4 WHO suggests regular review of mark-up regulation to protect patients from out-of-pocket expenditures.

THINGS TO CONSIDER

Implementation

- Do we have the know-how to use mark-up regulations appropriately, such as to analyze price data, assess the effects on the appropriate use of medicines, and adjust policy so that the financial health of the supply chain can be maintained?
- Do we have a process, information technology infrastructure and stakeholder inputs for analyzing mark-ups along the supply chain, and for monitoring product prices, sales and use?
- Do we have a process to assess the impacts of mark-up regulation on the use of pharmaceutical products that are not covered by the mark-up regulation?
- Do we understand or have a process to assess the impacts of mark-up regulation on the income of health services so that they can continue to provide services?

Methodology

- How large are the mark-ups, and where along the supply chain are they applied?
- What is the design of the regressive mark-up structure, where the mark-up rate decreases as the price increases (rather than a fixed percentage mark-up for all prices)?
- What methods will we use to collect data and determine mark-up levels?
- What measures, such as dispensing fees or performance incentives, should we consider?

For more information

See the WHO Guideline on Country Pharmaceutical Pricing Policies for more information, including an overview of the evidence about mark-up regulation and nine other pharmaceutical pricing policies.
<https://www.who.int/publications/item/9789240011878>

Mark-up regulation across the pharmaceutical supply and distribution chain: WHO Guideline on Country Pharmaceutical Pricing Policies. A plain language summary.
Size: 40 x 40 cm (16 x 16 in)
© World Health Organization 2021. Some rights reserved. This work is available under the CC BY-NC-SA 4.0 license.

1/2

Learning through e-Learning course and case studies

WHO e-Learning course on pharmaceutical pricing policies

This self-paced introductory course builds foundational knowledge of the economic principles underpinning medicine pricing. Learn about government policies that promote affordable access to medicines and financial sustainability, guided by WHO recommendations. Real-world examples and hypothetical scenarios bring concepts to life.

Five modules

- Module 1: Supply and Demand Create Market Prices**
Gain a basic understanding of how markets function (or should function).
- Module 2: When Markets Fall Short**
Explore why governments regulate medicine prices.
- Module 3: Country Policies on Medicine Pricing**
Understand mark-up regulation, reference pricing, value-based pricing, and cost-plus pricing.
- Module 4: Policy Influences**
Examine the impact of promoting quality-assured generics and biosimilars, tendering, pooled procurement, transparency, tax exemptions, and intellectual property management.
- Module 5: Assessment**
Learners will receive a certificate of completion.

Available in multiple languages

The course is currently available in English. French, Spanish, and Russian versions are expected by December 2025. Additional language options will be offered once funding becomes available.

Interactive learning

Scenario and case study-based learning: hypothetical and real-world examples from both pharmaceutical and non-pharmaceutical sectors to illustrate specific concepts.

Section recaps: summary of key concepts at the end of each module to reinforce learning.

Knowledge checks & reflection: quizzes throughout the course help guide learners' progress.

Who can enrol

This course is open to all, with particular relevance for health system managers and policy analysts supporting policymakers to promote affordable access to pharmaceutical products.

Enrol now



Country pharmaceutical pricing policies

A handbook of case studies (March 2021)

Direct country support to develop and implement pharmaceutical pricing policies

- Tanzania
- Ghana
- Tunisia
- Indonesia
- ad-hoc supports for other countries

3. **Convening**: facilitate policy discussion across all stakeholders

Fair Pricing Forums

Hosting the forums and running working group

Webinar series on country pharmaceutical pricing policies



World Health Organization



Fair Pricing

Forum Discussion Paper
Pricing approaches sensitive to health systems' ability to pay and the need for accelerating towards Health Sustainable Development Goal

WHO/MHP/HPS/MA/2021.02
© World Health Organization 2021. All rights reserved.

This discussion paper does not represent an official position of WHO. It is a tool to explore the views of participants on the subject matter. References cited in this document do not constitute or imply any endorsement or recommended preference to others of a similar nature that are not mentioned.

All reasonable precautions have been taken by WHO to verify the information contained in this discussion paper. However, this discussion paper is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the paper lies with the reader. In no event shall WHO be liable for damages arising from its use.

Acknowledgements

With many thanks to the Fair Pricing Forum preparatory working group on Pricing approaches sensitive to health systems' ability to pay and the need for accelerating towards Health Sustainable Development Goal.

Chairs: Fatima Suleman and Sonia Tarragona; Members: Angela Jackson, Sara Amiri, Karl Claxton, David Gough, Mona Jameleddine, Diana Iu Lauritzen, Dimitra Lingri, Yannis Natsios, David Newby, Marcela Pontes.

Fair Pricing Forum 2021

Meeting Report



World Health Organization



HEALTH FOR ALL

01 WHO Country pricing

Does size matter?
How countries with small populations manage pharmaceutical pricing
This webinar will present pharmaceutical pricing policies in countries with small populations. The panels will share experiences in how to craft policy responses to improve access and mitigate challenges in their respective contexts.

Sarah Pitt / Chloe Dimock
Pharmaceutical Management Agency (PMA) HQ, New Zealand
The use of PMA HQ in New Zealand

Ashath Jaleela
Ministry of Health, The Maldives
Minimum Retail Price for imported essential medicines

Kirti Velde
Chennai Health Insurance Fund
Pharmaceutical price controls: how to achieve best medicines prices for 3.5 million people and what more could be done

Miriam Neandorp
Deputy Chair, Registration Committee for Pooled Pharmaceuticals and former head of the Pharmaceutical Importers' Scheme
Pharmaceutical pricing to ensure affordable access in Suriname

02 WHO Country pricing

Is the grass always greener on the other side?
History, rationale, and the dos and don'ts of external reference pricing

Mohammad A. Alowairdi
Saudi Food & Drug Authority, Saudi Arabia

Sabine Vogler
Austrian National Public Health Institute, Austria

Tanya Potashnik
Patented Medicine Prices Review Board, Canada

In this webinar, the expert panels will revisit the policy development of External Reference Pricing (ERP) in Austria, Canada, and Saudi Arabia. The evolution of the policy rationale will be discussed, with a view to highlighting the dos and don'ts of ERP according to their experiences. They will also share their views on what the future would hold for ERP given changes in the international pricing policy landscape.

04 WHO Country pricing

To be perfectly clear
What pharmaceutical pricing information is publicly available and how to use them

Veronika Wirtz
Boston University

Tom Wright
Transparency International

Mihály Fazekas
Central European University

The legendary late Professor Hans Rosling equipped with serious intent that "Lots of amazing data is buried behind staged passwords and boring statistics."

Pharmaceutical pricing information seems to be widely available, but what are needed to make them accessible and useful? The panels in this webinar will share their observations on pricing information from public websites, tender documents, and what is needed to ensure clarity and accuracy of pricing information.

05 WHO Country pricing

Pharmaceutical procurement through tendering
how does success look like?

Joycelyn Azeem
Director of Pharmaceutical Services
Ministry of Health, Ghana

Prasanna Gunasena
Chairman
State Pharmaceutical Company (SPC), Sri Lanka

Claudio Jommi
Professor of Health Policy
SPS Success, Milan, Italy

Massimiliano Recchi
Vice President EGUNIA, IT national association member of Medicines for Europe and International Generic and Biosimilar Medicines Association, Associate VP Italy & Greece Accord Healthcare

In this webinar, the panels will share with you their insights on what it takes to organize or participate in a good competition for a contract to supply pharmaceutical products (i.e. tendering), and how to create a win-win in this competition.

06 WHO Country pricing

Pricing of medicines for rare diseases

Shirley Xue Li
Assistant Professor
LKS Faculty of Medicine, The University of Hong Kong, China

Yann Le Cam
Chief Executive Officer
Eubioscience - Rare Diseases Europe

Sheela Upadhyaya
Vice President & VP/CIO Strategic Advisor
Centre for Health Technology Evaluation, NICE, England

Fatima Suleman
Professor, School of Health Sciences
Director, WHO Collaborating Centre for Pharmaceutical Policy and Evidence Based Practice,
University of KwaZulu-Natal, South Africa

Ilan Akker
Senior Representative
Authority for Consumers and Markets, The Netherlands

High prices are known to hinder patient access to medicines for rare diseases (or rare variants of common diseases). These prices impose significant pressure on the financial sustainability of health systems, even for the wealthiest countries. They also cause significant psychological distress for people living with rare diseases and their carers. In this webinar, the panels will discuss the means of access to medicines for rare diseases, with a focus on their pricing. They will also share views on the roles of government and other stakeholders in facilitating access for people in need.

07 WHO Country pricing

What went on before, during and after pharmaceutical price negotiation
Stories behind closed doors

Francis Aricks
Chief Executive Officer
National Institute for Health and Disability Insurance, Belgium

Karen Blinnkamp
Pharmaceutical Benefits Scheme, Australia

YingYao Chen
Professor of Health Services and Associate Dean of School of Public Health, Fudan University, China

Saad Jaddoua
Chairman, Department of Pharmacy
King Hussein Cancer Center, Jordan

Sonia Tarragona
Chief of Staff
Ministry of Health, Argentina

Five experienced pharmaceutical price negotiators from Argentina, Australia, Belgium, China, and Jordan will share their stories about negotiating price to improve access to medicines in their countries. They will not only have the context and share their insights on how to use the arts and sciences of negotiation in bringing various parties to a mutually acceptable middle ground. With the growing list of medicines with annual costs in the tens of thousands per patient, the expert panels will also reflect on how it would change and determine of price negotiation.

08 WHO Country pricing

Using real-world data to generate evidence for informing pharmaceutical regulatory and reimbursement decisions
Evidence and country experiences

Wanruode laanawatchai
Director, Health Intervention & Technology Assessment Program
HITAP, Ministry of Public Health, Thailand

Sukeyong Kim
Senior Research Fellow
National Evidence-based Healthcare Collaborating Agency (NECA), Republic of Korea

Joseph Ross
Professor of Medicine (General Medicine)
Professor of Public Health (Health Policy and Management)
Yale School of Medicine, The United States of America

Claudia Wild
Chief Executive Officer
Austrian Institute for Health Technology Assessment (IHTA)

To facilitate fast access to promising new medicines, country regulatory authorities and payer organizations have developed access pathways based on early evidence of positive benefit-risk profile of a new medicine, on the condition that additional evidence would be generated to reassess its benefits, pricing and reimbursement arrangements. One major source of evidence in real-world data (RWD). In this webinar, the panels will discuss the feasibility and implications of using RWD for evidence generation in support of regulatory approval, pricing and reimbursement, based on their research and real cases.

11 WHO Country pricing

Regulating mark-ups for pharmaceutical products
Too high, too low or just right?

Melissa Guerrero
Pharmaceutical Division
Department of Health - Health Regulation Team, The Philippines

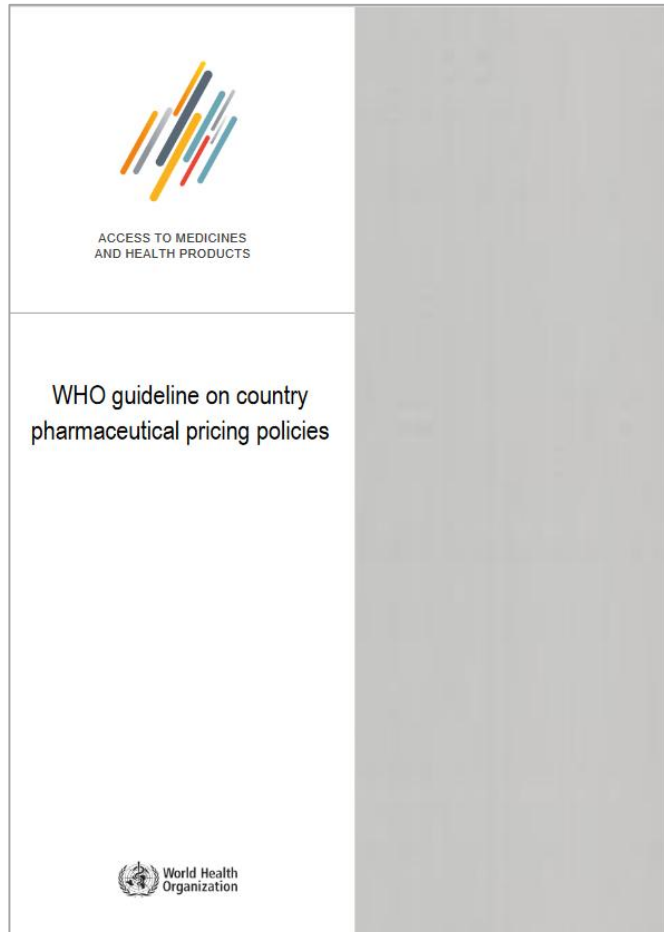
Vasiliki Koutrotouri
National Coordinator, for Medicines (GPP), Greece

Yvonne Zhang / Brian O'Shea
Deputy Policy and Economic Analysis Branch
Patented Medicine Prices Review Board, Canada

Regulating mark-ups for pharmaceuticals through clear pricing rules can stabilize prices, improve transparency, and make expenditure more predictable. When structured well, mark-up regulation could encourage the supply of certain products (e.g. low volume essential medicines) and may drive efficiency. But what mark-up level is enough and how should it be structured? In this webinar, panels will present mark-up policies in public drug plans in Canada, the mark-up regulation of essential medicines in Department of Health facilities in the Philippines since 2021, and the implementation of Greece's mark-up policy for pharmaceuticals. The panels will discuss various issues, including the extent to which mark-up policies have not contained market power and pharmaceutical prices, and the impacts of rising numbers of high-cost drugs on mark-up structure.

WHO recommendations on biosimilar medicines

In September 2020, WHO Guideline on country pharmaceutical pricing policies was published



Ten pricing policies

1. External reference pricing
2. Internal reference pricing
3. Value-based pricing
4. Mark-up regulation across the pharmaceutical supply and distribution chain
5. Promoting price transparency
6. Tendering and negotiation
7. Promoting the use of quality-assured generic and biosimilar medicines
8. Pooled procurement
9. Cost-plus pricing for setting the price of pharmaceutical products
10. Tax exemptions or tax reductions for pharmaceutical products

The only policy with strong recommendation and for the first time includes “biosimilar medicines”

Strong recommendation

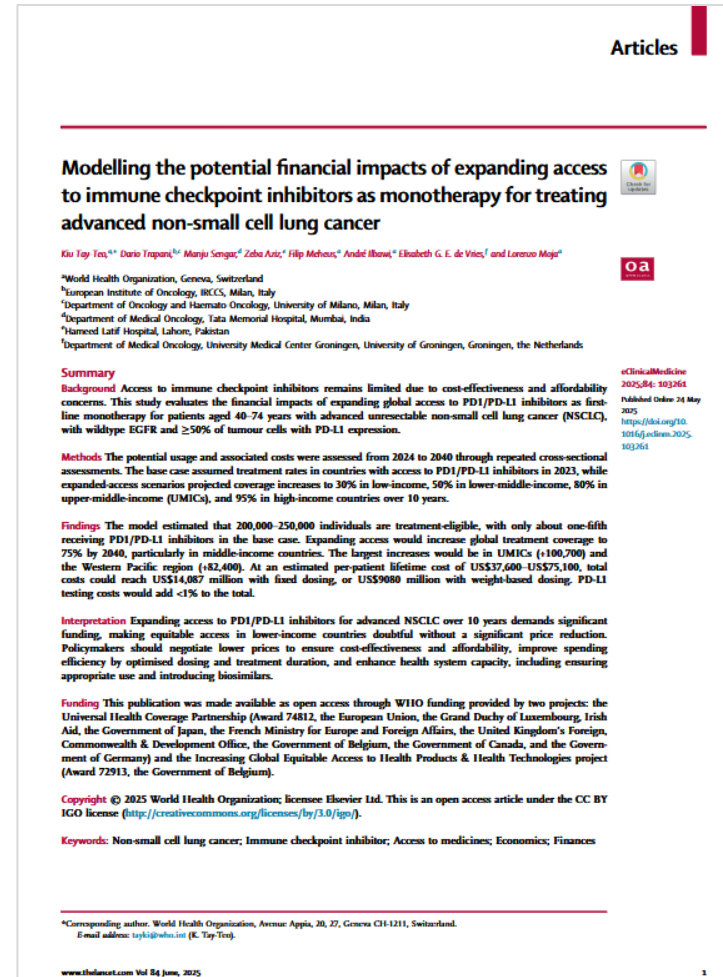
Promoting the use of quality-assured generic and biosimilar medicines

- A. WHO recommends that **countries enable early market entry of generic and biosimilar medicines** through legislative and administrative measures, with a view to encouraging early submission of regulatory applications, allowing for prompt and effective review, and ensuring these products are safe, efficacious and quality-assured.
- B. WHO recommends that **countries use multiple pricing policies to achieve low prices** for generic and biosimilar medicines **that are informed by the cost of production**. These policies may include: internal reference pricing, mark-up regulation, direct price controls, tendering, promoting price transparency and lower patient co-payments.
- C. To maximize uptake of generic and biosimilar medicines, WHO recommends that **countries should implement, and enforce as appropriate, a suite of policies** [...] INN prescribing, substitution, incentives, awareness

The EML has listed several biological medicines in recent years: availability of affordable biosimilars would improve access in LMICs

List of biological medicines on the EML

- **Adalimumab, etanercept, Infliximab** for rheumatoid arthritis and autoimmune inflammatory diseases
- **Rituximab** for lymphomas and multiple sclerosis
- **Trastuzumab** for HER2-positive breast cancer
- **Bevacizumab** for age-related macular degeneration
- **Pembrolizumab and nivolumab** immune checkpoint inhibitor for various cancers



Biosimilars is an important part of the overall access strategy to improve access

- Expanding access to PD1/PD-L1 inhibitors for advanced NSCLC over 10 years **demands significant funding**, making equitable access in lower-income countries **doubtful without a significant price reduction**.
- Policymakers should negotiate lower prices to ensure cost-effectiveness and affordability, improve spending efficiency by optimised dosing and treatment duration, and enhance health system capacity, including ensuring appropriate use and **introducing biosimilars**.

Source:

<https://doi.org/10.1016/j.eclinm.2025.103261>



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

Biosimilar medicines can be interchanged

 Share

News 19/09/2022

EMA and the [Heads of Medicines Agencies \(HMA\)](#)  have issued a joint statement confirming that biosimilar medicines approved in the European Union (EU) are interchangeable with their reference medicine or with an equivalent biosimilar.

While interchangeable use of biosimilars is already practiced in many Member States, this joint position harmonises the EU approach. It brings more clarity for healthcare professionals and thus helps more patients to have access to biological medicines across the EU.

<https://www.ema.europa.eu/en/news/biosimilar-medicines-can-be-interchanged>



World Health
Organization



HEALTH
FOR ALL

Challenges of biosimilar uptakes in LMICs

WHO survey conducted in 2019-2020

Four challenges

- unavailable/insufficient reference products in the country;
- lack of resources;
- problems with the quality of some biosimilars (and even more with noninnovator products)
- difficulties with the practice of interchangeability and naming of biosimilars.

Table 8. Approach for interchangeability of biosimilars in each country participating in the survey

Countries	Automatically upon approval of the biosimilar	Depending on the clinical evidence provided by the biosimilar manufacturer	Relying on the decision made by prescribers
Canada			Yes
China			Yes
Egypt			Yes
EU			Yes
India			Yes
Indonesia			Yes
Jordan			Yes
Malaysia			Yes
Republic of Korea			Yes
Singapore			Yes
Thailand			Yes
Brazil		Yes	Yes
Ghana		Yes	Yes
Zambia		Yes	Yes
Cuba		Yes	
Peru		Yes	
Russia		Yes	
Iran	Yes		
Japan	Yes		

Source: Kang et al. Ann N Y Acad Sci. 2021 doi: 10.1111/nyas.14522.

Improvements in countries

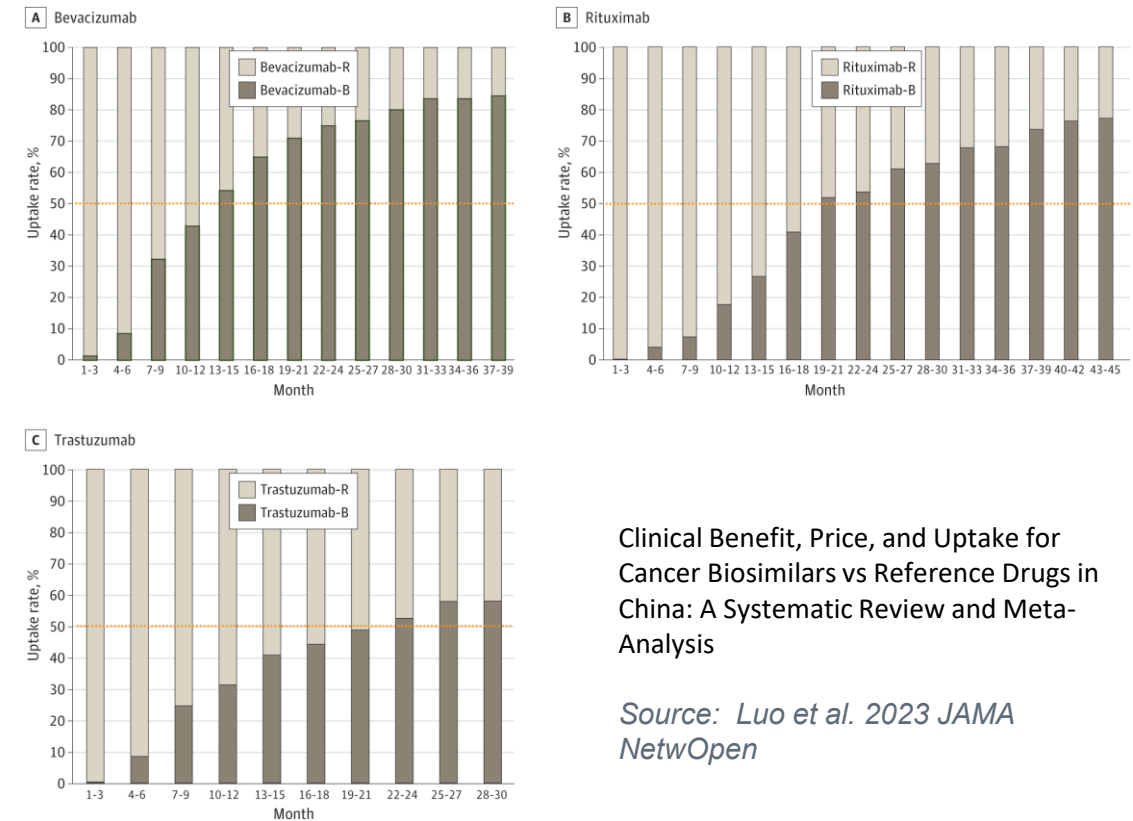
Establishing policies for substitutions

- **Australia:** Pharmacists “can substitute biosimilar brands that are ‘a’-flagged in consultation with the patient, and provided that the prescriber has not marked ‘brand substitution not permitted’
- **Malaysia:** registered biosimilars are considered interchangeable for prescription purposes by physicians, but automatic pharmacy substitution is explicitly prohibited

Cross country collaboration

- **ASEAN health harmonization** for medicine approval uses standardized technical documentation, such as the ASEAN Common Technical Dossier, to streamline review processes across member states. ICH practices.

Evidence from countries



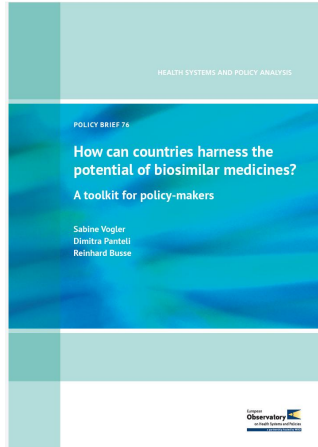
Clinical Benefit, Price, and Uptake for Cancer Biosimilars vs Reference Drugs in China: A Systematic Review and Meta-Analysis

Source: Luo et al. 2023 JAMA NetwOpen

WHO CC Pharmaceutical Pricing and Reimbursement Policies

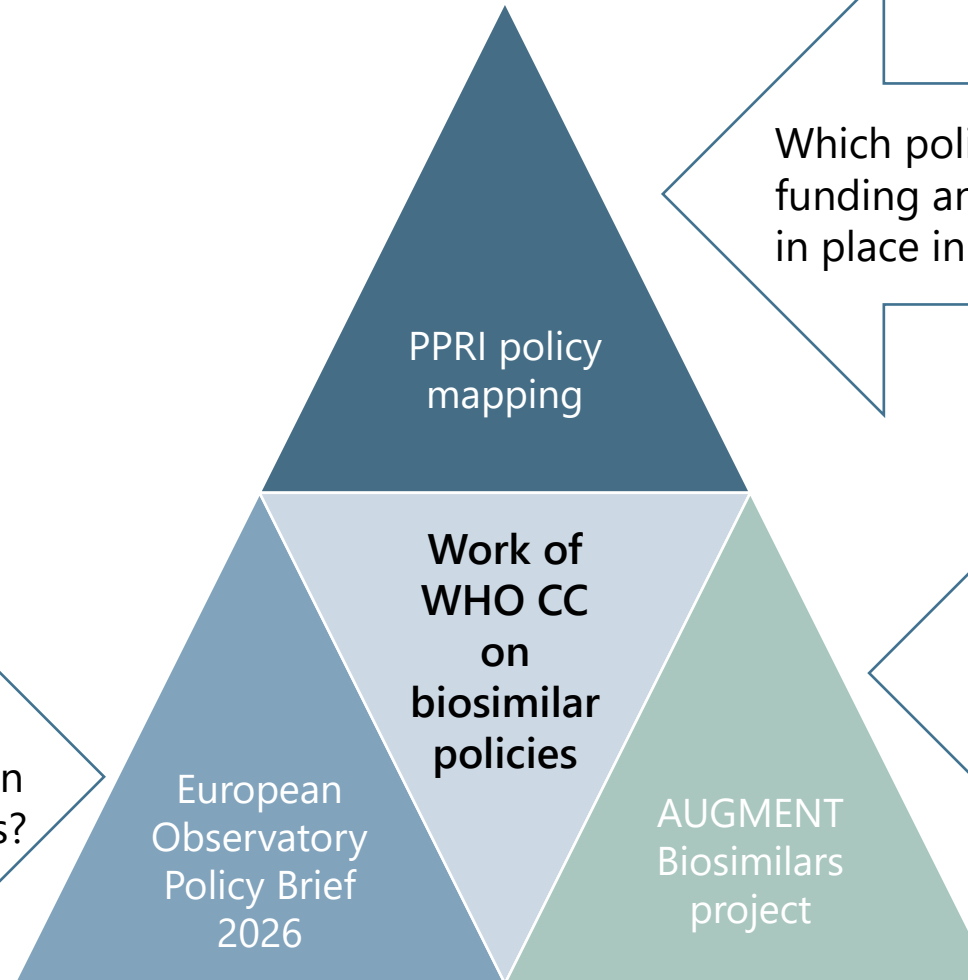
Activities & collaboration with WHO

Case study: biosimilar policies



Vogler S, Panteli D, Busse R. [How can countries harness the potential of biosimilar medicines? A toolkit for policy-makers](#). Copenhagen: European Observatory on Health Systems and Policies, WHO Regional Office for Europe; 2026. Licence: CC BY-NC-SA 3.0 IGO

How can the implementation of biosimilar policies be optimised, based on current practice in 30 European countries?



Which policies for pricing, procuring, funding and enhancing uptake are in place in the 50 PPRI countries?

Which policies have proven to be effective in enhancing biosimilar uptake in 32 European countries?



Objectives of the AUGMENT Biosimilars Project

Overall purpose of the project:

To **support national authorities in implementing policies and practices that improve biosimilar competition**, as a means to contribute to the accessibility, affordability and availability of medicines for patients in the EU



To generate evidence through a comprehensive analytical **study** on 32 countries



To **build capacity** on how public authorities and stakeholders can implement best practices and recommendations at national level

Study objectives, scope & methods

Overall objective

To map and analyse policies and practices to improve biosimilar uptake and competition in European countries

-  27 EU MS, 4 EFTA countries, UK
-  Outpatient & hospital setting
-  Biosimilars & biological originators
-  Legislative & non-legislative; supply- & demand-side policies

Policy mapping

What are the current national policies and practices to increase biosimilar uptake and competition in the 32 studied European countries?

Impact analysis

How do biosimilar policies and practices contribute to the availability, affordability (savings) and accessibility (uptake)?

Barrier analysis

What are the barriers to optimising biosimilar policies and practices, and which are potential facilitators?

Horizon scanning

What is the outlook for biosimilars in development and their potential market entry in Europe over the next decade?

Best practices & recommendations

What are the best practices to optimise biosimilar policies and practices, and which recommendations can be drawn?

Methods

Conceptual design

Reviews

Stakeholder consultation

Quantitative analyses

PPRI

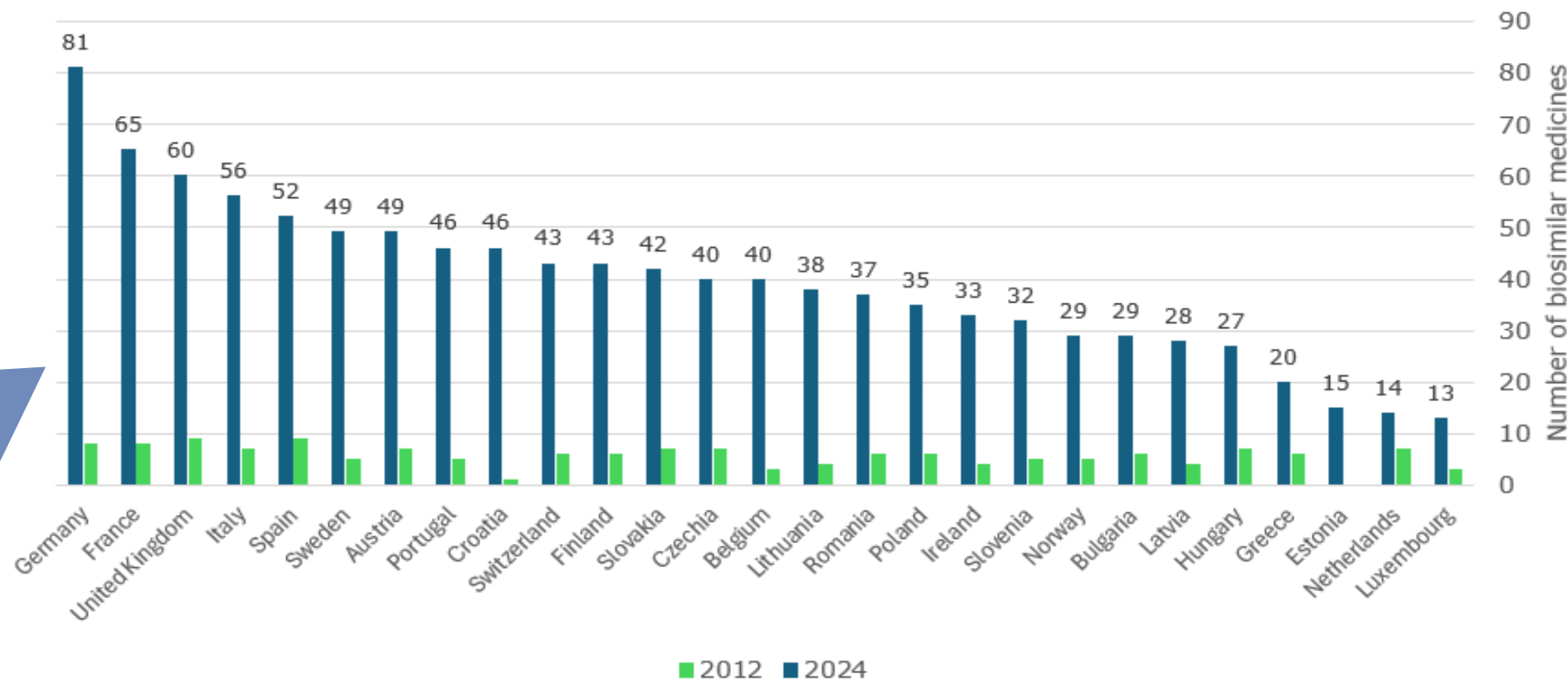
IQVIA
MIDAS®



Availability of biosimilars improved

Number of biosimilar medicines on the market (sales > 0) in European countries in **2024 compared to 2012**

Larger countries tend to see higher biosimilar availability and were among the early adopters while countries with lower income levels and smaller market sizes generally show more limited biosimilar availability



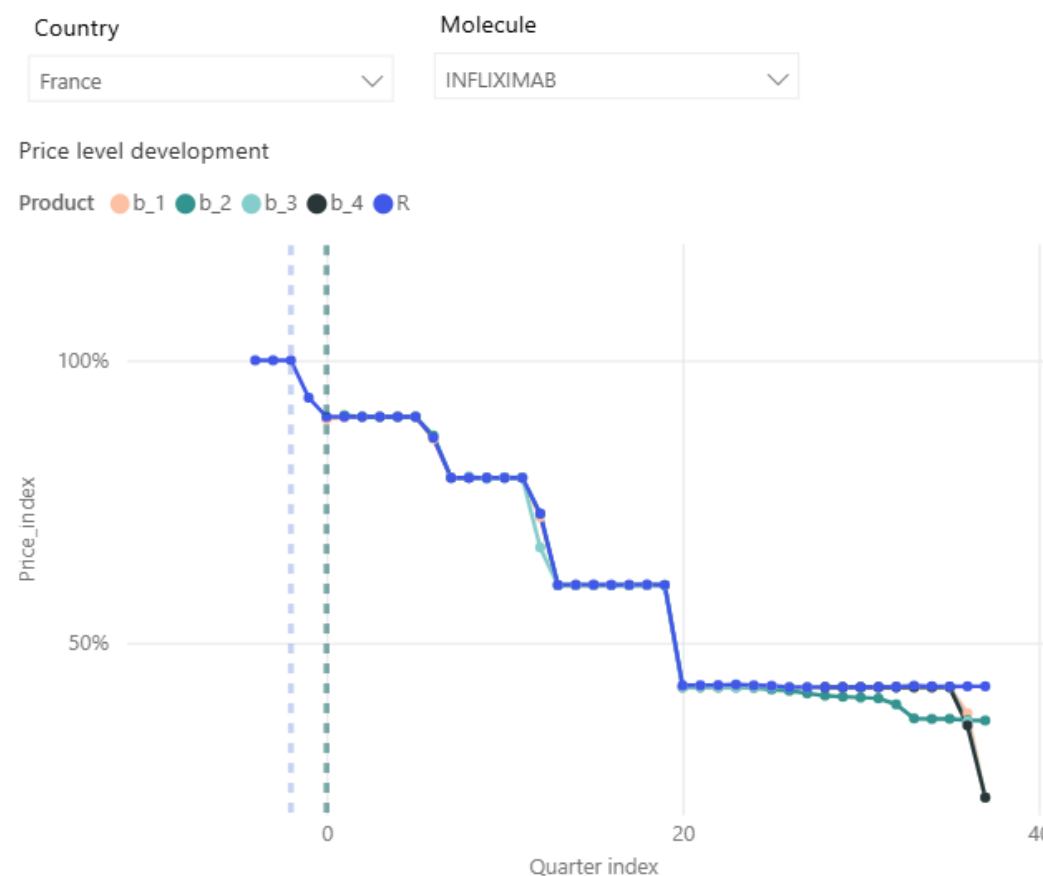
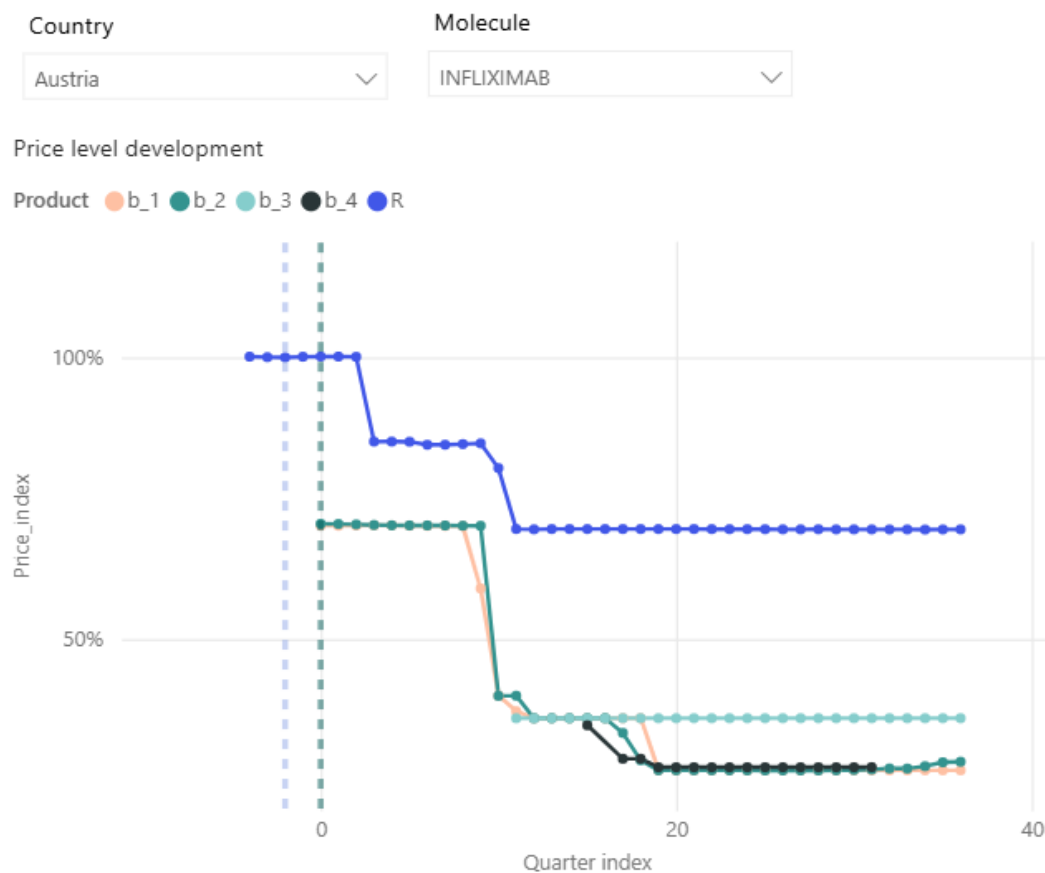
Source: AUGMENT Authors' analysis, based on IQVIA MIDAS® sales data for Q1/2008-Q2/2024 reflecting estimates of real-world activity. Copyright IQVIA. All rights reserved.



Contributions of biosimilars to affordability

Price (proxy) development –

example for **infliximab** products in Austria (left) and France (right)



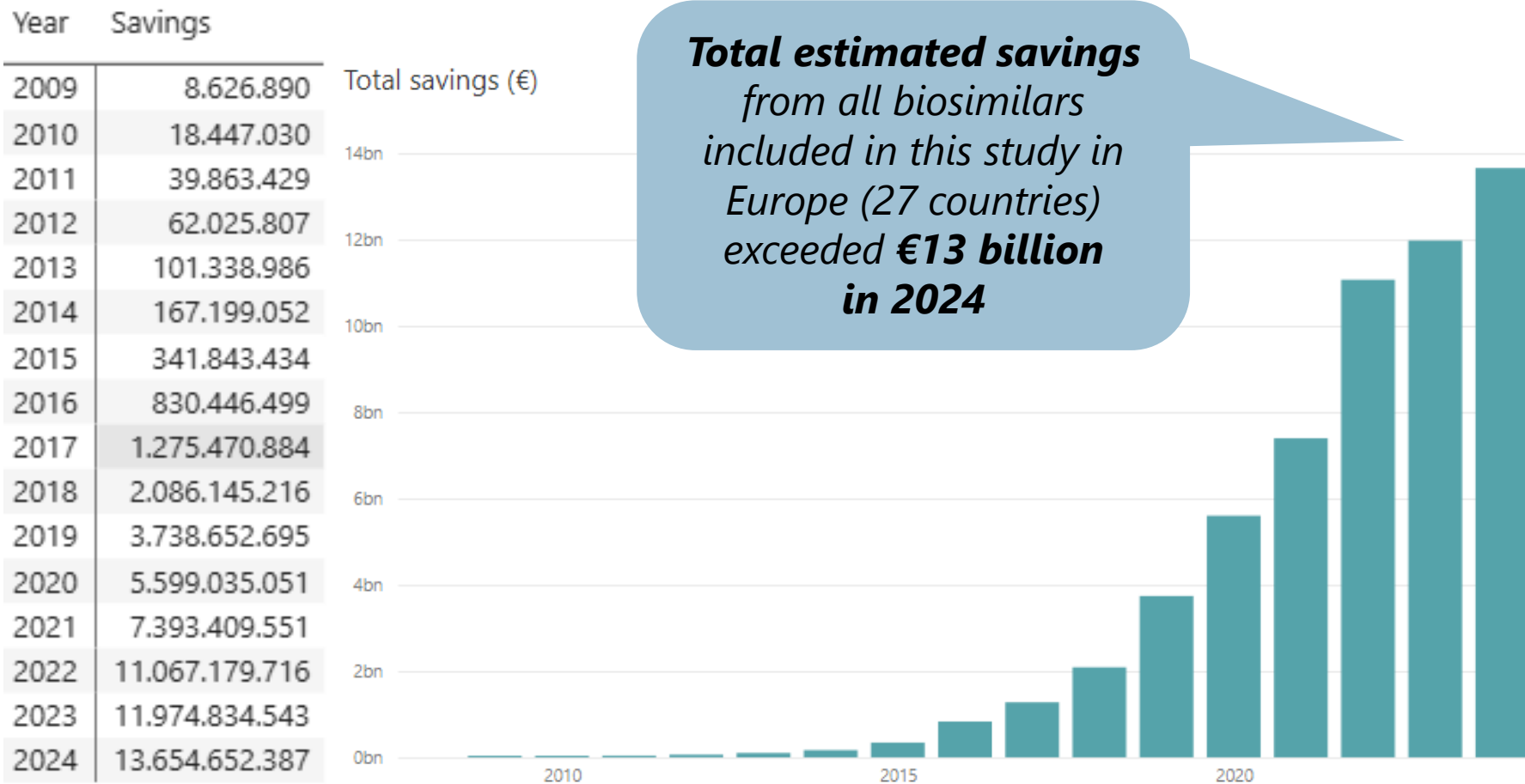
Note: R: reference product; b_1, b_2, etc.: biosimilar products

Source: AUGMENT Authors' analysis, based on IQVIA MIDAS® sales data for Q1/2008-Q2/2024 reflecting estimates of real-world activity. Copyright IQVIA. All rights reserved.



Contributions of biosimilars to affordability

Total estimated savings from biosimilar competition across all biological substances studied in European countries, in billion Euro, 2009-2024



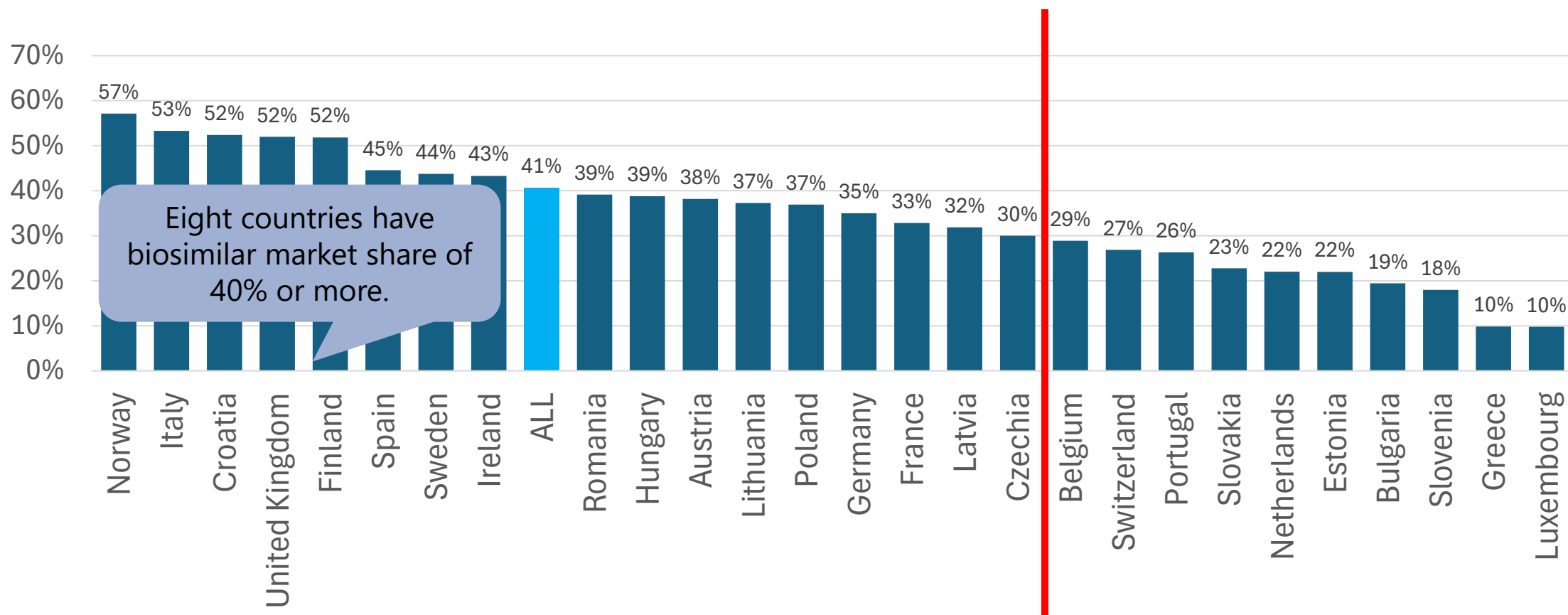
Note: Data for 2024 is preliminary. Data for Estonia, Greece and Luxembourg reflect only the outpatient (community) sector and do not include the inpatient (hospital) sector. No data from IQVIA MIDAS® were available for Cyprus, Denmark, Iceland, Liechtenstein and Malta.

Source: AUGMENT Authors' analysis, based on IQVIA MIDAS® sales data for Q1/2008-Q2/2024 reflecting estimates of real-world activity. Copyright IQVIA. All rights reserved.



Variation in biosimilar uptake

Biosimilar market share in sales (% of total market) in European countries, 2024

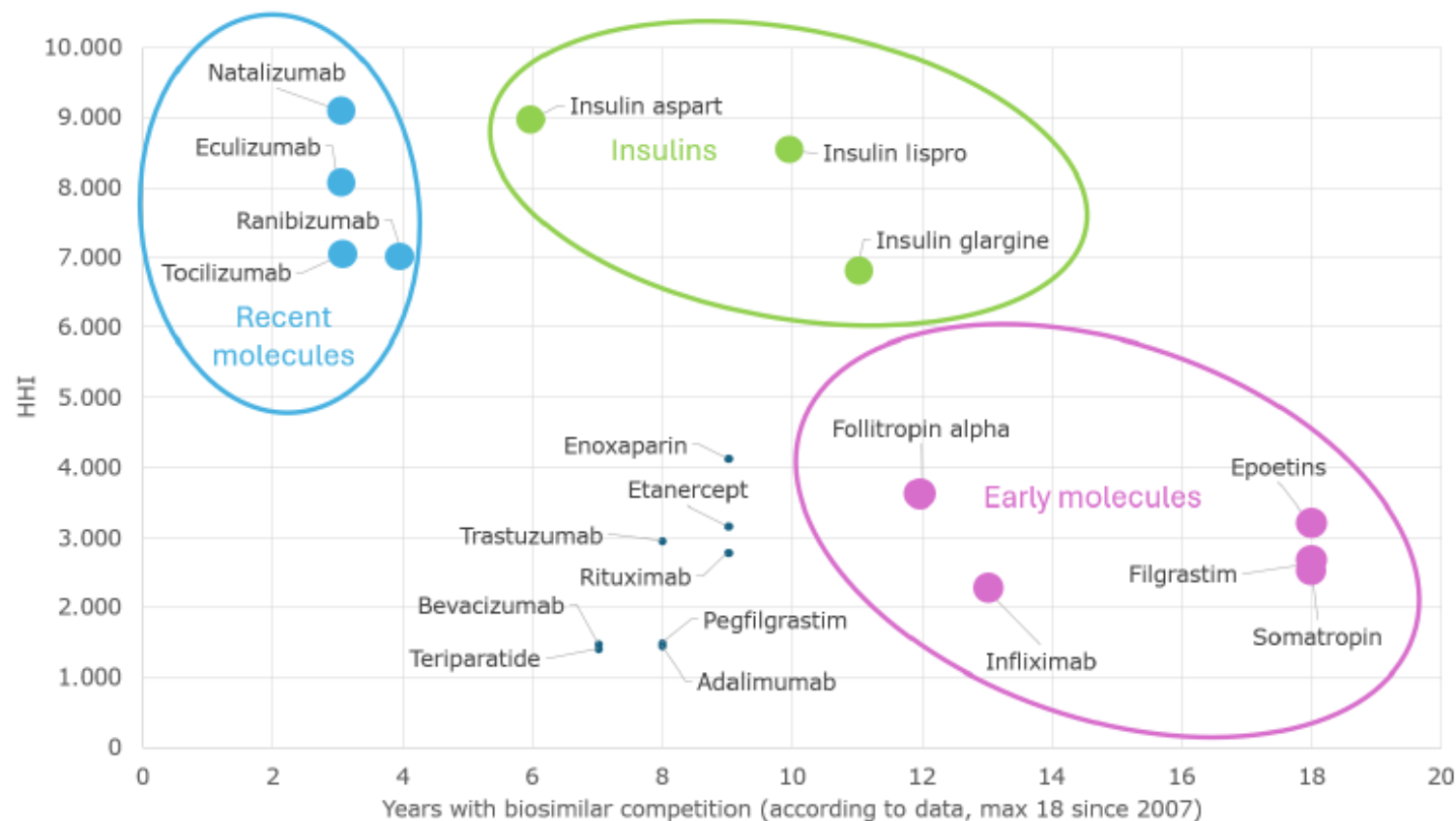


Source: AUGMENT Authors' analysis, based on IQVIA MIDAS® sales data for Q1/2008-Q2/2024 reflecting estimates of real-world activity. Copyright IQVIA. All rights reserved.



Competition increased over time for most group

Herfindahl-Hirschman index across timeline of biosimilar competition, 2024, 27 European countries



Note: Data for 2024 is preliminary. This analysis is based on all study countries (with available data). Data for Estonia, Greece and Luxembourg reflect only the outpatient (community) sector and do not include the inpatient (hospital) sector. No data from IQVIA MIDAS® were available for Cyprus, Denmark, Iceland, Liechtenstein and Malta.

Substances as defined in the scope of the study, excluding those without competition

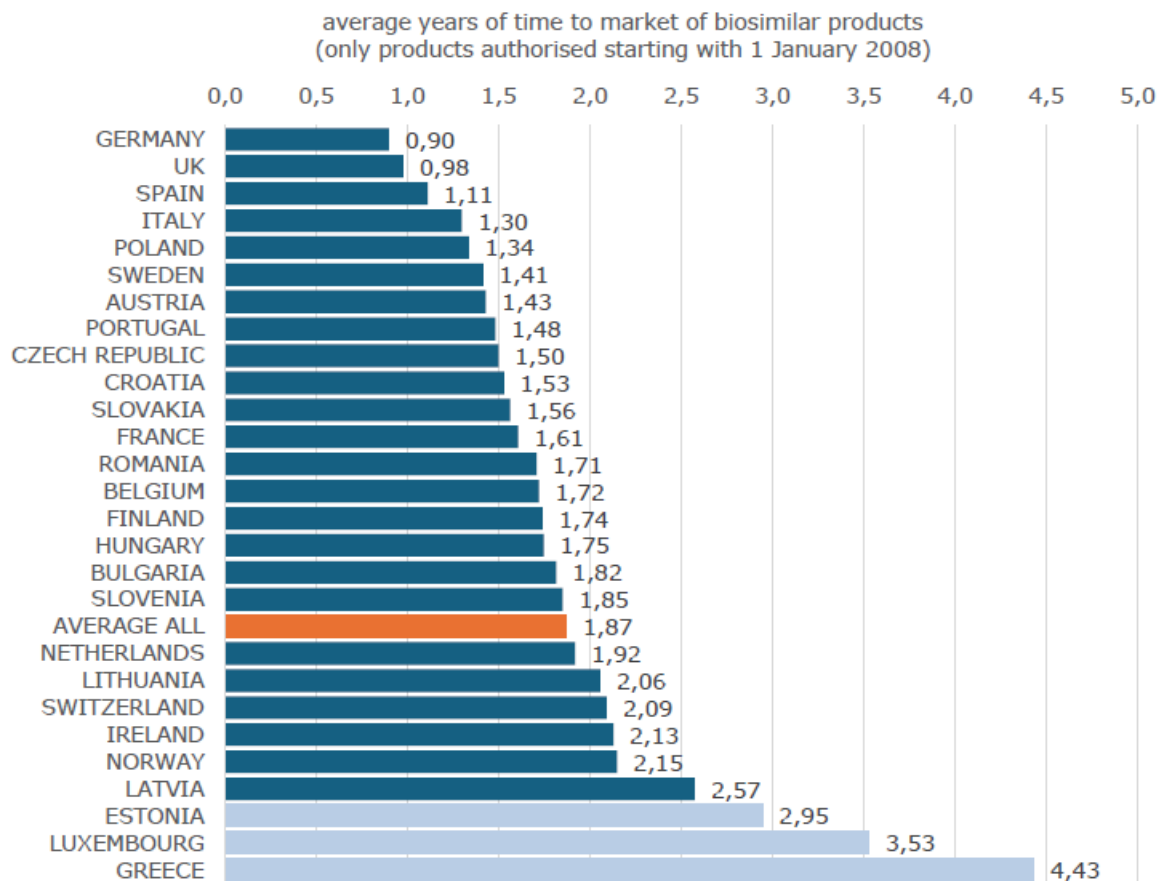
Source: AUGMENT Authors' analysis, based on IQVIA MIDAS® sales data for Q1/2008-Q2/2024 reflecting estimates of real-world activity. Copyright IQVIA. All rights reserved.



Biosimilar uptake takes time

Time to market defined as time, expressed as average time needed for biosimilars to reach the market after EMA authorisation

Variation between biological substances & countries

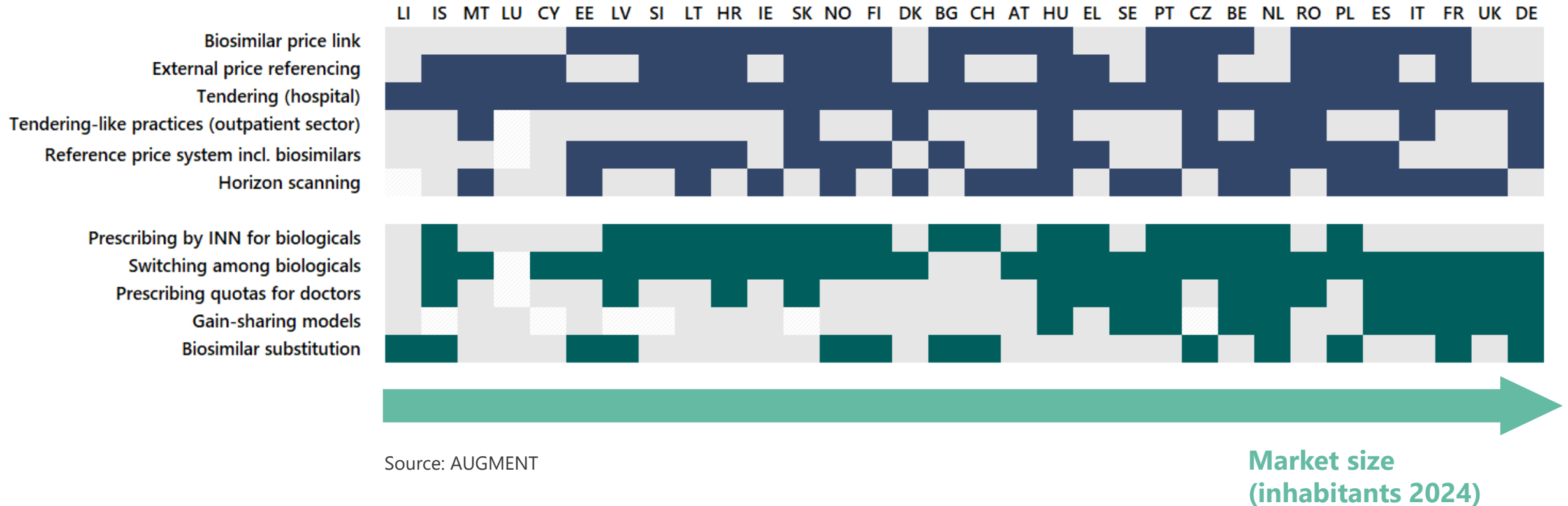


	CZECH REPUBLIC																	NETHERLANDS																	AVERAGE ALL																
	AUSTRIA	BELGIUM	BULGARIA	CROATIA	ESTONIA	FINLAND	FRANCE	GERMANY	GREECE	HUNGARY	IRELAND	ITALY	LATVIA	LITHUANIA	LUXEMBOURG	NORWAY	POLAND	PORTUGAL	ROMANIA	SLOVAKIA	SLOVENIA	SPAIN	SWEDEN	SWITZERLAND	UK	MAX	MIN																								
ADALIMUMAB	0,98	0,98	1,34	1,27	1,13	1,83	1,27	0,84	0,66	3,38	1,69	1,60	1,22	1,99	1,23	2,09			4,09	1,60	1,31	1,82	1,18	1,27	1,14	0,97	1,96	1,14	1,54	1,27	4,09	0,66																			
BEVACIZUMAB	1,03	1,63	1,79	1,18	1,04	4,69	1,28	1,32	1,01		2,62	1,49	1,30	1,35	2,18			0,37	1,49	1,54	1,21	1,34	2,15	1,31	1,93	1,43	0,71	1,56	1,34	4,69	0,37																				
ECULIZUMAB		0,63					0,38	0,32				0,45						0,38	0,63	0,38	0,63		0,88	0,58	0,63		1,08	0,58	0,60	1,08	0,32																				
ENOXAPARIN SODIUM	2,24			3,26	3,76		3,51	0,98				1,23	6,81	5,03		5,03			3,76				2,24			0,46	3,19	3,38	6,81	0,46																					
ETANERCEPT	1,18	1,64	3,49	1,81	1,94	2,57	2,15	0,88	0,21	4,22	4,00	2,83	0,93	2,98	2,98	1,66		2,44	0,55	2,45	2,19	3,59	2,83	0,67	0,29	2,19	0,16	2,03	2,17	4,22	0,16																				
FILGRASTIM	0,68	3,57	2,05	3,27	1,61	7,68	1,02	5,84	1,68	1,80	1,19	2,57	0,93	4,47	2,82	7,45	1,78	3,47	1,58	1,17	1,29	1,18	1,57	0,93	0,76	1,08	0,43	2,36	1,61	7,68	0,43																				
FOLLITROPIN ALFA	4,37	2,21	2,22	2,47	2,08	2,21	3,86	1,96	1,20	4,88	2,59	5,64	2,21	2,34	2,34	2,59		0,44	2,09	1,96	3,23	4,62	2,47	1,70	3,86	5,25	1,83	2,79	2,34	5,64	0,44																				
INFLIXIMAB	1,52	2,03	0,73	1,46	0,83	4,08	2,28	1,96	0,95	9,48	1,27	0,75	1,46	1,26	1,78	8,09		1,58	0,95	1,33	0,84	0,67	2,28	1,46	1,71	2,76	1,20	2,10	1,46	9,48	0,67																				
INSULIN GLARGINE	3,49			0,70	3,24			4,00										5,27	0,70	1,21		1,21		2,48		0,70	2,30	1,84	5,27	0,70																					
NATALIZUMAB						0,45	0,70	0,45				0,70						0,19					0,70	0,70		0,70	0,58	0,70	0,70	0,19																					
PEGFILGRASTIM	1,15	1,55	1,40	1,01	0,96		1,85	1,27	0,72		0,96	2,82	1,80	1,30	0,28	2,06	0,53	0,28	0,66	0,66	0,93	0,90	1,01	0,66	1,04	1,91	0,28	1,12	1,01	2,82	0,28																				
RANIBIZUMAB		1,58		0,57	0,57	0,57		2,57	0,97		1,29		1,33				1,33	0,57	0,57	0,82		0,93		0,57	1,29	1,68	1,57	1,10	0,97	2,57	0,57																				
RITUXIMAB	1,03	2,03	2,17	1,07	1,75	1,73	1,24	0,99	0,31		1,91	1,66	0,90	2,98	2,22			0,22	2,68	1,49	2,60	1,60	1,19	0,73	1,15	1,77	0,39	1,49	1,55	2,98	0,22																				
TERIPARATIDE	3,06		4,71	3,06	2,81	6,73	3,44	2,39	1,96	5,46	2,68	4,33	2,22	6,99	2,93		2,93	4,33		3,18	3,70	2,68	2,94	1,77	3,19	2,30	3,44	3,00	6,99	1,77																					
TOCILIZUMAB	0,72			0,47	0,72		0,47	0,47	0,21			0,47	0,72				0,21		0,72	0,21		0,72		0,21	0,47		0,48	0,47	0,72	0,21																					
TRASTUZUMAB	1,32	1,95	1,79	0,84	1,78		2,00	0,89	0,47		1,25	1,51	1,24	2,77	2,10			0,58	1,08	1,49	1,28	1,66	2,22	0,69	1,06	2,45	1,47	1,41	2,77	0,47																					
TOTAL	1,43	1,72	1,82	1,53	1,50	2,95	1,74	1,61	0,90	4,43	1,75	2,13	1,30	2,57	2,06	3,53	1,92	2,15	1,34	1,48	1,71	1,56	1,85	1,11	1,41	2,09	0,98	1,87	1,72	4,43	0,90																				

Note: Only biosimilar products with EMA authorisation dates starting in 2008 were included in this analysis. Data for Estonia, Greece and Luxembourg reflect only the outpatient (community) sector and do not include the inpatient (hospital) sector. No data from IQVIA MIDAS® were available for Cyprus, Denmark, Iceland, Liechtenstein and Malta.

Source: AUGMENT Authors' analysis, based on IQVIA MIDAS® sales data for Q1/2008-Q2/2024 reflecting estimates of real-world activity. Copyright IQVIA. All rights reserved.

All countries implemented some biosimilar policies



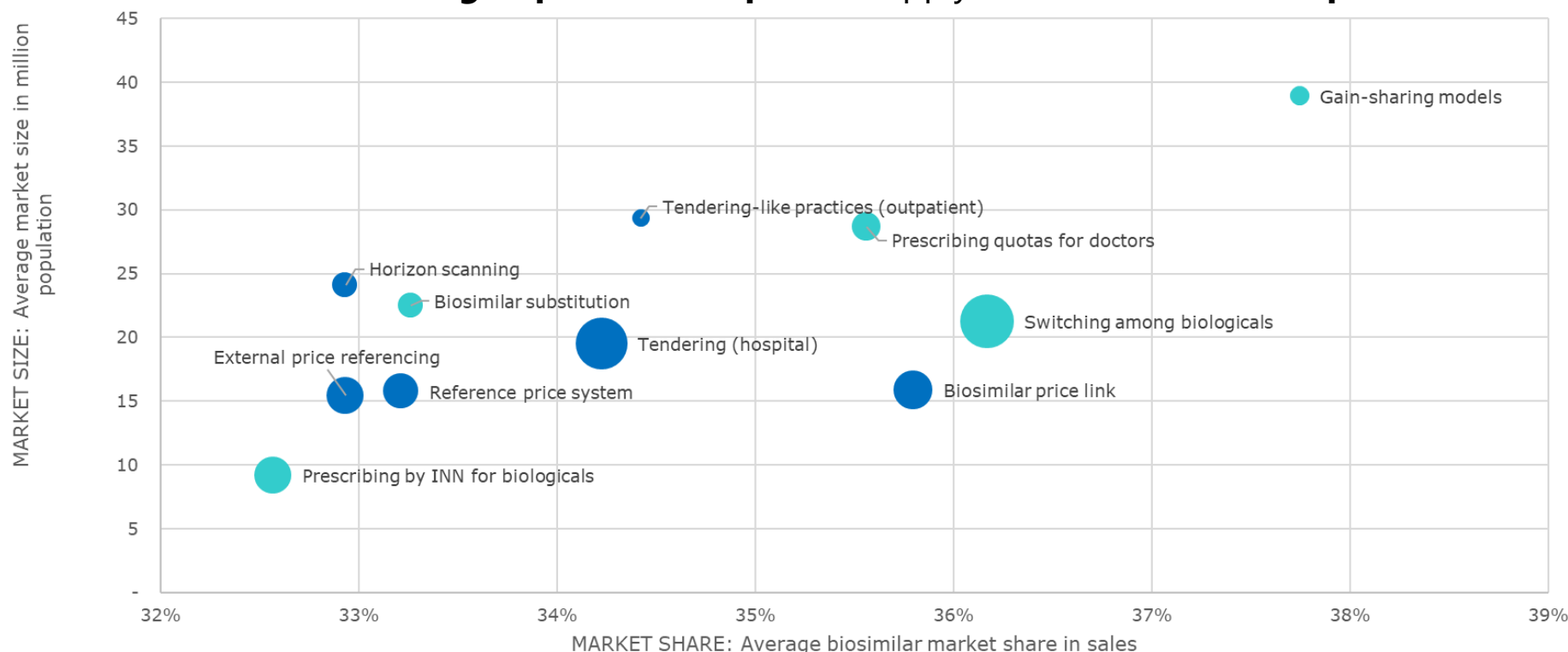


Some policies are associated with biosimilar uptake

Patterns in the impact of policies on biosimilar uptake across European countries

**Analysis of
single policies**

Market size and biosimilar market share in 2024 for (groups of) countries having implemented specific supply-side or demand-side policies



Note: Data for 2024 is preliminary.

Blue: supply-side biosimilar policies
Green: demand-side biosimilar policies

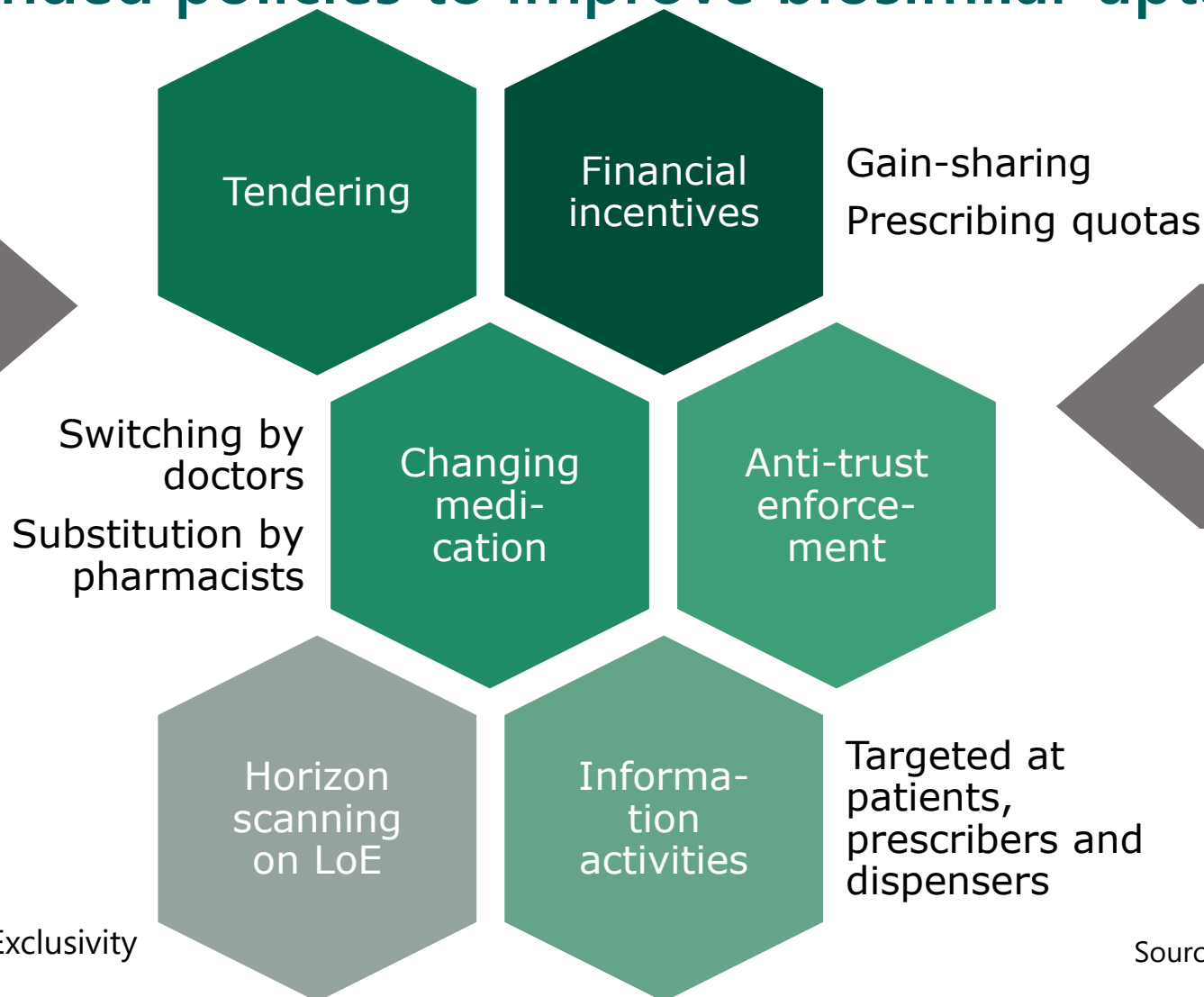
Size of the circles: indicates the frequency of implementation

Source: AUGMENT Authors' analysis, based on IQVIA MIDAS® sales data for Q1/2008-Q2/2024 reflecting estimates of real-world activity. Copyright IQVIA. All rights reserved.



Learnings from the AUGMENT Biosimilars project: Recommended policies to improve biosimilar uptake

**Policy design
is key**



**Policy mix
is essential**



Source: AUGMENT

Check out the AUGMENT Biosimilars study



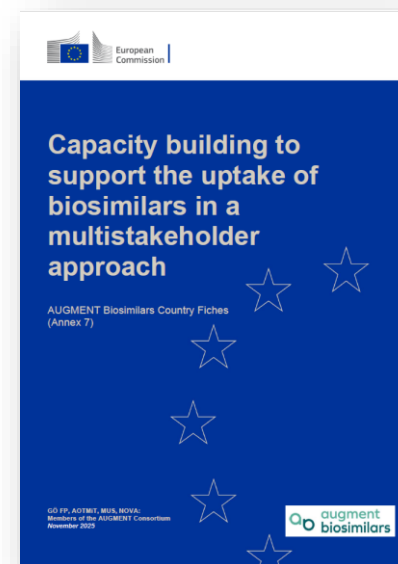
Final Study Report

Available for
[Download here](#)



 **augment
biosimilars**

accompanied by 11 Annexes

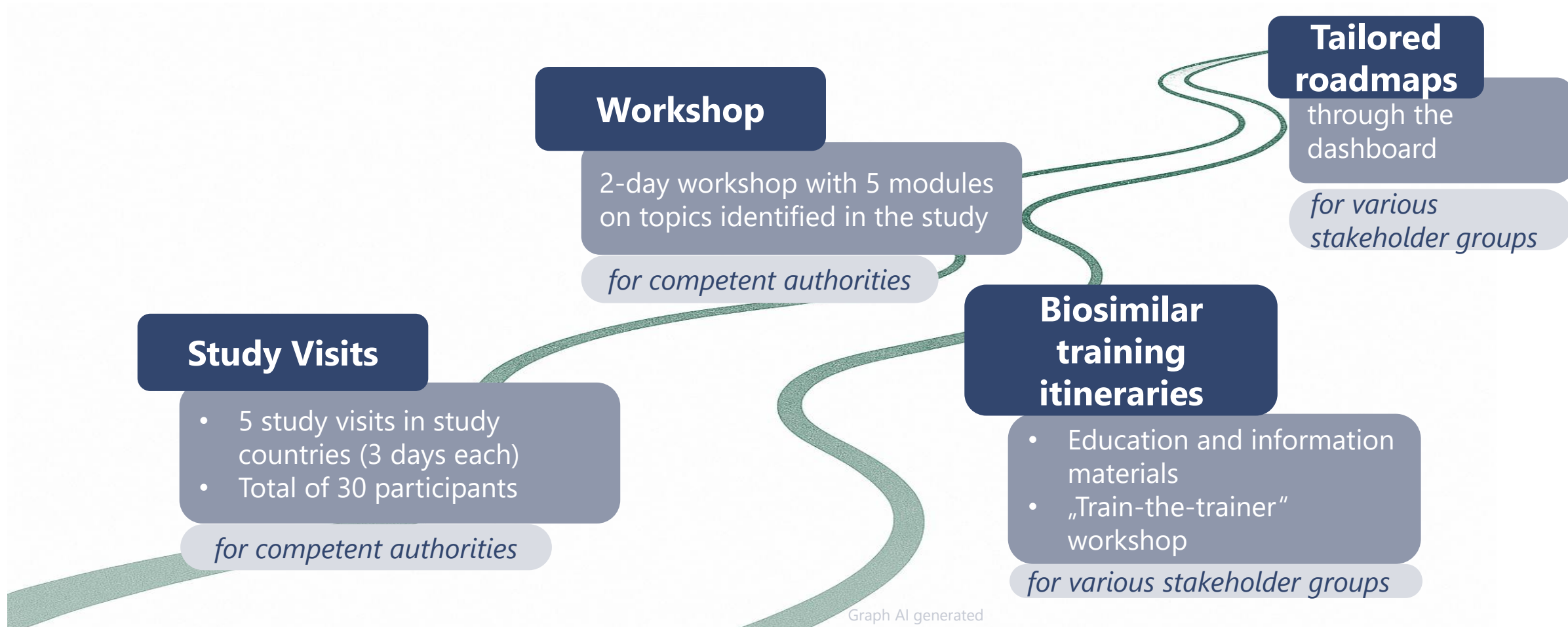


Annex 7 (country fiches)
[Download here](#)



Annexes 1-6 & 8-11
[Download here](#)

Overview of capacity-building activities



— Opportunities to engage?

... find any updates here

 **augment
biosimilars Website**



biosimilars.goeg.at

... engage through our

 **augment
biosimilars Knowledge Hub**

on the EU Health Policy Plattform:



Link to the EU HPP
<https://biosimilars.goeg.at/en/participation>

AUGMENT project

Discussion

Responses to the questions & comments of the audience.

Outlook

Next events

2026 Fair Pricing Forum

Self-nomination:

<https://events.who.int/nNeKN3>



FAIR PRICING FORUM 2026

3–19 November 2026

Virtual forum

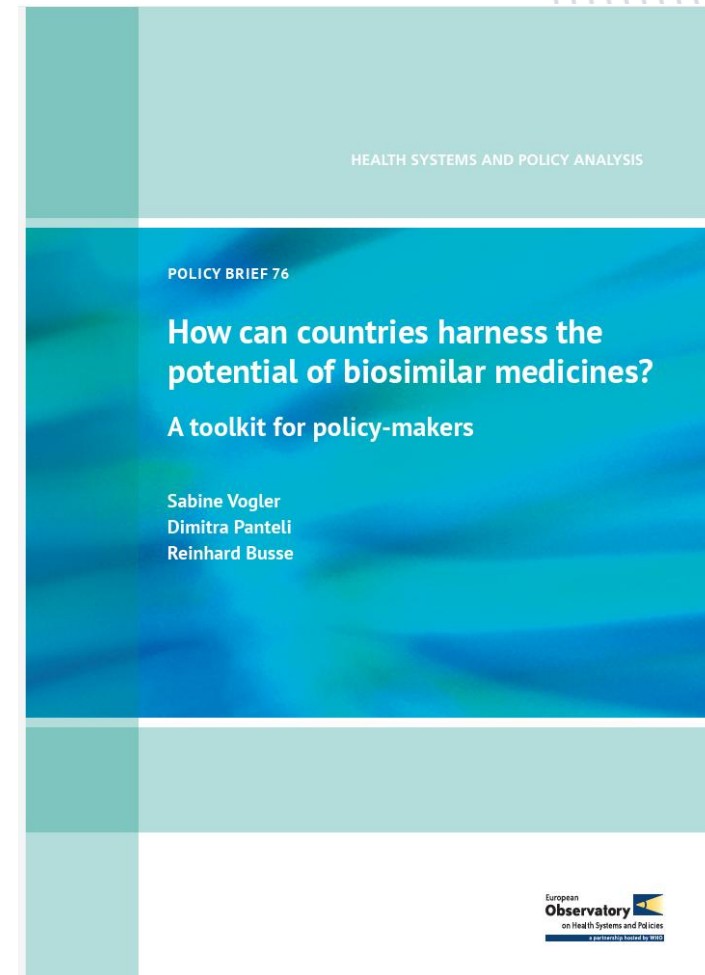
Provisional schedule

NOVEMBER 2026				
Monday	Tuesday	Wednesday	Thursday	Friday
2	3	4	5	6
	Opening plenary 13:00–15:00 (UTC)	Policy experience #1 07:00–08:30 (UTC) 14:00–15:30 (UTC)	Technical deep-dive #1 07:00–08:30 (UTC) Fireside chat #1 14:00–15:30 (UTC)	
9	10	11	12	13
	Policy experience #2 07:00–08:30 (UTC) 14:00–15:30 (UTC)	Technical deep-dive #2 07:00–08:30 (UTC) Fireside chat #2 14:00–15:30 (UTC)	Policy experience #3 07:00–08:30 (UTC) 14:00–15:30 (UTC) Technical deep-dive #3 11:00–12:30 (UTC)	
16	17	18	19	20
	Policy experience #4 07:00–08:30 (UTC) 14:00–15:30 (UTC) Technical deep-dive #4 11:00–12:30 (UTC)	Fireside chat #3 07:00–08:30 (UTC) Synthesis plenary 13:00–15:00 (UTC)	Fair Pricing Community Online Networking Day 07:00–08:30 / 11:00–12:30 (UTC) Closing plenary 13:00–15:00 (UTC)	



Webinar

Tuesday 6 October 12:00-13:00 CET



© Authors

More information and registration available via the link: <https://eurohealthobservatory.who.int/news-room/events/item/2026/10/06/default-calendar/how-can-countries-harness-the-potential-of-biosimilar-medicines>

Closing

Thank you very much for your participation!