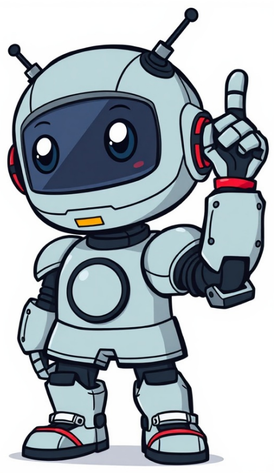
I'm not a robot



Skip to main content WHO's annual World Health Statistics reports present the most recent health statistics for the WHO Member Statesand each edition supersedes the previous one.All reports are available for download in Adobe PDF and excel when applicable. The World Health Statistics series is the World Health Organizations (WHOs) annual compilation of health statistics for its 194 Member States.... The World Health Statistics series is WHOs annual compilation of health statistics for its 194 Member States. The series is produced by the WHO... The World Health Statistics series is WHOs annual compilation of health statistics for its 194 Member States. The series is produced by the WHO... The 17 Sustainable Development Goals (SDGs) of the 2030 Agenda integrate all three dimensions of sustainable development (economic, social and environmental)... OverviewFirst, do no harm is the most fundamental principle of any health care service. No one should be harmed in health care; however, there is compelling evidence of a huge burden of avoidable patient harm globally across the developed and developing health care systems. This has major human, moral, ethical and financial implications.Patient safety is defined as the absence of preventable harm to a patient and reduction of risk of unnecessary harm associated with health care to an acceptable minimum." Within the broader health system context, it is a framework of organized activities that creates cultures, processes, procedures, behaviours, technologies and environments in health care that consistently and sustainably lower risks, reduce the occurrence of avoidable harm, make error less likely and reduce impact of harm when it does occur."Common sources of patient harmMedication errors. Medication-related harm affects 1 out of every 30 patients in health care, with more than a quarter of this harm regarded as severe or life threatening. Half of the avoidable harm in health care is related to medications (3).Surgical errors. Over 300million surgical procedures are performed each year worldwide (6). Despite awareness of adverse effects, surgical errors continue to occur at a high rate; 10% of preventable patient harm in health care was reported in surgical settings (2), with most of the resultant adverse events occurring pre- and post-surgery (7).Health care-associated infections. With a global rate of 0.14% (increasing by 0.06% each year), health care-associated infections result in extended duration of hospital stays, long-standing disability, increased antimicrobial resistance, additional financial burden on patients, families and health systems, and avoidable deaths (8).Sepsis. Sepsis is a serious condition that happens when the bodys immune system has an extreme response to an infection. The bodys reaction causes damage to its own tissues and organs. Of all sepsis cases managed in hospitals, 23.6% were found to be health care associated, and approximately 24.4% of affected patients lost their lives as a result (9).Diagnostic errors. These occur in 520% of physicianpatient encounters (10,11). According to doctor reviews, harmful diagnostic errors were found in a minimum of 0.7% of adult admissions (12). Most people will suffer a diagnostic error in their lifetime (13).Patient falls. Patient falls are the most frequent adverse events in hospitals (14). Their rate of occurrence ranges from 3 to 5 per 1000 bed-days, and more than one third of these incidents result in injury (15), thereby reducing clinical outcomes and increasing the financial burden on systems (16).Venous thromboembolism. More simply known as blood clots, venous thromboembolism is a highly burdensome and preventable cause of patient harm, which contributes to one third of the complications attributed to hospitalization (17).Pressure ulcers. Pressure ulcers are injuries to the skin or soft tissue. They develop from pressure to particular parts of the body over an extended period. If not promptly managed, they can have fatal complications. Pressure ulcers affect more than 1 in 10 adult patients admitted to hospitals (18) and, despite being highly preventable, they have a significant impact on the mental and physical health of individuals, and their quality of life.Unsafe transfusion practices. Unnecessary transfusions and unsafe transfusion practices expose patients to the risk of serious adverse transfusion reactions and transfusion-transmissible infections. Data on adverse transfusion reactions from a group of 62 countries show an average incidence of 12.2 serious reactions per 100000 distributed blood components.Patient misidentification. Failure to correctly identify patients can be a root cause of many problems and has serious effects on health care provision. It can lead to catastrophic adverse effects, such as wrong-site surgery. A report of the Joint Commission published in 2018 identified 409 sentinel events of patient identification out of 3326 incidents (12.3%) between 2014 and 2017 (19).Unsafe injection practices. Each year, 16billion injections are administered worldwide, and unsafe injection practices place patients and health and care workers at risk of infectious and non-infectious adverse events. Using mathematical modelling, a study estimated that, in a period of 10 years (20002010), 1.67 million hepatitis B virus infections, between 157592 and 315120 hepatitis C virus infections, and between 16939 and 33877 HIV infections were associated with unsafe injections (20).Factors leading to patient harmPatient harm in health care due to safety breaks is pervasive, problematic and can occur in all settings and at all levels of health care provision. There are multiple and interrelated factors that can lead to patient harm, and more than one factor is usually involved in any single patient safety incident:system and organizational factors: the complexity of medical interventions, inadequate processes and procedures, disruptions in workflow and care coordination, resource constraints, inadequate staffing and competency development;technological factors: issues related to health information systems, such as problems with electronic health records or medication administration systems, and misuse of technology;human factors and behaviour: communication breakdown among health care workers, within health care teams, and with patients and their families, ineffective teamwork, fatigue, burnout, and cognitive bias;patient-related factors: limited health literacy, lack of engagement and non-adherence to treatment; andexternal factors: absence of policies, inconsistent regulations, economic and financial pressures, and challenges related to natural environment.System approach to patient safetyMost of the mistakes that lead to harm do not occur as a result of the practices of one or a group of health and care workers but are rather due to system or process failures that lead these health and care workers to make mistakes.Understanding the underlying causes of errors in medical care thus requires shifting from the traditional blaming approach to a more system-based thinking. In this, errors are attributed to poorly designed system structures and processes, and the human nature of all those working in health care facilities under a considerable amount of stress in complex and quickly changing environments is recognized. This is done without overlooking negligence or misbehaviour from those providing care that leads to substandard medical management.A safe health system is one that adopts all necessary measures to avoid and reduce harm through organized activities, including:ensuring leadership commitment to safety and creation of a culture whereby safety is prioritized;ensuring a safe working environment and the safety of procedures and clinical processes;building competencies of health and care workers and improving teamwork and communication;engaging patients and families in policy development, research and shared decision-making; andestablishing systems for patient safety incident reporting for learning and continuous improvement.Investing in patient safety positively impacts health outcomes, reduces costs related to patient harm, improves system efficiency, and helps in reassuring communities and restoring their trust in health care systems (4,5).WHO responseGlobal action on patient safetyRecognizing patient safety as a global health priority, and as an essential component of strengthening health systems for moving towards universal health coverage, the Seventy-second World Health Assembly adopted resolution WHA72.6 on Global action on patient safety in May 2019.The resolution requested the Director-General to emphasize patient safety as a key strategic priority in WHOs work across the universal health coverage agenda, endorsed the establishment of World Patient Safety Day to be observed annually on 17 September, and requested WHOs Director-General to develop a global patient safety action plan with the involvement of WHO Member States, partners and other relevant stakeholders.Global Patient Safety Action Plan 20212030The Global Patient Safety Action Plan 20212030 provides a framework for action for key stakeholders to join efforts and implement patient safety initiatives in a comprehensive manner. The goal is to achieve the maximum possible reduction in avoidable harm due to unsafe health care globally, envisioning a world in which no one is harmed in health care, and every patient receives safe and respectful care, every time, everywhere.World Patient Safety DaySince 2019, World Patient Safety Day has been celebrated across the world annually on 17 September, calling for global solidarity and concerted action by all countries and international partners to improve patient safety. The global campaign, with its dedicated annual theme, is aimed at enhancing public awareness and global understanding of patient safety and mobilizing action by stakeholders to eliminate avoidable harm in health care and thereby improve patient safety.WHO Flagship initiative A Decade of Patient Safety 20212030WHO has launched the Patient Safety Flagship as a transformative initiative to guide and support strategic action on patient safety at the global, regional and national levels. Its core work involves supporting the implementation of the Global Patient Safety Action Plan 20212030.References1. Slawomirski L, Klazinga N. The economics of patient safety: from analysis to action. Paris: Organisation for Economic Co-operation and Development; 2020 (accessed 6 September 2023).2. Panagioti M, Khan K, Keers RN, Abuzour A, Phipps D, Kontopantelis E et al. Prevalence, severity, and nature of preventable patient harm across medical care settings: systematic review and meta-analysis. BMJ. 2019;366:l4185. doi:10.1136/bmj.l4185.3. Hodkinson A, Tyler N, Ashcroft DM, Keers RN, Khan K, Phipps D et al. Preventable medication harm across health care settings: a systematic review and meta-analysis. BMC Med. 2020;18(1):13.4. Slawomirski L, Auraaen A, Klazinga N. The economics of patient safety in primary and ambulatory care: flying blind. OECD Health Working Papers No. 106. Paris: Organisation for Economic Co-operation and Development; 2018 (accessed 6 September 2023).5. 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We are committed to achieving a diverse, multicultural and gender balanced workforce with broad representation from our Member States. Are you 1 in a billion? Can you imagine by 2023 one billion more people with access to health services, one billion more kept safer from outbreaks and emergencies, and another billion living healthier? WHO and our partners can. Join us on the drive to provide health for all. Trusted to serve public health at all times Professionals committed to excellence in health Persons of integrity Collaborative colleagues and partners People caring about people WHO provides a safe environment, cares deeply about employee well-being and is committed to providing a work environment that respects the inherent dignity of all persons. WHO has a responsibility to take all appropriate steps to prevent and respond to harassment, including sexual harassment, discrimination and abuse of authority in the workplace. Learn more about the WHO environment WHO's policies and hiring practices are grounded indiversity, equity and inclusion. We continue to strive for gender balancethroughout the organization. WHO encourages applications from unrepresented and underrepresented countries, people with disabilities,younger applicants and women.Learnmore about diversity, equity and inclusion it was pure fate that my application to WHO was successful. It was as though everything had been leading to this.Tuan Nghia TonTechnical OfficerRead the testimonial I can contribute to this area of work, and in an organization like WHO it means I can have a lasting impact on the lives of so many people.Maria Intan JosiHealth Research AssistantRead the testimonial ...I believe that real wealth is measured by the health of ourcommunitiesMahmoud SabraLogistics AssistantRead the testimonial ...I am on an exciting journey, and exactly where I need to be today, supporting WHOs mission and I will continue to grow wherever I go.Programme Management OfficerRead the testimonial WHO job areasWHO acknowledges the needs for a strong workforce to achieve thevision ofimproving the health and well-being of people everywhere.Each day, our teams meet the emerging challenges in all the areas ofthe Organization,from senior leaders to emergency administration staff,andfrom health specialists to data managers. WHOs pillar of accountability is held by senior leadership roles. They are our driving force and our face to the public. They are committed to upholding WHOs role in our changing world and inspiring the next generation of leaders. The stronger our leaders, the healthier our world will be.Learn more about our governing bodies Our administration is dedicated to business strategy and innovative practices. WHO recognizes the importance of a strong management administration structure, committed to enabling people to work to the best of their ability and to optimizing the resources available throughout the organization.Learn more about our Programme of Work At any one time, the WHO workforce is actively responding to dozens of infectious disease outbreaks and natural disasters around the world. WHO staff have an essential role to play in supporting Member States to prepare for, respond to and recover from emergencies with public health consequences.Learn more about work in health emergencies WHO categoriesThe WHO workforce is our most important resource. WHO offers job opportunities under three kinds of staff categories as well as other contractual arrangements. WHO staff can apply to fixed term or temporary appointments and successful candidates will receive an attractive salary and benefits package.Some staff are partof our agile workforce mobility programme and all staff are employed under WHOs Rules and Regulations.Depending on your duty station, you may benefit from different health and well-beingprogrammesandservices.WHO has opportunities at different levels of responsibility and experience. We seek motivated individuals in all categories of work that meet our educational and work experience requirements.WHO also advertises other contractual arrangements for specific programme needs and offers competitive rates. WHO Talent ProgrammesHelp us reach our Triple Billion targets by joining us through one of our talent programmes. The Junior Professional Officer (JPO) Programme allows young professionals to gain practical experience in multi-lateral technical co-operation at an early stage in their career. Positions are available at our headquarters and at our regional and country offices. WHO's Internship Programme offers a wide range of opportunities for students and recent graduates to gain insight into our technical programmesand administration; toacquire knowledgein specific areas and benefit from hands on work experience. WHO offers opportunities for UN Volunteers in many areas of expertise to strengthen capacity atthecountry and regionallevels.UN Volunteers support WHOby contributingtheirskills to helpreachourTriple Billiontargets. This WHO programme offers young professionals from a specific list of Least Developed Countries structured opportunities to engage in WHOs work and build skills and competencies in key public health areas and incorporates exposure at country level. Lifelong learning and career development WHO Academy: To be established in mid 2021, the WHO Academy will provide opportunities for high quality lifelong learning in health for millions of people around the world. Within WHO, the Academy will be the smart school for all WHO staff to help them learn, grow and progress in their career paths. Find out more about the WHO Academy The Career Management and Development team aims to support staff and encourage their growth at all stages of their careers with WHO. The team provides training, tools and assistance to help staff meet their potential, for both their personal benefit and to contribute to an organization of excellence. All training and workshops are delivered globally.Learn more about learning and personal growth Join us on the drive to provide health for all, apply to WHO vacancies today Skip to main content Achieving universal health coverage depends not only on expanding access but also on ensuring that care is safe, effective, and high quality. Without this, increased coverage may fail to translate into improved health outcomesundermining trust in the health system and discouraging people from seeking care, even when urgently needed. Key elements ofuniversal health coverage include comprehensive preventive and continuous care close to home, reliable access to timely acute care for time-sensitive conditions, and early and appropriate referral pathways for more complex needs. An integrated approach to safe, quality patient care is essential to achieving optimal outcomes.Clinical checklists are simple but powerful tools that help guide clinical decision-making, support consistent care, and reduce medical errors. Evidence shows that incorporating checklists into routine care can significantly improve patient safety and care qualitywhile remaining low-cost and scalable. WHO pioneered the use of safety checklists in health care through the Surgical Safety Checklist (WHO-SSC), launched as part of the Second Global Patient Safety Challenge: Safe Surgery Saves Lives. Its success has since inspired the adaptation of checklist-based approaches across a wide range of clinical settings and care pathways. The WHO Primary Care Checklist summarizes ten key components of the patient encounter and encompasses the 5C's of primary care: first contact accessibility, continuity, coordination, comprehensiveness and person-centeredness. It is intended to guide health workers in taking a structured systematic approach to a longitudinal primary care visit and allow flexibility to address individual needs. It serves as a practical tool to enhance communication, improve safety, and promote a person-centred visit. The Emergency Care Checklists are simple, one-page tools used to guide care for acutely ill or injured patients in emergency units. They provide a structured approach to ensure key life-saving steps are taken at critical points, including after primary and secondary surveys and before leaving the patient. Intended for high-acuity cases, these checklists have been shown to improve care processes and reduce mortality in all settings. The Surgical Safety Checklist was developed for use in the operating theatre, to decrease errors and adverse events and increase teamwork and communication in surgery. The 19-item checklist has gone on to show significant improvement in clinical outcomes. Through improving communication and teamwork, it has demonstrated a significant reduction in morbidity and mortality around perioperative care. The acute referral checklist and interfacility acute transfer checklist are practical tools that guide care teams through the essential steps for safely referring and transferring critically ill or injured patients. It ensures clear communication, clinical resuscitation, and the completion of key logistical and documentation tasks to support safe, timely, and coordinated patient transfers. The acute referral checklist is for sending facility teams and the interfacility acute transfer checklist is for transport teams. Health technologies include medicines, medical devices, assistive technologies, techniques and procedures developed to solve health problems and improve the quality of life. Such technologies are used in all types of health facilities, play a major role in contemporary health-care systems, and contribute directly to the quality of patient care. However, their use needs to be complemented by good staff training and effective organization of health services. Medical devices Medical devices contribute to the attainment of the highest standards of health for individuals. Without medical devices, common medical procedures from bandaging a sprained ankle, to diagnosing HIV/AIDS, to implanting an artificial hip, or any surgical intervention would not be possible. Medical devices are used in many diverse settings, for example, by laypersons at home, paramedical staff and clinicians in remote clinics, opticians and dentists, and health-care professionals in advanced medical facilities, for prevention and screening and in palliative care. Such health technologies are used to diagnose illness, monitor treatments, assist disabled people, and intervene and treat illnesses, both acute and chronic. Today there are an estimated 2 million different kinds of medical devices on the world market categorized into more than 22 000 generic devices groups. Decisions on selecting medical equipment for a health-care facility must be supported by evidence and based on clinical needs, financial resources, and the local capacity for effective use. What is precision medicine? Precision medicine is an emerging practice of medicine that uses a persons genetic profile to guide decisions made regarding the prevention, diagnosis, and treatment of disease. Knowledge of a patient's genetic profile can help doctors select the right medication or therapy and administer it using the necessary dose or regimen. It offers great potential to target treatment and increase the efficiency of health systems from clinical prevention, through early detection and screening, to treatment, rehabilitation, and palliative care. However, implementing precision medicine requires a transformation of health services and significant resources. It also requires the collection and analyses of large amounts of precision health and genomic data, so patients need to trust that it is kept safe and confidential. Citizens need to be informed, empowered, engaged and in control of their data. Additionally, precision medicine requires significant up-skilling of the health workforce, with a strong focus on digital literacy and the interpretation of biomarker information, as well as establishing a new dimension in the patient-provider relationship. To fully unleash the true potential of precision medicine and accelerate its implementation, including in lower income settings, large collaborative efforts are required that can transform this concept from individual success stories to comprehensive real-world applications in routine clinical practice. Skip to main content The problemAvailable evidence shows that compliance with hand hygiene recommendations during health care delivery remains suboptimal around the world, with an average of 59.6% compliance levels in intensive care units up to 2018, and extreme differences between high income and low income countries (64.5% vs 9.1%).Out of every 100 patients in acute-care hospitals, seven patients in high-income countries (HICs) and 15 patients in low- and middle-income countries (LMICs) will acquire at least onehealth care-associated infection during their hospital stay.Most health-care facilities have an intermediate level of hand hygiene implementation or higher, for which health care facility funding and country income level are important drivers. Most HAIs are preventable through hand hygiene performed at the right times.The WHO Guidelines on hand hygiene in health care outline hand hygiene recommendations and are complemented by the WHO Multimodal hand hygiene improvement strategy, the Guide to implementation, and an implementationtoolkit, which contains many ready-to-use practical tools.The WHO multimodal improvement strategy has been shown as the most effective approach leading to practices improvements. Hand hygiene improvement programmes can prevent up to 50% avoidable infections acquired during health care delivery and generate economic savings on average 16 times the cost of implementation. Hand hygiene is vital for safe health care delivery, yet practices at the point of care remain suboptimal worldwide. A comprehensive research agenda... Investment in all the drivers and facilitators of hand hygiene action in health care to ensure thatit occurs at the point of care and other critical... The WHO and UNICEF-led Hand Hygiene for All Initiative aims at ensuring implementation for WHO's global recommendations on hand hygiene to prevent and... The scope of this document is to address practical aspects related to the performance of routine hand hygiene while providing outpatient care. This document... WHO_IER_PSP_2009.02_chi.pdf (5.297Mb) WHO_IER_PSP_2009.02_per.pdf (1.857Mb) The WHO Guidelines on Hand Hygiene in Health Care provide health-care workers (HCWs), hospitaladministrators and health authorities with a thorough... Skip to main content Empowered communities as providers of care Communities are not only recipients of health carethey are vital providers, organizers, and stewards of it. Around the world, community members deliver essential services, support continuity of care and bridge gaps between formal health systems and the people they serve. From trained community health workers to traditional caregivers, local volunteers and peer support networks, communities play a central role in promoting health, preventing illness and responding to emergencies. Empowered communities is one of the three pillars of Primary Health Care. Recognizing and strengthening the capacity of communities as users and providers of care is essential for achieving universal health coverage and building resilient, people-centered care. There is a growing consensus that community-based primary care is key to both strengthening health systems and ensuring preparedness for health emergencies and future pandemics. Robust and coordinated primary care is also critical to effectively manage shifting disease burdens and address the social determinants of health and well-being.Well-trained community health workers (CHWs) who are integrated into the health care system can play a central role in understanding and responding to the unique needs of diverse communities. They also play a vital role in delivering integrated services within primary care teams in the journey towards strengthened primary health care. Many countries, however, still lack strong CHW programmes, and where they exist, they are not always seen as an integral component of a national health care system. A reorientation and scaling of CHW training programmes could substantially improve healthcare effectiveness, access to services and readiness for health emergencies. For patients with life threatening conditions, the community has an important role in the early recognition of danger signs, delivery of first aid and initiation of movement to more definitive care. Member States have also highlighted this essential role via World Health Assembly Resolution 76.2 which emphasizes the critical role of community-level responders in strengthening integrated emergency, critical and operative care and also reflects the growing global recognition that timely first response at the community level is essential to reducing preventable deaths from acute conditions.Community First Aid Responders (CFARs) are trained laypersons who operate as part of an organized emergency care systemsuch as through community clinics, response organizations, or public safety agencies like police and fire services. Unlike bystanders with basic first aid knowledge, CFARs are formally certified and integrated into a structured response mechanism, allowing them to be mobilized to emergency scenes through pre-established systems.CFARs may include community members, first responders (e.g., police, firefighters), community health workers, healthcare assistants and other allied health professionals.CFARs play a vital role in strengthening prehospital emergency services, particularly in settings where formal ambulance systems are limited or hard-to-reach. In areas affected by conflict or landmines, CFAR programs have been shown to significantly reduce preventable deaths by enabling timely and organized first response. WHOs Community First Aid Response learning programmeteaches a practical and systematic approach to first aid for community-based first responders who are linked to the health system. Community First Aid Response content is aligned with the WHO-ICRC Basic Emergency Care course, emphasizing a standardized approach to the acutely ill or injured for non-health professionals. Community First Aid Responders are trained to safely approach emergency scenes, recognize life-threatening conditions, provide initial care for medical and traumatic emergencies, and facilitate timely transfer and handover to higher levels of care.Community First Aid Response course is available on OpenWHO. The development of global guidelines ensuring the appropriate use of evidence represents one of the core functions of WHO. A WHO guideline is defined broadly as any information productdeveloped by WHOthat contains recommendations for clinical practice or public health policy. Recommendations are statements designed to helpend-usersmake informed decisions on whether, when and how to undertake specific actions such as clinical interventions,diagnostictests or public health measures, with the aim of achieving the best possible individual or collective health outcomes.The Guidelines Review Committee ensures that WHO guidelines are of a high methodological quality and are developed through a transparent, evidence-based decision-making process. Guidelines are subject to a rigorous quality assurance process that helps to ensure that each and every published guideline is trustworthy, impactful and meets the highest international standards. The objective of this guideline is to provide evidence-based recommendations to prevent, diagnose and treat infertility. It provides a source for countries... This document is part of the process for improving the quality of care in family planning. Selected practice recommendations for contraceptive use (SPR)... This document is part of the process for improving the quality of care in family planning. Medical eligibility criteria for contraceptive use (MEC) presents... This WHO guideline recommends integrating services for hypertension, diabetes, and mental health (including depression, anxiety, and substance use) into... The objective of this guideline is to present the complete set of all WHO recommendations and best practice statements relating to abortion. While legal,... TheWHO guidelines for malaria bring together the Organizations most up-to-date recommendations for malaria in one user-friendly and easy-to-navigate... The Digital adaptation kit (DAK) for self-monitoring blood pressure during pregnancy enables countries to better help pregnant women manage hypertensive... WHO's global health sector strategies for HIV, viral hepatitis, and sexually transmitted infections (STIs) aim to reduce gonorrhoea and syphilis ... Skip to main content Today, there are an estimated 2 million different kinds of medical devices on the world market, categorized into more than 7000 generic devices groups.A medical device can be any instrument, apparatus, implement, machine, appliance, implant, reagent for in vitro use, software, material or other similar or related article, intended by the manufacturer to be used, alone or in combination for a medical purpose. Policies, strategies, and action plans for health technologies, specifically for medical devices, are required in any national health plan. Within the context of a robust health system they ensure access to safe, effective, and high-quality medical devices that prevent, diagnose, and treat disease and injury, and assist patients in their rehabilitation.WHOs Global Model Regulatory Framework for Medical Devices including in vitro diagnostic medical devices supports Member States to develop and implement regulatory controls and regional guidelines for good manufacturing to ensure the quality, safety and efficacy of medical devices available in their countries. The Organization also works with Member States and collaborating centres to develop guidelines and tools, including norms and standards on medical devices.Additionally, WHO supports Member States in establishing mechanisms to assess national needs for health technologies in particular medical devices and to assure their availability and use, particularly in low-resource settings. A web-based health technologies database serves as a clearing house and provides countries guidance on appropriate medical devices according to levels of care, setting, environment, and intended health intervention, tailored to the specific needs of country or region. Development of medical devices policiesHuman resources for medical devicesRegulation of medical devicesHealth technology assessment of medical devicesHealth technology managementPriority and essential medical devicesPolicy-makers, biomedical engineers working in health care settings and government institutionsHospital and clinical managersDonors of medical devices and NGOs working in health technologyAcademic institutions studying health technologyDistrict, national, regional and global health managers Member States recognized in World Health Assembly (WHA) resolutions WHA60.29 (2007) and WHA 67.20 (2014) that medical devices are indispensable for health-care delivery but that their selection, regulation and use present enormous challenges, especially for low- and middle-income countries (LMIC).In order to increase access to appropriate, safe, affordable, effective medical devices of quality for all; the WHO Medical Devices has enable the WHO Global Fora on Medical Devices. The WHO Global Fora on Medical Devices serve as opportunities to share WHO initiatives to support country needs towards Universal Health Coverage (UHC) and the achievement of the Sustainable Development Goals (SDGs). The Fora also serve as occasions to listen to regional and country activities on medical devices issues. The Fora present the WHO resources available to Member States in a range of topics concerning medical devices:policy of medical devicesregulation of medical devicesnomenclature of medical devicesmedical devices innovationselection and prioritization of medical deviceshuman resources for medical devicesmanagement of medical devicesamong othersThe programmes of the WHO Global Fora have include presentations on the a huge range of topics on medical devices and also help present WHO projects, initiatives, tools, resources and work in progress.

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