WORLD FEDERATION OF
HEMOPHILIA
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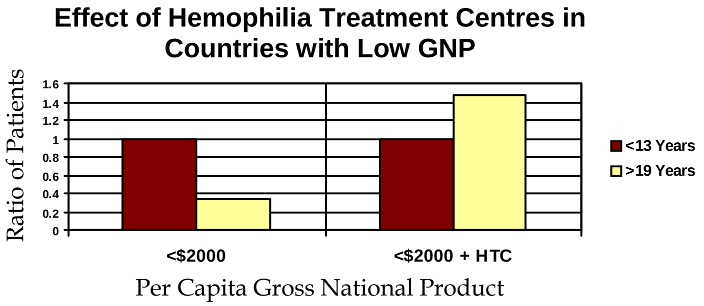
Economic benefits of basic hemophilia treatment & care

About 75% of people with hemophilia live in developing countries. Many do not survive childhood, yet specific **low-cost measures** taken by government can significantly improve life expectancy. Government and society benefit from an investment in children's health when, as adults, they are able to work, contribute to the community, pay taxes, and raise a healthy family.

It is within the economic grasp of most countries with limited resources to provide an organized system of adequate hemophilia care.



Effect of Hemophilia Treatment Centres in Countries with Low GNP

The columns on the left show that few people with hemophilia live beyond the age of 19 in countries with GNP less than US$2000. However, the columns on the right show that survival to adulthood among people with hemophilia increases fivefold if they have access to a Hemophilia Treatment Centre (HTC).

Benefit to government and society

In the long term, it is less costly to provide basic care than to provide none at all. Data collected by the WFH through an annual global survey[1] clearly demonstrate that treatment in a specific hemophilia treatment centre (HTC) with appropriate replacement therapy, even at a minimal level, in countries with GNP less than US$2000 resulted in the following:

- Survival to adulthood increased fivefold (500%) for children with hemophilia. [See graph]
- More rapid and complete recovery from bleeding episodes occurred when factor replacement therapy was provided, resulting in a quicker return to work, school, and preservation of functional independence for the person with hemophilia.

The cost of NOT providing patients with basic care and safe treatment products

- **Increased absenteeism and reduced productivity in the workplace for patients and caregivers;**
- **Long-term financial support needed due to** a much higher rate of morbidity with crippling joint deformity and death from major internal bleeding;
- **Increased probability of contracting HIV/AIDS and/or hepatitis C through unsafe blood-based factor replacement therapy, resulting in** increased hospitalization and medication, and further loss of productivity.

Elements of basic hemophilia treatment and care

To achieve the maximum impact for the minimum input, the government needs to provide:

- Hemophilia treatment centres (HTCs);
- On-demand treatment with plasma-derived products for major bleeding and before surgery; and
- Education about hemophilia for healthcare workers, patients, and their families.

For more information, consult the following resources.

1. World Federation of Hemophilia. 2004. Report on the Annual Global Survey 2003. Montreal: World Federation of Hemophilia.
2. Evatt, BL, and L Robillard. 2000. Establishing haemophilia care in developing countries: using data to overcome the barrier of pessimism. Haemophilia 6: 131-134.