Workshop II – Recommendations

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Introduction

The scope of Workshop II was ‘mobilizing support for haemophilia care’. This excludes haemophilia treatment (Workshop I) and haemophilia organizations (Workshop III), but includes external organizations necessary for solving the problems of haemophilia.

Specifically, these include organizations needed for (a) plasma product preparation, and (b) financing the cost of treatment.

There is an unresolved controversy concerning the dosage necessary for haemophilia treatment, which was extensively discussed in Workshop I and II. The following points are emphasized:

a This is an important question with great implications. It is essential that this discussion be openly continued.

b The issue must be resolved in concert by the treaters of haemophilia and the providers of plasma products. It cannot be resolved by either group alone.

c A multi-center clinical study is to be undertaken which, it is hoped, will provide additional clinical information. This will take at least 5 years. There will be no quick solution.

d This issue is included in the Workshop II report because it has enormous impact on the supply sector

- it affects the amount of plasma needed. Sound planning is impossible without the answer.

Definition of the true factor VIII need is essential because of the serious implication to the fractionation industry of imbalance in the factor VIII albumin ratio. A ratio above 10 factor VIII units/g albumin will be disruptive to factor VIII yields at the current level.

Conclusion and Recommendations

Conclusion 1. Factor VIII is produced industrially from about 5 million liters of plasma per annum; it is needed from 30 million liters or more.

Recommendation 1. Fresh frozen plasma for fractionation must be increased.

Conclusion 2. Much factor VIII is lost during preparation of high purity factor VIII concentrates.

Recommendation 2. Techniques for improving the yield of factor VIII must urgently be developed.

Conclusion 3. High technology factor VIII production will continue to be needed.

Recommendation 3. The small group of established expert fractionators should be encouraged to stay in production.

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Conclusion 4. Intermediate purity factor VII has a higher yield than high purity factor VIII but has, in some cases, drawbacks of cumbersome packaging, poor solubility, side effects, ect. Some intermediate purity products are free of these problems.

Recommendation 4. Intermediate purity is preferred to high purity if, and only if, the above drawbacks have been avoided.

Conclusion 5. 80% of the world's source plasma comes from the United States.

Recommendation 5. Each nation should strive for greater productivity of plasma suitable for factor VIII production.

Conclusion 6. Successful treatment of haemophilia depends upon the availability of funds to pay for treatment; countries without this have deficient services.

Recommendation 6. Each country should establish, as a high priority, an effective method for funding the cost of treatment.

Conclusion 7. There is great price discrepancy, for identical products, between one country and another, sometimes causing severe hardship.

Recommendation 7. Each national haemophilia organization should be encouraged to strive for a fair price within their own country.

Conclusion 8. Many developing countries are uncertain about methods of procedure for assuring haemophilia treatment.

Recommendation 8. A specific position-paper should be developed for use by developing countries, including: (a) recommendations for development of transfusion services; (b) recommendations for training of personnel; (c) recommendations for equipping and supplying laboratories and blood banks, and (d) recommendations for funding these activities.

Conclusion 9. All countries need blood transfusion facilities; cryoprecipitate can be easily prepared as a byproduct of whole blood donations; this technology is within the grasp of all countries.

Recommendation 9. All countries are encouraged to develop cryoprecipitate production capability as an immediate high priority.

Conclusion 10. Some developing countries are in need of help in developing their blood transfusion capabilities.

Recommendation 10. A structure for seeking and providing such help should be developed.

Conclusion 11. Many organizations can be helpful in addressing these many problems, e.g. the World Health Organization, the League of Red Cross Societies (and national Red Cross societies), the International Society of Blood Transfusion, etc.