

19 February, 2015

Minister of Health Bartosz Arłukowicz Ministry of Health Miodowa 15, 00-952 Warsaw, Poland

Subject: Hemophilia Treatment and Care in Poland

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T 514.875.7944 F 514.875.8916 wfh@wfh.org Dear Honorable Minister Arłukowicz,

The World Federation of Hemophilia (WFH) is an international not-for-profit organization dedicated to improving the lives of people with hemophilia and related bleeding disorders. It is a global network of patient organizations in 127 countries founded in 1963 and has official recognition from the World Health Organization. The Polish Hemophilia Society is one of our national member organizations.

The significant progress achieved in treatment of hemophilia and other bleeding disorders in Poland over the last few years is exemplary. This was possible thanks to joint efforts of your Ministry of Health, the Polish Hemophilia Society and medical professionals in the field resulting in improved life expectancy and the quality of life of patients with hemophilia and other bleeding disorders.

However, we have received information from the Polish Hemophilia Society concerning several cases of people with hemophilia who have not received appropriate and immediate treatment when admitted to hospital emergency ward with bleeding episodes. One of the aims of our organization is to provide support and guidance on achieving and maintaining international standards in hemophilia care. According to the WFH Guidelines for the Management of Hemophilia, comprehensive care carried out in specialized Hemophilia Treatment Centres (HTC) is the optimum treatment for patients with hemophilia and other bleeding disorders. HTCs offer people with hemophilia access to a full array of services necessary to manage their condition.

Treatment of hemophilia and other related bleeding disorders requires the purchase of large quantities of rather costly clotting factor concentrates (CFCs) which accounts for most of the cost of hemophilia treatment in a country. WFH Guidelines for the Management of Hemophilia recommend that in case of acute bleeds patients should be treated with CFCs as soon as possible (preferably within two hours), while in case of potentially life-threatening bleeds patients should receive factor infusion immediately, even before diagnostic assessment is initiated. Therefore, proper clinical supervision in an HTC can result in optimal use of replacement therapy, help

avoid further complications for patient's health, disability and save patient's life. Adequate and timely treatment offered to patients subsequently also decreases the cost of treating specific bleeding episodes.

The WFH remains confident that the Polish government will build on the significant progress achieved and continue to be committed to improving the quality of life of patients with hemophilia and other bleeding disorders. We look forward in pursuing the exceptional cooperation between the WFH, the Polish Hemophilia Society, the hemophilia medical experts in Poland, and the Polish Ministry of Health.

Sincerely,

Marijke van den Berg, MD WFH Vice President Medical and Chair of the Medical Advisory Board

c.c. President of the Polish Hemophilia Society, Bogdan Gajewski

encl.: 1) WFH Guidelines for the Management of Hemophilia, 2nd Edition, 2012; 2) WFH Fact Sheet No 3, Economic Benefits of Comprehensive Hemophilia Care, 2004; 3) WFH Fact Sheet No 7, Structure and Functions of Comprehensive Hemophilia Treatment Centres, 2011