

**Resolution of the World Federation of Hemophilia General Assembly
on the Supply of Safe High-Quality Clotting Factor Concentrates
July 15, 2010**

Whereas with proper treatment with sufficient amounts of clotting factor concentrates, people with hemophilia and other similar bleeding disorders can live healthy lives,

Whereas without such treatment many will die young or, if they survive, suffer joint or other organ (including brain) damage that leaves them with permanent disabilities,

Whereas only about 25 percent of the estimated 400,000 people with hemophilia in the world receive adequate treatment,

Whereas the situation for men and women with other inherited coagulation factor deficiencies is much worse,

Whereas the current global plasma supply is not meeting the needs of people with bleeding disorders around the world,

Whereas the World Federation of Hemophilia (WFH) is working hard, in solidarity with other users of plasma-derived medicines, who face similar supply shortages, to find ways for national health care systems to narrow this gap,

Whereas approximately two-thirds of the world's supply of clotting factor concentrates is manufactured with plasma from remunerated donors and most countries that are self-sufficient in fresh blood components are unable to meet their own needs for plasma-derived products from their domestic plasma collections,

Whereas there is an important difference between fresh blood components and plasma-derived medicines because plasma-derived products, when manufactured in a well-regulated environment, use systems that ensure safety through not only donor screening and testing, but also through pathogen reduction processes such as viral inactivation and filtration,

Whereas when plasma-derived products from remunerated apheresis donors are manufactured and appropriately regulated they are of equivalent quality and safety compared to products manufactured in the same way from non-remunerated whole blood and apheresis donors,

Whereas the supply of plasma from non-remunerated donors for subsequent manufacture into plasma products is greatly insufficient to meet the world demand,

Whereas there are no proposals anywhere in the world that would substantially alter this supply situation in the foreseeable future,

Whereas a well-regulated commercial manufacturing industry with plasma from voluntary remunerated donors is both ethical and essential,

Whereas the WFH supports the development of voluntary, non-remunerated blood collection systems to supply the need for fresh blood components such as red blood cells, platelets, plasma for transfusion, cryoprecipitate and cryosupernatant in all countries,

Whereas national self-sufficiency in fresh blood components – which has been achieved in many countries – in no way ensures self-sufficiency in plasma derivatives such as clotting factors, immune globulins and albumin,

Whereas some governments and other bodies in the field of blood donation and transfusion have from time-to-time proposed policies that had the potential to restrict or deny access to life-saving plasma-derived medicines, including clotting factor concentrates,

Therefore, be it resolved that the WFH supports the right of any country to allow the commercial collection of plasma within its borders, which adheres to international regulatory standards, good manufacturing practices, and appropriate national regulatory control and oversight,

Be it further resolved that the WFH also supports the right of any country to legislate on the donation of blood and plasma but opposes any restriction on sources of supply which would decrease access to safe, effective and sufficient therapy,

Be it further resolved that the WFH calls for increased collection of both recovered and source plasma from voluntary, non-remunerated blood donors for subsequent manufacture into safe, high-quality plasma products to help meet world needs.