



VIETNAM HEMOPHILIA ASSOCIATION

# UPDATING OF HEMOPHILIA CARE and G.A.P PROGRAMME IN VIETNAM

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## In Vietnam:

- GDP/capita: 2200 USD/year
- Population: 93.4 mil (2016)
- Number of PWH estimated: about 6158
- Number of patient diagnosed: 2550  $\approx$  41.2%



# 7 Hemophilia Treatment Centers



2. National Children's Hospital

1. NIHBT

3. Hue Central Hospital

5. Cho Ray Hospital

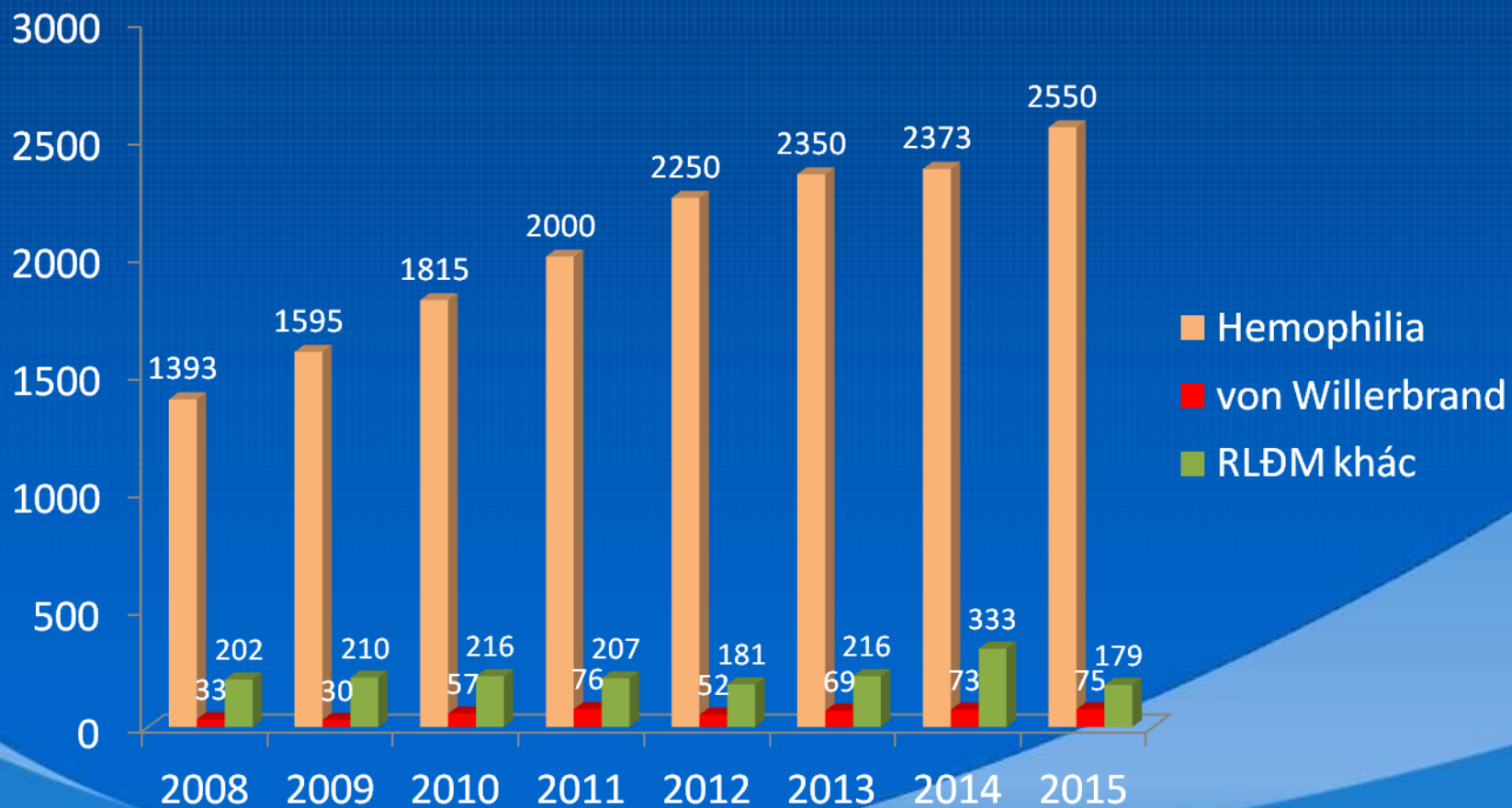
4. Blood Transfusion and Hematology hospital in Hochiminh city

6. Children Hospital in Hochiminh City

7. Can Tho Center hospital



# Number of hemophilia patients





# TYPE OF TREATMENT

- Episodic bleeding treatment in the hospital: >95%
- Home treatment: some cases
- Prophylaxis in some indicated patients
  - + Single dose
  - + Low dose prophylaxis (several hemophilia patients under 15 years old)
  - + Secondary prophylaxis for 1-3 months: after central nervous systems bleeding, target joint



# BLOOD PRODUCTS

## 1. *Blood product home made:*

- Fresh frozen plasma;
- Plasma moved cryoprecipitate: Used for Hemophilia B;
- Cryoprecipitate: Used for Hemophilia A and vWD.

## 2. *Import product:*

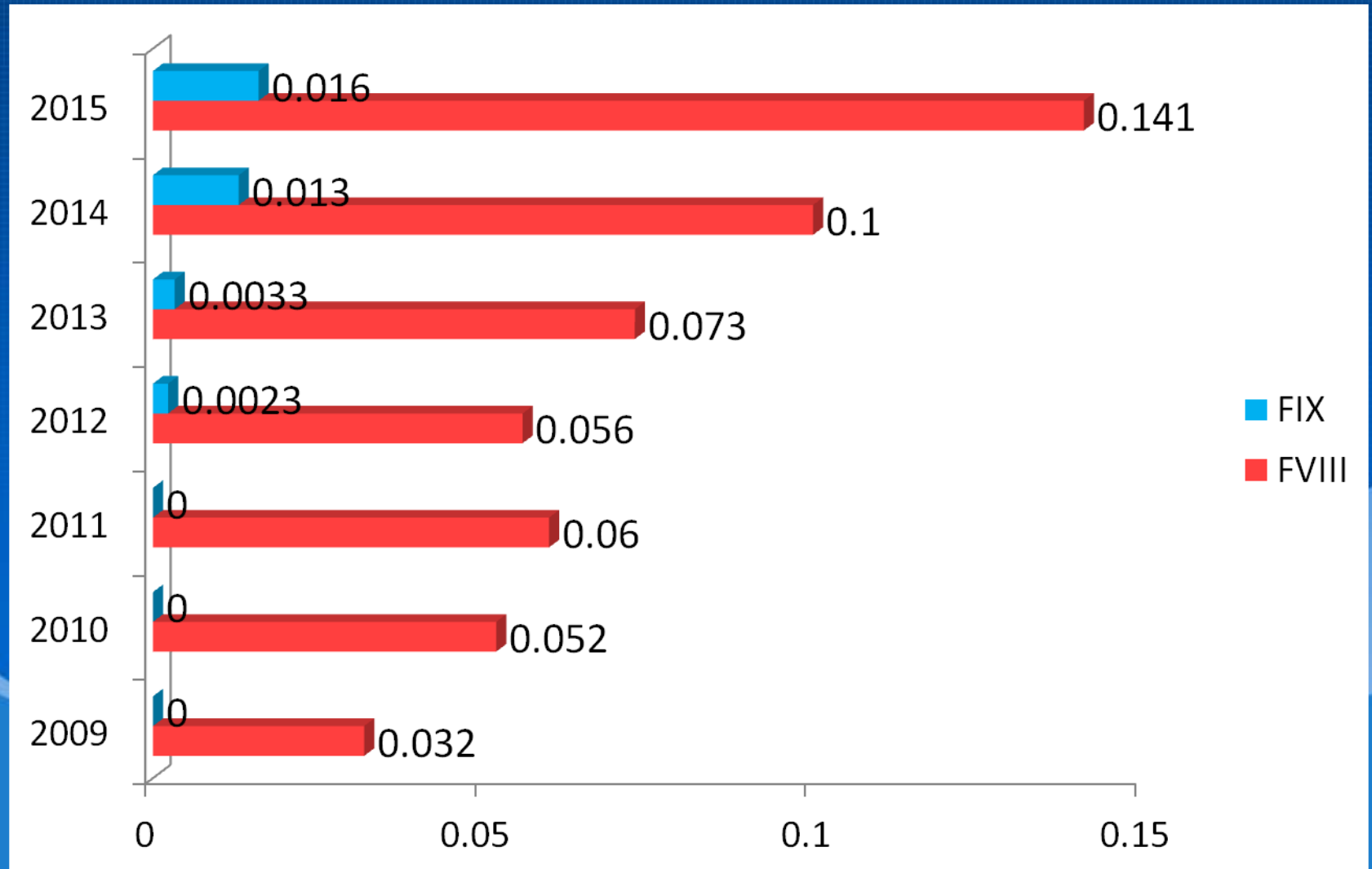
- Plasma derived FVIII and FIX concentrate: 8Y, Replenine (BPL), Hemofil – M, Immunine (Baxter), Octanat (Octapharma)
- FVIIa (Novo Seven)

## 3. *Donation Drug*

- *Eloctate, Alphante, Aprolix from WFH*

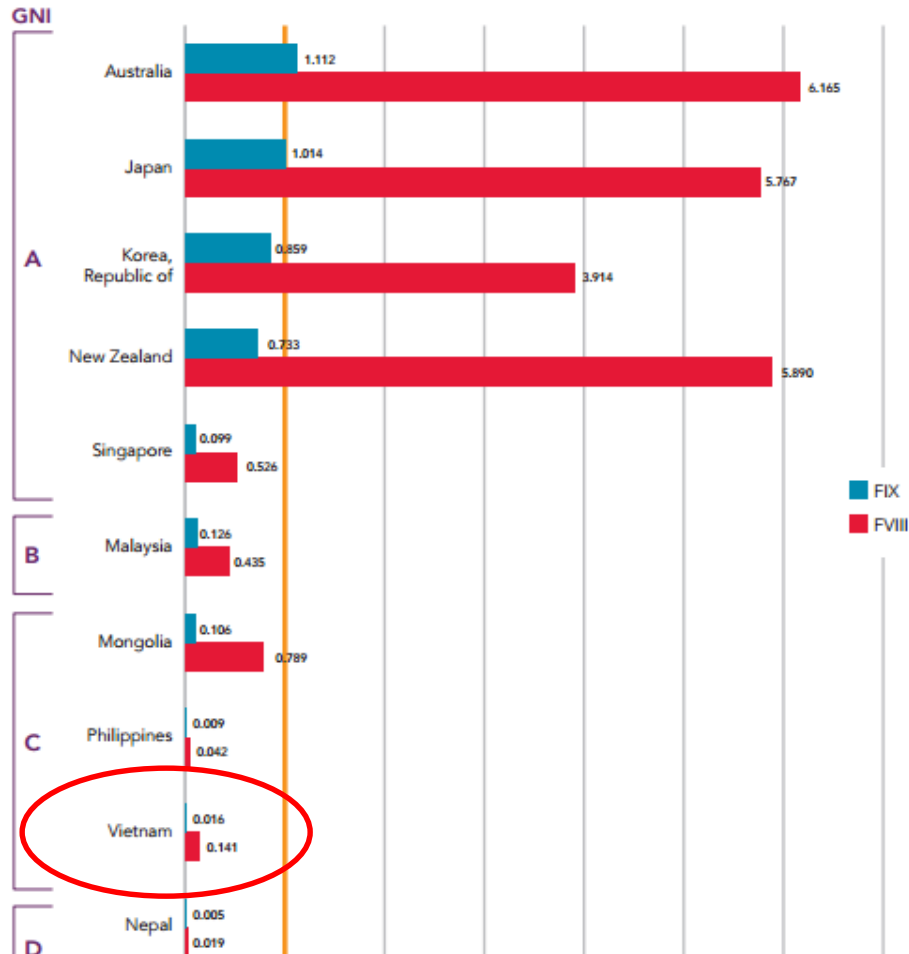


## Quantities of FVIII / F IX used across the country over the years (Unit: unit /people)



# Mean global factor used

Figure C6. Mean per capita factor VIII and IX use in 2015 – regional and GNI comparisons of IU/total population: Western Pacific







# Comprehensive care



- Screening for inhibitors and virus transmission periodically
- Genetic diagnosis, carrier and Prenatal diagnosis
- Coordinate the related specialist: Dental, Rehabilitation, Physiotherapist, surgery, obstetric...



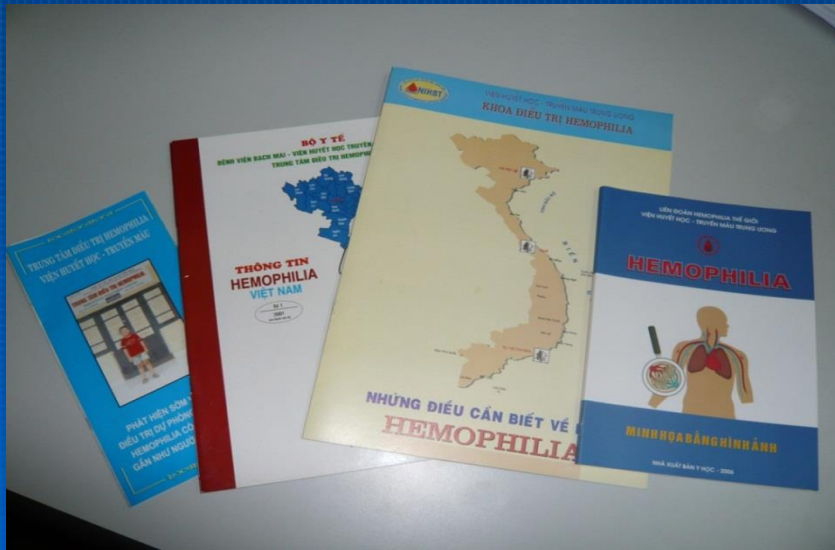
# Education for patients and families





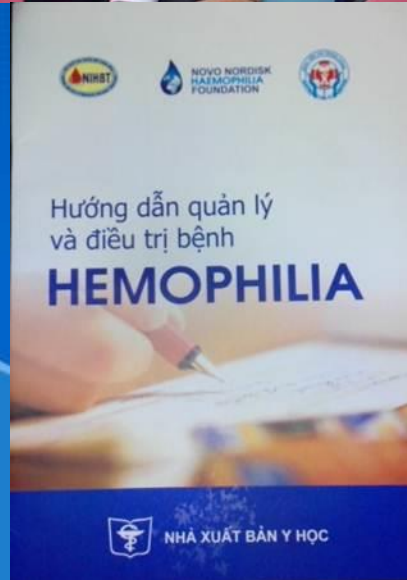


# Education for patients and families





# Training for medical staffs





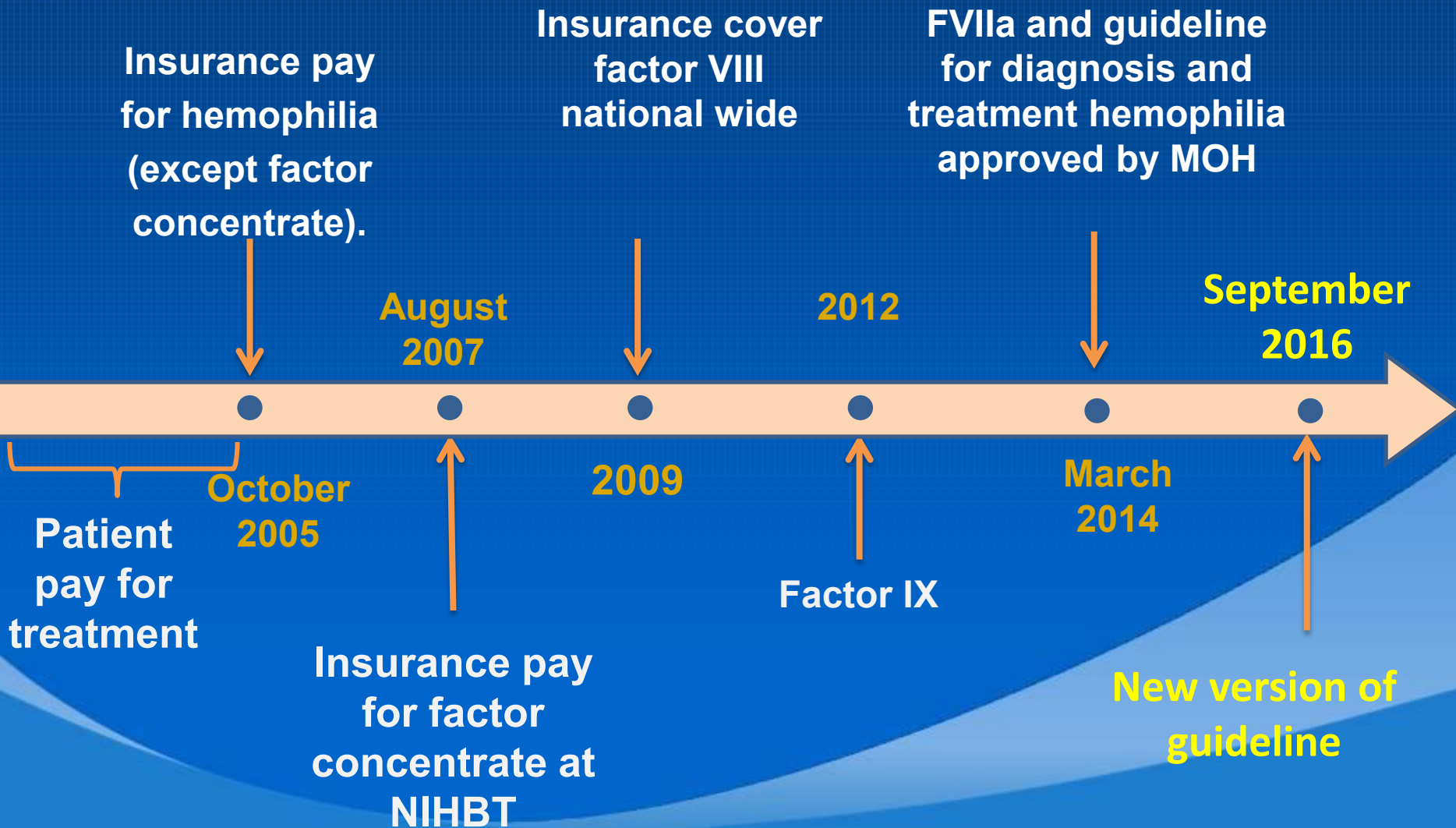


# Peer group meeting





# Achievements in advocacy





## Patient have to Co-payment the cost of treatment

- Voluntary insurance: co-payment of 20% cost of treatment
- Poor coverage: co-payment of 5%
- Insurance poor and the disabled: insurance cover 100% cost of treatment

*In the case of patients with co-payment of insurance for 5 consecutive years, if the co-payment the cost of treatment in the last year exceeded 7 million, they will be entitled to 100% coverage.*

*-The level of insurance cover: Depending on each hospital  
(Example In NIHBT: 250USD/outpatient, 820 USD/inpatient)*





# NEW GUIDELINES ON DIAGNOSIS AND TREATMENT OF HEMOPHILIA

- Approved by Ministry of Health in September 2016.
- Contents:
  - + Treatment of bleeding
  - + Home treatment
  - + Low dose prophylaxis (with severe hemophilia patient under 15 years old)
  - + Secondary prophylaxis
  - + Comprehensive care at some Hemophilia Centers
  - + Treatment of bleeding for patients with inhibitors by pass agent and ITI
  - + Genetics diagnostic and prenatal diagnosis





# VIETNAM GLOBAL ALLIANCE FOR PROGRESS (GAP)



# Signing ceremony MOU of Global Alliance for Progress (2016 – 2019)

- Time: 21<sup>th</sup> September, 2016
- Venue: Thanh Hoa Province (in the National Scientific Conference on Hematology and Blood Transfusion with nearly 1000 participants).
- Signing ceremony between:
  - + The World Federation of Hemophilia and the
  - + National Institute of Hematology and Blood Transfusion



# Signing ceremony MOU of GAP





# Meeting on Vietnam GAP program

- **Time:** 13 – 14 February, 2017
- **Contents:**
  - Discuss on a specific plan of action for the GAP program in Vietnam.
  - Joint meeting (include VHA, NNHF, WFH and IHS) to discuss on collaboration to join efforts to further improve hemophilia care in Vietnam
  - Visit Hemophilia Centers in Hanoi





# Meeting with WFH (13-14 February, 2017)



Discuss on a specific plan of action for the GAP program in Vietnam.







# Activities in Vietnam

- **Time:** WFH plan to visit Vietnam twice/year (in March and August)
- **Venue:** visit 2 cities each time.
- **Content:**
  - Assess the implementation of the activities of GAP
  - Organize training course for medical staff in Vietnam about hemophilia.
  - Organize training training course for patient organization



# STEPS FOR DEVELOPING NATIONAL HEMOPHILIA CARE PROGRAMME IN VIETNAM

## 1. Government support:

Presents	Goals after 4 years
<p>➤ Limited central or regional government resources allocated for hemophilia care.</p>	<p>➤ The Ministry of Health participate in, supports, facilitates for national hemophilia care program.</p>



## 2. Care Delivery



Presents	Goals after 4 years
<ul style="list-style-type: none"> <li>➤ There are 7 HTCs</li> </ul>	<ul style="list-style-type: none"> <li>➤ 6 comprehensive hemophilia care center</li> <li>➤ 01 centers have team work meet the requirements of comprehensive care.</li> <li>➤ Expanding at least 10 satellites -HTCs,</li> </ul>

- Existed HTCs
- Expanding HTCs after 4 years



## 3. Medical Expertise

### 3.1. Laboratory Diagnosis:

Presents	Goals after 4 years
<ul style="list-style-type: none"><li>➤ The diagnosis of hemophilia only be done in big hospitals.</li><li>➤ Diagnostic capacity of local hospitals is still limited</li></ul>	<ul style="list-style-type: none"><li>➤ Provincial hospitals have basic laboratory diagnostic ability.</li><li>➤ 7 HTC's have vWD Assays and Inhibitor detection and participate in EQAS</li><li>➤ DNA detection are centralizing in 2 HTC's (NIHBT and BTH)</li></ul>



## 3.2. Medical Treatment

Present	Goals after 4 years
<ul style="list-style-type: none"><li>- 95% patients on demand treated in hospital.</li><li>- Home care is not available</li><li>- Some case secondary prophylaxis</li></ul>	<ul style="list-style-type: none"><li>- Home care available</li><li>- Primary prophylaxis for severe patients &lt;15.</li><li>- All hematologist in hospitals trained in hemophilia</li><li>- Education offered to general medical community</li></ul>



## 4. Treatment Products

Presents	Goals after 4 years
<ul style="list-style-type: none"><li>• Combination of domestic production (cryo, FFP) and some purchase of plasma-derived factor concentrates</li><li>• CFCs:<ul style="list-style-type: none"><li>+ Supplied not adequately</li><li>+ Used: 0.1 IU/ capita</li><li>+ Available only in the big hospitals</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Combination of local production of and purchase of plasma-derived factor concentrates</li><li>• CFCs:<ul style="list-style-type: none"><li>+ Supplied adequately, proper national tender system</li><li>+ Used: 0.5 – 1 ui/capita</li><li>+ At least 17 hospitals (HTC) have CFCs</li></ul></li></ul>



## 5. Patient Organization

- **Goals after 4 years:**
  - Outreach to detection 1.500 new patients.
  - Establish 10 new Branches, Clubs, Groups of patients base on HTC.
  - Patients are more active in the association's activities.
  - National organization is a partner in national hemophilia care program.



## 6. Data collection

Presents	Goals after 4 years
<ul style="list-style-type: none"><li>- Registry program only for single HTC</li></ul>	<ul style="list-style-type: none"><li>- National registry program for all identified patients with bleeding disorders</li><li>- Design and conduct observational studies on bleeding disorders</li><li>- Participate in multi-center comparative research on people with bleeding disorders (if possible)</li></ul>





# Thank you for your attention!

