

---

**CONFERENCE ABSTRACT****A collaborative national procurement model for haemophilia medication  
procurement**17<sup>th</sup> International Conference on Integrated Care, Dublin, 08-10 May 2017

Brian O Mahony

Irish Haemophilia Society, Ireland

---

Haemophilia and von Willebrands disease are inherited bleeding disorders. There are 838 people with haemophilia in Ireland and 1,273 with von Willebrands disease. Treatment for these conditions is with intravenous infusions of coagulation factor concentrates (CFCs). The selection and purchase of these medications in Ireland is overseen by the Haemophilia Product Selection and Monitoring Advisory Board (HPSMAB). This board includes the lead haematologists from the three comprehensive treatment centres, the Irish Haemophilia Society, the Department of Health, the HSE, a virologist, a specialist nurse, a blood transfusion expert and a regulator. In the past many people with Haemophilia in Ireland were infected with HIV and Hepatitis C through the use of contaminated CFC's. This was responsible for 97% of all the mortality in haemophilia in Ireland since 1985. The involvement of the key doctors and the patient organisation in the procurement process has greatly increased the confidence of the patient community in the safety and efficacy of the treatment they now receive. The board examine all aspects of safety, efficacy, quality, supply and cost and carry out open competitive tenders. These tenders result in the purchase of a limited number of CFCs and does limit the clinical freedom of individual clinicians. This is acceptable to patients and haematologists nationally. The board have always purchased the safest and most efficacious products on the market in the fourteen years for which they have operated. Crucially, this has also been extremely cost effective. In 2002, prior to the establishment of this board, Ireland paid 26% above the EU average price for CFCs and also paid significant handling fees. By 2015, prices paid by Ireland were 55% below the EU average for the main product and all handling fees had been abolished. As a consequence, availability of treatment for haemophilia A has increased from 3.7 IU per capita in 2002 to 8.7 IU per capita in 2015 with no increase in the budget. The Irish Haemophilia Society carried out a detailed analysis of the results of the work of the HPSMAB in 2015. We extrapolated the 2002 pre HPSMAB prices in Ireland and compared these to the average EU CFC prices from 2002 to 2015 and also assumed the handling fees had remained. We compared these prices we would have incurred with the actual prices we achieved. This demonstrated a saving in excess of € 132 million from 2003 to 2015. If we compare this with Belgium, who do not have a tender system involving both clinicians and patient leaders; in 2002, both countries used similar amounts of CFCs but Ireland paid a 33% higher price. By 2014, Ireland were using 22% more CFCs than Belgium but we were paying

O Mahony; A collaborative national procurement model for  
haemophilia medication procurement

56% less than Belgium. The Irish model is now being used internationally as an example of best practice.

---

**Keywords:** haemophilia; procurement; board; cost-effective

---