

Global action to advance health equity for people with haemophilia and other bleeding disorders

The Seventy-ninth World Health Assembly,

Having considered the consolidated report by the Director-General;¹

Noting that bleeding disorders, particularly inherited bleeding disorders, represent a group of disorders that are caused by absence or low levels of one or more proteins critical to the blood clotting process, and that they can affect both men and women;

Noting also that the most common types of bleeding disorders are haemophilia and von Willebrand disease, and that other clotting factor deficiencies include factor I (fibrinogen), factor II (prothrombin), factor V, a combined deficiency of factors V and VIII, factor VII, factor X, factor XI and factor XIII, in addition to inherited platelet disorders;

Recognizing the significant underdiagnosis of bleeding disorders, with only 34% of the expected number of people with haemophilia identified globally, and even greater disparities reported in diagnosis rates for people with von Willebrand disease, which has an estimated prevalence of 1 in 1000 individuals, and other bleeding disorders;

Recognizing also that women and girls with bleeding disorders face even greater challenges in accessing care, including biases in symptom assessment, longer diagnostic delays, underrepresentation in clinical trials and research programmes, societal stigma and challenges in accessing treatment, negatively impacting their physical health and quality of life, as women and girls with bleeding disorders may experience heavy menstrual bleeding, increased risk of anaemia, iron deficiency, and bleeding during pregnancy and childbirth; and greater challenges in accessing sexual and reproductive healthcare services, and therefore emphasizing the need to introduce an inclusive approach, including mainstreaming gender-sensitive and age-appropriate measures into the prevention and treatment of haemophilia and other bleeding disorders to adequately address the specific health risks and needs of women and men of all ages, giving particular attention to the impact of haemophilia and other bleeding disorders on women in all settings;

Recognizing further the shared clinical, diagnostic and health system challenges faced by individuals living with inherited bleeding disorders and the need for integrated approaches that enhance equitable access to diagnosis, treatment and comprehensive care for all affected populations;

¹ Document A79/5.

Acknowledging that the internationally recognized standard of care for haemophilia is prophylaxis and home treatment to prevent bleeding and reduce negative impacts on physical and mental health; whereas if left untreated recurrent bleeding could result in musculoskeletal complications and permanent joint damage, disability and premature mortality, as well as an increased burden on health systems with greater need for hospitalizations and management of complications resulting from delayed treatment;

Acknowledging also that despite significant innovations in treatment for haemophilia in recent years, over 70% of this population continues to have inadequate or no access to treatment globally, with disparities in diagnosis and care persisting across regions and resource settings, as well as by sex and type of bleeding disorder;

Recognizing that people with haemophilia and other bleeding disorders and their caregivers can experience a negative psychosocial impact, including isolation, stigmatization or discrimination, and adverse economic impact, including reduced access to education and employment, overall resulting in a broader societal cost, and recognizing that these impacts are often intensified by the absence, limited scope or poor implementation of dedicated policies and social support;

Reaffirming the importance of WHO's global action plan for the prevention and control of noncommunicable diseases 2013–2030 for an integrated approach to the prevention and control of noncommunicable diseases;

Recalling the Sustainable Development Goals, established pursuant to United Nations General Assembly resolution 66/288 (2012), specifically Goal 3 (Ensure healthy lives and promote well-being for all at all ages), target 3.4 (By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being) and target 3.8 (Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all), and Goal 5 (Achieve gender equality and empower all women and girls), in particular target 5.6 (Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences);

Recalling also the United Nations political declaration of the high-level meeting on universal health coverage (2019), and the political declaration of the high-level meeting on universal health coverage (2023), reiterating the commitment to ensure that no one is left behind;

Recalling further the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases (2018), specifically paragraph 28, which reaffirmed the right of everyone to the enjoyment of the highest attainable standard of physical and mental health across the life course, in respecting human rights obligations and addressing the specific health needs of children, women, older persons, persons with disabilities and others who are more vulnerable to noncommunicable diseases; paragraph 35, calling to strengthen health systems and reorient them towards the achievement of universal health coverage and improvement of health outcomes, and high-quality, integrated and people-centred primary and specialized health services for the prevention, screening and control of noncommunicable diseases; and paragraph 36, calling to promote increased access to affordable, safe, effective and quality medicines and diagnostics and other technologies;

Recalling United Nations General Assembly resolution 76/132 (2021) on addressing the challenges of persons living with a rare disease and their families, which paved the way for greater integration of rare diseases into the agenda and priorities of the United Nations system;

Recalling also resolution WHA63.12 (2010) on availability, safety and quality of blood products and the recent inclusion of several medicines for haemophilia and von Willebrand disease treatment on the WHO Model List of Essential Medicines, recognizing access to these essential medicines as a public health priority;

Recalling further resolution WHA76.5 (2023) on strengthening diagnostics capacity, which stressed the importance of diagnostic services for healthcare service delivery, ranging from prevention to treatment;

Recalling resolution WHA77.2 (2024) on social participation for universal health coverage, health and well-being, which called for regular and transparent social participation to ensure transparent decision-making for health across the policy cycle, at all levels of the system;

Recalling also resolution WHA78.11 (2025) on rare diseases: a global health priority for equity and inclusion, which requested the Director-General to develop a comprehensive 10-year global action plan on rare diseases, with measurable targets to guide progress towards equity, inclusion and access to care for all affected individuals;

Recognizing the role of WHO to demonstrate leadership and coordination of effective global action to advance health equity for people with haemophilia and other bleeding disorders, as part of WHO's larger public health impact and the strategic goal of providing health as outlined in the Fourteenth General Programme of Work, 2025–2028,

1. URGES Member States, taking into account national context and priorities and available resources and capacities:

- (1) to enhance, where relevant, within policies and responses related to national noncommunicable diseases, primary health, maternal and neonatal health, sexual and reproductive health and universal health coverage, the management of haemophilia and other inherited bleeding disorders, including early gender-sensitive and evidence-based diagnosis, equitable access to safe, effective and affordable treatment, multidisciplinary care and the development of evidence-based national clinical guidelines;
- (2) to strengthen health systems to increase capacity in identification and diagnosis, and clinical management of haemophilia and other bleeding disorders, by including relevant competencies in education and lifelong learning of health workers, by training, as appropriate and, in particular, non-specialist healthcare providers in primary healthcare settings on basic management of bleeding disorders; ensuring timely referral to specialized haemophilia treatment centres; and, where feasible, by strengthening coordination among these specialized haemophilia treatment centres, already established in many Member States, with multidisciplinary teams providing comprehensive care services, with an efficient referral system in place;
- (3) to enhance equitable access to safe, effective and affordable medicines and to early treatment interventions, such as prophylaxis and home treatment programmes for people with haemophilia and other bleeding disorders, and to consider the inclusion of essential medicines for haemophilia and other bleeding disorders on national lists of essential

medicines, as well as to promote predictable supply chains and explore financing mechanisms for these medicines, including factor concentrates, non-factor replacement therapies and other novel emerging therapies;

(4) to strengthen national data collection systems to facilitate epidemiological, treatment and health outcomes surveillance, and monitoring and evaluation of existing haemophilia and other bleeding disorder programmes and responses, to better inform national policies and strategies and clinical practice;

(5) to implement effective programmes that promote mental health and psychosocial support, including for persons living with haemophilia and other bleeding disorders, as well as policies and initiatives that enhance the well-being of their families;

(6) to promote public awareness of and education about haemophilia and other bleeding disorders to foster greater understanding, promote global solidarity and reduce the misconceptions and stigmatization regarding bleeding disorders, including their impact on women and girls, that are widespread in certain regions;

(7) to empower people living with bleeding disorders, local communities and organizations that represent them, through engagement and consultative mechanisms in care planning and service delivery, and in policy and legislation development, programme implementation, advocacy, research, and monitoring and evaluation;

(8) to recognize World Haemophilia Day, celebrated on 17 April, as a day dedicated to haemophilia and all bleeding disorders, and to take appropriate measures within existing resources to continue to celebrate this day and raise awareness of bleeding disorders, in collaboration with local civil society actors and other relevant stakeholders;

2. REQUESTS the Director-General:

(1) to assess and map existing WHO guidance and recommendations related to haemophilia and other bleeding disorders and develop, in collaboration with Member States, and in consultation with non-State actors, in line with the WHO Framework of Engagement with Non-State Actors, as applicable, and persons living with haemophilia and other bleeding disorders, recommendations for Member States on addressing gaps in strengthening the implementation of policies for haemophilia and other bleeding disorders, where relevant, within policies and responses related to national noncommunicable diseases, primary health, maternal and neonatal health and hygiene, menstrual health and universal health coverage, including early gender-sensitive and evidence-based diagnosis; and on enhancing equitable access to safe, effective and affordable treatment, and multidisciplinary care, taking into account adequate, predictable and sustainable domestic and international financing and national context and priorities, and to submit these recommendations to the Eighty-first World Health Assembly for its consideration in 2028, through the Executive Board at its 163rd session;

(2) to recognize World Haemophilia Day, celebrated on 17 April, as a day dedicated to haemophilia and all bleeding disorders; to support relevant initiatives, in line with the global agenda for the prevention and control of noncommunicable diseases, by Member States and relevant stakeholders; and to consider taking appropriate measures to continue celebrating this day;

- (3) to report biennially on the implementation of this resolution to the Health Assembly, as part of the global agenda for the prevention and control of noncommunicable diseases.²

Sixth plenary meeting, 22 May 2026
A79/VR/6

² Decision WHA72(11) (2019).