1.03 Health and social economics, organizational issues

IMPLEMENTING A HUB-AND-SPOKE MODEL FOR HEMOPHILIA DIAGNOSIS AND CARE IN BURKINA FASO THROUGH TRAINING OF "HEALTH ASSISTANTS"

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Background. While haemophilia care has advanced in high-income countries via prophylaxis, multidisciplinary management, and individualized therapies, low-resource settings still face major barriers to access, care coordination, and diagnosis. Burkina Faso is one of the countries classified by the World Bank as a low-income economy (most of them located in Africa)

Aims. to implement and describe a context-adapted model to expand disease awareness, improve case finding, and structure care pathways for haemophilia in Burkina Faso.

Materials and Methods. Training "health assistants", focal points at peripheral Health Centers, often located in remote villages. Developing pictorial educational materials accessible to populations with high illiteracy rates. Community sessions at Health Centers to recognize bleeding symptoms (e.g., excessive bleeding after circumcision) Hub-and-spoke pathway: referral of suspected cases to the nearest spoke hospital for first-line testing; if abnormal/suspected, referral to the HUB (Charles De Gaulle Hospital, Ouagadougou) for specific diagnostics and care initiation; subsequent follow-up at spoke centers with semi-annual then annual visits; ongoing HUB–spoke collaboration to enable care near patients' homes.

Results. Following implementation and increased availability of diagnostic supplies, 13 new patients with haemophilia A were diagnosed between December 2025 and April 2026.

Conclusions. Training proximal health personnel within a hub-and-spoke framework, supported by pictorial education and reliable access to diagnostic kits, enhances case detection and care for haemophilia in low-resource settings. Sustained resource allocation for diagnostics is essential for consolidation and scale-up.