

# PRIORITIZING BLOOD HEALTH: Empowering Patient Advocates and Healthcare Stakeholders



## A Stakeholder Roundtable

*Brussels, Belgium • December 2025*

### Introduction

In December 2025, patient advocates and healthcare professionals from across Europe came together to consider the benefits of prioritizing blood health in the treatment and management of chronic health conditions. The group included stakeholders across cardiovascular diseases, kidney disease, obesity, inflammatory bowel disease, cancer and women's health. Together they focused on identifying unmet needs in blood health that can be addressed through advocacy and worked to align on shared goals aimed at improving blood health for people living with chronic conditions.

### Illustrating the Burden of Anemia

Professors Massimo Morosetti and George Vassilopoulos provided a clinical perspective on the burden of iron deficiency and anemia, and then participants heard from patients with anemia about the impact that the condition has had on their lives. Presenters reiterated that anemia is a systemic condition

that can lead to adverse medical outcomes, such as a higher risk of heart failure and hospitalizations, alongside functional outcomes affecting things like a patient's school performance, productivity and overall quality of life. And patient participants reiterated that anemia symptoms such as fatigue and depression are serious and warrant urgent attention.

[Learn more from GAfPA's "Chronic disease, Anemia & Blood Health" fast facts.](#)

### Patient Blood Management as a Tool for Optimized Blood Health

Professor Axel Hofmann, Chair of the World Health Organization (WHO)'s External Steering Committee on the Implementation of Patient Blood Management (PBM), presented the [WHO's Guidance on PBM](#), providing an overview of the core pillars of PBM, along with its associated benefits.

Professor Hofmann emphasized that there is highly compelling clinical and

economic evidence supporting PBM and the prioritization of patient blood health. The benefits discussed extended from patients, to caregivers, healthcare providers, healthcare systems and society at large. It was emphasized that lower patient mortality, fewer comorbidities, lower transfusion rates and shorter hospital stays alleviate both the burden on the healthcare system, but also result in improvements in health outcomes, productivity and overall quality of life. In short, that the adoption of PBM in prioritizing blood health not only delivers better outcomes but also generates significant financial savings.

## Identifying Barriers to the Prioritization of Blood Health

Meeting participants discussed a number of barriers to the prioritization of blood health and the implementation of PBM, like lack-of-awareness and cultural resistance. For example, participants noted that blood health is commonly overlooked within the scope of NCD care, sometimes because there is confusion about whether or not symptoms such as fatigue are being caused by the disease, or by a blood condition like anemia. Patients also expressed feeling dismissed

**“Patients with IBD become accustomed to symptoms like fatigue, given the chronic course of their disease, and don’t realize how much better they would feel if their anemia were corrected.”**

**- Lucie Laštíková,  
IBD Patient Representative**

by healthcare providers regarding the long-term management of their blood health – one participant shared that she received no long-term control or monitoring after a surgery with close-links to the development of anemia.

Finally, clinician participants added that in addition to updates to clinical guidelines, care pathways and reimbursement models will need to be reconfigured to prioritize blood health.

## Advocating for Blood Health

The effective prioritization of blood health will require a comprehensive advocacy strategy that advances both general awareness of its benefits alongside informing policymakers to ensure that the global guidance is implemented at the health system level. As a way to address the lack of true understanding of blood health, participants suggested that the lived experience of **people with anemia and NCDs ought to be made visible to policymakers**, and that the financial and clinical evidence pointing to the benefits of PBM should be paired with a compelling and person-centred advocacy narrative. In addition, there is a need for evidence to highlight the productivity, societal and economic impact of anemia as a tool for actionable advocacy. It was agreed that blood health is relevant to every medical specialty and requires consideration starting from the primary care level.

**“Blood health needs to be consistently prioritized in routine chronic disease management.”**

**- Prof. Massimo Morosetti**

## Conclusions

Medical experts, including the World Health Organization (WHO), strongly agree: prioritizing blood health through the adoption and implementation of Patient Blood Management (PBM) is essential. Beyond being a clinical best practice, PBM helps contain rising healthcare costs—especially as aging populations and non-communicable diseases (NCDs) continue to grow.

A core element of PBM is the early detection and treatment of anemia, a critical yet often overlooked issue in NCD care. Regular screening and timely intervention should be prioritized for at-risk groups, including people with chronic conditions, women of reproductive age, individuals in vulnerable regions, and older adults.

As an initial step, participants recommended raising awareness among patients, healthcare providers, policymakers, public health officials and the media. They also urged policy advocacy to integrate blood health into existing and future disease-specific strategies at global, regional and national levels—for example, in plans addressing cardiovascular disease, chronic kidney disease, obesity, women’s health and mental health.

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## Participating Organizations:

**Alliance Rouge, Switzerland**

**Association of Patients with Kidney Diseases and Friends (APBS), Bulgaria**

**Arthritis Ireland**

**Blood & Beyond Initiative**

**Danish Association for People Living with Obesity**

**Dutch Heart Foundation**

**European Coalition for People Living with Obesity (ECPO)**

**Global Alliance for Patient Access**

**Hellenic Cancer Society, Greece**

**IBD Patient Organization, Czech Republic,**

**International Federation of Gynecology and Obstetrics (FIGO)**

**Italian Kidney Foundation**

**Mended Hearts Europe**

**National Federation of Associations ALCER (Association for the Fight Against Kidney Diseases), Spain**

**Network for the advancement of Patient Blood Management, Haemostasis and Thrombosis (NATA)**

**WHO’s External Steering Committee on the Implementation of Patient Blood Management**

**World Federation of Societies of Anaesthesiologists (WFSA)**



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