**WFH World Bleeding Disorders Registry**

**HTC FUNDING PROGRAM**

**2024 Application**

\*\*Please read the information below before completing the application\*\*

1. **The Program**

The WBDR HTC Funding Program is designed to provide funds to eligible WBDR HTCs in order to support their WBDR-related activities and requirements such as data entry. The Program aims to help HTCs improve their patient enrolment, the recording of follow-up visits, and the use of functional scales and Quality of Life questionnaire.

1. **Eligibility**

The applying HTC must meet **all** of the following:

* Be in a low or lower-middle income country according to the [World Bank GNI classification](https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups).

Currently eligible WBDR countries:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Algeria | Bangladesh | Cameroon | Côte d'Ivoire | Egypt | Ethiopia | Ghana |
| India | Indonesia | Iran | Kenya | Kyrgyzstan | Madagascar | Malawi |
| Morocco | Nepal | Nigeria | Pakistan | Philippines | Senegal | Sudan |
| Syria | Uganda | Uzbekistan | Vietnam | Venezuela | Zambia | Guinea |
| Tunisia | Bolivia | Burkina Faso | Lesotho |  |  |  |

* Have obtained, and shared with the WBDR team, ethics approval letter to participate in the WBDR. If the HTC is in the process of obtaining ethics approval, and meets all the other criteria, the application will be reviewed upon receipt of the ethical approval.
* Have received training on the WBDR online database.
* Commit to attending the annual Data Entry Refresher training.

1. **Applying**

For HTCs that fulfill all the above criteria, please follow these steps:

1. Complete the application below (p. 3 and 4) and send it to [wbdr@wfh.org](mailto:wbdr@wfh.org) by **October 21, 2024**.
2. Attend Data Entry Refresher training (see Section F)
3. Complete a Banking Information Form in the appendix.

**Note**: Applicants are responsible for ensuring that they can receive funds from the WFH according to the laws and regulations of their HTC and country. HTCs that are not able to receive funds through the usual means will not be considered for funding.

1. **Funding Scheme**

Eligible HTCs will be compensated based on the number of active patients enrolled in the WBDR. HTCs who joined the WBDR after May 1st, 2024, will receive the funding amount based on the number of identified hemophilia patients being followed at the HTC, as provided in Sections 4 and 5 of the application.

Following the completion of the application process, the funds are allocated for a period of one year and will be disbursed in one installment as follows:

* Category 1: <50 pts enrolled in WBDR $1000 USD per year
* Category 2: 51-100 pts enrolled in WBDR $1250 USD per year
* Category 3: >100 pts enrolled in WBDR $1500 USD per year

The National Member Organization (NMO) of the country will be informed of any funds sent to HTCs.

1. **Funding Renewal**

A new application must be submitted annually by the deadline announced. Renewal of funding will be considered following an assessment of the data entry performance of the previous year of funding. The HTC is required to submit a Funding Report. At the end of the funding year, the WBDR team will share a progress report with each HTC.

1. **Training and Information Session**

* **WBDR Data Entry Refresher Training:** this training is offered annually to all participating WBDR HTCs. The WBDR team will provide a review of best practices in WBDR data entry, including information on the importance of the Quality of Life questionnaire (EQ-5D-5L).

Training dates and times will be communicated with staff members listed in section 7 of the application form. There is no limit to the number of HTC staff who can attend the training.

**The WBDR HTC Funding Program is reviewed annually and is subject to changes at any time by the WFH**.

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| **2024 APPLICATION FORM**  **WBDR HTC Funding Program** |
| 1. **Hemophilia Treatment Centre**   Name*:* Click here to enter text.  Mailing address *(street, city, state/province, zip/postal code, country)*:  Click here to enter text. |
| 1. **HTC Director/Official**   Name *(First, Last):* Click here to enter text.  Title: Click here to enter text.  Mailing address *(street, city, state/province, zip/postal code, country)*:  Click here to enter text.  Tel.: *(country code, area code, number & extension)*: Click here to enter text.  Fax: Click here to enter text. E-mail: Click here to enter text. |
| 1. **Current participation status in the WFH World Bleeding Disorders Registry.** Check all that applies.   Obtained and shared ethics approval to use the WBDR  Attended WBDR database training  Started patient enrollment |
| 1. **Total number of identified people with hemophilia A, B, or type unknown at your HTC:** Click here to enter text. |
| 1. **Total number of identified people with VWD at your HTC:**  Click here to enter text. |
| 1. **Please indicate what the provided funds will be used for:**   Human resources for data entry/management  Internet/computer-related expenses  Other *(Please specify):* Click here to enter text. |

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| 1. **WBDR Data Entry Refresher Training.** Please enter information on the staff who will attend this session.   Staff Name: Click here to enter text. Job title: Click here to enter text. E-mail: Click here to enter text.  Staff Name: Click here to enter text. Job title: Click here to enter text. E-mail: Click here to enter text.  Staff Name: Click here to enter text. Job title: Click here to enter text. E-mail: Click here to enter text. |
| 1. **HTC Director/Official:** I certify that the statements are true, complete, and accurate. I agree to accept responsibility for the adequate use of the funds and to provide any required information requested by the WFH. By signing this agreement, I acknowledge and accept the conditions mentioned above in this application document.   Name: Click here to enter text. Date: Click here to enter a date.  Signature: |

*Please complete and email to* [*wbdr@wfh.org*](mailto:wbdr@wfh.org)