TCOR Twins with Jordan

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Jordan is a small country — 100,000 square kilometres of land, mostly desert — sandwiched between Israel and Saudi Arabia and also bordering on Syria and Iraq. It is not an oil rich country. The population of the country is five million and, just like every country in the world, some people have hemophilia. There is no hemophilia treatment centre in the entire country of Jordan and factor concentrates are extremely scarce.

On November 8th, 2002, the World Federation of Hemophilia officially recognized the partnership between the Toronto and Central Ontario Regional Hemophilia Society and the Jordan Blood Diseases Patients’ Association (Hemophilia Committee). When you learn that hemophilia affects 400,000 people worldwide, seventy-five percent of whom have little or no treatment, and when you know that national hemophilia care programs have been proven to increase the life expectancy of people with hemophilia, you realize there is much to be done. The World Federation Twinning program is one way of supporting local hemophilia organizations to improve national hemophilia care programs in their own countries.

In the fall of 2002, Karttik Shah and I traveled as representatives of TCOR to Amman, Jordan. It was a pleasure to meet the members of the Jordan Hemophilia Committee: Arafat Awajan, Wael Hudhoud, Mohammed Jabber, Alla, and Mahera Hamza. Without realizing it, they form quite a dynamic little group. They remind me of the early days of the Canadian Hemophilia Society when passion and commitment kept members going, working, moving forward, one step at a time to the next task. Already they have formed a Committee, part of a larger organization officially recognized by the Queen of Jordan. More recently, they rented separate office space in Amman and the office was freshly painted just prior to the visit. They have been in contact with about 350 members thus far and are reaching out to find more. And so it continues.

As for my impressions, there are no words to describe the incredible hospitality with which we were treated. We were personally greeted at the airport at 3:00 a.m., met families in their homes, attended a packed members’ meeting in the new office, were personally accompanied on all visits and shared many wonderful meals with members of the Committee.

The assessment visit also included more formal activities such as meeting with key personnel in local hospitals and the blood bank, as well as a meeting with the Minister of Health. As part of the Fourth International Biotest Hemophilia Forum for physicians, we were able to visit the site of the ancient city of Petra and the Dead Sea. This was especially enjoyable as our hosts from the Jordanian Hemophilia Committee accompanied us on these trips.

Twinning is a two-way street and already we have learned a tremendous amount about Jordanian culture and religious customs in the Middle East. There will be lots more to come as we continue to work together at educating families through meetings and newsletters, and planning a symposium for the fall of 2003. These initial activities will set the stage for later advocacy efforts to improve hemophilia care and treatment in the country of Jordan.

I invite all our members to think about what they can do to support World Federation Twinning Programs. It is surely a worthwhile endeavour.