

Position Statement
COMPENSATED COLLECTION OF PLASMA
September 2018

It is the position of the NRBDO that with no evidence of safety risks, and no evidence of threats to the voluntary collection of blood, compensated collection of plasma can help with the global and Canadian plasma supply shortage, helping to ensure patients can access plasma-derived medicinal (PDMPs) products when they need them.

Background

The NRBDO is a pan-Canadian coalition of not-for-profit organizations representing people with rare blood disorders and/or people with chronic conditions who are regular recipients of blood or blood products or their alternatives. Together, we represent many thousands of patients. As such we have had a vested interest in blood safety and supply in Canada and internationally since forming in 2004.

Thousands of Canadians with chronic hematologic and immune-system disorders rely on PDMPs to maintain their health and keep them alive.

Plasma collected from unpaid volunteer Canadian donors meets a mere 17% of the current need in this country for immune globulins, whose use is growing by about 6-10 per cent annually.¹ Canada relies on the U.S. to supply the remaining 83% of our plasma needs, which comes entirely from American paid donors.

The final report by the Expert Panel on Immune Globulin Product Supply and Related Impacts in Canada, *Protecting Access to Immune Globulins for Canadians*, notes that given the global reliance on American plasma, other countries are encouraged to increase self-sufficiency, and that “across Europe, Australia and North America, the only jurisdictions that have achieved 100% self-sufficiency for plasma collection are those that have permitted paid plasma donors.”² While total Canadian self-sufficiency in plasma supply is neither feasible nor desirable, the current level below 20% leaves Canada extremely vulnerable to potential supply disruptions due to emerging transmissible disease, trade issues or geopolitical crises.

A barrier to our ability to improve our self-sufficiency for plasma collection is the strong public resistance to the use of paid donors. As summarized in *Protecting Access to Immune Globulins for Canadians*: “The rationale includes concerns about safety of products made from paid donors, ethical concerns about the commodification of human plasma, and concerns that compensation for donating source plasma would diminish the commitment of volunteer donors of both whole blood and plasma.”³

¹ Health Canada. (2018) *Protecting Access to Immune Globulins for Canadians: Final Report of the Expert Panel on Immune Globulin Product Supply and Related Impacts in Canada*. Ottawa, ON: Her Majesty the Queen in Right of Canada, as represented by the Minister of Health.

² Health Canada. (2018) *Protecting Access to Immune Globulins for Canadians: Final Report of the Expert Panel on Immune Globulin Product Supply and Related Impacts in Canada*. Ottawa, ON: Her Majesty the Queen in Right of Canada, as represented by the Minister of Health.

³ Health Canada. (2018) *Protecting Access to Immune Globulins for Canadians: Final Report of the Expert Panel on Immune Globulin Product Supply and Related Impacts in Canada*. Ottawa, ON: Her Majesty the Queen in Right of Canada, as represented by the Minister of Health.

Incentives to donate blood and/or plasma come in many forms. Categorizing them as “payment” or “non-payment” is a vast over-simplification. A more rigorous discussion of the issue of incentivization is needed.

Safety

Since the tainted blood tragedy of the 1970s and 1980s, huge changes have taken place in the regulation and manufacture of PDMPs. Thanks to rigorous donor screening, testing of donations and viral clearance procedures, these products have maintained a perfect safety record with regard to pathogen transmission for the last 25 years. Any claims that PDMPs from compensated donors are less safe than those from unpaid donors are not based on scientific evidence.

Ethics

We believe that paying Canadians is no more or less ethical than paying Americans, as we do today for most of the plasma-derived medicinal products used across Canada.

The donation of whole blood for transfusion in the form of red cells, platelets or fresh frozen plasma, collected by a not-for-profit blood establishment such as Canadian Blood Services (CBS), must remain voluntary and non-compensated.


However, plasma products are manufactured by for-profit multi-national corporations, and sold to the provinces and territories, just like any other drug. The manufacture and sale of plasma products is almost entirely a private, for-profit operation, with plasma being the raw ingredient. Having manufacturers of plasma-derived products pay for the plasma in no way places Canada’s public healthcare system in peril.

Threat to volunteer donations

The USA is able to meet their needs for whole blood through a robust voluntary, not-for-profit donation system, similar to Canada’s, while simultaneously supplying 70% of the world’s plasma supply through a paid collection system. All evidence points to the two systems (voluntary whole blood donation and paid collection of plasma) being able to function side by side.

In 2016, referencing other countries that use paid models, such as the United States, Germany, the Czech Republic and Austria, CEO Dr. Graham Sher told Global News that “In those places, one has not seen the emergence of for-profit plasma industry have a negative impact on blood collection.”⁴ Nevertheless, this issue needs to be closely monitored. Ideally, not-for-profit and for-profit collectors should cooperate to avoid unintended consequences. Public-private partnerships to collect plasma should be explored.

⁴ Wong, Julia. “Pay for Plasma: The economics behind paid and unpaid systems.” Global News.
<https://globalnews.ca/news/2652186/pay-for-plasma-the-economics-behind-paid-and-unpaid-systems>



Network of Rare Blood Disorder Organizations

As a Health Canada Round Table discussion on compensating plasma donors concluded: “No country in the world has been able to meet their need for plasma with a solely volunteer model.”⁵

Therefore, the NRBDO agrees with the findings of Kretschmer et al who concluded, “All measures improving the supply of safe blood, including monetary compensation, should be objectively discussed without prejudice.”⁶

⁵ “Round Table Discussion on Payment of Plasma Donors in Canada – Summary Report.” April 10, 2013. <https://www.canada.ca/en/health-canada/services/drugs-health-products/public-involvement-consultations/biologics-radiopharmaceuticals-genetic-therapies/round-table-discussion-payment-plasma-donors-canada-summary-report.html>

⁶Kretschmer V, Weippert-Kretschmer M, Slonka J, Karger R, Zeiler T. Perspectives of paid whole and plasma donation. *Developmental Biology* 2005;120:101-11. <https://www.ncbi.nlm.nih.gov/pubmed/16050162>