In My View

BY JAN M. BULT, PRESIDENT AND CEO

One of the most important goals that we have as an industry is to provide sufficient supply of plasma derived medicinal therapies for all patients in the world. The starting material is human plasma that can be obtained as either recovered plasma from whole blood donations or as source plasma from plasma apheresis donations. Most recovered plasma comes from voluntary non-remunerated donors (VNRD) whereas most source plasma comes from voluntary compensated donations. Both source materials are safe and are needed to manufacture the lifesaving therapies. Plasma derived medicinal therapies from both sources are safe, efficacious and needed.

The availability of recovered plasma is an issue of concern. It is considered a "by-product" of whole blood donations where plasma can be obtained from blood donations that exceed their shelf life. This plasma is then provided to a domestic or foreign fractionator for the manufacture of therapies. This recovered plasma is by far not enough to manufacture sufficient therapies. The private industry plays a vital role in the collection of plasma and manufacture of plasma protein therapies. The situation with recovered plasma is not getting better.

Thanks to improved transfusion management, component therapy and changed surgical procedures the need for blood transfusions has been reduced during the last years. I have heard that many blood banks are facing a reduction of 6-8 % per year and have to review their financial operations. This means that it is predictable that it will become more and more difficult to operate economically.

It is with that in mind that I am surprised to read a newly published WHO document called "Towards Self-Sufficiency in Safe Blood and Blood Products based on Voluntary Non-Remunerated Donation." One of the fundamental problems is that there is a world of difference between Whole Blood and Plasma Derived Medicinal Products. I don't understand why the WHO is so persistent to bring these two different issues together.

In the accompanying "Rome Declaration" the participants of the meeting call on national authorities to:

- Introduce legislation to prohibit compensation for the donation of plasma
- Introduce additional labelling requirements
- Provide sufficient financial resources to move towards self sufficiency
- Phase out in a programmed manner the use of therapies made from compensated donors

There is so much more but that will take up too much space. Nowhere do I see an attempt to address what to do to increase the availability of these lifesaving therapies to patients that depend on them. I see a big effort to reduce the use of therapies to obtain a political goal at the expense of patient's wellbeing. One WHO official several years ago called them "rich countries therapies." Are you really kidding me? How can someone come up with such an argument?

We do everything we can to help patients in the world. I expect responsible national authorities to do the same. This will not be the last word on this topic. •

Jan M. Bult, President & CEO