

Europe's evolving plasma donation landscape



Significant volumes of the blood plasma that is needed to make the plasma-derived medicines used every day by European patients is imported from outside the European Union.

To secure this critical resource for European patients, countries have the potential to encourage a higher volume of plasma donations from their donor communities.

Today several European countries have put in place innovative approaches that show how this is possible.

The evolving plasma donation landscape

In an effort to increase their donations of plasma, some European countries have put in place new systems. They complement existing public whole blood and plasma donation infrastructure by adding a network of private plasma donation centers.

Austria, Czech Republic, Germany and Hungary now run a combined public and private sector approach for plasma donation. Here, private plasma donation centers work alongside the traditional blood donation system, bringing plasma donations from new donor communities. This dual approach typically provides three times more plasma per resident compared to other countries in Europe.^{2,3,4}

A critical aspect of effective plasma donation is the lasting relationships that are needed with new plasma donors. These four countries' blood/plasma policies allow plasma donation centers to offer lump sum compensation or allowance to donors for their participation. Some 24 European countries currently offer plasma donors non-monetary compensation for their efforts – recognizing that giving plasma is an inconvenience compared to giving.⁵

Will the growth of new private plasma donation centers reduce whole blood donations to the public system?

As countries consider moving to a public-private sector plasma donation model, some public health officials have voiced concerns that these new entries will disrupt the established blood donation system. They feel that new private sector plasma networks can potentially turn away traditional blood donors, with an overall negative effect on the blood collection sector.

Analysis of data from a decade of combined blood-plasma donation approaches shows no evidence that compensation-based plasma donations from private centers affects established whole blood donations.



Some 30% of the plasma used in Europe today for medicines production is imported from the US.

Today Europe has 150 plasma private plasma donation centers (2020); the US has around 900.^{2,3,4}

Some 55% of all directly donated plasma in Europe is given by donors in Austria, Czech Republic, Germany and Hungary.^{2,3,4}

Over the past decade Austria, Czech Republic, Germany and Hungary have reshaped their plasma donation systems to boost donations by opening networks of private plasma donation centers.

Stable blood and plasma donation volumes – example of the Czech Republic’s combined system

A recent study of the evolution of the Czech Republic’s combined public-private plasma donation system shows that blood collection volumes and frequency have remained stable as plasma donations to private centers have grown.

There have been no decreases in the blood donation figures, despite the opening of ten plasma donation centers between 2007 and 2010. During this period, volumes of whole blood collection remained stable, as compensated plasma donation increased significantly. Donations evolved from 6.8 liters collected per 1000 inhabitants in 2006 to 50 per 1000 inhabitants in 2010.^{6,7}

Austria, Germany and Hungary report that their combined plasma donation systems show similar results to their Czech counterparts over a ten-year period. Health professionals in these countries have found that a determining factor in the ability to increase and sustain stable volumes of locally-donated plasma was the fact that donors are compensated with an allowance.



Cross-border donations

Cross-border donation of blood and blood products is happening in some EU regions. Czech Republic, Estonia, Luxembourg, Poland, Sweden and Norway have policies or guidelines for cross-border donation.

While compensation is not a determining factor, these incentives help build lasting relationships with donors – a critical aspect of building a stable plasma donor network. As part of its policy, to avoid competition between the established blood donation system and the more recent practice of giving plasma, Hungary requires every plasma donor to give blood once yearly, uncompensated.⁸

What policies for national self-sufficiency?

Some 22 countries have policies for self-sufficiency in blood and blood components:

Austria, Belgium, Bulgaria, Croatia Czech Republic, Cyprus, Denmark, France, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Malta, Norway Poland, Portugal, Romania, Spain, Slovenia and Sweden, Spain, Slovenia and Sweden.

Of these countries, only 13 have explicitly defined the concept of self-sufficiency:

Austria, Bulgaria, Czech Republic, Cyprus, France, Hungary, Italy, Malta, Portugal, Romania, Spain, Sweden and Croatia.

France, Greece, Luxembourg, Malta, Slovakia and Norway **have bilateral agreements or cooperation structures** to ensure appropriate supply of blood and blood components to their country.