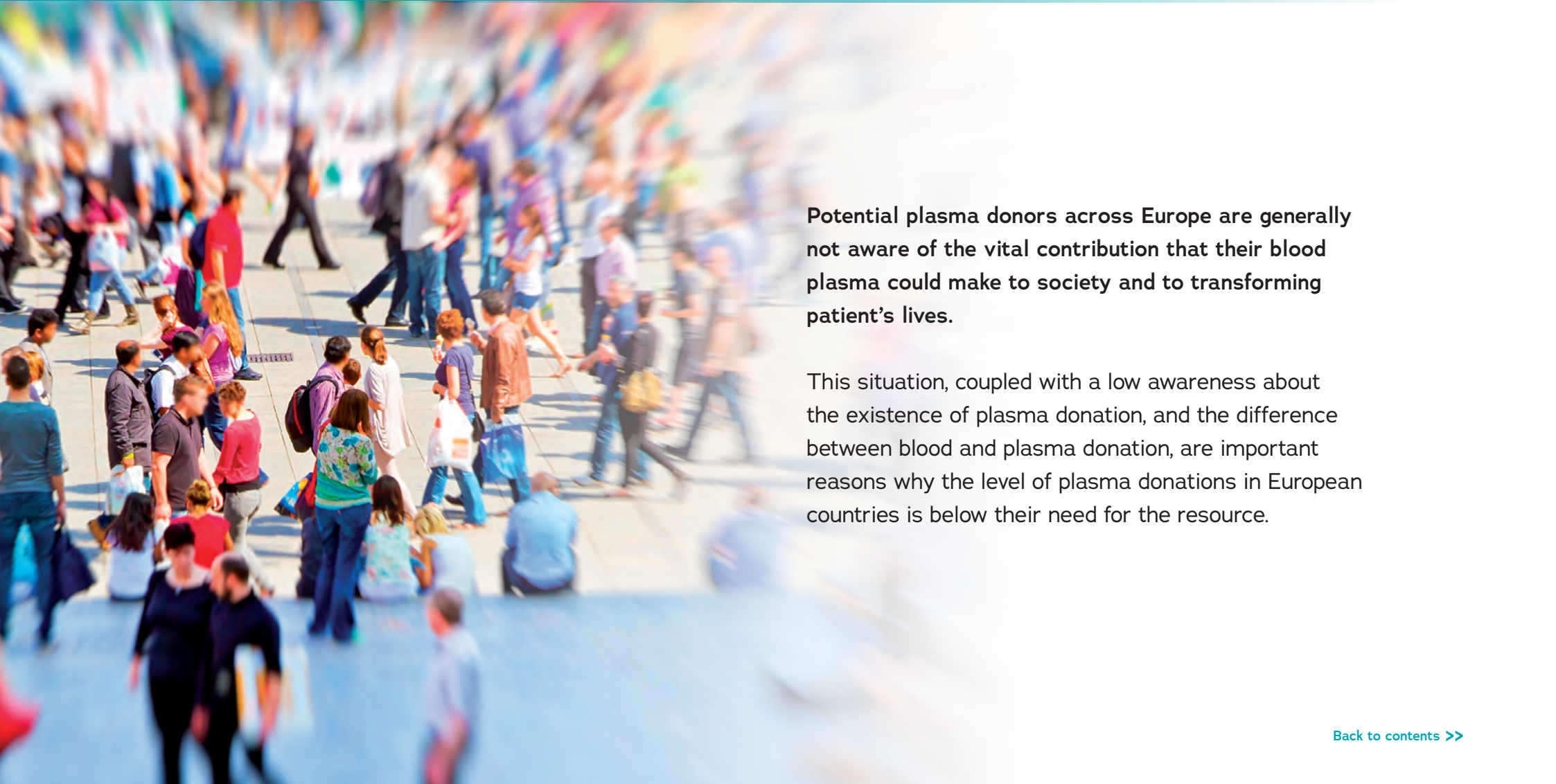


7. Building relationships for long-term plasma donation in countries



Potential plasma donors across Europe are generally not aware of the vital contribution that their blood plasma could make to society and to transforming patient's lives.

This situation, coupled with a low awareness about the existence of plasma donation, and the difference between blood and plasma donation, are important reasons why the level of plasma donations in European countries is below their need for the resource.

The donor's perspective

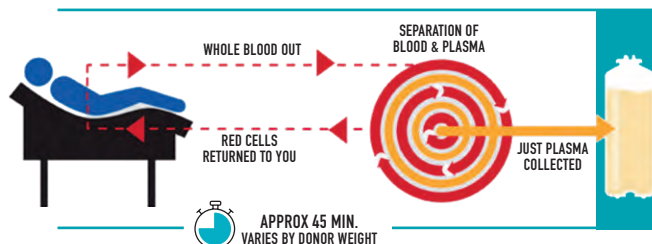
Plasma in the donor patient-relationship

The relationship between plasma donor and patient is central to the value that plasma brings to society through plasma-derived medicines.

Many potential donors are not aware that in addition to giving blood, they can donate plasma, which is used to make life-saving therapies that benefit thousands of people. A combined awareness effort between European and national health authorities the general public and patient groups will help inform and attract new donor communities to give plasma.

Many people that donate plasma feel that they contribute to saving lives. And many patients recognise that the source of their medicines comes from plasma given by another person.

Looking at these changes in plasma donation, industry experts commented that private investment injected into a public system – where dedicated plasma donation centres are private entities – can help boost the efficiency of plasma donation and the number of donation centres in a country. As part of a national



health policy, a shift to a public-private donation makes it easier for plasma donors to give – closer to home, for example. This also reduces cost pressure on the very high public investment levels needed to expand a current national donation network.

In designing a decentralized donation network, a key consideration in a country's plan is to understand what motivates plasma donors to give, and give regularly. Clarity on this will help build a lasting relationship with a wider donor community.

In assessing its new public-private plasma donation architecture, the Bavarian Red Cross observed that the profiles of its blood and plasma donors are somewhat different.

The typical blood donor tends to be older, giving twice yearly. In contrast, plasma donors give on average 20 times yearly.

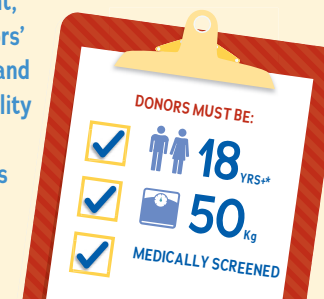
This frequency of donation requires a higher level of commitment and can explain why plasma donating may be more appealing to a younger population.

For policy makers designing their future plasma donation strategies, the success of the approach they choose will depend on knowing who their donors are and what factors motivate them to give frequently.¹³

Qualified donor programmes

The PPTA independent Qualified Donor programme requires all prospective donors giving for use by its partners to have two satisfactory health screenings and negative test results within six months, before being authorized to give plasma. Without meeting this requirement their plasma will not be used to manufacture plasma-derived medicines.

This policy is important, firstly to protect donors' health and wellbeing, and to help ensure the quality and safety of the therapies that patients need to treat life-threatening diseases.



Authorized frequency of plasma donation – some country examples

The effects blood and plasma donation on the human body are quite different. A blood donor's recovery period after giving whole blood brings a loss of blood cells and plasma.

In contrast, plasma donations cause only a loss of blood proteins. This difference is the basis for national health regulatory authorities to allow donation of higher plasma volumes at a higher frequency from plasma donors than from whole blood donors.

 Austria	Up to 50 times yearly
 Belgium	Every 2 weeks, no more than 20 times yearly
 Czech Republic	One donation every 2 weeks
 Germany	Up to 60 times yearly
 Hungary	Maximum 33 donations yearly, and one whole blood donation per year before giving plasma

In Europe donors can give 650-850ml of plasma per donation. Countries' rules on frequency of donation vary widely – between 20 and 60 times yearly. Austria allows 50 donations and Germany 60.¹⁴

The European studies, Safety of Intensive Plasmapheresis, assess plasma donor safety factors. Their data concludes that participating in plasmapheresis under intensified conditions is safe, even for first-time and inexperienced donors (see section: Health & Safety for Donors).




How much plasma do we really need?


EU countries currently have a deficit of 5.15 million liters of the plasma that is needed to manufacture life-saving plasma-derived medicinal products for their patients.

Considering that a plasma protein therapy treatment for one year for a person living with

Alpha-1 requires 900 donations, public health authorities interested in developing a stable donor community need to better understand what actions and incentives can help encourage sustained plasma donations. Finding ways to educate plasma donors about their direct impact on patients' lives will help create the lasting relationships that are needed to build a strong donor community.

PER PATIENT PER YEAR:

MORE THAN
1200: 
Plasma donations to treat
ONE PATIENT for HAEMOPHILIA.

MORE THAN
900: 
Plasma donations to treat
ONE ALPHA-1 PATIENT.

MORE THAN
130: 
Plasma donations to treat
ONE PATIENT with a PRIMARY IMMUNE DEFICIENCY.