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To: Expert Panel on Immune Globulin Product Supply and Related Impacts in Canada

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Thank you for this opportunity to provide input to the panel, we are interested in continuing our participation in the Panel's consultation process. The Canadian Health Coalition (CHC) is concerned about the continued payment for blood plasma in Canada.

The CHC is a public advocacy organization dedicated to the preservation and improvement of public health care. Our membership is comprised of national organizations representing health care workers, seniors, churches, anti-poverty groups, students and trade unions, as well as affiliated coalitions in 9 provinces and one territory.

Blood plasma is the first body part in Canada that has been allowed for sale. Canada is only the fourth country in the world to pay plasma donors. The payment of donors goes against the advice of major international health care organizations like the World Health Organization, the International Red Cross and Red Crescent Society, the European Blood Alliance and many others. It also goes against the advice of Canada's Krever Inquiry which looked into ways to ensure that Canada never experienced a catastrophe like the 1980's tainted blood scandal.

The CHC has very serious concerns about the potential impact of a private, paid plasma collector in Canada. We have had communication with Canadian Blood Services (CBS) supporting their plan to increase voluntary donor plasma collection. The CHC has also presented several times to the CBS board and at its stakeholder meetings flagging our concerns.

The Canadian government has claimed that: "Canada and Héma-Québec have been unable to collect sufficient plasma to meet today's plasma product needs through the voluntary model (the Honourable Jane Philpott, Letter to Canadian Health Coalition Chairperson Pauline Worsfold, March 16th, 2016) This reasoning has four serious flaws:

1. CBS only collects plasma at 7 facilities across Canada. In 2012, CBS closed a plasma collection centre in Thunder Bay citing: due to "new replacement products and the decline in hospital demand...based on current projections CBS must plan for a reduction of approximately 10,000 units to our plasma collection program." (Canadian Blood Services, Statement, 2012) The unwillingness to scale up the collection of plasma is not the same as the inability to collect more plasma. CBS is capable of collecting more plasma from voluntary donors, in fact they have created a plan to expand their plasma collection to 40 new sites in the next few years. Health Canada and the provinces and territories should support CBS in this venture, not force them to compete against a private, for-profit model.

Canadian Blood Services has never run a robust plasma collection system in Canada. Most

Canadians are not aware of plasma or its life saving abilities. Canadians needs to be made aware of the need for plasma, where they can donate and its process. Some countries have developed donor engagement models which include text messages when their blood or plasma has been used to save a life or treat a patient. There are many unique donor recruitment and retention initiatives that need to be explored.

2. Having a parallel private collection system has shown to decrease plasma being donated at volunteer clinics. Previous to 2016, we only had international examples of this from Austria and Germany (European Blood Alliance. Competition in the EU Blood Component Market. January 19. 2009. pp 1-2. <https://ebaweb.files.wordpress.com/2012/08/eba-position-paper-competition-in-european-blood-component-market-final.pdf>) Now, CBS is reporting a decrease in the most desirable age cohort for blood donors (17-24 years) at their Saskatoon clinic which they believe may be a direct result of the opening of a paid plasma centre. (Canadian Blood Services, Summary Note- Saskatoon Performance and CPR Impacts, April 20, 2017)
3. Canadian Plasma Resources (CPR), the for-profit private company collecting plasma has said that they are looking for purchasers in Europe. The plasma that CPR is collecting will leave Canada and be sold on the international market (<http://www.cbc.ca/news/canada/new-brunswick/pay-for-plasma-clinic-recruit-donors-1.4080540>). This will not increase the supply of plasma for Canadian use. Private, paid-plasma centres will take donors away from CBS and will sell the plasma on the international market, thereby decreasing the supply available to Canadians.
4. Lastly, once plasma from Canada is sold internationally, trade agreement rules will make it difficult for Canada to stockpile plasma solely for national use and will need to continue selling plasma to the highest bidder. In the event of another blood-borne virus, Canada will not be able to ensure we have enough supply for our own population.

The CHC continues to have very serious concerns about a private, paid plasma collector in Canada. Health Canada has the statutory duty to assess the safety of drugs, including blood, whole plasma and plasma products. Only Health Canada, and not any province or territory, has the legal authority to protect all Canadians from the inherent health hazards of plasma sourced from a population shown by research evidence to have higher rates of infection, that is, paid donors.

Despite current technology, the World Health Organization, European Blood Alliance, International Red Cross and Red Crescent Society continue to call for plasma to be 100 per cent collected from only voluntary donors. While we can protect recipients from known blood-borne illnesses, we cannot detect and treat what is unknown.¹ Canada must draw from only the lowest risk donor pool. Paid plasma donors are a less safe option.

Private, for-profit plasma also poses a risk to vulnerable populations and communities. Canadian Plasma Resources (CPR) has set up an aggressive strategy to draw donors in need of financial assistance. CPR has established their clinics next to homeless shelters and methadone treatment centres, on streets rampant with payday loan centres and pawn shops. In Saskatoon, they advertise for donors above the urinals on university campuses.

The Canadian Health Coalition has been speaking with Canadian Blood Services workers across the country and we have been told that many donors are confused by the similar name, logo (both are blood drops), and slogan used by Canadian Blood Services (“it’s in you to give”) and Canadian Plasma Resources (“give plasma, give life”). Many donors think they are giving to a public plasma collector for use in country, when in fact they are selling their plasma to a company to profit off it on the global market.

¹ In 2016, Puerto Rico had to shutter its plasma collection centres and import all of its plasma until a screening test for Zika could be developed. <http://www.bloodsource.org/News/News-Releases/News-Release-Puerto-Rico>

On August 4, 2017, the CHC chair wrote to then Health Minister Jane Philpott and to Abby Hoffman, Assistant Deputy Minister, Strategic Policy Branch at Health Canada, mentioning she was pleased to hear about the establishment of the Panel and requesting that Health Canada considers Dr. Michèle Brill-Edwards M.D. and Dr. Gail Rock M.D. as people to join the panel. It is our belief that both Dr. Brill-Edwards and Dr. Rock would bring to the panel a wealth of experience with Canada's pharmaceutical and blood and plasma system. We hope the panel does reach out to include them in seeking future opinions.

Thank you for the opportunity to submit our concerns to the Expert Panel. We are interested in continuing our participation in the Panel's consultation process.