

CUPE



Canadian Union of Public Employees

Submission to Canadian Blood Services

December 9, 2021

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Ottawa, Ontario
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Topic 1: Patient need – To ensure an adequate supply of immunoglobulin for Canadian patients who rely on this therapeutic product; to create certainty and security of domestic supply

Question: In a post-pandemic world, what value do you place on domestic security of supply of immunoglobulin?

The COVID-19 pandemic has shown that reliance on global supply chains for critical health items such as Immunoglobulin (Ig) is ill-advised. As noted in the briefing document, there is a global shortage of plasma to make Ig. It is critical that CBS rapidly ramp up the implementation of its plan to increase voluntary plasma collection and increase Canada’s plasma sufficiency.¹

At the same time, increased collection should not compromise CBS’s commitment to unpaid blood and plasma donations. Plasma collection should be guided by the principles of the Krever Commission for Canada’s national blood supply including that blood is a public resource and donors should not be paid. This is in line with the Expert Consensus Statement on achieving self-sufficiency in safe blood and blood products, based on voluntary non-remunerated blood donation issued by the World Health Organization in 2012.² These measures will help ensure greater domestic security of Ig supply and maintain the viability and safety of Canada’s blood and plasma supply.

Question: How does security of domestic supply of immune globulin directly impact the patient population you represent?

The Canadian Union of Public Employees (CUPE) is Canada’s largest labour union, representing over 700,000 members across the country. Our members both deliver services and access services in our public health care system that involve blood and plasma. CUPE and the Hospital Employees Union, our health care division in British Columbia, also represent approximately 500 Canadian Blood Services (CBS) workers in New Brunswick, Alberta, and British Columbia.

All of our members—those who rely on plasma products as patients and those who work at CBS or throughout the health care system—want to ensure that Canadians have access to a safe and secure supply of blood and plasma.

¹ “A Secure Supply of Canadian Plasma for Immune Globulin,” Canadian Blood Services, accessed December 3, 2021, <https://www.blood.ca/en/about-us/media/newsroom/canadian-blood-services-proposes-ambitious-plan-ensure-secure-supply-canadian-plasma-immune-globulin>.

² “Expert Consensus Statement on Achieving Self-Sufficiency in Safe Blood and Blood Products, Based on Voluntary Non-Remunerated Blood Donation (VNRBD)*” (World Health Organization, June 2012).

Topic 2: Sustainability and affordability of the system – To deliver an adequate supply of immunoglobulin for Canadian patients at an affordable cost to Canadian healthcare systems:

Question: What should be considered when determining “adequate supply of immunoglobulin”? A. From your patient population’s perspective? B. From a system-wide perspective?

From a system-wide perspective, an adequate supply of Ig would mean that there would be enough Ig for patients who require it for medical uses outlined in the managed formulary. However, an adequate supply is determined by understanding Ig usage and demand. To answer this question more fully, it would be helpful to have further details on the drivers of increasing demand for Ig products.

Question: What should be considered when determining “sustainability”? A. From your patient population’s perspective? B. From a system-wide perspective?


In order to develop system-wide plasma sustainability, CBS will need to significantly increase its unpaid collection of plasma. CBS will need to engage in outreach to current and potential donors, develop additional collection infrastructure and support the staff who connect volunteer plasma donors to CBS. CBS needs to improve how it engages with Canadians about and promotes the values of donating blood. It will also need to build additional plasma collection infrastructure and expand collection at existing blood collection sites. Though three plasma collection sites have opened, CBS is still far short of the 40 additional locations referenced in its plan.³ As a comparison, Hema Quebec has four dedicated plasma collection sites in just one province and has reached 27.9% plasma self-sufficiency as of 2020-2021.⁴ CBS should also consider calling for a publicly owned fractionator in Canada so plasma can be processed into its components domestically at an affordable cost.

Hema-Quebec has increased plasma collection not only through their dedicated plasma collection sites, but also through the addition of plasma collection at existing centres.⁵ Forty-six per cent of their plasma donations came from new plasma donors, showing that expanded collection infrastructure with dedicated outreach to new donor populations can greatly increase collection. Our members have urged CBS to expand the hours of existing

³ “A Secure Supply of Canadian Plasma for Immune Globulin.”

⁴ “All Together for Health: 2020-2021 Annual Report” (Hema-Quebec, n.d.), <https://www.hema-quebec.qc.ca/userfiles/file/RA-2020-2021/HQ-RA2020-2021-EN.pdf>.

⁵ “All Together for Health: 2020-2021 Annual Report.”



CBS clinics, as well as staffing levels, to meet collection goals. Increasing the number of full-time positions and the number of hours for part-time workers would help make plasma collection clinics more accessible to existing and potential donors.

Topic 3: Management opportunities – Various approaches are available to mitigate the risks, including but not limited to: increasing plasma collection, purchasing more immunoglobulin, commercial sector contributing to plasma sufficiency, and/or optimizing evidence-based utilization.

Question: What considerations should be kept in mind as these ideas are pursued on their own or in combination?

CUPE supports the expansion of CBS's voluntary plasma collection services to mitigate risk and increase self-sufficiency. We strongly oppose any move to commercialize and privatize Canada's collection and supply of blood and blood products. Relying on private paid plasma clinics would add significant risk to Canada's blood and plasma supply. The WHO has shown that the lowest prevalence of transfusion-transmissible infections is found among voluntary, compared to paid blood and plasma donors.⁶ There is always the possibility of a new or existing pathogens, such as prions, putting Canada's blood and plasma supply at risk. CBS's unpaid blood and plasma collection prioritizes the checks and balances that minimize this risk.

Relying on for-profit paid plasma collection in Canada would directly hamper the efforts of CBS to grow its base of voluntary plasma donors and move Canada closer towards the goal of self-sufficiency. Canadian Plasma Resources already has four-plasma collection sites in Saskatchewan, New Brunswick, and Alberta and are soon adding three additional sites.⁷ These for-profit operations compete directly with CBS's voluntary donation program and can undermine the commitment of volunteer donors. CBS should take a firm stance against the expansion of for-profit and paid plasma collection as it moves Canada away from the principles in the Krever report, the WHO Expert Consensus position and the founding principles of the CBS itself.

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⁶ "Towards 100% Voluntary Blood Donation: A Global Framework for Action" (World Health Organization; International Federation of Red Cross and Red Crescent Societies, 2010).

⁷ "Canadian Plasma Resources - Give Plasma, Give Life," Canadian Plasma Resources, accessed December 7, 2021, <https://giveplasma.ca/>.