February 18, 2013

The Secretary of the 19th Expert Committee on Selection and Use of Essential Medicines
Office of the EML Secretariat
Medicine Access and Rational Use (MAR)
Department of Essential Medicines and Health Products
World Health Organization
20 Avenue Appia
CH-1211 Geneva 27
Switzerland

Re: Application for the addition of Whole Blood and Red Blood Cells to the WHO Model Essential Medicines List and the WHO Model Essential Medicines List for children

Dear Sir, Madam,

With our colleagues of the European Blood Alliance (EBA), we noticed the request from AABB, the American Red Cross, Canadian Blood Services and the International Society of Blood Transfusion to add Whole Blood and Red Blood Cells to the essential medicines lists (WHO EML and WHO EMLc). As this has been expressed in the file attached to your application, as well as by all supportive comments made publicly available, we fully agree upon considering whole blood and Red Blood Cells as essential therapy. This has been perfectly summarized by Harvey G. Klein in his recent article (DOI: 10.1056/NEJMp1213134), when he wrote “Red-cell transfusion is one of the few treatments that adequately restore tissue oxygenation when oxygen demand exceeds supply”, and “has a therapeutic index exceeding that of many common medications”.

As suggested by the same author, we see the question of whether or not blood is a medicine as more contentious. In the light of the experience gained since the inscription of factors VIII and IX and immunoglobulin concentrates on these lists, we would like to draw your attention on what could be the real consequences of giving Whole Blood and Red Blood Cells the status of medicine in such an official list.
The applicants and their supporters state that the expected benefits of including Whole Blood and Red Blood Cells on the WHO EML should be as following:

- To bring heightened awareness of the need for blood in every country, and the need to ensure that blood is cost-effective, affordable AND available.
- To underscore the government’s responsibility for ensuring financially sustainable funding and support for a safe and adequate supply of blood that is accessible to patients in need.
- To create a favorable environment for governments to support a National Regulatory Authority specifically pertinent to blood, and to invest in infrastructure, systems and governance for blood establishments.
- To underscore the need for effective and efficient procurement systems to provide equipment, supplies and reagents to collect, process, test, store and transport blood.
- To underscore the importance of, and enable appropriate regulatory oversight of, blood collection, processing, testing, storage and distribution to ensure the safety and quality of blood and the safety and efficacy of blood transfusion.

WHO EML has certainly been a very useful tool for procurement of medicines both in developed and developing countries. However, although a strict comparison is not fully feasible, we wonder about which achievements have been obtained so far through the presence of F. VIII, F. IX and immunoglobulin concentrates on the WHO EML. Rather than expected benefits, the following situations are still currently observed in most developing countries.

- Instead of ensuring financially sustainable funding and support for a safe and adequate supply of F.VIII, F.IX and IG concentrates accessible to patients, governments purchased these medicines without investing in plasma provision systems. Consequently, mainly due to poor health care infrastructure and lack of financial means for importation of plasma products, ratios of product use per population remained low, meaning particularly that many haemophiliacs currently still lack basic substitutive treatment.
- Instead of creating a favorable environment for governments to support a National Regulatory Authority specifically pertinent to blood, and to invest in infrastructure, systems and governance for blood establishments, GMP requirements have been an obstacle for manufacturers to use recovered plasma for fractionation. Attempting to surmount this obstacle seems to be central in the current WHO Achilles project.
In parallel, a rapid growth of paid donations at the expense of VNRBD for the global supply of plasma for fractionation, in a limited number of countries, has been observed (Naylor G. DOI 10.3233/PPL-2009-0249; T.C. Bednall et al. doi:10.1016/j.tmrv.2011.04.005).

From this experience with F. VIII, F. IX and IG concentrates, we are doubtful that the inscriptions of Whole Blood and Red Blood Cells on the WHO EML could help in developing awareness and improving implementation of an effective transfusion chain in developing countries. We believe that awareness of the needs is well developed and other means would be more effective in further progressing this in developing countries. Initiatives as PEPFAR programmes (CDC. MMWR 2011, 60:1577-82) or WHO blood safety programmes have proved to be effective in this way, with in addition, insurance that they are fully compliant with WHA resolutions on availability, safety and quality of blood products (as the WHA 63-12 of 2010).

Recently, a WHO Expert Group (DOI: 10.1111/j.1423-0410.2012.01630.x) have reaffirmed the achievement of ‘Self-sufficiency in blood and blood products based on voluntary non-remunerated blood donation (VNRBD)’ as the important national policy direction for ensuring a safe, secure and sufficient supply of blood and blood products, including labile blood components and plasma-derived medicinal products. This goal of national self-sufficiency from VNRDB has been clearly stated in WHA resolutions 63.12, 58.13 and 28.72, and in the Melbourne Declaration on 100% Voluntary Non-Remunerated Donation of Blood and Blood Components. The experience gained with F. VIII, F. IX and IG concentrates in developing countries tends to indicate that, despite their presence of WHO EML, these WHO principles have not been effectively implemented. And there are concerns that sufficient safe donations and sustainable supply, availability and access to blood and blood products based on VNRBD may be compromised through the presence of parallel systems of paid donation (C. Weidmann et al. DOI: 10.1111/j.1423-0410.2011.01501.x; WHO expert group DOI: 10.1111/j.1423-0410.2012.01630.x).

As recently underscored by a WHO Expert group (DOI: 10.1111/j.1423-0410.2012.01630.x), achieving self-sufficiency in the supply of blood and blood products from VNRBD and ensuring the security of that supply at a national level should follow a stepwise progression, aligning to the progression of state of development of the national health system. This point should be considered as an essential one, as it deals with sustainability of the blood supply chain.
Finally, as illustrated in a Council of Europe symposium on blood supply management, held in October 2012, we think that good practices of red blood cell supply management, as expected soon as an outcome from this symposium would better help developing secure, safe and sustainable blood supply chain in the countries where this should be improved, for the primary benefit of the patients and donors.

In total, we strongly advocate for having the opportunity to have ampler debates on the questions we raised about this application before it is approved. We'd like to ensure avoiding any counterproductive effect that could be harmful for the patients. We'd also like to support initiatives which have been proven to be effective to further develop safe, secure and sustainable blood provision systems and transfusion for all the patients who need it in each country.

Thanks in advance for your consideration. We are looking forward to reading your response to our letter and we are available for further discussions on this major topic.

Sincerely yours,

Jeroen de Wit  
President  
European Blood Alliance

PS. EBA is an association of non-profit Blood Establishments from 25 countries (22 from EU, and 3 from the European Free Trade Area) that, on behalf of the citizens of Europe, and from voluntary non-remunerated donors, aims to contribute to the availability, quality, safety and cost-effectiveness of blood, tissue and cell supply. EBA maintains an effective and efficient collaboration amongst European blood and tissue services.

The following EBA members expressly supported this letter: Austria, Belgium, Croatia, Denmark, Estonia, Finland, France, Germany, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Portugal, Romania, Slovenia, Spain, Sweden, Switzerland, United Kingdom.