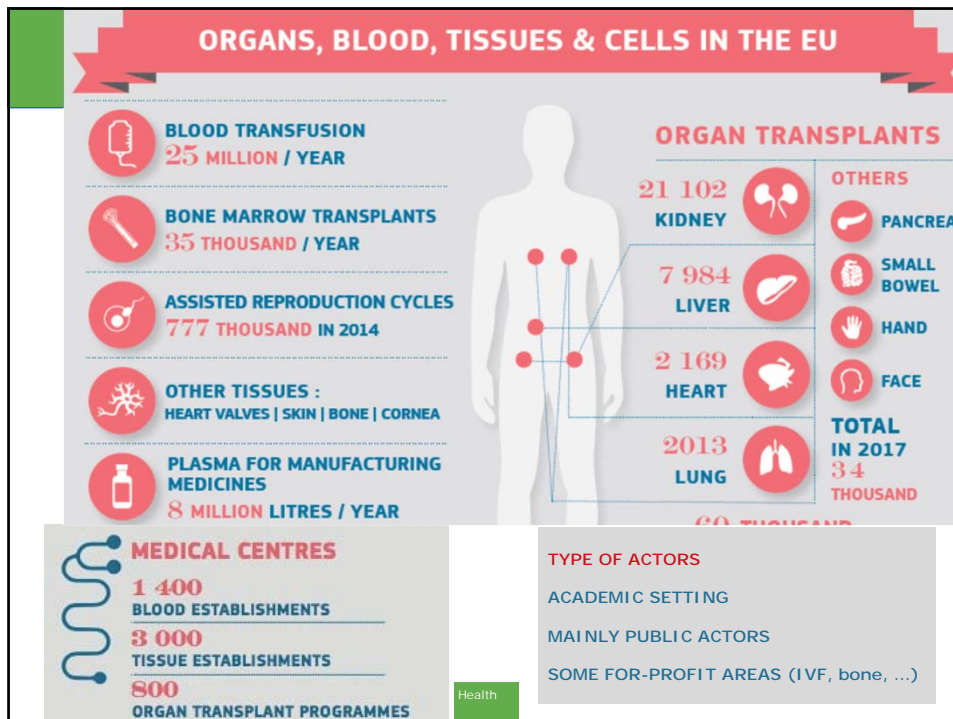
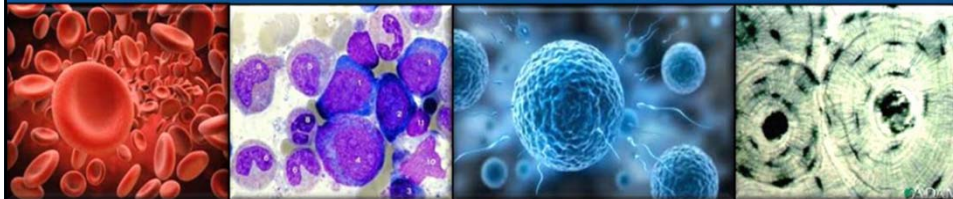




# Update on the evaluation of the EU blood legislation (and beyond)


Dr Stefaan Van der Spiegel, European Commission

Celebrating the 10th anniversary of European Commission and EDQM/Council of Europe co-operation in the field of blood – 27 October 2020

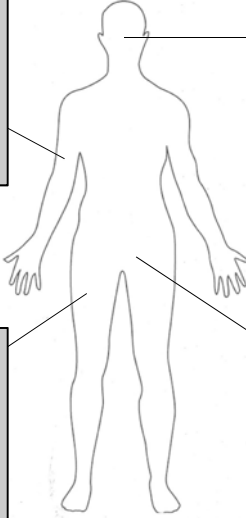


## Blood, tissue and cells in the EU


European Commission

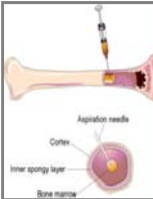


**Blood components:**  
25 million units transfused/year  
8 million liter/y of plasma for medicines




**Replacement tissues:**  
Cornea, bone, skin, heart valves, ...





**Blood stem cells (bone marrow, cord blood)**  
35,000 transplants /year



**Medically Assisted Reproduction**  
800,000 cycles/year

Health

## EU law sets standards for safety and quality (TFEU Art 168, 4 (a))

European Commission



Donor

Donate

Test

Collect/ Procure

Process

Store

Ship



Recipient













**Evaluation process**



- Did the directives on blood (2002/98/EC) and on tissues and cells (2004/23/EC) **meet their purpose** to ensure safety and quality, and are they still **fit for purpose**?
- **Robust** evidence collection in **2-year process**:
  - Open Public Consultation with over 200 responses
  - Bilateral meetings with patient, professional and industry associations, (inter-)national authorities and experts
  - Multilateral meetings with key stakeholders and national authorities on key issues like supply continuity or donor protection
  - External study (literature, interviews, surveys)
  - Inputs from literature, COM reports, complaint, infringements, questions, ...
  - Stakeholder events: 2017 (consult), Oct 2019 (results)

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**Overall increased safety and quality**



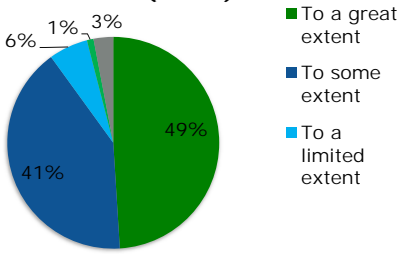
**Key outcome**

*Serious adverse reaction (2016)*  
 1/12.040 blood transfusions  
 1/9.650 tissue/cells distributed

*OPC: 80% of individual citizens, 74% of Blood stakeholders, 64% of Tissues and Cells stakeholders believe that:*

- this could not have been achieved at national level, or
- might have happened but EU legislation sped up the process

**Question OPC: In your opinion, to what extent has the legislation increased the quality and safety of blood and blood components? (n=88)**



Extent	Percentage
To a great extent	49%
To some extent	41%
To a limited extent	6%
Other	1%
Other	3%

Health

## Cross-cutting themes emerging

### 1. Out-of-date technical provisions

D T C P S D

A guide for preparedness activities in Europe  
First update

Limited use of Articles 28 and 29 in both basic Acts →

- Amendments: Directives 2011/38/EU, 2012/39/EU, 2014/110/EU, (EU) 2015/565, (EU) 2016/1214
- Urgency: Directive 2009/135/EC

**Risk of ZIKV transmission via substances of human origin (SoHO)**

Data, though limited, indicate that there is a risk of ZIKV transmission through SoHO, especially through blood transfusion [51,52]. The high proportion of asymptomatic cases [53-56], the documented occurrence of Zika RNA positive blood donations [57-59], and the reports of probable transfusion-transmitted (TT) cases [60,61] indicate that Zika-positive blood, donated by an asymptomatic infectious donor, may enter the blood supply and could be

## Cross-cutting themes emerging

### 1. Out-of-date technical provisions

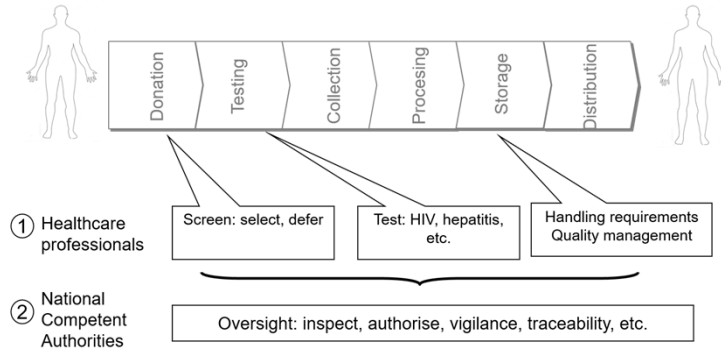
Directive 2004/33/EC	
Deferral of donors who have visited a WNV endemic area	Reliable WNV testing developed - but potentially safe donors had to be deferred
↓	
Directive 2014/110/EU amending 2004/33/EC	
Accept donors who have been in a WNV endemic area if WNV NAT testing performed on and individual donor sample and found negative	Individual donor testing considered the safest option at the time
↓	
2016 - Formal request for revision of 2014/110/EU	
Individual WNV NAT shown to be costly - not justified by the benefits (negligible) compared to NAT testing with newer sensitive tests on pools of 12 or more samples - equally safe	Calls for a further update to the legislation

- Technological changes, new risks, societal changes
- Legislation detailed and difficult to change in a timely manner
- Gaps for new SoHO that do not meet T&C definitions (e.g. FMT, breast milk)

## Cross-cutting themes emerging



## 2. Suboptimal oversight provisions



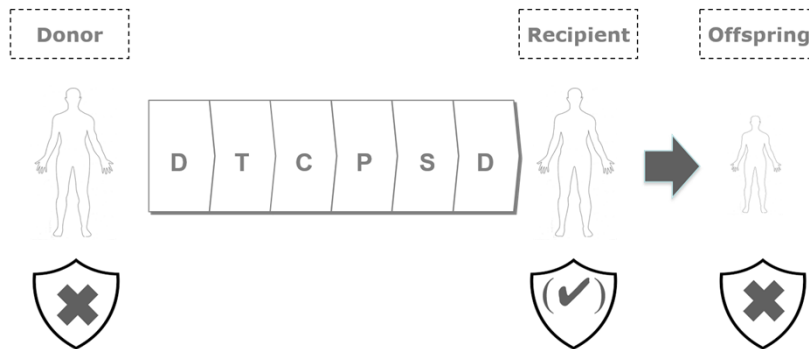
- Independence and effectiveness of inspections and vigilance – harmonisation - trust
- Capacity and skills of NCAs, particularly for novel therapy regulation

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## Cross-cutting themes emerging



## 3. Incomplete protection citizens

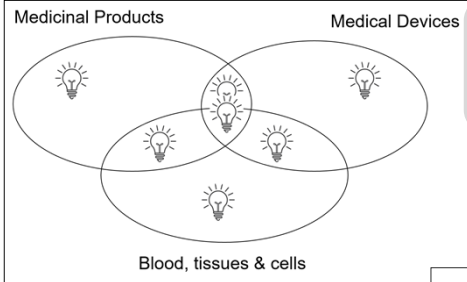


- Many provisions to keep BTC and recipient safe, but not for
- Donors – increased demand, commercial interest, limited provisions for protection or follow up
  - Children born from IVF – vigilance and outcome.

## Cross-cutting themes emerging

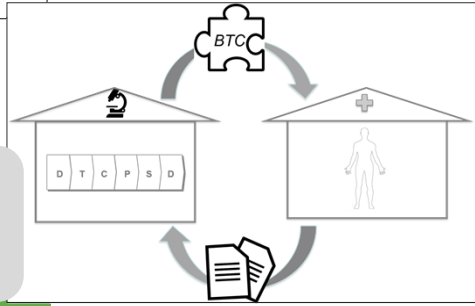


## 4. Sub-optimal for innovation



Many innovations cross EU-regulatory borders → requiring more clarity and interplay

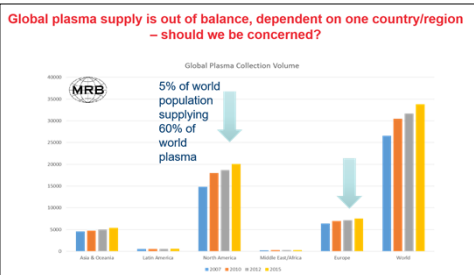
Innovations bring benefit (and risks) for patients → requiring more clinical information (as part of authorisation)



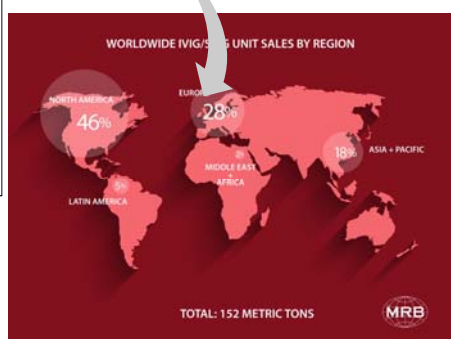
## Cross-cutting themes emerging



## 5. Limited provisions to ensure sufficiency



EU needs to import >40%



- Reliance on US for plasma and some tissues
- Limited measures to protect supplies for patients
- Emergency preparedness





## What's next

### Revision of blood, tissues and cells legislation (CWP 2021)

- more flexible alignment to science/technological developments.
- Address the (re-)emergence of communicable diseases, including lessons learnt from the COVID-19 pandemic.
- Address increasing commercialisation and globalisation of the sector.
- Removal from legislation of many technical provisions, which will allow faster updating of standards.
- Possibility to merge the basic acts into a single instrument.

### Based on an Impact Assessment

- Inception Impact Assessment
- Open Public Consultation
- Data/digital study
- External study

[https://ec.europa.eu/health/blood\\_tissues\\_organ/policy/revision\\_en](https://ec.europa.eu/health/blood_tissues_organ/policy/revision_en)

Planned adoption date: Q4/2021

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## EDQM/EC Symposium plasma supply (2019)



## 1. Recommended Actions (1/2)

- European Commission
  - Donor protection and vigilance
  - Support collection (communication, awareness)
  - Support strategic independence (equitable access, access, free market)
  - Optimize legal framework (PMF, donation, GPG)
- EDQM (Council of Europe)
  - Data collection and reporting
  - Evidence based guidance
  - Networking and conferences (optimal use)
  - Awareness building, campaigns
- Member States/National Competent Authorities
  - National targets and support for collection
  - Monitoring and reporting on plasma and PDMP
  - Contingency plans and appropriate use
  - Donor vigilance

Health



- Manufacturers
  - Collaboration on optimal use
  - Data and knowledge sharing (SARE, best practice, decision support)
- Blood Establishments
  - Increase collection (awareness, collect more and better)
  - Donor safety and recognition
  - Collaborations (learnings, benchmark)
- Patient Associations
  - Collaboration on optimal use
  - Data and knowledge-sharing (contingency, databases)
- Donor Associations
  - Awareness building
  - Donor-recruitment best practices
- Professional Societies
  - Optimal use

Health

[https://ec.europa.eu/health/blood\\_tissues\\_organisations/policy/evaluation\\_en](https://ec.europa.eu/health/blood_tissues_organisations/policy/evaluation_en)

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