MEETING REPORT FOR TC OF WORKING PARTY FOR DEVELOPING WHITE PAPER ON "INCREASING SUPPLIES OF PLASMA DERIVED MEDICINAL PRODUCTS IN LOW- AND MIDDLE- INCOME COUNTRIES THROUGH FRACTIONATION OF DOMESTIC PLASMA"

15 APRIL 2020

I. Agenda

- Introduction
- Background
- Outline of the White paper
- Division of tasks and time frame

II. Participants of the meeting:

Thierry Burnouf (Working Group Lead)	WHO temporary consultant
Jay Epstein	FDA, as WHO informal consultant on blood regulation
Micha Nübling	Paul Ehrlich Institute representative to the BRN
Giancarlo Liumbruno	Italian National Blood Centre, Italy
Ubonwon Charoonruangrit	Clinical Pathologist and Blood Transfusion Medicine Specialist
Noryati Abu Amin	Director, National Blood Center, Malaysia
Jackie Thomson	South African National Blood Services, Johannesburg
Paul Strengers	International Plasma Fractionation Associations (IPFA), Blood and IVD Track ECBS member
Peyman Eshghi	Iranian Blood Transfusion Organization
Jan Bult	Plasma Protein Therapeutic Associations (PPTA) President Emeritus
Giuliano Grazzini	Representative from the International Federation of Blood Donors
François-xavier LERY	WHO Headquarters
Yuyun MARYUNINGSIH	WHO Headquarters
Junping Yu	WHO Headquarters
Jicui Dong	WHO Headquarters
Alireza Khadem	WHO Headquarters

III. Discussion and Action Points:

The meeting was opened by Yuyun Maryuningsih by introducing the meeting attendees.
Yuyun then requested Thierry Burnouf as The Working Group chair to lead the discussion.

Discussion	Agreement/Action Points
Background – Yuyun • Development of this White Paper is part of activities listed in the WHO Action framework for blood products, to deal with challenge of lack of availability of PDMPs in Member States, especially LMICs. • Other activities are workshops/trainings on plasma-related topics as well as a revived Achilles Project as suggested at the 2019 ECBS meeting. • Aim of the white paper ▪ to give direction on strategies and mechanisms to increase supplies of PDMPs through fractionation of plasma collected in the national blood system; ▪ to describe challenges, identify major existing gaps and suggest actions at national and international levels to assist countries in developing policies and strategies to increase supplies of PDMPs through fractionation of plasma collected in the national blood system. • The new procedures of developing WHO document (for guideline, other normative and standard-setting publications, other types of WHO publications and external publications) should go to the clearance process at the Department of Quality Assurance of Norms and Standards/Methods and Standards unit (QNS/MSU) • This document is currently considered as a non-guideline document. • During the process, the draft document will go to regional advisors, experts (e.g. ECBS) as well as public for comments. • A Face-to-Face consultation may be possible depending on evolution of the COVID-19 epidemic and continued availability of funds from FDA	
Discussion on White paper - Led by Thierry Burnouf	
Reasons and scope of the White Paper • The existing problem that drives the need for WHO directives, despite existing WHO plasma-related documents, are: ▪ Large volume of plasma in the world that has been wasted, however the volume and quality of plasma in LMICs do not fulfil the requirements for effective and efficient fractionation ▪ Member States are willing to fractionate their plasma but there is no blood regulatory framework, government support and capacity including human resources in place • It is important to be clear on what the white paper will cover and what it will not cover. It cannot cover everything. • There are 3 types of possible document: road map, standards, implementation guidance (with "how to do it" details). • Agreement on the target audience can help clarify the scope of the White Paper. **Target Audience of the White Paper** • National competent authorities • Ministries of Health	• White paper should be a road map that identifies obstacles and provide high-level recommendations on the issues. • The white paper is not a 'how to do it' document. • The White Paper is not the appropriate place to include detailed information on related issue, such as the management of clinical use of the PDMPs. • Quality management within the fractionator is not in the scope of this document.

Discussion	Agreement/Action Points
• National Blood Transfusion Services (or should we say "Blood Establishment") • Patients groups • Local clinicians • Fractionators • Technology and equipment suppliers who will be engaged in implementation of the strategy to making quality plasma available and fractionated • National blood donor associations. Both donors of whole blood and plasma apheresis need to be involved and educated on the issue, so that sufficient quality plasma can be collected and fractionated.	• Other part of the 'life cycle' approach of the PDMP, such as the clinical use, should also not be the scope of this white paper.
Outline and content of the White Paper • The outline prepared by Jay Epstein before TC is a good basis. There are also many available reference materials. The meeting report on technical transfer also include some good idea and figures. The white paper should refer to them when needed. • Through the process of developing the white paper, it may help to identify those WHO documents (such as many 'Aide-Memoire' documents), to which the white paper intends to refer, that may need to be updated. • Recovered plasma units in LMICs mostly are discarded, while plasma collected through apheresis procedure (source plasma) is very limited. However, SANBS has started apheresis plasma collection recently to fulfil the need for increased volume of plasma for fractionation. • LMIC countries need to have a long-term vision of developing their national blood system, from the supplies and transfusion of blood and blood components to making plasma available and of high quality for fractionation. • Plasma will be fractionated under appropriate regulatory oversight of the fractionators by national competent authorities. However, the quality management in the fractionator is not the priority in the scope of this document. Other parts of the 'life cycle' approach of the PDMP, such as clinical use, should also not be within the scope of this white paper. • Based on the experience in Malaysia, it is cheaper to buy products from market than to engage in contract or local fractionation. Therefore, an economic and feasibility analysis needs to be included in the White Paper, as there are different means to get access to plasma products, including those that are on the WHO Model List of Essential Medicines. • In some developed countries, fractionation of Factor VIII is not run because recombinant Factor VIII is mostly used. This consideration is appropriate to be included. • While preparation of hyper immune immunoglobulin produced from convalescent plasma from patients recovered from Covid-19 is not within the scope of this document, it is nevertheless worthwhile to mention this (as an approach to fight emerging infections in general).	• WHO will identify and circulate through a SharePoint website the existing WHO Plasma-related documents • Perhaps colleagues working in the field can help to identify the existing documents that need to be updated. • It is agreed that a strategy to increase the availability of plasma collected through apheresis procedures should be addressed in this document and 'delinked' with the over-arching statement that the plasma should be from voluntary unpaid donors. • Issue on fractionation of Factor VIII vs recombinant Factor VIII is proposed to be included in the section of bilateral agreement. • Issue on COVID-19 hyper immune immunoglobulin is proposed to be mentioned in the background and

Discussion	Agreement/Action Points
• According to the content of the document discussed, the title of White Paper may need to be reconsidered as drafting work progresses • The section on Strategies to obtain plasma for fractionation is aimed to provide an orientation on the existence of standards. A detailed elaboration of the standards themselves is not intended. • The section on Country Bilateral and Regional Cooperation is aimed to inform on strategies to maximize use of domestic plasma through adoption of common regulatory standards, reliance and mutual recognition that could enable pooling of plasma from cooperating countries	management of donor sections.
Length of the document • Approximately 20 pages (1.5 line spacing, 12 point font, New Times Roman). With good references. WHO headquarters will indicate which reference software would be compatible with the WHO editing system • A range of 2- 6 pages per section can be used as initial guidance for the drafting of the different sections	WHO to provide the WHO editing system
Division of tasks and time frame • Background • National Commitment and Oversight • Strategies to Obtain Plasma for Fractionation • Management of blood and plasma donors • Quality Standards for Plasma Collection • Quality Management in the Blood Establishment • Country Bilateral and Regional Cooperation • Quality Agreement between the Collection Establishment and the Fractionator ***Note:** Christian Schaerer, Swissmedic to be invited as a member of this Working Group	• Thierry, Giancarlo • Jay, Paul, Micha • Jan, Peyman • Paul, Giuliano, Micha • Jay, Paul, Thierry • Christian S*, Noryati • Jackie, Micha • Thierry, Jan, Ubonwon, WHO RSS
Meeting Schedule • Group meets on a monthly basis • Posting of draft sections at least one week in advance of the next TC • Compiled first draft prepared one month from the first TC • Goal to complete the drafting by end of June to permit finalization of the document by end of August with publication in September	• Tables and Figures should be encouraged to help readership to capture the main ideas. • WHO to provide all documents on share points • Next TC to be scheduled between 11-14 May 2020

Thierry closed the discussion and Yuyun closed the meeting with appreciation to all the participants.