

# Annual report 2015

EUROPEAN BLOOD ALLIANCE

# 1. INTRODUCTION

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In the field of Blood Transfusion, risk impacts patient safety; therefore, striving towards safe blood products is paramount to each professional. But risks cannot ever be fully eliminated; they can, however, be managed. In 2015, to ensure patient safety, EBA was able to contribute to two models improving risk management. First, in collaboration with the European Centre for Disease Prevention and Control, EBA developed the European Up-Front Risk Assessment Tool (EUFRAT). Second, in collaboration with the Alliance of Blood Operators, EBA launched the model of Risk Based Decision Making. In this annual report we will highlight how these models will help our field to manage risk.

But risk management is not the only subject that has kept EBA busy. On the organisational site, we've had a handover of our Executive Director, Gilles Folléa, who was the EBA Executive Director starting from November 2010. Gilles retired on April 30 and was succeeded by Kari Aranko. The handover was seamless, and we thank Gilles for all the energy and dedication he put into the EBA, and for the way he

connected EBA with all stakeholders in the field. With Kari, EBA will take further steps towards professionalising the organisation and liaising with stakeholders.

In service to the members, two things in particular stand out. EBA made great steps in collaborative procurement. Currently, EBA has three ongoing projects where our members are working together to lower their procurement costs, and through that, the costs of health care in Europe. These projects are a big step forward for our members, as working this closely together is a first for EBA!

Secondly, EBA set up a new intranet, called EBAsé. Through this site, EBA created a community for all the members, where the working groups are able to collaborate and meeting papers can be shared safely and securely.

I thank the EBA members, my colleague Executives and the EBA staff for working together in harmony and look forward to all that is planned for 2016!

*Philippe Vandekerckhove*

## 2. MISSION OF THE ALLIANCE

The European Blood Alliance (EBA) is an association of non-profit blood establishments with members from 25 countries throughout the European Union and European Free Trade Area. The Alliance was founded in 1998 by 9 members. The asset of EBA is strong collaboration amongst members along with contributions from over 150 voluntary experts from the member organisations to EBA activities designed to fulfil our mission.

*EBA's activities are guided by four strategic objectives:*

**1** Safe and secure self-sufficiency from VNRD.

Increase public and professional awareness and further promote voluntary non-remunerated donations of blood and blood components and self-sufficiency from VNRD.

**2** Performance improvement through collaboration.

Assist European blood and tissue and cell services to improve their performance, based on scientific and ethical principles – for the benefit of patients. Encourage joint activities and projects between members – to enhance the capability of the members.

**3** Support to national and European authorities to promote best practice.

Provide technical and professional support to national and European authorities, particularly those involved in preparation / revision of regulations, standards, recommendations, guidelines to promote best practice.

**4** Information exchange and dissemination.

Exchange information on developments in the field of blood transfusion and tissue and cell transplantation, and disseminate relevant information on relevant issues

To contribute to the safety, security and cost-effectiveness of the blood, tissue and cell supply for the citizens of Europe by developing and maintaining an efficient and close cooperation within the European blood and tissue and cells services.

## 3. SAFE AND SECURE SELF-SUFFICIENCY FROM VNRD

### 3.1 / Sustainable supply of blood and blood components

Blood and blood components are precious human materials and their supply should match the needs of the patients. Improved surgical techniques, advanced therapeutic treatments and good patient blood management have led to a global decrease in demand. EBA members have adjusted their operations and reduced the number of annual collections of blood from about 18 million in 2012 to about 16 million in 2015.

According to an EBA member survey held in 2015, the majority of members have started capacity reduction strategies: 12 are closing down collection teams or donor centres; 10 have reduced staff in processing and testing; 10 are reducing staff in other units; 12 are consolidating activities. In contrast to the overall trend in 2015, in three countries EBA members

were able to meet a growing local demand and were successful in developing the blood service system and increasing the number of donation based on VNRD.

Good blood supply management is key to ensuring a sustainable system in the changing environment. To this end, EBA has organised a workshop (see 4.3.2, Helsinki workshop) and also contributed to the ISBT Working Party on blood supply management co-chaired by former EBA Executive Director. The EBA workshop addressed the efficacy of collection of blood and ISBT conducted an international survey on blood product wastage in hospitals. ISBT developed and validated questions to collect information on the overall component wastage rates and the mechanisms for this wastage at hospital transfusion services around the world. The majority of

Increase public and professional awareness, and further promote voluntary non-remunerated donations (VNRD) of blood and blood component and self-sufficiency from VNRD.

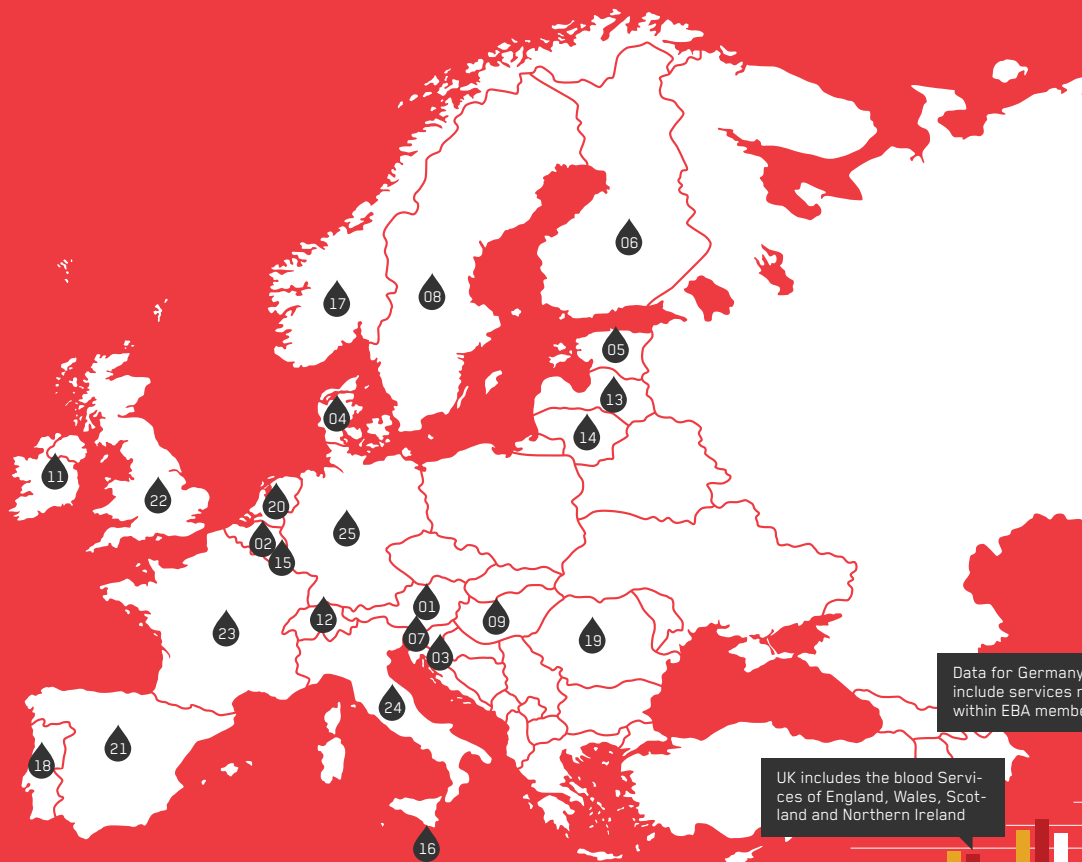


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## WHOLE BLOOD COLLECTIONS IN EUROPE, BETWEEN 2010 AND 2014

### CONSOLIDATED ACTIVITIES

Due to changing environments, 12 members have reported closing down collection teams or donor centres; 10 have reduced staff in processing and testing; 10 are reducing staff in other units; 12 are consolidating activities.

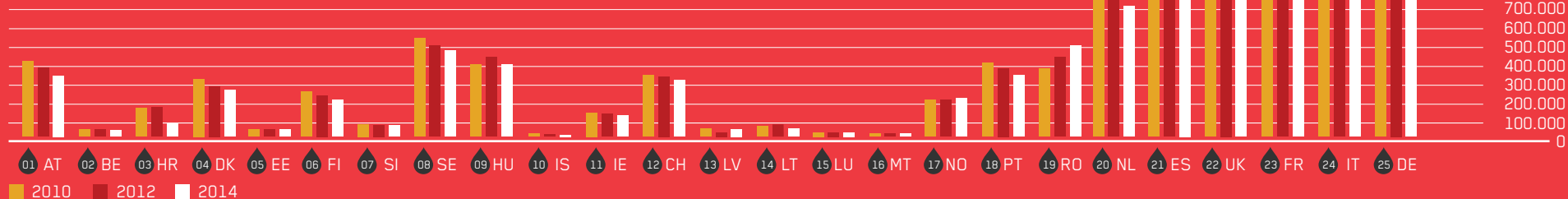


### TOTAL

EBA members have adjusted their operations and reduced the number of annual collections of blood, as red cell use declined.



### WHOLE BLOOD COLLECTIONS PER EBA MEMBER COUNTRY





**Jeroen de Wit** is EBA's honorary president and director of the Sanquin Blood Bank in the Netherlands.

respondents (85 useable responses) were from Europe (62%) and North America (22%). The wastage calculated as percentage of the units issued was relatively low, with no significant differences in wastage rates for red blood cells (RBCs) and platelets between Europe, North America, and the rest of the world. A more detailed understanding of the specific mechanisms that leads to wastage around the world will help further reduce wastage\*.

### 3.2 / Plasma is strategic resource

EBA members are actively researching new ways to increase the plasma supply in Europe from Voluntary Non-Remunerated Donors (VNRD) and this topic has been discussed in the two EBA Board meetings in 2015. Human plasma should be considered as a strategic resource for Europe. Dependence on import of plasma and plasma derived medicinal products outside EU and EFTA could, in crisis situations, jeopardize the supply and treatment to patients.

The goal for EBA members is to achieve a proportional contribution to the plasma supply in Europe, taking into account the demand for both plasma for transfusion and plasma for fractionation, to manufacture plasma-derived medicinal products (PDMPs) in each country. Due to combining plasma with whole blood collection, the infrastructure in the plasma collection by most blood establishments is not optimally suited to do this cost-efficiently; however, the members can learn from each other's strengths. To this aim EFS and Sanquin Blood Bank led an EBA project to assess the current processes and investigate ways to reduce costs of plasmapheresis. The extensive survey within EBA membership resulted in detailed analysis of the processes and 44 specific recommendations to improve the operations which were presented and discussed in the EBA Board meeting in April 2015.

**Jeroen de Wit** is EBA's honorary president and director of the Sanquin Blood Bank in the Netherlands. He aims to raise the

plasma collections from VNRD: "given the strategic importance of plasma for fractionation, it is important that all European countries contribute to the supply, which is very well feasible sourcing from voluntary non-remunerated donations. The scale of collections and the containment of the overhead costs are the most important parameters we need to keep in check there."

To fully take advantage of these important results and to support European self-sufficiency on plasma, EBA shared the results with the Council of Europe (CoE) CD-P-TS expert group on plasma supply management (TS093). The goals of this Council of Europe expert group are aligned with those of EBA. This group will develop tools and advice to raise the level of self-sufficiency in plasma for fractionation (PFF) and PDMP and aims to develop a sustainable and safe plasmapheresis collection activity

As its first action, this group has developed a questionnaire and conducted a survey to gain a better understanding of PFF management supply practices and the level of self-sufficiency of plasma for fractionation within Council of Europe member states. The outcomes from the survey are being analysed and its results and conclusions are expected to be made available by EDQM in 2016. For administrative reasons, the participation of Executive Director of EBA in the TS093 WG did not continue after May 2015.

"To get closer to European Self-Sufficiency in plasma and plasma derived medicinal products, it is essential to further develop plasmapheresis from Voluntary Non-Remunerated Donors, by reducing the costs of the plasma for fractionation and meeting the quality requirements for plasma in the countries to reduce wastage in the countries concerned should be considered as strategically essential" – Gilles Folléa, former EBA Executive Director.

\* <http://onlinelibrary.wiley.com/doi/10.1111/voxs.12236/abstract>

### 3.3 / Safety of blood and blood components

Blood safety monitoring requires constant vigilance, expert interpretation of various threats, and assessment of the risks to the blood supply. The EBA Emerging Infectious Disease (EID) Monitor has established itself as an important forum to share information on new emerging infections and interpretation of the available data. On average, experts from 20 countries have joined the monthly teleconferences to discuss adequate blood safety measures to combat the threats. EBA has also continued to collaborate with the European Centre for Disease Prevention and Control (ECDC) to further develop the European Up-Front Risk Assessment Tool called EUFRAT. This online tool with manuals and examples supporting assessment can be reached at [ECDC website](#) or linked through [EBA website](#). EBA has also contributed to the ECDC-project to evaluate the impact of pre-donation screening of blood donors (see 3.3.2).

#### 3.3.1 / European Up-Front Risk Assessment Tool (EUFRAT)

The EBA contributed to the development of the EUFRAT tool in collaboration with the ECDC and University of Utrecht Medical Centre. To make stakeholders in the Netherlands familiar with the EUFRAT Tool, Sanquin Blood Supply wrote an article in their business-to-business magazine on the subject:

#### / Estimating the chance to blood-borne infections

What chance does a travelling donor run of getting infected on a tropical vacation and introducing this pathogen into the blood supply? That is the question to which the EUFRAT tool can give an answer. EUFRAT is an online tool that can estimate this risk based on the input of a relatively limited number of variables.

#### / Genesis

Mart Janssen did his PhD in 2010 on the modelling of blood safety. In that year also, the European Centre for Disease Prevention and Control (ECDC) issued a call for a tool to assess the risk of infectious diseases in blood products. “this call was a perfect match to a proposal that we were writing at the time, so together we decided on the development of the EUFRAT tool” says Janssen. The first version of the European Up-Front Risk Assessment Tool was completed in 2011. “That the European Centre for Disease Prevention and Control was interested in such a tool was evident” says Dragoslav Domanic. He is Senior Expert of human substances of human origin. Protecting Europe against infectious agents is their prime task: “monitoring and possibly prevention of transmissible diseases via transfusion or transplantation is key in that. As soon as a new infection emerges, we can assess the

“EUFRAT can play a vital role to decide on well-targeted and proportionate measures to ensure blood safety against infectious diseases”

*Kari Aranko, EBA Executive Director*

\* this is a translated and shortened version of the article that Sanquin published on the EUFRAT tool in **Bloedbeeld**, December 2015.

risks for the European Blood Supply. Based on the outcomes of the tool, we can decide upon which measures to take to keep the risks for Europe to a minimum”.

#### / Second wind

“We were happy with the results,” Mart Janssen explains, “but in practice the tool proved to be less user friendly than anticipated. And the usability of the outcomes was also not great. We came to the conclusion that the tool needed adaptation.” Together with a researcher from Zimbabwe, the tool was upgraded, with financial support from the EBA. Executive Director Kari Aranko explained why. “Perhaps even more than the ECDC, we are interested in the consequences of blood borne infections on the blood supply. To this end, we have the Emerging Infectious Disease monitor, a group of about 30 experts who, in a monthly teleconference, assess the developing emerging threats, discuss measures, new testing methods and other useful information in that area. It is a very useful tool and even includes representation from the US, Canada and Australia”.

The EID Monitor validated the first version of the EUFRAT tool and also concluded that the tool could improve on user friendliness. The updated tool was ready in 2015. “User friendliness is vital to us”, says Aranko, “a tool that will not be used is of no value at all. Therefore, we had immediately

decided on a training for using the tool. Potential users should learn to handle the tool, know which data to input, and see what results will come out of that input. The training session was held in May, and the reactions to that were positive. Feedback on the tool was forwarded to Mart Janssen so he could include that in the final version of the tool which will be available from the EBA and ECDC website from the end of this year”.

#### / Open source

The tool will be available for everyone: “we have long discussed about this, and because everyone can input all kinds of data now, we might get some very unusual results”, Mart Janssen says, “however, this open access also ensures transparency. Besides, everyone can now see the analyses done with the tool and make use of those as well. That advantage weighed the heaviest for us in the end. We now also believe that with the latest update we have a nice balance between the amount of data to input and the outcomes”

#### / Risk Based Decision Making

“With its output, EUFRAT can be a common basis for discussions and thus generates an important source for policy making”, says Aranko, “the tool seamlessly fits the Risk Based Decision tool that the Alliance of Blood Operators launched together with EBA.

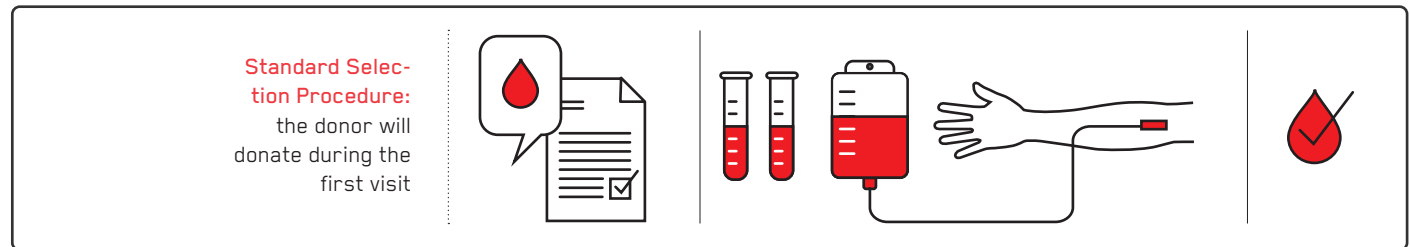
### 3.3.2 / Value of pre-donation screening

Transfusion-transmitted infections are more often detected in first time donor donations than in repeat donor donations. In standard selection procedures (SSP) the donor screening and the donation of blood occur at the same first visit.

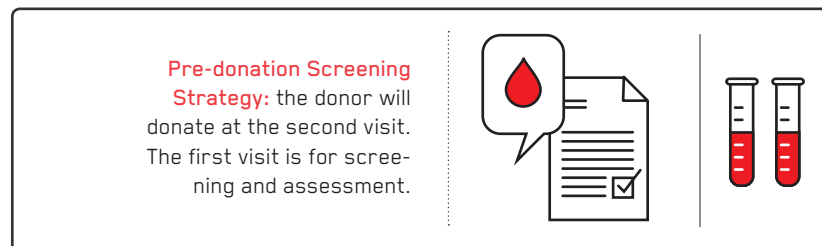
Pre-donation Screening Strategy (PDS) comprises two separated steps: the first visit consists of a donor eligibility assessment and the laboratory testing of donor blood (without taking a donation). The second visit includes the same donor assessment and testing as well as first blood donation. Most of the EU and the EFTA countries use standard selection procedures and only a few of them have adopted a practice of Pre-donation Screening.

In collaboration with the experts, ECDC completed a survey in 2015 to review the current selection strategies in 30 countries and evaluate the number of confirmed HIV, HBV and HCV positive donations over four years in a total of eight million first time donor donations and 77 million repeated donor donations. In November 2015, The ECDC hosted the last meeting of an expert group, co-chaired by the EBA, studying the value of these pre-donation screening strategy for qualification of first time donors. This expert group has already drafted a manuscript reporting the results to be submitted for publication in 2016, and ECDC will communicate the conclusions regarding the impact of PDS on quality and safety of donated blood.

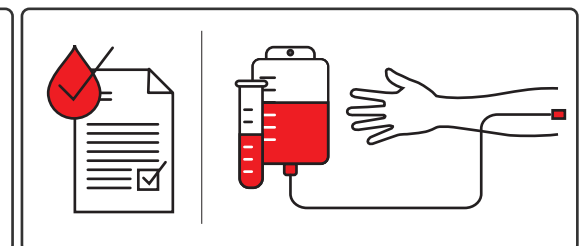
#### (SSP) first visit



#### (PDS) first visit



#### (PDS) second visit



### 3.4 / EID Monitor

New or re-emerging infectious diseases may threaten the safety of blood components. This medical network within EBA and ABO membership (Europe + Australia, Canada, USA) aims to monitor emerging infectious disease agents, assess their threat to transfusion safety and discuss related blood safety measures. Through its capacity to exchange information quickly and regularly, and through its monthly teleconferences, EID Monitor continuously discusses, elaborates and disseminates updated information on risks of EIDs and makes recommendations on blood safety measures to mitigate those risks. The swift circulation of the teleconferences' minutes ensures a quick spread of information and recommendations to EBA and ABO members. Surveys on particular pathogens to assess measures and/or implications for blood safety and blood supply are launched regularly among members. The EID Monitor network also brings expertise on EIDs and blood safety measures to several international institutions (e.g. DG SANCO/European Commission (EC), European Centre for Disease Control (ECDC), Council of Europe, WHO).

#### / West Nile Virus (WNV)

Since the start of WNV season this year, a total of 126 WNV cases were reported on the European continent (ECDC- update November 2015). Compared to previous years, this season started later and fewer human WNV cases were reported. Newly affected areas were the Algarve region (Portugal) and department Gard (France) where one single human case was reported. In Greece no human cases appeared this year.

The EC introduced an EU Directive 2004/33 amendment to replace the formulation of donor selection criteria of temporary deferral for WNV as follows: "28 days after leaving a risk area of locally acquired West Nile Virus, unless an individual Nucleic Acid Test (NAT) is negative." The amendment has

been adopted by EU Parliament and Council and will be enforced by January 2016. After discussion with DG SANTE on the risks of introducing a new term of risk area and individual NAT testing, the WNV Directive would be reconsidered if EBA could provide sufficient evidence to substantiate concerns over this new regulation. A subgroup (collaboration between EID Monitor and CD-P-TS) has been launched to address this issue.

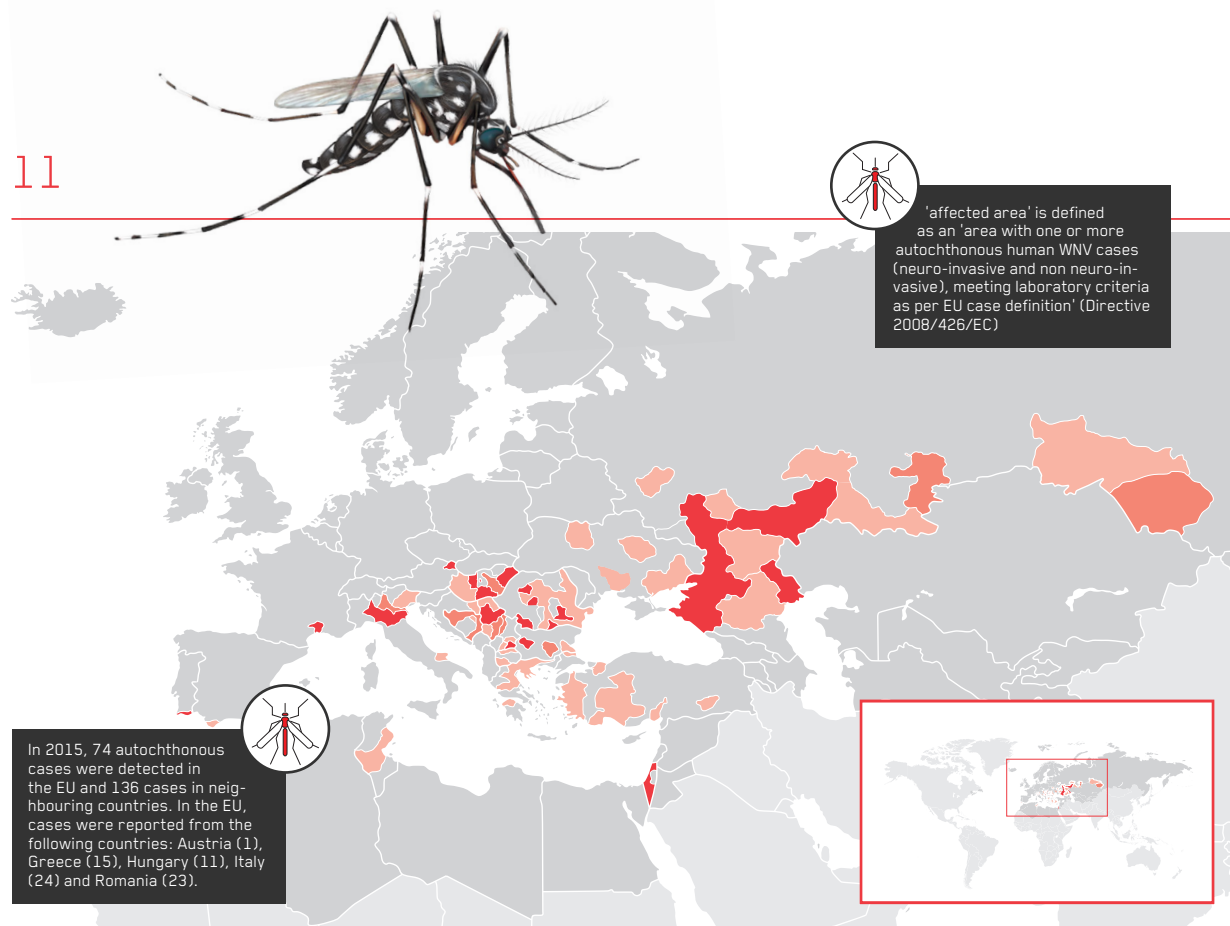
#### / Chikungunya, dengue and Zika

The large chikungunya outbreak in the Caribbean and South- and Mid-America is still ongoing. Outbreaks of Zika virus in Yap Island (2007) and in French Polynesia (2013–2014), have further spread to Pacific Island countries and since 2015 the virus is circulating in Brazil (Asian lineage) first and expanding to other American countries. The rapid expansion of arboviruses globally raises an issue for donor selection if the virus is moving out the malaria areas. The strategy of one month deferral for donors traveling outside Europe, as implemented in the Belgium and the Netherlands, is a particularly effective strategy and bears careful consideration.

Local transmission in Europe during summer season from an imported chikungunya, dengue and Zika cases is possible through the established vector *Aedes albopictus* on the mainland and *Aedes aegypti* on Madeira.

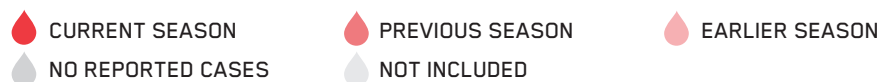
#### / Hepatitis E virus

More awareness about the increasing incidence of Hepatitis E Virus (HEV) infections in the population and blood donors, the reported transmissions through blood components, and knowledge of the risk for certain patients (prolonged viremia in immunosuppressed patients), boosted the discussion on HEV-safe blood components. Since diet is the main transmission route of HEV, the benefits of HEV-safe/free blood can be debated.



## MAP OF WEST NILE FEVER CASES BY AFFECTED AREAS

European region and Mediterranean basin (2015 and earlier seasons)



Source Map and text (unless otherwise indicated): ECDC

Different strategies will be launched in 2016 in Europe: The UK decided to perform selective donor screening to supply safe blood components for patients with solid organ and stem cells transplant. A critical factor for the decision was prolonged viremia in immunosuppressed patients and the fact that the clinical significance for these patients is unclear. Ireland decided to screen all blood donations on HEV RNA.

### / Ethical issues VNRD published

Voluntary non-remunerated blood, and also tissues and cells, donation (VNRD) is an important principle for EBA. The availability of substances of human origin used for therapeutic purposes is dependent on donors — citizens who are prepared to donate. It is crucial that the practices and incentives used in donor management reflect the values of the society. EBA has published its position and evidence to support VNRD in the [EBA Book](#). The discussion has been continued by the EBA former Executive Director in an article, in which he argues that understanding the principles of VNRD is necessary to determine what could be appropriate forms of compensation for both non-altruistic donors as well as altruistic donors. He outlines the difference between compensation and remuneration and notes that identifying the difference could help towards further developing VNRD as the best way of ensuring a safe and sustainable blood and plasma supply to meet the patients' needs and a safe and sustainable donor population. The article can be read in [Vox Sanguinis ISBT academy](#).



## 4. PERFORMANCE IMPROVEMENT THROUGH COLLABORATION

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Over the past few years EBA has aimed to support members to improve productivity. At this time of declining demand of red blood cells in most countries this is more important than ever, as this is a big part of the cost base of blood products. In addition, EBA has now invested in collaborative procurement to address the other half of the costs base of blood establishments.

### 4.1 / Collaborative procurement

Since November 2014, Ms. Joëlle Guerra, EBA's collaborative procurement manager gave a face and new pace to the EBA collaborative procurement (CP) activities. For her, 2015 was mainly aimed at setting up new projects and laying foundations for these new projects. To make sure that all projects have the same ground rules, guiding principles were set up and approved by the EBA Executive Board. Also the project governance structure and project framework to be applied to all collaborative Procurement projects were developed.

Assist European blood and tissue and cell services to improve their performance, based on scientific and ethical principles – for the benefit of patients. Encourage joint activities and projects between members to enhance the capability of the members.



#### 4.1.1 / Collaborative procurement projects launched

##### / Tubes

One of the projects started in 2015 was the “Tubes” project. This project aims to collectively procure sample blood collection systems (which consist of tubes and caps) for interested EBA members. The outline of the project was approved by the EBA Board in April 2015 and Sanquin blood bank of the Netherlands kindly accepted to host this collaborative procurement project. Important steps were taken in the project: to understand the potential of current “tubes” European suppliers market; to seek legal advice to make sure that EBA’s project would not distort the related markets to ensure that the project related tender would not be debatable. The procurement strategy chosen after this legal advice will ensure that suppliers’ positions are not harmed. While over 50% of the EBA Membership (in terms of number of blood donations) expressed an initial interest in the project, the objective is to engage at least two third of the interested

parties to benefit from those terms. This project will lead to a tender process and the contract will be awarded mid-2016.

##### / Laboratory consumables

Approved in outline by the EBA Board in September 2015, this project is in its early stages of development. The project scope is being defined and will be shared with EBA Members early in 2016 to indicate their initial interest before addressing the suppliers market.

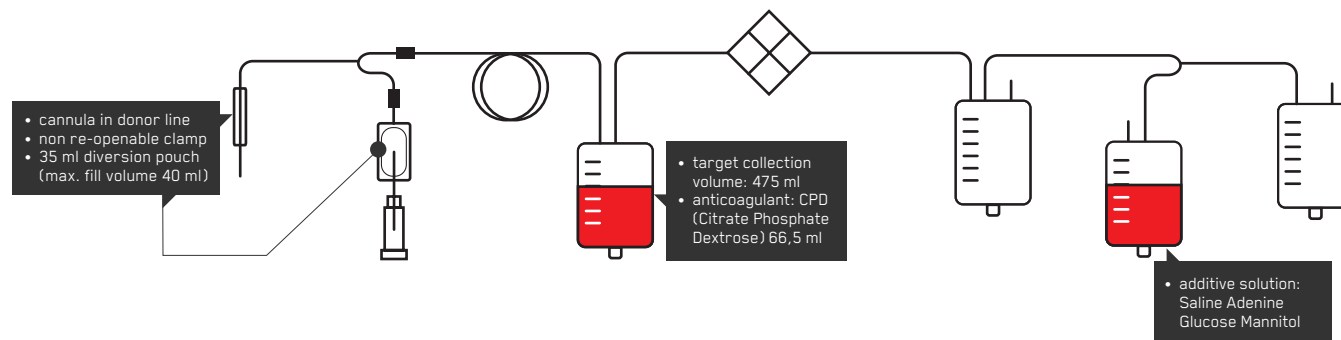
##### / Eurobloodpack I and transit to Eurobloodpack II

The Eurobloodpack (EBP) venture found its roots in a willingness by EBA Member organisations to harmonize and standardize the technical specifications of blood packs used for the collection and processing of whole blood donations throughout Europe. This seminal collaborative project (2006 to 2010) led to the creation of common technical specifications, including detailed diagrams, measurements and requirements for four whole blood collection systems, and nine ancillary packs.

#### Eurobloodpack Specification

In 2015, there was a second round of Blood Bag harmonisation that lead to the definition of 5 whole blood collection systems and 12 ancillary packs.

One of the whole blood collection systems is the Top and Top (TAT) quadruple pack for whole blood filtration as described in the illustration. The suppliers market was also involved to make sure the expectations were technically and economically feasible and advantageous.



The standardization project evolved in April 2011 into a two year joint procurement exercise called EBP I. Using the agreed technical specifications, three blood pack suppliers were ultimately successful in gaining contract awards for the period May 2013 to April 2017. Seven blood establishments have joined EBP I, securing multi-million euro savings.

The EBP project groups spent much of 2015 updating and improving the technical and service specifications, and defining EBA Member expectations for EBP II. The Euroblood-pack II tender process of blood packs used for the collection and processing of whole blood will occur in 2016, with contract award scheduled for May 2017.

The project has embraced a more global perspective, bringing new benefits to the EBA Membership, and easing the enrolment of new beneficiaries, including the following:

- / An Asian market scanning exercise performed by the project host. Like other industries, supplier manufacturing facilities have tended to be relocated outside Europe; this exercise has helped to identify those Asian suppliers that could eventually compete with current manufacturers.
- / The involvement of six suppliers in drafting the technical specifications, to ensure that the specifications are feasible and can be efficiently produced.
- / The involvement of third parties: ICCBBA and the pvcfreebloodbag.eu project team have both been consulted, for example.
- / The decision to opt for a Framework Agreement rather than a direct award. The Framework approach will allow more flexibility for EBA Members to define their local requirements during the local mini competition stages – important where additional quality criteria are required.

#### 4.2 / Start build of joint quality database

EBA's Working Group on Collaborative Quality Management (CQM) set themselves the task in 2015 of setting up a database of actions planned and held within the Quality Department. This database would be the knowledge base containing executed supplier audits in the past, planned supplier audits in the future, used equipment, and reference to related system/process validation (executed or planned), associated consumables (reagents, blood bags,...) of all the EBA CQM Working Group members.

EBA Members planning a supplier audit or validation can check the EBA Working Group's database and contact colleagues for information sharing or, based on the audit register, collaborative audits could be jointly planned by the Working Group in order to reduce the overall audit effort.

"The goal of this sharing of information is to reduce the validation and audit effort by working together and actively share information between the EBA Working Group members" says Jan Ceulemans of the Red Cross Flanders – Blood Service and chair of the working group, "this sharing of information will save costs for all members participating" he adds. The database resides on EBA's intranet site EBAse.

The Working Group will advise the Board Members that a clause could be added by the involved EBA members in their purchasing contracts indicating that collaborative audits could be performed by EBA Members with all related documents to be shared between the participants. The clause will indicate that an audit project agreement will be submitted to suppliers beforehand, with prior notice. For now, suppliers will be asked for approval beforehand before releasing any information.

**Mobile vs. fixed donor locations**

Depending on the geography of a country and the local blood collection system, blood establishments will make a decision on how much they will collect blood in fixed or mobile sessions. Mobile sessions can be in local buildings, as schools or churches, or in a collection truck owned by the blood establishment.

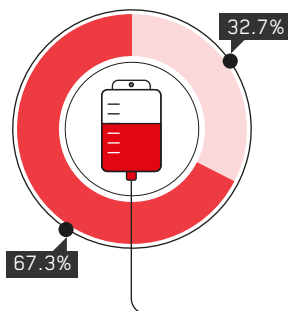
**New donors and regular donors**

The majority of blood is collected from regular donors and the percentage of new donors in a donor base range from 2.6% (country X13) to 15.3 (countries X8 and X10).

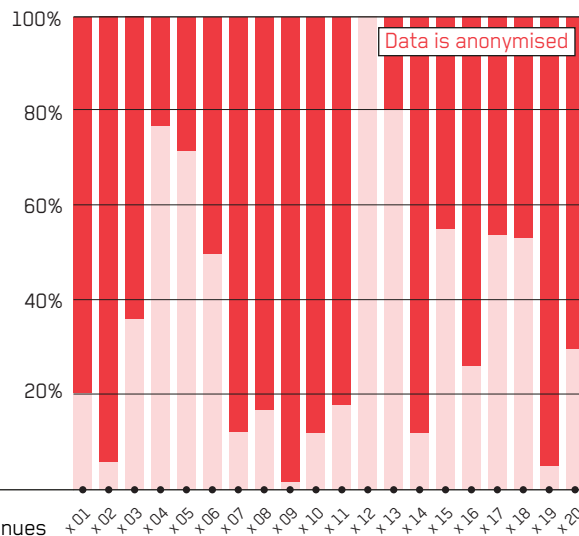
Source: EBA data, collected 2014-15.

Mobile vs. fixed  
donor locations

Average on total:



■ % fixed venues ■ % mobile venues

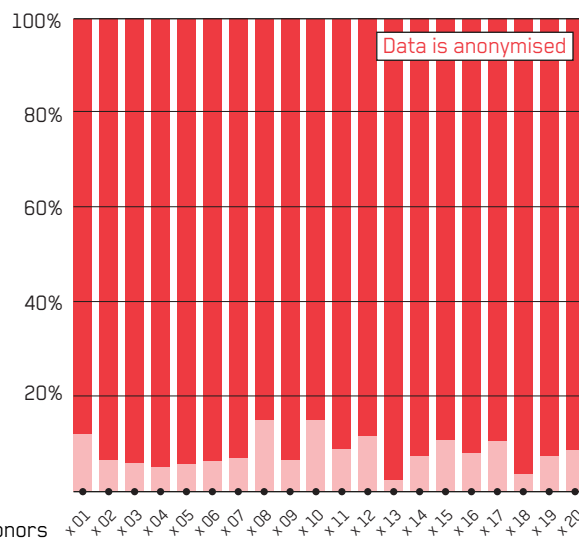


New donors as percentage of  
total donor population

Average on total:



■ % new donors ■ % regular donors

**4.3 / Benchmarking**

EBA Benchmarking WG conducted the 10th annual benchmarking round collecting data from 21 blood establishments serving a population of 370 million. The survey, covering the latest fiscal year ending by March 2015, documented a decline in red blood cell (RBC) demand to 13.7 million, which is 0.5 million (3.4%) decrease compared to previous fiscal year. The Benchmarking outcomes are illustrated on page 22.

Regarding platelets, the results were not that clear but many countries experienced a fall in demand (typically 1.5% to 5%). Results of the benchmarking round were presented at the Board Meeting in September. Data demonstrates the diversity of blood service systems, e.g. range of using fixed site donation to that of mobile donation session, and provides a good basis for comparison and mutual learning. The Benchmarking WG has also continued their highly valued Flying Squad operation with a visit to Slovenia (see 4.3.1) and also organised a workshop in Helsinki to address the collection efficiency (see 4.3.2). The group had also critically reviewed their scorecard process to collect the data and made an action plan to further improve the validity of the data.

**4.3.1 / Flying Squad Slovenia**

Between 14 and 18 September 2015, an EBA team of experts visited Slovenia to deep dive into the process of the Blood Transfusion Service of Slovenia (ZTM). The team of



Danijel Starman

ZTM's General Manager

Experts is the EBA Benchmarking Performance Improvement team (lovingly known as the Flying Squad), a team of experts from different Blood Establishments of Europe, specializing in lean management for Blood Services. These experts' time is volunteered by the EBA member, and the receiving service only has to pay for travel and accommodation costs.

ZTM's General Manager **Danijel Starman**, pictured left, explained the reasons for inviting the Flying Squad: "From the Benchmarking Scorecards we receive from the EBA, it showed very well where for us there was room for improvement and where we could go in terms of productivity. The demand of whole blood is decreasing in Slovenia, as in the whole of Europe, and knowing that we have some overcapacity in some departments we would like to improve our efficiency".

#### / Visit and preparation

"The team was very well prepared when they came. Before-hand they sent a questionnaire for us to answer, which helped them focus on improvement areas." Danijel Starman explained, "the groups visited almost all of the departments of the Headquarters in Ljubljana and a collection centre in Nova Gorica, near the Italian border." Asked about how he had prepared his staff to this visit, he responded: "Of course they asked questions as to the why, but after discussion on wanting and needing to improve, they agreed to the necessity. I explained to them that there would be no security issues and asked them to help the team where necessary", "I was very proud of my staff members who were honest and honestly told the experts where the problems lie". The inspections were very meticulous: "the experts walked around with stopwatches and interviewed many of the staff".

#### / Improvements to be made

At the end of the visit, there was a final meeting where the findings were reported and where the improvements were

discussed. The team commended the ZTM on working in good conditions; the work is of a high standard with modern equipment, and the staff is enthusiastic and knowledgeable. But they also noted the overcapacity: "they advised on decreasing more staff than the natural attrition due to retirement", Mr. Starman will increase the plasmapheresis in Slovenia, so he will relocate staff to those increased efforts. Through this, he does not expect any layoffs because of the Flying Squad visit.

Other improvements the Flying Squad suggested were decreasing the number of pieces of equipment not effectively in use; focussing on specific KPIs instead of having so many; shortening the waiting time for donors; start using the EBA Eurobloodpack™ blood bag, and joining in the Collaborative Procurement Initiative. On some of these suggestions, the ZTM has already taken action: "we have sent our procurement staff to the EBA Procurement Seminar in December 2015, and are looking to see if we can join in the procurement of the Eurobloodpack specification in 2016". Some of the improvements are low hanging fruit, but some will take more time and effort to implement: "We have also started the project to reduce the number of KPIs, which will be put to use in 2016."

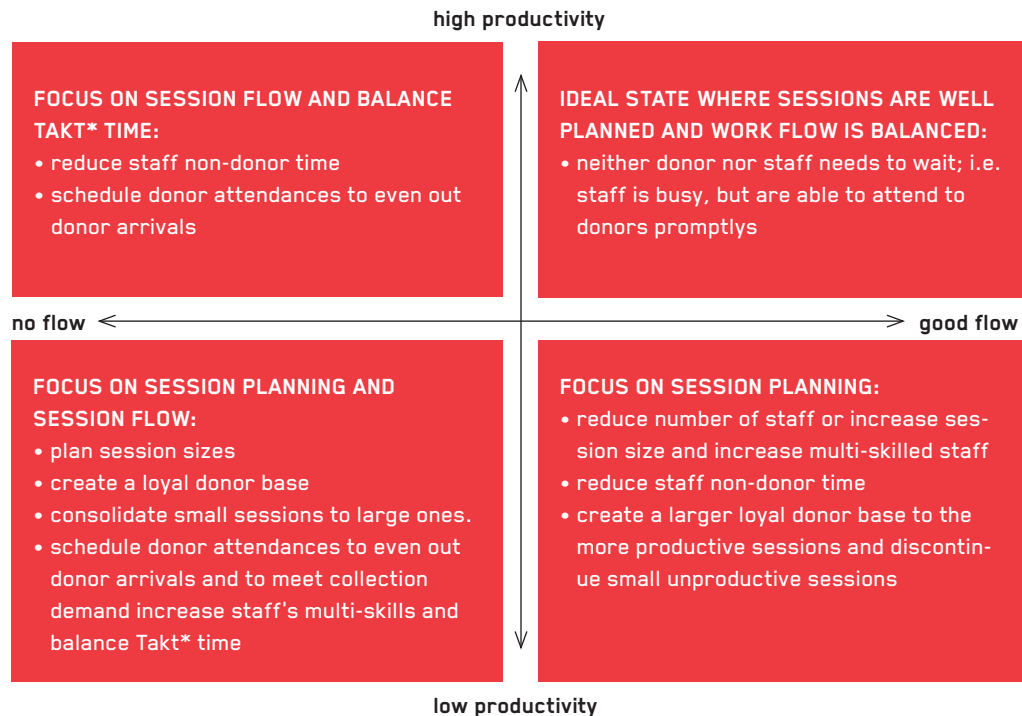
Overall, Mr. Starman was very happy with the visit and would recommend it to all EBA members: "it was really worthwhile and inspiring to all departments having these experts around and it gave good energy to start with the improvements. We will definitely invite them back in two years to assess how we've done, but I expect to make the first savings already in 2016". "The ZTM now celebrates its 60 years of blood collection and processing in Slovenia, and I am convinced that improvements are necessary keep it going for another 60 years!"

#### 4.3.2 / Helsinki Workshop: collection efficiency

The EBA Benchmarking Group held a very successful Work-

shop on Collection Productivity and Process Improvement using Lean Management Techniques in March 2015. The Helsinki-based event was hosted by the Finnish Red Cross Blood Service, and attended by 35 people from 15 EBA member services. It was the third time that the BMG had focused on Collection Productivity. This part of the supply chain is deemed important because 30 to 40% of EBA member staff are employed in this area. Therefore, any improvements into productivity can result in significant savings. The Workshop programme was divided into three sessions:

\* Takt time: time needed to complete one whole donation process



Session 1: Elements affecting collection productivity.

Session 2: How can we design a waste free collection process?

Session 3: Using modern technology to improve the process and eliminate waste.

The first session included the lessons learned over seven years of Workshops and Flying Squad visits, and NHSBT's five year strategy to radically improve blood collection productivity, and move into the top quartile of EBA performers. The main actions for improving productivity in that department were identified as follows:

/ Increase the amount of successful donations: by optimising the selection process, adopt best practice for pre-donation and educate donors on how to self-defer (eg in case of travelling or medical treatments).

/ Reduce end-to-end donation time: reduce intermediate steps as much as possible, have multi-skilled workforce to service any waiting donors

/ Reduce staff non-donor time: optimize opening times and create continuous flow through scheduled donor attendance. In mobiles, reduce total set up and set down time and optimize the ratio of beds to staff.

Participants viewed two influential videos on blood collection (from Denmark and Finland) in the second session, which clearly demonstrated good lean practices on how to optimise the time a donor spends in the Blood Service. The Danish video portrayed a 21-minute donation experience, aided by finger print donor identification and a touch screen health questionnaire.

The third session included presentations from the Irish Blood Service on Non Invasive Haemoglobin Measurement. The

German Red Cross talked about the positive impact of digital technology on their donors, particularly the new Donor App, and Sanquin described their successful piloting of Multi Component Collection technology.

#### 4.4 / Femoral head Workshop

Following the completion of the Tissue and Cells Benchmarking Survey in 2013 it was decided to use the data to drive improvements and share good practice across the sector. The wide variety of tissue and cells banked within the working group has meant that it has been difficult to standardise responses to the survey. The simplest product banked is “fresh frozen femoral heads” (FH). The discard rates for femoral heads varied widely: from 8.4 – 22.7% with a mean of 13.6%. More information was gathered about this particular aspect and a questionnaire was circulated to gather more data.

A workshop was held in Liverpool, organised by NHS Blood and Transplant, UK, at which 13 participants from 9 countries joined. The programme for the event included a presentation

by the chair of the EBA Benchmarking WG. He presented on the progress which has been made in the use of the benchmarking data collected for blood donation, manufacturing and issue, and he described the challenges and successes encountered during the past few years. The 2014 benchmarking survey data was presented and prompted wide discussion within the group.

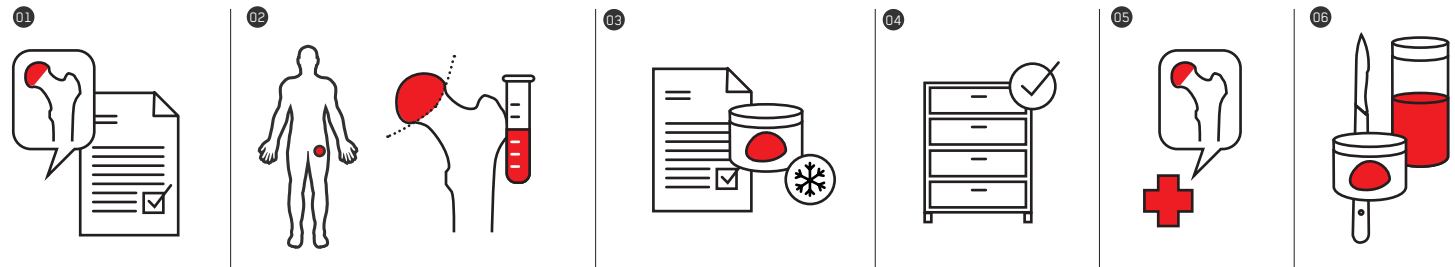
Detailed data gathered for femoral heads discards showed that the main reason for discard was microbiology results or donor selection issues. Then, discard due to positive serology (21.9%). An algorithm used in the UK was presented, which minimises discards previously caused by false reactive results. The presenter from the Scottish National Blood Transfusion Service described the process for donor selection of femoral head donors, including a pre-admission checklist to minimise discard of tissue after collection.

#### 4.5 / Patient Blood Management in Europe (PaBloE)

Patient blood management is an evidence-based multidisciplinary

##### Femoral head: from donor to patient

There is a wide variety in products that Tissues and Cells Services offer. However, most will offer femoral heads. After consent of the donor (1), during the surgery for hip replacement, the femoral head is taken off for the bone bank. (2) It will be screened and frozen at the institute and kept under specified condition (3/4) until the hospital requests one (5). The surgeon or bone bank will then process it to the product needed, shredded, sliced or otherwise and use it in the patient (6).



nary approach to optimize the care of patients who might need transfusion. In the light of the rapid decline in use of blood components and cost pressures in healthcare, it is important to draw attention to a patient-centred approach with a focus on the needs of patients rather than blood products, or those driven by logistical or financial requirements.

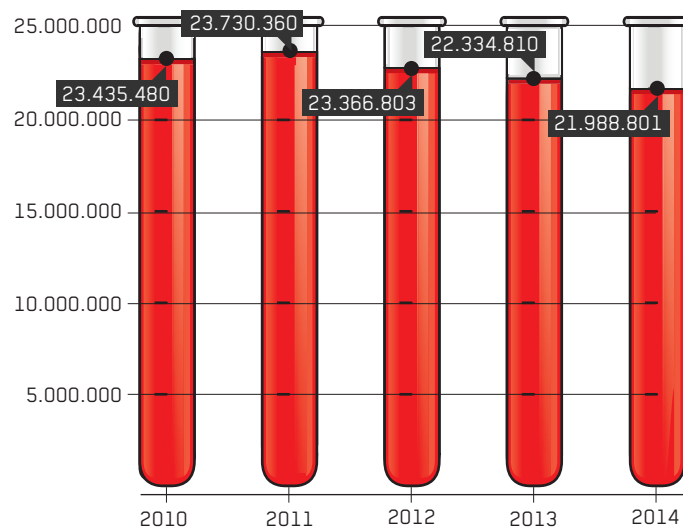
Patient Blood Management in Europe (PaBloE) was established in 2014 by EBA by bringing together specialists with an interest in PBM from seven University Hospitals in Europe and associated Blood Service representatives from Frankfurt, Malta, Manchester, Nijmegen, Stockholm, Odense and Torino. The shared objective is to derive good practices in PBM based on the experience and expertise of the participating PaBloE teams, and to develop ways to implement and strengthen these practices in the participating hospitals.

PaBloE project group completed and published the initial

#### Decline in use over 5 years

Over the years, the use of red cells has declined. One of the reasons for this decline is Patient Blood Management. This can be defined as 'a patient centred, multidisciplinary approach aimed at optimizing the use of blood products' This has been recently developed and can be considered as re-emergence of well-known basic transfusion medicine principles.

Source: EBA members survey data 2015



1 Derive good practices in PBM on focused indications from experience and expertise in the participating PaBloE teams and find ways to develop their implementation in participating teaching hospitals.

2 Promote a patient centred approach, shifting focus from blood product needs to patient needs.

3 Conceive action plans easy, quick and cheap to implement, to best cope with current financial constraints.

results of three surveys in 2015 (link to ISBT abstracts). The survey on the fate of red cell units issued in one week in the seven hospitals, documented that about 60% of red cell transfusions went to patients for medical indications, half of whom had haematological disorders. Surveys on the PBM practices revealed big variance in resourcing and limited knowledge of clinicians in the treatment of preoperative anaemia. Key results of PaBloE were presented and discussed in the EBA Board Meeting in April 2015.

Based on the results of these initial surveys, the PaBloE project group decided at their meeting in Frankfurt in November to direct activities to the development of implementation strategies for the management of preoperative anaemia and audits to better understand transfusion strategies in patients with haematological disorders. NHSBT offered the PaBloE project a flying start to the planned haematological audit study by allowing them to join their programme. NHSBT has developed a web based audit tool with a prospective approach to record transfusions of RBC and platelets of



patients treated for specified indications during one calendar month. All seven hospitals have initially expressed interest in joining this programme in the first half of 2016.

#### 4.6 / Developing, supporting and funding training with key stakeholders

##### Donor health and management in focus

Currently there is no professional curriculum for Donor Health Care available. Improvement of competences of health care professionals will increase the quality and safety of both donor care and the donated product. In 2013, the Donor Health Care (DoHeCa) project was initiated by an international consortium comprising several European organisations recognizing and supporting the need for an innovative collaboration in the fields of blood, cells, tissues and organs. The aim is to develop a broadly accessible distance-learning curriculum for all professionals working in the field of blood,

cells, tissues and organs. The consortium, led by Sanquin from the Netherlands, received a Live Long Learning Erasmus EU Grant to develop a 2-year e-learning programme. The modules for the course are as follows:

- / Basic principles of Donor Health Care
- / Donor Suitability
- / Donation and Complications
- / Application and Specifications of Substances of Human Origin
- / Quality Assurance
- / Personal Skills module.

The fact that this course is a combined effort for donors of organs, tissues, cells and blood is new and EBA is a partner, assisting in developing Working Package 2 (Basic Principles of Donor Health Care) and Working Package 9, the dissemination of the information.

Link: <http://www.donorhealthcare.org/>

“The students that will participate in the Donor Health Care program get the opportunity to broaden and intensify their competences with respect to their work in donor health care”.

*Peter van den Burg, DoHeCa Project Leader*



#### / Risk assessment of emerging infectious diseases in transfusion

EBA has funded and, with EID Monitor, supported the development of an updated EUFRAT tool. On 19 May 15, for one whole day, experts from blood establishments from 10 different countries were trained to use the online risk assessment tool. The training was co-hosted by Dragoslav Domanovic of the European Centre for Disease Control (ECDC) and Kari Aranko from EBA. Mart Janssen, who developed the tool, was the expert trainer.

**“The training was very thoroughly done and very interactive. Practising with real case studies on the outbreaks of infectious diseases stimulated educating discussion”**

*Kari Aranko, EBA Executive Director*

The evaluations showed that all participants found the training day very useful. Mart Janssen remarked that he was very happy that experts provided valuable feedback and good proposals to improve the tool. The final release of the updated

online tool of EUFRAT was published in December immediately followed by a training webinar hosted by EBA.

#### / Developing transfusion medicine training

At the meeting of ISBT Working Party on clinical transfusion, the EBA Vice-President, Erhard Seifried, triggered the inception of a training course for transfusion medicine. Both EBA and ISBT agreed to fund and support the development of this training course. Leveraging on experience on Donor Health Care project, the EBA Education and Training WG and ISBT WP have started the joint activity aiming at a web-based course, along with an examination leading to a certificate.

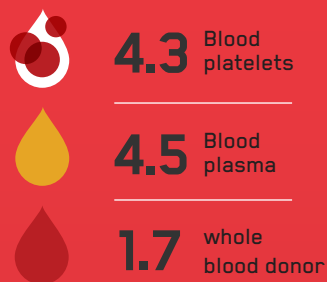
#### / Lean training for blood establishments

As tangible output of EBA's mission — improving members' performance — the EBA Executives asked the Benchmarking WG to develop a plan to customise lean training to blood establishment experts. In their last meeting of the year, on December 18, the Executives approved funding for the planned project and the first modular training programmes are expected in 2016.

## EBA BENCHMARKING

The European Blood Alliance serves through 25 members a population of 475 million European citizens and collected in 2014-2015 over 16 million donations, with the help of over 11.000 FTE in donation staff. Most often, the blood services collect whole blood, which is then processed in several different components: red cells concentrate, platelets and plasma. The components are tested and delivered to the hospitals. The data shown here was collected from 21 out of 25 EBA members during the 2014-2015 Benchmarking activity.

### THE FREQUENCY OF DONATING IN TIMES PER YEAR



18.070.646

samples were sent for testing in the blood service



17.584.261

units were sent for testing in the blood service



3.783.984

liters of plasma were sent to plasma fractionators



## THE TOTAL POPULATION OF COUNTRIES IN EBA BENCHMARKING

1 The total population of countries included in this survey 2 Total population that are estimated to be eligible for donation. This means that they are under the age of 75 or 70 years old (depending on local rules), and over the age of 18. 3 The active donor base of these countries



## 5. WORK IN A HIGHLY REGULATED FIELD

### 5.1 / Advocacy for revision of EU Blood Directives

As EBA received signals that the EU Directives governing blood, tissues and cells might be revised in the near future, EBA set up a Working Group to prepare their advocacy positions.

Preparations for EU Blood Directive revisions were discussed at the Board Meetings in Brussels and Bern. In June 2015 the EBA Executives decided to align the preparation for the anticipated EU Blood Directives revisions by establishing a Working Group on Blood Directives. To streamline the work, earlier set up WG on Donor Selection was merged to this new Blood Directives WG. This group has developed a concept that was incorporated in the advocacy plan and part of the group

published an article on this. The Blood Directives WG has continued the work as outlined in the Board meetings. To advocate EBA's positions, both Executive Directors together published an article on the rationale to revise the EU Directives on blood and made suggestions for key changes. On EBA's behalf, Kari Aranko also sent a letter to DG SANTE highlighting the importance of the Blood Directives to the field and EBA's initial positions regarding a possible revision.

### 5.2 / In Vitro Diagnostic / Medical Devices Directive Recast

The Medical Devices Directive Recast was also ongoing in 2015. EBA inputted in 2013 (through an EBA Position) to

Support to national and European authorities to promote best practice. Provide technical and professional support to national and European authorities, particularly those involved in preparation / revision of regulations, standards,

EBA has two position papers: one on **Competition** and one on **Voluntary Non-Remunerated Blood Donation**.

request a modification of the commission proposal making obligatory that any in vitro diagnostic (IVD) manufactured by blood establishments be CE-marked. The potential threat highlighted by EBA (patient harmed by lack of specific tests) led to the proposal for a new wording authorizing niche IVDs produced by blood establishments not to be CE-marked (under strict quality rules). This proposal was accepted by the ENVI committee of the European Parliament and then by the European Parliament in the plenary vote of October 2013. In several discussions with representatives of stakeholders, they have all indicated that this proposal by EBA for so called “in-house manufacturing clause” is accepted. However, the European Parliament, the Commission and the Council of the European Union have still not finished their trilogue on the Medical Devices Directive and it is expected that an outcome can be foreseen during the Dutch Presidency of the Council in the first half of 2016.

### 5.3 / Survey defining malaria risk areas

A survey on malaria risk areas for pre-donation assessment of donors by EID Monitor revealed that many different strategies (lists and strategies for determining malaria risk areas) of donor deferral are in use and that there is a need for harmonization at least at European level. EID Monitor sent a letter to the Chair of the Council of Europe (CoE) ad hoc working group on Blood Guide (GTS) with a recommendation to seek to harmonize the definitions of malaria areas for deferral criteria regarding donors returning from those areas. The CoE GTS WG replied that this has been taken to the working agenda and would be addressed in the next, 19th version, of the CoE Blood Guide.

### 5.4 / Apheresis Connector

In 2009, an accidental misconnection during an apheresis procedure caused the death of a French donor. This sparked a collaboration between the industry, competent authorities and the blood services, to prevent any further accidents from

human error by misconnections. A new type of connector was devised by the industry. In May, this new system was presented to the world with a press release. This new system, Correct Connect, is designed to reduce the potential for accidental misconnections by establishing a dedicated connection method for each apheresis solution. Correct Connect accomplishes this by introducing a new, inverted, threaded luer connector for use with anticoagulant (AC) solutions. The connectors used for platelet additive solution (PAS), red blood cell additive solution and saline remain the same. The Correct Connect system is supported by the industry and blood establishments. The ISO committee TC 210/WG 5 is currently working on the new standard for the AC connector, which has been assigned the number ISO 18250-8. The AC connector standard incorporates the proven sealing technology of other luer standards, but with revisions to dimensions and geometry to reduce the potential of misconnections with incompatible medical equipment.

### 5.5 / Collaborations with Stakeholders

EBA met with the Service Delivery and Safety Department (SDS) Unit of WHO in April 2015 in Geneva. The shared goals and the mutual interest of EBA and WHO to work together was acknowledged already in the previous meeting 14 August 2013. Based on these meetings EBA sent a follow up letter to start the process toward developing a working relationship with WHO. The following topics and mapping of expert resources were identified as potential areas for closer collaboration.

- / To bring in EBA expertise in preparation and revision of WHO recommendations, guidelines or policies.
- / To use EBA network in specific topics, e.g. Ebola, to help to find experts, including time limited resources at programme or country level
- / Dissemination and use of products, including collaboration in World Blood Donor Day themes planning and visuals

EBA has also continued its close collaboration with the Council of Europe (CoE) and EDQM, especially through EBA members contributing to the expertise needed. The EBA Executive Director discussed points of mutual interest with EDQM in a joint meeting with EBA and IPFA in Spring 2015 in Strasbourg. All agreed to support the process of having the EU Directives refer to the CoE 'Guide to the preparation use and quality assurance of blood components' Component monographs and Standards section, to replace the technical specifications. Based on the discussions with EDQM and aligned objectives in the field of transfusion medicine, EBA applied for observer status in the European Committee on Blood Transfusion (Steering Committee, CD-P-TS) but that was declined in their meeting in November.

#### 5.6 / Risk Based Decision Making (RBDM)

The Alliance of Blood Operators took the initiative of starting to build a framework to help Blood Establishments take decisions in the context of emerging risks, evolving technology, societal issues, and economic realities. The framework can be adapted according to local needs and takes into account the different stakeholders that a blood establishment needs to consider.

The framework's objectives are as follows:

/ Optimise the safety of the blood supply while recognising that elimination of all risk is not possible

/ Allocate resources in proportion to the magnitude and seriousness of the risk and the effectiveness of the interventions to reduce risk

/ Assess and incorporate the social, economic, and ethical factors that may affect decisions about risk

The framework online tool was published in August and can be accessed through the [Alliance of Blood Operators website](#). To have a flying start for adoption within EBA membership, Sheila Ward introduced the RBDM online tool at the Board Meeting in September 2015. EBA has (jointly with all ABO members) agreed to fund administrative support for two years which, together with an ABO expert group, will foster and govern the use of the online tool and RBDM framework.

## 6.1 / Key consultations held in 2016

## 6. INFORMATION EXCHANGE AND DISSEMINATION

Survey Title	Members surveyed	Responses	Main outcomes
EU directives: Grassroots exercise	EBA Board Members	10	EBA Members filled in grassroots expectations for revisions in the EU Blood Directives.
Pathogen Inactivation of Platelets	EBA Board members	20	The introduction of PI allowed removal of irradiation, CMV testing and bacterial screening, but impacted costs.
Recruitment of new whole blood donors	EBA   ABO members	35	Although Facebook is often used to recruit new donors, it is not necessarily the most effective means.
Missing types campaign: setting up a global joint campaign	EBA Board Members	10	from EBA, 10 members will participate in a unified global campaign in 2016. In total 24 blood services will participate.
Contingency planning: assessing interest in starting up a WG	EBA Board Members	13	Based on the outcomes of the survey, EBA decided to launch a new WG for this subject.
Advocacy to EU: Elaboration on first grassroots exercise	EBA Board Members	17	Elaboration on the first survey, to focus the efforts of advocacy.

Exchange information on developments in the field of blood transfusion and tissue and cell transplantation, and disseminate relevant information on relevant issues.

## 6.2 / EBAse – a new forum for members

Communicating with members is the core business of an association, and for the EBA as a small volunteer based organisation, stimulating working together online is essential. Starting from this premise, EBA set out to look for tools to enable this. The migration to Office365 in November 2014 was the starting point for taking more concrete actions. Out of five offers, the one most fitting the request for proposals' term was selected: a Dutch IT Company called Sparked. From March to September the EBA staff and IT consultant worked hard to set the architecture of the site, fill it with content and invite all members to the site.

The site features the following components: a subsite for each of the seven Working Groups; a contacts site; a site on continuous improvement; a library filled with documents, links, and videos for improving one's performance.

To assess the security of the IT of the EBA, an IT department of a

member's organisation performed a paper audit. As a result of this audit, a staff SOP on use of EBA IT means was created.

## 6.3 / EBA Board Meetings

### 19-20 April 2015: Board Meeting Brussels

The first Board Meeting of 2015 was held in Brussels, and featured in depth items on the forecasted EU Directive revision, with presentations on vigilance and possible EBA Positions. Other important decisions taken included the following:

- / Approval of Serbia as observer
- / Approval of timeline and initial set up of members' intranet site EBAse
- / Collaborative Procurement Project for Standard Tubes approved

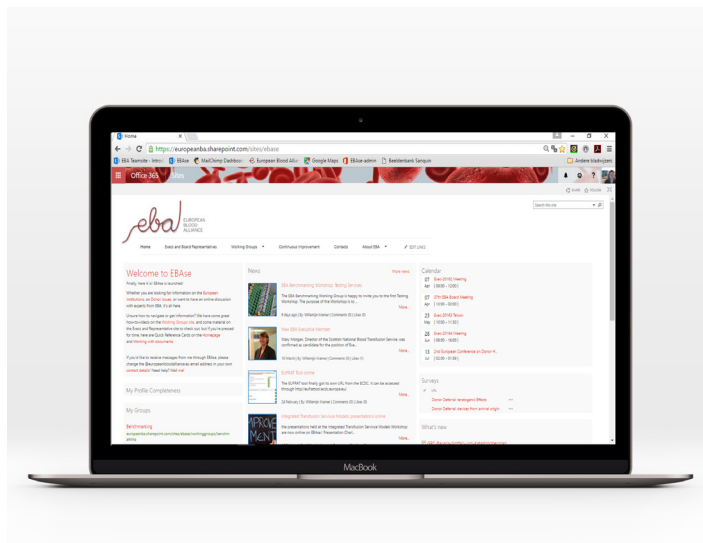
### 24/25 September 2015: Board Meeting Bern

During this meeting, the EBA had discussions on the EU legislative process and EBA's positions were elaborated in break-out group discussions. Also, a representative of the Alliance of Blood Operators advised the board as to how to use the Risk Based Decision Making framework and the [website](#).

- / Approval of Lean training developed by the Benchmarking Working Group
- / The Education and Training Working Group will develop a training with Certificate in Transfusion Medicine in collaboration with ISBT
- / As new collaborative Procurement project, laboratory plastic consumables is chosen as the preferred next project.

## 6.4 / EBA Member Consultations

EBA members will from time to time ask the EBA office to circulate questions on ongoing topics. These are called *EBA Member consultations*. The key consultations held in 2015 are listed on page 26.



# 6.5 / COLLABORATIONS AND COMMUNICATIONS

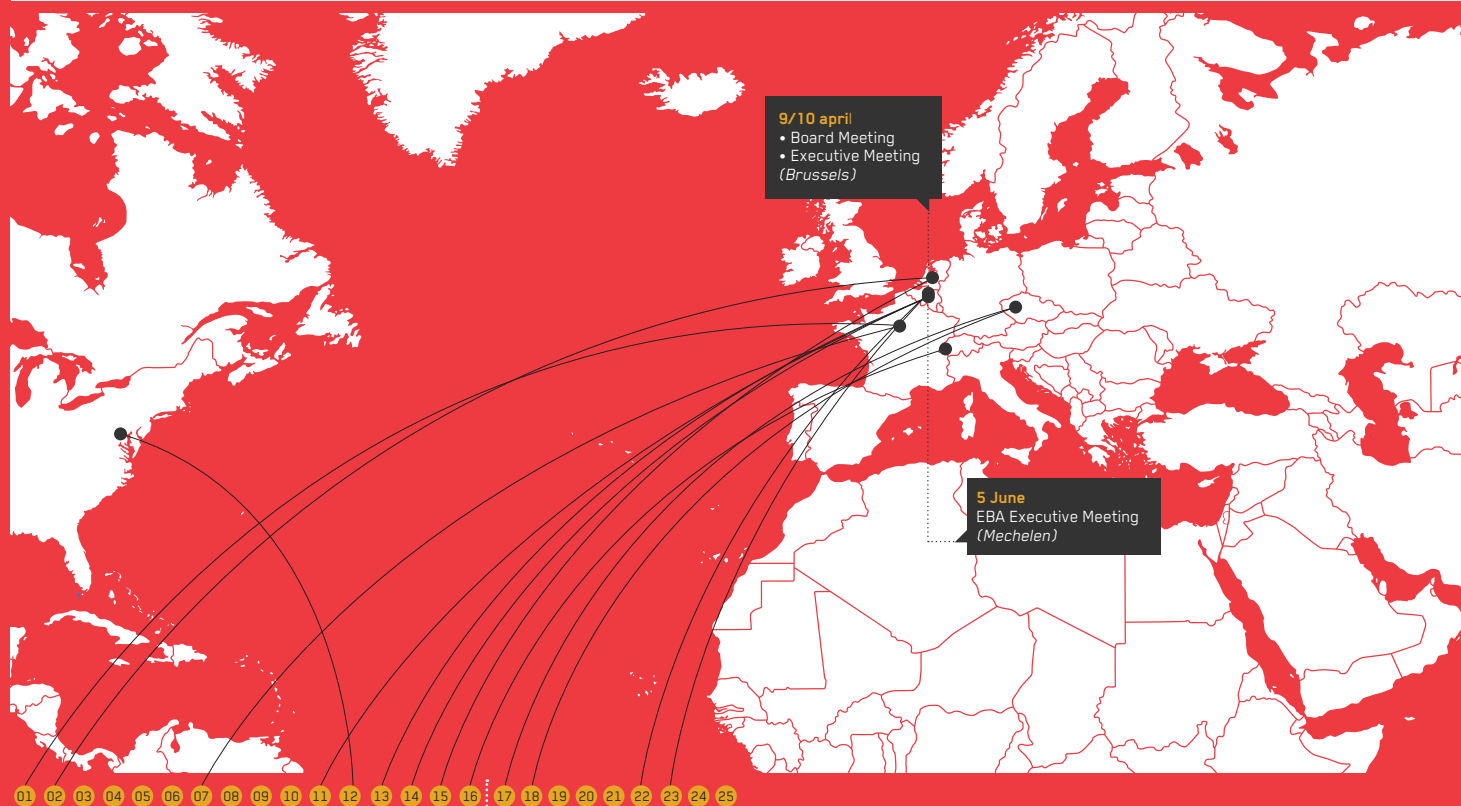


**Kari Aranko**  
Executive  
Director



**Gilles Folléa**  
Executive  
Director up to  
30/4/2015

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THE EXECUTIVE DIRECTOR  
WAS INVOLVED IN THE  
FOLLOWING MEETINGS AND  
TELECONFERENCES

## January

- 01 Meeting EFS
- 02 Meeting PBM & Jehovah

## February

- 03 ABO Points of Contact ☎
- 04 ABO Chief Executives ☎
- 05 EBA EID-Monitor ☎
- 06 ABO Medical Directors WG ☎
- 07 Meeting EFS

- 08 EBA Executives ☎
- 09 EBA EID-Monitor ☎

## March

- 10 ABO Chief Executives ☎
- 11 meeting Eucomed
- 12 ABC's 53rd Annual Meeting

## April

- 13 Meeting ABO Points of Contact
- 14 Meeting EBA Board
- 15 Meeting WMDA
- 16 Meeting WHO



**May**

- 17 Meeting EUFRAT
- 18 Meeting IPFA/PEI
- 19 Apheresis Connector  
Industry Group

**June**

- 20 Tissues & Cells WG
- 21 ABO Medical Directors WG
- 22 Opening Of Sango, Red Cross  
Flanders
- 23 Meeting EBA Executive
- 24 ABO Points of Contact
- 25 EBA EID-Monitor
- 26 Meeting EDQM
- 27 Meeting EFS
- 28 ISBT Congress

**July**

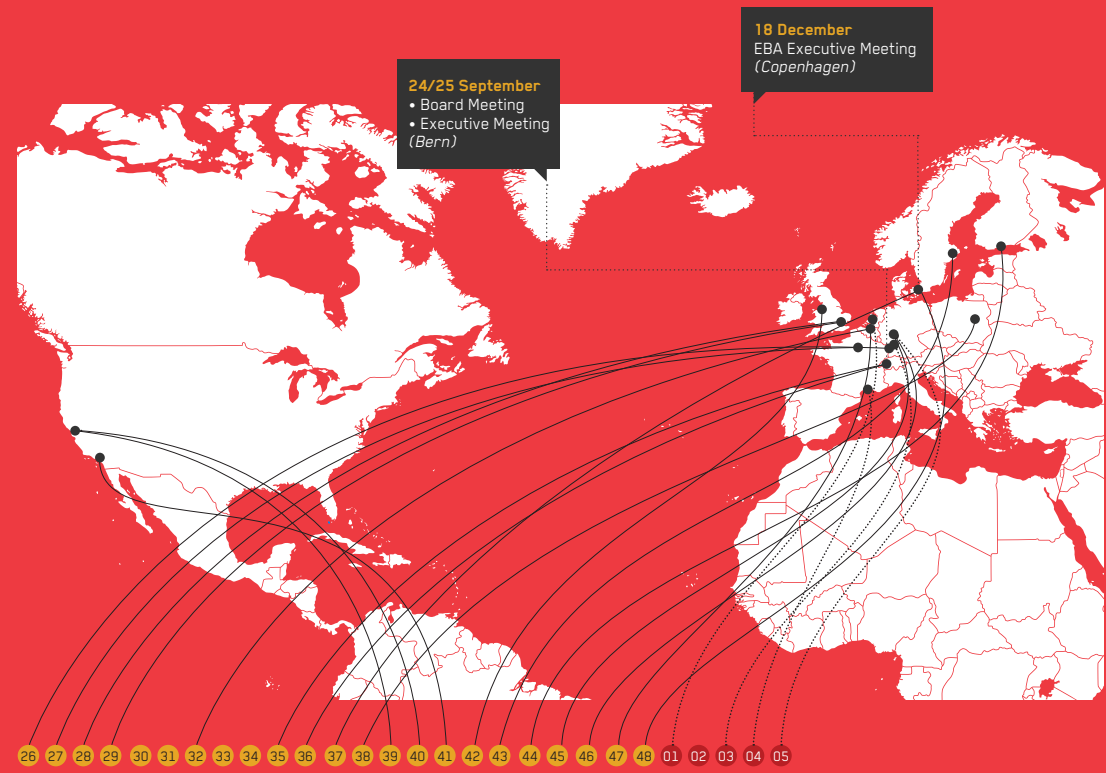
- 29 Meeting ABC and  
EMTAG meeting

**August**

- 30 EBA Benchmarking Group
- 31 ABO Medical Directors WG
- 32 meeting DG SANTE
- 33 EBA Executives

**September**

- 34 EU Blood Directives WG  
Kick off
- 35 meeting Coordinating commit-  
tee of WG chairs
- 36 EBA Board meeting

**October**

- 37 Meeting IFBDO and the Danish  
Blood Donor Organization  
(Bloddonorerne i Danmark)
- 38 Meeting with Polish National  
Blood Centre and affiliates
- 39 Meeting ABO Points of Contact
- 40 ABO Chief Executive Meeting
- 41 Meeting CEO and President of  
AABB / AABB Congress

**November**

- 42 meeting Tissues and Cells WG
- 43 meeting ECDC
- 44 FRCBS meeting
- 45 PaBloE meeting

**December**

- 46 CPI seminar
- 47 meeting DG SANTE
- 48 meeting EBA Executive

**Gilles Folléa meeting schedule****January**

- 01 Meeting PBM & Jehovah
- 02 ABO Medical Directors WG

**April**

- 03 EDQM TS093 WG meeting

**September**

- 04 SFTS meeting (French Society  
of Blood Transfusion)

**November**

- 05 PaBloE meeting

# 7 ORGANISATION

## 7.1 / Composition membership

EBA membership comprises 25 countries and, since 2015, two observers. Besides America's Blood Centers, Serbia became an EBA observer. As Serbia is not (yet) a member of the European Union, nor of the EFTA zone, it cannot be a full member.

## 7.2 / EBA Executive

The current EBA Executive Board consists of the following members:

- **Philippe Vandekerckhove** – President (Red Cross Flanders-Blood Service)
- **Erhard Seifried** – Vice-President (German Red Cross Transfusion Service Baden-Wuerttemberg – Hessen)
- **Rudolf Schwabe** – Treasurer (Swisstransfusion SRC)
- **Lorna Williamson** – Secretary (NHS Blood and Transplant)
- **Jørgen Georgsen** (Organisation of Transfusion Centres in Denmark)

- **Pierre Tiberghien** (Établissement Français du Sang)  
Pierre Tiberghien succeeded Andy Kelly on July 1st, who was not eligible for re-election. EBA thanks Andy Kelly for his years of wisdom and active contribution to the association.

## 7.3 / EBA Office Staff

The EBA Office had a change in personnel, as Executive Director Gilles Folléa retired and was succeeded by Kari Aranko on February 1st. EBA is very grateful to Dr. Folléa for the progress that EBA made under his leadership.

The EBA Staff now consists of the following:

- **Kari Aranko** – Executive Director
  - **Joëlle Guerra** – Collaborative Procurement Manager
  - **Willemijn Kramer** – Communications and Administrations Officer
  - **Karin Liefting** – Management Assistant
- The EBA has 4 staff members, cumulating in 3.2 FTE.



Philippe Vandekerckhove



Erhard Seifried



Lorna Williamson



Rudolf Schwabe



Jørgen Georgsen



Pierre Tiberghien

# ABOUT EBA - KEY DATA

*Founded:  
21 September  
1998*

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OBSERVERS

Serbia and  
America's Blood Centers



25  
MEMBERS

Each country  
2 representatives  
2 seats, 1 vote

2 Board meetings per year  
6 Executive Board members  
3.2 FTE staff / 4 persons

EBA EXECUTIVE: 8 MEETINGS / TELECONS PER YEAR



**Funding: membership dues and  
collaborative procurement fees,  
€450K per year**

**Output through staff and  
Working Groups:**

**BENCHMARKING**

(13 members from 11 countries)

**TISSUES AND CELLS**

(11 members from 10 countries)

**EDUCATION AND TRAINING**

(4 members from 4 countries)

**EU BLOOD DIRECTIVES**

(14 members from 11 countries)

**COLLABORATIVE PROCUREMENT**

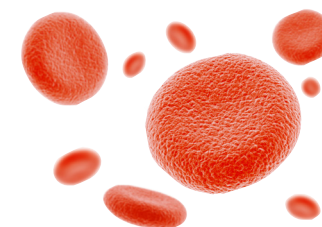
(in genesis) 38 participants and 16  
countries.

**COLLABORATIVE QUALITY MANAGEMENT**

(26 members from 14 countries)

**EID MONITOR**

(34 members from 20 countries)



16 MILLION UNITS COLLECTED BY EBA MEMBERS IN 2015

16 million donations | 450 million population

32

## EBA MEMBERSHIP

In 1998, 9 representatives of Blood Establishments came together to discuss the plans of the Commission to establish an EU Blood Directive. The goal of their meeting was to see if they could speak with one voice to Brussels. Besides discussing the EU Directives, the group found networking and liaising very helpful in their daily managerial lives. The group grew and in 2015 comprised 25 members.

- |                     |                      |
|---------------------|----------------------|
| 01 Austria          | 15 Latvia            |
| 02 Belgium          | 16 Lithuania         |
| 03 Croatia          | 17 Luxembourg        |
| 04 Cyprus (dormant) | 18 Malta             |
| 05 Denmark          | 19 the Netherlands   |
| 06 Estonia          | 20 Norway            |
| 07 Finland          | 21 Portugal          |
| 08 France           | 22 Romania           |
| 09 Germany          | 23 Serbia (observer) |
| 10 Greece (dormant) | 24 Slovenia          |
| 11 Hungary          | 25 Spain             |
| 12 Iceland          | 26 Sweden            |
| 13 Ireland          | 27 Switzerland       |
| 14 Italy            | 28 United Kingdom    |



# 8 FINANCIAL REPORT 2015

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## BALANCE SHEET

### Assets

31-Dec-15

### Tangible fixed assets

Equipment	€	4,877
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### Current assets

Amounts to be received	€	6,152
Prepaid costs	€	6,166
Accounts receivable	-	
VAT 2015	€	3,815

### Liquidities

Rabobank .542	€	2,492
Rabobank .620	€	375,000
Rabobank .338	€	400,000

<b>Total</b>	€	<b>798,502</b>
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## State of income and expenses 2015

### Income

Membership Fees	€	381,200
Interest bank account	€	6,152
EU grant	€	9,471
CPI Income	€	61,473

<b>Total</b>	€	<b>458,296</b>
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### Expenses

Personnel costs	€	351,000
Depreciation and write-off	€	37,209
Meetings and workshops	€	8,410
Travelling etc	€	47,380
Office costs fixed	€	11,614
Office costs variable	€	47,155
Other costs	€	75,293

<b>Total</b>	€	<b>478,061</b>
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### Collaborative Procurement Initiative

CPI income	€	61,473
CPI expenses	€	135,217

result CPI	€	- 73,744
result Association activities	€	-46,021

<b>Balance</b>	€	<b>-119,765</b>
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