EUROPEAN BLOOD ALLIANCE

EBA Fact Sheet on establishing a formal relationship between the European Directives on blood and blood components and the Council of Europe Guide

Context

The EU Blood Directives contain mandatory requirements (e.g. component specifications, donor deferral criteria) which largely followed recommendations of the Council of Europe (CoE) Guide to the preparation, use and quality assurance of blood components (8th edition) at the time of their drafting. There have been a limited number of amendments to these Directives since that time[1], though the Council of Europe Guide has been updated several times.

There is little evidence base for some criteria (e.g. donor age), some criteria are open to interpretation. Furthermore, the lack of a rapid revision process of the Directives means that opportunities for update have been lost, when medical advances or scientific progress demonstrate that some criteria are now no longer relevant but are still enshrined in law.

The Council of Europe Blood Guide

The Council of Europe Guide to the preparation, use and quality assurance of blood components (the Guide) is now in its 18th edition. It is widely used, not only throughout Europe, but has also been adopted by other countries outside Europe (such as Australia, New Zealand). One of the key roles of the Guide is to help jurisdictions to transpose harmonised recommendations into national legislation. The European Committee (Partial Agreement) on Blood Transfusion (CD-P-TS), operating under the coordination of the European Directorate for the Quality of Medicines and Healthcare (EDQM), has been tasked with the regular update of the Guide to reflect recent scientific changes. Each new edition, published every two years, is subject to wide public consultation, before its adoption by the CD-P-TS and subsequent publication.

Existing collaboration on guidelines between the EDQM and the European Commission

In the pharmaceutical sector, the EDQM is in charge of the European Pharmacopoeia Commission, which maintains and updates the European Pharmacopoeia, the compendia of mandatory quality requirements for medicinal products within EU legislation. European legislation on pharmaceutical

[1] Commission Directive 2009/135/EC (no longer applicable), Commission Implementing Directive 2011/38/EU, Commission Directive 2014/110/EU and Commission Directive 2016/1214/EU amending Commission Directive 2005/62/EC.

products (the so-called "Pharma Code"[2]) explicitly refers to the European Pharmacopoeia as a binding set of requirements, with which pharmaceutical manufacturers must comply in order to receive a marketing authorisation in the EU.

The revision mechanism in place for the European Pharmacopoeia is a good illustration of a system where the periodic update of monographs to reflect scientific progress, carried out by a trusted third party with the support of a wide array of high-level technical experts, avoids the need to trigger the cumbersome process of European Directives revision.

In addition, in the blood area, Commission Directive (EU) 2016/1214, amending Directive 2005/62/EC, has recently been adopted stating that the Good Practice Guidelines (GPG) as foreseen in Article 2 of Directive 2005/62/EC will be the one which has been developed jointly between the EDQM and European Commission. The GPG is published as a section within the Guide.

Other examples of regulatory interaction between EU law and outside bodies, in the health and other sectors

It should be further highlighted that regulatory interaction between EU and outside bodies is not limited to Council of Europe activities. The most widespread example is the recognition of "harmonised" ISO standards, for medical devices and in-vitro medical devices, but also for many other consumer products or equipment. ISO processes are robust and allow for regular updates, provide a single point of reference and avoid the need to duplicate technical requirements in EU and national laws.

Issues

The European Directives on human blood and blood components contain mandatory requirements which reflect the state of medical knowledge and technology at the time of their adoption, and for the most part these requirements have not been updated since.

That results in unnecessary deferrals of donors (see the example below), missing definitions of current blood components (many of which were developed after the adoption of Directive 2004/33/EC) and might also jeopardize the safety and sufficiency of the blood supply.

In the area of donor selection, Directive 2004/33/EC indeed provides that donors who have recovered from a malignant disease should be permanently deferred, unless they have been treated for "in situ cancer" (which represents a limited share of solid tumours). Many former cancer patients, otherwise perfectly healthy, are deferred from donation due this outdated rule. By contrast, in the meantime the Guide has taken into account advances in oncology, and especially knowledge about the metastatic potential of tumours, and recommends today that "for cancers with negligible metastatic potential […] the donor may be accepted immediately following successful removal and cure, […] for all other cancers, at least 5 years should have elapsed since

[2] Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the Community code relating to medicinal products for human use

completion of active treatment", thus allowing more former cancer patients to donate without any increase risks for recipients of blood products.

While a revision of European Directives on blood could enable to "catch up" with the current state of technologies and medical knowledge, it should be highlighted that standard EU legislative instruments in the health sector do not allow for the possibility of frequent and fast-paced revisions, and mainly rely on a limited number of national representatives who may not be able to provide the whole array of technical expertise which is necessary.

There is therefore a risk that any technical requirement set in revised blood Directives under current procedures (especially component definitions and quality standards) would quickly become obsolete, or could be inaccurate.

Conversely, the Council of Europe Guide on blood products provides a suitable mechanism for revision, based on the expertise of the best European experts from competent authorities and blood establishments. Indeed, the European Committee (Partial Agreement) on Blood Transfusion (CD-P-TS), which oversees the revision of the Guide, includes representatives from all EU Member States and one representative of the European Commission. It should be further noted that the Council of Europe Guide will be available for free as of its next edition (19th Edition, planned for publication in 2017), which will allow even wider dissemination.

EBA recommendation: establish the CoE Guide as a standard for blood and blood components, recognized as such in future European Directives

A future revision of the European Directives should ensure that technical and medical advances can be regularly integrated into the quality requirements applicable to blood and blood components as well as related services in the European Union, but also that the process of updating those requirements in the future will be more efficient, and leverage the potential for synergies between the Council of Europe work on the Guide and EU law.

EBA proposal is therefore to establish a formal relationship between the European Directives on Blood products and the Council of Europe Blood Guide, based on the following principles:

- Revised European Directives on blood products should only provide the regulatory framework and minimum requirements for safety of blood and blood components
- For specific technical requirements that are likely to change over time due to medical and technical advances, the European Directives should refer to specific parts of the Council of Europe Guide to the preparation, use and quality assurance of blood components, and explicitly confer them a mandatory status.

This two-tiered system will reduce the administrative burden of revising EU standards on blood products, by making the best use of existing resources and institutions. In line with the "better regulation" agenda of the European Commission, it will allow legislation to be more flexibly

updated, in a timely fashion, in order to incorporate guidelines which follow new information and research.

In order to safeguard the EU institutions oversight and capacity to provide input in the revision of the Council of Europe Guide, we would therefore propose to:

- Establish a mandatory representation of the European Commission in the Expert Committee on Quality Assurance in Blood Transfusion Services (GTS) in charge of drafting revisions of the Guide,
- Establish a formal consultation mechanism for the European Parliament, similar to the mechanisms foreseen by the EU treaties for delegated and implementing acts.

The parts of the Guide that we consider should become mandatory are those specified in the Guide as 'standards'. These include the following:

- Standards for selection of donors
- Standards for collection of blood and blood components
- Standards for the processing, storage and distribution of blood components
- Component monographs
- Standards for blood components for intra-uterine, neonatal and infant use
- Standards for donation testing (immunohaematology and infectious markers)
- Standards for patient immunohaematology testing
- Standards for haemovigilance.