

# Board Meeting Minutes

<b>Date:</b>	June 16, 2023	<b>Session type:</b>	Open
<b>Chair</b>	Dr. Brian Postl	<b>Recording secretary</b>	Ashley Haugh

**Attendees** **Board:** Marilyn Barrett; Kelly Butt; David Lehberg; Anne McFarlane; David Morhart; Gertie Mai Muise; Dr. Roona Sinha; Judy Steele; Donnie Wing; Glenda Yeates

**Executive Management Team:** Dr. Graham Sher (Chief Executive Officer); Judie Leach Bennett (Vice-President, General Counsel and Chief Risk Officer); Jennifer Camelon (Chief Financial Officer and Vice-President, Corporate Services); Dr. Christian Choquet (Vice-President, Quality and Regulatory Affairs); Dr. Isra Levy (Vice President, Medical Affairs and Innovation); Andrew Pateman (Vice-President, People, Culture and Performance); Rick Prinzen (Chief Supply Chain Officer and Vice-President, Donor Relations); Dr. Yasmin Razack (Chief Diversity Officer); Richard Smith (Chief Information Officer); Liz Stucker (Acting Vice-President, Plasma Operations); Ron Vezina (Vice-President, Public Affairs)

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## Guests

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**Regrets** Bob Adkins; Bobby Kwon

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### 1. Call to order (B. Postl)

Dr. Brian Postl, Chair, called the meeting to order and welcomed all in attendance to Canadian Blood Services' open board meeting.

#### 1.1 Acknowledgment of traditional territory (B. Postl)

A land acknowledgement was made.

## **1.2 Introduction of board members and executive management team (B. Postl)**

Members of the board and executive team were introduced.

## **2. Approval of agenda (B. Postl)**

The agenda for the meeting was approved by consent.

## **3. Declaration of conflict of interest (M. Cappe)**

There were no conflicts of interest declared.

## **4. Patient story**

Canadian Blood Services' commitment to patients is a primary focus for the board. The board reinforces this commitment by starting each board meeting with a patient story (in-person or by video).

Leslie Bangamba, along with her husband Astrel Aldophe and daughter Amélie, shared how blood donors saved Amélie's life after she digested a button battery. In thanking blood donors, L. Bangamba shared that if there had not been blood and blood products available, even with all the medical professionals who did an amazing job, they would not have been able to save Amélie. The family has continued to champion blood donation in the years since Amélie's emergency.

## **5. Report of the Chair (B. Postl)**

B. Postl, Chair, shared:

- Thank you to the committed blood donors across Canada, especially during National Blood Donor Week which is from June 11-17, 2023.
- The board's thoughts go out to those impacted by ongoing wildfires in many parts of Canada and to the bus crash victims in southern Manitoba.
- June is National Indigenous History Month. Highlighting and celebrating Indigenous cultures as well as the contributions by Indigenous peoples to the organization's work is one part of reconciliation activities at Canadian Blood Services. The organization has formalized the steps it plans to take in its Reconciliation Action Plan, publicly launched in

September 2022. The plan is guiding Canadian Blood Services to build meaningful relationships with Indigenous communities across Canada, embed Indigenous perspectives in the workplace, and improve First Nations, Métis and Inuit representation in the organization's donor and registrant bases.

- June is also Pride month and Canadian Blood Services is proud to stand in solidarity with 2SLGBTQIA+ communities. This is the first Pride Month since the organization moved to sexual behaviour-based screening for all donors, regardless of gender or sexual orientation. In collaboration with 2SLGBTQIA+ we are working to increase inclusivity and equity at Canadian Blood Services – e.g., undertaking actions to ensure donors no longer experience deadnaming or misgendering while trying to donate blood products, engaging with a 2SLGBTQIA+ advisory committee to understand how the organization can respectfully welcome new donors, supporting ongoing work by the organ and tissue transplant community to make to make donation policies more inclusive.
- Justice Horace Krever sadly passed away about a month ago. Canadian Blood Services was borne out of Krever's vital findings through his inquiry into the tainted blood crisis of the 80s and 90s. The organization has remained steadfastly committed to his guidance and continue to keep his work in mind with all that is done. The board and organization offer our condolences to his family, and may he rest in peace knowing that this work will live on and be upheld by Canadian Blood Services.
- All platelets and plasma collected in Canada will be treated with pathogen inactivation technology (PIT) by 2024. PIT is a product safety innovation and can remove, or vastly reduce, pathogens (both detectable and undetectable) from platelets and plasma.
- With support from federal, provincial and territorial governments, Canadian Blood Services will be increasing Canada's plasma supply by opening eleven plasma collection centres by 2024, all based on Canadian Blood Services' voluntary blood donation model. These sites are vital in the organization's journey to reach 50% domestic plasma sufficiency for immunoglobulins.
- Another part of reaching 50% domestic plasma sufficiency, as announced in the September 2022 blueprint for greater security of immunoglobulin for patients in Canada, is establishing a domestic supply chain to produce immunoglobulins in Canada for patients in Canada. After a rigorous competitive process, Canadian Blood Services signed an agreement with Grifols to achieve this important goal. This agreement will enable Canada's first end-to-end supply chain for immunoglobulins, vastly improving the security of supply of these essential medications. Grifols will start manufacturing immunoglobulins in Canada, exclusively for patients in Canada, by 2026.

- Canadian Blood Services is pleased to be getting back to in-person recruitment events for stem cells donors since the COVID-19 pandemic, including a successful pop-up event held in Mississauga, Ontario in February 2023. More activities are planned in the coming months.
- During the pandemic, Canadian Blood Services has tested blood samples from across the country for COVID-19 antibodies and was able to provide data that was beneficial in understanding the spread of COVID and inform future health policy and vaccination decision-making. The Public Health Agency of Canada has asked Canadian Blood Services to continue this work, which will help Canada learn more about vaccination increments and how long immunity lasts both after natural infection and vaccination. Canadian Blood Services is proud to leverage its unique positioning and capabilities to provide this data for the country.
- This year, Canadian Blood Services' Kidney Paired Donation (KPD) program achieved its 1000<sup>th</sup> paired donation in Canada. When someone needs a kidney transplant there is no guarantee their willing donor(s) will be a match. If they are not a match, the Kidney Paired Donation program comes into play. The mismatched individual can donate their kidney to someone they do not know. This elicits a chain of donations allowing unmatched pairs to create a number of matches for patients in need. Congratulations to all who make this program possible and to the living kidney donors who give so selflessly of themselves.
- On behalf of the board, thank you to Canadian Blood Services' dedicated employees and volunteers, especially those on the frontlines, for providing excellent service and keeping **Canada's Lifeline** strong.
- Thank you as well to the provincial and territorial governments for their commitment and funding so Canadian Blood Services can continue to meet the changing needs of patients in this country.

## **6. Report of the CEO (G. Sher)**

G. Sher, Chief Executive Officer, presented the organization's 2022-2023 year in review, including an overview of:

- Continued to ensure that Canadian patients have reliable access to safe, high-quality products
- Adaptability and resilience in a challenging environment
- Public trust in Canadian Blood Services

- Blood for life
  - Continued to successfully manage the supply and demand of blood products – ongoing inventory management; expansion of PIT platelets and plasma and introduced leukoreduced whole blood for military use; onboarded 404 hospitals and 10 distribution centres to online ordering platform
  - Donor base and frequency
  - Supply chain from donors to hospitals
  - Diversity of donors
  - Donor satisfaction
  - Donor health and well-being
  - Red blood cell (RBC) - shipments and collections; opening inventory and discard rates
- Plasma for life
  - Demand for immunoglobulin continues to grow
  - Ensuring the security of supply of immunoglobulin – sites; collections
  - Total plasma sent for fractionation
  - Plasma donor centres – donor base and frequency
  - Increasing domestic security of immunoglobulin supply: collaborative agreement with Grifols for the domestic end-to-end production of Canadian made immunoglobulin – patients’ needs come first; Canadian Blood Services will control the Canadian-based supply chain for immunoglobulins, immunoglobulins made in Canada will stay in Canada; will meet 50% sufficiency in the shortest time
  - Continued to mature the plasma protein and related products (PPRP) program to benefit patients – completed review and made recommendations for immunoglobulin and recombinant hyaluronidase; issued request for proposals (RFP) for alpha-1 antitrypsin products; implementing a pilot project in Alberta to distribute take-home products through specialty pharmacies; continuing the pilot project involving integrating pharmacists into hemophilia care teams
  - Reviewed total PPRPs inventory
- Stem cells for life

- The stem cell program continues to successfully manage the demand of stem cell products to meet patient needs – stem cell registry; cord blood collections, CAR-T cells; increased processing capacity at the Ottawa manufacturing site
- Stem cell recruitment activities – return to in-person recruitment; Mississauga, Ontario pop-up event
- Size and diversity of stem cell registry and cord blood bank
- Reviewed Canadian stem cell transplants and cord blood units distributed for transplant
- Organs and tissues for life
  - Donation and transplantation rates
  - Kidney Paired Donation program – facilitated its 1000<sup>th</sup> transplant; Highly Sensitized Patient (HSP) program
  - Canadian Blood Services' kidney transplant programs performed well in 2022–2023
  - System development – new pan-national deceased donation public education and awareness campaign; supported the development of a new clinical practice guideline to promote consistency in practice in the determination of death; supported the development of a study that identifies 20 suggestions from the family members of deceased organ donors on how to improve the deceased donation process
- Safety, surveillance, innovation, quality and research
  - Continued monitoring of emerging pathogens and other threats of concern
  - Continued contributions to the federal COVID-19 Immunity Task Force – project results
  - Pathogen inactivation – roadmap; milestones
  - Quality indicators – all met /are close to targets
  - High-impact research and development – support for clinical studies; advancing care and blood safety
  - Genomics
- Workforce and organizational highlights

- Continued progress on key drivers of employee engagement
- Mental well-being strategy continued in 2022–2023
- Diversity, equity and inclusion and Indigenization (DEII)
  - Building momentum
  - DEII priorities - Engaging and empowering employees; addressing system exclusion; increasing donor / registrant diversity; Indigenization; Equity-centred community engagement and outreach; inclusive leadership
  - Reconciliation – released Reconciliation Action Plan; launched Indigenous Council; engaged with Indigenous peoples, communities and organizations to identify opportunities to forge respectful and reciprocal partnerships
  - Sexual behaviour-based screening – all donors, regardless of gender or sexual orientation, are now asked questions about their sexual behaviour
- Strategy and governance
  - Strategic plan refresh; welcomed three new board members
- Financial results – productivity; summary of financial results

Discussion included:

- Canadian Blood Services, like many public organizations, saw a dip in its trust scores during the pandemic. While the scores have remained strong, it is hoped they will return to pre-pandemic levels as the organization continues to engage with the public, reports on the performance of the organization, delivers the results committed to in the Strategic Plan, etc.
- There is always a strong response to immediate need campaigns, from current and new donors, and Canadian Blood Services seeks to retain as many of the new donors as possible who come in during these periods and grow them into lifelong blood donors.
- Immediate need campaigns are only initiated after consultations with the National Emergency Blood Management Committee and having a full understanding of the total system inventory (i.e., knowing how much inventory hospitals have on their shelves). The hospital online order platform will hopefully be an enabler to further integration of technology to better enable system wide inventory management.
- RBCs only have a 42-day shelf life and platelets only have a 7-day shelf life, so there always will be some discards / outdates that do occur. Canadian Blood Services and hospitals work to keep discard rates as low as possible.

- Canadian Blood Services uses multiple means of transportation to ensure blood and blood products are delivered to hospitals daily and when there is an urgent need – e.g., after a large-scale vehicle crashes, during natural disasters, etc.
- Lessons learned from the first three proof-of-concept plasma donation centres (PDCs) have been applied to the opening of the additional PDCs, this includes lessons learned from the pandemic.
- In running the Canadian Transplant Registry, Canadian Blood Services does not interact directly with patients as this is done by local transplant centres; so the organization doesn't have comprehensive data on the race / ethnicity of transplant recipients or donors.

## **7. Contributions to Public Health Science and Practice: Past and future**

The board received an update regarding Canadian Blood Services' relationship with Public Health in Canada and an overview of recent developments and future opportunities.

Dr. Sarah Viehbeck, Chief Science Officer, Public Health Agency of Canada (PHAC), shared with the board PHAC's appreciation for the role Canadian Blood Services played, along with other partners, in the COVID response, including:

- The steady contribution of monthly seroprevalence data from Canadian Blood Services allowed PHAC to capture the evolving state of immunity for SARS-COV-2 across Canada in a timely fashion throughout the various waves of the pandemic and was a key element allowing for evidence-based decision-making.
- Canadian Blood Services was a consistent and adaptable partner as Public Health agencies needed to adapt to various challenges during the pandemic – e.g., developing standardized testing methodologies, pivoting with roll out of vaccines, etc.
- PHAC is currently looking to the future and considering the role of sero-surveillance in its vision for infectious disease surveillance and pandemic preparedness.
- The rich relationship with Canadian Blood Services will be one element of legacy infrastructure that remains after the pandemic.
- The seroprevalence project will undoubtedly shape pandemic planning and how PHAC responds to future health emergencies.

Dr. Tim Evans, Executive Director of the COVID-19 Immunity Task Force (CITF) thanked Canadian Blood Services for its collaboration during the pandemic and provided a summary of the CITF work Canadian Blood Services contributed to, including an overview of:



- CITF – mandate; priority areas of research; support studies across Canada
- Uses of serology data, which help epidemiologists understand the full extent of the COVID-19 pandemic
- Low seroprevalence early in pandemic
- The effect of rapid vaccine rollout across Canada in 2021, leading to high levels of vaccine-acquired immunity
- Sero-surveillance enabled tracking of the Omicron variant indices surge of new infections in Canada
- Infection-acquired seroprevalence in Canada by age group
- The mixed picture of COVID-19 immunity in Canada
- CITF legacy – Hema-Net

## **8. Audited Consolidated Financial Statements**

The board received the Audited Consolidated Financial Statements.

*After review and discussion, **ON MOTION**, duly made, seconded and carried, **IT WAS RESOLVED THAT** the board approves the Canadian Blood Services Audited Consolidated Financial Statements for the year ended March 31, 2023.*

## **9. Public questions and answers**

A question and answer period, open to any member of the public, was held during the meeting.

Question: Concern regarding the agreement with Grifols - that donors will become Grifols donors instead of Canadian Blood Services donors and that it is privatizing health care.

Answer: Canadian Blood Services is responsible for the delivery of the safe, effective supply of plasma products to patients who require it to stay alive. The organization is currently buying 85% of immunoglobulin, largely sourced from paid donors in the United States, to meet patient needs. Prior to the Canadian Blood Services agreement with Grifols, awarded through a competitive process, commercial plasma collection was operating outside the reach of Canadian Blood Services in four provinces and the plasma was going to a global pool, not to Canadians. The agreement has safeguards in place to protect Canadian Blood Services'

voluntary collections network, ensures products made from plasma collected in Canada will remain in Canada through an end-to-end supply chain, and will provide Canadian made products to patients who require them to live.

Question: Will there be a return to more mobile collection sites to bring additional donors back to Canadian Blood Services post pandemic?

Answer: Canadian Blood Services always continually seeks to optimize the balance of permanent and mobile collection events. As population patterns shift, especially because of the pandemic, the organization continues to evaluate the optimal network locations. Permanent donation centres, in urban and suburban areas where large populations of people work and live, are an effective and efficient way to collect blood. Mobile collection events allow the organization to flex collection capacity and they remain an important part of the collection network.

Question: Are other countries facing challenges collection blood? Is lab grown blood a potential solution?

Answer: Other countries are also facing the same collection and demand, patterns / challenges as Canada. The demand pattern for blood is relatively flat, however, the demand for plasma continues to grow. Lab grown / synthetic blood has been researched for many decades and there is currently no viable product even close to clinical trials.

Question: Could Grifols operate under a non remunerate model in Canada? How will Canadian Blood Services retain its voluntary donors?

Answer: There are controls in place in the agreement with Grifols so they do not impact Canadian Blood Services' voluntary donor base – e.g., Canadian Blood Services must agree on where Grifols can open locations and they cannot open additional sites in Canada outside of the agreement with Canadian Blood Services. There is a large enough market capacity to allow Canadian Blood Services to continue to meet its whole blood and plasma targets with the controls in place in the agreement with Grifols. When the RFP was issued to assist with immunoglobulin sufficiency, respondents could submit based on a remunerated or non-remunerated model. All respondents replied with remunerated models; this is how the commercial plasma sector operates.

Question: Can Canadian Blood Services donate some of its used equipment to animal hospitals who do animal transfusions?

Answer: All of the equipment Canadian Blood Services has, which is funded by the provinces and territories, is being used, but a staff member will follow-up with you to get more details.

Question: Concern regarding the ethics of paying anyone for their plasma.

Answer: Currently, 85% of immunoglobulin product purchased by Canadian Blood Services comes from paid donors, mainly in the US. Patients / patient groups have expressed their main concern is not if donors are remunerated or not, they simply want access to an adequate supply of safe products. Protecting the Canadian marketplace from disruptions, such as was seen during the pandemic and providing enhanced security of domestic supply by having an end-to-end supply chain for plasma in Canada are important elements of the agreement with Grifols.

Question: What has been the result of the new sexual behaviour-based screening? Canadian Blood Services has been quiet since the donation criteria change.

Answer: In September 2022 the new sexual behaviour-based screening policy went into effect. It was an important milestone, but there is still a large amount of work to do to rebuild and repair relationships with 2SLGBTQIA+ individuals and communities, work the organization is committed to doing. Based on the advice of the 2SLGBTQIA+ advisory committee, we are focusing on that ongoing work of rebuilding relationships first as it was advised that overtly celebrating this change could be seen as not acknowledging the sense of hurt from the past. It is difficult to measure the exact number of new donors who have entered the system directly because of this policy change; however, it has resulted in a smaller than expected deferral of donors and there has been no change in markers for transmittal disease as a result of the change.

## **10. Public Presentations (B. Postl)**

At each open board meeting, members of the public and stakeholders are given the opportunity to present to the board. The following individuals presented to the board, and all will receive a written response following the board meeting.

### **10.1 Paola Andrea Fernandez de Soto Abdul-Rahim, Board member, ImmUnity Canada**

A. Fernandez de Soto Abdul-Rahim shared that ImmUnity Canada has been advocating for increasing Canada's domestic supply of plasma for immunoglobulins for many years. Patients rely on plasma products for lifesaving treatments and the continued access to immunoglobulin is nonnegotiable for these patients. An increased sense of urgency has arisen over the last few years regarding this issue. ImmUnity Canada is pleased to see the priority Canadian Blood Services has given to plasma and especially immunoglobulin domestic self-sufficiency. ImmUnity Canada supports efforts to reach 50% domestic self-sufficiency for immunoglobulins via Canadian Blood Services' collections and the agreement with Grifols. A video was also shared thanking plasma donors.

Response: Canadian Blood Services appreciates the support from ImmUnity to increase the domestic supply of immunoglobulin that is so important to many families and patients.

### **10.2 Jason MacLean, Secretary / Treasurer, National Union of Public and General Employees**

J. MacLean shared NUPGE's concern regarding the agreement with Grifols and expressed their opinion that it is not in the best interest of Canadians and that they believe it violates the terms of the memorandum of understanding that created Canadian Blood Services, the Krever Commission recommendations, exploits vulnerable populations, may lead to remunerated donors not being truthful answering screening questions, and that it will not protect the voluntary blood and plasma collection system in Canada. NUPGE would like to see the contract terminated.

Response: Canadian Blood Services has achieved, through this carefully designed collaboration with Grifols, further expansion and protection of Canada's plasma supply, ensuring that it remains a public resource managed by Canada's national blood authority, Canadian Blood Services. Plasma collected in Canada will be used to make immunoglobulins in Canada, exclusively for use by patients in Canada. This is Canada's first ever end-to-end domestic supply chain for these life-saving medications, something widely endorsed and supported by the patients that rely on these products for survival. The members of NUPGE who work for Canadian Blood Services were thanked for their ongoing work and dedication to the organization and patients.

### **10.3 Mike Parker, President, Health Sciences Association of Alberta (HSAA)**

M. Parker expressed that HSAA is currently in collective bargaining with Canadian Blood Services and that there is concern regarding some of the organization's human resource strategies. HSAA believes contracting out plasma collections and paying plasma donors violates the principles on which Canadian Blood Services was founded. HSAA supports increasing plasma collection by Canadian Blood Services in a voluntary model.

Response: M. Parker received a written reply following the meeting.

### **10.4 Angela Diano, Executive Director, Alpha-1 Canada**

Alpha-1 Canada continues to be concerned regarding access to augmentation therapy for Alpha-1 patients and the timelines to review products.

Response: Canadian Blood Services takes access to therapy for Alpha-1 patients seriously and has done the work to deliver a recommendation to provincial and territorial governments. Governments are now doing their due diligence in decision-making as per the process. It is hoped there will be a positive and timely outcome.

### **10.5 Sylvia Okonofua, Executive Director, Black Donors Save Lives**

Black Donors Save Lives seeks to reduce racial disparities in blood, stem cells and organ and tissue donation and to improve the chances that patients from African, Caribbean, and Black communities will have access to the optimal products they need to save their lives. Black Donors Save Lives recommends that Canadian Blood Services acknowledge the disparities in donor pools across donations and products and recognize the impact on patients, and commit to addressing these disparities in collaboration with advocates from diverse ethnic communities.

Response: Recruiting more diverse donors and registrants is a priority for Canadian Blood Services and management will reach out regarding the work done by Black Donors Save Lives and opportunities for collaboration in the future.

### **10.6 Chris Gallaway, Executive Director, Friends of Medicare**

Friends of Medicare does not support the agreement with Grifols and the expansion of remunerated plasma collection in Canada which they feel will undermine the Canadian Blood Services collection network and that there should have been more open stakeholder / public consultation regarding increasing immunoglobulin self-sufficiency in Canada.

Response: The voice of stakeholders and patients has been heard extensively regarding domestic security of supply for immunoglobulins for patients in Canada. The risk-based decision-making discussion on plasma security of supply that Friends of Medicare took part in was a structured dialogue to hear stakeholder perspectives on the risks associated with domestic plasma supply for immunoglobulin sufficiency in Canada and was to gather views on risk, not the merits of compensating or not compensating donors, which was not the issue being explored.

#### **10.7 Kat Lanteigne, Co-founder and Executive Director, BloodWatch.org**

K. Lanteigne shared BloodWatch's concerns regarding the agreement with Grifols and expressed their belief that it violates the law in Ontario and British Columbia, that it does not secure the plasma supply chain, and should be rescinded. K. Lanteigne also expressed BloodWatch's concern regarding the leadership of the CEO.

Response: This board continues to have full confidence in the CEO and executive leadership of Canadian Blood Services. Grifols has stated it will not be opening any plasma donation centres in BC at this time.

#### **10.8 Jennifer van Gennip, Executive Director, Network of Rare Blood Disorder Organizations (NRBDO)**

J. van Gennip shared NRBDO's support for Canadian Blood Services' actions to increase domestic plasma collection and immunoglobulin self-sufficiency to 50% for patients who require these products to stay alive, including the agreement with Grifols. NRBDO believes compensating plasma donors is a sound and evidence-based practice and that there are no credible safety concerns. NRBDO has expressed to the Ontario government their support of Grifols operating in Ontario as an agent of Canadian Blood Services under the *Voluntary Blood Donation Act*. The agreement with Grifols will ensure plasma collected in Canada will go to meet the needs of Canadian patients. Patients in Canada have already been safely receiving products from remunerated plasma donors for decades.

Response: J. van Gennip received a written reply following the meeting.

B. Postl thanked everyone for participating in the open board meeting.

The open board meeting adjourned at 12:20 p.m. MT.

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