

Board meeting minutes

Date	June 21, 2024	Time	9 a.m. – 12:30 p.m. ADT
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Chair	Dr. Brian Postl	Recording secretary	Kelsey Stewart
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Attendees

Board: Bob Adkins, Marilyn Barrett, Kelly Butt, Dr. Catherine Cook, David Lehberg, Anne McFarlane, David Morhart, 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), Dr. Christian Choquet (Vice President, Quality and Regulatory Affairs), Jody Faught (Vice President, Supply Chain), Dr. Isra Levy (Vice President, Medical Affairs and Innovation), Andrew Pateman (Vice President, People, Culture and Performance), Richard Smith (Vice President, Digital Solutions and Technology), Elizabeth Stucker (Vice President, Collections), Eloise Tan (Vice President, Inclusion, Sustainability and Engagement), Ron Vezina (Vice President, Donor Engagement and Public Reputation)

Regrets	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 management team were introduced.

2. Approval of agenda (B. Postl)

The agenda for the meeting was approved by consent.

3. Declaration of conflict of interest (B. Postl)

There were no conflicts of interest declared.

4. Patient story (B. Postl)

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).

Gail Stewart joined the board in person to share her story about receiving blood transfusions, platelets, and a stem cell transplant after being diagnosed with acute myelogenous leukemia, a cancer of the blood and bone marrow. There was an overwhelming amount of support from Gail's community, family, Hockey Gives Back, and the athletics departments, nursing students, and alumni from St. Francis Xavier University. As a result of the continued strong efforts from the community there were 2,500 new stem cell registrants, new blood donors, and countless acts to support the cause of giving back through Canadian Blood Services.

Stories such as this serve as an invaluable reminder of the important role this organization plays in protecting the health of Canadians, and the reason that the board, and the staff at Canadian Blood Services are all so committed to this cause.

G. Stewart's story spoke to the power of perseverance, and it showed the life-saving impact that generous donors have every day.

5. Report of the Chair (B. Postl)

Chair's report

B. Postl, Chair reported on the following:

- Strategic plan/organizational redesign
 - Informed by the shifting environment and context in which Canadian Blood Services operates (including changes to the population, technology, donor behaviour, climate implications, and more) the new Strategic Plan 2024+ will guide the organization for the coming years to better serve Canada's health system and the patients who rely on Canadian Blood Services.
 - There are four new strategic priority areas included in the plan:
 - Match products and services to patient and health system needs.
 - Grow and diversify a flexible, sustainable donor and registrant base.
 - Invest in our people and culture.
 - Enhance our digital and physical infrastructure.
- Reorganization
 - Some executive positions were re-defined to align roles and accountabilities with the four strategic priority areas, supported by well-defined processes and clear governance.

- The members of the executive team who have taken on new roles and portfolios are:
 - Jody Faught, who will be leading the new supply chain division in a role that will oversee production, distribution, and logistics operations as well as integrated planning, process management, continuous improvement, and key business enablement support for all products.
 - Elizabeth Stucker, in the new role as vice president of collections. The integrated collections division consolidates the oversight of both whole blood and plasma collections and operations. This division has a mandate to create and operate a single, integrated collections network designed to collect the optimal product from the optimal donor or registrant — at the optimal place and time — to deliver the best possible care to patients in need.
 - Ron Vezina will be leading the new division of donor engagement and corporate reputation. This division brings together all donor recruitment, retention and adjacent functions across all business and product lines. R. Vezina leads the work to navigate donors toward the most impactful donation type based on patient needs and donor characteristics and preferences.
 - Eloise Tan, in the new role as vice president of the inclusion, sustainability and engagement division. This strategic role underscores the organization's commitment to strengthening relationships with key stakeholders, finding inclusive and collaborative solutions to complex challenges faced, fostering an inspiring and supportive work culture, and reducing the impacts of climate change through operations.
- National blood donor week
 - Canadian Blood Services celebrated National Blood Donor Week beginning on June 10 and is always grateful for the donors of blood, plasma, platelets, organs and tissues, stem cells and financial gifts.
 - A short video was shared to help express, on behalf of the board of directors and the entire organization, gratitude to donors and what they mean to patients.
- Apology to 2SLGBTQIA+ communities
 - On May 10, Canadian Blood Services issued an official apology to 2SLGBTQIA+ communities for the harms experienced in relation to the organization's former donor screening criteria that deferred many gay, bisexual, other queer and some Two-Spirit and trans people from donating blood.

- The apology acknowledged the role the screening practices played in contributing to ongoing discrimination, homophobia, transphobia, and stigma experienced by some members of the 2SLGBTQIA+ community.
- This apology would not have been possible without contributions from the 2SLGBTQIA+ advisory committee, the 2SLGBTQIA+ employee resource group and many others. Thank you to those who supported the work toward this important milestone.
- Mike Mallowney, a long-time Canadian Blood Services employee, joined as a guest speaker from the 2SLGBTQIA+ employee resource group to talk about what this apology meant to him and other employees.
- Canadian Blood Services is committed to the ongoing relationship building and repair work that will be required to continue to advance inclusivity for all equity-deserving communities across the country in the work as **Canada's Lifeline**.
- Plasma
 - In September 2022, Canadian Blood Services announced an action plan in response to a global shortage of medications called immunoglobulins and the plasma needed to make them.
 - The action plan means that:
 - Even more plasma will be collected in Canada, for people in Canada, much sooner.
 - Grifols must use the plasma they collect in Canada to make immunoglobulins exclusively for patients in Canada, reducing reliance on the global market.
 - And, for the first time, immunoglobulins will be made in Canada.
 - The plan involves Canadian Blood Services opening 11 plasma donor centres and collecting more plasma across the national network. Nine of these centres are open and operating and two more will open soon.
 - Thunder Bay will be the 10th centre — construction on that site has begun and is expected to open in winter 2025.
 - The 11th centre will open in British Columbia and that location and timing will be shared once confirmed.
 - Another component of the plan is Canadian Blood Services' agreement with Grifols, a global healthcare company and leader in producing plasma medicines.

- In June 2023, Grifols' announced its next steps in fulfilling their contractual commitment to Canadian Blood Services which includes opening five new plasma collection sites in Ontario. The locations of these sites, which Canadian Blood Services has approved, are planned to open by Spring 2025 in Whitby, Cambridge, Hamilton, Etobicoke, and North York.
- In addition to the Ontario sites, Grifols has started a phased acquisition of Canadian Plasma Resources planned and operating plasma collection sites across the country. Prior to this arrangement, the plasma collected at these sites was being sold offshore, without guarantee that any of it would be used to benefit patients in this country. Now, the plasma Grifols collects from its network of donor centres in Canada will be manufactured into immunoglobulin exclusively for patients in Canada.
- With Grifols' collection sites and Canadian Blood Services' network continuing to grow, there is progress towards bringing domestic plasma sufficiency for immunoglobulins to at least 50 per cent in as short a time as possible.
- Grifols is opening their manufacturing plant in Montreal, which is expected to be fully operational in 2026. This will establish the country's first ever domestic end-to-end supply chain for immunoglobulins in Canada.
- Pathogen inactivation technology
 - In 2022 Canadian Blood Services began implementing pathogen inactivation technology (PIT) for platelets and aimed to have it implemented across the country by 2024.
 - PIT is used to reduce the risk of transfusion transmitted infections from biological products. It is an important tool and added layer of safety because it reduces the risks of pathogens that are unknown as well as those that are known but not easily tested for.
 - PIT has now been implemented at all production sites across the country and all customers have access to platelets that are pathogen-reduced.

Canadian Blood Services employees are playing essential roles in creating the essential connection between donors and patients. B. Postl thanked the teams across the organization for their commitment, their passion, and their service to keep Canada's Lifeline strong.

B. Postl recognized and thanked the government partners who make the decisions to help Canadian Blood Services grow and continue to meet the evolving needs of patients across Canada.

6. Report of the CEO (G. Sher)

G. Sher, Chief Executive Officer, presented the organization's 2023-2024 year-end review, including an overview of:

- Strategy update: refreshing the organization's strategy, organizational redesign, creation of new divisions.
- Adaptability and resilience in a challenging environment.
- Public trust in Canadian Blood Services.
- Blood for life:
 - Increased demand coupled with building a sustainable donor base.
 - The demand for red blood cells (RBCs) increased post-pandemic.
 - Restoring the balance of supply and demand.
 - Increasing collections to meet patient needs and ensure optimal inventory levels.
 - Building a resilient whole blood donor base.
 - New and reinstated donors.
 - Ensuring safety and sufficiency.
 - Apology to 2SLGBTQIA+ communities.
 - Diversity of the donor base.
 - Building trust with under-represented communities.
 - Assessing policies for transfusion-transmitted malaria.
- Plasma for life:
 - Demand for immunoglobulin.
 - Increasing the domestic security of immunoglobulin supply.
 - Plasma donor centres, the plasma donor base, plasma collection volume, plasma sent for fractionation.
 - Canadian immunoglobulin sufficiency.
 - Plasma protein and related products (PPRP): the PPRP formulary, continuing to mature the PPRP program to benefit patients.

- Stems cells for life:
 - Program highlights.
 - Swab at School recruitment campaign.
 - Stem Cell Registry and Cord Blood Bank: size and diversity.
 - The stem cell program both facilitates unrelated transplants for patients and supports research.
- Organs & tissues for life:
 - Donation and transplantation rates.
 - Interprovincial kidney programs .
 - Heart program for sensitized and high-status patients.
 - Supporting the organ and tissue donation and transplantation system in Canada.
 - Safety, surveillance, innovation, quality, and research: mitigating the risk of climate change on the system, post-implementation of new donor eligibility approach, PIT roadmap, quality indicators, adding value to the public health system, high-impact research and development.
- Sustaining **Canada's Lifeline**:
 - Canadian Blood Services' strategic commitment to sustainability.
 - Reflect and serve the diversity of Canada: advancing diversity, equity and inclusion (DEI) and reconciliation.
 - Create an inspiring, caring place to work: workforce shifts post-pandemic, occupational health and safety, supporting the well-being of employees.
 - Financial results: productivity improvements, financial position, statement of operations, captives.

Discussions included:

- Patterns of donor behaviour are changing, and more analysis is needed to better understand how historical trends in human behaviour and motivation are shifting post pandemic. Work environments have changed, and the organizations people are choosing to interact with and make contributions for/to have changed. Canadian Blood Services is conducting research to look at the fundamentals in this space and to modify the organization's practices to respond to these changes in behaviour.

- Building relationships, awareness, and working with community organizations are the first steps to connecting a variety of diverse under-represented communities to Canadian Blood Services in a meaningful way. Considerations regarding systemic barriers, geography, education, and cultural practices are also significant factors to enable engagement with the organization.
- The process of implementing nucleic acid testing (NAT) for donors to eliminate some of the current malaria related deferral criteria will likely take a couple of years given the time required for the regulatory process, validation work, testing algorithms, information and data gathering, and the submission to Health Canada.
- Recruiting plasma and red blood cell donors is very similar however there is a strong emphasis on rebooking plasma donors to promote frequency. Educating donors and the public on how lifesaving donation are used assists in building donor loyalty and ideally leads to increased donation frequency.
- Canadian Blood Services brings a unique expertise in the use of the products available from the organization formulary. Canadian Blood Services can play a role in helping the clinical community develop practice guidelines, conduct research, understand the global trends, and provide information to optimize the use of product.
- A very successful pilot was conducted in several hospital integrating a Canadian Blood Services funded pharmacist into the hemophilia patient treatment setting. Research showed strong patient outcomes while optimize the use of PPRP for hemophilia patients. A collaboration between Canadian Blood Services and the PTs can leveraged the benefits of this program across the country.

7. Approval of audited consolidated financial statements (J. Steele)

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, 2024.*

8. Public questions and answers (B. Postl and G. Sher)

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

Question: In recent months, advertising from Canadian Blood Services has talked about an increasing need for blood. Can you explain what is driving this increased need for blood, not just compared to the pandemic, but pre-pandemic levels as well?

Answer: There are many factors driving the increased need for blood. The population of Canada is growing substantially with a significant number of new immigrants. In addition, some patterns of practice in medicine are changing such as various cancer treatments happening in older patients, certain types of diseases now have more extensive treatment plans, and there are higher levels of trauma in certain parts of the country. Blood management programs have been optimized over the last 10-15 years and blood is used in an appropriate manner in Canada.

Question: With the agreement with Grifols, Grifols is collecting immunoglobulin and are only manufacturing one product. When collecting plasma, what is happening to the rest of the plasma that's not being used to produce Gamunex.

Answer: Every unit of plasma collected by Grifols in Canada is for the benefit of patients in Canada and cannot be used offshore. Grifols is collecting under an agreement with Canadian Blood Services and the immunoglobulin product is exclusively for distribution by Canadian Blood Services and cannot be sold elsewhere. This is in compliance with voluntary blood donation acts as Grifols collects as an agent of Canadian Blood Services. When immunoglobulin is made through the manufacturing of plasma, byproducts are produced which can potentially be used to make other products. Currently, these byproducts are not being used, and no other products are being manufactured. If Canadian needs are fully being met for the type of products made from byproduct material, Canadian Blood Services is contemplating available options with Grifols on its use that will provide a benefit to Canadian Blood Services.

Question: Will the agreement between Grifols and Canadian Blood Services be made public to reassure Canadians, and stakeholders that the terms are in the interest of the safety of blood collection?

Answer: The general terms and conditions of the agreement have been made public since the signing of the agreement. Canadian Blood Services is not at liberty to publicly provide a commercial contract as is the case for all commercial contracts. Canadian Blood Services has a 15-year agreement with Grifols where Grifols acts as Canadian Blood Services' agent in compliance with voluntary blood donation act. Grifols collects plasma from Canadian donors for the purposes of making immunoglobulin for sale to Canadian Blood Services. Canadian Blood Services controls where Grifols can have operational sites, the volume collected, and immunoglobulin products manufactured with Canadian plasma can only be used by Canadian Blood Services.

Question: Please describe how Canadian Blood Services is planning to increase awareness of the need for donations? Inadequate supply is clearly an ongoing issue for Canadians; however, it seems that the average citizen is unaware of the worsening, critical situation.

Answer: When non-donors are polled and asked why they do not donate, often the response is 'I have never been asked', not realizing that their donation is needed. Canadian Blood Services' campaigning efforts will be expanding with clear messaging specifically aiming to let people know their donation is needed.

Question: I donate blood regularly and wish I could donate more often. Is there any thought to reducing the required period between donations? Do you think this will be reduced in the future?

Answer: The period between donations is to provide time for the body to regenerate the number of red cells from whole blood donations, 56 days for males and 84 days for females. If donations are too frequent, the body cannot regenerate the number of red blood cells sufficiently. The health and safety of donors is critically important, and these intervals are in place to avoid iron deficiency or anemia. Platelet and plasma donors can donate more frequently since red cells are returned to the donor as part of the donation process.

Question: I saw the news coverage regarding the end to the 'mad cow ban' and when Canadian Blood Services issued an apology for the 'gay blood ban'. I am excited these steps have been taken to allow more people to donate. What is being done to increase the number of Indigenous Canadians who become donors?

Answer: The inclusion, sustainability and engagement division and the donor engagement and corporate reputation division are collaborating on building relationships and outreach with Indigenous communities. Canadian Blood Services has been working with leaders of Indigenous communities for the last year and a half through an Indigenous council and an Indigenous lead consultancy, First People's Group, to ensure invitations to be part of **Canada's Lifeline** are more clear, culturally specific, inclusive, and safe across the country. Educating, providing awareness, and sensitizing the ask for these biological products are key components as part of this phased approach.

Question: Because of the changed rules for mad cow disease, I can now donate. What led to these rules being changed for "mad cow" deferrals and why were they in-place for so many years?

Answer: This eligibility criteria was put into place in the late 1990s by blood operators around the world as a precautionary measure during the 'mad cow' outbreak. When the 'mad cow' outbreak occurred, little was known about the human form, variant Creutzfeldt-Jakob disease (vCJD), and the possibility of it being transmitted through blood. Three decades of surveillance and research has now demonstrated that removing criteria related to potential exposure to beef products and transfusions in specific countries will not lead to an increase in vCJD. Canadian Blood Services is grateful for over 10,000 donors who have recently been able to donate due to the removal of the deferral criteria.

Question: Canadian Blood Services recently made an apology to 2SLGBTQIA+ communities. Why was the “ban on gay men” giving blood around for so long?

Answer: The former donor policy which prevented all sexually active gay, bisexual, queer, and other men who have sex with men, and some trans people, from donating blood and plasma was put in place in the 1980s as an intended safety measure after the blood system crisis in Canada. At the time, HIV was a relatively new disease for which research, testing and understanding of the landscape of the illness was just beginning to evolve.

Canadian Blood Services began managing the national blood system in 1998, and first began addressing the need to evolve donor screening criteria in 2001. Thanks to rigorous, evidence-based work, incremental steps were taken to shorten the waiting period for blood and plasma donation for men who have sex with men. A number of changes were made over several years to evolve from a permanent deferral for sexually active men who have sex with men, to a series of increasingly shortened waiting periods between donors’ last sexual contact and the time of donation.

Canadian Blood Services prioritized data and research-gathering over many years that cumulated to provide strong evidence supporting the case for change. Once the organization had a robust evidentiary base, informed by Canadian and international research, Canadian Blood Services made a request and received approval from Health Canada to altogether remove eligibility criteria specific to men who have sex with men. In late 2022, the new, more inclusive donor screening process was implemented which screens all blood donors based on sexual behaviour. Now, all prospective donors are asked if they have had sex with any new or multiple partners in the last three months.

Canadian Blood Services issued an apology to 2SLGBTQIA+ communities across Canada, acknowledging the harms experienced by gay, bisexual, and queer men, trans people, and other members of the 2SLGBTQIA+ community because of a former donor eligibility policy.

9. Stakeholder presentations (B. Postl and G. Sher)

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.

9.1 Michelle Cooper, Hereditary angioedema (HAE) Canada

M. Cooper, the president of HAE Canada, presented on behalf of the HAE Canada board of directors and with the support from the Canadian Hereditary Angioedema network (an organization of physicians who treat HAE patients). HAE Canada wishes to make a formal request to Canadian Blood Services that new therapies for the HAE disorder including Garadacimab® be reviewed via the Canadian Blood Services/Canada Drug Agency process, with potential to list on the Canadian Blood Services plasma protein and related products

(PPRP formulary), as opposed to a review pathway to list on provincial and territorial drug formularies.

The benefits for patients of having multiple treatments listed on Canadian Blood Services national formulary include having timely access to lifesaving treatments, a greater variety of treatments available, the ability to manage the condition home, reduces costs for the patient, reduces the frequency of accessing healthcare services resulting in an overall reduction in costs of the health system, and better quality of life.

Response: Canadian Blood Services agrees and understands the importance of Canadian Blood Services' PPRP formulary, which successfully balances choice, access, and cost, contributing value to Canadian patients and the healthcare system and serving as a model for a national pharmacare system.

The Canadian Blood Services formulary ensures equitable access to products, achieves significant cost savings through bulk procurement, provides centralized distribution of products, and enhances patient safety through traceability. Canadian Blood Services also works with provincial and territorial partners to forecast demand, manage supply, and evaluate and manage utilization.

There are two ways for products to be added to the Canadian Blood Services PPRP formulary. The first is through regular public tenders or request for proposals (RFPs) for products which take place every three to five years. The second is through a review pathway for PPRP with Canadian Drug Agency (formerly CADTH) for new and novel products that provide a clinical benefit to products already listed on Canadian Blood Services' formulary.

Provincial and territorial governments are currently considering the review pathway for Garadacimab®. Canadian Blood Services' perspective, which has been shared with governments, is that Garadacimab® would be appropriate to be reviewed through the review pathway for PPRPs based on the current eligibility criteria.

9.2 Alvin Merchant, Sickle Cell Disease Association of Canada

A. Merchant, a patient living with sickle cell disease (SCD), presented on behalf of the Sickle Cell Disease Association of Canada and shared with the board the importance of the establishment of a red blood antigen typing registry in Canada.

For the association, a red blood antigen typing registry would ensure that people living with SCD receive compatible blood transfusions more efficiently. This is crucial for managing the disease and preventing complications such as alloimmunization.

A. Merchant also expressed the association's desire to continue the work on a national SCD registry.

Response: Canadian Blood Services understands the importance of optimally matched blood products for patients living with SCD. At Canadian Blood Services, there are measures in place to provide phenotypically matched blood for patients, including processes within the organization's rare blood program that sets aside blood for patients with SCD and rare blood diseases even during times of low inventory.

Canadian Blood Services is planning a multifaceted and multi-year initiative to optimize the provision of appropriately matched red cell units to all patients with SCD when requested, and without delay.

One of the many components of this work will include enabling the identification of requests coming from hospitals for red cells units that are marked for sickle cell patients. This would then trigger a more expedient link or signal to internal processes supporting sickle cell disease transfusion needs, including the rare blood program and physician and nursing support. The digital hospital portal is being enhanced to enable hospitals to identify a recipient as a person with sickle cell disease and ultimately to link this to antigen and antibody results.

Canadian Blood Services supports and is following the progress of *Bill S-280, an Act respecting a national framework on sickle cell disease* and the call for a patient registry to support transfusion medicine for patients with SCD.

9.3 Peggy MacDonald, Megan Macdonald, and Kelly Nicolson, "Peter and Friends" Partners for Life members

A longtime Canadian Blood Services employee, Peter MacDonald, sadly passed away in February 2022. At the time, he was the Regional Director of Donor Relations for Atlantic Canada, and a passionate advocate for blood donation in his community. His passing affected so many within the Canadian Blood Services family.

Peter's wife Peggy, his sister Kelly, and daughter Megan, presented to the board to describe the work they are doing to recruit donors in Peter's memory and the meaning behind continuing to honour Peter and his legacy.

After his death, Peter's family came together to champion a Partners for Life donation group called "Peter and Friends" in his memory and to honour his life and contributions to Canadian Blood Services and his community. They are currently the top-performing partner in the Halifax area, which is a significant accomplishment.

Response: Peter was a truly special person. During his time with Canadian Blood Services, he led by example and inspired colleagues across the country to serve, to value each other as colleagues, and put their hearts into their work. Peter was friendly, collaborative and had a remarkable impact on Canadian Blood Services. Through your tireless work, "Peter and Friends" is continuing his impact and legacy, which is truly inspiring.

Canadian Blood Services is deeply grateful for everything Peter's family is doing to honour Peter's memory and continue to help patients in Halifax and across Canada who need blood.

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

The open board meeting adjourned at 12:29 p.m. ADT.

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