

Minutes - Dialogue conference

LOCAL PRODUCTION OF DRIED BLOOD PLASMA

Time: February 19th 2021 09h00 – 11h00 CET.

Place: Digital meeting - MS Teams

Agenda;

The conference was chaired by Stig Bang Andersen - The National Program for Supplier Development

Introduction

Ingunn Wergeland, R&D at Helse Bergen.

Innovative Procurement

Stig Bang Andersen - Innovation Broker at The National Program for Supplier Development

The National Program for Supplier Development is set up to accelerate innovations and development of new solutions through the strategic use of public procurement, while at the same time contributing to new market opportunities for these innovations.

The program is a joint collaboration by three significant entities with unique strengths, networks and focus areas – representing both the public and private sector. Strategic use of procurement is a powerful tool for achieving the public authority's overall and long-term goals.

These are procurements where emphasis is placed on dialogue with the market to discuss needs, requirements and solutions. The starting point is not ready-made solutions but opportunities.

Needs and challenges

Torunn Apelseth, Senior Consultant at the Department of Immunology and Transfusion Medicine, Haukeland University Hospital, Helse Bergen

The main objective is to develop and implement a solution for local production of dried plasma in Helse Bergen. To expand this technology to Blood Banks in Norway and in the Nordic Countries, which will ensure an efficient and predictable access to dried blood plasma and better blood preparedness.

Q&A and input from the conference participants

Q: Will the production facility be localized in Bergen and with distribution across Norway? Or will the production consists of several other facilities?

A: Development and evaluation of the production line will be localized to Bergen. When finalized, we think that the best way to set up production capacity is to localize it to hospital blood banks in each region in Norway (4 regions). There is also a strong interest in installing the production line in blood production units located in Sweden and Finland, our collaborators in the Nordic Plasma project.

Q: Can you tell a bit more of the coming tender process?

A: We first need to get in external inquiries and customize our tender. Today we don't have any concrete information when our tender will be launched.

We need to look into which would be the best tender-method in this case, and for that we have several opportunities. First we need to get in external inquiries. We will know more of the forthcoming process during the next months.

Q: Is it an absolute objective to obtain local production at Haukeland Hospital, or are you open for considering other production facilities throughout any other sites in Norway?

A: Our primary objective is to produce dried blood plasma locally here at Haukeland Hospital, Bergen. If this is not possible, we are open for considering secondary solutions like setting up capacity in other sites.

Q: How is the situation for dried blood plasma in Denmark? Can you tell more of the nordic market?

A: We are aware that dried blood plasma is being used. Denmark is represented with a member in the Nordic Collaborative dried plasma project. They have but primarily indicated that they want Norway to produce dried blood plasma for their market. But this might change in the future, if we succeed in developing the production line.

Our project consists of Nordic collaboration partners (Norway, Sweden, Finland and Denmark) and everyone is backing upon the work and scope. We will do an initial start in Bergen and export the solutions to other countries. Sweden and Finland is interested in producing dried plasma in their own production facilities.

Q: Are there any other blodbanks participating in this project? Can you say that this pilot-project will be a first-mover project, resulting in more scalable models for increasing dried bloodplasma-capacity throughout the Nordics?

A: Yes, this is correct. Firstly piloting a local production facility here in Bergen, then export of our solution.

Currently, the Department of Immunology and Transfusion Medicine, Helse Bergen import plasma from German Red Cross and distribute this to other hospitals in Norway, air-ambulance services, oil industry and military services.

Q: Can you tell a bit more of the donors as a important resource in this production line?

A: We have hospital-based blood banks an sufficient number of plasma donors. It is beneficial that the production line is as near bloodbanks as possible. The logistics is quite vulnerable.

Q: Can you clarify no use of Single-donor plasma? Due to disease or is it safety related?

A: Currently, SD-treated pooled plasma and freeze-dried plasma from single donors are used in Norway. Single donor plasma is allowed.

Q: Are there any requirements around the use of the plasma?

A: Plasma must follow the requirements and regulations for human use.

Q: It was stated that about 80,000 units of blood plasma is being used today. How much of this will be frozen?

A: The total use of plasma in hospitals in Norway today is around 40 000 per year. However, the use of dried plasma is limited due to low supply. We would like to have, but do not plasma in the local municipal sector or in ground ambulances as of today, so this will add to the number. It is offered in the air ambulance services, but those numbers are not included in the mentioned number of units above. Dried blood plasma is already in use for the military health services, but having the product available will result in a larger market and higher demands for blood plasma.

Most hospitals do not offer dried plasma today. It is expected that dried plasma will be preferred for frozen plasma also in the hospital setting. The future is dried plasma and therefore we should invest in production capacity.

All in all, we expect the market to increase.

Q: Is it expected to have something written by 10th of march when the one-to-one-meetings

A: Please feel free to send over suggestions to solutions a couple of days ahead of the one-to-one meetings. In this meeting, you can present some of your suggestions. Everything that you bring to the table is confidential and will not be shared with others.

Relevant information from Helse Bergen to the suppliers will be handed out to assure equal treatment.