

# Road to 2027 within the Blood field: The French action plan

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# Disclosures

No conflict for interest to declare



# Gap analysis: current situation 2027\_1

- Presentation of the new SoHO regulation to different stakeholders (SoHO Competent Authorities, Regional Competent Authorities, Hospitals, Clinics etc...).
- Setting up of national working groups (WG):
  - ✓ WG for definition of criteria for “critical SoHO preparations”,
  - ✓ WG for definition of criteria for “critical SoHO entities”,
  - ✓ WG for definition of criteria for establishing “national emergency plans”.
- We have identified different systems and different competent authorities (CAs) depending on the SoHO categories. This will require a lot of efforts (human, financial, regulatory and communication with stakeholders) to prepare for the implementation of the SoHO regulation in 2 years.
- The main tasks concern the application of the requirements of the new regulation to facilities (hospitals and clinics).

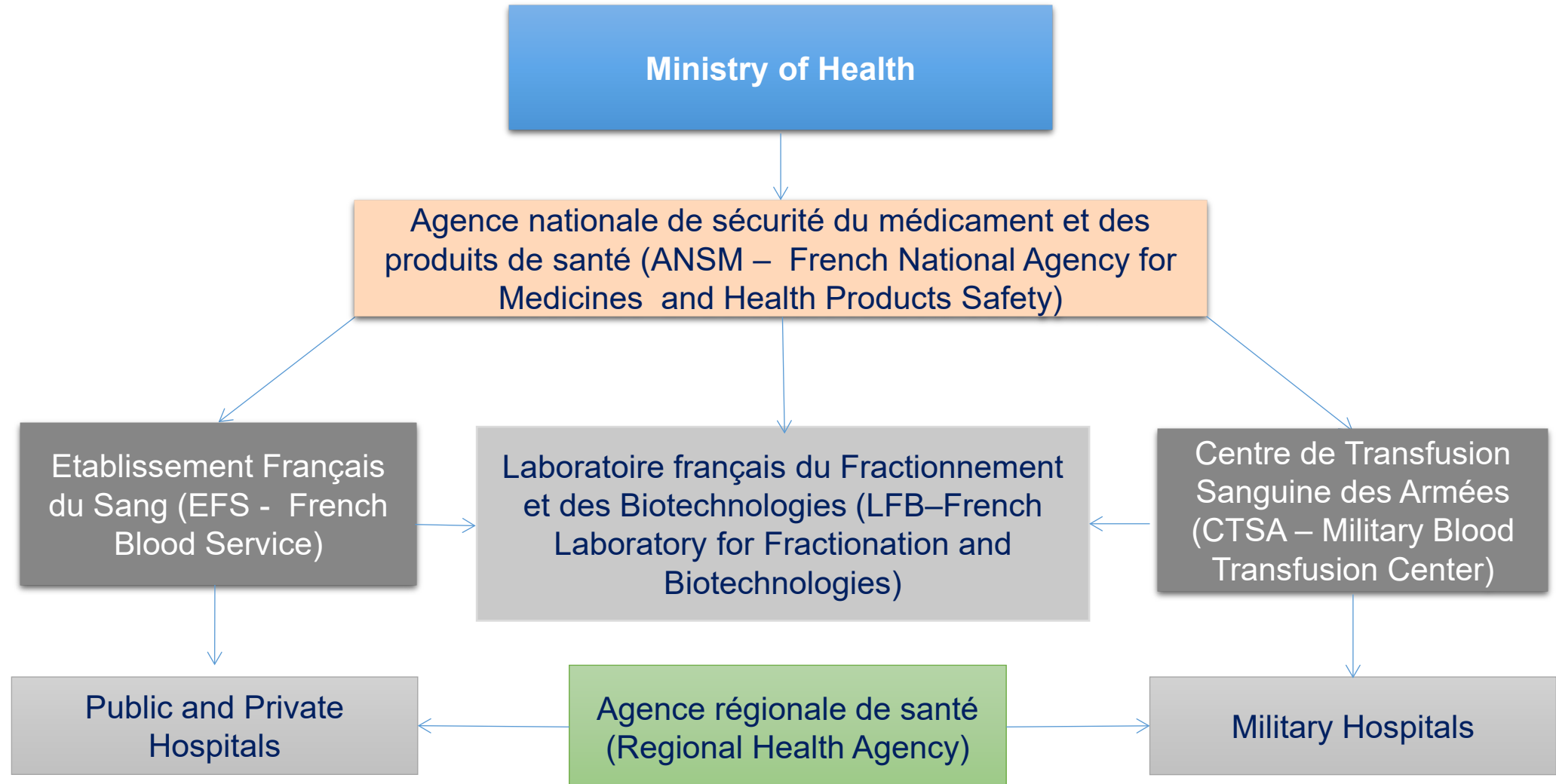


# Gap analysis: current situation 2027\_2

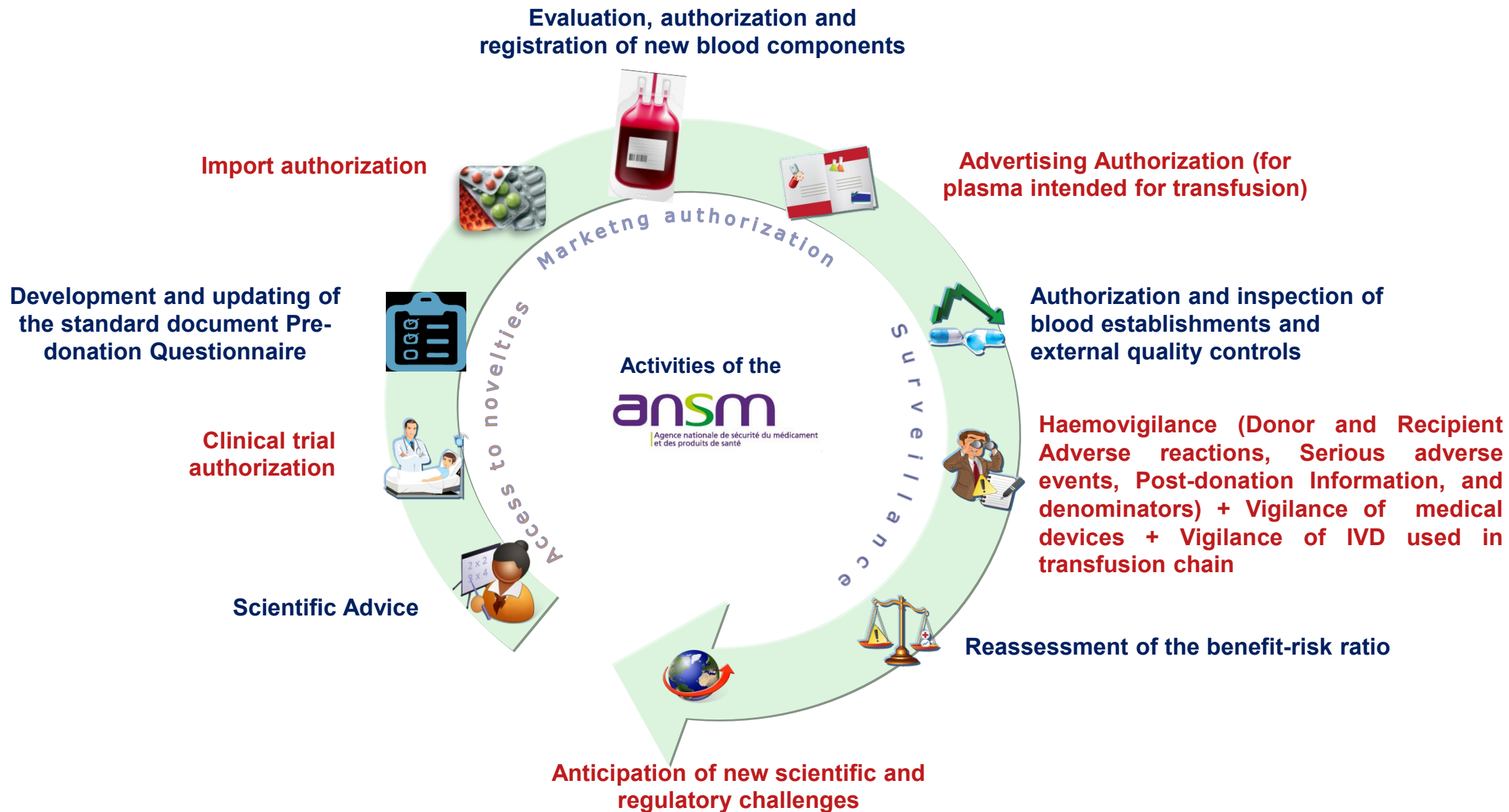
- Mapping of SoHO activities to discuss ways how to prepare implement the new SoHO Regulation:
  - ✓ reorganization of SoHO competent authorities (national and regional) to optimize operations and communications with the NCA,
  - ✓ adaption of existing procedures or introducing new elements such as communication and the SoHO preparation authorization system.
  - ✓ adapting inspection, vigilance, and authorization procedures,
  - ✓ establishing national emergency plans,
  - ✓ modifying national legislation,
  - ✓ setting procedures for the national classification status of SoHO/products in accordance with the SCB's opinions/work.



# Interaction between the main actors involved in the blood system in France



# Life cycle of Blood & Blood Components at the ANSM



# Key data on transfusion activity in France 2023



~ 1 600 000

Blood Donors

~2 600 000

Blood and Blood components donations



~ 2 800 000

Blood components (BC) distributed/issued



~1 300 Transfusing facilities (hospitals & clinics)

~ 750 SAR reporting facilities

~ 150 SAR



~525 000

patients transfused

~2 600 000

BC transfused

~ 5 BC transfused / patient

~ 8 patients transfused / 1000 inhabitants

~ 39 BC transfused / 1000 inhabitants

~ 80% Red cells

~ 12% Platelets PR

~ 8% FFPq/FFP PR

~ 3.5% of the population aged 18 to 65

~ 52% women

~ 17% first time donors

~ 85% WBD

~ 15% Apheresis donations

✓ ~ 12% plasmapheresis

✓ ~ 3% platelpheresis

~ 190 SAR donors

✓ ~ 69% VVR

✓ ~ 6% MCE

~ 80% Red cells

~ 12% Platelets PR

~ 8% FFPq/FFP PR

Traceability: 99.1%

Wastage: 0.73%.



~2 blood establishments

~ 207 sites:

✓ 152 blood collection fixed sites

✓ 145 blood distribution sites

✓ 18 blood processing sites

✓ 8 blood donation testing laboratories

~ 40,000 blood mobile collection sessions

# Mapping of the blood activities\_1

## Blood donors registration



- **NCA (ANSM)** is in charge of the definition of a national coding system for unique blood donor identifying number and unique blood donation identifying number.
- **Blood establishments (BE)** are in charge of their donors registers.

## Blood donors history & medical examination



- **NCA** is in charge of the definition of donor eligibility criteria & standard document pre-donation questionnaire & the inspection of BEs.
- **BEs** are in charge of the implementation of donor selection criteria in accordance to the national/european legislation.

## Blood collection



- **NCA** is in charge of the authorization and the inspection of the blood collection activity (fixed sites and mobile collection sessions), including the plasma donations intended for fractionation.

## Blood donors/donations testing



- **NCA** is in charge of the authorization and the inspection of the blood donors/donations testing laboratories, including the plasma donations intended for fractionation.





# Mapping of the blood activities\_2

## Blood components processing



- **NCA** is in charge of:
  - ✓ the authorization and the inspection of the blood processing site.
  - ✓ the evaluation, authorization & registration of new Blood Components (BC).

## Blood components Storage



- **NCA** is in charge of the authorization and the inspection of the blood storage site in BEs.
- **Regional Health agency (RHA)/Regional Competent Authority (RCA)** is in charge of the authorization and the inspection of the blood storage site in Hospital Blood Banks (HBBs).

## Blood components release

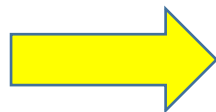


- **BEs** are in charge of the designation/nomination of the Responsible release Person
- **NCA** is informed of this designation/nomination and the registration of this Responsible release Person.



# Mapping of the blood activities\_3

Blood components  
distribution/issue



- **NCA** is in charge of:
  - ✓ the authorization and the inspection of the blood processing site.
  - ✓ the evaluation, authorization & registration of new Blood Components (BC).

Blood components import



- **NCA** is in charge of the authorization and the inspection of the import blood entities.

Blood components export



- **BEs** are in charge of the BC export.
- **NCA** is informed by BEs of BC exported.



# Mapping of the blood activities\_4

Blood components human application



- **Regional Health agency (RHA)/Regional Competent Authority (RCA)** is in charge of the registration of facilities (hospitals & clinics) for the medical and diagnostic activities carried out there for the care of patients, including transfusion.
- **NCA** NCA uses RHA/RCA registers for haemovigilance, traceability and collection of transfusion activity denominators.
- **There is no national registry for monitoring the clinical outcomes of routine transfusions** with already authorized BCs. Clinical outcome monitoring of transfused patients is performed for each patient by the medical team

Clinical-outcome registration



- **NCA** is responsible for authorization, registration, supervision of BC clinical trials and clinical-outcome as part of the procedures for evaluating and authorizing new blood components and as part of the comparison of therapeutic strategies.



# Mapping of the blood activities\_5

## Traceability of blood components



- **NCA** is responsible for registration and maintenance of:
  - ✓ the BC coding system
  - ✓ the blood entities/sites coding system
  - ✓ the blood testing coding system (e.g. blood typing coding system ...).

## Haemovigilance



- **NCA** is responsible for organizing the haemovigilance system & the coordination with other vigilances of health products (MD & IVD vigilances, pharmacovigilance, tissues, cells and organs vigilances). NCA is responsible of the inspection of haemovigilance system in BEs.
- **RHA/RCA** are responsible for implementation at the regional level. **RHA/RCA are responsible of the inspection of haemovigilance system in HBBs.**
- **BEs and facilities** implement haemovigilance, each at their local and regional levels.
- **National Public Health Agency** is responsible for the epidemiological monitoring of blood donors.



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danke      grazie      dakujem      tack  
dank u

*Thank you for your attention and...*

děkuji      tänan väga      blagodaria  
?      ευχαριστώ      благодаря  
obrigado      dziękuję      tak  
paldies      ačiū      köszönöm  
gracias      nizzik ħajr      takk  
хвала      kiitos      pakka pér  
merci      mulțumesc

