WHO- Global perspective of hematopoieitic stem cell transplantation



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"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

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Who we are



WHO began when our Constitution came into force on 7 April 1948 - a date we now celebrate every year as World Health Day. We are now more than 7000 people working in 150 country offices, in 6 regional offices and at our headquarters in Geneva.

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What we do



Our primary role is to direct and coordinate international health within the United Nations' system.

These are our main areas of work:

Health systems Promoting health through the life-course Noncommunicable diseases Communicable diseases Corporate services Preparedness, surveillance and response.

Read more about what we do Read about our current leadership priorities

Where we work



We support countries as they coordinate the efforts of multiple sectors of the government and partners including bi- and multilaterals, funds and foundations, civil society organizations and private sector - to attain their health objectives and support their national health policies and strategies.















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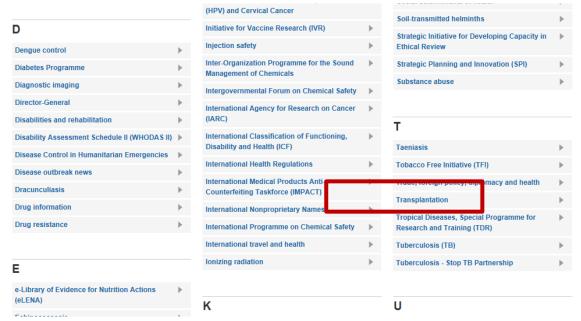
Where we work



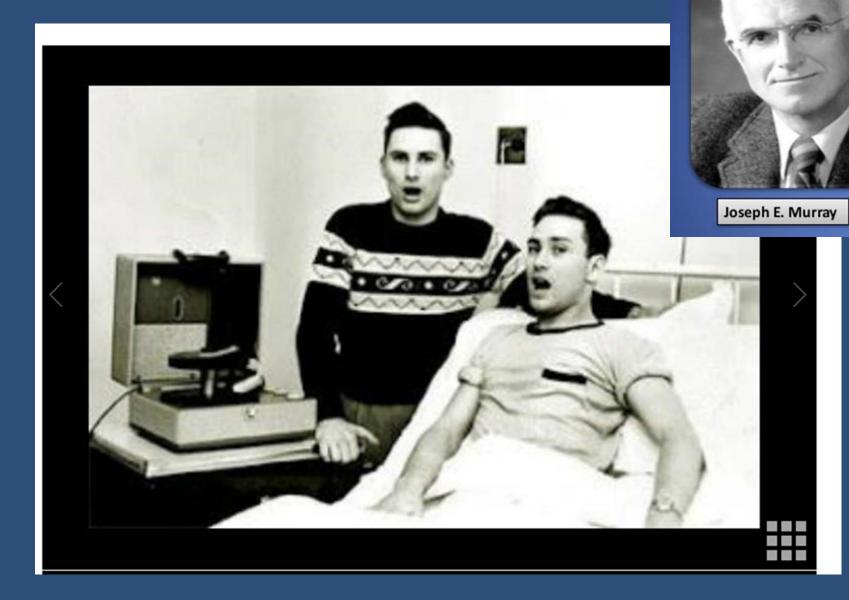
We support countries as they coordinate the efforts of multiple sectors of the government and partners including bi- and multilaterals, funds and foundations, civil society organizations and private sector - to attain their health objectives and support their national health policies and strategies.



Over the past 50 years, the transplantation of human organs, tissues and cells has become a worldwide practice which has extended and greatly enhanced the quality of hundreds of thousands of lives.

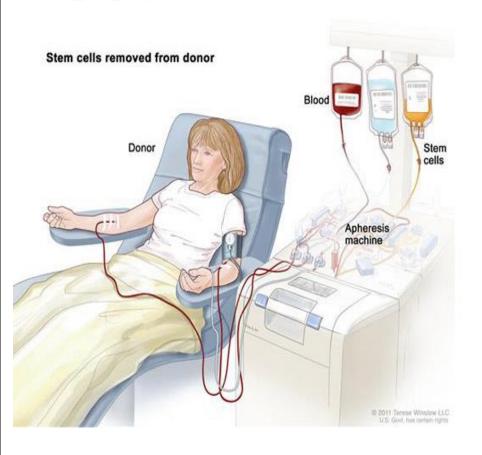




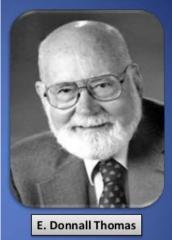


Allogeneic Stem Cell Transplantation

1957

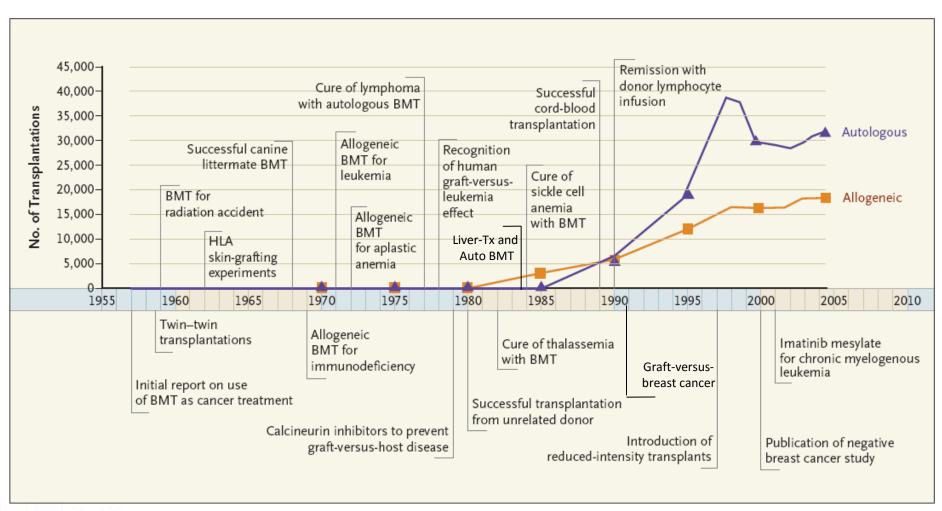








Advances in the Field of HCT 1957 - 2006



mod. from Appelbaum NEJM 2007



Societies active in early Stem Cell Transplantation





Global Donation



Central database



Standards

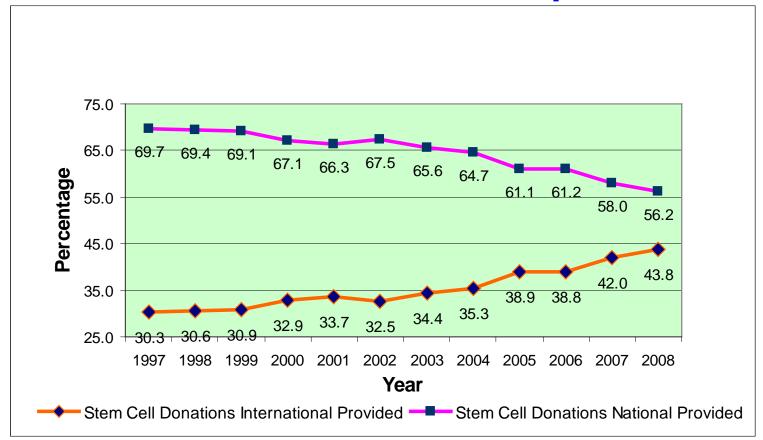
Accreditation

Policies

Education



Percentage stem cell donations provided for national and international patients









CHAPTER II – FUNCTIONS

Article 2

In order to achieve its objective, the functions of the Organization shall be:

(a) to act as the directing and co-ordinating authority on international health work;

Article 71

The Organization may, on matters within its competence, make suitable arrangements for consultation and co-operation with non-governmental international organizations and, with the consent of the Government concerned, with national organizations, governmental or non-governmental.

Foundation of WBMT Lyon 2007







First Meeting of the WBMT



What is the aim of WHO's relations with NGOs?



Role of Global and Regional Scientific and Professional Societies in the Global Governance of HSCT

- Developing and monitoring global codes of practice about ethical issues along the Guiding Principles
- Promoting global good practice in relation to quality and safety
- Advocating for globally harmonized practices such as accreditation and use of consistent information standards
- In collaboration with all stakeholders
 - Monitoring regional and global access
 - Monitoring outcome data
 - Contributing to vigilance and surveillance
 - And ensure transparency





Foundation of WBMT Lyon 2007 by



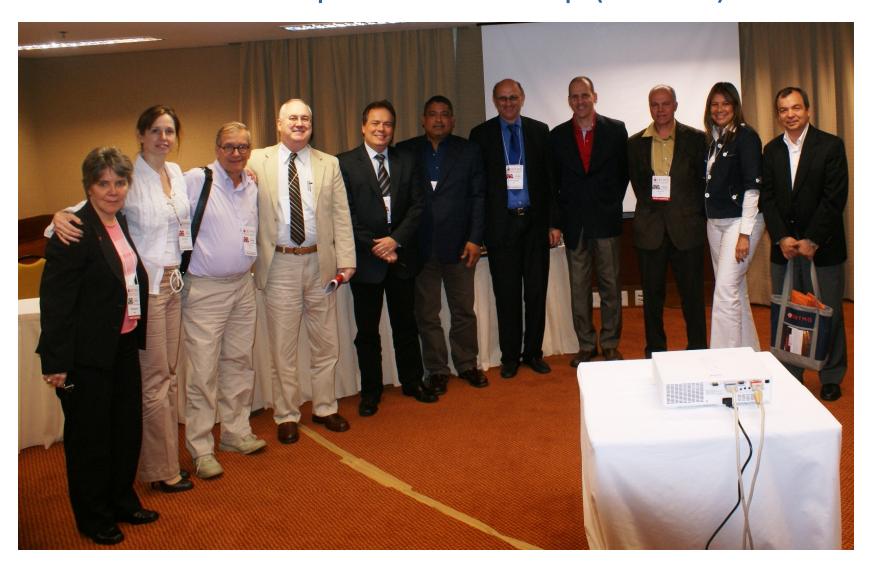


Promotion of good practices

Latin American Blood Marrow Transplantation Group (LABMT)



Foundation of the Latin America Blood and Marrow Transplantation Group (LABMT)



Promotion of good practices

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Worldwide

Promotion of good practices

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- Meetings (Hanoi; Salvador; Cape Town)

Global Governance

✓ Increasing access to the appropriate therapy

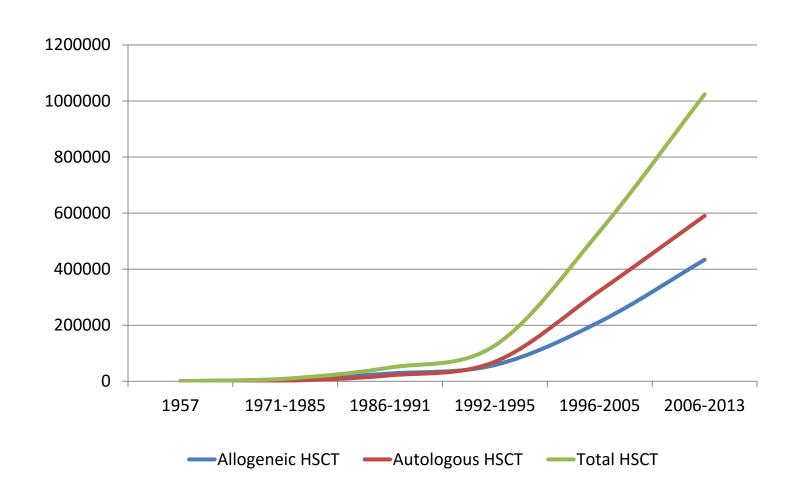


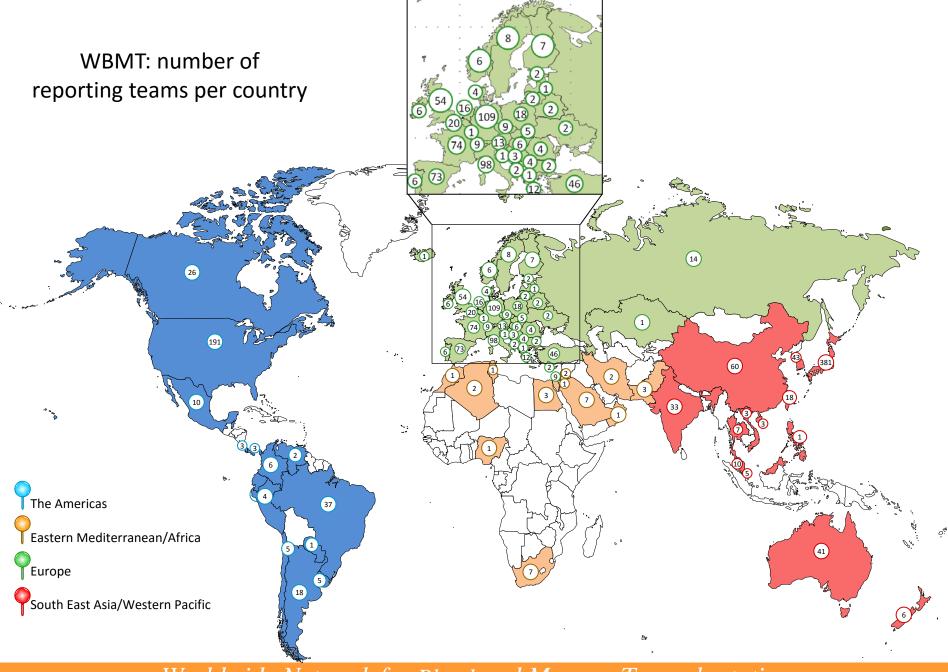
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- Annual Survey with biannual publication (2006, 2006-2008, 1 million)



WBMT Global Survey







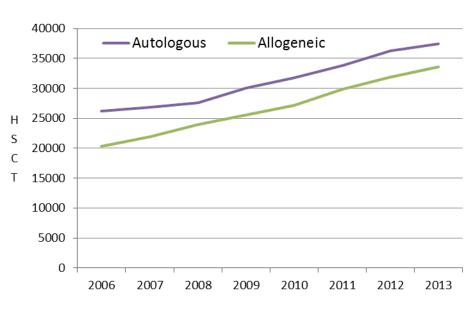
Global Survey 2013 data

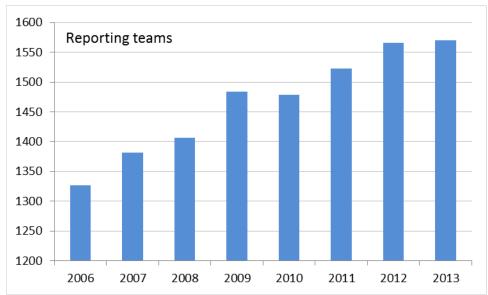
WHO Regions	4		
Countries	78 reporting		
Teams	1 570		
Year of Transplant	2013		
Patients	71 036 33 572 allogeneic (47%) 37 464 autologous (53%)		
Donor type	16 305 family (49%) 12 475 sibling/twin 3 830 haplo-identical relative (23%) 17 267 unrelated (51%) 2 787 cord blood		



WBMT Global Survey 2006-2013

Increase in the numbers of transplants and reporting teams







Global Activity Survey: 2006 – 2013

Allogeneic	2006	2013		
Acute Leuk/other leuk/MDS/MPS	12 502	22 512	<u> </u>	70%
Chronic Leuk	1 890	1 824	\downarrow	
Lymphoproliferative disorders	3 219	4 582	<u> </u>	42%
Solid Tumors	150	130	-	
Non Malignant disorders	2 360	4 380	<u> </u>	86%
BMF	1 292	2 082	↑	61%
Others	212	144	\downarrow	
Total	20 333	33 572	↑	65%
Autologous				
Leukemias	1 726	910	\downarrow	89%
PCD	10 675	18 766	<u></u>	75%
Lymphomas	10 980	14 681	↑	34%
Solid Tumors	2 560	2 779	1	9%
Non Malignant disorders	193	290	↑	50%
Others	96	38	\downarrow	
Total	26 230	37 464	↑	38%
Total	46 563	71 036	↑	46%



Transplant Type by Region: 2013

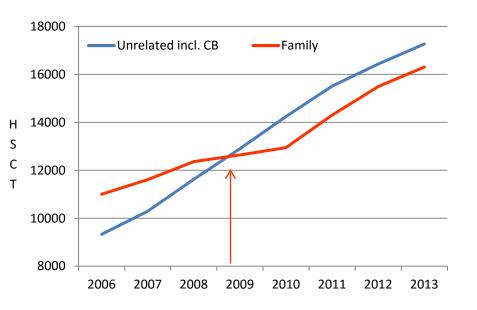
Main indication	Allogeneic HSCT	Autologous HSCT	Total
Europe	13 971	19 138	33 109 (47%)
The Americas	9 447	11 811	21 258 (30%)
South East Asia / Western Pacific	8 800	5 538	14 338 (20%)
Eastern Mediterranean / Africa	1 354	977	2 331 (3%)
Total	33 572 (47%)	37 464	71 036

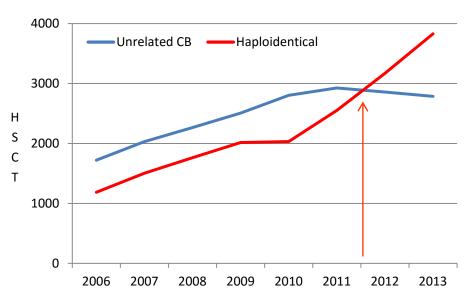
78 (of 79) reporting countries 1 570 contributing teams



WBMT Global Survey 2006-2013

Changes in donor choice



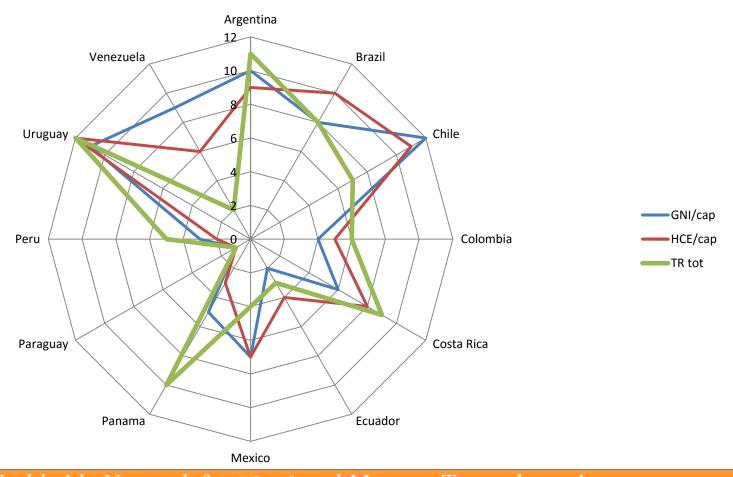




Transplant Rates in World Regions

TR HSCT /10 million inhabitans					
	Family	Unrelated	Allo	Auto	Total
LABMT	17.6	6.0	23.6	40.2	63.8
EUROPE	68.2	88.6	156.8	222.5	379.3
USA/Canada	91.2	126.3	217.5	264.9	482.5
APBMT	14.8	13.4	28.2	17.0	45.2
EMRO	15.7	1.4	17.2	12.7	29.8
Total worldwide (median)	17.6	13.4	28.2	40.2	63.8

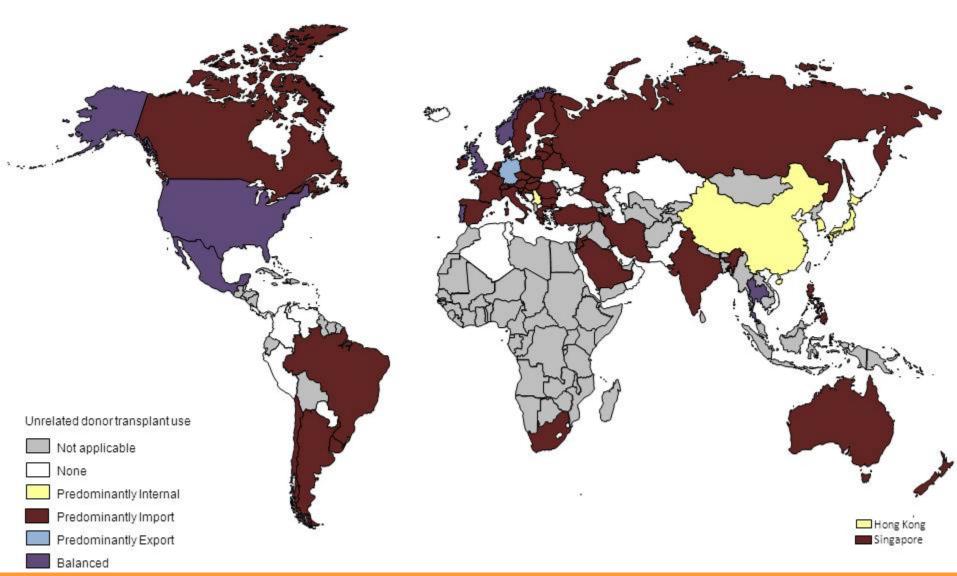
GNI/capita, HCE/capita and transplant rate ranking of Latin American countries performing HSCT.





WBMT Global Survey:

Unrelated grafts



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- Legislation (Pharmacopoea)
- Pharmacovigilance (Notify library www.notifylibrary.org)









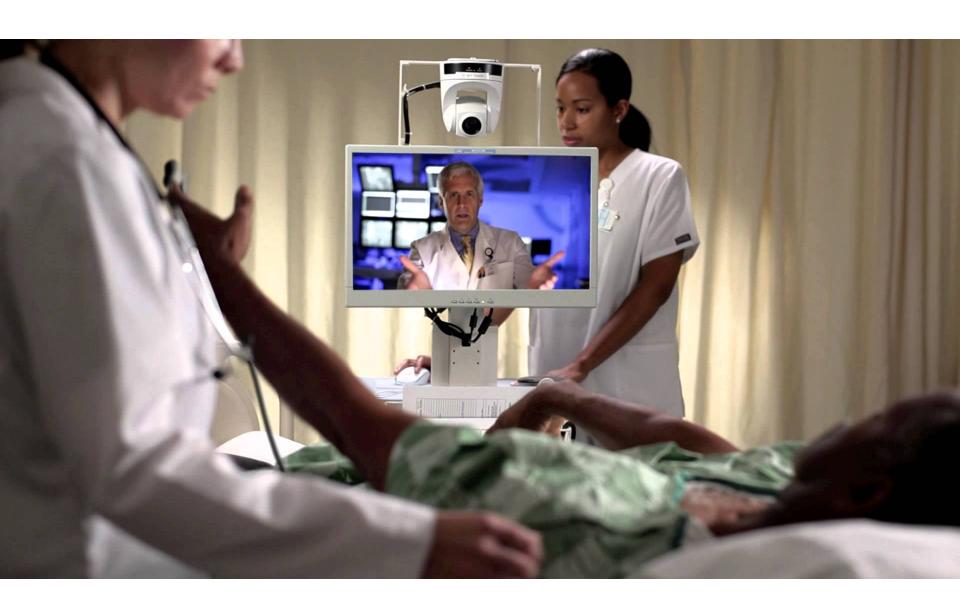
Objective: communicating vigilance information as widely as possible in the interests of improving the safety of MPHO worldwide

- # More than 900 documented case types can be searched in a structured way by organ, tissue or cell type and/or incident type
 - # associated bibliographic references and expert analyses.
- # Reactions
 - # Infectious transmissions of all types, malignancy transmissions, and genetic transmissions to transplant recipients and to the offspring of children born from donated gametes.
- # Events
 - # caused by process failures and reactions in living donors
- # Site and search tools publicly available (without username and password)
- # Language specific interface in Regions.











The Melphalan story / Shortage of freezing bags / Fukoshima accident



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- "Model for other societies the champion" WHO

PAST NOW FUTURE

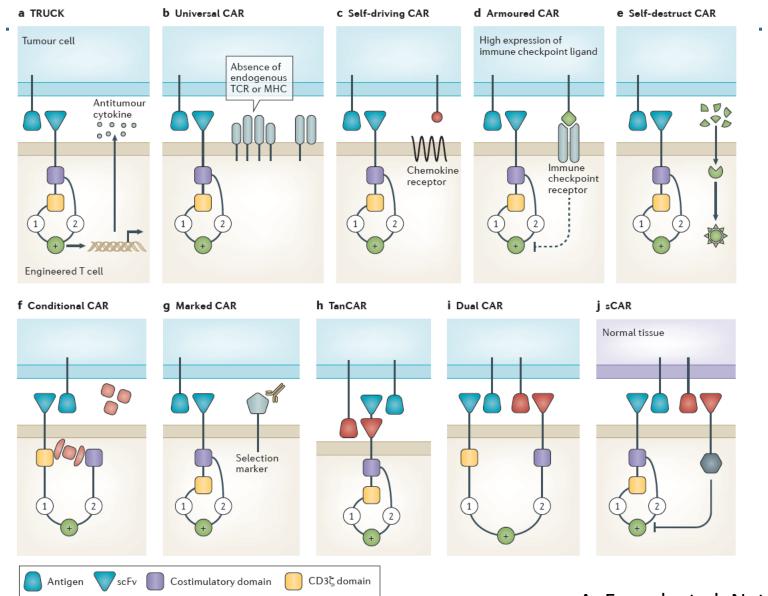






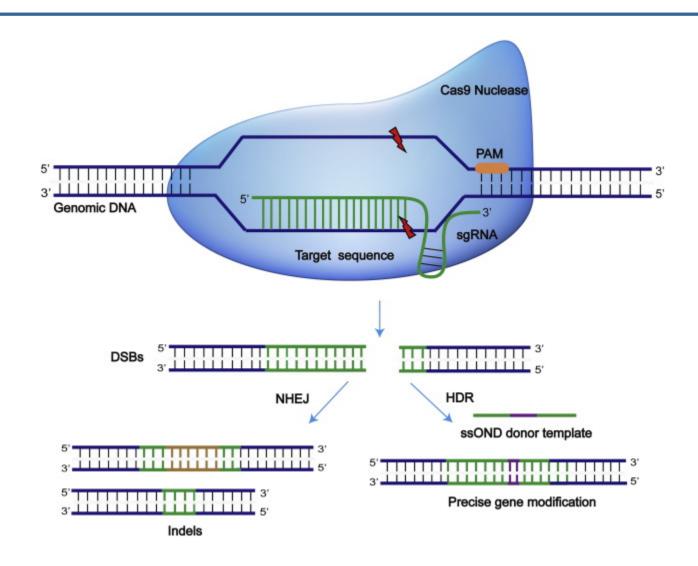


CARs: different approaches



Gene Therapy comes of Age

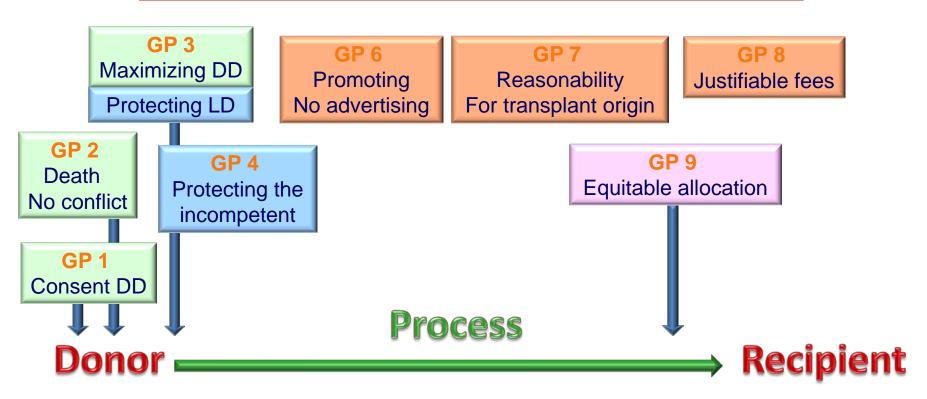
Gene editing



L. Yi et al, Biochimica et Biophysica Acta 2016

WHO Guiding Principles on Human Cell, Tissue and Organ Transplantation

GP 5 Free donation and no purchase of human transplant as such, but cost &expenditures recoveryt



GP 10 Monitoring long term outcomes. Quality and safety of procedures and products

GP 11 Transparency, openness to scrutiny, anonymity

63th World Health Assembly, 2010

ORIGINAL ARTICLE

Transmission of Lymphocytic Choriomeningitis Virus by Organ Transplantation

Staci A. Fischer, M.D., Mary Beth Graham, M.D., Matthew J. Kuehnert, M.D., Camille N. Kotton, M.D., Arjun Srinivasan, M.D., Francisco M. Marty, M.D., James A. Comer, Ph.D., Jeannette Guarner, M.D., Christopher D. Paddock, M.D., M.P.H.T.M., Dawn L. DeMeo, M.D., M.P.H., Wun-Ju Shieh, M.D., Ph.D., M.P.H., Bobbie R. Erickson, B.S., Utpala Bandy, M.D., M.P.H., Alfred DeMaria, Jr., M.D., Jeffrey P. Davis, M.D., Francis L. Delmonico, M.D., Boris Pavlin, M.D., Anna Likos, M.D., M.P.H., Martin J. Vincent, Ph.D., Tara K. Sealy, B.S., Cynthia S. Goldsmith, M.S., Daniel B. Jernigan, M.D., M.P.H., Pierre E. Rollin, M.D., Michelle M. Packard, M.P.H., Mitesh Patel, B.S., Courtney Rowland, B.S., Rita F. Helfand, M.D., Stuart T. Nichol, Ph.D., Jay A. Fishman, M.D., Thomas Ksiazek, D.V.M., Ph.D., Sherif R. Zaki, M.D., Ph.D., and the LCMV in Transplant Recipients Investigation Team*

ABSTRACT

BACKGROUND

In December 2003 and April 2005, signs and symptoms suggestive of infection developed in two groups of recipients of solid-organ transplants. Each cluster was investigated because diagnostic evaluations were unrevealing, and in each a common donor was recognized.

The New Hork Times nytimes.com

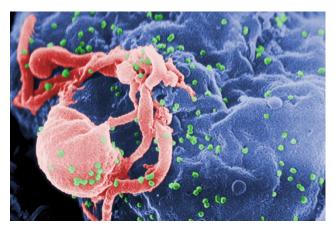
November 13, 2007

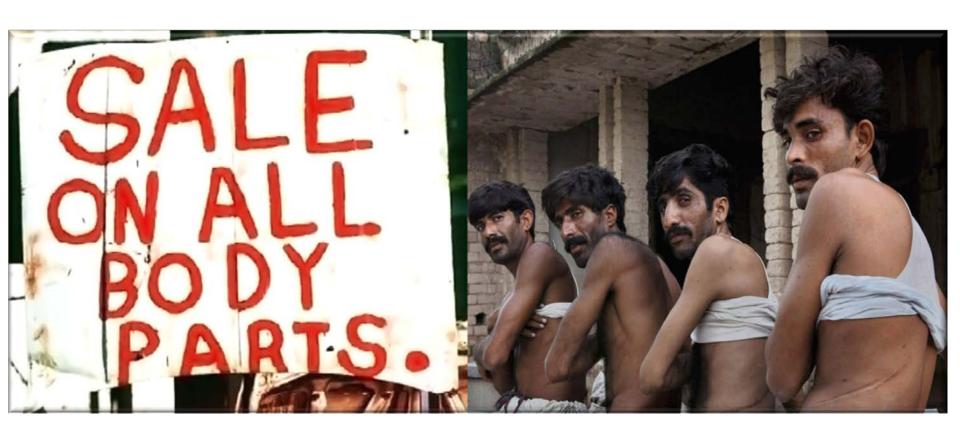
Four Transplant Recipients Contract H.I.V.

By DENISE GRADY

Four transplant recipients in Chicago have contracted <u>H.I.V.</u> from an obeing spread by organ transplants.

The organs also gave all four patients <u>hepatitis C</u>, in what health official simultaneously by a transplant.





Good governance mechanisms

- Transparency
- e.g. registries

Efficiency

- e.g. preventive measures to limit the demand
- Accountability
- e.g. Oversight of the process
- Responsiveness
- e.g. increasing donations
- Inclusiveness
- e.g. including all stakeholders



Human Cell, Tissue and Organ Donation and Transplantation Necessity of a legal framework



Three Global Governance Tools for MPHO

EB140/18



EXECUTIVE BOARD 140th session Provisional agenda item 8.2

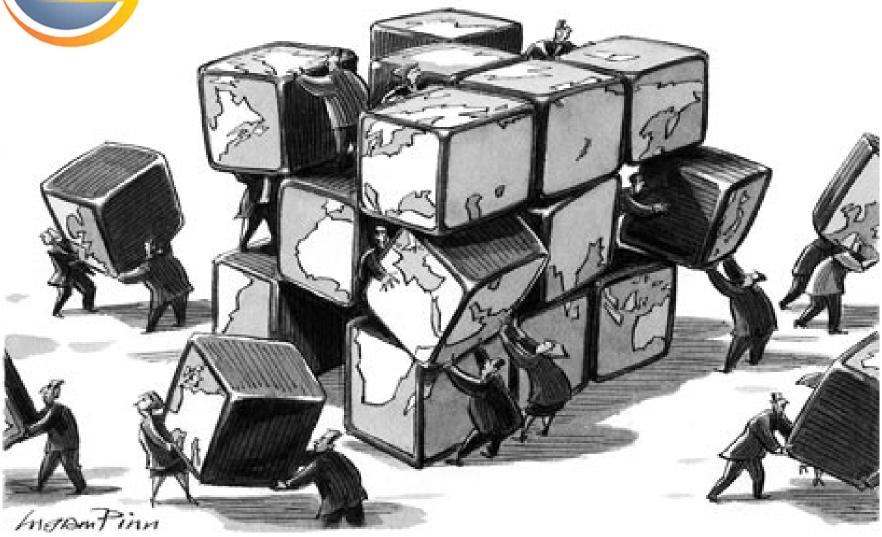
EB140/18 December 2016

Principles for global consensus on the donation and management of blood, blood components and medical products of human origin

Report by the Secretariat

WBMT workwide refuses for blood good regroup to except learned feat

Global Governance







Thank you



