



**World Health
Organization**

in collaboration with the



World Health
Organization



2ND WORKSHOP OF THE WBMT

Salvador -Bahia, Brazil





World Health Organization and Haematopoietic Stem Cell Transplantation

Jose R. Nuñez MD, PhD
Medical Officer Transplantation



Organs Transplanted Globally in 2011

≈ 112,600 organs transplanted
(≈ 10% of estimated global needs)

Kidney	Liver	Heart	Lung	Pancreas
76118	23721	5741	4278	2564

≈ 5.1 % increase over 2010

25.000 donors

HSCT

> 50.000 patients/year

22 millions donors

5 - 90 % ?

SE REALIZARON 1.048 BÚSQUEDAS

El 92% de los pacientes que necesitó un trasplante de médula en 2012 encontró un donante

Directorio

- Organización Nacional Trasplantes
- Gregorio Garrido
- Francia

Comentar

Enviar

Kindle

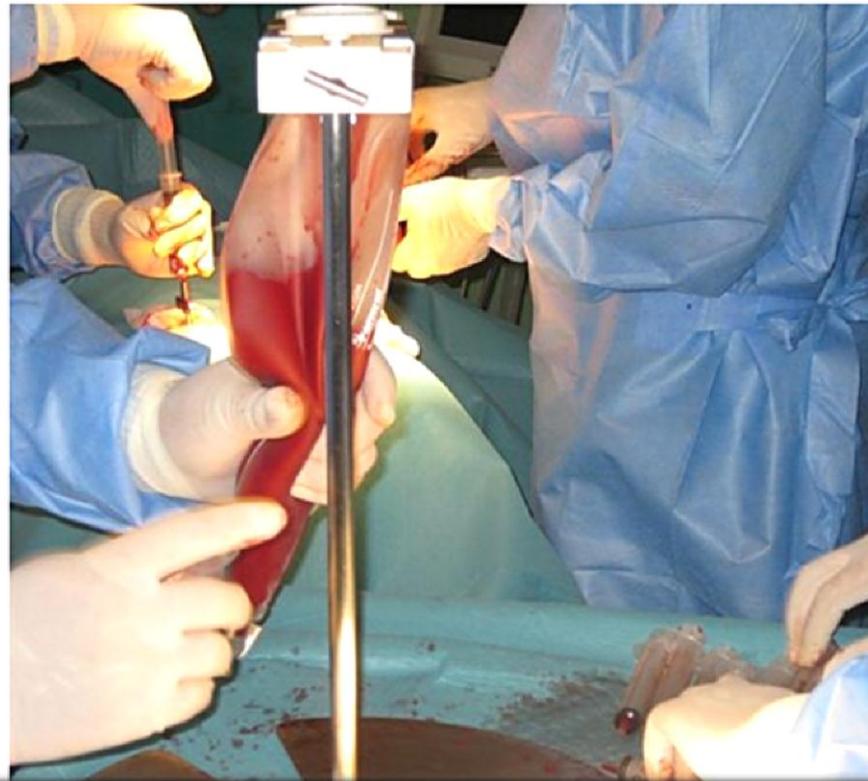
Tamaño: A A A

Compartir

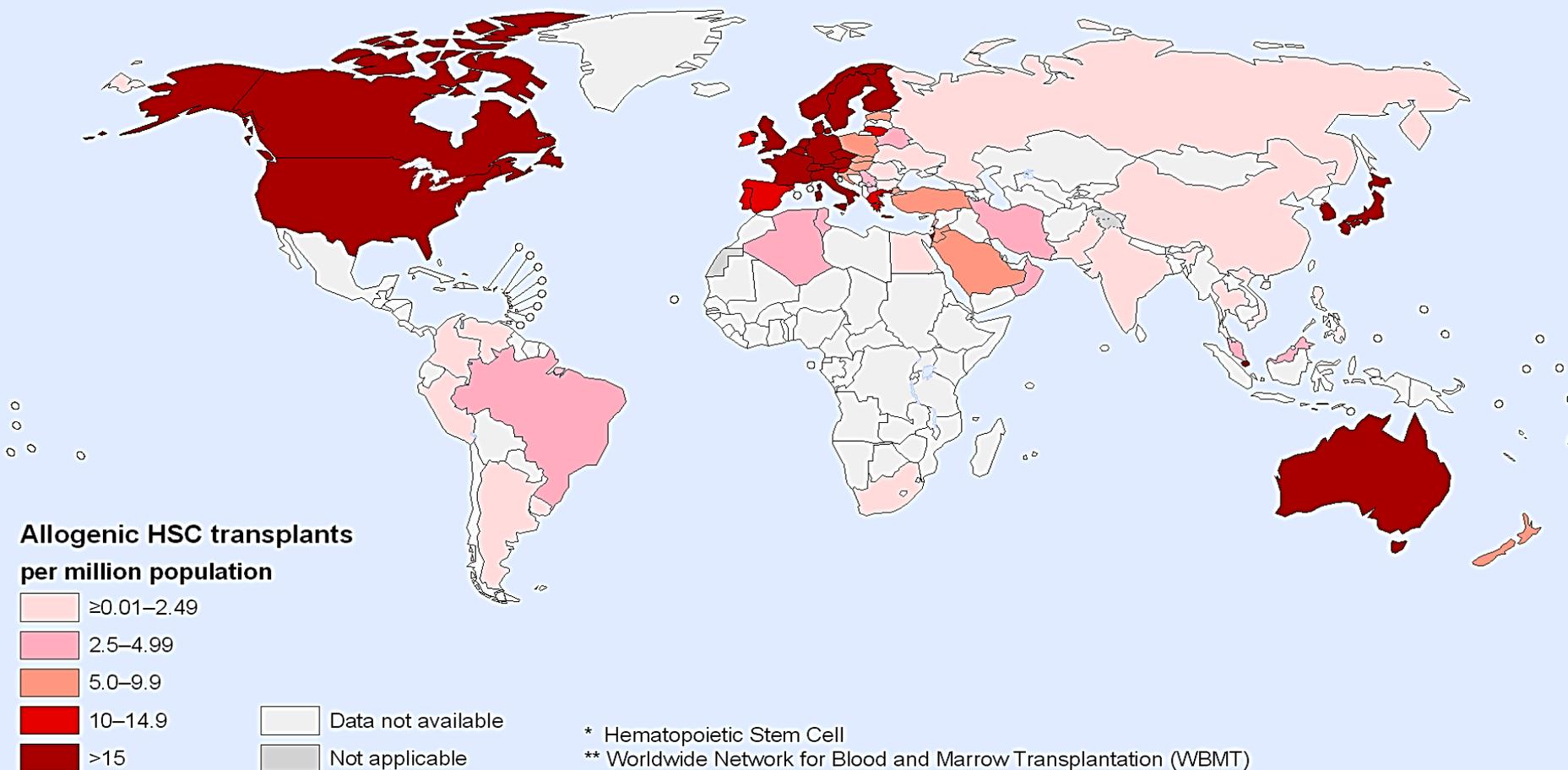
GOOGLE +

FACEBOOK

TWITTER



Allogenic HSC* transplant activities, 2008**



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

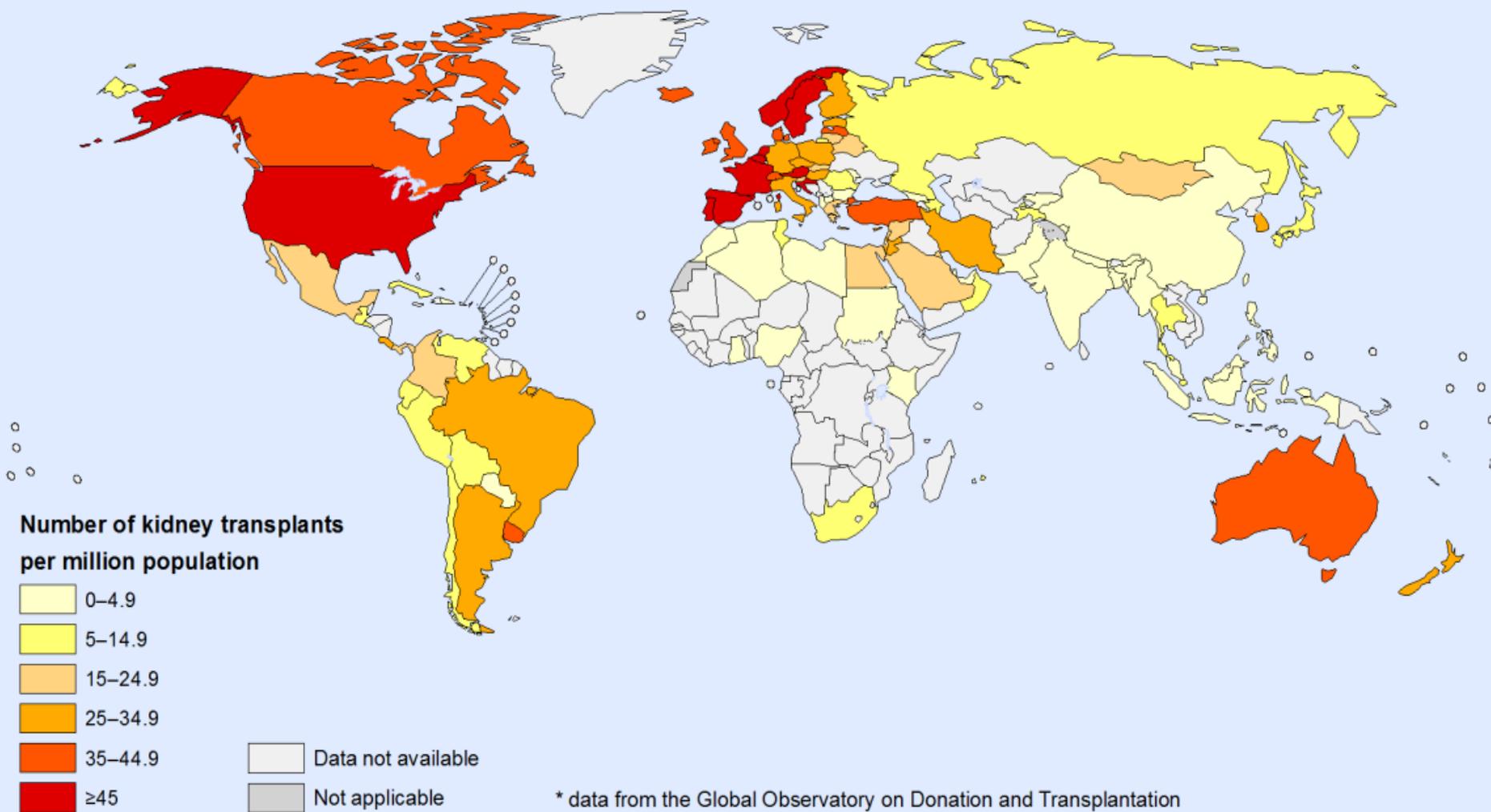
Data Source: Worldwide Network for Blood and Marrow Transplantation (WBMT). Map Production: Public Health Information and Geographic Information Systems (GIS), World Health Organization.



World Health Organization

© WHO 2011. All rights reserved.

Kidney transplantation activities, 2011*



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

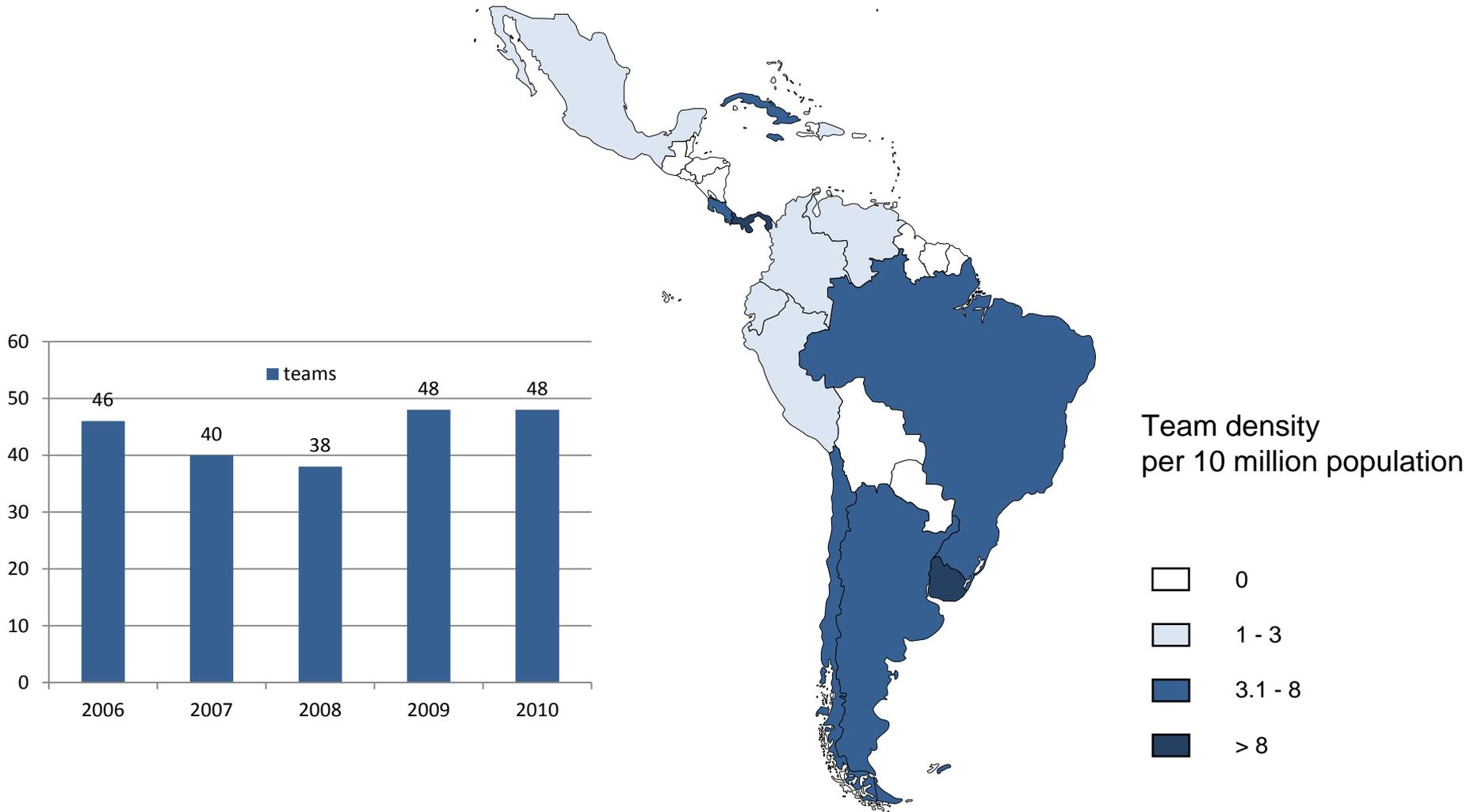
Data Source: Global Observatory on Donation & Transplantation. Map Production: Public Health Information and Geographic Information Systems (GIS), World Health Organization



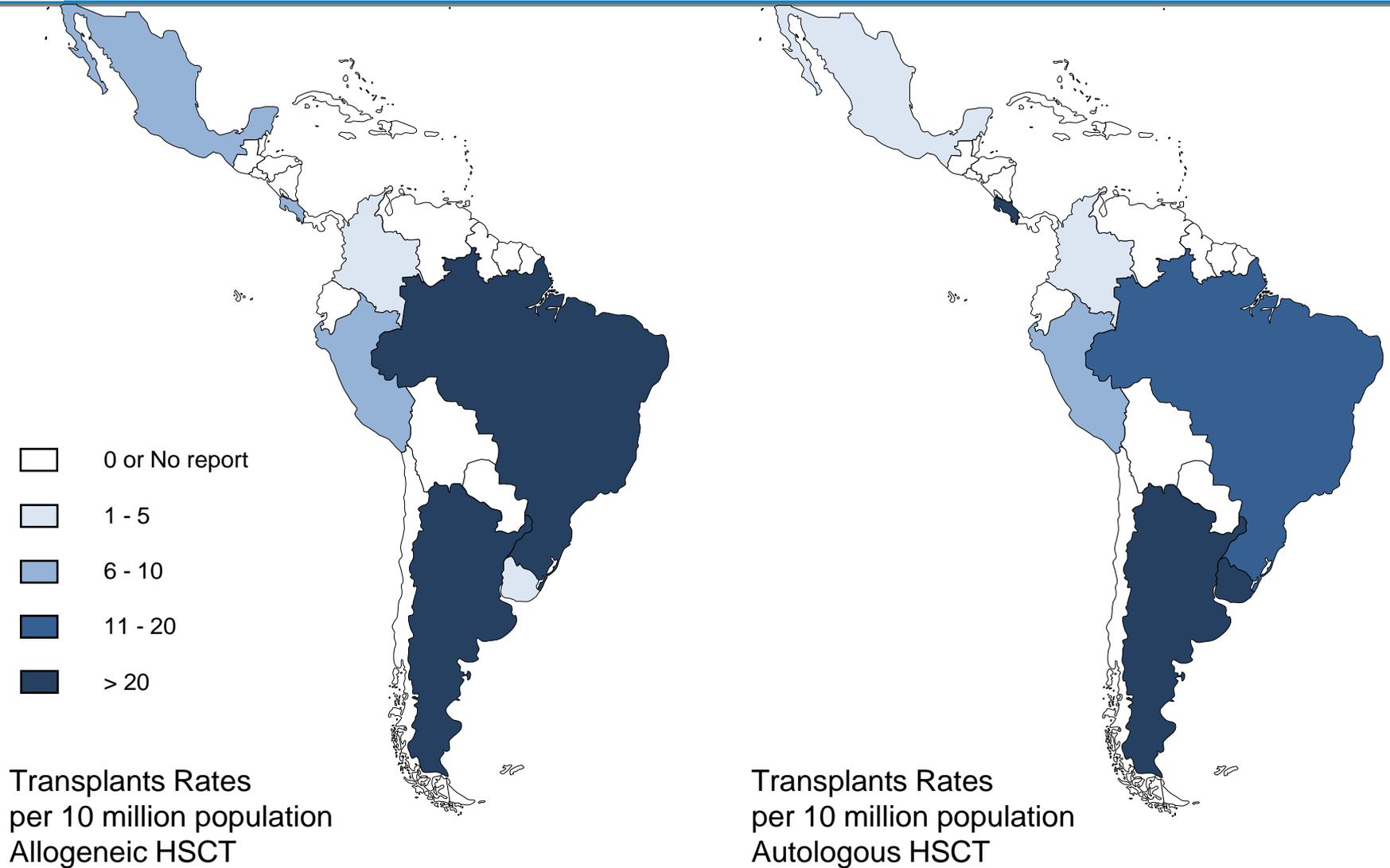
World Health Organization

© WHO 2013. All rights reserved.

WBMT/LABMT: Team density per 10 million population



WBMT/LABMT: Transplants rates in 2010



Similarities

- Original procurement from a human donor. Need to meet essential ethical and safety requirements inherent to their human origin
- Living donor

Organs Transplanted Globally in 2011

≈ 112,600 organs transplanted
 (≈ 10% of estimated global needs)

Kidney	Liver	Heart	Lung	Pancreas
76118	23721	5741	4278	2564

Organs Transplanted Globally in 2011

≈ 112,600 organs transplanted
 (≈ 10% of estimated global needs)

Kidney	Liver	Heart	Lung	Pancreas
76118	23721	5741	4278	2564
Living Donor 32350	Living Donor 4222			
42,5%	17,8%			

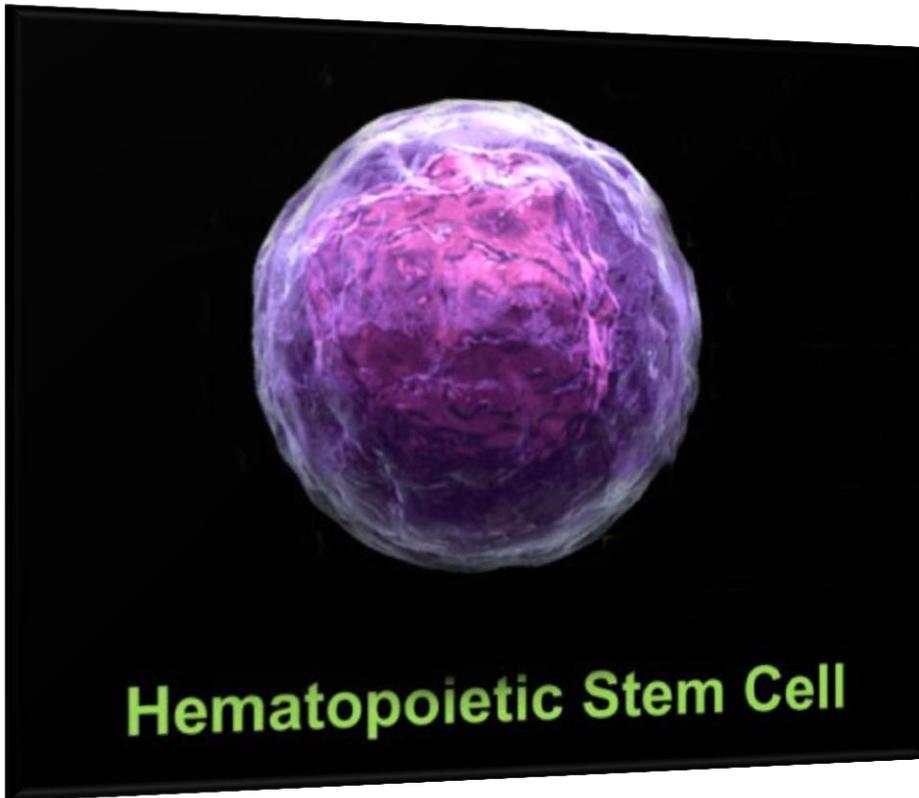
Similarities

- Original procurement from a human donor. Need to meet essential ethical and safety requirements inherent to their human origin
- Living donor
- Without alternative of comparable benefit
- Often last option
- “Radical” treatment
- Cross border

Similarities

- Original procurement from a human donor. Need to meet essential ethical and safety requirements inherent to their human origin
- Living donor
- Without alternative of comparable benefit
- Often last option
- “Radical” treatment
- Cross border
- Scanty resource

Hematopoietic Stem Cell Transplantation



Congenital or acquired disorders

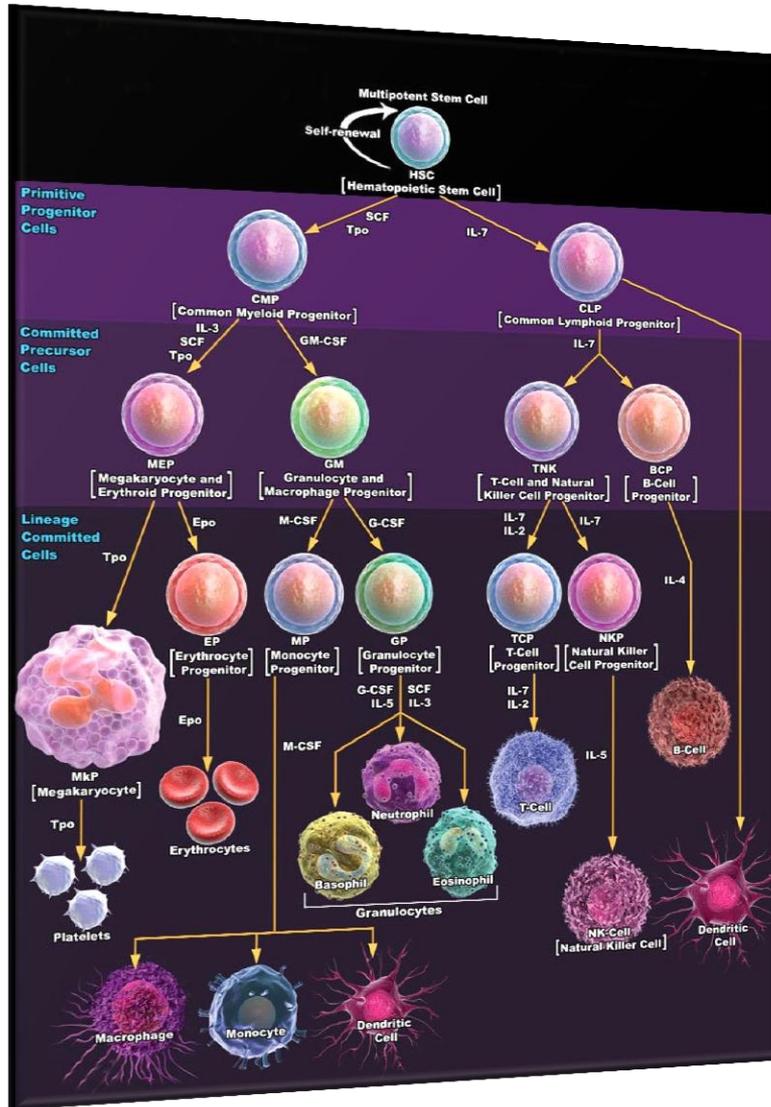
Chemosensitive

Radiosensitive

Inmunosensitive

} malignancies

Hematopoietic Stem Cell Transplantation



Novel conditioning regimens



- ✓ older patients
- ✓ comorbidities

Hematopoietic Stem Cell Transplantation



Hematopoietic Stem Cell Transplantation



Hematopoietic Stem Cell Transplantation





WORLD HEALTH ORGANIZATION

FIFTY-SEVENTH WORLD HEALTH ASSEMBLY

Agenda item 12.14

WHA57.18

22 May 2004

Human organ and tissue transplantation

2. REQUESTS the Director-General:

- (1) to continue examining and collecting global data on the practices, safety, quality, efficacy and epidemiology of allogeneic transplantation and on ethical issues, including living donation, in order to update the Guiding Principles on Human Organ Transplantation;
- (2) to promote international cooperation so as to increase the access of citizens to these therapeutic procedures;
- (3) to provide, in response to requests from Member States, technical support for developing suitable transplantation of cells, tissues or organs, in particular by facilitating international cooperation;
- (4) to provide support for Member States in their endeavours to prevent organ trafficking, including drawing up guidelines to protect the poorest and most vulnerable groups from being victims of organ trafficking;



Worldwide Network for Blood & Marrow Transplantation (WBMT)



Advancing Transfusion Cellular Therapies V

ABMTRR
Australasian
Bone Marrow Transplant
Recipient Registry



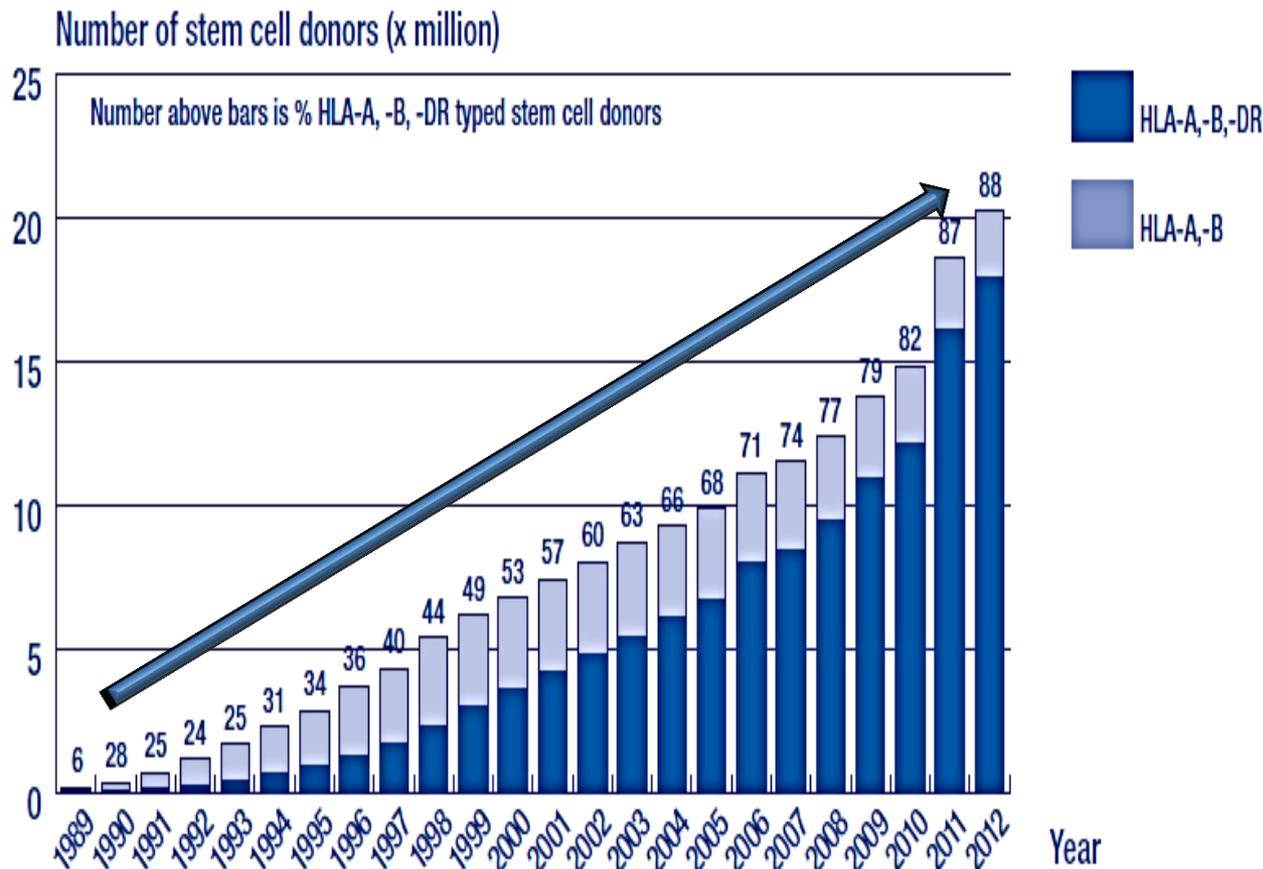
JACIE
joint accreditation committee
isct ebmt



Bone Marrow Donors
Worldwide
Annual Report | 2012

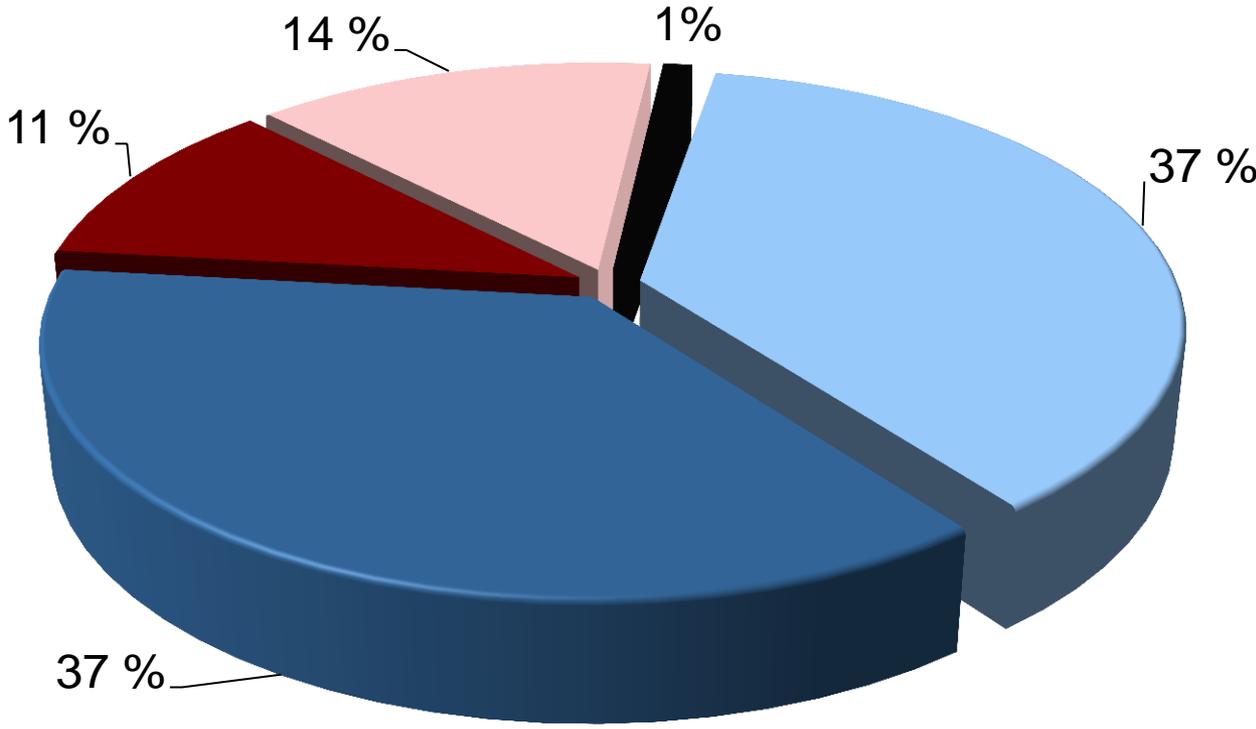


Figure 4
Total number of HLA-A, -B and
HLA-A, -B, -DR typed
stem cell donors



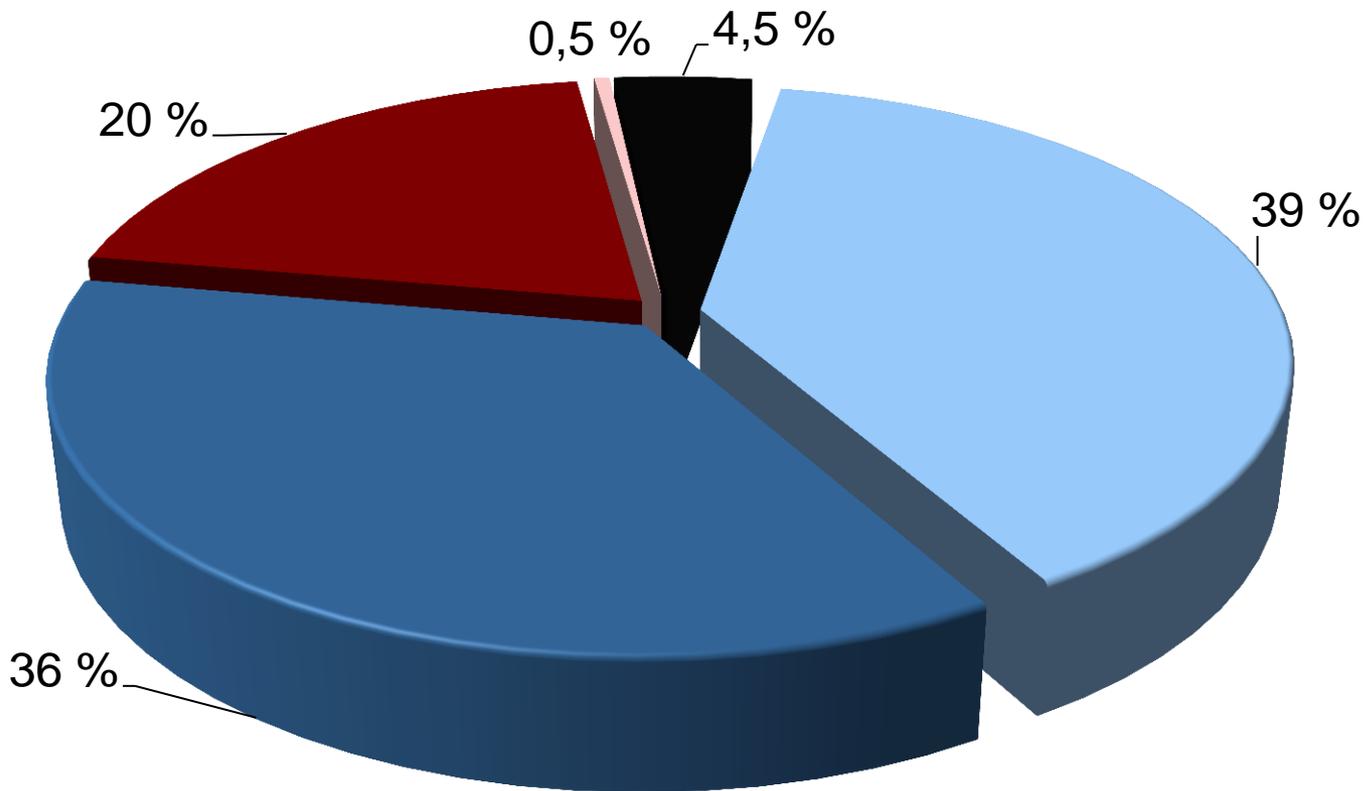
© BMDW

Distribution of stem cell donors



■ North America ■ Europe ■ Asia ■ South America ■ Others

Distribution of cord blood units



■ North America ■ Europe ■ Asia ■ South America ■ Australia/Oceania

2. REQUESTS the Director-General:

- (1) to continue examining and collecting global data on the practices, safety, quality, efficacy and epidemiology of allogeneic transplantation and on ethical issues, including living donation, in order to update the Guiding Principles on Human Organ Transplantation;
- (2) to promote international cooperation so as to increase the access of citizens to these therapeutic procedures;
- (3) to provide, in response to requests from Member States, technical support for developing suitable transplantation of cells, tissues or organs, in particular by facilitating international cooperation;
- (4) to provide support for Member States in their endeavours to prevent organ trafficking, including drawing up guidelines to protect the poorest and most vulnerable groups from being victims of organ trafficking;

Add ethnicity



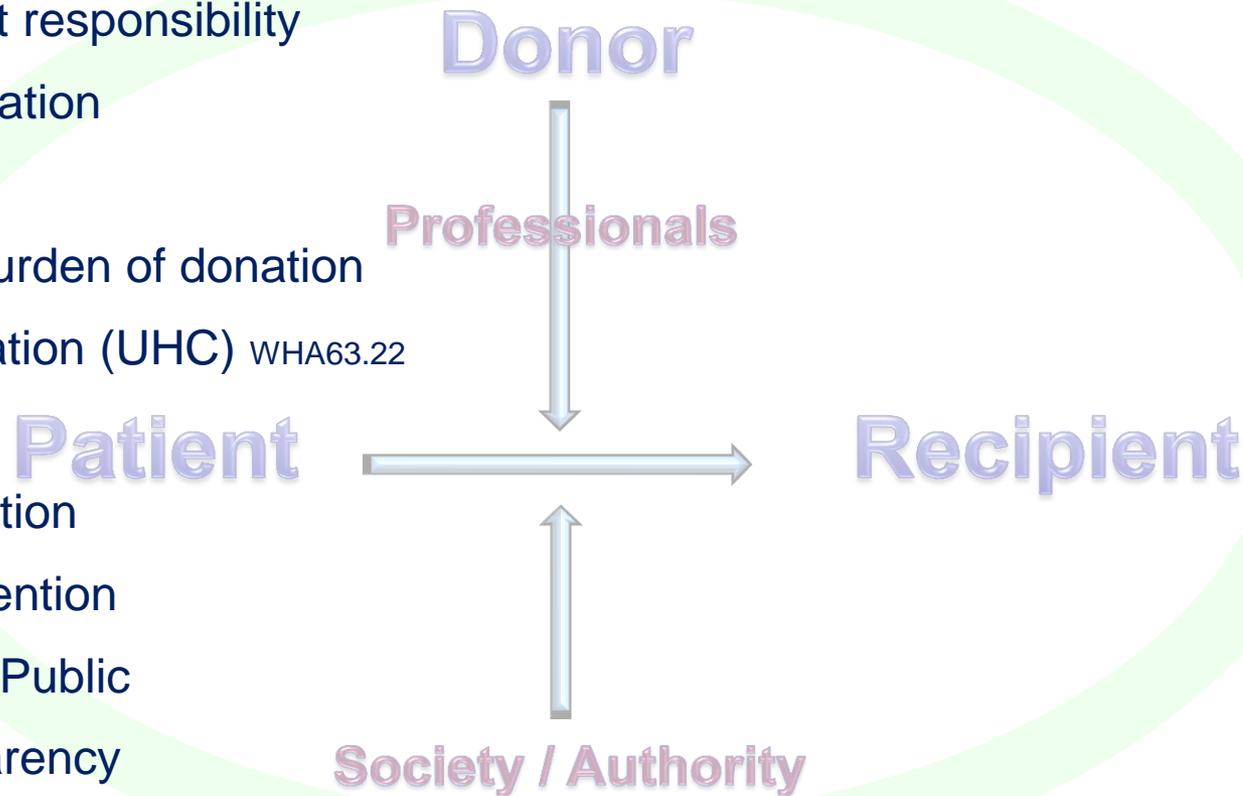
Ethnicity of donors and cord blood units is important for the donor/CBU selection process, and is needed for future improvements of the match programs.

The Self-Sufficiency Paradigm

Third Global Consultation on Organ donation and Transplantation Madrid May 2010

To meet patients needs:

1. Government responsibility
 - Organization
2. Equity
 - In the burden of donation
 - In allocation (UHC) WHA63.22
3. Education
 - To donation
 - To prevention
4. Trust of the Public
 - Transparency
 - Professionalism



Donation is a civic gesture, an expectation but not an exception



Professionals

Authorities



WHO Organization-wide Initiative for Medical Products of Human Origin

April 2013

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				



WHO Organization-wide Initiative for Medical Products of Human Origin

“ Health products of an exceptional nature ”

* GUIDING PRINCIPLE 10

WHO Guiding Principles On Human Cell, Tissue And Organ Transplantation

Endorsed by the sixty-third World Health Assembly in Resolution WHA 63.22

Guiding Principle 10

High-quality, safe and efficacious procedures are essential for donors and recipients alike. The long-term outcomes of cell, tissue and organ donation and transplantation should be assessed for the living donor as well as the recipient in order to document benefit and harm.

The level of safety, efficacy and quality of human cells, tissues and organs for transplantation, as health products of an exceptional nature, must be maintained and optimized on an ongoing basis. This requires implementation of quality systems including traceability and vigilance, with adverse events and reactions reported, both nationally and for exported human products.

WHO Organization-wide Initiative for Medical Products of Human Origin

Why “product” ?

**Outcome of a process,
quality management**

3 Global Governance Tools for MPHO

Three Global Governance Tools for MPHO

- 1. Global set of PRINCIPLES inherent to the Human Origin**
- 2. Global use of coding systems for all MPHO**
- 3. Global collaborative tools for Vigilance and Surveillance**

1. Global set of PRINCIPLES inherent to the Human Origin

- ❖ Prohibition of financial gain on the human body and its parts as such, recognizing that procurement through financial incentives and profit on some human body parts as such (e.g. plasma and gametes) is not forbidden in some countries, in which case respect of other requirements starting with transparency is even more important;
- ❖ Responsibility for the provision of MPHO placed with authorities and through them the individual citizen and resident;
- ❖ Genuine consent of donors and recipients;
- ❖ Protection of the incompetent
- ❖ Equity as a goal, in the burden of donation and in allocation of MPHO

- ❖ Traceability and accountability mandated throughout the process, from donors to recipients, including long term outcomes and vigilance and surveillance under the oversight of national competent authorities;

2. **Global use of coding systems for all MPHO**

- ❖ Transparency and openness to scrutiny indispensable even if confidentiality and anonymity when required must be preserved;

2. Global use of coding systems for all MPHO

Allow: easier information transfer + traceability + interoperability across MPHO, and between countries in routine and emergency + cost containment

From the transfusion experience  Coding is a priority

Editorials

Globally consistent coding systems for medical products of human origin

Ruth M Warwick,^a Jeremy Chapman,^b Timothy L Pruett^c & Haibo Wang^d

Medical products of human origin (MPHO) include blood, organs, bone marrow, cord blood, corneas, tissues, reproductive cells and milk derived

is compromised. Several countries have traceability requirements. However, these often vary for different types of MPHO because there is no global gov-

ties and individual experts to develop strong expert consensus internationally. Health authorities in many countries accept ISBT 128 as an effective solution

- ❖ Duty to constantly optimize the safety, quality and efficacy of procurement, process and clinical application of MPHO

Guiding Principle 10

High-quality, safe and efficacious procedures are essential for donors and recipients alike. The long-term outcomes of cell, tissue and organ donation and transplantation should be assessed for the living donor as well as the recipient in order to document benefit and harm.

The level of safety, efficacy and quality of human cells, tissues and organs for transplantation, as health products of an exceptional nature, must be maintained and optimized on an ongoing basis. This requires implementation of quality systems including traceability and vigilance, with adverse events and reactions reported, both nationally and for exported human products.

in collaboration with the



World Health
Organization



WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends.

WWW.WBMT.ORG

3rd & 4th October 2013





Thank you Obrigado Gracias

nunezj@who.int

<http://www.who.int/transplantation/en/>



World Health
Organization