

MOMENTUM

Putting strategy
into action
for patients,
communities
and health
systems across
Canada



Who we are

Established in 1998, Canadian Blood Services is an independent registered charity. We receive most of our support from the governments of all provinces and territories except Quebec.

Regulated as a biologics manufacturer by Health Canada, we provide blood, plasma and platelets for transfusion, as well as stem cell products from cord blood for transplantation. We also manage a formulary of plasma protein and related products used to treat a wide array of medical conditions. And we operate stem cell registry services on behalf of all provincial and territorial governments except Quebec. Our national transplant registry for interprovincial organ sharing and related programs extends to all provinces and territories.

We collaborate with patient groups, care providers, health system leaders, communities of donors, other blood service organizations and governments to continuously improve the effectiveness of Canada's health systems and achieve the best possible patient outcomes. Working with this diverse community of stakeholders, we contribute to the advancement and excellence of both national and international networks focused on transfusion and transplantation.

Our mission

We are **Canada's Biological Lifeline**

Our vision

To help every patient
To match every need
To serve every Canadian

Our values

I

Integrity

We do the right thing, always. We do what we say we will do. We share information in an honest, transparent manner. We follow policies, processes and regulations.

C

Collaboration

We help each other. We engage those who are affected by our decisions. We listen with an open mind. We focus on solutions.

A

Adaptability

We embrace change. We keep learning. We seek new ideas and opportunities. We integrate better ways of working, quickly.

R

Respect

We treat everyone fairly. We are considerate and courteous to everyone. We value diversity in all its forms. We create and nurture an environment where everyone feels included.

E

Excellence

We give our best every day, in all that we do. We take ownership of our work. We continuously improve our processes, products and services. We set increasingly higher standards for ourselves.

Momentum

Our 2023–2024 annual report on progress toward the four priorities of our strategic plan

Cover, from left to right:
 Cara, blood recipient and cord blood donor
 Radhika, employee, blood and plasma donor
 Benne, blood donor, OTDT registrant
 Kathleen, organ and blood recipient
 Nikunj, blood donor, PFL member and stem cell registrant

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1

Match products and services to patient and health system needs.

KEY COMMITMENTS

Enhance products and services to ensure patients consistently receive safe, optimal and timely treatment.

Secure Canada's domestic supply of plasma-derived immunoglobulins as global demand steadily rises.

Leverage our capabilities and infrastructure to provide new value to health systems, working together to bridge gaps.



For more on efforts to make our products and services more inclusive, and to address the environmental impacts of our operations, please see our [2023–2024 Sustainability Report](#).

Simone,
blood donor and Partners
for Life member



Where supply meets demand

Responding to volatile demand in the blood system requires agile management, along with new strategies for anticipating patients' changing needs.



Wai Yin,
blood recipient

In 2023–2024, Canadian Blood Services once again met or exceeded targets for the prompt, efficient delivery of blood products. More than 98 per cent of hospital orders for red blood cells were filled within 24 hours.

The few orders outside that 24-hour window were either slightly delayed or represented special requests for which we provided suitable replacements. Thanks to the continuous improvement efforts of our teams and their ongoing collaboration with hospital customers, patients across the country received the products they needed, and their care was never compromised.

Maintaining this level of service, though, can be challenging. Over the past year, Canada's blood system experienced unusually high volatility in demand for a number of key blood products. As a precautionary measure to ensure that hospital inventories remained stable, the National Emergency Blood Management Committee (see "What is the NEBMC?" page 5) initiated a series of Green Phase Advisory alerts for several types of red blood cells.

At any given time, the availability of blood components across our national system is categorized in terms of four levels or phases (see chart on page 6). In the baseline Green Phase, inventories generally meet demand, though occasionally a particular blood component may be in limited supply. A Green Phase Advisory informs hospitals that inventory levels are low for certain blood components and asks administrators to take steps in their management of current supplies to avoid an escalation to the Amber or Red Phase.

Green Phase Advisory alerts were issued from June 2023 until the return to normal operations in early December. In late October, we briefly declared platelets to be in the Amber Phase; they were restored to Green Phase availability within three days, thanks to prompt coordination between Canadian Blood Services, hospitals and the NEBMC, as well as our colleagues at Héma-Québec and the American Red Cross.

510 stem cell transplants

to patients in Canada were facilitated by Canadian Blood Services in 2023–2024. These transplants were made possible by stem cell donations from adult and cord blood donors in this country, as well as internationally.

Pathogen-reduced platelets and plasma

are now available to all of our hospital customers. Over the past few years, we've begun deploying pathogen inactivation technology at our production facilities to neutralize potential infectious agents — including viruses, bacteria and parasites — that could remain despite other rigorous safety measures. We apply the technique in-house to both pooled and single-donor platelets. We currently purchase pathogen-reduced plasma but are building our own processing capability. And we plan to offer pathogen-reduced red blood cells when the technology is approved for use in Canada.

Where supply meets demand

What is the NEBMC?

The National Emergency Blood Management Committee (NEBMC) is comprised of the National Advisory Committee on Blood and Blood Products, an interprovincial body that provides medical and technical guidance; representatives from provincial and territorial ministries of health; and leaders from Canadian Blood Services. The NEBMC develops recommendations and provides advice — to the provincial and territorial ministries of health, to hospitals and regional health authorities, and to Canadian Blood Services — in support of a coordinated response to blood inventory challenges in Canada.

Throughout this period, our response was one of heightened vigilance. The unexpected volatility was a catalyst to intensify continuous improvement efforts in all areas of supply chain management — within our own operations and in our collaboration with hospital blood banks, especially in the sharing of information. At the same time, we’ve sharpened our focus on collections and the vital work already underway to grow and diversify our donor base (see “Expanding our collection,” page 27).

Many factors drive increased demand

The clinical use of red blood cells had been declining, on a per capita basis, over the previous decade. We’d anticipated that this trajectory would reach a low point, and that demand would then rise as the pandemic receded and health systems caught up with the backlog of deferred surgeries and other treatments requiring blood products. However, increased demand for red cell blood cells has been more sustained than expected, with unprecedented variability and volatility that make it more challenging than in the past to predict trends. Demand for platelets has shown a similar pattern of decline and rebound, although some of the drivers of clinical use are different.

Multiple factors have converged to accelerate demand for all blood products. Canada’s aging population is putting added pressure on health systems to deliver a wider array of services to more patients than ever before. Our population has also been growing rapidly as we’ve welcomed millions of immigrants from around the world. At the same time, disease patterns have been shifting in response to various factors — including the impacts of climate change — both within Canada and globally. Clinicians are having to evolve their practices accordingly. And as patients’ treatment options become more sophisticated and personalized, we expect a corresponding evolution in the types and volumes of blood products needed to support them.

More research is needed to fully understand what is driving volatility on the demand side of the blood system, and Canadian Blood Services is actively leading this work. It’s clear that demand is not simply returning to previous levels as the pandemic recedes. What we’re seeing reflects a broader trend that requires us to adapt and further refine our supply chain management. Planning cycles have become tighter and more intensive. And we’re leveraging a wider range of analytical insights as hospitals share more data on inventory levels and product utilization. Together, we’re working to become more agile and nuanced in how we anticipate and respond to patients’ changing needs. ◊

National inventory advisory levels

Green Phase	Amber Phase	Red Phase	Recovery Phase
Inventories generally meet demand; periodic deviations from ideal levels are readily managed by Canadian Blood Services with input from hospital customers.	The national blood inventory is not robust enough to sustain routine transfusion practices; hospitals must take measures to safely reduce blood usage.	Inventory levels are insufficient to ensure supply for patients with non-elective transfusion needs.	Following corrective actions in either the Red or Amber Phase, inventories have begun to increase and are expected to be sustainable at appropriate levels.

It’s clear that demand is not simply returning to previous levels as the pandemic recedes. What we’re seeing reflects a broader trend that requires us to adapt and further refine our supply chain management.

More plasma, more often



Sabrina, immunoglobulin recipient, with a few of the bottle caps she saves as souvenirs of her treatments.

As we continue to grow our plasma collection network, we're steadily increasing the total volume collected — and, just as critically, the frequency of individual donations.

A growing number of patients in Canada depend on immunoglobulins to sustain their health and extend their lives. These plasma-derived medications are used to treat a wide range of conditions, including primary and secondary immunodeficiency, as well as autoimmune and neurological disorders. As global demand continues to rise, Canadian Blood Services has committed to securing Canada's supply of plasma for use in producing immunoglobulins. Our new strategic plan reiterates our goal of increasing domestic plasma sufficiency, which was just 16 per cent in 2022–2023, to at least 50 per cent, dramatically reducing our dependency on international providers. This is the impetus behind our efforts to significantly boost plasma collection in Canada.

During the past year, our network of dedicated plasma donor centres expanded to nine communities across the country as we added locations in Vaughan, St. Catharines and Windsor, Ontario, along with Abbotsford, British Columbia. Two more centres are coming soon to complete the initial 11-site network Canadian Blood Services began building in 2020 (see “Two new plasma donor centres,” page 81).

At the five centres that were already operational going into 2023–2024, the local donation environments have matured to the point where we're seeing significant growth in plasma collection, thanks to local teams' awareness-building and recruitment efforts. We've used similar approaches at our established blood donor centres, encouraging donations of source plasma — that is, plasma collected by apheresis, in which red blood cells are returned to the donor — to augment the supply of recovered plasma we routinely obtain through processing whole blood.

As a result of this coordinated strategy, during the past year we were able to ship more than 284,000 litres of plasma donated in Canada to producers of immunoglobulins — the versatile, plasma-derived medications that more and more patients across the country depend on. This was an increase of 21 per cent over the previous fiscal year. And based on current projections, we're confident that this steady growth will continue.

Finding the right frequency

While it's important to increase the overall volume of plasma collected as we work to advance Canada's domestic sufficiency goals — especially as demand for immunoglobulins continues to rise — it's equally critical to raise the frequency of donation. The human body typically regenerates plasma in about 72 hours, versus six to eight weeks for red blood cells. So because red cells are returned to the donor during plasma collection, it's possible to donate at much shorter intervals. We ask donors to consider giving plasma once a month, though some generously return even more often. Adapting guidance from other major blood operators around the world, we've targeted what we feel is a realistic and safe average rate of six to eight donations annually per donor. And we look at each donor's case individually to ensure their health and well-being remain top of mind.

Based on data from the latter half of 2023–2024, donation frequency for source plasma has already reached 4.7 times per year — considered excellent for a network that is still being rolled out nationally. Our progress to date is a testament both to the generosity of our donors and the dedication of our staff. And we're confident that this metric of long-term donor commitment will continue to rise. ◊

125k

litres of plasma

have been collected via the Canadian Blood Services plasma donor centre network since our first site opened in August 2020.

27%

domestic plasma sufficiency

in 2023–2024 is the highest milestone yet in our journey to secure at least 50 per cent of the immunoglobulin needs of patients in Canada with plasma donated in this country. Of that 27 per cent total, 19 per cent was collected at Canadian Blood Services plasma donor centres, and the other 8 per cent came through our strategic alliance with Grifols.



PARTNERING TO MEET PATIENT NEEDS

By integrating a domestic plasma manufacturer into our supply chain, we've accelerated our efforts to meet rising demand across Canada for lifesaving immunoglobulins.



Nadine,
plasma recipient

In the latest Canadian Blood Services strategic plan, we reiterate our commitment to helping Canada achieve, in the shortest time possible, at least 50 per cent domestic sufficiency of plasma for the production of immunoglobulins. To that end, as we continue to rapidly expand our plasma collection network (see “Two new plasma donor centres,” page 81), we've entered into a contractual agreement with Grifols, a global biopharmaceutical provider. Under the agreement, we will purchase immunoglobulins made using plasma collected by Grifols in Canada and manufactured within our borders exclusively for the treatment of patients in this country. Canadian Blood Services retains sole responsibility for managing and operating Canada's blood system.

This strategic alliance is already producing dramatic results. As of our 2023–2024 year-end, we'd succeeded in raising Canada's plasma sufficiency level to an unprecedented 27 per cent. Of this total, plasma donated directly to Canadian Blood Services accounted for 19 per cent, while the collection centres operated by Grifols contributed the other 8 per cent. And we expect this growth to continue as our own plasma collection network matures and expands, and as Grifols augments its six current locations with approximately 11 more sites.

Working with Grifols as our partner, Canadian Blood Services is well on the way to realizing our goal of at least 50 per cent plasma sufficiency for the country, with each organization contributing 25 per cent, or more, to the supply of domestically sourced plasma used to produce lifesaving medications for patients across Canada. ◊

10 years of cord blood

Canada's globally recognized national bank values quality over quantity.



In 2023–2024, the national public cord blood bank built and managed by Canadian Blood Services marked a milestone anniversary: it had been 10 years since the opening of the bank's first collection site in Ottawa. Another location soon followed in Brampton, Ontario, followed ultimately by western branches in Edmonton and Vancouver — with the entire network receiving significant support from generous financial donors. At the same time, we've built out the manufacturing capacity of our cord blood program, with processing, testing and storage facilities in Ottawa and Edmonton.

Now ranked among the top six operations of its size by the World Marrow Donor Association, our bank wins praise from clinicians around the globe for the superior quality of its cord blood, measured by stem cell count and the degree of testing each banked unit undergoes.

Stem cells from cord blood can be used to treat more than 80 diseases and disorders, including leukemia, lymphoma and aplastic anemia. The cord blood stored in our bank is made available to any matching unrelated patient who needs a stem cell transplant, whether they're in Canada or elsewhere around the world.

When we began planning the bank more than a decade ago, our data modelling suggested it should ultimately house about 20,000 units of

cord blood to meet projected needs. Clinical patterns have since evolved significantly — to the point where some national banks founded before ours have made the decision to delist inventories of cord blood that no longer meet changing quality standards. Canada benefited from other countries' experience and shifted the focus at an early stage from quantity to quality. Our cord blood bank has received particular recognition for the racial and ethnic diversity of our donor base (see “Stem cell diversity,” page 43).

Today, with over 4,500 units banked, we still have some way to go before reaching the optimum level of supply relative to Canada's population. But 10 years on, our bank is meeting the complex needs of patients in this country and internationally. And we're well positioned to support the rapid evolution of cellular therapies and other innovative treatments that depend on us as a source of stem cells and other types of blood cells from high-quality cord blood. ◊

101 units of research cord blood

were distributed to 17 teams of across Canada conducting medical and scientific studies in 2023–2024.

We deliver

In a new distribution model we've piloted in Alberta, patients who depend on plasma-derived medications now receive them the easy way — delivered right to their doors.

“People with Alpha-1 already have so much worry, just trying to breathe and make it through our days,” Judy says. “So, this is just one less thing I have to worry about. It means the world to me.”



Judy McQuat of Edmonton depends on a specialized drug called Glassia to treat her alpha-1 antitrypsin deficiency, an inherited condition that increases the risk of lung disease and other serious illnesses. In the past, patients like Judy would have obtained such medications — defined generically as alpha-1-proteinase inhibitors — from nearby hospitals, which in turn would be supplied by Canadian Blood Services. This would have been challenging for Judy, as she has limited mobility and depends on family members to run such errands. Plus, a busy hospital blood bank must focus first on immediate clinical needs, often in emergency situations. Dispensing drugs to outpatients, however important, often must take a lower priority.

Thankfully, Judy hasn't had to face any of these barriers. When Glassia was approved for

listing in the formulary in November 2023 (see “Breathing easier,” page 13), we'd just launched a pilot project in Alberta enabling patients to have such medications delivered, via a specialty pharmacy, directly to their homes.

A streamlined process

To test the potential distribution of select home-care drugs directly to patients, we partnered with service provider Bayshore HealthCare, whose Edmonton operations include a specialty pharmacy licensed to dispense complex therapies. We began with a single medication, Hemlibra, which is used to treat some forms of hemophilia. Then in March 2024 we extended the pilot to Glassia, which had been added to the formulary a few months earlier, following its approval.

The pilot home-delivery service is far more

convenient for patients — and it's efficient and economical for health systems as well. Highly specialized drugs can only be provided to patients who meet access criteria, and adjudicating those criteria is an intensive process for Canadian Blood Services and our hospital customers.

The pilot in Alberta is designed to streamline the whole process. Physicians requesting access to Hemlibra or Glassia for their patients apply simultaneously to the formulary and Bayshore HealthCare. A Bayshore pharmacist reviews the prescription, while a team of pharmacists and physicians at Canadian Blood Services confirms that the patient meets the listing criteria. Once we authorize the use, the Bayshore pharmacist facilitates delivery of the medication to the patient and provides counselling as needed on how to administer it.

As more of these complex products are added to the formulary in the coming years, we can collaborate with pharmacies like Bayshore HealthCare to reduce the workload for our hospital customers. The new distribution model also enables us to gather patient-level information such as age, dosing and frequency of use — while following rigorous privacy protection measures. This yields valuable insights that help us forecast demand, fine-tune our listing criteria, and report on trends and potential challenges.

Crucially, this evidence-based analysis enables us to confirm that only eligible patients receive some of the most complex and costly products in the formulary. Building on the pilot's success, we look forward to extending its value to other provinces and territories — and to distributing lifesaving drugs to patients' doorsteps across the country. ◊

Breathing easier

Patients across Canada have welcomed the approval of a lifesaving plasma-derived drug for inclusion in our national formulary.



Angela Diano,
executive director,
Alpha-1 Canada

“It’s like slowly suffocating to death. Patients get very sick and tend not to leave their homes. They end up on oxygen 24-7. And they’re afraid to go anywhere, because if you get sick, you have no lung protection.”

This is how Angela Diano, executive director of Alpha-1 Canada, describes living with the disorder for which her organization is named. In patients with Alpha-1 — short for alpha-1 antitrypsin deficiency — the liver doesn’t produce enough of a key protein that protects the lungs. The inherited deficiency means they face a lifetime risk of severe lung disease.

Fortunately, Alpha-1 can be treated with a plasma-derived medication called an alpha-1-proteinase inhibitor (A1-PI), which augments the patient’s supply of the missing protein and prevents further lung damage. Treatment with an A1-PI can free a patient from oxygen therapy and even eliminate the need for a lung transplant down the road.

While the value of A1-PI therapies has become increasingly evident in recent years, they’ve not been listed by most provincial drug programs, and their high cost has put them out of reach for patients who don’t have private health insurance to cover such treatments. As manager of the national formulary of plasma protein and related products, we play a key role in the complex process by which these drugs are approved for use in Canada. Already keenly aware of the needs of Alpha-1 patients, our formulary team intensified efforts to help expedite the necessary reviews of evidence and lead in-depth consultations with governments and other stakeholders across the country.

In November 2023, this lengthy collaborative effort at last achieved success: a medication called Glassia became the first A1-PI approved for distribution via our formulary, ensuring access for all eligible Alpha-1 patients across Canada (outside Quebec, where Héma-Québec manages its own formulary).

For generations to come

The full impact of adding this class of medication to our national formulary comes to life in the experience of individual patients. Judy McQuat, an Alpha-1 patient in Edmonton, relied on her husband’s private health insurance to cover the cost of the A1-PI drug she had been prescribed. After he died in 2019, coverage continued for another two years — and then Judy lost access to treatment. As her lungs continued to deteriorate, she feared she would soon become bedridden and face even graver health challenges.

The Glassia approval meant Judy could resume treatment in April 2024. “It felt like a huge brick had been lifted from my chest,” she says. “It saved my life.” Judy also became the first patient in Alberta to receive her medication through a new pilot program for home delivery (see “We deliver,” page 11).

“This is a milestone not just for patients today, but for generations to come,” Angela Diano sums up. “Because Alpha-1 is a genetic disease, we’re improving outcomes for people who don’t even know they’re patients yet.” ◊

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Sharing hearts



Braelyn,
heart recipient

A new program facilitates heart transplants across the country.

In 2023–2024, Canada’s transplantation community welcomed the launch of a new national program to facilitate the interprovincial sharing of hearts for high-status patients. This important step forward follows years of collaboration between Canadian Blood Services and the various provincial organizations responsible for heart donation and transplantation. The work we’ve done together to strengthen interprovincial organ sharing through the Canadian Transplant Registry — which focused initially on matching kidney donors and recipients — will help ensure that heart transplant candidates who are either highly sensitized or have urgent medical needs will now have more opportunities to receive lifesaving treatment.

The online program was initiated in October 2023 and by our fiscal year-end had facilitated 20 heart transplants across Canada, nine of them between provinces. ◊

This important step forward follows years of collaboration between Canadian Blood Services and the various provincial organizations responsible for heart donation and transplantation.



Lauren,
kidney donor

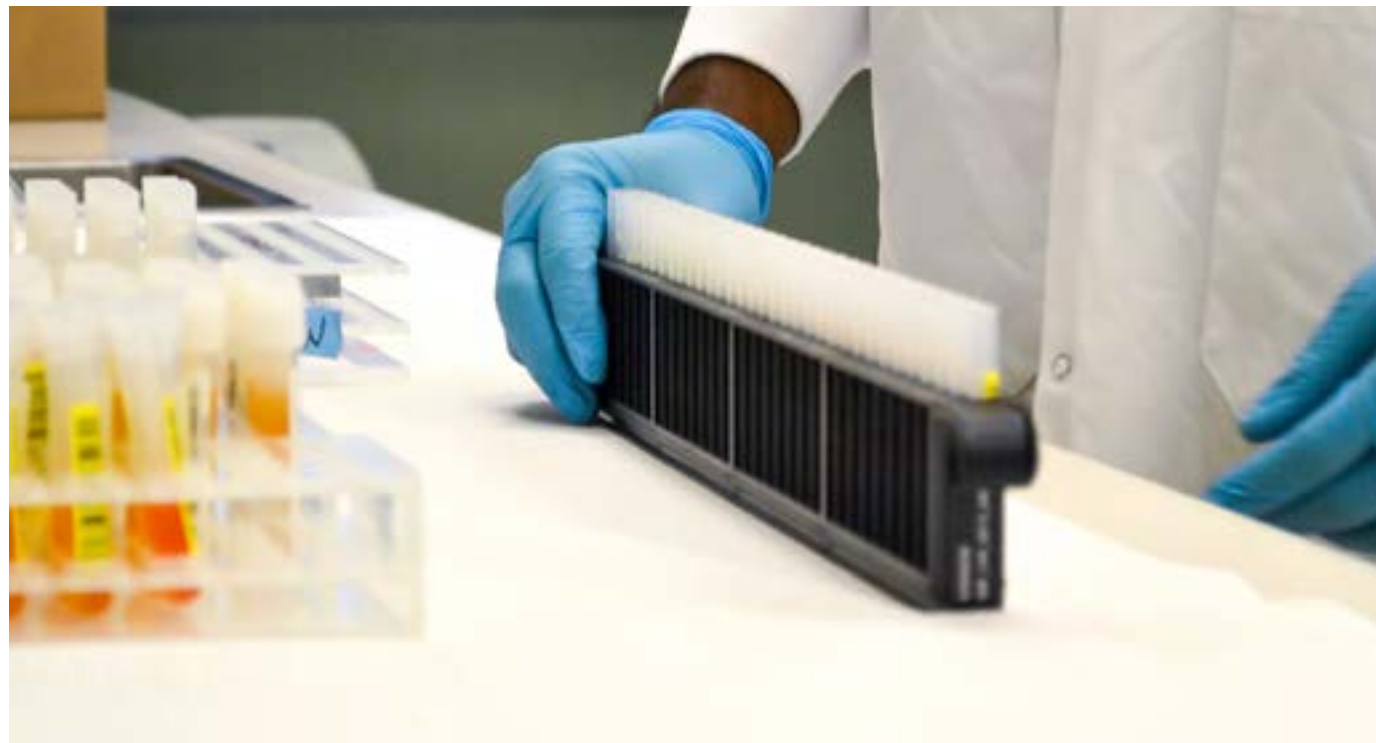
70%
of kidney transplants

enabled by the Kidney Paired Donation program in 2023–2024 were performed using kidneys shipped to the transplant candidates’ hospitals. Donors did not have to travel, but could remain with their support networks of family, friends and care providers.

1,000
HSP kidney transplants

have been completed under the Highly Sensitized Patients program as of July 2024, including 104 in 2023–2024, the program’s 10th anniversary year.

Ticking all the boxes



As part of our ongoing surveillance work, we've launched a multi-year study to ensure that Canada's blood system remains protected from tick-borne *Babesia* parasites.

Canadian Blood Services constantly monitors new and emerging pathogens that could potentially impact the blood system. For transfusion-transmitted infections of greatest concern, we conduct rigorous testing of donated blood and share our surveillance data with health systems and public health authorities. This data can be overlaid with other social and environmental information to create an enhanced view of infectious diseases in Canada.

One pathogen of particular interest is *Babesia*, a single-celled parasite that is transmitted to humans through tick bites and infects red blood cells. Like many such parasites, *Babesia* thrives in warmer weather, which has raised concerns that it could become more prevalent in Canada as climate change continues to raise average annual temperatures.

The impact of *Babesia* infection

People infected by the parasite develop a malaria-like disease called babesiosis. While many show no signs of illness, others may experience anything from flu-like symptoms to joint pain, anemia or jaundice. And if an individual with undiagnosed babesiosis chooses to donate blood, the infection could be passed on to transfusion recipients.

Potential risk to the blood system

According to the most recent study on *Babesia* in Canada's blood system, conducted in 2018, evidence of the parasite was only present in 0.002 to 0.007 per cent of the donor population. This prevalence was much lower than in areas of the U.S. where *Babesia* testing is mandatory for blood donations — and low enough that we could conclude tick-borne illness didn't pose an imminent threat to blood recipients. Over five years later, however, it's time to gather new data.

The new *Babesia* study

Launching in Manitoba in 2024, the multi-year study will test all donations during summer and fall, the peak tick seasons, to determine if the parasite is present in donors. During the study period, donor centres will be sending blood samples to our uniquely equipped innovation lab for this additional testing beyond our standard regimen. The study will also look for other tick-borne pathogens, such as Anaplasma bacteria and Powassan virus, along with additional emerging pathogens when appropriate. Surveillance testing will move around the country to ensure we assess regions of interest promptly and can act if necessary to mitigate any risks to blood system safety.

The value of vigilance

Currently, the prevalence of *Babesia* in Canada is extremely low and not a cause for concern. But as with all our work to ensure the safety, quality and sufficiency of blood and blood products, consistent monitoring and frequent testing are vital. Our proactive *Babesia* study is just one more way we're sustaining **Canada's Lifeline** into the future. ◊

Currently, the prevalence of *Babesia* in Canada is extremely low and not a cause for concern. But as with all our work to ensure the safety, quality and sufficiency of blood and blood products, consistent monitoring and frequent testing are vital.

SPECIALIZED PRODUCTS FOR SPECIALIZED NEEDS



Two areas of blood product development underline our strategic commitment to more precisely targeting the requirements of patients and care providers.

At Canadian Blood Services, we're constantly refining our diversified product portfolio to ensure we provide the right blood products for the widest range of clinical settings and the best possible patient outcomes. At the same time, we continue to build and strengthen the resiliency of our offering in the face of uncertainty and accelerating change.

In an environment where clinical requirements are evolving and health systems are in flux — within a broader context shaped by geopolitical conflict and climate change — we remain focused on planning for future needs. Whether considering shelf life, ease of transport or how components are manufactured, we must be confident that every product we offer not only fits today's needs but is adapting to meet tomorrow's.

Leukocyte-reduced whole blood

Recently we've seen renewed interest, particularly from the military and providers of pre-hospital emergency medical services, in the use of whole blood for trauma patients with acute bleeding. We've therefore secured Health Canada's approval to resume manufacturing and distributing a whole blood product for the first time since 1999. In reviving this legacy product, though, we've introduced a key difference that was not previously possible: we're leveraging an innovative process for filtering out white blood cells (leukocytes) without significantly reducing the quality and number of platelets. (Removal of white cells from blood components has been a regulatory requirement since 1999; this is why whole blood production was originally discontinued.)

The re-introduced product was initially restricted to military applications, for which it's typically not practical to transfuse all blood components separately. We tested operational effectiveness with the Canadian Armed Forces, and the results were very positive. We then began exploring non-military uses of leukocyte-reduced whole blood, working with the National Advisory Committee on Blood and Blood Products. The release of new recommendations for civilian use of this product have paved the way for exploring more non-military applications

in Canada during the coming year. Our first step will be to support international clinical trials studying the efficacy of whole blood compared to current standards of care for treating traumatic hemorrhage in pre-hospital settings.

We anticipate an important future role for this new addition to our product portfolio.

Dried plasma

A soldier seriously wounded in battle typically must be treated with blood and plasma within an hour to survive. And because fresh blood components have a limited shelf life and strict storage temperatures, they often can't be delivered quickly in the field. We've therefore been consulting with Canada's military on potentially resuming the production of dried plasma at Canadian Blood Services.

Dried plasma was once used extensively to treat wounded soldiers. Developed during World War II — in part by Canadian scientist Charles Best, the co-discoverer of insulin — it could easily be shipped abroad, stored for long periods and then reconstituted with sterile water as needed. The product fell out of favour after the Korean War, when it was found to have played a role in transmitting viral hepatitis. But improved testing and screening methods have once again made it viable for clinical care in conflict zones.

After consulting with the Department of National Defence to better understand its needs, in March 2024 we signed a funding agreement with Veterans Affairs Canada to conduct further research on producing dried plasma to current quality and safety standards. We're now preparing to adopt a novel technology that will enable us to produce and evaluate this product — using plasma donated in Canada — for the benefit of our armed forces and health systems nationwide. ◊

On the lookout

Our new strategic plan includes a commitment to “partner with public health entities to extend the impact of our testing and surveillance capabilities and infrastructure.”

In 2020, Canadian Blood Services supported the federal government’s COVID-19 Immunity Task Force with the largest national study to date of seroprevalence — the level of viral infection across the population, as measured by the prevalence of antibodies in donated blood. By the time the study concluded in March 2024, our Ottawa lab had tested more than a million blood samples, helping deepen understanding of the virus’s spread, as well as the effectiveness of vaccination programs. This type of collaborative research between public health agencies and blood operators around the world has highlighted the broader value Canadian Blood Services can bring to protecting against future pandemics and to overall public health surveillance.

We’re currently supporting the Canadian Immunity Research Network by testing samples of donated blood for antibodies to measles. The results are being combined with demographic information to indicate the level of immunity to measles across Canada, which in turn can help public health officials identify groups that are particularly at risk of outbreaks. As with the COVID-19 seroprevalence study, this type of data — anonymized to protect donor privacy — can also reveal how much immunity wanes over time and the potential need for re-vaccination. The work is timely, as the Public Health Agency of Canada (PHAC) has joined its counterparts worldwide in focusing on the resurgence of measles after the disease was nearly eliminated by vaccination. As of March 2024, PHAC had already identified 40 cases of the potentially fatal illness in Canada — more than triple the number of cases reported in all of 2023.



Although immunity to infections like COVID-19 and measles can be detected in blood, these diseases are not blood-borne and therefore aren’t spread through transfusion. Our primary surveillance activities remain intensely focused on infections that are potentially transmissible through blood. These efforts also have a public health dimension. For example, PHAC, in estimating infection rates for hepatitis B and C, now combines anonymized data from blood donors with traditional information sources such as reported cases to draw stronger conclusions.

And while in Canada there is no blood safety concern from the tick-borne *Babesia* parasite, we’ve launched a multi-year research study (see “Ticking all the boxes,” page 17) that will inform how we use surveillance and novel testing methods to monitor Canadian activity and keep the blood supply safe as tick populations of interest migrate to Canada. This vigilance applies not only to *Babesia*, but to other tick- and insect-borne pathogens that may be on the horizon as climate change affects habitats and infection patterns. ◊

This collaborative research has highlighted the value we can bring to protecting against future pandemics and to overall public health surveillance.

2

Grow and diversify a flexible, sustainable donor and registrant base.

KEY COMMITMENTS

Create new ways of inspiring donors and registrants to give, aligning their profiles and preferences with changing patient and health system needs.

Define the characteristics of a resilient donor and registrant base while increasing overall participation in Canada's Lifeline.

Intensify efforts to deliver an easy, flexible and personalized experience in which every donor and registrant feels valued.



For more on our work to diversify our base, engage with communities and generally advance diversity, equity, inclusion and reconciliation, please see our [2023–2024 Sustainability Report](#).

Misha and Zoey,
seeking a stem cell match



Offering an apology



We acknowledge the harms experienced by 2SLGBTQIA+ communities because of a past donor eligibility policy.

In 2022, Canadian Blood Services was able to end a policy that for decades had prevented all sexually active men who have sex with men, as well as some trans people, from donating blood and plasma. We'd presented Health Canada with a robust body of evidence — built over many years by researchers in Canada and internationally — supporting the conclusion that a policy change was safe and necessary. And in the fall of that year, with Health Canada's approval, we began implementing new eligibility criteria at our donor centres. All prospective blood donors are now asked the same questions about their sexual behaviour, regardless of sexual orientation or gender.

May 2024 marked another important milestone in this long and ongoing journey to make donation more inclusive: Canadian Blood Services issued a public apology to 2SLGBTQIA+ communities across Canada, acknowledging the harms experienced by gay, bisexual and queer men, trans people, and other members of 2SLGBTQIA+ communities because of the former donor eligibility policy. Dr. Graham Sher, our chief executive officer, personally delivered the apology to members of 2SLGBTQIA+ communities during an event at our Ottawa headquarters.

"As an organization, we know that what we do affects the well-being of people and communities across Canada," Dr. Sher said in offering the formal apology on behalf of the executive management team and the board of directors of Canadian Blood Services. "While the former policy was put in place with the intent to protect patient safety after the Canadian blood system crisis of the 1980s, we recognize that for many years the same policy reinforced a harmful public perception that someone's blood is somehow less safe because of their sexual orientation. We regret that this policy contributed to discrimination, homophobia, transphobia and HIV stigma within society."

The apology was developed in close collaboration and consultation with diverse 2SLGBTQIA+ communities across Canada. Its content was guided by an advisory committee comprised of representatives of 2SLGBTQIA+ civil society organizations.

"This is a historic moment that has been made possible by tireless advocacy from community, academia and health professionals," said Michael Kwag, executive director of the Community-Based Research Centre and a member of the advisory committee. "Addressing past harms is important, as Canadian Blood Services continues to work toward creating a more inclusive blood system for 2SLGBTQIA+ communities in all their diversity. There is still work to be done, but I am encouraged, knowing that progress is happening in a collaborative way."

Going forward, Canadian Blood Services has committed to ongoing engagement with 2SLGBTQIA+ communities, and to actions aimed at making all policies, processes and interactions with our organization more inclusive for community members. "We hope that the apology will serve as a foundation," Dr. Sher said, "on which we can build trust and repair relationships. On behalf of Canadian Blood Services, I wish to extend my sincere gratitude to the many individuals and communities who have worked tirelessly for more than a decade to make participation in **Canada's Lifeline** more inclusive." ♦

"We regret that this policy contributed to discrimination, homophobia, transphobia and HIV stigma within society... We hope that the apology will serve as a foundation on which we can build trust and repair relationships."

Expanding our collection



Blood recipient Wai Yin (right) with her friend Cali at a video shoot for a 2023–2024 marketing campaign

As patient needs evolve and donor preferences change, the donation landscape is also transforming.

As we faced a steep increase in demand for blood products during the past year, our immediate focus was on working with our health system partners to restore and sustain appropriate inventory levels (see “Where supply meets demand,” page 3). But the unexpected volatility also underlined the importance of our longer-term commitment — reinforced in the latest Canadian Blood Services strategic plan — to grow and diversify our donor base.

Blood donation levels naturally decreased during the pandemic, when deferred surgeries and other reductions in patient care meant that hospital blood banks could maintain smaller inventories. As the impacts of COVID-19 recede, though, we find that our base of active donors is still significantly smaller than it was before 2020. Some of this shrinkage can be attributed to the pandemic’s lingering effects — but the fact is we were already seeing some retraction in our base before it began. And even though our renewed recruitment efforts over the past year have helped to reverse that trend, we’re just beginning to address some of the longer-term issues facing Canadian Blood Services and, indeed, all charitable organizations.

How we’re growing our donor base

We know from initial research in this area that Canadians are thinking differently about how they want to give back to their communities. They’re also challenged to find time in their busy lives to contribute to social well-being. Our marketing and communications strategies have to evolve accordingly, shaped by new insights into what will motivate prospective donors and then retain their loyalty over time (see “Many ways to give,” page 45).

As we dialled up our marketing during the past year — both nationally and in highly targeted regional campaigns — we also expanded our donor recruitment efforts. Our in-field teams focused in particular on local businesses and community groups, partnering to host awareness events, promote group donations and strengthen overall retention.

At the same time, we worked to increase donation capacity. Many of our donor centres have introduced extended hours and are

now open more days of the week. We’ve also resumed mobile donation options in many communities. Most mobile events had to be suspended during the pandemic because of physical distancing requirements and other public health policies. Now we’re once again reaching communities where there are many willing donors who appreciate the convenience of being able to give blood close to home. And so far, the volume of donations makes this a viable alternative to fixed donor centres, where productivity has historically been higher.

A final, highly significant boost to donor recruitment was the change in eligibility criteria for donors who may have been exposed to variant Creutzfeldt-Jakob disease (vCJD) while living in the United Kingdom, the Republic of Ireland or France (see “Ending ‘mad cow’ deferrals,” page 41). Following our announcement, in November 2023, that this longstanding deferral policy would no longer apply, we saw an influx of new donors who said the change had inspired them to give. By year-end, we’d added more than 10,000 previously deferred donors to our base, and we expect to welcome many more in the year ahead. ◊

386k

whole blood donors

in 2023–2024 marks another significant year-over-year gain as our base continues its upward trajectory from an all-time low of approximately 343,000 donors in mid-pandemic. Much of this growth has been driven by expanding opportunities for people to donate.

Listening to diverse voices

To ensure that **Canada's Lifeline** reflects the entire population, we're committed to engaging with the communities we serve to better understand their unique experiences and points of view.

Increasing the diversity of our donor and registrant base is core to the long-term sustainability of Canadian Blood Services and a key commitment of our strategic plan. With a more ethnically diverse base, we can be more precise in matching blood products and stem cells to the needs of patients within certain communities — including many who've had difficulty in the past accessing the most beneficial treatments. We therefore need to forge stronger relationships with communities that historically have been underrepresented among our donors, building a base that is more reflective of Canada's overall diversity.

This is a priority that will take some time to achieve. But we're already making progress, breaking the work down into clearly defined projects with concrete outcomes that advance the overall goal — and show where we need to focus next.

Two vital communities

A case in point is our engagement during the past year with diverse Black and South Asian communities to ensure they're more appropriately represented in our donor and registrant base. While people who identify as African, Caribbean and/or Black comprise

4.3 per cent of the total population, they only account for 0.7 per cent of blood donors. When we look at the South Asian community, we find a similar though less stark difference: 5.6 per cent of our base compared to 7.1 per cent of the general population.

To increase representation from these communities, we needed to start by gaining deeper insights into their motivations as potential donors and the barriers that have prevented them from being more engaged. To that end, over the past several years we've led and supported social science research on barriers to donation. At the same time, our community engagement teams have been gathering relevant insights.

Building on these efforts, in 2023–2024 we launched a qualitative research study, conducting in-depth interviews with 40 community members on how they viewed blood and stem cell donation, their past interactions (if any) with Canadian Blood Services, their perception of our organization and other factors. We also undertook a quantitative survey of more than 900 participants from Black, South Asian and other communities on their experience with our organization and any barriers they'd faced as potential donors.

What we've learned

- Community members are telling us we have to raise awareness of the need for ethnic diversity in our donor and registrant base, highlighting the positive impact on underrepresented groups. As one respondent commented: "There is not enough information out there to get more ethnic people to donate."
- We can't count on advertising to communicate the importance of diversity to potential donors. We first need to partner with community leaders and advocates, building relationships of trust.
- When we do create advertising and social media campaigns, representation matters. As a community member put it: "I love to see people who look like me."
- Our strategies should be led by and co-created with the communities we're aiming to reach. They understand best what will motivate donors and help them feel included.

Where we're going next

We're now putting these insights into action, combining targeted advertising with broader communications efforts and direct engagement to underline how donating blood, plasma and stem cells benefits all communities in Canada, including diverse Black and South Asian communities.

We're also emphasizing the connection between donor diversity and better patient outcomes, focusing in particular on the treatment of sickle cell disease with blood components from donors of similar ethnic backgrounds or ancestry. Working with an external partner, we're gathering stakeholders' advice on how we should engage sickle cell and Black communities in more inclusive, equitable and anti-oppressive ways (see "Finding the right match," page 35).

And to support community members who want to learn more about donation — whether in making their own decisions or to spark conversations with others — we're building a library of up-to-date, culturally relevant information and resources. Accessible via our website, it's being co-created with the communities whose diversity will shape our future. [◊](#)



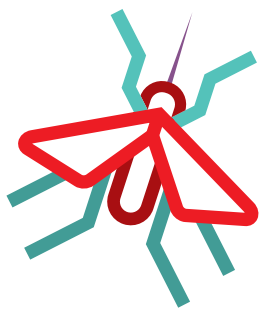
Diversity in the blood donor base

This summary of varying participation levels among different racial and ethnic groups in 2023–2024 underscores the need to ensure our donor base better reflects the diversity of Canada.

ETHNICITY (GROUPS)	ACTIVE DONORS	% ACTIVE DONORS	CANADIAN POPULATION
Black	2,544	0.7%	4.3%
Arab	5,313	1.4%	1.9%
Indigenous	5,350	1.5%	5.0%
Hispanic/Latino	5,698	1.5%	1.6%
Other	19,633	5.3%	2.6%
South Asian	22,138	6.0%	7.1%
Asian	23,571	6.4%	7.7%
White	273,291	73.9%	69.8%

Malaria: a safe, inclusive response

We're working with our stakeholders to make donor eligibility more inclusive while thwarting a blood-borne disease that continues to spread as the planet grows warmer.



Malaria is a life-threatening disease contracted by humans through bites from certain types of mosquitoes. The parasites that cause the infection can also be transmitted by blood transfusions, as well as by organ and stem cell transplants.

Because these parasites can lie dormant in the blood for decades, people who've had malaria at any point in their lives are not eligible to be whole blood donors. As a further precaution, Canadian Blood Services, like other blood operators around the world, screens potential donors to determine if they may have been exposed to malaria in areas where the disease is prevalent.

The kind of mosquito that transmits malaria lives mainly in sub-Saharan Africa, South Asia and South America. Our screening questionnaire therefore asks donors whether they have travelled to, lived in or immigrated from these areas. While this layer of screening helps to further protect the blood system, it has an unfortunate consequence: donation deferrals because of possible exposure to malaria disproportionately affect African, Caribbean and Black (ACB), as well as South Asian, communities.

In applying the criteria, each year we inform about 30,000 people who book appointments that they're temporarily ineligible to donate blood. The deferral period varies depending on how long a donor has spent in a high-risk region. Of those 30,000 donors, the vast majority are deferred for three months. About 1,200 are ineligible to give blood for either a six-month waiting period or, in some cases, indefinitely. Most people affected by this policy have never, to their knowledge, had malaria. At the same time, the total number of deferrals excludes many individuals who don't try to book appointments because they believe they're ineligible to donate.

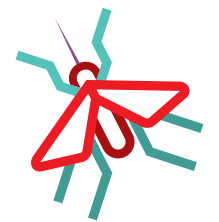
Looking for a better way

Being turned away as a blood donor can be a disappointing and frustrating experience. We're particularly aware of the impact our eligibility criteria can have on people who have lived in African countries with a high incidence of malaria — including members of Black communities who've encountered other barriers to donation. Canadian Blood Services is studying changes that will reinforce blood system safety while also being more inclusive.

Specifically, we've been studying potential changes to our malaria-related eligibility criteria. This builds on work we've been pursuing for several years. In 2020, we presented evidence to our regulator, Health Canada, that deferrals could be reduced for donors who've visited malaria-endemic regions for relatively short periods. The waiting time for short-term travelers was subsequently reduced from one year to three months.

Further revisions of this kind will create more opportunities for deferred (or self-deferring) donors to help others by giving blood. Moreover, such changes will significantly advance our mission as **Canada's Lifeline**, especially as we work to build trust and engage with more Black and South Asian donors and registrants (see "Listening to diverse voices," page 29). A more diverse donor base will not only better reflect the social fabric of Canada; it's a clinical imperative as we work to meet the needs of people with complex transfusion requirements. This is particularly true for patients living with sickle cell disease, many of whom rely on blood from donors of similar ancestry in the ACB communities (see "Finding the right match," page 35).

For all these reasons, we're increasingly focused on exploring alternatives to our current malaria-related eligibility criteria.



A more diverse donor base will not only better reflect the social fabric of Canada; it's a clinical imperative as we work to meet the needs of people with complex transfusion requirements.

Malaria: a safe,
inclusive response

Addressing the challenge of malaria deferrals has been a long, collaborative journey. We're grateful for the many stakeholders who've shared their insights, and we'll continue working to earn their trust as we get the rest of the way to a solution.

Developing a new test

In 2022, we launched a thorough review of all our policies and mitigation strategies with regard to transfusion-transmitted malaria. We followed a step-by-step process, guided by the risk-based decision-making framework for blood system safety developed with the international Alliance of Blood Operators. Through the following year, we engaged with clinicians, researchers and — importantly — individuals and communities who could be impacted by any evolution of our practices in this area.

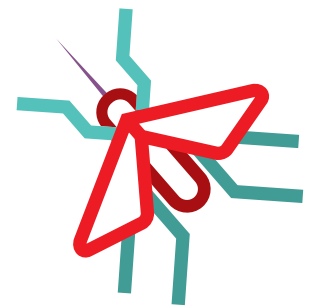
After evaluating many options, stakeholders supported the decision to implement nucleic acid testing (NAT) for malaria as part of the donor screening process, which in turn will allow changes in the eligibility criteria for all transfusable products. NAT detects whether prospective donors have any infectious malaria pathogens in their blood (as opposed to antibodies formed during past infections). Such tests will be administered selectively, as we'll still need to ask donors a few questions to determine their risk of malaria exposure and whether testing is warranted.

Health Canada has not yet approved any tests for malaria infection in human blood. Our decision to adopt NAT was driven by the generally shared conclusion that it helped advance several goals: safeguard Canada's blood system, ensure the availability of products for patients with complex transfusion requirements, enhance donor inclusion, and sustain and deepen relationships among stakeholders.

A collaborative journey

We're now collaborating with developers of testing assays to evaluate a malaria NAT for use at Canadian Blood Services. Once a test has been licensed by Health Canada, we'll seek regulatory approval to integrate it into the blood donation process, adapting our eligibility criteria and screening questions accordingly. While implementation timing has yet to be confirmed, we're working as quickly as our safety and quality standards permit and are providing regular updates to participants in the risk-based decision-making process. In the meantime, our existing screening process will remain in place to ensure the continued safety of the blood supply.

Addressing the challenge of malaria deferrals has been a long, collaborative journey. We're grateful for the many stakeholders who've shared their insights — particularly those members of the ACB, as well as South Asian, communities who in the past have experienced barriers to donation and engagement with Canadian Blood Services. They've broadened our understanding of the issues, and we'll continue working to earn their trust as we get the rest of the way to a solution. ◊





FINDING THE RIGHT MATCH

Two strategic priorities — increasing donor diversity and matching products to patients' needs — come together in our efforts to support people living with sickle cell disease.

Sickle cell disease is the most common inherited condition in Canada. The debilitating illness is currently estimated to affect more than 6,000 people across the country, and we expect that number will continue to grow. While the symptoms can be treated, for the majority of patients there is no cure.

A mutation in the blood protein hemoglobin prevents a sickle cell patient's body from producing enough functioning red blood cells. People living with the disease can experience severe pain, breathing problems, strokes and even multiple organ failures. One of the few effective treatments available in Canada is blood transfusion. Most patients regularly require their "sickled" red blood cells to be removed and replaced with new cells from a healthy donor. This procedure typically requires eight units of blood and must be performed every four to six weeks throughout a person's life. Every year in Canada, about 15,000 units of blood are transfused to adults and children who depend on such red blood cell exchanges.

The high number of transfusions required by sickle cell patients, plus the impact of the disease itself, can lead to a greater likelihood of side effects. The risk can be minimized if donors have closely matched blood types. And because this biological trait is inherited, the best outcomes often result when donors are of similar ethnic or ancestral backgrounds. In the case of sickle cell disease, most patients with the condition have ancestors from Africa, the Caribbean, Central and South America, the Middle East and South Asia. Unfortunately, our efforts to find the best potential donor matches are hindered by the current underrepresentation of some ethnic

and ancestral groups in our donor base (see "Diversity in the blood donor base," page 30). This is one of the biggest challenges we face in supporting people living with sickle cell disease — and it's why addressing barriers to donation for underrepresented groups is one of our biggest priorities.

"There are a lot of people like me."


Less than 25 per cent of current blood donors in Canada share a similar ancestry to the majority of people with sickle cell disease. This challenges our ability to sustainably fulfill our mission as **Canada's Lifeline**. That's why we've been raising awareness and deepening engagement around the need for a more diverse donor base for blood and blood components, particularly in the underrepresented African, Caribbean and Black (ACB) and South Asian communities (see "Listening to diverse voices," page 29).

We recognize that removing barriers to donation won't be accomplished overnight. For many people in these communities, past experiences of racism in the health care system — and throughout society — have caused profound harm and created a legacy of mistrust. We're committed to strengthening partnerships with community organizations and advocacy groups across Canada to repair relationships, build trust and address barriers to inclusion.

Finding the right match

Patients like Ulysse Guerrier of Toronto remind us why our work to increase diversity and inclusion in the blood system is so important. Ulysse's family came to Canada from Haiti in the early 1970s. One of four siblings with sickle cell disease (two of whom have died as a result), Ulysse was diagnosed in 1978 at two years old. He has since received more than 10,000 blood transfusions and currently requires between seven and 12 units every month to manage a disease that causes him extreme pain and has taken a severe toll on his body.


"This is not a Black person's disease," Ulysse says. "It's a red blood cell disorder. And as long as you have blood going through your veins, there is a possibility that you could carry the gene. That's why you need to know your genetic makeup — your sickle cell status. It's also very important for the ACB community to donate blood. Because there are a lot of people like me who need regular transfusions. I rely on blood from seven to 12 individual donors every month to carry on my treatment and survive. And the bigger the pool of diverse donors, the lower the chance I'll experience complications."

In March 2024, our stem cell team brought together leading experts in the fields of sickle cell disease and stem cell transplants to share knowledge and discuss emerging uses of gene therapies to treat sickle cell and other hemoglobin-related disorders. Meetings like this are part of an overall strategic approach to ensuring our products and services continue evolving to meet patients' complex needs. 

NEW THERAPIES BRING NEW HOPE

Teams across Canadian Blood Services are helping advance the medical response to sickle cell disease. We proactively manage our red blood cell inventory to ensure a sufficient supply of the most appropriate units for transfusion. At the same time, we're expanding the number of donors we test for blood group compatibility, as well as specific antigens, to better support patients with sickle cell disease and other rare blood disorders. Specialists in our rare blood program regularly provide hospitals with individual patient assessments and find optimally matched blood units within our inventory.

Our researchers are also helping to investigate new, potentially more effective therapies for the treatment of sickle cell disease. Among the significant advances on the near horizon — including some that received media attention over the past year — are genomics technologies, gene therapies and cellular therapies. In all of these promising areas, our expertise in stem cells is particularly relevant.

Gene therapies, for instance, entail extracting blood-producing stem cells from a patient, modifying the cells genetically, then returning them via transfusion, where they help produce both non-diseased red blood cells and additional healthy stem cells. In sickle cell patients, such therapies have the potential to lower the frequency of blood transfusions while reducing pain and other symptoms. 

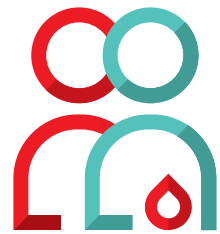
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Benny,
blood donor and
stem cell registrant

A journey of understanding

Indigenous Peoples are guiding our efforts to foster equitable access to organ transplantation in First Nations, Métis and Inuit communities across the country.



Indigenous Peoples in Canada, particularly those living in rural and remote areas, continue to face inequities in access to all dimensions of health care — including organ and tissue donation and transplantation (OTDT). Working to address these inequities is core to the Reconciliation Action Plan shared by Canadian Blood Services in September 2022. And our strategic commitment to reconciliation is reflected in efforts across our organization to develop greater empathy and understanding as we engage with First Nations, Métis and Inuit peoples.

In that spirit, members of our OTDT team chose to open their annual meeting in November 2023 by honouring the cultures and traditions of Indigenous Peoples. The team invited an Indigenous-run organization, Santele's Healing Circles, to begin the in-person gathering with the KAIROS blanket exercise, an interactive practice designed to communicate key themes and findings of the Royal Commission on Aboriginal Peoples.

Unfolding over several hours, the exercise is both deeply symbolic and emotionally intense. Participants are asked to bring blankets from home that have special significance for them. Gathering in the meeting space, they initially stand on their blankets, which are arranged to represent Turtle Island before the arrival of European colonizers. The blankets are then removed one by one to symbolize Indigenous Peoples' loss of their lands, as well as the toll taken by disease, conflict and various forms of injustice. As the session proceeds, participants are obliged to squeeze into a smaller and smaller space, just as Indigenous communities became increasingly restricted both in living space and in social, cultural and economic terms.

The blanket exercise is a powerful tool for helping non-Indigenous people better appreciate the profound impact of colonization. For the OTDT team, the experience was transformative, with members describing a deep-rooted, almost visceral change in their understanding of Indigenous loss.

Hearing about the continuing impacts of colonization and the challenges faced every day by Indigenous Peoples is a vital reminder that our efforts to advance OTDT — and all aspects of our support for health systems — must be grounded in equitable and inclusive relationship building. The journey ahead is long, and we know it will take time. But we're committed to investing in this journey and are grateful to the Indigenous leaders and communities who are guiding our work. ◊

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1,375 organ transplants

were facilitated in 2023–2024 through the National Organ Waitlist managed by Canadian Blood Services.

Ending “mad cow” deferrals

After nearly 30 years, thousands of blood donors are once again eligible to give.



Marvin, who lived in England, is now eligible to donate. His son, Rashaun, required blood at birth.

When an outbreak of what is popularly called “mad cow disease” threatened livestock around the world in the late 1990s, little was known about the human form of the illness, variant Creutzfeldt-Jakob disease (vCJD) — including whether it could be transmitted via blood. So as a precautionary measure, blood operators decided to defer donations from people who’d spent a significant amount of time in regions with a high risk of vCJD.

The deferral, which applied to current and former residents of 14 countries in Western Europe, as well as Saudi Arabia, was meant to be temporary. But it ended up taking nearly three more decades of surveillance and research before scientists could give those affected a green light for blood donation.

In early 2022, Canadian Blood Services removed the vCJD eligibility restriction for potential blood and plasma donors who’d lived for varying periods in a dozen countries. Then, in November 2023, we joined other international blood operators in extending the criteria change to include the United Kingdom, the Republic of Ireland and France.

Welcome to the donor base

Over the past 20 years, about 70,000 people across Canada have tried to donate but were subject to the “mad cow” deferral. Now we can reach out to all who remain eligible to give, and to hundreds of thousands of other potential donors who were constrained by our safety measures until the evidence from worldwide research and our own risk modelling was clear: possible exposure through beef products or transfusions in any of the countries flagged for deferral did not in fact lead to higher incidence of vCJD.

To keep **Canada’s Lifeline** strong, we need to add 100,000 blood and plasma donors to our base each year. There has already been a marked increase in the number of newcomers visiting our donor centres and mobile events since this long-awaited eligibility change was announced (see “Expanding our collection,” page 27). We look forward to welcoming many more as the good news continues to spread across the country. ◊

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Hope returns



Graham Sher Photography

In November 2023, Canadian Blood Services and Héma-Québec hosted an event in Ottawa for MPs and staff members on Parliament Hill. “Hope on the Hill” raised awareness of our efforts to grow and diversify the national stem cell registry to better meet patient needs. It also signalled our return to stem cell swabbing events after most in-person activities had been put on hold during the pandemic. Many more donor recruitment events are planned for the coming year. ◊

Stem cell diversity

We've made progress in diversifying the adult stem cell registry and the cord blood bank — and our work continues.

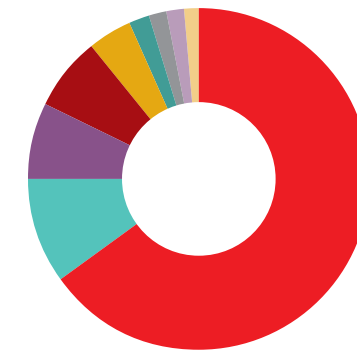


Emmanuel,
blood and stem cell recipient

Diversity in the stem cell registry

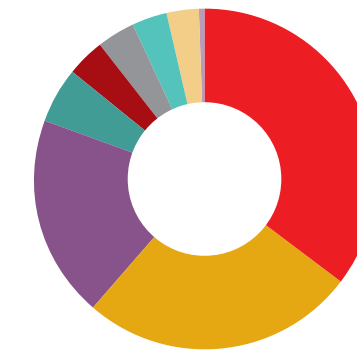
The stem cell registry operated by Canadian Blood Services is more representative of the country's diversity than our national blood donor base. This reflects the impact of recruitment activities across the country aimed at specific ethnic communities and individuals with multiethnic backgrounds. Of nearly 450,000 registered adult donors, about 35 per cent have ethnic, racialized and/or Indigenous identities (see chart below). Still, many groups remain underrepresented. We're making a concerted effort to increase registrants from African, Caribbean and Black (ACB) and South Asian communities, as well as First Nations, Métis and Inuit communities.

449,302 stem cell registrants*



White	65.2%
Unknown/other	9.8%
South Asian	7.3%
Chinese	7.1%
Multiple ethnicities	4.2%
Black	1.8%
Middle Eastern	1.8%
Indigenous	1.6%
Filipino	1.2%

4,516 cord blood units*



White	35.4%
Multiple ethnicities	26.0%
South Asian	19.2%
Black	5.4%
Chinese	3.7%
Middle Eastern	3.5%
Unknown/other	3.4%
Filipino	3.0%
Indigenous	0.4%

Diversity in the cord blood bank

Our national public cord blood bank maintains high participation from diverse communities. For more than 4,516 units collected to date, 65 per cent of donors identify with ethnic, racialized and/or Indigenous identities (see chart above). The bank's ethnic diversity is by design. Across Canada, we've placed umbilical cord collection units in maternity hospitals that serve diverse local populations. And our collections teams work closely with physicians, midwives and other care providers to ensure that prospective donors understand the impact they can have in matching the stem cell needs of patients who share their ethnic or ancestral heritage. ◊

*All figures reflect data at the end of 2023–2024 fiscal year.

We're making a concerted effort to increase registrants from African, Caribbean and Black (ACB) and South Asian communities, as well as First Nations, Métis and Inuit communities.

Many ways to give

As we build long-term relationships with donors and registrants, we're offering more choices in how they provide support — and where they can have the most impact.

When we talk about the value Canadian Blood Services delivers to patients and health systems, we generally focus on the specific products and services we provide. In the past, we've tended to apply the same framework in discussing the contributions of donors and registrants. One person regularly gives blood, while another is a plasma donor. Someone signs up for our national stem cell registry, while their neighbour registers to be an organ donor. And so on, across the various ways that individuals can help to sustain **Canada's Lifeline**.

But now we've adopted a new perspective. We start by identifying what all donors and registrants share in common, as humans who are ready to give part of themselves so other humans can live better lives — or in many cases, simply so they can live. We're shifting the conversation with prospective donors from the specific biological gift they're offering to why they want to give. Often this helps us redirect people's generosity to where it will achieve the most impact. For example, if someone comes to a donor centre predisposed to give blood but their particular blood type isn't currently in demand, we'll suggest that they donate plasma instead, to address a more urgent need.



Members of the stem cell community engagement team at a swabbing event at the University of Nanaimo.

We've seen through our engagement work that reframing the conversation in this way resonates with donors. Many are saying to us, in effect: We believe in your mission and want to be part of it. How can we help right now? And in response, we're reinforcing the sense of immediacy, stressing that what we need today may be different from what we'll need a year or a month from now, as we manage unprecedented volatility in demand for red blood cells and other blood components (see "Expanding our collection," page 27).

At the same time, we're committed to creating a unified donor and registrant base, rather than separate bases for each product and service. Going forward, we'll be presenting one interface through which people can engage with us. After we've welcomed a donor through that single "front door," we'll guide them to the donation option that best matches their unique biology to current patient needs — also taking into account factors such as geography and lifestyle. Of course, we'll always respect personal preferences. But if a prospective plasma donor has, say, the rare O-negative blood type, we'll recommend they donate blood instead, highlighting its vital importance in emergency care. Or if a blood donor is aged 17 to 35, we'll explain that this is the ideal range for stem cell donation and suggest they also join the stem cell registry.

We're shifting the conversation from the specific biological gifts donors are offering to why they want to give. This helps us redirect their generosity to where it will achieve the most impact.

Many ways to give

Building lifelong relationships

The goal of this transformational work can be summed up succinctly: One donor relationship, many ways to give. Realizing that ambition will take time. We need to invest in redesigned processes, new digital tools, employee education and other enhancements to maximize flexibility as we help donors and registrants navigate to the best choices — for them, and for the health systems we support. But our ultimate objective remains clear: ensuring that the optimal donors donate the optimal products — at the optimal times and locations — to deliver the best possible patient care. ◊

Other ways to help

Here are some recent milestones as we work to broaden the donor relationship.

Swabs for Blood Donors pilot:

From January to March 2024, all first-time donors of blood, plasma or platelets were given a swabbing kit with an invitation to sign up for the national stem cell registry. Aimed at 17- to 35-year-olds (the ideal age range for stem cell donation), the pilot sparked a strong response as donors embraced this additional way to give. We expect to make the kits integral to our engagement strategy going forward.

Swab at School campaign:

In February 2024, our community development teams for stem cells and whole blood joined forces to promote stem cell donation at 86 universities and colleges across Canada. Again, targeting our prime donor age group, the two-week campaign aimed to recruit 1,000 registrants. In the end, over 3,800 students swabbed their cheeks and signed up as potential donors — and many were inspired to give blood as well.

Inspiring organ donation:

Robyn Coates of Brampton, Ontario, a long-time blood and plasma donor, was inspired by a story on the Canadian Blood Services Instagram page to donate a kidney to Aurelius Rego, a father of two young children who was diagnosed with end-stage kidney disease in 2021. Robyn, a single mother with two children of her own, was not a match, but she was able to help Aurelius receive a lifesaving transplant by participating in our Kidney Paired Donation program.

Matching donors with dollars:

When we receive group donations through our Partners for Life program, in which employees and organization members get together to donate blood or plasma, we also invite their employers or leaders to amplify that grassroots support through financial donations. Such philanthropic gifts can have a significant impact on lifesaving research and other aspects of our work to advance patient care. ◊

Our ultimate objective remains clear: ensuring that the optimal donors donate the optimal products — at the optimal times and locations — to deliver the best possible patient care.



Betty,
volunteer

3

Invest in our people and culture.

KEY COMMITMENTS

Provide a compelling employee experience and strengthen our collective sense of purpose.

Advance diversity, equity, inclusion and reconciliation throughout our organization.

Develop the capabilities needed to prepare Canadian Blood Services for the future.



For more on all aspects of people and culture at Canadian Blood Services, including our efforts to advance diversity, equity, inclusion and reconciliation, please see our [2023–2024 Sustainability Report](#).

Petrus,
employee, blood and plasma donor



Rethinking how we work together



A new organizational redesign will help ensure that our capabilities are aligned with the needs of the people and communities we serve.

The strategic priorities that guide Canadian Blood Services evolve over time as we constantly look for ways to improve how we deliver value to patients, to donors and registrants, and to the health systems in which we operate. In our latest strategic plan, we've identified four key priorities and mapped out how we'll put them into action.

Bringing our strategy to life requires the right people with the right knowledge and skills, working together in ways that produce effective outcomes. To that end, in 2023–2024 we initiated a review of our organizational design to consider how leaders and teams might be redeployed to better realize our vision.

The first milestone in that ongoing work was a restructuring of our executive functions to reflect our maturation as **Canada's Lifeline** and to address the changing needs of our diverse stakeholders. After systematically analyzing how various teams intersect and support one another, we've redrawn our organizational map and designated new executive leaders for four restructured divisions:

- **The Donor Engagement and Corporate Reputation** division brings together all recruitment, engagement and related efforts aimed at supporting donors and registrants, including our National Contact Centre. By unifying our donor-focused activities across all business and product lines, we can guide donors toward the most impactful ways of giving, based on patient needs and donors' own preferences and attributes. This division also integrates our brand, communications and development teams to ensure public-facing initiatives are coordinated and consistently represented.
- **The Collections** division consolidates the donation of whole blood, platelets and plasma into a single integrated network designed to collect the optimal product from the optimal donor or registrant — at the optimal place and time — to deliver the best possible patient care. The result will be a more agile and efficient operation that can tailor our multi-product portfolio to the increasingly targeted requirements of modern clinical care.
- **The Supply Chain** division oversees production, distribution and logistics — as well as planning, process management and operational excellence — for all Canadian Blood Services products, including plasma collected for fractionation. This reconfigured division will help us achieve new levels of excellence in end-to-end supply chain integration as we fulfill orders for our hospital customers across the country.

- **The Inclusion, Sustainability and Engagement** division unifies our efforts to advance diversity, equity, inclusion (DEI) and reconciliation, along with stakeholder engagement and the social, environmental and governance dimensions of sustainability. Bringing together several interrelated functions for the first time, this new division will work to position Canadian Blood Services as a leader in all these areas as we reinforce the natural intersection between our social impact and our purpose, removing barriers to inclusion and belonging within **Canada's Lifeline**.

Our six additional areas of executive responsibility remain unchanged:

- People, Culture and Performance
- Chief Financial Officer and Corporate Services
- Medical Affairs and Innovation
- Quality and Regulatory Affairs
- Digital Solutions and Technology
- General Counsel and Chief Risk Officer (now including health policy and governmental affairs) ◊

“This realignment of capabilities across the organization will help us deliver more effectively on our strategic plan,” says Dr. Graham Sher, CEO of Canadian Blood Services. “Going forward, we’ll be better positioned than ever to serve all those who count on us.”

Fostering inclusion

Through our most recent employee inclusion survey, people shared their identities, along with candid insights into their experiences within the organization.



In 2023–2024, more than 2,500 employees responded to our most recent survey on self-identity and experiences of inclusion at Canadian Blood Services. Employees shared how they self-identify in terms of race and/or ethnicity, Indigeneity, gender and other categories, and whether they have any visible or invisible disabilities, and/or mental health challenges. The wealth of data is also helping us better understand how people's experience varies in different divisions and regions, in unionized versus non-unionized positions, in roles with in-person or hybrid work arrangements, and relative to their years of tenure.

While individual survey responses were varied, we can draw conclusions about the overall progress of our efforts to advance diversity, equity and inclusion (DEI). This analysis will help us further strengthen and focus internal DEI initiatives as each division sets goals for 2024–2025 and beyond.

Here are findings in four key areas and examples of the ongoing work they reflect:



Gender

Employees who identify as women or additional genders comprise 70 per cent of our current workforce. Within this group, nearly 63 per cent are managers or supervisors, while 53.5 per cent are leaders at the associate director, director or executive levels.

Canadian Blood Services has committed to the federal government's 50 – 30 Challenge, which aims for gender parity in senior leadership and board positions (50 per cent women and/or non-binary people) and 30 per cent representation of underrepresented groups. The latter include employees who identify as Racialized, Black and/or People of Colour (“visible minorities”), people with disabilities (including invisible and episodic disabilities), 2SLGBTQIA+ and/or gender and sexually diverse individuals, and Aboriginal and/or Indigenous Peoples.

What we've been doing: We established the Women's Empowerment Network in late 2022. Representing nearly 250 self-identifying women and non-binary employees, the network promotes gender equality and equity in the workplace. As well, the 2SLGBTQIA+ employee

resource group strongly supports gender and sexual diversity initiatives across Canadian Blood Services. These initiatives create spaces to learn about and discuss issues related to the experiences of women and non-binary employees in the workplace.

Race and ethnicity

Employees who identify as Black, Indigenous, Hispanic, Asian and/or People of Colour make up about 30 per cent of our workforce. The proportion of racialized employees is 28 per cent for manager and supervisor roles, and 20 per cent at executive, director and associate director levels.

What we've been doing: We've launched the first phase of a comprehensive review to identify possible discrimination and unconscious bias within our policies and processes — guided by a consultant with expertise in this area. We've taken steps in recent years to make our hiring policies and practices more inclusive and bias-free. The Black, Indigenous and People of Colour (BIPOC) employee resource group offers a safe space for sharing experiences and providing guidance on organizational change.

Disability and mental health

The inclusion survey results indicate that Canadian Blood Services has continued to evolve in the important areas of disability and mental health. Our focus remains on destigmatization and normalizing conversations while ensuring that wellness supports are in line with what employees want and need. Underpinning these efforts is a shared sense of pride in the many identities and lived experiences that make up our diverse workforce.

What we've been doing: We believe that respondents' openness on the topic of disability reflects our work to increase inclusion for people with disabilities across Canadian Blood Services, including our support for an employee resource group devoted to awareness of visible and invisible disabilities (AVID).

Ensuring the accessibility of our workspaces continues to be a top priority. Our facilities team has led the adoption of universal design principles at all locations in our physical network, investing in more accessible parking, providing elevator access in multi-storey buildings, creating wider walkways and ensuring more accessible washrooms (many of which are also gender-neutral). In October, we mark Disability Employment Awareness Month with activities and events developed in collaboration with the AVID group. In the coming year, we'll introduce new training, discussion forums and other initiatives designed to increase awareness of disabilities and the need for accessibility.

In the realm of mental health, the pandemic heightened awareness of the need for more robust and equitable supports. We provide a variety of employee wellness offerings aimed at decreasing stigma and promoting conversations around mental health. These include the Employee and Family Assistance Program; wellness apps and platforms; drop-in virtual therapy; mental health training for people leaders; and a new peer support network. (For more details, please see "Looking out for one another," page 59.)

We can draw conclusions about the progress of our efforts to advance diversity, equity and inclusion (DEI). This will help us further strengthen and focus DEI initiatives as each division sets goals for 2024–2025 and beyond.



Mansi
blood donor,
Partners for Life member
and stem cell registrant

Meeting of minds



Canadian Blood Services employees from coast to coast to coast received their leaders' support to come together for our first-ever symposium of employee resource groups (ERGs).

"I'm feeling very grateful to be here with a lot of people who are thinking very deeply about our organization and the work we have ahead of us... At the end of the day, we might be different ERGs, we might be different employees, but we're all working toward the same goals."

These were the initial thoughts shared by Dr. Aditi Khandelwal, a Toronto-based medical officer with Canadian Blood Services, as she joined colleagues from around the country at our inaugural ERG Symposium in May 2024. A member of the 2SLGBTQIA+ group (see sidebar), Aditi gathered with other ERG members in the Toronto suburb of Vaughan for the day-long event. About 40 participants from various divisions and teams — many meeting in person for the first time — spent the professional development day connecting, learning, sharing insights and collaborating on efforts to foster diversity, equity, inclusion (DEI) and reconciliation across our organization.

The power of connection

ERGs offer opportunities to connect with colleagues who share common identities or lived experiences, and to join forces in building a greater sense of belonging at Canadian Blood Services. The groups inform and contribute to DEI initiatives and share their insights and expectations with organizational leaders working to effect change. Created by and for employees, ERGs organize events, speaker series and other initiatives, supported by our DEI team. We provide each ERG with professional development opportunities, as well as funding for events and activities. ERGs also play a key role in planning and supporting the cultural and diversity days and months that we celebrate as an organization.

First, not last

Our first ERG Symposium was opened by Elder Bob Watts, a member of the Bear Clan of the Mohawk and Ojibway Nations and the former interim executive director of the Truth and Reconciliation Commission of Canada. After sharing his thoughts on how we can integrate Indigenous ways of knowing and being into our work, Elder Bob performed a traditional smudging ceremony, using the smoke of sacred plants that are understood to purify and cleanse the soul.

The sessions that followed were designed to support ERG members in influencing and advocating for change as they work to make the employee experience more inclusive at Canadian Blood Services. Participants agreed on several priorities for enhancing the role of ERGs, among them attracting greater support and participation from leaders; developing strategies to encourage more participation from frontline employees; and developing a plan to sustain and grow our roster of ERGs.

As the day wrapped up, attendees shared their reflections on its success and agreed on the need for more such events going forward. "Attending the ERG Symposium provided a valuable space for deep reflection and strategic planning," says DEI manager Dante Bazard. "This event has been essential for strengthening the foundation of our ERGs and advancing diversity, equity and inclusion within our organization." ◊



Coming together

Employees have established ERGs in three areas:

- 2SLGBTQIA+ (Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex and Asexual, plus all other sexual orientations and gender identities)
- BIPOC (Black, Indigenous and People of Colour)
- AVID (Awareness of Visible and Invisible Disabilities)

Looking out for one another

Our efforts to strengthen mental well-being in the workplace are built on shared awareness, open dialogue and mutual support. Three programs show those principles in action:

The Peer Support Network

Launched in 2023–2024, this program invites employees across Canadian Blood Services who are encountering mental health challenges to connect with a peer in the organization who understands the potential pain points and can direct them to appropriate sources of help, including those that are part of our benefits offering. While not therapists, volunteer peer supporters are trained in mental health first aid, as well as basic counselling strategies.



The one-on-one peer support sessions are highly confidential, with guidelines developed in collaboration with our privacy and legal teams. We do use some anonymized insights to identify broader trends and themes in employee well-being, which informs our organizational development.

In this introductory phase, we're intentionally keeping the program relatively small until we better determine the resources required to train and oversee volunteers — and also gauge the level of uptake among employees. From an initial group of 17 applicants, we've so far designated three peer supporters representing different regions and varied roles across the organization:

- **Kaleb Stucker** combines an educational background in addiction and mental health counselling with experience in addressing wellness issues in the 2SLGBTQIA+ community — as well as a special expertise in animal therapy.
- **Melodie Burns** has a degree in psychology, is a passionate advocate for holistic self-care and, as a mother of young twins, brings a deep and empathetic understanding to conversations about the challenges of parenting.
- **Terri Brunelle** is a nutrition and exercise advocate with a special interest in addressing workplace bullying and harassment — as well as a devoted animal lover who appreciates the joys and sorrows of pet ownership.

We use anonymized insights to identify broader trends in employee well-being, which informs our organizational development.

Looking out
for one another**The Well-being Champion Network**

Where our peer support program is one-on-one, the Well-being Champion Network takes a group-level approach to information sharing, helping raise awareness of the many wellness programs and opportunities available to Canadian Blood Services employees. While the program has been operating since 2015, during the past few years we significantly redefined roles and responsibilities to ensure broader representation of all groups across the country, focusing in particular on frontline employees.

With 44 members across the organization, the Well-being Champion Network helps get the word out on valuable wellness programs and how to derive maximum benefit from them, as well as opportunities to be part of their planning and delivery. Initiatives supported by the network during the past year include:

- **Mental Health Week (May):** Champions promoted events and led onsite creative art sessions to help teams get better connected and relieve stress together.
- **Healthy Workplace Month (October):** The network promoted and participated in this annual series of events recognizing the importance of wellness in the work environment.
- **Book Nooks (December):** Champions created opportunities for employees to share their favourite books and celebrate the wellness benefits of reading.

Bright Breaks

Over the years we've offered employees opportunities to take a break and recharge at set points during the day. But in today's workplace, especially since the pandemic, people need more flexibility in balancing personal wellness with their busy and varied schedules. So in 2023–2024 we introduced Bright Breaks — short, restorative sessions that employees can access easily when it's most convenient for them.

The program has something for everyone, from mindfulness and breathing, to stretching and movement, to learning and reflection. Employees are encouraged to look at the week ahead and find spaces where they'll have time to hit pause — or when they know they'll most likely need to. They then choose their preferred activities, and the available sessions automatically populate their digital calendars. Bright Breaks can also be integrated into team sessions, such as the kickoff to a meeting.

So far nearly 800 people across Canadian Blood Services are making use of this flexible wellness tool, and more are trying it all the time. "Taking mindful breaks during a busy workday is important, because they allow you to recharge, refocus and maintain productivity," says Marianna Falbo, a supervisor with our talent acquisition team. "Bright Breaks provide a mental reset, reduce stress and enhance overall well-being, which leads to better performance and creativity in the long run." ♦

In today's workplace, especially since the pandemic, people need more flexibility in balancing personal wellness with their busy and varied schedules.

Learning to change

In a culture of inclusion, collaboration and mutual support, we help our employees develop the skills required to achieve our vision — and to build their own careers.



Over the next few years, we'll be focused more than ever on driving change across all areas of Canadian Blood Services. We're developing innovative products and services that target patients' evolving needs. At the same time, we're building a more robust and diversified base of donors and registrants. And to support all of this work, we're strengthening and modernizing our digital and physical infrastructure.

Advancing these various efforts requires highly skilled people who are ready to pursue transformative goals while sustaining the safety, quality and resilience that patients and health systems expect. That's why another pillar of our strategy is developing the professional capabilities to address our organization's current priorities and meet future challenges. We also know that in a competitive talent marketplace, opportunities for career development play a key role in deepening employee engagement and retention.

The invitation to learn and grow with us begins during recruitment and is reinforced throughout an employee's career. So too are chances to develop the leadership skills needed to assume more responsibility and guide team efforts. We therefore remain committed to investing in both on-the-job training and formal education programs — because we know the success of our strategy depends on the people who work each day to bring it to life.

Our development programs include:

LinkedIn Learning

- 16,000+ on-demand courses designed to support employees' current and future roles.
- Career-focused learning in areas such as business, technology, marketing and leadership — including the learning requirements for specialized certifications.
- Delivered 24/7 to fit any schedule; accessible from any computer or mobile device.
- 65 per cent of employees have active accounts; 38 per cent are also in frontline roles.

Aspiring Leaders

- A program to help employees who've not yet managed people or teams decide if they wish to seek leadership opportunities.
- 91 employees completed the program in 2023–2024.

Head and Heart Leadership

- The Peter MacDonald Leading with Head and Heart Program for Supervisors and Managers, developed in collaboration with Ivey Business School.
- Real-time virtual learning sessions focused on building holistic management skills.
- Includes a Leadership Challenge project aimed at deepening knowledge and judgment around leading others, with an action plan participants can apply in their current roles.
- 70 employees completed the program in 2023–2024.

INSEAD: Developing Emerging Leaders

- Program created by one of the world's top-ranked graduate business schools.
- Offered to directors and associate directors to enhance and sharpen their leadership skills.
- Five weeks of self-discovery, class discussion and collaboration with faculty and peers worldwide, plus a two-week project that participants can implement in their current roles.
- 18 employees completed this program in 2023–2024. ◊



A pillar of our strategy is developing the professional capabilities to address current priorities and meet future challenges. Opportunities for career development play a key role in deepening employee engagement and retention.

4

Enhance our digital and physical infrastructure.

KEY COMMITMENTS

Further digitalize and automate our enterprise processes to improve how we work and to gain deeper analytical insights.

Optimize our facilities across the country to make the Canadian Blood Services network more responsive, flexible and resilient.



For more on environmental impacts and governance issues related to our physical and digital networks, please see our [2023–2024 Sustainability Report](#).

Aaryan,
blood, platelet and plasma recipient



What the data says



Josian,
Associate Director,
Data and Analytics Centre
for Excellence

The Healthy Donor Base project puts data and analytics to work, helping us identify the right donors today so we can meet the needs of tomorrow.

In our last annual report, we announced the creation of a Data and Analytics Centre of Excellence to better coordinate how we gather, collate and interpret data for effective decision making. Individual teams across Canadian Blood Services have been building their data and analytics capabilities in recent years. Now we're integrating those insights to advance broader goals — from developing products and services that reflect patients' changing needs to evolving a sustainable donor and registrant base that will keep pace with future demand.

The new Centre's first project is the Healthy Donor Base, which leverages advanced analytical tools as we accelerate our efforts to grow and diversify the blood and plasma donor base. This flagship project has three main components:

Growing the base

The project team is using evidence-based insights to determine the ideal size and composition of our donor base, as well as the configuration of our collection network relative to where donors live and work.

Fostering diversity

Across a rapidly changing population, we're exploring demographic shifts and potential barriers that deter some donors and registrants from participating in **Canada's Lifeline**. The insights we gain will refine our community outreach, marketing and other efforts to remove barriers and foster engagement.

Understanding patients' needs

We'll be working with the provinces and territories to gain deeper insights into how blood products are utilized. By addressing current gaps in clinical data and learning more about patients' characteristics and how they evolve, we can better plan for future blood demand. ◊

We're leveraging advanced analytical tools as we accelerate our efforts to grow and diversify the blood and plasma donor base.



Adam, stem cell recipient, and
Natasha, with their daughter

Becoming more fluent in data

While the primary focus of the Data and Analytics Centre of Excellence is advancing our strategic priorities, the team also identifies opportunities to foster data literacy across Canadian Blood Services.

"As Canadian Blood Services evolves into an increasingly data-focused organization, we're offering employees opportunities to expand their horizons," says Josian Edmond, associate director of the Centre of Excellence. "In addition to acquiring specific skills, they can enhance their overall data literacy, learn to use

new tools and techniques, and gain a deeper awareness of how business challenges can be solved using data."

To address this concern, we've organized a two-day symposium in October 2024 bringing together employees to discuss the building blocks of evidence-based decision making and to learn from experts about best practices in data and analytics. It's the first in what we expect will be an ongoing series of events aimed at expanding our data literacy. ◊

Exploring artificial intelligence

We're assessing the value — and risks — of AI-based tools that could transform how we support patients, donors and care providers while modernizing our business operations.

Over the past year, there has been widespread public discussion of artificial intelligence (AI), whether celebrating its remarkable promise or warning of its possible pitfalls. Leading organizations in many fields are examining new AI-based technologies with the potential to learn, reason and act autonomously in order to solve problems, make decisions and perform tasks that normally require human brainpower.

The field of health care is no exception. Indeed, it's an area where innovations such as large language models and generative AI hold remarkable promise, both in enhancing patient care and in enabling health systems to operate more efficiently. It's also an area where things are changing so quickly, and views can be so divergent, that few proposed solutions are free from speculation and debate. For an organization like Canadian Blood Services, with our focus on minimizing risk, AI has yet to prove itself.

What we can do at this stage is explore possibilities, testing how applications that deploy, for example, natural language processing or intelligent automation might help us better fulfill

our mandate. In our latest strategic plan, we've committed to adopting emerging technologies that can safely and efficiently "support the experience of donors, registrants and other stakeholders, as well as our organizational resilience and the optimization of employees' work processes."

In 2023–2024, we began to engage teams across Canadian Blood Services in exploring the transformative potential of AI. There are many dimensions to consider, from the governance framework required for these technologies to the added information privacy and security protections we may need to put in place. Again, as an organization defined by the need to intensively manage risk, Canadian Blood Services will proceed cautiously, testing and sharing best practices with our peers. And as with all of the advanced technologies we've adopted over the years, the ultimate test of any AI solution will be its power to advance and safeguard the well-being of patients, donors, employees and the communities and health systems we serve as **Canada's Lifeline.** ◊

The ultimate test of any AI solution will be its power to advance and safeguard the wellbeing of patients, donors, employees and the communities and health systems we serve as **Canada's Lifeline.**



Alicia,
blood recipient, financial donor
and Partners for Life member

Responding to climate change

The growing climate crisis challenges us to leverage skills and insights we've developed over decades as an organization defined by the effective management of risk.



Graham Sher Photography

At this point climate change is altering many aspects of life in Canada, so its impacts inevitably loom large as we work to maintain the integrity of the blood system. Extreme weather can disrupt donation activities, damage production facilities, hamper logistics and lead to product shortages. At the same time, shifts in weather patterns may extend the reach of blood-borne diseases carried by mosquitoes, other insects and ticks (see “Ticking all the boxes,” page 17), risking contamination of the blood supply.

We're also increasingly aware of the environmental impacts of our own operations — within a health sector that produces roughly five per cent of all carbon emissions in the country. Canadian Blood Services, alongside our health system partners, faces a multifaceted challenge as we work to reduce emissions, conserve water, minimize waste and adapt our facilities to withstand severe climate events.

“A climate-resilient, sustainable lifeline”

Managing risk has been a core responsibility of Canadian Blood Services since our founding in 1998 following a catastrophic crisis in the blood system. Today, as a vital partner to health care providers across Canada, our rigorous approach to risk management is more important than ever.

To continue providing lifesaving products to patients, we must be ready to respond to every kind of disruption, from a public health emergency sparked by a global pandemic to supply chain delays caused by geopolitical conflicts. The growing climate crisis has only intensified our focus on ensuring operational resilience. Among our top priorities:

- Evaluating the climate risks affecting all areas of our operations, including collections, manufacturing, logistics, supply chain, and employee health, safety and well-being — along with the overall labour market.

- Continuing to monitor emerging pathogens while ensuring we have the capacity and tools to respond quickly if we're faced with a new source of blood-borne infection.
- Strengthening our physical and digital infrastructure to protect against extreme climate-related events, whose frequency and severity is expected to increase.
- Enhancing our business continuity planning, elevating preparedness through continuous testing and scenario exercises.
- Collaborating with local, regional and national partners on strategies to improve our collective climate resilience.

During the past year, our resilience and preparedness committee began conducting a hazard risk assessment (HRA) to identify potential threats to the blood system's continued availability and reliability. When completed, the HRA will provide a more comprehensive picture of risks to our operations and where additional investment may be required.

In all these efforts, we're guided by the priorities of our recently formalized sustainability framework, which sets out our commitment to “operate a climate-resilient, sustainable lifeline.” And we will track our progress through rigorous annual sustainability reporting. As a not-for-profit charitable organization primarily funded by governments, with an extensive physical footprint and distribution network, Canadian Blood Services is a critical part of the nation's public infrastructure. Patients, donors and health systems count on us to always be here supporting their needs, whatever climate challenges lie ahead for our communities, our country and our planet. ◊

Location, location, donation

As we adopt a more strategic and holistic approach to evolving and managing our physical infrastructure, a particular challenge is the fast-changing real estate market.



Above and opposite: A new plasma donor centre

The physical footprint of Canadian Blood Services — including donation, production, distribution, research and administrative facilities — totals more than 1.2 million square feet. With buildings and spaces of various types and sizes right across the country, it's a complex network requiring rigorous management of everything from cleaning and maintenance to capital improvements in environmental performance and accessibility.

In our strategic plan, we've committed to optimizing our physical infrastructure to make it more flexible, in light of patients' evolving needs, and at the same time more resilient, particularly in addressing climate change. This means pursuing a centralized approach to governance, planning, investment and development. More than ever, we want to ensure our network has the right assets in the right places to support donors, patients and health systems, today and over the long term.

One aspect of this work that has grown more challenging recently is managing our real estate assets. As a provider of biological products and related services, we need ready access to our hospital customers and the patients they serve. Our production and distribution facilities — primarily leased, in a few cases owned — are typically in industrial areas with efficient ground and air transportation links.



When it comes to donor centres, though, we have to be close to where people work and live. We're often competing for space in areas with shopping, restaurants and other consumer-oriented features. And unlike retailers, we can't offset our leasing costs with revenue from selling products or services. In fact, our donor centres have the opposite function: this is where we collect our products, at the entry point to our supply chain. So choosing locations requires finding an ideal balance between donor convenience and what is financially sustainable. And the property market, like so many other aspects of life in Canada, has changed a great deal over the past four years.

A changing environment

In 2019, the main focus of real estate planning at Canadian Blood Services was our recently approved plasma collection network and its proposed expansion to 11 sites. Development of our first dedicated plasma donor centre was underway in Sudbury, Ontario, when the pandemic hit. As the public health crisis quickly put many retail businesses in jeopardy, commercial property owners saw that we offered a stable and financially secure alternative to their traditional tenants. Landlords offered attractive leasing terms and were ready to support the complex needs of our donor centres — which they knew would draw more visitors to their properties.

We've committed to optimizing our physical infrastructure to make it more flexible, in light of patients' evolving needs, and at the same time more resilient, particularly in addressing climate change.

Location, location,
donation

Four years on, the commercial leasing environment has changed once again. With the pandemic largely behind us, retail businesses have been quickly regaining ground, while landlords are willing to assume more risk in return for higher rents. Vacancies have dropped dramatically in major centres like Vancouver and Toronto. More broadly, higher interest rates and economic uncertainty have shifted real estate investment from commercial to residential properties, further reducing the availability of retail space. We expect this tightening of the market to continue for at least the next three years.

Across our network, we're finding new ways to navigate the changing real estate landscape. We're creating cross-functional teams to bring more diverse insights to our decision-making. We're building relationships with property owners and developers so we can stay alert to opportunities on the horizon. Above all, we're planning the evolution of our donor centres — and our entire network — not one location at a time, but as part of a long-term strategy. By connecting with more donors in more places, we can deliver a wider array of life-changing products to the patients who need them. ◊

We're planning the evolution of our donor centres — and our entire network — not one location at a time, but as part of a long-term strategy.



Our new Calgary donor centre



The real world of real estate

In 2022–2023, we learned that our long-established donor centre in the heart of Calgary would have to relocate in 18 months. The building where we leased space had been acquired by the city to facilitate a transit expansion project.

When we surveyed donors, employees and volunteers, most wanted the centre to remain downtown, close to the existing location. Finding a new space, however, proved difficult. Many property owners were unable or unwilling to meet all our requirements for the optimum donor experience. After a lengthy search and some adjustments to our criteria — without compromising the needs of donors or our team — we leased a highly visible street-front location in an office building just seven blocks from the previous site. A critical concern in the busy downtown area was convenient parking, which we were able to secure through a contractual arrangement with a nearby garage.

Our choice of the new Calgary donor centre, which opened in May 2024, also entailed an in-depth analysis of the city's expected future trajectory. We looked at factors such as population growth, shifting demographics and economic development as part of the longer-term perspective we're bringing to the management of our facilities network.

Yet for all the rigour of our approach, sometimes the market doesn't cooperate. In 2023, we began planning a new donor centre in the Greater Vancouver Area. After more than a year, though, we were unable to find a suitable location. So we've broadened our search to include other British Columbia markets that might match our criteria for attracting the types of donors we most need. As with our recent decision to reestablish our presence in Thunder Bay, Ontario, with a plasma donor centre (see "Two new plasma donor centres," page 81), our new strategy requires agility and a readiness to rethink assumptions about how we can best connect with donors. ◊

Strengthening our core

We're modernizing our technology infrastructure to build added resilience while meeting the changing needs of donors, patients and health systems.



Advanced information technology is critical to sustaining a safe, reliable and effective blood system. That's why a key strategic priority for Canadian Blood Services over the next several years is to further digitalize and automate processes across our operations. More agile and adaptable digital technology will improve how we work together and with our health system partners. And it will allow us to gain new analytical insights on donors, our hospital customers and the patients in their care.

A crucial first step is building more resilience into our core technology infrastructure — the networks, applications and data centre that support all stakeholders who interact with us digitally. Every moment of every day, our systems enable people to book donation appointments, share clinical information, coordinate service delivery, track products along our supply chains and perform countless other tasks that ultimately help foster patients' health and wellbeing.

Over the past few years, in part because of the pandemic, we've not taken full advantage of rapidly evolving capabilities across the technology sector. We're now closing that gap with a multi-year modernization initiative, the first phase of which is already underway. Given our critical role in supporting health systems, such a comprehensive effort must be implemented in stages, with transitional steps thoughtfully managed to maintain continuity in our product and service delivery.



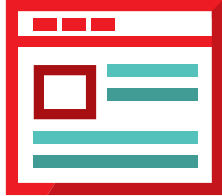
Lost connection

This careful balancing act met challenges on October 22, 2023, when a scheduled update of system software triggered some underlying hardware-related issues on our legacy platform. The overall system did not go down, but a loss of network connectivity meant that external users couldn't access many applications.

We immediately activated our contingency plans, and as a result there were no reported impacts on patient care. However, the problem temporarily affected our ability to collect and manufacture blood, platelets and plasma. More than 1,000 people who'd arranged to give blood and plasma were unable to donate for two days. Prospective donors could not book appointments online or via the GiveBlood app. The disruption also extended to our recruitment of stem cell registrants, as well as our programs supporting interprovincial organ sharing — though here again, contingency planning ensured that no patient was affected.

We worked closely with our hospital customers and provincial health systems to ensure that all priority needs were met. On October 23, a decline in platelet inventories led the National Emergency Blood Management Committee (NEBMC) to declare an Amber Phase for platelets (see "Where supply meets demand," page 3). By October 24, two days after the connectivity problem first occurred, all sites and applications that had experienced trouble were able to resume normal operations. Teams responsible for collections, production and testing returned to regular activities. Online and app-based appointment booking was restored. The Canadian Transplant Registry was once again accessible. And on October 26, the NEBMC returned platelets to Green Phase.

More agile and adaptable digital technology will improve how we work together and with our health system partners. And it will allow us to gain new analytical insights on donors, our hospital customers and the patients in their care.

Strengthening
our core**Our digital lifeline**

While the disruption was regrettable, it confirmed the effectiveness of our business continuity plans. It also yielded valuable lessons that have informed our ongoing collaboration with hospital and health system partners, including a subsequent review of risk mitigation and emergency planning efforts.

More broadly, the outage underlined the critical importance of maintaining an agile and resilient technology infrastructure. We've committed to a significant long-term investment in modernizing our data centres and renewing our digital network. Work has begun on both initiatives and will continue through 2024–2025 and beyond.

The value of such investments is largely measured by factors that most users take for granted. Everyone supported by our systems — donors and registrants, physicians and other health professionals, our own employees and volunteers — expects to access information and perform tasks quickly and seamlessly, anytime and anywhere. That's the ultimate goal for our technology team. And it's why we're constantly working behind the scenes to ensure the digital connections in **Canada's Lifeline** remain fast, flexible and resilient to the core. ◊

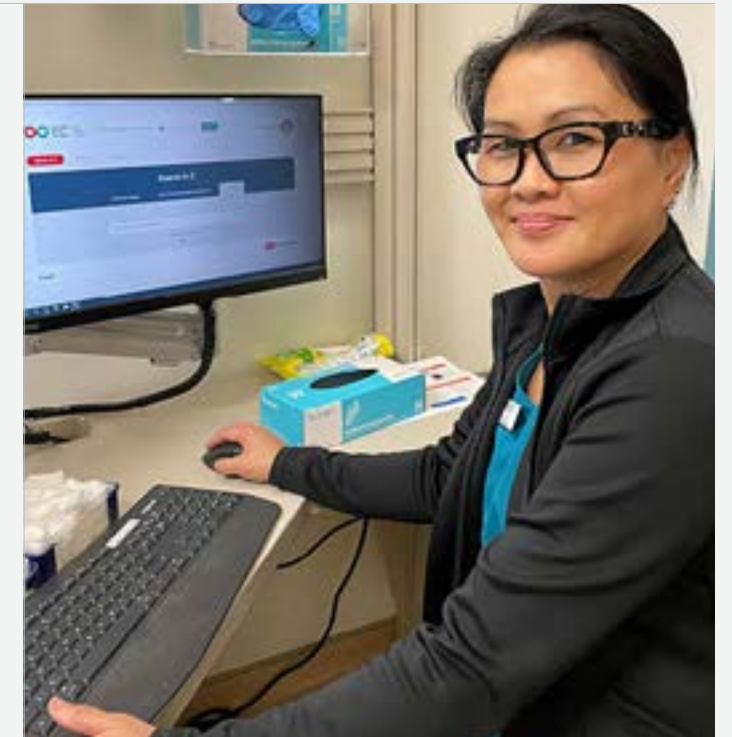
We've committed to a significant long-term investment in modernizing our data centres and renewing our digital network.

Retiring “the big blue binder”

Our Donor Selection Criteria Manual has become a flexible, easily updated digital app.

Everyone arriving at a Canadian Blood Services donor centre to give blood or plasma is screened to confirm they're eligible to donate. Centre staff refer to a checklist of criteria that we regularly revise to ensure it reflects the most current information. In the past, this meant producing a lengthy paper record, the Donor Selection Criteria Manual, also known as “the big blue binder.” It was an approach that had stood the test of time, but it was also cumbersome to manage. Any change in criteria required sending new pages to all donor centres, as well as to the teams handling stem cell and cord blood donations, and to those fielding donor queries at our national contact centre (NCC). More than 500 binders across the country had to be kept up to date and aligned.

The solution was clear: replace the big blue binder with a digital app that could be centrally managed and easily revised for all locations and users. A team of donation and technology specialists worked closely with frontline staff to



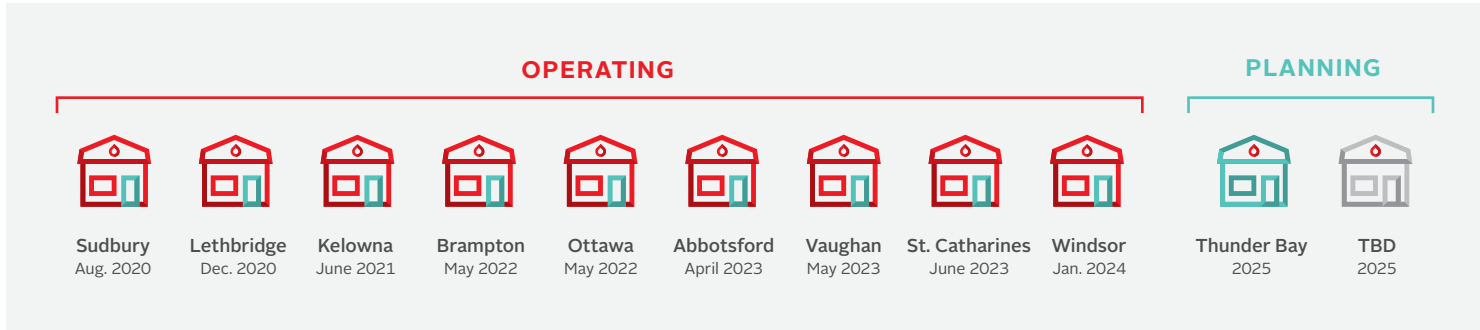
Twinkle, Canadian Blood Services employee, works with the newly digitalized Donor Selection Criteria Manual.

design an app that provides quick access to the same information as the binder — plus the kinds of productivity features, such as keyword search, that we've come to expect from digital tools.

The new app was launched in November 2023 at our donor centre and mobile events in Winnipeg, as well as our Ottawa plasma donor centre. After receiving positive feedback from these initial users, we began rolling it out to all other donor centres, along with our stem cell, cord blood, NCC and medical teams, in the first quarter of 2024.

With minimal training, donor centre staff can navigate the app's intuitive interface to get the information they need quickly and consistently. And because the new tool updates automatically, they're free to focus on what matters most: delivering a safe, efficient and comfortable donor experience while ensuring the quality of donations that patients and their care providers rely on. ◊

Two new plasma donor centres



Our national network grows to 10 sites as we add two more Ontario locations.

In 2023, Canadian Blood Services announced the future opening of two more plasma donor centres. The new sites in Windsor and Thunder Bay, Ontario, will expand our existing network of eight locations dedicated to boosting Canada’s domestic supply of plasma for immunoglobulins — lifesaving medications required by a growing number of patients across the country (see “More plasma, more often,” page 7).

The Windsor plasma donor centre, which opened its doors in January 2024, benefits from the strong community support for our previous blood donor centre in the city. That facility was closed in July 2023 as part of a national strategy to ensure each part of our collection network is focused on securing the blood products that best match patients’ changing needs.

When the new Thunder Bay centre opens in early 2025, it will mark the return of plasma donation to the community after a hiatus of more than a decade. Our previous centre closed in 2012 when we saw a significant decline in hospitals’ use of plasma for transfusion. Now, as demand for immunoglobulins grows steadily in Canada and around the globe, Thunder Bay and the rest of our collection network will play a crucial role in securing Canada’s domestic plasma sufficiency.

The final plasma donor centre in our initial 11-site network — made possible by funding from federal, provincial and territorial governments — will be located in British Columbia. ♦

10%

growth in immunoglobulin demand

in 2023–2024 compared to the previous year extends a decade-long trend. We expect a further rise of 9.9 per cent in 2024–2025, followed by a return to the historical 6–8 per cent annual range in subsequent years.



Amanka, plasma donor, Partners for Life member

A message from our chair



Dr. Brian Postl, CM, OM, MD, FRCP, FCAHS, ICD.D
Chair, board of directors

During the past year, the board of directors of Canadian Blood Services worked closely with the executive management team to identify key priorities as we address health care opportunities and challenges in the post-pandemic era.

We looked at how changing clinical practices and new technologies are reshaping the products and services we provide to health systems across Canada. We explored ways of growing and diversifying our donor and registrant base to better meet evolving patient needs. To prepare our workforce for the future, we discussed how to foster a more flexible, rewarding employee experience within an inclusive and collaborative culture. And we revisited the foundation that supports all of this work: a resilient, responsive digital and physical infrastructure.

The result of this collective effort, completed at the end of fiscal 2023–2024, is a refreshed strategic plan setting out the goals and milestones by which we'll measure progress over the next several years. And to showcase all the areas where that process is already in motion across Canadian Blood Services, we've adopted our updated strategic priorities as the organizing framework for this year's annual report.

Our strategic plan is bold, ambitious and focused on the future. Equally important, it's firmly grounded in the values that shaped our past. As we pursue our mission as **Canada's Lifeline**, we continue to embrace the principles established by the late Justice Horace Krever, whose Royal Commission of Inquiry into the blood contamination crisis led to our founding in 1998. Guided by the shared vision of the federal, provincial and territorial governments, we remain committed to providing patients across Canada with safe, high-quality products and services, and to supporting our health system partners in delivering the best possible treatment and care.

Delivering on our plasma strategy

In 2023–2024, teams across the organization worked to advance our priorities and, as this year's report theme suggests, to create and sustain momentum. One noteworthy area of progress was the continued rollout of our

national network of plasma donor centres. With the announced addition of a site in Thunder Bay, Ontario, we'll soon have 10 community-focused centres (with one more to come) devoted to growing Canada's domestic supply of plasma for immunoglobulins. Collections from this dedicated network, combined with those from our multi-product donor centres nationwide, combined to yield a record 284,000 litres of plasma in the past year.

At the same time, we're complementing our own collection network with plasma donor centres operated by Grifols, a global biopharmaceutical provider. As a result of this combined effort, we're well on our way to reaching our target of at least 50 per cent domestic plasma sufficiency — even as the number of people who depend on immunoglobulins continues to grow.

Our made-in-Canada plasma strategy is saving and improving the lives of patients. It's also fiscally responsible. Partnering with another provider to augment the capacity and reach of Canadian Blood Services donor centres is far more cost-effective than investing in the further expansion of our own network.

On a broader level, our approach to securing the nation's plasma supply reflects the kind of balanced decision-making that management and the board strive for across all areas of Canadian Blood Services. Whether we're leveraging our

expertise to monitor potential public health threats or evaluating the technology required to maintain a safe, reliable blood system, we constantly weigh the need for financial prudence against our responsibility to support the highest standards of care — and to continue delivering the innovative, accessible products and services our stakeholders expect of us.

Removing barriers to inclusion

Our strategic focus on growing and diversifying our base of donors and registrants is anchored by a deep commitment to diversity, equity, inclusion and reconciliation. Evolving to better reflect the communities we serve — and better match the needs of patients in those communities — starts with removing barriers to inclusion among groups that historically have been underrepresented in our base. It also means being ready to revisit old assumptions in light of new evidence and a deeper understanding of our supporters' perspectives and experience.

Two years ago, we ended a long-time policy that made sexually active men who have sex with men, as well as some trans people, ineligible to donate blood and plasma. Under our new screening protocol, all prospective blood donors are asked the same questions about their sexual behaviour, regardless of sexual orientation or gender. Among those affected, the change was generally seen as a step forward, however

long overdue. But for many, it didn't adequately address the harm done to those who experienced stigma for years. After responding to these concerns through months of engagement and consultations, in May 2024 Canadian Blood Services issued a formal apology to 2SLGBTQIA+ communities (see "Offering an apology," page 25).

The board of directors was deeply involved in developing this apology. As we educated ourselves on the nuances of a complex and often polarizing issue, we kept one point top of mind. It wasn't enough to say: "We're sorry this happened to you." A true apology must state, in effect: "We're sorry that our actions had this negative impact on you." However sincerely we may have believed in measures intended to protect the safety of the blood system, we now see they reinforced a public perception that some people's sexual orientation made their blood less safe for sharing with others. Our policy contributed to discrimination, homophobia, transphobia and HIV stigma — and this is something we deeply regret.

Protecting against malaria

Another area of eligibility screening that understandably frustrates some communities is the deferral of donors who may have been exposed to malaria in parts of the globe where the disease is prevalent. This precaution, widely adopted by international blood operators, disproportionately affects people from African, Caribbean and Black (ACB) as well as South Asian, communities. We're particularly aware of the impact that eligibility criteria can have on Black community members who've encountered

other barriers to donation. Over the past two years, we've been studying potential changes to make eligibility more inclusive while reinforcing blood system safety.

Applying a risk-based decision-making framework developed with the international Alliance of Blood Operators, we've engaged with clinicians and researchers, as well as individuals and communities affected by our current malaria policy. After exploring many options together, our stakeholders have endorsed adoption of nucleic acid testing (NAT) for malaria as part of our donor screening process. While Health Canada has not yet approved any form of testing for malaria infection in human blood, we've begun studying how this step can be integrated into the blood donation process and look forward to updating our eligibility criteria and screening questions once NAT is approved.

In the meantime, we continue to engage with members of affected communities, including those who in the past have experienced barriers to donation and engagement with Canadian Blood Services. Their insights are invaluable as we work to earn their trust and find a more inclusive solution to addressing a potentially fatal blood-borne disease — one that will likely spread as global temperatures continue to rise.

Sustaining the lifeline

The growing impacts of climate change are of particular concern to a national blood operator. Extreme weather events can disrupt collections, production, transportation and other critical functions along our supply chains. And as we

adapt to these new levels of risk, we're also working to mitigate the environmental impacts of our own operations by reducing carbon emissions, conserving water, minimizing waste and adapting our facilities to be more resilient in the face of climate change.

During the past year, Canadian Blood Services conducted an in-depth risk assessment to identify potential environmental threats to safety, quality and accessibility across the organization. We also produced our first sustainability report, which provides a comprehensive review of the environmental, social and governance (ESG) impacts of our operations. Published in April 2024, this inaugural report sets the high standards of transparency and accountability we intend to uphold and build upon in future reporting. Far more than a compliance document, it reinforces the belief expressed in our recently formalized sustainability commitment: "We have a deep responsibility to the people and diverse communities across the country who count on us, as well as to our employees, to the partners who collaborate with us and to the planet we inhabit together."

Looking to the future

In 2023–2024, we were pleased to welcome a new board member: Dr. Catherine Cook of Manitoba, a respected public health and academic leader who has worked with First Nations, Métis and Inuit communities, as well as provincial and federal governments, on improving outcomes for people who face inequities in our health systems. A former primary care physician of

Métis heritage, Dr. Cook brings firsthand insights into the health challenges and barriers to access faced by Indigenous and remote communities across the country. As we work to build stronger relationships with Indigenous Peoples and improve their representation in our donor and registrant bases, her expertise and lived experience will be invaluable.

On behalf of my fellow directors, I also want to express our appreciation to Gertie Mai Muise, who stepped down from the board to take up a governance role in the medical profession. We benefited greatly from her knowledge, experience and wise counsel.

In closing, I'd like to convey the board's thanks to our funding governments for their commitment and collaboration in supporting our efforts to meet the needs of patients across Canada. Let me also reiterate our profound gratitude to the employees of Canadian Blood Services for the energy, focus and passionate dedication they bring to their vitally important work, inspired by the leadership of Dr. Graham Sher and his executive management team. And lastly, we're indebted as always to the donors, registrants, volunteers and other partners whose unflinching support is crucial to sustaining **Canada's Lifeline** — and to ensuring our momentum continues.



Dr. Brian Postl, CM, OM, MD, FRCP, FCAHS, ICD.D
Chair, board of directors

A message from our chief executive officer



Dr. Graham D. Sher, OC, MB BCH, PhD, FRCPC
Chief Executive Officer

In 2023–2024, we began developing an updated strategic plan for Canadian Blood Services. Setting out our priorities for the next several years, this ambitious plan will drive transformative change as we keep pace with the needs of patients, donors and health systems. It will also guide our efforts to stabilize key areas of our operations and infrastructure as we continue addressing the long-term impacts of the pandemic. It's a plan designed to ensure we're well positioned to embrace new opportunities, meet emerging challenges and help shape the future of health care in this country.

The priorities identified in our new plan, which we shared publicly in April 2024, provide the structure for this year's annual report. It details work already underway in four key areas: products and services; donors and registrants; people and culture; and digital and physical infrastructure. Going forward, we'll highlight further milestones within the same strategic framework, applying management criteria and metrics that teams across Canadian Blood Services are currently working to define.

This approach brings added clarity to how we evaluate our performance as a complex, multifaceted blood system operator, biologics manufacturer and supplier of essential products and services to health care providers. Equally important, it reinforces our commitment to transparency and accountability in fulfilling the role entrusted to us by the people of Canada.

Products and services

During 2023–2024, the blood system was challenged by extreme volatility in demand for many products. While our collection performance was generally stable, there were periods when donations fell below targets. In some cases this was caused by regional factors such as severe storms or wildfires. But since the pandemic we've seen a more general decline in donor engagement that we're now working to address (see below). That said, in the past year demand never reached a point where we found it necessary to issue an appeal for donations. Instead, we worked closely with health systems and provincial ministries on a considered, methodical approach to rebuilding inventories over time. By year-end, inventory levels across the country were once again strong and steady. Going forward, we'll remain focused on leveraging the mechanisms we've put in place

to strengthen system-wide agility and resilience in the face of fluctuating demand.

Donations of plasma, meanwhile, steadily increased throughout 2023–2024, growing by 21 per cent over the previous year. This reflects the continued expansion of our plasma collection network, which added four new locations to the five opened since 2020. We'll soon add two more to complete the initial 11-site network made possible with funding from federal, provincial and territorial governments. As a result of all these efforts, we've made significant progress toward our goal of at least 50 per cent domestic sufficiency of plasma for the production of immunoglobulins used to treat patients in Canada.

Achieving that goal, however, depends on the other critical pillar of our national plasma strategy. We're augmenting our own collection network with plasma donor centres operated by Grifols, a global biopharmaceutical provider — while we retain sole responsibility for operating the overall blood system. This partnership is already yielding tangible results. By year-end, we'd raised Canada's plasma sufficiency to an unprecedented 27 per cent, including 8 per cent contributed by the new centres opened by Grifols. As our combined collection capacity continues to mature, more and more patients will be able to count on lifesaving medications made from plasma collected in this country.

Donors and registrants

To better match patients' evolving needs, we must also meet another critical priority of our strategic plan: growing and diversifying our base of donors and registrants.

Our blood donor base did in fact expand during the latter half of 2023–2024, achieving year-over-year growth of nearly 3 per cent, while the number of first-time donors increased by 6.5 per cent. This shows the impact of our intensified recruitment efforts to address the rising demand we experienced earlier in the year. We also saw significant gains following our announcement, in November 2023, that we were ending our longstanding deferral policy for donors who may have been exposed to variant Creutzfeldt-Jakob disease (vCJD) while living abroad. The change in eligibility criteria added more than 10,000 new donors to our base by year-end, and we expect that trend to continue as we get the message out to additional deferred donors across Canada.

Still, we know we must do more to grow our base at a time when individual donor preferences and overall donation patterns are changing. Equally important, we need to continue recruiting more diverse donors and registrants to better represent the communities we serve while more effectively matching the clinical needs of patients from specific ethnic and racial groups.

Those parallel goals converge in our work to support people with sickle cell disease, most

of whom trace their ancestry to Africa, the Caribbean, Central and South America, the Middle East and South Asia. Sickle cell patients, who require regular blood transfusions, tend to have better outcomes when donors are of similar ancestral or ethnic backgrounds. However, such donors are significantly underrepresented in our current base. To begin changing that, we must engage more meaningfully with affected communities to better understand the barriers faced by donors, including their experiences with racism in the health system. This was an area of particular focus in the past year and will remain so as we foster dialogue and trust with diverse communities across Canada.

Another vitally important initiative has been our engagement with 2SLGBTQIA+ communities following the introduction of new eligibility criteria for sexually active men who have sex with men, as well as some trans people, seeking to donate blood and plasma. All prospective donors are now asked the same questions about their sexual behaviour, regardless of sexual orientation or gender. But while this change has largely met with a positive response, many community members, after feeling unfairly excluded and stigmatized for decades, have understandably not been prepared to just embrace the new criteria and move on.

So after seeking the views and insights of 2SLGBTQIA+ communities across the country, in May 2024 we extended a public apology acknowledging the harms experienced by gay, bisexual and queer men, trans people and other members of 2SLGBTQIA+ communities because of the former eligibility policy (see

“Offering an apology,” page 25). Addressing a gathering of affected stakeholders at our Ottawa headquarters, I had the privilege of delivering this heartfelt apology on behalf of the executive management team and the board of directors of Canadian Blood Services. As I said in my remarks, “We regret that this policy contributed to discrimination, homophobia, transphobia and HIV stigma within society... [and] we hope that the apology will serve as a foundation on which we can build trust and repair relationships.”

Our people and culture

To deliver the products and services that patients need while building a more resilient base of support, Canadian Blood Services must continue to evolve. During the past year, we initiated a major organizational redesign to realign capabilities and help us more effectively serve the patients, communities and care providers who depend on us.

We’ve consolidated executive oversight in three key areas — collections, supply chain and donor recruiting and engagement — bringing together all of our product lines within more agile, efficient and responsive management strategies. Our ultimate goal is to ensure that optimal donors can donate optimal products, at the ideal times and locations for them, to support health systems in delivering the best possible patient care. To reinforce that aim, we’ve created another new division unifying our efforts to advance diversity, equity, inclusion and reconciliation, along with stakeholder engagement and the social, environmental and governance dimensions of sustainability.

Digital and physical infrastructure

The final priority in our strategic plan is to further digitalize and automate our operations to enhance how we work together and help us make better-informed decisions. Foundational to that ambition is a stable and resilient technology infrastructure. While our existing systems continue to serve us well, we’ve been challenged, especially during the pandemic, to invest in the full range of capabilities that our employees and other stakeholders expect from a modern, flexible digital environment. In 2023–2024, therefore, we launched a technology modernization initiative that we’ll be rolling out in phases over the next few years.

As for the management of our physical infrastructure, we’re taking a more holistic approach to evolving our network and investing in new facilities. Our planning around a plasma donor centre, for example, looks beyond immediate location requirements to weigh a wide array of variables, from donor demographics and changing patient needs to long-term social and economic factors. We also consider the environmental impacts of our operations, along with the potential risks of climate change.

Strategy in action

The topics I’ve touched on here reflect just some of the many initiatives and achievements detailed in this annual report. Their cumulative impact is summed up in the single word that appears on the cover: momentum. Canadian Blood Services is an organization in motion, guided by a comprehensive strategy and driven by our collective sense of purpose as **Canada’s Lifeline**.

Our pursuit of transformative impact depends more than ever on effective collaboration — with donors and registrants, with health care providers, with governments and with the thousands of volunteers and community members who work alongside us each day. Above all, we depend on the talent, energy and commitment of everyone across our organization, including frontline and administrative teams, medical and scientific researchers, people leaders at all levels and our board of directors. Together, we’re putting our strategy in action to protect and improve the lives of patients.

Delivering consistent, high-quality health care to large populations is an extremely complex responsibility. Across Canada, the systems tasked with providing that care face huge challenges in recruiting and retaining staff, financing infrastructure and addressing patients’ expectations for services that are both inclusive and individually tailored. In this context, Canadian Blood Services is leveraging the unique expertise we’ve already invested in — from conducting public health surveillance to facilitating organ transplants — to deliver even greater value to Canada. We have the capabilities, the experience and the strategic focus. And we have the momentum.



Dr. Graham D. Sher, OC, MB BCh, PhD, FRCPC
Chief Executive Officer

Management discussion and analysis

This management analysis outlines Canadian Blood Services' financial results for the year ended March 31, 2024. It should be read in conjunction with Canadian Blood Services' audited consolidated financial statements and accompanying notes for the year ended March 31, 2024, as well as the complete annual report, which provides context on the programs and operations of the organization. The financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations. The information in this analysis is current to June 21, 2024, unless otherwise indicated.

Materiality

In assessing what information to provide in this management analysis, management applied the materiality principle as guidance for disclosure. Management considers information material if its omission or misstatement could reasonably be expected to influence decisions that the primary users make on the basis of the financial information included in this management analysis.

Forward-looking information and statements

Readers are cautioned that this management analysis includes forward-looking information and statements. By their nature, forward-looking statements require management to make assumptions and are subject to important known and unknown risks and uncertainties that may cause actual results to differ materially from those disclosed here. Although we consider our assumptions to be reasonable and appropriate, given current information, actual results may vary significantly from those predicted in the forward-looking information and statements.


Non-GAAP¹ financial measures

This management analysis includes non-GAAP financial measures, which are clearly denoted where presented. Non-GAAP financial measures are not standardized under Canadian accounting standards and might not be comparable to similar financial measures disclosed by other corporations reporting under Canadian accounting standards.

¹ Generally accepted accounting principles

Funding and products

We are Canada's Biological Lifeline. As the connection that links donors, patients, health-care professionals and medical researchers, we are responsible for a secure national system of life essentials that is reliable, accessible and sustainable. Our products and services consist of the elements shown in the following graphic:

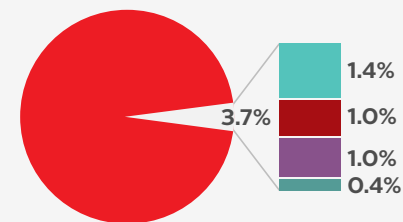
- 
Blood Products
 We collect, test and manufacture blood products for transfusion, including red blood cells, platelets and plasma, and collect and test plasma for fractionation, which is ultimately manufactured into PPRPs — primarily the therapies known as immunoglobulins.
- 
Plasma Protein and Related Products (PPRPs)
 We manage the formulary of PPRPs used for a wide array of medical conditions; we also source and distribute PPRPs.
- 
Stem Cells
 We facilitate stem cell transplants, collect umbilical cord blood to manufacture stem cells, operate a national registry of adult stem cell donors, participate in an international network of donor registries and provide human leukocyte antigen typing services.
- 
Organ and Tissue Donation and Transplantation (OTDT)
 We manage a national transplant registry for interprovincial organ sharing, development of leading national practices and activities related to professional education and public awareness, as well as related programs for donation and transplantation.
- 
Diagnostic Services
 We provide diagnostic laboratory testing services.
- 
Research and Development
 We conduct research and development activities and participate in clinical trials leading to innovative products, important knowledge, enhanced safety and quality measures, and refined processes and technologies.

Every day, we work diligently to help save lives, restore health and earn the nation’s trust. For blood, plasma protein and related products (PPRP), stem cells, and organ and tissue donation and transplantation (OTDT), we receive most of our funding from our corporate members. These corporate members are the provincial and territorial ministers of health across Canada, with the exception of Quebec. We also receive federal and Quebec government funding for our role in OTDT. Diagnostic services are funded by the provinces that participate in those services. Our blood, stem cell, and organs and tissues programs are block funded, whereas our systems for the procurement and distribution of PPRPs and our diagnostic services are funded according to the products issued and the services rendered. Federal funding also supports research and development activities and the construction of new plasma donor centres. For OTDT, research and development activities, and the construction of new plasma donor centres, the federal funding we receive complements funding from our corporate members. We also generate revenue from the sale of stem cells to international recipients and receive income from our investments.

Canadian Blood Services has established two wholly owned captive insurance corporations: CBS Insurance Company Limited (CBSI) and Canadian Blood Services Captive Insurance Company Limited – Compagnie d’assurance captive de la Société canadienne du sang Limitée (CBSE). Together, these captive insurance companies provide Canadian Blood Services with comprehensive blood risk insurance covering losses up to \$1 billion. The primary policy held by CBSI provides coverage up to \$300 million, while the excess policy held by CBSE provides coverage up to \$700 million. The corporate members provided funding for the CBSI policy in its early years. Those funds were invested, and the investments have increased in value such that no further funding has been required for several years. The CBSE policy is not funded, but rather is underwritten through indemnities provided by the corporate members.

Source of revenue	2023–2024
Members’ contributions*	1,469,197
Stem Cell - transplant fees	21,710
Investment income	15,431
Federal contributions**	14,617
Other***	5,476
	\$ 1,526,431

Figures shown in \$ thousands



- Members’ contributions*
- Stem Cell - transplant fees
- Federal contributions**
- Investment income
- Other***

* Members’ contributions are net of amounts deferred and amortization of previously deferred contributions.

** Federal contributions are net of amounts deferred and amortization of previously deferred contributions.

***“Other” includes but is not limited to fundraising revenue, Quebec government funding for OTDT and product sales to non-member customers.

Internal Controls over Financial Management program

We implemented an Internal Controls over Financial Management program in 2019–2020, voluntarily establishing a long-term strategy to strengthen our system of internal financial controls. This program substantially follows the Framework from the Committee of Sponsoring Organizations of the Treadway Commission (COSO) and is overseen by a Steering Committee, which provides regular updates to the Finance and Audit Committee. This program aims to provide reasonable assurance² that appropriate processes and controls are in place and that key controls are designed properly and operate effectively. Comprehensive process and control documentation has been completed for most of our key business cycles, and the program continues to mature. The program initially conducted tests of design, with tests of operating effectiveness for selected business processes introduced in 2023–2024.

Critical accounting estimates and accounting policy developments

The preparation of the consolidated financial statements requires management to make estimates and assumptions that affect the amounts of assets, liabilities, revenue and expenses reported in those statements. These estimates and assumptions may also affect disclosure of contingent assets and liabilities at the date of the consolidated financial statements.

Significant estimates and the mitigating actions taken by management are summarized below.

Measurement of employee future benefits

Significant assumptions contained in the calculation of the employee future benefits net asset and liability include but are not limited to plan members’ information, discount rate, inflation rate, rate of compensation increase and expected health care cost rates. To mitigate the associated risk, we engage external experts to develop assumptions and prepare the actuarial valuation, we review key data inputs against internal and external records, and we conduct extensive management review.

Measurement of the provision for future claims

Significant assumptions contained in the calculation of the provision for future claims liability include but are not limited to estimates of losses considering historical reported and paid loss development patterns. To mitigate the associated risk, we engage external experts to develop assumptions and prepare the actuarial valuation, we review key data inputs against internal and external records, and we conduct extensive management review.

² Given the inherent limitations of internal controls, absolute assurance cannot be provided regarding the design and effectiveness of such controls.

Enterprise risk management

Enterprise Risk Management program

Given our critical role in Canada's health system, Canadian Blood Services is committed to appropriately identifying and managing risk. The organization has a comprehensive Enterprise Risk Management (ERM) program that supports leaders in the identification, assessment, mitigation and monitoring of key risks. Through this program, the organization seeks to use evidence and risk-based tools to guide decision-making and manage risks that may affect our operations and our strategic objectives.

Canadian Blood Services' ERM program and processes are aligned with best practices and are applied across the organization. Canadian Blood Services is committed to continuous improvement of the program to ensure that risk management remains integrated within the organization's strategic, operational, portfolio and project management activities.

The following sections provide snapshots of the key risks facing the organization. The risks described below are those that could significantly affect our strategic or operational objectives or have the potential to exceed the organization's appetite for risk.

Emerging pathogens readiness

We face escalating risks from the increased prevalence of known pathogens or the emergence of a novel pathogen due to climate change-induced shifts in vector patterns and animal host distribution. To mitigate this risk, we conduct extensive surveillance and testing and use rigorous quality control measures. We also plan to strengthen and enhance our surveillance, research and testing capabilities to investigate novel and emerging pathogens, which will include exploring opportunities to increase our capability to perform innovative laboratory testing.

Labour relations

The complexities and challenges of labour relations may restrict our organization from modernizing operations and executing strategic initiatives. This risk is mitigated through collective bargaining and grievance arbitration processes and contingencies designed to manage labour disruptions. In the next year, work will continue to improve the experience of front-line employees, refresh the labour relations strategy and enhance labour disruption contingencies.

Financial health and sustainability

Economic pressures, political conditions, shifting demand and other events may reduce our funding, weaken our financial health and limit our ability to support operations or advance strategic priorities. To mitigate this risk, we maintain contingency funding and engage in regular financial forecasting and budgeting processes. We will continue to work with our partners to ensure that long-range funding is sufficient to meet increases in demand for our products.

Supplier oversight and management

The possibility exists that a disruption involving a third-party supplier could introduce risk to and/or negatively affect Canadian Blood Services' ability to manufacture and deliver our critical products and

services. We are managing this risk through active monitoring and management of our third-party suppliers. Given the global nature of our supply chain and recent increases in disruptions and cost pressures, the organization is directing significant attention to this area, with the aim of reducing the impact on our operations should a third-party disruption occur.

Operational resilience

Canadian Blood Services faces escalating threats from emerging pathogens, supply chain disruptions and severe environmental events, which may challenge us to maintain operations during unforeseen incidents. To mitigate this risk, we have developed and implemented a range of business continuity and disaster recovery plans and other resilience strategies. Over the next several years, we will be undertaking initiatives to increase our resilience and preparedness to absorb, adapt to and recover from business disruptions.

Cyber security and data protection

With an evolving threat landscape, the organization continues its significant efforts in preparing for cyber security threats, which have the potential to affect critical information technology systems, networks and data. Mitigating this risk requires continued vigilance and evolution in the face of emerging threats in a challenging and constantly changing environment.

Capital asset management and redevelopment

Challenges in sustainably managing capital assets could result in dependence on infrastructure beyond its reliable lifespan or disparities between evolving operational needs and available assets. To mitigate this risk, we have established an enterprise investment committee and have developed roadmaps and plans to guide and prioritize our capital investments; in addition, over the next several years, we will implement predictive and outcomes-based supplier management systems.

Sustainable donor base

Improving the composition, acquisition and retention levels of our donor and registrant base to meet the growing clinical demand for blood products, stem cells and organs may prove challenging. Mitigation of this risk includes implementation of new donor relations technology and use of analytics and reporting to better understand demand and supply, the donor experience and donor needs. Over the next several years, we will build a donor and registrant base that can quickly adjust to health system needs, implement a growth strategy tailored to all types and sizes of communities and engage in integrated recruitment planning.

Immunoglobulin security of supply

The increasing rate of immunoglobulin use, global market factors and domestic plasma insufficiency could intensify immunoglobulin supply and cost pressures and constrain our ability to meet the needs of Canadian patients. This risk is mitigated by regular monitoring of demand for and supply of immunoglobulin and implementation of immunoglobulin acquisition strategies and shortage plans. Over the next several years, we will expand our dedicated plasma donation network, increase plasma collection in mixed donor centres and continue to build a complete immunoglobulin supply chain within Canada through our strategic alliance with Grifols.

Financial highlights

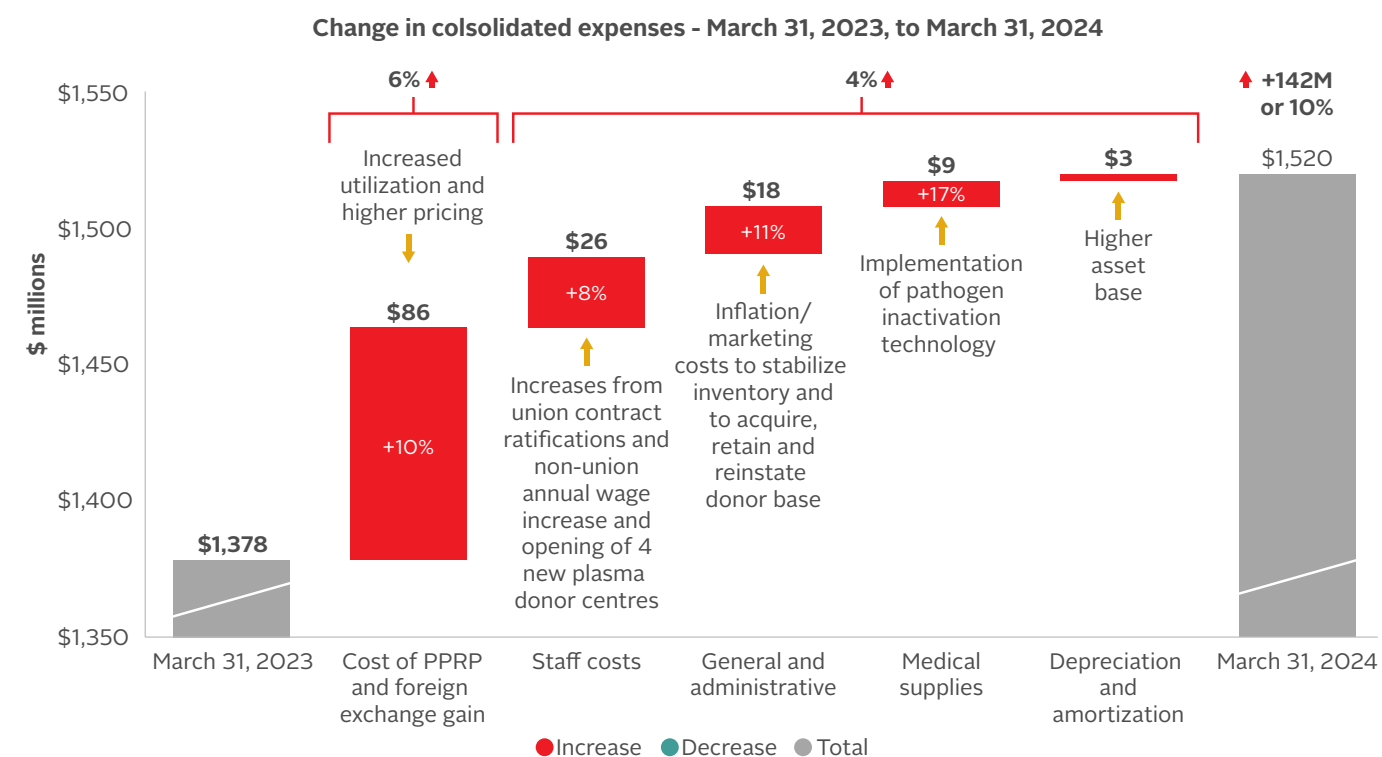
During 2023–2024, we exercised strong financial stewardship with a risk-informed approach that resulted in full utilization of available funding. Through proactive management of various initiatives, additional costs related to compensation, marketing and recruitment, as well as other significant inflationary cost increases, were managed within the available funding. See further details under **Results of operations**.

Results of operations

On a consolidated basis, there was a surplus of \$22 million in 2023–2024, mainly related to \$23 million of realized and unrealized gains recognized by the captive insurance companies during the year.

Expenses — consolidated view

Total consolidated expenses increased by \$142 million or 10 per cent, to \$1,520 million, as explained in the following chart. Costs incurred in the Stem Cell, OTDT, and Diagnostic Services programs remained relatively consistent with those of the prior year.



Costs related to PPRP were higher by \$86 million or 10 per cent primarily because of the following:

- A \$78 million increase in immunoglobulin costs, as a result of a \$44 million or 10 per cent increase related to higher immunoglobulin demand and a \$34 million or 8 per cent increase due to higher product prices with new contracts that came into effect on April 1, 2023.
- A \$10 million increase in solvent detergent (S/D) plasma³ costs, driven entirely by increased demand. In 2023–2024, collected plasma for transfusion was replaced with commercially sourced S/D plasma for most patients, which allowed more Canadian plasma to be diverted to manufacture Canadian-sourced plasma protein products and enhanced the safety profile of plasma for transfusion.

Staff costs increased by \$26 million or 8 per cent because of annual increases in staff compensation, including the impact of union contract ratifications,⁴ and incremental costs to operate the newly opened plasma collection sites.

General and administrative expenses rose by \$18 million or 11 per cent, primarily because of increased marketing and recruitment expenditures. These investments have contributed to stabilizing our blood inventory and expanding our blood and plasma donor base. Additionally, transportation, donor food, travel and property expenses increased because of inflationary pressures. Higher rent and operating costs were also incurred as we expanded our plasma collection sites.

Medical supply costs increased by \$9 million or 17 per cent largely because of increased costs to support the deployment of pathogen inactivation technology (PIT) for platelet production. The introduction of PIT for platelets began in January 2022, with several more sites coming online over 2023–2024. We reached our goal of implementing pathogen-reduced pooled and pheresis platelets nationally in May 2024.

Depreciation and amortization increased by \$3 million or 5 per cent as we continued to make investments in our physical, information technology and digital infrastructure. See further details under **Capital investments**.

Statement of financial position

Liquidity and capital resources

Our liquidity is largely influenced by the timing of receipt of funds from corporate members, the volume of inventory held, the demand for and supply of PPRP, the level of deferred contributions and the number of large capital-intensive projects. As the operator of a national system, Canadian Blood Services is also exposed to various payment terms on balances owed to and owed by the organization within each jurisdiction. Liquidity can be negatively affected if provinces do not remain current on their contributions or if additional cash outlays are required to invest in inventory.

³ A commercially available pathogen-inactivated plasma.

⁴ Our practice is to use a pattern bargaining approach, whereby we follow the settlement agreements within each province and territory with unions comparable to our workforce.

Management uses certain key performance measures related to liquidity and capital resources to describe financial health.

At March 31, 2024, the working capital ratio of 2:8:1 remained healthy; however, both the working capital and liquidity ratios were down from the previous fiscal year as a result of one corporate member drawing down on a long-standing advance of funds.

PPRP inventory weeks-on-hand has declined as commitments secured during the pandemic as a risk mitigation strategy have expired.

Working capital ratio, liquidity ratio and PPRP inventory weeks-on-hand are all non-GAAP financial measurements used by management. Refer to Appendix 1 for details on the calculations and reconciliation with the audited consolidated financial statements.

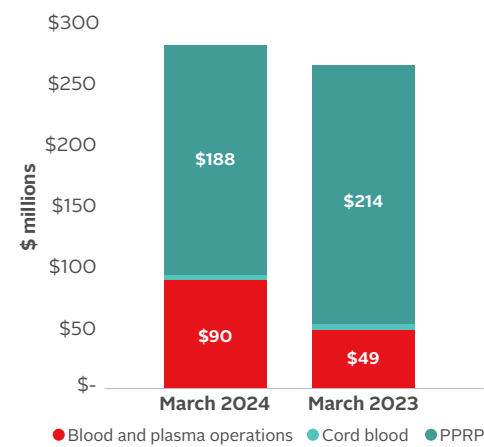
Measure	Actual 2023–2024	Actual 2022–2023
Working capital	2.8:1	3.4:1
Liquidity ratio	0.7:1	0.9:1
PPRP inventory weeks-on-hand	10.2	12.3

Inventory

Total inventory has increased from \$265 million at March 31, 2023, to \$281 million at March 31, 2024.

The key drivers for this change include the following:

- Investments in marketing and recruitment to acquire, retain and reinstate blood donors resulted in an increase in **blood inventory** relative to the prior year.
- The expansion of our Canadian collection system, including the third-party alliance, resulted in an increase in **plasma operations inventory**.



These increases have been offset by the decline in PPRP inventory, as previously noted under **Liquidity and capital resources**.

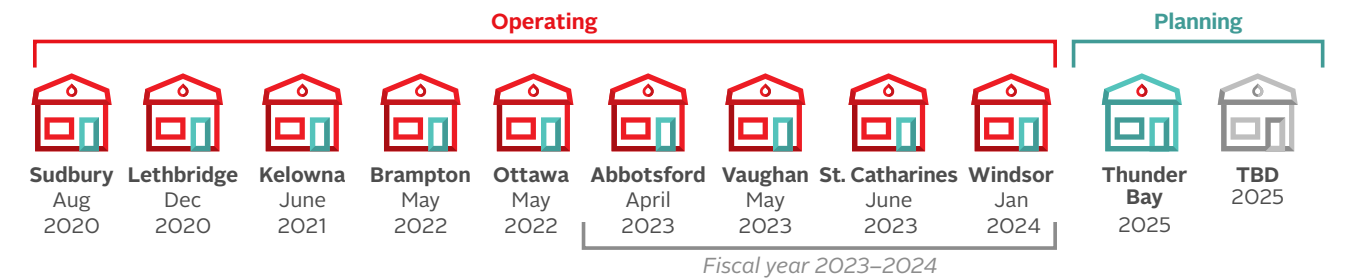
We continue to refine our processes and controls to ensure that we maintain optimal levels of inventory.

Canadian plasma collected by us and through a third-party alliance will be manufactured into PPRP for distribution to Canadians in the coming years. This increase in inventory represents significant progress on our journey toward plasma self-sufficiency in Canada.

Capital investments

We continued to make investments in our physical, information technology and digital infrastructure during 2023–2024. Major investments included the following:

- We completed and opened four additional dedicated **plasma donor centres**. Our plan for plasma self-sufficiency includes both Canadian Blood Services collecting more plasma and Grifols collecting and manufacturing plasma into immunoglobulins in Canada. This “made in Canada” approach will establish the country’s first and much-needed end-to-end domestic supply chain for these lifesaving medications.



- We substantially completed the build-out of the new **Calgary Donor Centre** and the renovation and expansion of the **Mississauga Donor Centre**. Relocation to a new site in Calgary was initiated when the previous leased property was acquired by the City of Calgary to support rapid transit expansion.
- We continued planning work for the remaining pieces of our **National Facilities Redevelopment Program phase IIa** (Edmonton and Regina).
- We made investments in our **information technology systems** to enhance resiliency and disaster recovery abilities and to advance the security of our electronic communications.
- We undertook replacement and renewal of capital equipment.

Enhancing our digital and physical infrastructure is one of the key priorities outlined in our most recent strategic plan. Building agile, resilient and adaptable digital and physical infrastructure will ensure that Canada continues to have a safe, accessible and effective donation and transplantation system. We will continue to advance this priority with further digitalization and automation of our enterprise processes to improve how we work and to gain deeper analytical skills. We will also work to optimize our facilities across the country to make the Canadian Blood Services network more responsive, flexible and resilient.

The **National Facilities Redevelopment Program (NFRP)** is a multi-year, organization-wide initiative. Following the completion of NFRP phase I, which focused on Atlantic Canada and Ontario, phase IIa is a multi-year investment to transform and modernize our national infrastructure in Alberta and Saskatchewan. The following elements of phase IIa have been completed:

- Our purpose-built Leadership in Energy and Environmental Design Gold-certified facility in Calgary has consolidated the testing, production, distribution and warehousing functions that were previously located in Calgary, Edmonton and Regina.
- Donor centres in Calgary, Saskatoon and Regina have been moved to new leased sites.
- Existing facilities in Saskatoon and Regina have been sold.

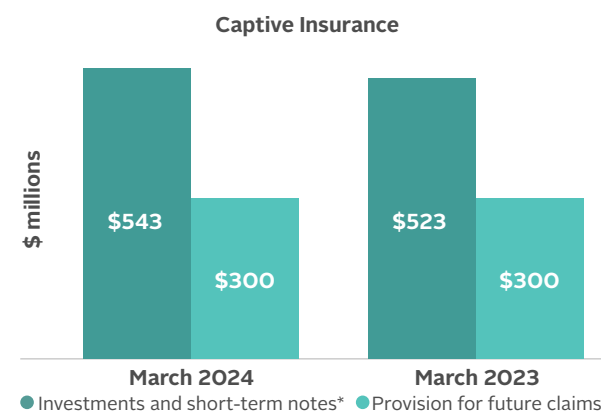
Next steps include construction and opening of new operation centres in Regina and Edmonton, along with a new donor centre in Edmonton.

Investments and provision for future claims

CBSI continues to be in a healthy position, with sufficient assets to fully fund its \$370 million insurance policy limits and its regulatory and market volatility reserves.

The \$300 million provision for future claims is determined actuarially and covers the full policy limit on the primary insurance policy related to blood risk.

Positive returns in 2023–2024 resulted in an increase in investments and short-term notes, by \$20 million or 4 per cent over the prior year. The portfolio's asset allocation target is broadly a 75/25 split⁵ between fixed income and equities. Although market volatility remains, this is a conservative portfolio with some modest exposure to growth and risk.



*Investments and short-term notes comprise investments, captive insurance operations (\$539 million at March 31, 2024, and \$520 million at March 31, 2023) and short-term notes classified as cash and cash equivalents (\$4 million at March 31, 2024, and \$3 million at March 31, 2023).

Productivity performance

As a partner in health care, Canadian Blood Services has an obligation to ensure that every dollar entrusted to us by Canadians is invested wisely and managed effectively. Although our priority is to safeguard the processes, practices and systems that help us to ensure the quality, safety and sufficiency of our products and services, we constantly look for opportunities to become more productive and to maximize the value provided through our funding.

The accompanying chart provides an overview of the performance measures used by management to track and measure productivity.

Canadian Blood Services has been benefiting from the efficiency projects implemented in the past few years and was able to keep the productivity metrics consistent year over year. The increase in recruitment cost per collection is a result of additional investment in marketing to support recruitment challenges in blood and plasma.

Measure	Actual 2023–2024	Actual 2022–2023
Recruitment productivity	8,802	9,150
Collection productivity	1,095	1,098
Total blood and plasma programs		
Production productivity	10,316	10,535
Testing productivity	36,778	35,670
Recruitment cost per collection	\$35.27	\$28.36

Recruitment productivity	Total number of blood, plasma and platelet units collected per recruitment function full-time equivalent (FTE).
Collection productivity	Total number of blood, plasma and platelet weighted units collected per collections function full-time equivalent (FTE).
Production productivity	Total number of weighted blood components produced per recruitment function full-time equivalent (FTE).
Testing productivity	Total number of samples tested per testing function full-time equivalent (FTE).
Recruitment cost per collection	Total recruitment cost (staff and marketing spend) per blood, plasma and platelet collections.

⁵ The allocations discussed in this paragraph are not rigid and may vary slightly from time to time.

Financial outlook

Demand for blood and plasma products is shifting significantly both internationally and within Canada as health systems attempt to catch up after the pandemic and address population growth, advances in clinical care and demographic shifts, as well as changes in medical practice. In 2024–2025, we are expecting PPRP demand — and therefore corporate members' billings — to be above plan. We are also anticipating demand for blood to be above plan, which will increase the cost of collections, testing, manufacturing and distribution. Furthermore, we will continue ratifying our union contracts following the settlement of agreements within each province, which is anticipated to result in consistently sustained increases in compensation expenses. Longer-term vendor supply agreements are coming up for request for proposal or renewal, with upward pressure on many costs as we come out of the pandemic. We will also work to prioritize and sequence projects and initiatives in 2024–2025, to make the best use of available funding.

Much-needed risk-reduction investments are planned for end-of-life physical and digital infrastructure, as well as the infrastructure required to meet the future needs of the country's national blood system. These risk-reduction investments are of critical importance, given our status as a manufacturing organization that requires a sustained level of capital investment. These long-term requirements will necessitate incremental funding over the coming years.

We anticipate that liquidity will remain at current levels in the short term as corporate member payments are adjusted to the 2024–2025 payment schedule. A \$125 million line of credit is available and can be accessed as required. The continued growth in demand for PPRP will necessitate that we carry a higher level of PPRP inventory. The PPRP inventory is not funded until it is issued, which would have a further impact on liquidity. We are looking at vehicles to fund working capital items such as inventory and will continue to monitor and assess the impacts on cash balances.

Governance

Canadian Blood Services is a not-for-profit charitable organization operating independently from government. The organization was created through a memorandum of understanding among the federal, provincial and territorial governments, except Quebec. The National Accountability Agreement, 2019, sets out the accountability relationships between Canadian Blood Services and the provincial and territorial governments.

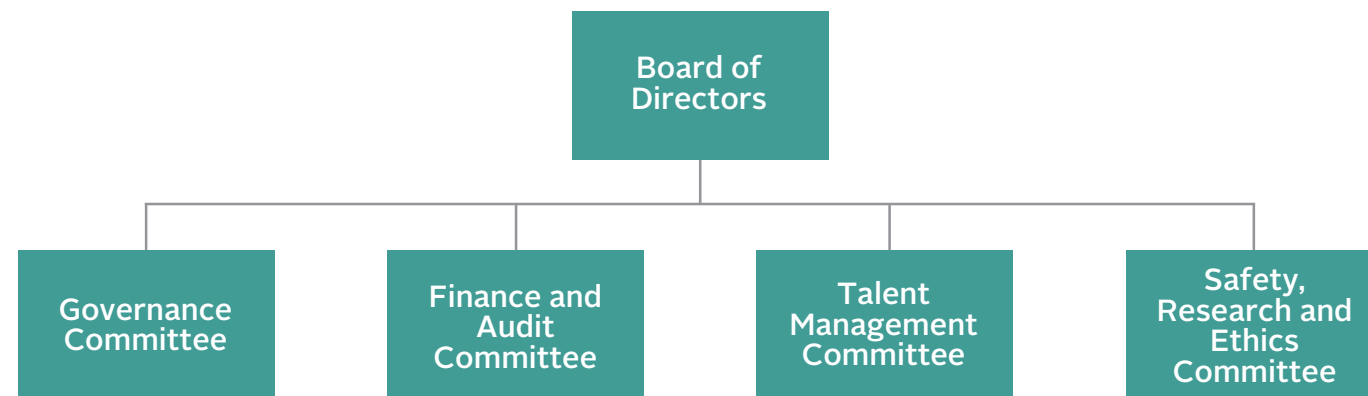
Corporate members

Under bylaws governed by the *Canada Not-for-profit Corporations Act*, the provincial and territorial ministers of health (except Quebec’s minister) serve as corporate members of Canadian Blood Services and appoint our board of directors. The board of directors is accountable to the corporate members.

The ministers also collectively approve Canadian Blood Services’ three-year Corporate Plan and annual budget. A lead province is designated every two years. Effective April 1, 2023, British Columbia assumed this role.

Board of directors and committees

Our board consists of 13 directors, who are appointed by the corporate members. The board’s role is broad oversight of Canadian Blood Services’, and integrity of the products and services that the organization provides to Canadians.



Number of board of directors and committee meetings during 2023–2024

	Number of meetings held in 2023–2024
Board	7
Talent Management Committee	6
Finance and Audit Committee	5
Governance Committee	5
Safety, Research and Ethics Committee	4

Board attendance and compensation paid during 2023–2024

Director	Number of board meetings attended	Number of committee meetings attended	Honorariums paid
Dr. Brian Postl (Chair)	7/7	20/20	\$62,375
Glenda Yeates (Vice-Chair)	6/7	15/15	\$30,500
Anne McFarlane (Committee Chair)	7/7	9/9	\$29,000
Bob Adkins	7/7	9/9	\$27,250
Bobby Kwon (Committee Chair)	4/7	6/10	\$29,000
Dr. Catherine Cook	1/1	0/1	\$3,583
David Lehberg	6/7	9/11	\$23,750
David Morhart (Committee Chair)	7/7	10/10	\$29,000
Donnie Wing	7/7	9/10	\$21,500
Gertie Mai Muisse	2/3	3/4	\$9,385
Judy Steele (Committee Chair)	7/7	11/11	\$29,000
Kelly Butt	7/7	9/9	\$25,250
Marilyn Barrett	7/7	9/9	\$21,500
Dr. Roona Sinha	7/7	9/10	\$21,500

*Gertie Mai Muisse departed the board on September 7, 2023. She was replaced by Catherine Cook, who joined the board on December 6, 2023.

Board of directors’ retainers

Compensation for directors’ time spent on Canadian Blood Services business is provided by way of an annual retainer, paid monthly, as described in the chart below:

Position	Annual retainer
Board chair	\$62,000
Board vice-chair	\$30,500
Committee chair	\$29,000
Consumer nominee	\$23,750
Board director	\$21,500

For board members whose attendance at board and committee meetings falls below 80 per cent of meetings held throughout the course of the fiscal year, a pro-rated retainer may be applied, based on actual attendance at the discretion of the board chair.

From time to time, directors may be asked to serve on additional ad hoc committees, which significantly increases their time spent on Canadian Blood Services activities. In these unique circumstances, and at the discretion of the board chair, additional honorariums may be provided at \$750 per day or \$375 per half day (3 hours) and \$500 per day for travel.

Executive management team compensation

Canadian Blood Services is founded on the principles of safety, transparency, integrity and accountability — traits deeply rooted in our culture. How we compensate our executives reflects these principles. Canadian Blood Services has a comprehensive and rigorous executive performance management and compensation program, which follows best-practice principles in corporate governance.

The CEO, who reports to the board of directors, oversees the vice-presidents and our internal auditor. Each year, the performance of members of the executive management team, including the CEO, is measured using executive performance agreements. These agreements contain goals, defined by the board of directors, linked to the achievement of corporate performance objectives. Performance against these goals is used to derive the specific calculations for either merit increases or performance awards.

The CEO’s evaluation is the responsibility of the full board, with the process largely overseen and managed by the Talent Management Committee. The CEO is subject to two performance reviews during each fiscal year: an interim review in the second quarter and a full review at the end of the fourth quarter. This full board review tracks in detail the CEO’s performance against specific, measurable performance goals. Any compensation adjustments flow from this review, after deliberation by the board, and such adjustments are solely at the board’s discretion.

Every two years, the Talent Management Committee also commissions an independent study to gather comparative compensation data for the CEO. Every third year, the committee independently considers the need for a 360 degree performance review of the CEO and conducts such a review, if needed, using outside expertise.

Members of the executive management team are reviewed through a similar process. The CEO meets individually with all executive management team members and reviews their performance in relation to achievement of goals set out in their respective performance agreements. The CEO’s recommendations for compensation adjustments are presented to the Talent Management Committee of the board for approval.

Canadian Blood Services aims to align our total compensation for executives with the market median for comparator groups.

Total compensation for executives

	Fiscal year	Base salary	Compensation at risk as a percentage base salary ⁶
Dr. Graham Sher Chief Executive Officer	2023–2024	\$695,303	30.0%
	2022–2023	\$675,051	30.0%
Judie Leach Bennett Vice-President, General Counsel and Chief Risk Officer	2023–2024	\$360,196	22.5%
	2022–2023	\$336,571	22.5%
Dr. Christian Choquet Vice-President, Quality and Regulatory Affairs	2023–2024	\$307,186	22.5%
	2022–2023	\$301,135	22.5%
Dr. Isra Levy Vice-President, Medical Affairs and Innovation	2023–2024	\$517,079	25.0%
	2022–2023	\$506,892	25.0%
Richard Smith ⁷ Chief Information Officer	2023–2024	\$264,208	22.5%
	2022–2023	\$184,615	22.5%
Andrew Pateman Vice-President, People, Culture and Performance	2023–2024	\$380,749	22.5%
	2022–2023	\$366,104	22.5%
Jennifer Camelon ⁸ Chief Financial Officer and Vice-President, Corporate Services	2023–2024	\$405,144	25.0%
	2022–2023	\$356,250	25.0%
Ron Vezina Vice-President, Public Affairs	2023–2024	\$302,885	22.5%
	2022–2023	\$279,774	22.5%
Jean-Paul Bédard ⁹ Vice-President, Plasma Operations	2023–2024	\$61,504	22.5%
	2022–2023	\$325,550	22.5%
Ralph Michaelis ¹⁰ Chief Information Officer	2023–2024	-	-
	2022–2023	\$83,590	22.5%
Pauline Port ¹¹ Chief Financial Officer and Vice-President, Corporate Services	2023–2024	-	-
	2022–2023	\$73,889	25.0%
Rick Prinzen ¹² Chief Supply Chain Officer and Vice-President, Donor Relations	2023–2024	\$105,082	-
	2022–2023	\$361,299	25.0%
Dr. Yasmin Razack ¹³ Chief Diversity Officer	2023–2024	\$62,298	-
	2022–2023	\$235,000	22.5%

⁶ Compensation also includes the following:

- a \$10,000 annual vehicle allowance, with the exception of the CEO, who receives an annual vehicle allowance of \$18,000
- vacation entitlement: year one, four weeks; year two, five weeks; year three, six weeks; and for the CEO, seven weeks
- standard benefits package: executive benefits package covering health, dental, life insurance, long-term disability, accidental death insurance, defined benefit pension and health-care spending account.

⁷ Richard Smith started on June 20, 2022.

⁸ Jennifer Camelon started on April 14, 2022.

⁹ Jean-Paul Bédard retired on May 31, 2023.

¹⁰ Ralph Michaelis retired on June 30, 2022.

¹¹ Pauline Port retired on April 29, 2022.

¹² Rick Prinzen left on July 6, 2023.

¹³ Yasmin Razack left on July 6, 2023.

Appendix 1 – Liquidity and capital resources financial measures

Working capital ratio, liquidity ratio and plasma protein and related products (PPRP) inventory weeks-on-hand are all non-GAAP¹⁴ financial measurements used by management. The calculations and reconciliation with the audited consolidated financial statements are provided below:

Measure	2023–2024	2022–2023	Reference to Consolidated Financial Statements
Unreserved cash			
Cash and cash equivalents	\$126,408	\$134,310	Consolidated Statement of Financial Position
Less:			
Other retirement and post-employment benefit plans liability	(24,311)	(25,312)	Note 8
Restricted captive insurance cash and cash equivalents	(5,994)	(4,377)	Note 3
Reclass to investments	3,826	-	Reclassification
Internally reserved cash balances relating to certain deferrals reserves for future expenses:			
Contingency	(24,099)	(22,807)	Note 10
National Facilities Redevelopment Program	(15,778)	(12,836)	Note 10
Research and development	(8,741)	(10,512)	Note 10
Fundraising	(2,598)	(2,876)	Note 10
Digitization		(4,438)	Note 10
Other	(2,614)	(2,550)	Note 10
Unreserved cash	46,099	48,602	
Working capital ratio			
Unreserved cash	\$46,099	\$48,602	Non-GAAP measure
Members' contributions receivable	225	11,219	Consolidated Statement of Financial Position
Other amounts receivable	26,780	27,989	Consolidated Statement of Financial Position
Prepays	12,881	11,643	Consolidated Statement of Financial Position
Inventory	280,798	264,683	Consolidated Statement of Financial Position
	366,783	364,136	
Divided by accounts payable and accrued liabilities	129,748	107,767	Consolidated Statement of Financial Position
Working capital ratio	2.8	3.4	
Liquidity ratio			
Unreserved cash	\$46,099	\$48,602	Non-GAAP measure
Members' contributions receivable	225	11,219	Consolidated Statement of Financial Position
Other amounts receivable	26,780	27,989	Consolidated Statement of Financial Position
Prepays	12,881	11,643	Consolidated Statement of Financial Position
	85,985	99,453	
Divided by accounts payable and accrued liabilities	129,748	107,767	Consolidated Statement of Financial Position
Liquidity ratio	0.7	0.9	
PPRP inventory weeks-on-hand			
Total inventory	\$280,798	\$264,683	Consolidated Statement of Financial Position
Less non-PPRP and PPRP work-in-progress inventory	(97,102)	(66,692)	Non-GAAP measure
PPRP inventory	183,696	197,991	
Cost of PPRP from Oct. 1 2023 to March 31, 2024	\$468,205	\$418,627	Consolidated Statement of Financial Position
PPRP inventory divided by cost of PPRP	39%	47%	
Multiplied by 26 (weeks from Oct. 1 2023 to March 31, 2024)	26	26	
Weeks-on-hand	10.2	12.3	

¹⁴ GAAP – Generally Accepted Accounting Principles



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INDEPENDENT AUDITOR'S REPORT

To the Members of Canadian Blood Services

Opinion

We have audited the consolidated financial statements of the Canadian Blood Services (the Entity), which comprise:

- the consolidated statement of financial position as at March 31, 2024
- the consolidated statement of operations for the year then ended
- the consolidated statement of changes in net assets for the year then ended
- the consolidated statement of cash flows for the year then ended
- and notes to the consolidated financial statements, including a summary of significant accounting policies.

(Hereinafter referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the consolidated financial position of the Entity as at March 31, 2024, and its consolidated results of operations, its consolidated changes in net assets and its consolidated cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the “**Auditor's Responsibilities for the Audit of the Financial Statements**” section of our auditor's report.

We are independent of the Entity in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Consolidated Financial Statements of



And Independent Auditor's Report thereon

Year ended March 31, 2024

KPMG LLP, an Ontario limited liability partnership and member firm of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee. KPMG Canada provides services to KPMG LLP.



Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Entity's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Entity or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Entity's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit.

We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control.



- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the Group Entity to express an opinion on the financial statements. We are responsible for the direction, supervision and performance of the group audit. We remain solely responsible for our audit opinion.

Chartered Professional Accountants, Licensed Public Accountants

Ottawa, Canada

June 24, 2024

Consolidated Statement of Financial Position

 As at March 31, 2024, with comparative information for 2023
 (In thousands of dollars)

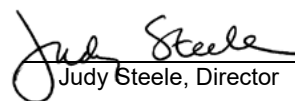
	2024	2023
Assets		
Current assets:		
Cash and cash equivalents (note 3)	\$ 126,408	\$ 134,310
Members' contributions receivable	225	11,219
Other amounts receivable	26,780	27,989
Inventory (note 4)	280,798	264,683
Prepaid expenses	12,881	11,643
	<u>447,092</u>	<u>449,844</u>
Employee future benefits assets (note 8)	5,755	3,980
Investments, captive insurance operations (note 5)	542,709	519,911
Capital assets (note 6)	279,836	274,237
Total Assets	\$ 1,275,392	\$ 1,247,972
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities (note 7)	\$ 129,748	\$ 107,767
Forward currency contracts (note 15)	698	–
	<u>130,446</u>	<u>107,767</u>
Obligations under capital leases	1,420	1,332
Employee future benefits liabilities (note 8)	26,812	25,764
Deferred contributions (note 10)	450,186	468,508
Provision for future claims (note 16)	299,759	299,880
Total Liabilities	908,623	903,251
Net assets (note 11):		
Invested in capital assets	20,617	20,617
Restricted for fair value of forward currency contracts	(698)	–
Restricted for captive insurance purposes	245,954	222,754
Unrestricted net accumulated surplus	100,896	101,350
	<u>366,769</u>	<u>344,721</u>
Guarantees and contingencies (note 17)		
Commitments (note 18)		
Total Liabilities and Net Assets	\$ 1,275,392	\$ 1,247,972

See accompanying notes to the consolidated financial statements.

On behalf of the Board



Dr. Brian Postl, Director and Chair



Judy Steele, Director

Consolidated Statement of Operations

 Year ended March 31, 2024, with comparative information for 2023
 (In thousands of dollars)

	2024 (note 13)	2023 (note 13)
Revenue:		
Members' contributions	\$ 1,488,537	\$ 1,355,076
Federal contributions	23,038	25,214
Less amounts deferred	(98,360)	(84,092)
	<u>1,413,215</u>	<u>1,296,198</u>
Amortization of previously deferred contributions:		
Relating to capital assets	23,113	20,973
Relating to operations	50,364	33,494
Total contributions recognized as revenue	1,486,692	1,350,665
Net investment income (loss) (note 12)	15,431	(805)
Stem cells revenue	21,710	18,688
Other income	2,598	2,236
Total revenue	1,526,431	1,370,784
Expenses:		
Cost of plasma protein and related products	912,610	833,919
Staff costs	345,028	318,838
General and administrative	178,945	160,835
Medical supplies	60,982	52,128
Depreciation and amortization	22,855	19,769
Losses and incurred expenses	120	213
Foreign exchange gain	(409)	(7,290)
Total expenses	1,520,131	1,378,412
Excess (deficiency) of revenue over expenses before the undernoted	6,300	(7,628)
Change in fair value of forward currency contracts	(698)	(277)
Change in fair value of investments measured at fair value	16,422	(7,783)
Excess (deficiency) of revenue over expenses	\$ 22,024	\$ (15,688)

See accompanying notes to the consolidated financial statements.

Consolidated Statements of Changes in Net Assets

 Year ended March 31, 2024, with comparative information for 2023
 (In thousands of dollars)

	Invested in capital assets	Restricted for fair value of forward currency contracts	Restricted for captive insurance purposes	Unrestricted net accumulated surplus	Total
March 31, 2024					
Balance, beginning of year (note 11)	\$ 20,617	\$ –	\$ 222,754	\$ 101,350	\$ 344,721
Excess of revenue over expenses	–	–	23,200	(1,176)	22,024
Remeasurements and other items related to employee future benefits	–	–	–	24	24
Change in fair value of forward currency contracts	–	(698)	–	698	–
Balance, end of year (note 11)	\$ 20,617	\$ (698)	\$ 245,954	\$ 100,896	\$ 366,769
March 31, 2023					
Balance, beginning of year (note 11)	\$ 20,920	\$ 277	\$ 238,165	\$ 94,047	\$ 353,409
Deficiency of revenue over expenses	–	–	(15,411)	(277)	(15,688)
Remeasurements and other items related to employee future benefits	–	–	–	7,000	7,000
Change in investment in capital assets	(303)	–	–	303	–
Release of net asset restriction for realized gain	–	(7,405)	–	7,405	–
Change in fair value of forward currency contracts	–	7,128	–	(7,128)	–
Balance, end of year (note 11)	\$ 20,617	\$ –	\$ 222,754	\$ 101,350	\$ 344,721

See accompanying notes to the consolidated financial statements.

Consolidated Statement of Cash Flows

 Year ended March 31, 2024, with comparative information for 2023
 (In thousands of dollars)

	2024	2023
Cash and cash equivalents provided by (used for):		
Operating activities:		
Excess (deficiency) of revenue over expenses	\$ 22,024	\$ (15,688)
Items not involving cash and cash equivalents:		
Depreciation and amortization of capital assets	22,855	19,769
Amortization of deferred contributions	(73,477)	(54,467)
Gain on sale of capital assets	(94)	(931)
Net realized gains on sales of investments, captive insurance operation	4,455	16,611
Change in fair value of equity investments, captive insurance operation	(16,422)	7,783
Interest amortization of bonds, captive insurance operations	(855)	387
Change in provision for future claims	(121)	93
Employee future benefit expenses in excess of cash payments	(703)	914
Change in fair value of forward currency contracts	698	277
	(41,640)	(25,252)
Change in non-cash operating working capital:		
Decrease (increase) in Members' contributions receivable	10,994	(7,061)
Decrease in other amounts receivable	1,209	19,034
(Increase) decrease in inventory	(16,115)	7,155
Increase in prepaid expenses	(1,238)	(2,452)
Increase in accounts payable and accrued liabilities	21,704	10,737
Decrease in deferred contributions received for expenses for future periods	26,443	36,380
Total operating activities	1,357	38,541
Investing activities:		
Proceeds on sale of investments, captive insurance operations	292,047	392,315
Purchases of investments, captive insurance operations	(302,023)	(404,503)
Proceeds on sale of capital assets	352	2,438
Purchase of capital assets	(28,347)	(35,049)
Total investing activities	(37,971)	(44,799)
Financing activities:		
Deferred contributions received related to capital assets	28,712	38,581
Total financing activities	28,712	38,581
(Decrease) increase in cash and cash equivalents	(7,902)	32,323
Cash and cash equivalents, beginning of year	134,310	101,987
Cash and cash equivalents, end of year	\$ 126,408	\$ 134,310
Cash and cash equivalents are comprised of:		
Cash on deposit	\$ 126,010	\$ 88,882
Fully redeemable variable rate guaranteed investment certificates	–	42,000
Short-term notes	398	3,428
	\$ 126,408	\$ 134,310

See accompanying notes to the consolidated financial statements.

1. Nature of the organization and operations:

Canadian Blood Services/Société canadienne du sang (the Corporation) owns and operates the national blood supply system for Canada, except Québec, and is responsible for the collection, testing, processing and distribution of blood and blood products, including red blood cells, platelets, plasma and cord blood, as well as the recruitment and management of donors. In addition, the Corporation provides the following services: (i) contracting of plasma protein manufacturers, and purchasing and distributing of plasma protein and related products, (ii) developing and managing donor registries for stem cells, cord blood stem cells and organs, (iii) providing diagnostic services for patients and hospitals across Western Canada and some parts of Ontario, (iv) supporting policy and leading practice development, professional education and public awareness over transfusion practices and organ and tissue donation and transplantation, and (v) conducting and supporting research in transfusion science, medicine, cellular therapies and organ and tissue transplantations.

The Corporation was incorporated on February 16, 1998, under Part II of the Canada Corporations Act. Effective May 7, 2014, the Corporation transitioned its incorporation to the Canada Not-for-Profit Corporations Act. It is a corporation without share capital and qualifies for tax-exempt status as a registered charity under the Income Tax Act (Canada). The Members of the Corporation are the Ministers of Health of the Provinces and Territories of Canada, except Québec. The Members, as well as the Federal and Québec governments provide contributions to fund the operations of the Corporation. The Corporation operates in a regulated environment, pursuant to the requirements of Health Canada.

The Corporation has established two wholly owned captive insurance corporations; CBS Insurance Company Limited (CBSI) and Canadian Blood Services Captive Insurance Company Limited/Compagnie d'assurance captive de la société canadienne du sang limitée (CBSE). CBSI was incorporated under the laws of Bermuda on September 15, 1998 and is licensed as a Class 3 reinsurer under the Insurance Act, 1978 of Bermuda and related regulations. CBSE was incorporated under the laws of British Columbia on May 4, 2006 and is registered under the Insurance (Captive Company) Act of British Columbia.

2. Basis of presentation and significant accounting policies:*Significant accounting policies:*

The consolidated financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the CPA Canada Handbook – Accounting.

2. Basis of presentation and significant accounting policies (continued):*Significant accounting policies (continued):*

A summary of the significant accounting policies used in these consolidated financial statements are set out below. The accounting policies have been applied consistently to all periods presented.

(a) Consolidation:

The consolidated financial statements include the results of the operations of Canadian Blood Services and the accounts of its wholly owned captive insurance subsidiaries.

(b) Use of estimates:

The preparation of the consolidated financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenue and expenses in the consolidated financial statements. Estimates and assumptions may also affect disclosure of contingent assets and liabilities at the date of the consolidated financial statements.

The risk of geopolitical, economic, and market uncertainties result in complexity in determining certain critical judgments. As a result, significantly different amounts could be reported under different conditions or assumptions. The Corporation continues to monitor and assess the impacts of these uncertainties on critical accounting judgments, estimates and assumptions. Significant estimates include assumptions used in measuring pension and other post-employment benefits and the provision for future insurance claims, which are described in more detail in notes 8 and 16, respectively.

(c) Revenue recognition:

The Corporation follows the deferral method of accounting for contributions for not-for-profit organizations.

Members' and Federal contributions are recorded as revenue in the period to which they relate. Amounts approved but not received by the end of an accounting period are accrued. Where a portion of a contribution relates to a future period, it is deferred and recognized in the subsequent period.

Externally restricted contributions are recognized as revenue in the year in which the related expenses are recognized. Contributions restricted for the purchase of capital assets other than land are initially deferred and then amortized to revenue on a straight-line basis, at a rate corresponding with the depreciation rate for the related capital asset.

Contributions restricted for the purchase of land are recognized as direct increases in net assets invested in capital assets.

Unrestricted funding is recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

2. Basis of presentation and significant accounting policies (continued):

Significant accounting policies (continued):

(c) Revenue recognition (continued):

Restricted investment income is recognized as revenue in the year in which the related expenses are recognized. Unrestricted investment income is recognized as revenue when earned.

Revenue from fees and contracts is recognized when the services are provided, or the goods are distributed.

Restricted donations are recognized as revenue in the year in which the related expenses are recognized. Unrestricted donations are recognized as revenue in the year received.

(d) Donated goods and services:

The Corporation does not pay donors for whole blood, plasma, platelets or cord donations. Additionally, a substantial number of volunteers contribute a significant amount of time each year in support of the activities of the Corporation. The value of such contributed goods and services is not quantified in the financial statements. Contributions of materials and services, other than volunteer hours, are recorded when a fair value can be reasonably estimated and when the materials and services are used in the normal course of operations and would otherwise be purchased.

(e) Inventory:

Inventory of the Corporation consists of plasma protein and related products, blood products, cord blood products and supplies related to the collection, manufacturing and testing of blood products.

Inventory is measured at the lower of cost and current replacement cost. Cost for plasma protein and related products and supplies inventories is measured at average cost. Cost for blood products and cord blood products includes an appropriate portion of direct costs and overhead incurred in the collection, manufacturing, testing and distribution processes.

Plasma protein and related products, blood products, cord blood products are charged to the statement of operations upon distribution to hospitals and clinics.

Management regularly performs reviews and when necessary, writes off slow moving or obsolete inventory.

(f) Capital assets:

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution. Assets acquired under capital leases are amortized over the estimated life of the assets or over the lease term, as appropriate. Repairs and maintenance costs are expensed. Betterments, which enhance the service potential of an asset are capitalized.

2. Basis of presentation and significant accounting policies (continued):

Significant accounting policies (continued):

(f) Capital assets (continued):

When capital assets can be segregated into major components that have different useful lives, these components are separately identified and amortized over their respective estimated useful lives.

Capital assets are reviewed for impairment whenever events or changes in circumstances indicate that the asset no longer contributes to the Corporation's ability to provide goods or services, or that the value of future economic benefits or service potential associated with the asset is less than its net carrying amount. In this event, the recoverability of assets held and used is measured by reviewing the estimated fair value or replacement cost of the asset. If the carrying amount of an asset exceeds its estimated fair value or replacement cost, an impairment charge is recognized by the amount by which the carrying amount of the asset exceeds the fair value or replacement cost of the asset. In instances where a tangible capital asset is integrated with other assets such that it may be necessary to consider the value of the tangible capital asset's future economic benefits or service potential for the group of integrated assets as a whole; a write-down may be recognized and measured for the group of assets rather than for an individual tangible capital asset. Any write-down is allocated to the assets of the group on a pro rata basis using the relative carrying amounts of those assets. When a capital asset is written down, the corresponding amount of any unamortized deferred contributions related to the capital asset is recognized as revenue. Write-downs are not reversed.

Amortization is recorded on a straight-line basis over the estimated useful lives of the assets at the rates indicated below:

Asset	Useful life
Buildings and building components	25 to 65 years
Machinery and equipment	8 to 25 years
Furniture and office equipment	5 to 10 years
Computer equipment	3 years
Motor vehicles	8 years
Computer software	2 to 5 years

Leasehold improvements are depreciated on a straight-line basis over the shorter of the lease term or their estimated useful lives. Assets under construction are not depreciated until they are available for use by the Corporation.

The right to the blood supply system represents the excess of the purchase price of the system over the fair value of the tangible net assets acquired in 1998 and is being amortized on a straight-line basis over 40 years.

2. Basis of presentation and significant accounting policies (continued):*Significant accounting policies (continued):*

(f) Capital assets (continued):

The Corporation has future obligations associated with the disposal of certain equipment in an environmentally responsible manner, and the restoration of leased premises to an agreed upon standard at the end of the lease. Where there is a legal obligation associated with the retirement of equipment or restoration of leases premises, the Corporation recognizes a liability and the costs are capitalized as part of the carrying amount of the related asset and depreciated over the asset's estimated useful life.

(g) Foreign currency transactions:

Foreign currency transactions of the Corporation are translated using the temporal method. Under this method, transactions are initially recorded at the rate of exchange prevailing at the date of the transaction. Thereafter, monetary assets and liabilities are adjusted to reflect the exchange rates in effect at the consolidated statement of financial position date. Gains and losses resulting from the adjustment are included in the consolidated statement of operations.

(h) Employee future benefits:

The Corporation sponsors two defined benefit plans, one for employees and the other for executives. In addition, the Corporation sponsors a defined contribution pension plan and provides other retirement and post-employment benefits to eligible employees. Benefits provided under the defined benefit pension plans are based on a member's term of service and average earnings over a member's five highest consecutive annualized earnings.

The Corporation accrues its obligations under employee benefit plans as the employees render the services necessary to earn pension and other retirement and post-employment benefits.

The defined benefit obligation for pensions and other retirement and post-employment benefits earned by employees is measured using an actuarial valuation prepared for accounting purposes. The obligation is actuarially determined using the projected benefit method pro-rated on service and management's best estimate assumptions including discount rate, inflation rate, salary escalation, retirement ages and expected health care costs. Plan assets are measured at their fair value. The measurement date of the plan assets and defined benefit obligation coincides with the Corporation's fiscal year. The most recent actuarial valuations for the employees and executive benefit pension plans for funding purposes were as of December 31, 2022 and January 1, 2023, respectively. The next required valuation for the employees and executive pension plan will be as of December 31, 2025 and January 1, 2026, respectively. The most recent actuarial valuation of the other retirement and post-employment benefits was as of April 1, 2021 and the next valuation will be as of April 1, 2024.

2. Basis of presentation and significant accounting policies (continued):*Significant accounting policies (continued):*

(h) Employee future benefits: (continued):

The defined benefit pension plan for employees is jointly sponsored by the employer and participating unions. To reflect the risk-sharing provisions of this plan, the Corporation recognizes the 50 percent of the defined benefit liability or asset that accrues to the employer.

The cost of the defined contribution plan is recognized based on the contributions required to be made during each period. With the wind-up of the defined contribution plan in 2025, contributions into the defined contribution plan will terminate by February 2025. All active defined contribution members will be automatically enrolled in the defined benefit pension plan for employees for future service. Since October 2023, eligible active plan members have had the option to early enroll in the defined pension plan. After early enrolling in the defined benefit pension plan, these former active plan members will continue to maintain their investments in the defined contribution until the pension regulator approves the defined contribution wind-up. Subsequently, upon regulatory approval, all remaining defined contribution plan members will be required to transfer their investments from the defined contribution plan.

Termination benefits result from either the Corporation's decision to terminate employment or an employee's decision to accept the Corporation's offer of benefits in exchange for termination of employment. The Corporation recognizes contractual termination benefits when it is probable that employees will be entitled to benefits and the amount can be reasonably estimated. Special termination benefits for voluntary terminations are recognized when employees accept the offer and the amount is reasonably estimated. Special termination benefits for involuntary terminations are recognized when management commits to a detailed plan that establishes the termination benefits, it is communicated in sufficient detail to employees, and the plan will be executed in a reasonable time such that significant changes are not likely.

(i) Financial Instruments:

Upon initial recognition, financial instruments are measured at their fair value. Financial assets and financial liabilities are recognized initially on the trade date, which is the date that the Corporation becomes a party to the contractual provisions of the instrument.

Fixed income securities are measured on the consolidated statement of financial position at amortized cost. Interest income is recognized on the accrual basis and includes the amortization of premiums or discounts on fixed interest securities purchased at amounts different from their par value. Pooled funds, equity securities and equity futures are measured at fair value with changes in fair value recorded directly in the consolidated statement of operations. Dividends and distributions are recorded as income when declared.

2. Basis of presentation and significant accounting policies (continued):

Significant accounting policies (continued):

(i) Financial Instruments (continued):

Forward currency contracts not in a qualifying hedging relationship are measured at fair value with changes in fair value recorded directly in the consolidated statement of operations. A forward currency contract designated in a hedging relationship is not recognized until the earlier of the date it matures and the date of the anticipated transaction (the hedged item).

The hedged item is recognized initially at the amount of consideration payable based on the prevailing foreign exchange rate on the date of goods or service receipts. At this time, any gain or loss on the forward currency contract is recognized as an adjustment of the carrying value amount of the hedged item when the anticipated transaction results in the recognition of an asset or a liability. When the hedged items are recognized directly in the consolidated statement of operations, the gain or loss on the forward currency contract is included in the same expense or revenue category.

All other financial instruments are subsequently measured at cost or amortized cost.

Transaction costs incurred on the acquisition of financial instruments measured subsequently at fair value are expensed as incurred. All other financial instruments are adjusted by transaction costs incurred on acquisition and financing cost, which are amortized using the effective interest rate method. Transaction costs are comprised primarily of legal, accounting, underwriters' fees and other costs directly attributable to the acquisition, issuance or disposal of a financial asset or financial liability.

Financial assets measured at cost or amortized cost are assessed for indicators of impairment on an annual basis at the end of the fiscal year. If there is an indicator of impairment, the Corporation determines if there is a significant adverse change in the expected amount or timing of future cash flows from the financial asset. If there is a significant adverse change in the expected cash flows, the carrying value of the financial asset is reduced to the higher of the present value of the expected cash flows, the amount that could be realized from selling the financial asset or the amount the Corporation expects to realize by exercising its right to any collateral. If events and circumstances reverse in a future period, an impairment loss will be reversed to the extent of the improvement, not exceeding the amount that would have been reported at the date of the reversal had the impairment not been recognized previously. The amount of the reversal shall be recognized in the consolidated statement of operations in the period the reversal occurs.

3. Cash and cash equivalents:

Cash and cash equivalents include deposits with financial institutions that can be withdrawn without prior notice or penalty, short-term notes, broker deposits. At March 31, 2023, cash and cash equivalents included fully redeemable variable rate guaranteed investment certificates.

Cash and cash equivalents include \$5,994 (2023 - \$4,377) that is restricted for captive insurance operations.

4. Inventory:

Inventory comprises:

	2024	2023
Raw materials	\$ 7,476	\$ 6,000
Work-in-process	47,335	45,747
Finished goods	225,987	212,936
	\$ 280,798	\$ 264,683

Raw materials include supplies available for use in the collection, manufacturing and testing of blood products. Work in process consists of plasma for fractionation and blood products. Finished goods include plasma protein and related products, red blood cells, platelets and plasma for transfusion and cord blood products that are available for distribution to hospitals. Work in process and finished goods inventories include direct costs and overhead incurred in the collection, manufacturing, testing and distribution process.

5. Investments, captive insurance operations:

All investments are restricted for captive insurance operations. The amortized cost and fair value of investments are as follows:

	2024	2023
<i>Measured at amortized cost:</i>		
Fixed income securities	\$ 351,909	\$ 339,947
<i>Measured at fair value:</i>		
Pooled funds	157,975	146,963
Equity securities	32,825	33,001
	\$ 542,709	\$ 519,911

Year ended March 31, 2024
 (In thousands of dollars)

5. Investments, captive insurance operations (continued):

At March 31, 2024, equity securities include equity futures equal to \$10 (2023 - \$4) for which the notional value and fair value of the underlying equities are \$423 (2023 - \$254) and \$433 (2023 - \$259), respectively.

6. Capital assets:

	Cost	Accumulated amortization	2024 Net book value	2023 Net book value
Land, building, software and equipment:				
Buildings and building components	\$ 212,401	\$ 70,067	\$ 142,334	\$ 145,347
Machinery and equipment	130,084	95,336	34,748	33,413
Land	20,617	–	20,617	20,617
Land improvements	3,333	489	2,844	2,977
Furniture and office equipment	34,402	24,811	9,591	9,253
Leasehold improvements	57,328	27,877	29,451	18,282
Computer equipment	71,262	64,146	7,116	5,012
Motor vehicles	21,695	12,416	9,279	6,011
Computer software	41,040	40,469	571	1,002
Equipment under capital leases	6,510	5,158	1,352	1,332
Assets under construction	9,171	–	9,171	17,350
	607,843	340,769	267,074	260,596
Intangible asset:				
Right to the blood supply system	35,204	22,442	12,762	13,641
	\$ 643,047	\$ 363,211	\$ 279,836	\$ 274,237

During the current year, cash payments of \$28,347 (2023 - \$35,049) were made to acquire capital assets. Capital assets no longer in use with cost of \$6,731 (2023 - \$6,521) and accumulated amortization of \$6,473 (2023 - \$4,979) were sold or written off.

Cost and accumulated amortization of capital assets at March 31, 2023 amounted to \$621,066 and \$346,829, respectively.

7. Accounts payable and accrued liabilities:

Included in accounts payable and accrued liabilities are government remittances payable of \$4,216 (2023 - \$3,695) which include amounts payable for sales and payroll taxes.

 Year ended March 31, 2024
 (In thousands of dollars)

8. Employee future benefits:

The Corporation sponsors two defined benefit pension plans, one for employees and the other for executives. In addition, the Corporation sponsors a defined contribution pension plan and provides other retirement and post-employment benefits to eligible employees.

The Corporation's defined benefit assets/liabilities included in the consolidated statement of financial position are comprised of the following:

	2024	2023
Benefit assets:		
Employee future benefit assets – defined benefit pension plan	\$ 5,755	\$ 3,980
Benefit liabilities:		
Defined benefit pension plans liability	\$ 2,501	\$ 452
Other retirement and post-employment benefit plans liability	24,311	25,312
Employee future benefit liabilities	\$ 26,812	\$ 25,764
Net employee future benefit liabilities	\$ 21,057	\$ 21,784

(a) Defined benefit pension plans:

Information about the Corporation's defined benefit plans are combined and summarized as follows:

	2024	2023
Fair value of plan assets	\$ 591,434	\$ 535,565
Defined benefit obligation	590,681	532,489
Defined benefit asset before adjustment for risk sharing provisions	753	3,076
Adjustment for risk sharing provisions	2,501	452
Defined benefit asset	\$ 3,254	\$ 3,528

Year ended March 31, 2024
 (In thousands of dollars)

8. Employee future benefits (continued):

(a) Defined benefit pension plans (continued):

The significant actuarial assumptions adopted in measuring the Corporation's defined benefit plans, defined benefit obligation and benefit cost are summarized as follows:

	2024	2023
<i>Defined benefit obligation:</i>		
Discount rate	4.90%	5.00%
Inflation rate	2.00%	2.00%
Rate of compensation increases	2.50% - 3.31%	2.50% - 3.10%
Mortality Table	105% CPM 2014-B CPM 2014Publ-B	110% CPM 2014-B CPM 2014Publ-B
<i>Benefit cost:</i>		
Discount rate	5.00%	4.30%
Rate of compensation increases	2.50% - 3.10%	2.50% - 3.10%

Other information about the Corporation's defined benefit plans is combined and summarized as follows:

	2024	2023
Employer contributions	\$ 18,122	\$ 16,192
Employee contributions	12,725	11,628
Benefits paid	22,615	22,002
Net expense	16,489	16,140
Remeasurement loss (gain)	1,907	(3,439)

(b) Defined contribution pension plan:

The expense for the Corporation's defined contribution pension plan was \$3,190 (2023 - \$3,655).

 Year ended March 31, 2024
 (In thousands of dollars)

8. Employee future benefits (continued):

(c) Other retirement and post-employment benefits:

Information about the Corporation's other retirement and post-employment benefits is as follows:

	2024	2023
Benefits paid	\$ 1,541	\$ 1,545
Net expense	2,471	2,511
Remeasurement gain	(1,931)	(3,561)
Defined benefit liability	24,311	25,312

The significant actuarial assumptions adopted in measuring the Corporation's other retirement and post-employment defined benefit obligation and benefit cost are as follows:

	2024	2023
<i>Defined benefit obligation:</i>		
Discount rate	4.80% - 4.90%	4.90% - 5.00%
Rate of compensation increases	2.50% - 3.10%	2.50% - 3.10%
Mortality Table	CPM 2014-B CPM 2014Publ-B	CPM 2014-B CPM 2014Publ-B
<i>Benefit cost:</i>		
Discount rate	4.90% - 5.00%	4.00% - 4.30%
Rate of compensation increases	2.50% - 3.10%	2.50% - 3.10%

Hospital costs – 4.00% (2023 - 4.00%) per annum;

Drug costs – 5.93% (2023 - 6.05%) per annum, grading remains at 4.00% (2023 - 4.00%) per annum in and after 2040 (2023 - 2040);

Other health costs – 4.00% (2023 - 4.00%) per annum.

Termination benefits have been recognized in accounts payable and accrued liabilities on the consolidated statement of financial position and in staff costs in the consolidated statement of operations. At March 31, 2024, \$3,007 (2023 - \$4,008) is accrued for termination benefits on the consolidated statement of financial position. During the year ended March 31, 2024, movements relating to the accrual included payments of \$2,669 (2023 - \$2,324), a reversal to opening accrual of \$367 (2023 - \$1,115) and the establishment of new termination benefits of \$2,035 (2023 - \$2,836).

Year ended March 31, 2024
(In thousands of dollars)

9. Credit facilities:
(a) Demand operating credit:

This facility has been arranged as an operating line of credit in the amount of \$125,000 (2023 - \$125,000). At March 31, 2024, \$Nil (2023 - \$Nil) was outstanding under the facility.

(b) Standby letters of credit:

Standby letters of credit in the amount of \$2,000 (2023 - \$2,000) were arranged to cover municipal requirements with regard to the redevelopment of the Corporation's facilities. At March 31, 2024, \$82 (2023 - \$82) had been issued under the facility.

Pursuant to the arrangements included in (a) and (b) above, the Corporation has provided a general security agreement in favour of the bank over receivables, inventory, equipment and machinery and a floating charge debenture over all present and future assets, property and undertaking of the Corporation. Amounts deferred for contingency purposes are excluded from the general security agreement and debenture.

(c) Operating loan:

The Corporation maintained a credit facility which was established to finance a portion of the National Facilities Redevelopment Program phase IIa (NFRP IIa) focused in western Canada. The facility, which consisted of a \$14,000 term loan, is scheduled to reduce to \$8,000 and \$Nil on March 31, 2024 and 2025, respectively. This credit facility was secured by a first ranking on the NFRP IIa assets and any member funding received under the NFRP IIa program. The facility was terminated in March 2024.

Year ended March 31, 2024
(In thousands of dollars)

10. Deferred contributions:

	2024	2023
Expenses of future periods:		
Balance, beginning of year	\$ 214,889	\$ 212,003
Increase in amounts received related to future periods	33,290	45,938
Less amounts recognized as revenue in the year	(50,364)	(33,494)
Less capital assets purchased from deferred contributions	(9,704)	(12,495)
Proceeds on sale of Regina transferred to NFRP	-	920
Add income earned on resources restricted for contingency	1,292	787
Add income earned on other restricted resources	1,565	1,230
	190,968	214,889
Capital assets:		
Balance, beginning of year	253,619	236,046
Deferred contributions received	28,712	38,581
Less capital assets sold or written off	(258)	(1,239)
Less amounts amortized to revenue	(22,855)	(19,769)
	259,218	253,619
	\$ 450,186	\$ 468,508

(a) Expenses of future periods:

Deferred contributions represent externally restricted contributions to fund expenses of future periods.

The capital assets purchased represent purchases from contributions that were deferred at March 31, 2023, as well as contributions received and deferred in the year ending March 31, 2024.

At March 31, deferred contributions comprise:

	2024	2023
Members' funding received in advance	\$ 22,249	\$ 60,758
Blood and plasma inventory	67,236	50,459
Plasma protein and related products inventory	47,653	47,653
Contingency	24,099	22,807
National facilities redevelopment program	15,778	12,836
Research and development	8,741	10,512
Fundraising	2,598	2,876
Digitalization	-	4,438
Other	2,614	2,550
	\$ 190,968	\$ 214,889

Year ended March 31, 2024
(In thousands of dollars)

10. Deferred contributions (continued):

(b) Capital assets:

Funds received to acquire capital assets are recorded as deferred contributions on the consolidated statement of financial position. They are amortized to revenue in the consolidated statement of operations at the same rate as capital assets are depreciated to expenses.

11. Net assets:

Net assets restricted for captive insurance purposes are subject to externally imposed restrictions stipulating that they be used to provide insurance coverage with respect to risks associated with the operations of the Corporation.

Net assets restricted for forward contracts are subject to internally imposed restrictions on the unrealized fair value of the forward currency contracts not in a qualifying hedge relationship. This restriction will be released once the forward currency contracts mature.

Unrestricted net assets comprise of the following:

	2024	2023
Accumulated pension remeasurement gains	\$ 63,248	\$ 63,224
Unrestricted accumulated surplus	37,648	38,126
	<u>\$ 100,896</u>	<u>\$ 101,350</u>

12. Net investment income:

	2024	2023
Net investment income earned on investments restricted for captive insurance	\$ 8,753	\$ (5,503)
Interest income	8,787	6,058
	17,540	555
Less restricted interest income deferred	(2,109)	(1,360)
	<u>\$ 15,431</u>	<u>\$ (805)</u>

Included in net investment income earned on investments restricted for captive insurance is \$13,208 (2023 - \$11,108) of investment income and \$4,455 of realized losses on sales of investments (2023 - \$16,611).

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Year ended March 31, 2024
(In thousands of dollars)

13. Canadian Blood Services revenue and expenses detail:

	Blood and NFRP(1)		Plasma Protein and Related Products		Plasma Operations		Diagnostic Services		Stem Cells		Organs and Tissues		Total Canadian Blood Service		Captive Insurance Operations		Intercompany Transactions		Total Consolidated		
	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024	2023	
Revenue:																					
Members' contributions	\$ 462,269	\$ 432,469	\$ 952,244	\$ 865,317	\$ 35,441	\$ 21,109	\$ 19,366	\$ 17,241	\$ 14,700	\$ 14,700	\$ 4,517	\$ 4,240	\$ 1,488,537	\$ 1,355,076	\$ -	\$ -	\$ -	\$ -	\$ 1,488,537	\$ 1,355,076	
Federal contributions	10,275	10,922	-	-	9,183	10,817	-	-	-	-	3,580	3,475	23,038	25,214	-	-	-	-	23,038	25,214	
Less amounts deferred	(48,815)	(45,631)	-	-	(44,624)	(31,926)	(113)	(422)	(291)	(1,219)	(4,517)	(4,894)	(98,360)	(84,092)	-	-	-	-	(98,360)	(84,092)	
	423,729	397,760	952,244	865,317	-	-	19,253	16,819	14,409	13,481	3,580	2,821	1,413,215	1,296,198	-	-	-	-	1,413,215	1,296,198	
Amortization of previously deferred contributions:																					
Relating to capital assets	23,113	20,973	-	-	-	-	-	-	-	-	-	-	23,113	20,973	-	-	-	-	23,113	20,973	
Relating to operations	15,860	10,275	-	-	29,454	19,021	58	-	475	(42)	4,517	4,240	50,364	33,494	-	-	-	-	50,364	33,494	
Total contributions recognized as revenue	462,702	429,008	952,244	865,317	29,454	19,021	19,311	16,819	14,884	13,439	8,097	7,061	1,486,692	1,350,665	-	-	-	-	1,486,692	1,350,665	
Gross premiums written and earned	-	-	-	-	-	-	-	-	-	-	-	-	-	-	570	500	(570)	(500)	-	-	
Net investment income	6,678	4,698	-	-	-	-	-	-	-	-	-	-	6,678	4,698	8,753	(5,503)	-	-	15,431	(805)	
Stem cells revenue	-	-	-	-	-	-	-	-	21,710	18,688	-	-	21,710	18,688	-	-	-	-	21,710	18,688	
Other income	787	1,122	499	48	-	-	-	-	82	164	1,230	902	2,598	2,236	-	-	-	-	2,598	2,236	
Total revenue	470,167	434,828	952,743	865,365	29,454	19,021	19,311	16,819	36,676	32,291	9,327	7,963	1,517,678	1,376,287	9,323	(5,003)	(570)	(500)	1,526,431	1,370,784	
Expenses:																					
Cost of plasma protein and related products	-	-	912,610	833,919	-	-	-	-	-	-	-	-	912,610	833,919	-	-	-	-	912,610	833,919	
Staff costs	291,809	275,298	4,699	4,178	17,502	11,507	14,489	12,287	10,315	9,379	6,214	6,189	345,028	318,838	-	-	-	-	345,028	318,838	
General and administrative	135,931	126,516	2,220	2,071	8,759	5,520	1,828	1,590	25,200	21,452	3,152	1,774	177,090	158,923	2,425	2,412	(570)	(500)	178,945	160,835	
Medical supplies	52,411	44,943	764	729	3,193	1,994	2,994	2,942	1,620	1,520	-	-	60,982	52,128	-	-	-	-	60,982	52,128	
Depreciation and amortization	22,855	19,769	-	-	-	-	-	-	-	-	-	-	22,855	19,769	-	-	-	-	22,855	19,769	
Losses and loss expenses incurred	-	-	-	-	-	-	-	-	-	-	-	-	-	-	120	213	-	-	120	213	
Foreign exchange gain	(328)	(48)	-	(7,182)	-	-	-	-	(81)	(60)	-	-	(409)	(7,290)	-	-	-	-	(409)	(7,290)	
Transfer of recovered plasma costs	(32,450)	(31,650)	32,450	31,650	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total expenses	470,228	434,828	952,743	865,365	29,454	19,021	19,311	16,819	37,054	32,291	9,366	7,963	1,518,156	1,376,287	2,545	2,625	(570)	(500)	1,520,131	1,378,412	
Excess (deficiency) of revenue over expenses before the undernoted	(61)	-	-	-	-	-	-	-	(378)	-	(39)	-	(478)	-	6,778	(7,628)	-	-	6,300	(7,628)	
Change in fair value of forward currency contracts	-	-	(698)	(277)	-	-	-	-	-	-	-	-	(698)	(277)	-	-	-	-	(698)	(277)	
Change in fair value of investments measured at fair value	-	-	-	-	-	-	-	-	-	-	-	-	-	-	16,422	(7,783)	-	-	16,422	(7,783)	
Excess (deficiency) of revenue over expenses	\$ (61)	\$ -	\$ (698)	\$ (277)	\$ -	\$ -	\$ -	\$ -	\$ (378)	\$ -	\$ (39)	\$ -	\$ (1,176)	\$ (277)	\$ 23,200	\$ (15,411)	\$ -	\$ -	\$ 22,024	\$ (15,688)	

(1) National facilities redevelopment program

Year ended March 31, 2024
 (In thousands of dollars)

14. Blood products and national facilities redevelopment program details:

	Blood		National Facilities Redevelopment Program		Total	
	2024	2023	2024	2023	2024	2023
Revenue:						
Members' contributions	\$ 456,177	\$ 426,377	\$ 6,092	\$ 6,092	\$ 462,269	\$ 432,469
Federal contributions	10,275	10,922	–	–	10,275	10,922
Less amounts deferred	(42,723)	(39,539)	(6,092)	(6,092)	(48,815)	(45,631)
	423,729	397,760	–	–	423,729	397,760
Amortization of previously deferred contributions:						
Relating to capital assets	23,113	19,996	–	977	23,113	20,973
Relating to operations	13,352	9,945	2,508	330	15,860	10,275
Total contributions recognized as revenue	460,194	427,701	2,508	1,307	462,702	429,008
Net investment income	5,931	4,362	748	336	6,679	4,698
Other income	786	952	–	170	786	1,122
Total revenue	466,911	433,015	3,256	1,813	470,167	434,828
Expenses:						
Staff costs	291,159	274,939	650	359	291,809	275,298
General and administrative	133,325	125,059	2,606	1,457	135,931	126,516
Medical supplies	52,411	44,946	–	(3)	52,411	44,943
Depreciation and amortization	22,855	19,769	–	–	22,855	19,769
Foreign exchange gain	(328)	(48)	–	–	(328)	(48)
Transfer of recovered plasma costs	(32,450)	(31,650)	–	–	(32,450)	(31,650)
Total expenses	466,972	433,015	3,256	1,813	470,228	434,828
Deficiency of revenue over expenses	\$ (61)	\$ –	\$ –	\$ –	\$ (61)	\$ –

15. Financial instruments:

Risk management:

The Board of Directors has responsibility for the review and oversight of the Corporation's risk management framework and general corporate risk profile. Through its committees, the Board oversees analysis of various risks facing the organization that evolve in response to economic conditions and industry circumstances.

The Corporation's financial instruments consist of cash and cash equivalents, members' contributions receivable, other amounts receivable, investments, accounts payable and accrued liabilities, and forward currency contracts.

The Corporation is exposed to risks as a result of holding financial instruments. The following is a description of those risks and how they are managed.

 Year ended March 31, 2024
 (In thousands of dollars)

15. Financial instruments (continued):

Risk management (continued):

 (i) *Market risk:*

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: interest rate risk, foreign currency risk and other price risk. These risks are discussed below:

Interest rate risk:

Interest rate risk pertains to the effect of changes in market interest rates on the future cash flows related to the Corporation's existing financial assets and liabilities.

The Corporation is exposed to interest rate risk on its cash and cash equivalents and fixed income investments because these instruments are subject to variable interest rates.

Foreign currency risk:

Foreign currency risk is the risk that the value or future cash flows of financial instruments will fluctuate as a result of changes in foreign exchange rates. The Corporation is exposed to foreign currency risk on purchases that are denominated in currencies other than the functional currency of the Corporation. To mitigate this risk, the Corporation has a formal foreign currency policy in place. The objective of this policy is to monitor the marketplace and, when considered appropriate, fix exchange rates using forward contracts to reduce the risk exposures related to purchases made in foreign currencies. Generally, forward currency contracts are for periods not in excess of twenty months.

Excluding the investments held by the CBS Insurance Company Limited, at March 31, the Corporation had the following instruments denominated in U.S. dollar (USD):

	2024 CAD		2023 CAD	
	Carrying value	Fair value	Carrying value	Fair value
Financial assets:				
Cash	\$ 339	\$ 339	\$ 338	\$ 338
Accounts receivable	47	47	27	27
Financial liabilities:				
Accounts payable and accrued liabilities	(5,645)	(5,645)	(16,301)	(16,301)
Forward currency contract assets:				
Designated as hedges	–	–	–	4,325
Not designated as hedges	(698)	(698)	–	–

Year ended March 31, 2024
(In thousands of dollars)

15. Financial instruments (continued):

Risk management (continued):

*(i) Market risk (continued):**Foreign currency risk (continued):*

During the years ended March 31, 2024 and 2023, the Corporation entered into forward currency contracts to hedge its foreign currency exposure on a substantial portion of its USD product and service purchases. The contracts are intended to match the timing of the purchase of USD and the anticipated USD product and services purchases resulting in establishing a fixed foreign exchange rate. The Corporation does not enter into transactions involving forward currency contracts for speculative purposes.

As at March 31, 2024, the outstanding forward currency contracts are not designated to be in a hedging relationship and hedge accounting will not be applied. These contracts consist of the following:

- USD \$72,000 with USD \$6,000 maturing monthly from April 2024 through March 2025, at an average rate of 1.36.
- USD \$30,000 with USD \$2,500 maturing monthly from April 2025 through March 2026 at an average daily strike rate to be established from April 2024 to March 31, 2025.

As at March 31, 2023, the forward currency contracts were designated as being in a hedging relationship with the equivalent amount of the 2023-2024 forecasted USD payments and are disclosed in the previous table. Hedge accounting was applied in accordance with CPA Canada Handbook - Accounting, Section 3856, as these hedges were considered to be effective. The contracts fixed the currency rate at 1.29 on USD \$69,828 notional amount and one twelfth of the designated forward currency contracts matured monthly from April 2023 through March 2024.

In addition to operational foreign currency risk, investments held by CBS Insurance Company Limited denominated in currencies other than the Canadian dollar expose the Corporation to fluctuations in foreign exchange rates. Fluctuations in the relative value of foreign currencies against the Canadian dollar can result in a significant impact on the fair value of investments. The Corporation's exposure to foreign currency arises from its investment in pooled funds of \$157,975 (2023 - \$146,963) and equity securities of \$32,825 (2023 - \$33,001). The pooled funds hold international equities and global fixed income of which \$53,799 (2023 - \$48,847) and \$44,761 (2023 - \$45,807), respectively, are denominated in foreign currencies. The equity securities include \$31,735 (2023 - \$31,559) which are denominated in foreign currency.

Year ended March 31, 2024
(In thousands of dollars)

15. Financial instruments (continued):

Risk management (continued):

*(i) Market risk (continued):**Other price risk:*

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or foreign exchange risk), whether those changes are caused by factors specific to the individual financial instrument or its issues, or factors affecting similar financial instruments traded in the market.

The Corporation is exposed to other price risk on its pooled funds and equity securities and equity futures due to changes in general economic or stock market conditions, and specific price risk which refers to equity price volatility that is determined by entity specific characteristics. These risks affect the carrying value of these securities and the level and timing of recognition of gains and losses on securities held, causing changes in realized and unrealized gains and losses.

The Corporation mitigates price risk by holding a diversified portfolio. The portfolio is managed through the use of a third-party investment advisor and third-party investment managers and their performance is monitored by the Board of Directors of the captive insurance operations.

(ii) Credit risk:

The Corporation is exposed to the risk of financial loss resulting from the potential inability of a counterparty to a financial instrument to meet its contractual obligations. The carrying amount of cash and cash equivalents, Members' contributions receivable and other amounts receivable, forward currency contracts, and investments, captive insurance operations represent the maximum exposure of the Corporation to credit risk.

Cash and cash equivalents and forward currency contracts are mainly held with Canadian financial institutions rated by Standard & Poor's credit rating as A+ with a stable outlook and short-term notes consisting of Canadian treasury bills. All forward currency contracts must be transacted with Schedule I banks and/or a wholly owned subsidiary of a Schedule I bank as per the Corporation's foreign currency policy.

The Corporation is also exposed to credit risk on fixed income securities investments, equity securities and equity futures. The investment policy requires an average credit rating of 'A' on the credit quality of its fixed income portfolio, related to captive insurance operations. In addition, equity futures are exchange-traded and as such, are subject to a number of safeguards to ensure that obligations are met. These include the use of clearing houses (thus reducing counterparty credit risk), the posting of margins and the daily settlement of unrealized gains and losses. The amount of credit risk is therefore considered low.

15. Financial instruments (continued):

Risk management (continued):

(ii) Credit risk (continued):

Members' contributions receivable are current in nature and management considers there to be minimal exposure to credit risk from Members due to funding agreements in place and third-party Member credit ratings. Standard & Poor's available credit ratings for Members range from A (stable) to AA (negative).

Other amounts receivable consists primarily of amounts due from federal and provincial agencies and is considered to have low credit risk. The carrying amount of amounts receivable for these parties represents the Corporation's maximum exposure to credit risk.

(iii) Liquidity risk:

Liquidity risk is the risk that the Corporation will not be able to meet its financial obligations as they fall due. The Corporation's approach to managing liquidity is to evaluate current and expected liquidity requirements to ensure that it maintains sufficient reserves of cash and cash equivalents. In addition, the Corporation has credit facilities described in note 9 that it can draw on as required.

The provision for future claims has no contractual maturity and the timing of settlement will depend on actual claims experience in the future.

The liabilities for employee future benefits are generally long-term in nature and fall due as eligible employees in the Corporation's defined benefit pension plans retire or terminate employment with the Corporation.

Management believes the Corporation has sufficient funds to meet its liabilities.

16. Captive insurance operations:

The Corporation has established two wholly owned captive insurance subsidiaries, CBS Insurance Company Limited (CBSI) and Canadian Blood Services Captive Insurance Company Limited/ Compagnie d'assurance captive de la société canadienne du sang limitée (CBSE). CBSI provides insurance coverage up to \$300,000 with respect to risks associated with the operation of the blood system. CBSE has entered into an arrangement whereby the Members have agreed to indemnify CBSE for all amounts payable by CBSE under the terms of the excess policy up to \$700,000, which is in excess of the \$300,000 provided by CBSI. No payment shall be made under CBSE until the limit of the liability under the primary policy in CBSI, in the amount of \$300,000, has been exhausted. As a result, the Corporation has \$1,000,000 total in coverage.

16. Captive insurance operations (continued):

The provision for future claims is an actuarially based estimate of the cost to the Corporation of settling claims relating to insured events (both reported and unreported) that have occurred to March 31, 2024 and 2023, respectively.

A significant proportion of both the future claims expense for the period and the related cumulative estimated liability of the Corporation for these future claims at March 31, 2024, of \$299,759 (2023 - \$299,880) covers the manifestation of blood diseases, which is inherently difficult to assess and quantify. There is a variance between these recorded amounts and other reasonably possible estimates.

17. Guarantees and contingencies:*(a) Guarantees:*

In the normal course of business, the Corporation enters into lease agreements for facilities and assets acquired under capital leases. In the Corporation's standard commercial lease for facilities, the Corporation, as the lessee, agrees to indemnify the lessor and other related third parties for liabilities that may arise from the use of the leased premises where the event triggering liability results from a breach of a covenant, any wrongful act, neglect or default on the part of the tenant or related third parties. However, this clause may be altered through negotiation. In the Corporation's assets acquired under capital leases, both the lessee and the lessor agree to indemnify each other for death or injury to the employees or agents of either party, where the event triggering liability results from negligent acts, omissions or willful misconduct.

The maximum amount potentially payable under any such indemnities cannot be reasonably estimated. The Corporation has liability insurance that relates to the indemnifications described above. Historically, the Corporation has not made significant payments related to the above-noted indemnities and, accordingly, no liabilities have been accrued in the consolidated financial statements.

(b) Contingencies:

The Corporation is party to legal proceedings in the ordinary course of its operations. In the opinion of management, the outcome of such proceedings will not have a material adverse effect on the Corporation's financial statements or its activities. Claims and obligations related to the operation of the blood supply system prior to September 28, 1998, and the Canadian Council for Donation and Transplantation prior to April 1, 2008, are not the responsibility of the Corporation.

Year ended March 31, 2024
(In thousands of dollars)

18. Commitments:

At March 31, 2024, the Corporation had the following contractual commitments:

	Vendor commitments	Research and development grants	Operating leases	Total
2024-2025	\$ 133,308	\$ 2,296	\$ 10,767	\$ 146,371
2025-2026	944	1,221	8,999	11,164
2026-2027	944	766	7,439	9,149
2027-2028	249	45	6,712	7,006
2028-2029	249	–	5,426	5,675
Thereafter	166	–	15,286	15,452
Total	\$ 135,860	\$ 4,328	\$ 54,629	\$ 194,817

The research and development grants are funded by contributions included in deferred contributions for future expenses.

19. Donated goods and services:

The Corporation received donated personal protective equipment, leased space and marketing services and recorded an amount of \$174 (2023 - \$105) relating to these donations in other income and general and administrative expenses in the consolidated statement of operations.

20. Research and development:

For the year ended March 31, 2024, the Corporation incurred \$13,591 (2023 - \$13,339) of expenses related to research and development. These costs are reported in notes 13 and 14 under Blood and National Facilities Redevelopment Program and are included in general and administrative and staff costs.

Year ended March 31, 2024
(In thousands of dollars)

21. Related party transactions:

- (a) The Members provide funding for the operating budgets of the Corporation. The Corporation enters into other transactions with these related parties in the normal course of business.

University Health Network (UHN) is an entity controlled by our Ontario Member and as a result, UHN and Canadian Blood Services are related parties. UHN provides Canadian Blood Services rental space for a nominal consideration for a period of 10 years, with an option to renew for up to 10 additional years. During the year-ended March 31, 2024, Canadian Blood Services recorded rent expense at the notional value paid to UHN.

Alberta Infrastructure and our Alberta Member are entities under common control and as a result, Alberta Infrastructure and Canadian Blood Services are related parties. Alberta Infrastructure provides Canadian Blood Services rental space for a nominal consideration. The current lease was originally effective from April 1, 2015 to March 31, 2020, and subsequently extended to March 31, 2025. During the year-ended March 31, 2024, Canadian Blood Services recorded rent expense at the notional value paid to Alberta Infrastructure.

- (b) Transactions with the defined contribution pension plan, the two defined benefit pension plans, and the other defined retirement and post-employment benefits plan are conducted in the normal course of business. The transactions with these plans consist of contributions as disclosed in note 8, as well as administrative expenses charged by the Corporation to the pension plans totaling \$225 (2023 - \$211). At March 31, 2024, the net amount due from the Corporation's pension plans is \$372 (2023 - \$281).

22. Capital disclosures:

The Corporation is a non-share capital corporation and plans its operations to essentially result in an annual financial breakeven position. The Corporation considers its capital to be the sum of its net assets.

This definition is used by management and may not be comparable to measures presented by other entities. The Corporation manages capital through a formal and approved budgetary process where funds are allocated following the underlying objectives below:

- (a) to provide a safe, secure, cost-effective and accessible supply of blood and blood products, including red blood cells, platelets, cord blood, and plasma protein and related products, to all Canadians. The Corporation also provides the management of donor registries for stem cells, cord blood stem cells and organs, diagnostic services in certain parts of Canada, and research and development;
- (b) to support the Corporation's ability to continue as a going concern;
- (c) to meet regulatory and statutory capital requirements related to captive insurance operations; and
- (d) to ensure the funding of working capital requirements.

22. Capital disclosures (continued):

The Corporation evaluates its accomplishment against its objectives annually. The Corporation has complied with all externally imposed capital requirements and there were no changes in the approach to capital management during the period.

The Corporation's captive insurance operations are required to maintain statutory capital and surplus greater than a minimum amount determined as the greater of a percentage of outstanding losses or a given fraction of net written premiums. At March 31, 2024, the Corporation's captive insurance operations were required to maintain a minimum statutory capital and surplus of \$44,964 (2023 - \$44,982). The actual statutory capital and surplus was \$232,381 (2023 - \$202,906) and the minimum margin of solvency was therefore met.

The Corporation's captive insurance operations were also required to maintain a minimum liquidity ratio whereby the value of its relevant assets is not less than 75% of the amount of its relevant liabilities. At March 31, 2024, the Corporation's captive insurance operations were required to maintain regulatory assets of at least \$226,398 (2023 - \$228,929). At that date, relevant assets were \$534,245 (2023 - \$508,144) and the minimum liquidity ratio was therefore met. The value of regulatory assets differs from that reported on the consolidated statement of financial position as it is determined under a different accounting framework, International Financial Reporting Standards.

23. Statutory disclosures:

As required under the Charitable Fundraising Act of Alberta, included in staff costs are \$819 (2023 - \$821) paid as remuneration to employees whose principal duties involve fundraising.

24. Reclassification:

Certain 2023 comparative information has been reclassified to conform with the consolidated financial statements presentation adopted in the current year.