

Society

Pay in blood: the worrying EU dependency on US plasma

By [Sergi Pijuan](#), Brussels, 26 May 2025 08:40

In January, the European Commission [presented](#) its Competitiveness Compass, aimed at making the EU less dependent in key sectors such as defence and cloud computing.

Yet when it comes to something as vital as blood plasma — a component used to treat bleeding disorders and immune deficiencies — Europe continues to rely quietly on the United States for up to 30 percent of its supply.

In an effort to meet the current plasma demand, governments, health NGOs, and the pharmaceutical industry are debating whether blood and plasma collection should rely on monetary incentives or remain fully voluntary.

Meanwhile, Denmark could become a potential benchmark for other EU member states: while plasma collection began as late as 2014, the country is set to achieve self-sufficiency by 2028 through publicly funded Voluntary Unpaid Donation (VUD) centers.

EU's US dependency

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While the EU is self-sufficient in collecting the whole blood it needs, it remains dependent on external sources for plasma. According to a recent [report](#) from the Marketing Research Bureau, between 70 and 80 percent of the

plasma collected over the past four years came from within EU member states. The remaining 20 to 30 percent was imported from the US.

The US collects nearly 67 percent of the world's plasma supply, while the European Union produces just 12 percent. This US collection capacity is largely driven by a system that uses cash compensation as the primary incentive to attract donors.

Donation centres in America, such as the Spanish company [Grifols](#), advertise up to \$100 [€88.6] compensation for the first donation and as much as \$700 for the first eight donations. US regulations permit plasma donation twice per week, with a minimum two-day interval — allowing for up to 104 donations per year.

Blood plasma and plasma-derived medicinal products (PDMPs) are vital for people with chronic conditions such as primary immunodeficiency, haemophilia, other bleeding disorders, and certain autoimmune neuropathies.

While industry-backed reports [argue](#) that monetary compensation and other incentives can safely increase plasma donations, organizations such as the World Health Organization and the European Blood Alliance (EBA) — a NGO network of blood establishments — [warn](#) that excess incentivisation can have consequences on donor and patient health, or threaten the sustainability of plasma collection over time.

In the EU, meanwhile, 50 percent of the plasma is collected through commercial organisations that use monetary incentives, limited to four countries: Austria, Czech Republic, Germany and Hungary.

While the countries with the highest total number of blood and plasma donations coincide with their population size, the highest donation rates per 1,000 inhabitants are seen in countries that offer fixed monetary compensation for plasma donations.

In 2021, the Czech Republic led with 133 donations per 1,000 people, followed by Germany and Austria with 77 each. Despite its small population, Cyprus has

one of the highest donation rate and achieved 90 donations per 1,000 inhabitants.

Hungary, the fourth country that provides fixed monetary compensation, recorded 41 donations per 1,000 people — lower than several countries without cash incentives, including Italy, Belgium, Greece, and Denmark, all of which exceed 50 donations per 1,000 inhabitants.

In the Czech Republic, donors can receive CZK 900 [€36] per plasma donation, with additional benefits through a loyalty program that awards five points per session.

After four donations, Czech donors can redeem their points for a vitamin pack marketed as “a great partner for your immunity,” while completing over a 100 sessions can earn them a brand-new phone. However, donations are limited to once every 14 days, amounting to approximately 24 donations per year.

In Germany, some reports affirm that donors can receive up to €45 per donation. Plasma donors may give up to 60 times per year, with a required interval of two to three days between sessions.

Similarly, in Austria, plasma donors can receive up to €35 per donation. Donation limits allow up to 50 plasma donations per year, with a minimum interval of 72 hours, and no more than three donations within 14 days.

In Hungary, some plasma centers offer HUF 13,000 [€32] for every second donation and HUF 11,000 for every other session. Donations must be at least 72 hours apart, with a legal maximum of 45 donations per year.

The risks of paying for plasma

The use of cash incentives is often associated with attracting donors from financially-strained populations. The World Health Organization [warns](#) that these groups are frequently undernourished and in poor health, and may donate blood more frequently than recommended, potentially endangering their own well-being.

In Hungary, members of the Roma community living in severe poverty have turned to plasma donation as a primary source of income, as highlighted recently in a Guardian [article](#).

Weak oversight of donation frequency across different centres has reportedly allowed individuals to undergo as many as 300 plasma donations in a single year, placing serious strain on their immune systems and overall health.

Moreover, EBA experts point out that the more frequently a person donates, the lower the concentration of immunoglobulins in their plasma; hence, more litreage is needed.

In Austria and Germany, many donation centres are concentrated near national borders and could also potentially be recruiting plasma donors across borders: “Since 2016, member states have informed the commission of organized tours bringing donors from eastern countries,” warns Bernardo Rodrigues, EBA advocacy manager.

Whole blood and plasma donations can also carry risks related to transmissible diseases. Although these fluids undergo multiple testing procedures, Rodrigues also points out that financial incentives may encourage donors to provide inaccurate information during the initial screening process.

In the case of plasma for PDMPs, the risk is considered less severe than for whole blood, as the chemical processing involved effectively removes most pathogens, acknowledges Rodrigues. However, he emphasises that honest disclosure during donor interviews remains essential: “The whole system is calibrated so that you neutralise quite a lot of risks as you go along the system.”

Bleed system dry?

But the ultimate concern around cash or other gifts is their potential to bleed the Voluntary Unpaid Donation system dry.

“When you introduce a lot of incentives, you end up with a smaller pool of donors who give much more frequently,” says Bernardo. He explains that during disruptions such as the Covid-19 pandemic, regions with a narrower donor base were more severely affected.

Plus, according to a recent [paper](#) by the European Blood Alliance, excessive use of incentives not only discourages VUD participation, but also contributes to the stigmatisation of donors as people living in poverty, further deterring potential volunteers.

The path to self-sufficiency

The Covid-19 pandemic triggered a sharp drop in plasma collections, particularly in the US and exposing the EU’s reliance on external supply. As EU institutions focus on bolstering the resilience of strategic sectors, securing a stable and sustainable plasma supply is a life or death priority.

The EBA members often experiment and share tactics to increase their donor base. EU countries that prohibit direct cash payments can offer alternative donor [incentives](#) such as vouchers, health checks, time off work, referral bonuses, and loyalty certificates.

However, the main priority remains expanding the capacity and accessibility of donation centers. “The more places you have for people to donate, and the longer they stay open, the more people will walk through the door,” concludes Rodrigues.

“16 EU countries don’t have plasma collection programmes at all,” adds Peter O’Leary, executive director of the EBA. He argues that public investment in voluntary donation centres could help close this gap.

While the impact of trade wars on the supply of plasma and plasma-derived medicinal products remains unclear, this human fluid is among the vital resources the EU depends on from the US — arguably the most literal example.



Haven't donated yet? As of this writing, Belgium's blood and plasma stock is at a critical level. Now may be the right time to schedule a visit to your nearest donor center.

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