

Time to plug the holes in the National Blood Policy

Shailaja Tetali

C.Balagopal

- Arun
- Vanaja

3 types of blood donation

- Paid
- Replacement
- Voluntary

Numbers

- Visit to 13 blood banks in Trivandrum district (June-August '07)
- Interviewed 37 bystanders of patients, at blood banks
- 7 belonged to other states
- 23 belonged to other districts in Kerala

Triple burden

- Financial burden: Rs. 500- 1000 per bag, plus replacement
- Physically intense activity: finding donors in a new city
- Mental trauma of arranging for blood, in addition to dealing with the stress of hospitalization of the relative

“It is easier to arrange for money...I can borrow it from someone at an interest. But that is not possible with blood”

-a frustrated 43 year old male by-stander

- Paid donation is a major source of blood, under the garb of ‘replacement’ donation
- Replacement donation is usually under coercion [threatening to postpone surgery] and made to look like ‘voluntary’ donation
- Altruistic voluntary donation- very small percentage.

What is the problem?

- No central direction or management of blood banks
- Too many Blood Centers operating
- Different rules in public, private blood banks
- No coordination in management of blood supplies
- Poor quality of products and services

Root of the problem

- At the national level, there is very low priority for blood services
- Lack of will and intention to improve the blood services

Blood Services in other countries

- Centrally managed usually by Red Cross/National Blood Service
- High priority given by Governments
- Guaranteed supply of blood products to every citizen in need and participating hospitals in a localized geographical area

- In 39 countries, including resource poor settings, 100% of blood collected is from voluntary donors
- Compare this with 40%, according to the inflated official figures in India

Policy

- Supreme Court banned paid donations in '97
- National Blood Policy 2002 advocates non-remunerated voluntary blood donation (VBD) and strongly disapproves of replacement donation

Practice

- Onus for arranging blood is on bystander/his poor relative
- He finds willing 'relatives' at the hospital gates, ready to donate blood for a large fee

Effect of this mismatch

Compromising blood safety

- Transfusion transmissible infections: risk of missing positive cases. Risk is higher in cases needing repeat transfusions: eg-thalassemia (every 3 weeks)
- Arun and Vanaja's parents

Possible solutions

- Right to safe blood
- Aggressively promote voluntary blood donation
- Decentralization: Community blood centers

Conclusions

- Mere statutes and exhortations are not sufficient to bring voluntary donors to blood banks
- Establish good quality blood centers with regional branches and community blood centers at end points (CHC, PHC model)
- Donors will come when they know that the blood they give is used to guarantee every citizen the right to blood when they need it

Thank you