Access for all to safe blood and blood products is a vital part of the quest to achieve universal health coverage (UHC). As the theme of this year’s World Blood Donor Day – ‘Safe blood for all’ – emphasizes, all people everywhere should have access to affordable and timely supplies of safe and quality-assured blood and blood products, with health systems needing to step up to meet demand, whether from patients with blood and bone marrow disorders, a child with severe anemia or a woman suffering from bleeding associated with pregnancy and childbirth.

Countries across the WHO South-East Asia Region have made strong progress in implementing the WHO global strategy for safe blood. All Member States have now developed national blood policies and are working to implement them. As per the WHO Global Database on Blood Safety (GDBS), approximately 15.9 million units of blood are collected Region-wide annually, with around 82% of the blood collected from voluntary, non-remunerated donors. 100% of donated blood is meanwhile screened for transfusion transmitted infections, while almost all Member States have national guidelines for the rational use of blood.

Despite these advances, and the heroic acts of altruism voluntary, non-remunerated donors perform on a regular basis, accelerated progress is needed. At present, 47% of blood is divided into its separate components. There is significant scope to increase its efficient use. The Region’s blood deficit is upwards of 2 million units. More blood is needed. Though 82% of blood is collected from voluntary, non-remunerated donors, there is ground to be made: 100% is desirable. And at the sub-national level, blood and blood products can still be difficult to access, while stronger haemovigilance is needed Region-wide.

As part of the Region’s Flagship Priority of achieving UHC, and its commitment to ensuring all people everywhere can access quality-assured blood and blood products, four key areas of work must be scaled up as a matter of priority.

First, Member States should fully implement the national blood plans each has developed. Too often, blood transfusion services remain fragmented due to a lack of coordination at the national level, leading to compromised quality and systemic inefficiencies. This in turn limits people’s ability to access the blood they need, when they need it. Key to ensuring all plans are fully implemented is strengthening high-level buy-in and ensuring blood systems are adequately
and reliably financed. Doing so is crucial to effective coordination, as well as making adequate laboratory technologies available.

Second, Member States should enhance donor care as a matter of priority. By providing donors the dignity and services they deserve, the likelihood of increased donations needed to fill present shortfalls will be greater, especially when accompanied by effective advocacy. As part of this, training should be provided on how to effectively counsel and support prospective donors who consider themselves fit and healthy, though who are unable to donate blood – whether temporarily or permanently – due to unexpected health conditions.

Third, Member States should ensure all blood is used in a clinically appropriate manner. This is particularly important given that blood cannot be synthesized, meaning that all blood and blood products should be processed and provided in accordance with national guidelines, with a specific focus on dividing it into its separate components. In addition, the adequate provision of services that promote prevention, early diagnosis and effective treatment of blood-related health issues will reduce the need for blood transfusions, as will the use of good surgical and anesthetic techniques. Member States should consider the use of intravenous replacement fluids such as crystalloids and colloids as a replacement treatment where appropriate.

Fourth and finally, Member States should strengthen haemovigilance – the oversight and surveillance of the whole chain of blood transfusion, from donation and processing to its provision to patients, including follow up. This requires effective systems to monitor, report, investigate and analyze adverse effects related to the transfusion process, as well as to prevent their occurrence or re-occurrence. Notably, it also requires multi-stakeholder engagement to ensure that all links in the chain are secure and fortify the safety of blood and blood products.

WHO will continue to support Member States implement national blood plans, both as ends in themselves, as well as part of the broader mission to achieve UHC. As with the provision of other health services, a person’s right to the highest attainable standard of health, including via access to safe blood and blood products, must be respected, protected and fulfilled. On World Blood Donor Day, we must honor and celebrate all people who donate blood on a regular, voluntary and non-remunerated basis, and recognize the need to accelerate progress in implementing the systems required to ensure its safety. To achieve safe blood for all – an outcome that demands both quality and quantity – we must all do our part.

Dr Poonam Khetrapal Singh
Regional Director
WHO South-East Asia Region