

Between 5% and 10% of human immunodeficiency virus (HIV) infections worldwide have been attributed to tainted blood and blood products. Many blood recipients are also infected with hepatitis viruses, Chagas' disease and other agents transmitted by blood. Although errors affecting blood safety can occur at any point in the transfusion chain, one of the major causes of wrong blood transfusion is due to errors at the bedside.

To address the problem and ensure safer bedside transfusion practices both in the developing and the developed world, WHO and its partners in the Global Collaboration for Blood Safety (GCBS) coalition recently launched a package of comprehensive measures for implementation by countries with the support of partners in the GCBS. These measures include:

- Developing a guidance document on monitoring and improving transfusion recipient safety (particularly wrong blood transfusions) through haemovigilance systems;
- Sensitizing policy-makers on the need to implement a haemovigilance system and establish hospital transfusion committees in all hospitals practising transfusions and advocating that systems of monitoring and improving transfusion safety should be part of an overall quality system for the entire transfusion chain;
- Incorporating blood safety into patient safety initiatives at national level and supporting WHO's Patient Safety Initiative in advocating haemovigilance optimally as an integral part of hospital quality system.

Even in countries where health risks due to blood transfusion can be shown to be minimal, many remain anxious about the small residual risks of known transfusion-transmitted agents. It is also clear that current technology will lead to the discovery of more blood-borne transmissible agents. Other potential errors in transfusion, such as misadministration or bacterial contamination, also constitute a substantial clinical risk.

New blood safety technologies are constantly becoming available and are actively marketed to professionals and, indirectly, to the public. In developed countries, many of these additional safety measures can offer only marginal gains at very high cost. Nevertheless, because there is

such pressure to take any precautionary action that could reduce the risks of blood transfusion, the appearance of a new safety technology on the market poses a dilemma for the policy-maker faced with competing priorities. In contrast, patients in many developing countries are at high risk due to transfusion of unsafe, tainted blood. Globally, blood transfusion is usually over-prescribed, both in the developed and the developing world. Irrational use of blood, unnecessary transfusions and unsafe, poor transfusion practices at patient bedsides further compromise the safety and availability of blood and blood products. In some countries, transfusion-associated infections contribute substantially to the overall burden of infection in the population. International travel and the movement of blood, especially of plasma and plasma derivatives, makes this a global as well as a national public health concern.

The GCBS was established following a decision to select blood transfusion safety as a priority strategy for the Paris AIDS Summit in 1994. There was unanimous agreement on the need for global collaboration to improve blood safety by building on knowledge, utilizing existing expertise, promoting dialogue and suggesting realistic, effective and practical mechanisms to improve blood and blood product safety. In May 1995, the Forty-eighth World Health Assembly adopted resolution WHA48.27, supporting the principles of the GCBS.

A WHO-hosted network, the Global Collaboration for Blood Safety is a global voluntary international partnership of stakeholders working to achieve global blood safety. About 60 internationally recognized governmental and nongovernmental organizations, institutions, associations, agencies and experts from developing and developed countries, and umbrella industrial organizations. The GCBS provides a platform for sharing expertise, identifying problems, seeking solutions and working towards the common goal of global blood safety.

The primary goal of the GCBS is to promote and strengthen international collaboration on safety of blood and blood products and transfusion practices, with a view to encourage and facilitate information exchange, promote standards for good manufacturing practices for blood and related products for transfusion, and foster the establishment and implementation of cooperative partnerships to ensure donor and recipient safety in all countries.

Since 2000, the key GCBS collaborative partners have met annually in a general meeting. The seventh general meeting of the GCBS took place on 14–17 November 2006 in Cairo, Egypt. It was organized jointly by WHO headquarters and Regional Office for the Eastern Mediterranean. There were 54 participants from 28 countries. The main objectives of the meeting were to review global efforts, progress and collaborative initiatives in blood safety, identify challenges and propose solutions in optimizing the transfusion chain, with regard to selecting safe donors, providing required products to meet patient needs, and transfusion practices at the bedside and

develop recommendations to GCBS participants to implement further actions for blood safety.

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