



# GDBS

## Global Database on Blood Safety



Report 2004–2005



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# Contents

1	Introduction .....	1
2	Methods .....	1
3	Results of the Global Database on Blood Safety survey 2004–2005 .....	3
3.1	Response rate .....	3
3.2	Organization and management .....	7
3.2.1	National blood policies, plans and legislative framework .....	7
3.2.2	Data collection .....	8
3.2.3	Costing of blood transfusion services .....	8
3.2.4	Quality systems .....	9
3.2.5	Haemovigilance .....	10
3.2.6	Regulation .....	10
3.2.7	International support .....	13
3.3	Blood supply .....	13
3.4	Blood donors .....	15
3.5	Screening for transfusion-transmissible infections .....	21
3.6	Blood grouping and compatibility testing .....	24
3.7	Blood component preparation, storage and transportation .....	25
3.8	Clinical use of blood and blood components .....	28
4	Conclusions .....	32
4.1	Responses to the survey .....	32
4.2	Organization and management .....	33
4.3	Quality systems .....	33
4.4	Haemovigilance .....	34

4.5	Regulation and inspection .....	34
4.6	Blood donations.....	34
4.7	Blood donors .....	35
4.8	Screening for transfusion-transmitted infections .....	36
4.9	Blood grouping .....	36
4.10	Storage and transportation .....	37
4.11	Appropriate clinical use of blood .....	37
5	Appendix: Questionnaire	

# 1 Introduction

More than 30 years after the first World Health Assembly resolution (WHA28.72) that addressed the issue of blood safety, blood transfusion services continue to face the dual problem of providing both a sufficient and a safe supply of blood to patients throughout the world. Although evidence-based strategies for blood safety and availability, of proven effectiveness, have been implemented in most developed countries, many countries with economies in transition and developing countries are making slow progress towards their achievement.

This is the third report on the global situation of blood safety, the two previous reports having been based on data collected in 1998–1999 and 2001–2002.

Much has been done to improve blood safety, in particular by better screening for transfusion-transmissible infections and a marked shift towards voluntary, non-remunerated blood donation. Even at the mid-point in the United Nations Millennium Project, however, equitable access to safe blood and blood products and rational and safe use of blood transfusion still remain major challenges throughout the world. Urgent, renewed action to ensure universal access is essential in order to achieve the health-related Millennium Development Goals to reduce child mortality, improve maternal health and combat HIV/AIDS and to provide effective support to health care in a range of clinical disciplines that depend on the availability of a safe, sufficient blood supply.

## 2 Methods

Data for the Global Database on Blood Safety (GDBS) 2004–2005 were provided by countries as responses to a structured, closed questionnaire (see Appendix 1) based on the strategy for blood safety and availability advocated by the World Health Organization (WHO). The questionnaire was prepared in printed form in the six official languages of WHO (Arabic, Chinese, English, French, Russian and Spanish) and was distributed in 2005 to national health authorities. An electronic form of the questionnaire was tested in English only.

National health authorities in all 194 WHO Member and Associate Member States (as of 2005) were asked to have the questionnaire completed by an authorized person in the ministry of health or the institution responsible for organizing transfusion services in the country. Responses were requested by November 2005; however, many countries required much more time to collect the information. The data submitted have not been independently verified, and their accuracy depends on the data collection

systems in the Member States. The numbers of responses to the different questions varied considerably, making it difficult to build an overall picture. The report indicates the total number of responses to each question.

The questionnaire contained various types of question, with responses permitted as 'Yes/No' or 'Yes/Partial/No', numerical data, percentages or selection from a list of options.

Population numbers and human development indexes (HDIs) for each country were drawn from the United Nations *Human development report 2006*<sup>1</sup>. The HDI categories are shown in Table 1. For the 19 countries with no HDI classification, a category was assigned on the basis of other indices, solely for the purposes of this analysis; this categorization does not represent any judgement concerning their human development status.

Table 1 Distribution of WHO Member or Associate Member States (as of 2005) by human development index (HDI) category

HDI category	No. of countries in HDR 2006 (data for 2004)	No. for which category was assigned	Total	No. of responses
High	62	3	65	59
Medium	82	10	92	82
Low	31	6	37	31
Total	175	19	194	172

*Human development report 2006*. United Nations Development Programme.

The HDI of 21 countries had changed since the previous survey: 10 countries had changed from medium to high, and 8 countries from low to medium; 3 countries had changed from medium to low.

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