

# India's blood adequacy, safety, and sustainability needs to be non-negotiable

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Did you know that in absolute terms, India has the largest shortage of blood globally? A global study published in The Lancet in October 2019, estimates that India has the largest absolute shortage of blood units among all countries in the world. This study claims the shortage to be close to almost 41 million units in 2017, much higher than the official shortfall statistics, estimated at 1.9 million units of blood. The shortage of blood is exacerbated by the fact that almost 10-11% of collected blood is wasted each year, which means India cumulatively wasted over 3.4 million blood units from 2014 to 2017, even by conservative estimates.

India's huge trauma and surgical burden, high prevalence of blood disorders and communicable diseases combined with excessive [Postpartum Hemorrhage](#) (PPH) related death, means that a well-functioning blood system should be an absolute necessity and a top priority of the health policy. This kind of [health burden](#) effectively implies that access to timely delivery of care, safe and adequate blood for transfusion should not remain unaddressed. Besides adequacy, safety of the blood has to be non-negotiable. According to official data, over 2234 people reported that they were infected with HIV from contaminated blood transfusions between October 2014, and March 2016 making a zero-risk blood supply still seem like a distant reality. Today, India's blood transfusion system is highly fragmented, with little or no interlinkages. In absence of connectivity and communication between blood banks, there is inefficient management of demand and supply both in terms of availability as well as quality of blood. Most of these challenges in the blood system in India exist

due to low priority accorded to blood in the health system, lack of a regulatory framework and inadequate funding in the blood transfusion system related infrastructure. While India has a National Blood Policy of 2002, a dedicated national blood legislation is absent. Blood banks are solely operational based on regulation through the licensing mandate under the Drugs and Cosmetic Act, 1940 and Drugs and Cosmetics Rules, 1945. Which effectively means that control is exercised by different levels of the Government, but at the point of delivery, the patient and his family still have to run around arranging for blood themselves.

The criticality of blood in any health system cannot be undermined. In order to safeguard India from the global surgery blood drought, as pointed out by a study, it is crucial for blood adequacy, safety, and sustainability to become inviolable in India's health system.

As per NACO's Action Plan for [Blood Safety](#) 2007, government had envisioned partial centralization of blood services through a hub-and-spoke model to strengthen the blood transfusion system. It is about time that India puts its vision to reality. Globally, developed countries like the US, China, and European countries have institutionalized a centralized blood transfusion service which acts as a hub for the network connecting blood collection centers across a region. This centralized network caters efficiently to the demand-supply inconsistencies and shares resources and blood as and when required thereby reducing wastage of blood, ensuring uniform implementation of standards, consistency in the quality and safety of blood and blood products.

However, an effective blood transfusion service is dependent on consistent all-year round availability of safe blood from donors with different blood groups. As of today, a vast majority of blood collection in India is dependent on replacement blood donation. It is therefore vital that India mobilizes a pool of healthy, consistent, voluntary blood donors through an effective voluntary blood donor programme to make our blood system infallible and effective.

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