



# STATEMENT

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Statement WHO/9  
26 October 2000

## WHO RESPONSE TO ARTICLE IN STERN MAGAZINE ON BLOOD SAFETY

The article published today by Stern Magazine under the title "Böses Blut" (Bad Blood) raises the issue of illegal plasma relabelling and trafficking, describing unscrupulous practices including substandard manufacturing of plasma-derived drugs and their sale for patient use with dramatic consequences. Police investigations are ongoing.

The World Health Organization (WHO) shares the concerns which the article highlights, particularly the importance of ensuring safe supplies of blood and blood products in developing countries. The overwhelming majority of the world's population (80%) live in developing countries, yet have access to only 20% of the world's safe blood supply. It is for this reason that WHO has identified blood safety as one of its seven strategic priorities.

It is therefore unfortunate that the Stern article contains a number of factual inaccuracies about the Zimbabwe National Blood Transfusion Service (ZNBTS). Apart from calling into question the reliability of the article's reporting in general, these inaccuracies may jeopardize global efforts to improve access to safe and adequate supplies of blood and blood products.

The Stern article challenges the selection of blood donors in Zimbabwe by describing two prostitutes giving blood. However, according to information provided by ZNBTS, the Stern article is incorrect. In each of the these two cited cases, its safety measures had been duly applied and recorded, although confidentiality of the database prevents disclosure of the details of the handling of the each case.

The article says that approximately one-quarter of all adults in Zimbabwe are HIV-positive. However, thanks to systematic selection of possible blood donors in Zimbabwe, only 0.29% of those who pass the questionnaire and interview selection process are found to be HIV-positive. The blood of these donors is then rejected. This donor selection process is, thus, a model which WHO recommends all developing countries should consider. In addition, all blood donors in Zimbabwe benefit from pre- and post-donation counselling.

Allusions to inadequate safety standards in Zimbabwe represent a grave accusation, contradicted by statistical data. It is also unfortunate that this article describes the misuse of a blood donor card by one prostitute. The blood donor selection process is largely dependent on altruistic motivation as

it is based on the truthfulness in answering a questionnaire. No safety measure in blood transfusion can yield an absolute zero risk, therefore each and every safety measure - blood donor selection and donation screening for viral markers alike - is important for blood safety.

Besides the implied accusations against the ZNBTS, of further concern is the potential impact of this article on blood safety in Zimbabwe. Any one who undermines blood transfusion services without clear evidence of their danger is jeopardizing human life by reducing the number of regular blood donors. It would indeed be tragic if Zimbabwe's remarkable achievements were to be endangered by an article the intention of which, it is assumed, is ultimately to attempt to promote improved blood safety. Zimbabwe is one of nine countries in Africa with a legal framework for the transfusion service, a united national service providing equitable access to blood products all over the country.

The article says that Dr Jean Emmanuel, presently in charge of the Department of Blood Safety and Clinical Technology at WHO, by '*sheer coincidence*', was the Director of the Zimbabwe National Blood Transfusion Service (ZNBTS) during the period in which the story related by Stern took place, namely the early to mid-1990s. In fact, Dr Emmanuel left ZNBTS in 1989 to join WHO. Moreover, under his directorship, Zimbabwe was one of the first countries in the world to test **all** donations for HIV, even before France, Japan or the United Kingdom.

Zimbabwe is one of the few African countries that routinely separates whole blood donations into red cells and plasma. The advantages of this are that red cells can be stored in an appropriate preservation medium for a longer period (42 days as opposed to the '*35 days*' stated in the article) than whole blood, and are more beneficial to the patient. Approximately 80 000 donations of 450ml of whole blood are collected each year in Zimbabwe (and not 80 000 litres, as stated in the article). Meanwhile, most of the residual plasma from donated units of blood is not required by patients in Zimbabwe. However, there is a need for plasma for the manufacture of therapeutic products and for diagnostic use. Zimbabwe does not have the facilities to manufacture its own plasma derivatives. Most of its surplus plasma is discarded by incineration. All remaining plasma, exported from Zimbabwe, has been clearly documented and approved by national health authorities, with full transparency. The Zimbabwe National Blood Transfusion Service is operating under a strict quality control system and all tests, export documents, etc. can be viewed upon demand.

The Zimbabwe National Blood Transfusion Service is not a '*semi-private*' institution but a nongovernmental, not-for-profit organization, designated by the Ministry of Health and Child Welfare as the sole organization in charge of blood transfusion. Therefore its only motivations are safe blood transfusion and recipient well-being.

In addition, since the beginning of blood transfusion in Zimbabwe, the blood transfusion centres have always exclusively recruited voluntary, non-remunerated donors. This is in sharp contrast with the majority of developing

countries. A wealth of evidence demonstrates that voluntary non-remunerated blood donation is a cornerstone of safe blood.

For the reasons mentioned above, the ZNBTS has been designated as a WHO Collaborating Centre. Indeed, it has recently hosted the first quality management training course in transfusion medicine.

Further, the Stern article faults WHO for not '*having ever noticed*' the alleged problem with the Zimbabwe plasma exports. Apart from what has already been outlined above, if **any** country were to have produced and marketed unsafe blood products, it is to national authorities to officially notify WHO.

In the case of Zimbabwe, as ZNBTS is a WHO Collaborating Centre, WHO has up-to-date information about the nature and quality of the blood donation practices current in that country and can, as stated above, reassure anyone who asks of the quality of the country's blood products.

As for other countries, WHO is working to build an international network for quality management in blood transfusion and will host the first meeting of the Global Collaboration for Blood Safety in November.