

## Review Article

# Palestinian BTS Experience in Shifting Towards Voluntary Non-Remunerated Blood Donation

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### **Introduction:**

Since the Israeli occupied forces withdrawal from Palestinian territories of Gaza Strip and West Bank, the Palestinian National Authority (PNA) had taken the sovereignty and responsibility to administrate those territories

The first priority of PNA was to establish the necessary ministries, especially ministry of health (MOH) which dedicated every effort to develop the level of medical services programs to reduce the morbidity and mortality of prevailing diseases in the country and to sustain the provision of emergency services for injured people due to Israeli continuous aggression against our land and our people.

Realizing the fact that blood transfusion services (BTS) is an essential part of modern and effective health care services MOH devoted every effort to develop BTS to reach a reasonable standard and to be able to fulfill the requirements of safe blood and blood components, depending mainly at our national resources and reaching to self sufficiency.

### **Blood collection during Israeli occupation period:**

Israeli occupation authority practice oppressing policy against Palestinian people and their infrastructures and prohibited them from any development of their foundations and institutes. Palestinian BTS was not an exceptional case where as Israeli authority put heavy constrains against any development of its infrastructure, linking this vital sector with the Israeli BTS at a basis of financial and professional benefits only.

Programs of donor's education were strictly restricted as well as mobile session campaigns were forbidden. Therefore to fulfill patients' requirements of blood and blood components, during Israeli occupation period, Palestinian BTS depended mainly at the following resources:

- 1.Imported blood and blood components from the Israeli BTC at a commercial basis and costly price.
2. Collecting whole blood from professional paid donors.
- 3.Depending on a very limited family replacement donation.
- 4.There was not any existence of free non-remunerated donation.

### **Upgrading the foundations of BTS during PNA Era:**

Palestinian MOH had executed the following programs to promote and develop the entire aspects of BTS at the country:

- 1.Establishment of two Directorates of Laboratories and Blood transfusion services at both of Gaza Strip and West Bank to organize and direct the BTS.
- 2.Promoting the old blood banks and building new blood banks which covered the entire geographical distance of Palestinian territories.
- 3.Employment of highly educated and experienced staff.
- 4.Establishment of computerized system of registration and documentation to help in donors traceability and data analysis for future evaluation and planning.

5.Establishing new departments at the major blood banks e.g. blood components separation, screening hemo-immunology, screening virology.

6.Developing national policies and guidelines on donor's selection, blood and components collection, blood and components issuing and clinical use of blood and components.

7.Establishing hospitals' transfusion committees.

8.Continuous staff education and ongoing training programs.

9.Developments of overall quality and quality assurance systems.

10.Establishing a haemovigilance monitoring and tractability systems.

### **Shifting towards Voluntary non-remunerated blood donation:**

Shifting from professionalism of blood donation and family replacement donation was achieved through executing the following steps:

1. Establishment of an NGO National Blood Bank Society ( in 1971) to increase voluntary non-remunerated donations and to cover governmental blood band of any blood shortages of blood and components.

2. Adapting wide public educational programs concerning the important of blood donation and it's roll in lives saving.

3. Arranged programs of face to face people education through continuous visiting to University, Institutes, Secondary schools, workplaces, Sport Clubs and Security Forces Locations.

4. Ministry of Health concerns and commitments to establishing an effective BTS depending mainly at national resources of blood donation, until reaching self sufficiency of safe blood supply.

5. Employment of the most qualified staff members who are able to execute programs of donors education, retention and donors recruitments.

6. Providing high care standards of donors during and after blood collection to encourage them to be regular donors.

7. Programs of donors traceability, especially those

of transfusion transmissible agents positive results, to provide them with the necessary medical care and also to follow-up their contacts.

8. Maintaining accurate and comprehensive donors' records to enable donors' follow-up and recall.

9. Maintaining top confidentiality to ensure donors about their own privacy of medical history information's and screening results.

10. Annual organization of donors' session campaigns to increase regular donors panel for future donors recall.

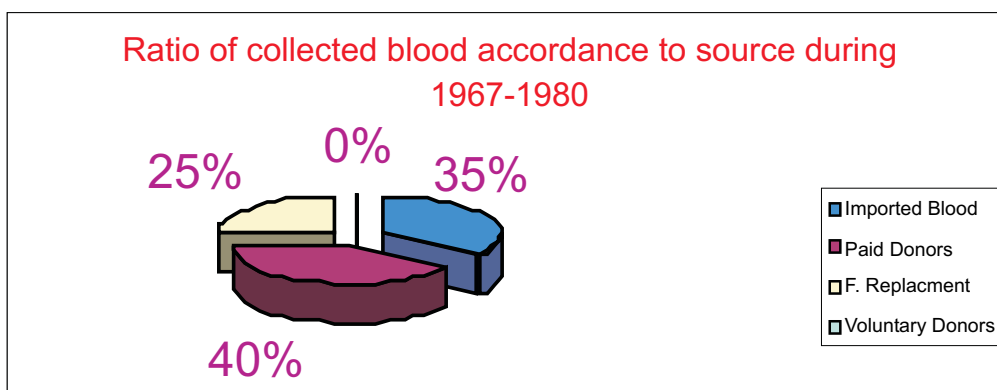
11. Preparation of a national panel of low risk of population prospective donor groups for quick recall during emergencies.

12. Monitoring of transfusion transmissible infections for all collected donations and maintaining confidential records of the positive results.

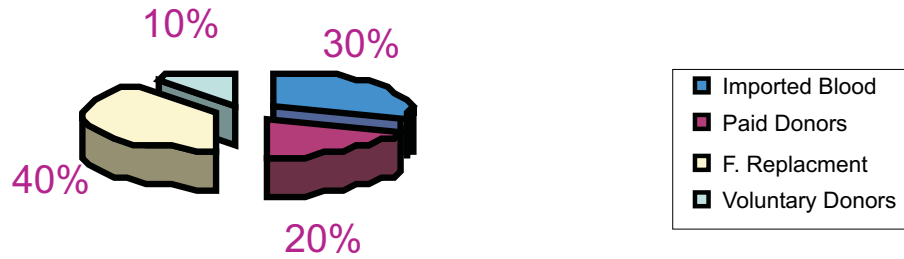
13. Establishment of may national societies (People Society to Aid Blood Banks, Thalassemic Friendship Society and Hemophilic Friendship Society) to aid blood bank and to encourage people to donate blood voluntarily.

Ratio of Blood collections accordance to source during 1967 -2005

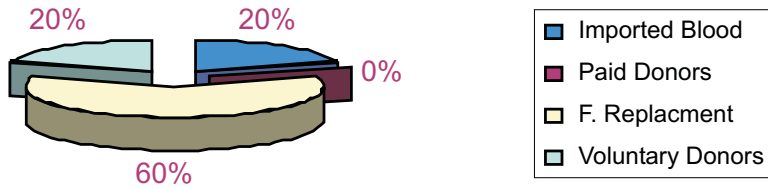
Duration	Imported	Paid Professional donors	Family Replacements	Voluntary Non-remunerated
1967-1971 Occupation period	35%	40%	25%	0%
1972-1982 Lebanon War	30%	20%	40%	10%
1982-1994 1st Intifada	20%	0%	50%	30%
1994-2000 PNA Era	0%	0%	50%	50%
2000-2005 Aqsa Intifada	0%	0%	40%	60%



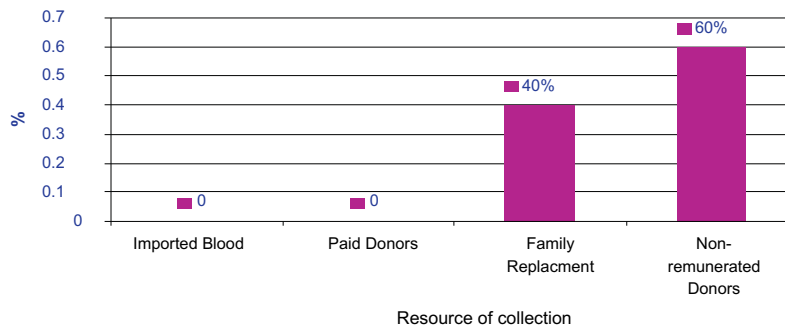
Ratio of collected blood during accordance to source of collection (Lebanon War)



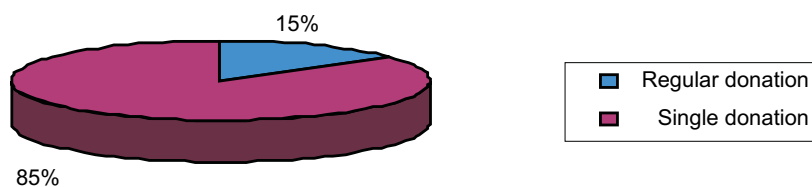
Ratio of Collected Blood during the Period of 1987-1994 (First Intifada)

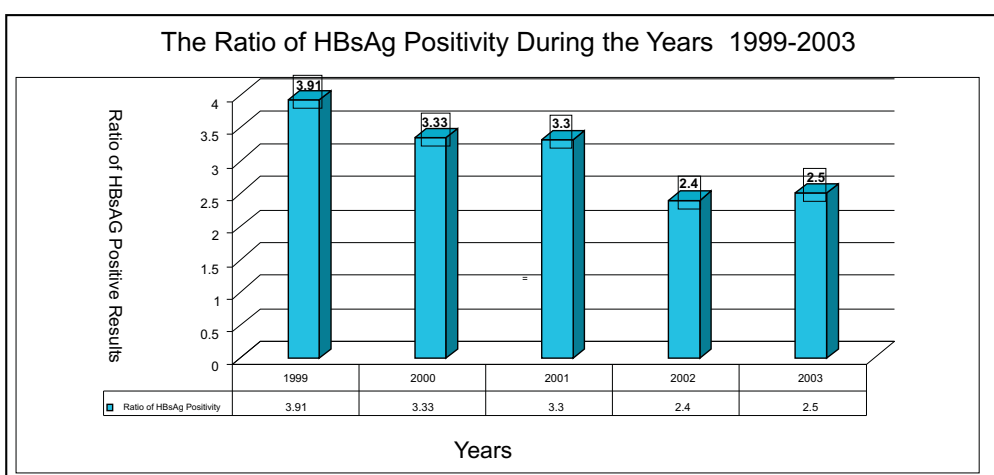
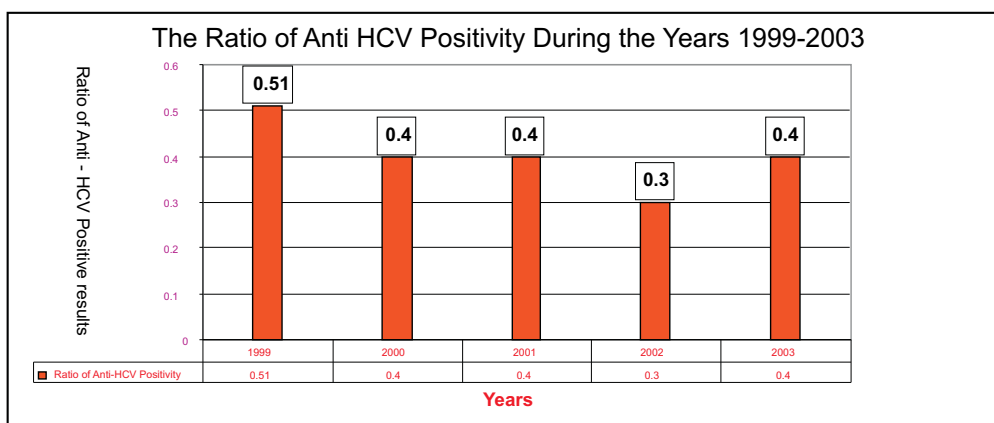


Ratio of collected blood accordance to source during years 1995-2003 (PNA Era)



Ratio of regular donors amongst voluntary non-remunerated donation





**Advantages and achievements:**

- 1.Minimizing the cost of importing the blood and components from foreign countries.
- 2.We successfully prepared a wide national panel of prospected regular voluntary non-remunerated donors, which facilitated recruitments, retention and recall them when necessary and during top emergencies.
- 3.We successfully minimized the risk of Transfusion Transmissible Infection (TTI's).
- 4.We successfully minimize the allergenic transfusions.
- 5.Availability of permanent of reasonable and sufficient storage of blood and components which fulfill all patients' requirements.
- 6.We successfully covered the huge requirements of blood and components of the massive casualties amongst our population during AlAqsa intifada.

**References:**

- 1.Palestinian Ministry of Health (MOH) Registrations and Annual Reports Web site: [www.moh.gov.ps](http://www.moh.gov.ps)
- 2.Directorates of Laboratories and Blood Banks Gaza Strip and West Banks Registrations and Reports.
- 3.Palestinian Hospitals Registrations and Annual Reports.
- 4.Shifa Hospital Central Blood Bank Registration and Annual Reports.
- 5.Central Blood Bank Society Registration and Reports.
6. WHO Circulates of (Transfusion of Safe Blood and Components).

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