World Health Organization

Topic: Addressing discriminating restrictions and deferrals in blood donations around the globe.
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I. Committee Background

The World Health Organization (WHO) is responsible for all health-related issues that are tackled by the United Nations (UN). The organization was inaugurated on April 7, 1948, a date that came to be known as World Health Day. The decision-making body for the WHO is the Health Assembly, which mainly determines the policies of the organization and appoints the director-general. The Health Assembly usually convenes in the UN headquarters in Geneva each year during the month of May. The Health Assembly also instructs the Executive Board, "in regard to matters upon which further action, study, investigation or report may be required" (*Information and rules ... procedure* 2021). The Executive Board consists of thirty-four technically qualified experts in the field of public health, elected for three-year terms. Generally, the purpose of the Executive Board is to facilitate the work of the Health Assembly. The WHO also relies heavily on its Secretariat, a body consisting of around eight hundred people, which are stationed across the globe, in the institution's headquarters and in the regional offices of the organization.

The primary goals of the WHO include improving equity in health, reducing health risks, promoting healthy lifestyles and settings, and responding to the underlying determinants of health (*What we do* n.d.). Resolutions passed by the WHO are non-binding and must be approved by both the Health Assembly and the Executive Board. The meeting in which resolutions are approved occurs annually in January. In this conference, resolutions which had been proposed by the WHO are then approved by the Executive Board and passed on to the Health Assembly. There is a shorter meeting in May to address the details of these resolutions and put them into effect.

II. Introduction

Description and Definition of the Topic

Blood transfusion is a procedure in which volunteers have their blood extracted to donate and help those with compatible blood types. In other words, people receive blood transfusions to replace lost blood due to surgeries, bleeding disorders, injuries, or diseases. The main procedure in which donors have blood donations is called apheresis (*Blood Donation* n.d.). Apheresis removes different blood components, including red blood cells, plasma, platelets, or specific

types of white blood cells. Each blood component has other purposes; red cells carry oxygen and remove waste products, white cells aid the body in fighting infections, plasma is the liquid factor of the blood, and platelets help clot blood (*Blood transfusion* 2020). A donor can provide the components of blood needed, the most commonly transfused being red blood cells.

However, there are several requirements needed to donate blood. In most places, the volunteer has to be in good health, be at least 16 years old, and weigh 110 pounds or more (Gottlieb, 1999). In addition, donating blood has several restrictions; some of them include having traveled or lived in specific places—especially in places with an endemic—during a particular amount of time. Other restrictions would include having a tattoo, receiving a blood transfusion, being a man who has had sex with another man (MSM), engaging in prostitution, or using unprescribed injectable drugs three months before the procedure (*General Blood & ... Guidelines* n.d.). Lastly, ever testing positive for the AIDS virus, hepatitis B, or hepatitis C, or having lived with or had sexual contact with someone who had hepatitis B or symptomatic hepatitis C in the past 12 months would be a restriction for volunteering to donate blood. To add on, blood donors need a 56-day break between various donations and a seven-day break before donating platelets (*General Blood & ... Guidelines* n.d.).

The Problem

In present times, countries and hospitals worldwide have been forced to deal with low blood supplies. In addition, the prolongation of the COVID-19 pandemic has exacerbated blood supplies across the planet. As a result, it has left numerous patients awaiting treatment of injuries and diseases without the possibility of transfusions (Cha, 2021). Although numerous individuals have offered to donate their blood to impending causes, restrictions set in place by health departments in countries around the globe have prevented many from doing so. Before donating blood, potential donors complete a survey that determines their potential exposure to diseases transmissible by blood (Sutherland, n.d.). Those deemed to have a high likelihood of having been exposed to said diseases or conditions are not allowed to donate blood to prevent infections through transfusions. Bloodborne pathogens and microorganisms such as viruses or bacteria can lead to severe disease contractions after blood transfusions, this being the primary motivation for a thorough screening process. HIV, Malaria, Syphilis, and Hepatitis are among some of the most common diseases that can be transmitted through transfusions (*Diseases and Organisms* 2019).

Even though the global blood shortage has affected each country differently in recent times, campaigns aiming to modify restrictions on blood donations have re-ignited worldwide. The deficit has sparked protests from individuals arguing about the necessity of equality and human rights for all individuals. For decades, major organizations such as the Human Rights Council (HRC) have advocated for the modernization of policies enforcing the prohibition of

blood donations from people deemed at risk of transferring bloodborne diseases. In addition, questionnaires used by health departments and hospitals have been deemed discriminatory, as campaigners have called for questionnaires where each donor is evaluated equally (Franklin, 2007). Despite the situation, some federal health departments such as the Food and Drug Administration (FDA) in the United States (US) have relaxed specific measures to combat current blood shortages (*Blood Donations* n.d.). Although the move is not a response to campaigns advocating for fewer restrictions on blood donations, it is the first significant shift in blood donor restrictions since the 1980s (*Equality Magazine: FDA ... Men* 2020). As the adverse effects of COVID-19 continue depleting blood supplies worldwide and movements calling for the easing of restrictions emerge, blood donations are becoming an increasingly relevant topic for nations to discuss across the world.

The problem encounters several outcomes that harm people, humanitarian health, and hospitals. The background and primary reason causing this situation to be a conflict are the regulations to ensure blood supply safety. Since different diseases are within the blood of a human being, blood donations have to be made after various regulations are approved. At the same time, technological developments have improved the effectiveness of antibody detection tests, making the process faster and more effective in determining whether the donation is viable or not. In addition, transfusion transmissible infection monitoring systems have been created in the US to ensure the safety of the country's blood supply against a range of pathogens, including HIV.

Widespread blood shortages during the COVID-19 epidemic caused the re-inspection of blood donation deferral rules. Furthermore, the FDA's request for convalescent plasma—blood drawn from those who have recovered from COVID-19—drew attention to the restrictions that prevent some men from donating plasma under the FDA's prohibition on donations from men who have sex with men. Supporters have long urged for a change in the FDA's MSM policy. As a result, in April 2020, the FDA reduced the once-permanent prohibition on MSM blood donations from a 12-month deferral to a 3-month delay. Although the FDA's guidance to create a three-month delay time for MSM was a step in the right direction—bringing the US closer to rules set by other nations like the United Kingdom (UK) and Canada—it did not represent the most recent science. The FDA's recent change to a three-month deferral policy for MSM was most likely the consequence of interest convergence—effective advocacy by dedicated supporters combined with the practical realities of a statewide shortage of blood donations during a global pandemic. This shift proves that earlier limitations on blood donation were never scientifically justified. It is important that the FDA's decisions must be evidence-based rather than fear-based in the future.

III. History of the Topic

Chronological History of the Topic

Blood transfusions have been around since the 17th century. British physician, William Harvey, attempted the first known blood transfusion after discovering blood circulation in 1628. However, it was not until 37 years later when the first successful blood transfusion occurred when another British physician, Richard Lower, kept a dog alive by transfusing blood from other dogs. Later, Jean-Baptiste Denis in France, along with Richard Lower and Edmund King in England: reported that they could successfully transfuse blood from sheep to humans. It took more than a century until the first successful human blood transfusion was performed on a patient to treat a postpartum hemorrhage. As decades passed, the medical world grew more advanced with the help of new tools, methods, and discoveries. The United States established a national blood collection program in 1940. A year later, the Red Cross began the National Blood Donor Service to collect blood for the US military during World War II, which led to the blood program containing more than 13 million pints during four years (*History of Blood Transfusions* n.d.). By the late 40s, physicians performed syphilis testing on each blood type. Decades later, blood banks become an all-volunteer donor system.

In 1972 experts began testing donated blood for hepatitis B, a vaccine-preventable, sexually transmitted disease leading to a severe liver infection. In the 70s, the FDA became more involved with blood banks by regulating around 7,000 blood centers and requiring that all blood bags be labeled ‘paid’ or ‘volunteer.’ Later, in 1983, several blood banking centers issued the first warning about Acquired Immune Deficiency Syndrome (AIDS). This warning was issued around two years after the first cases of AIDS emerged. In March of the same year, the CDC published an article stating that AIDS is most prevalent in people who inject drugs, hemophilia patients, and people in homosexual relationships with multiple partners. It was reported that these groups’ vulnerability to the disease is due to sexual contact or blood exposure being vectors of the illness (*AIDS Crisis Timeline* 2021). The FDA licensed blood tests for HIV during the eighties, and blood banks began screening their blood supplies for signs of infected blood. In 1985, Ryan White, a teenager, contracted AIDS through donated blood; he was barred from attending his middle school due to his condition. Later on, in 1992, testing of donor blood for HIV-1 and HIV-2 antibodies became available. The first National Testing Laboratory in Dedham, Massachusetts, opened in the same year, applying specific tests to ensure that Red Cross blood products were safe. In 2002, nucleic acid amplification tests (NAT) and the Hepatitis C Virus (HCV) were licensed by the FDA after the tests were first implemented in 1999. During the 2000s, multiple discoveries and approvals were made regarding blood donations, which helped advance safe and accessible blood donations and transfusions (Garcia, 2017). However, in 2011

there was a significant drop in blood donations by 20% from those aged from 17 to 34, which unfavorably resulted in a generation gap in donors (Orr, 2011).

Historical Case Studies

Hepatitis E in a Blood Donor

There has been a case where a 27-year-old male who resided in India was able to pass all tests and requirements on donating a triple bag to a tertiary cancer hospital. However, almost three weeks later, the donor told the hospital that he started suffering from vomiting and jaundice one day after his donation. Shortly after visiting a physician for examination, it was found that his liver functions were elevated (Tendulkar et al., 2015). People in his community were all suffering from similar symptoms during the same time. As a result, many tests were performed: evidence found that the sickness the donor experienced at the time was the Hepatitis E Virus (HEV). Multiple tests concluded a lack of security in the systems as they did not detect Hepatitis in the donor. Nevertheless, he still donated, believing there was nothing wrong with his system (Tendulkar et al., 2015). By the time the test results showed that the donor had HEV, his blood had already been transfused to a patient elsewhere; 35 days posttransfusion the recipient did not experience any HEV symptoms, yet he was unable of being tested as he had already been discharged and was resident in another state (Tendulkar et al., 2015). Still, the blood recipient could have contracted HEV as "the majority of HEV infections are asymptomatic" (Horvatits et al., 2019). This situation shows the importance of the restrictions in blood donations as they prevent bloodborne diseases from being transmitted.

English Ban on Blood Donations

One of the many restrictions of blood transfusions in the US includes residence in the UK during a specific time period. This restraint was set by the US FDA, which created a ban on blood donations from anyone who lived in Britain longer than six months between 1980 and 1997 (Gottlieb, 1999). This ban was implemented due to the risk of transmitting a variant of Creutzfeldt-Jakob Disease (CJD). CJD is a fatal disease that "affects various aspects of neurological function" that would result in the death of the victim (*Is it time ... donation?* 2019). This disease was originally found in cattle, causing the UK exports to be banned from most countries; however, the consumption of these led to the infection of several UK citizens with the disease (*Is it time ... donation?* 2019). During these years, the disease's exposure was at its peak in the UK, which increased the probability of spreading CJD. This disease has affected around 40 million people, of which 39 million were infected in Britain (Gottlieb, 1999). The CJD has only been transmitted through blood in mice experiments, in which it was injected into their brains; there has not been any recorded. However, the FDA was still concerned since scientists have not

fully discovered how the disease spreads. Therefore, this guideline could affect thousands of donors by prohibiting blood donations.

Contaminated Blood Inquiry

One of the largest healthcare treatment scandals to ever affect the UK occurred during the 1970s and 1980s when blood transfusions were used to treat hemophilia. During this time, up to 30,000 people with hemophilia and other bleeding disorders were exposed to blood containing HIV and Hepatitis Viruses after receiving treatment through blood transfusions (Triggle, 2021). Patients with bleeding disorders lack a protein that enables their blood to clot, meaning that minor injuries often lead to bleeding that is difficult to treat. Until the 1970s, the treatment for bleeding disorders such as hemophilia required transfusions of plasma. At the time, HIV had not been diagnosed, and information about other bloodborne diseases was limited. Although the scandal directly affected hemophilia patients, people who received blood after an operation or childbirth are also thought to have been exposed. The event led an estimated 5,000 people to develop bloodborne diseases and claimed the lives of 3,000 patients. Recently, an inquiry into the event was launched after years of protest from victims, who claim that risks were not explained and that the government covered the scandal (Triggle, 2021).

Haitian Blood Donor Ban

During the AIDS epidemic, the Centers for Disease Control and Prevention (CDC) named four groups at high risk of contracting the disease: heroin users, homosexuals, hemophiliacs, and Haitians (Danticat, 2017). Haitians were the only group whose risk of contracting the disease was nationality-based. The restriction was primarily based on twenty cases of AIDS in Miami being from Haitian patients. These cases then caused widespread panic among non-Haitians, who believed all Haitians carried AIDS. At the height of the AIDS crisis, the FDA banned all Haitians from donating blood (Danticat, 2017). One specific case recalls retired New York City public-school teacher Nicole Rosefort desperately needing to give her father a blood transfusion. When she went to their local hospital with her sister to donate blood for the transfusion, they were turned away due to their nationality, which resulted in a nationwide mobilization against the ban, with Haitians protesting in large numbers in Boston, Washington, and Miami. In 1990, between fifty and eighty thousand people gathered to march across the Brooklyn Bridge to decry the ban and call out the stigmatization and discrimination behind it (Danticat, 2017). Even though the ban was eventually lifted, the stigma against Haitians remains.

MSM Discrimination

Gay discrimination has increased throughout the years due to the slightly enhanced danger of HIV transmission from blood transfusions and its relation with gay men. During the 1980s, there was a crisis outbreak of HIV/AIDS; there was a high infection rate, and there were no accurate diagnostics for the virus. Therefore, universal restrictions on blood transfusions from high-risk groups were justified. The FDA changed its policy in December 2015, shifting from a lifelong prohibition on homosexual and bisexual men giving blood to a one-year restriction (Shaw, 2020). This restriction applied to any man who has had intercourse with another man in the previous 12 months. According to the FDA, transmissions can exclude up to 90% of potential bloodborne illness donors. The FDA updated its guideline regarding MSM blood donations on April 2, 2020, cutting the delay time from 12 to three months (Ochoa, 2021). Donors are examined at blood facilities across the country using a set of standardized inquiries to assess health risks that could suggest infection with a contagious disease like HIV or Hepatitis Viruses. The FDA announced modifications to donation eligibility requirements earlier this spring, and the American Red Cross adopted them in June 2021.

Past UN Actions

In 2004, the World Health Organization announced the foundation of World Blood Donor Day. This celebration occurs every year on June 14; it aims to bring awareness to the great demand for safe blood donations from volunteers (*Announcing World Blood ... 2021* 2021). The day also serves as a call-to-action for governments and national health authorities; such authorities put in place groundworks and provide sufficient resources to increase the donation of blood from volunteers. A key factor behind the creation of World Blood Donor day is the vast blood shortages in developing countries; hence, the demand for blood donations occurring at a steady rate. WHO Director-General, Margaret Chan, said that “Although we have many external differences, the same vital blood pumps through all our veins [...] The act of giving life – the greatest gift any person can give or receive – is the act of voluntary, unpaid blood donation” (*Voluntary unpaid blood ... goal* 2016). The topic for the past year’s Day, which happened on June 14, was ‘blood binds us all’, emphasizing the universal bond people share through their blood. ‘Share life, donate blood’ is a slogan highlighting the importance of voluntary donation systems in motivating people to care for one another and foster communal togetherness. WHO noted that nearly half of the 108 million blood donations provided worldwide each year are gathered in high-income countries, which account for fewer than 20% of the world’s population (*Voluntary unpaid blood ... goal* 2016). The overall blood donation rate in high-income countries is more than nine times higher than in low-income countries. However, in many nations, demand outnumbers supply, and donation services must balance the need for blood to ensure its health

and reliability. According to the WHO, an adequate supply can only be provided through regular donations from unpaid, volunteer blood donors. Frequent, unpaid blood donors are the foundation of a secure blood supply, according to the organization, because they are linked to low levels of infection that spread through transfusions, such as HIV and hepatitis viruses (*Voluntary unpaid blood ... goal* 2016).

IV. Key Players and Points of View

The United Kingdom

The United Kingdom has four blood transfusion services including; NHS Blood and Transparent for England (NHSBT), the Scottish National Blood Transfusion Service (SNBTS), the Welsh Blood Service (WBS), and the Northern Ireland Blood Transfusion Service (NIBTS) (*United Kingdom* n.d.). The NHSBT collected, authorized, and delivered around 1.5 million blood donations per year. Meanwhile, the SNBTS has a blood processing and testing center that manages 250,000 voluntary contributions every year. Furthermore, The Welsh Blood Service provides blood components and services to health boards in the country (*United Kingdom* n.d.). Finally, NIBTS collects, processes, and tests blood components; they have issued more than 42,000 red cell components. The US restricted people from donating blood if they spent more than six months inside the UK between 1980 and 1997 (*United Kingdom* n.d.). This restriction is due to the high exposure of a disease called Creutzfeldt-Jakob (Gottlieb, 1999). It was created as there was no way to test if the donor's blood had the disease or not; likewise, the little information on the disease was deemed sufficient reason to impose this restriction. Recently, on June 14, 2021, changes were made, and donors in the UK will no longer be asked if they are a man who has had sexual intercourse with another man. Instead, donors will still be asked if they have had sexual intercourse during the three months previous to their donation. As the minister for blood donation, Lord Bethell, mentioned: this was done to be more inclusive towards the LGBTQ+ community (*UK to change ... assessment* 2021). Due to the recent changes, people who have had the same sexual partner for more than the last three months, and have no recent exposure to an STI, will be able to donate blood (*UK to change ... assessment* 2021).

The United States

In 2020, the US FDA required LGBTQ+ men who had sexual relations with another man to wait one year before being able to donate blood. However, a few months later, the administration changed the rule to three months due to the COVID-19 pandemic (Shaw, 2020). However, the donors are pleased with implementing the requirement since it could be caused by prejudice. According to the CDC, all donated blood is tested for HIV and other diseases, like

Hepatitis C. Virus. Thirteen years after it became prohibited for gay men to donate blood, the Blood Donation Rules Opinion Study demonstrated that 0.25% of blood donated from MSM showed HIV infections, lower than the expected 12% (Shaw, 2020). In other words, the FDA implemented a nation-wide policy based on an erroneous assumption that discriminated against gay men. Due to the lack of blood during the COVID-19 pandemic, the FDA revisited its restrictions. One of the biggest changes was the MSM restriction previously mentioned; however, it also reduced the amount of time needed between getting a tattoo or a piercing and donating blood to three months. Moreover, regarding people who lived in Europe and were believed to have been exposed to the CJD, "the [FDA] is eliminating the recommended deferrals and is recommending allowing reentry of these donors" (Marks, 2020). While these recommendations are expected to remain in place after the pandemic, there is no way to ensure that such a statement will be held by the agency; especially considering how some of their restrictions were just removed instead of reduced.

China

Accounting for 18.47% of the world's population, citizens of the People's Republic of China may play a vital role in the global blood supply. Between the 1980s and early 1990s, blood shortages combined with innovations in plasma collection led the Chinese government to increase its blood supply. Blood with HIV/AIDS, hepatitis, and malaria was common and frequently led to infections in patients. After an outbreak of HIV ensued among the Henan provinces of China during the mid-1990s, blood safety regulations started to receive more attention from the government (Gao et al., 2020). To improve the safety of blood donations, the Chinese government implemented the Blood Donation Law in 1998. The law allows people to donate blood through three methods: employer-organized donation, voluntary blood donation, and family or mutual donation—between family members. Before this law, blood donors were paid, which is now illegal (Gao et al., 2020). Despite a lack of significant restrictions, blood that has been collected is subjected to intensive screening before being donated. Equipment is used to test collected blood twice to ensure the lack of presence of bloodborne diseases. Due to these policies, the amount of blood donors in China has increased by 275%, rising from four million to 15 million in 20 years (Gao et al., 2020). China had 459 blood centers in 2010, and the volume of blood collection has been on the rise for over 20 years. Despite these improvements, the country suffers from a lack of blood, a crisis that China's large population has often mitigated.

Kenya

With over 50 million people, Kenya is one of the most populated countries in the African continent (*Population, total - Kenya* 2020). Despite this, the nation has struggled to gather and

maintain an ample blood supply, often depending on countries such as the United States, contributing $72.5 million to Kenya's safe blood program to maintain a stable blood supply (Embry, 2020). Based on the World Health Organization's guidelines regarding the proper ratio of donors to the total population, Kenya should be collecting at least 1 million units of blood per year (Mwai, 2020). However, only 164,000 units of blood were collected between 2018 and 2019, with 77% of people donating blood for the first time. Although the government established the Kenya National Blood Transfusion Service (KNBTS) in 2000, it has struggled to improve its blood supply. According to a government report, over 80% of funding for the blood collection programs of the 2010s came from outside donors, the main one being the United States (Mwai, 2020). The US, however, cut funding as of September 2019, leaving the government without an alternative plan to deal with the blood crisis (Embry, 2020). Likewise, the spread of the COVID-19 pandemic has only worsened the problem, with an estimate signaling that every 10 minutes, 7 Kenyans require a blood transfusion (Embry, 2020). With decreased funding from outside countries and organizations, the Kenyan government has convinced its citizens to become blood donors. The lack of knowledge about blood donations has misled people into believing it is harmful. This leads people to hesitancy, preventing more people from engaging in the process. The government has been holding public blood donation events to combat this problem. Today, its blood supply depends mainly on donations from secondary school students (Mwai, 2020).

Mexico

Mexico still has almost no altruistic blood donation culture. What this means is that volunteer blood donation programs are scarce in Mexico. This is mainly due to misinformation and uncertainty among Mexican civilians that hinder donation morale. To understand how far behind Mexico is compared to the rest of the world, some European countries' donation rates are 100%. For nations in Latin America, it is 33%. Meanwhile, Mexico's blood donation rate is only 2.7% (*Mexico still lacking ... culture* 2017). The Dona en Vida Foundation coordinator, Maria Jose Aja del Cueto, mentioned that the importance of volunteering to donate blood is crucial since 25% of the population will need blood at some point in their lives (*Mexico still lacking ... culture* 2017). Cueto mentions how donating blood helps people receive the donations and helps the donors themselves. When individuals wish to donate blood, they are subjected to the strict testing for illnesses like hepatitis and certain sexually transmitted diseases, like syphilis and HIV-AIDS. This allows the donor to be aware of their health if any test comes back positive. Furthermore, with the government lifting the ban on gay and bisexual men in 2012, the country could generate many volunteers if people become more mindful of the need for blood.

V. Possible Solutions

The US Food and Drug Administration guidance stated that men who have sex with men are not allowed to donate blood until three months after engaging in intercourse. This policy has caused controversy since it discriminates against the LGBTQ+ community, who believe that blood donation eligibility should not be based on sexual orientation. The Red Cross recognizes this and has proposed a solution so that sexual orientation does not affect eligibility (*LGBTQ+ Donors* n.d.). The Red Cross, One Blood, Vitalant, and other LGBTQ+ community health centers have already participated in a pilot study titled the ADVANCE study, funded by the FDA (*LGBTQ+ Donors* n.d.). The study focuses on finding a different donor deferral policy that would maintain the safety of the blood supply, which would allow MSM to be donors. To do this, a donor history questionnaire would be used to assess the risk factors for a possible infection like HIV, meaning that MSM would not be restricted based on their sexuality. Instead, they would be evaluated based on their own risk for an HIV infection.

Additionally, the Red Cross has updated its requirements for blood donations in the past years, which only includes donors to be in good health and feeling well, at least be 16 years old, and weigh at least 110 pounds. The donor's sexual orientation is dismissed as long as they have all the requirements above and pass security tests for HIV infections. The organization believes that it is harmful to the Men who have sex with men (MSM) to require them to not engage in intercourse longer than straight individuals, and they seek all donors to go through the same procedures.

The Red Cross has also changed its campaign and created centered values that encourage donations. "Our top priority is the safety of our volunteer blood donors and the patients in need of lifesaving blood products. Our employees and volunteers are trained to be sensitive to the needs of all potential blood donors" (*Blood Donation Eligibility ... Donors* n.d.). The American Red Cross believed that sexual orientation should not determine blood donation eligibility. They are committed to collaborating with others to achieve this aim. Every time a blood donor gives blood, they must meet FDA eligibility criteria. These eligibility requirements apply to all blood collection agencies in the United States. Only about 38% of the population of the United States is eligible to donate blood at any given moment. However, less than 10% of the eligible population gives each year. The gender-specific donation criteria and health history questionnaire questions are aimed to make the blood collection process as safe as possible for both donors and receivers of blood.

Finally, having countries encourage safe blood donations can help millions of people in need. Governments should take advantage of occasions like World Blood Donor Day to promote blood donation to local banks, as long as the donors present no signs of severe and blood-related

illness. To do this, countries can look for non-governmental organizations (NGOs) that may help manage donors. For example, NGOs like the Global Blood Fund help countries in Africa, Latin America, and Asia. Organizations like these distribute healthy blood to poorly resourced countries (*Global Blood Fund* n.d.). With this, governments can collect blood, and volunteers can freely donate safely.

VI. Current Status

Each year, around 118.4 million blood donations are collected globally, from which 40% are collected in high-income countries (*Blood Safety and Availability* 2020). To donate blood, it is required to fill a Medical History Questionnaire; based on the form's answers, The Medical Historian will determine if the volunteer is eligible to donate. Unfortunately, if the patient is at risk or has had hepatitis, a heart disease, organ failure, cancer, or HIV/AIDS, the patient won't donate (*Blood Donation Eligibility ... Requirements* n.d.). Additionally, there are other age, weight, and health restrictions set by the US Food and Drug Administration (FDA) for the safety of the donor and the patient (*Blood Donation Eligibility ... Requirements* n.d.). Furthermore, there are FDA policies that prevent men who have sex with men in the past three months from having blood transfusions; this policy is due to the risk of HIV. However, the deferral period decreased from one year to three months on September 17, 2020 (*Blood Donation Eligibility ... Requirements* n.d.).

COVID-19, a respiratory virus, is another recent culprit. Although respiratory viruses have not been known to transmit through blood transfusions, a precautionary approach has been taken to safeguard the safety of individuals who donate and the patients. For this, the Stanford Blood Center (SBC) has implemented a fourteen-day deferral for those exposed to someone who is diagnosed or suspected of having the virus. Moreover, if the donor has been diagnosed or could have COVID-19, the donor will have to wait until twenty-eight days to be symptom-free and eligible for donation (*Blood Donation Eligibility ... Requirements* n.d.).

The COVID-19 pandemic's extension has aggravated blood shortages in countries worldwide, reigniting calls for new measures to address the problem. Blood donation rates in high-income countries currently stand at 31.5 per 1000 people, mainly contrasting with a rate of 5.0 in low-income countries. Seventy-nine governments collect over 90% of their blood supply from voluntary donors, while 56 countries collect more than 50% of their blood supply through family/replacement and paid donors (*Blood Safety and Availability* 2020). With more people continuing to gain access to healthcare in low and middle-income countries, it is essential to note that the demand for blood across the world will only continue to increase over time (Rapaport, 2019).

Many organizations have already tried to ban this discrimination during the past years. For example, Together We Can started a campaign in which they protested against the three-month ban for gay and bisexual men. Although the rule was banned a few months later, “nearly four months since the FAIR recommendations were published, the Department for Health and Social Care finally announced it would be scrapping the rule relating to blood donors with partners who had sex in parts of the where there are high rates of HIV” (Beattie & Bonde, 2021). Other countries like Portugal have also agreed to remove the prejudice in blood donations. The committee must discuss the existing blood donation restrictions and determine if they are still relevant in today’s society and if they should be altered; the committee must take a particular focus on MSM restrictions.

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