Dear
WHO-Expert Group, Geneva, Switzerland

The application to include Whole blood and red cell in EML seems to draw an interesting argument worldwide. Many countries have enlisted already these human products in their respective EML since long before what the application trying to establish now it as generalized through WHO in all members states. There have been various examples, studies and logic cited along with application to make an intended decision. On the contrary we have not seen anything that affect the way blood transfusion service have been managing in different countries according to WHO policy to recruit blood from voluntary donor, making safety through testing and ensuring other quality for safe uses. It does not at all make any difference in the mood of practice what people feel whether these are enlisted under EML list or placed outside. The application rightly mentioned it that the blood transfusion service is basically country specific and it varies from donor to donor and for which there is still restriction of shipment of blood in cross border country. So why there requires policy to make it as to be enlisted in EML and opening the opportunity for cross border transportation .There was not a single example that mentioned in the document that due to its placement outside. EML has negative impact on blood donation, maintaining quality testing, efficacy and safety. Rather bringing the issue and argument may turmoil the policy and affect the institutes for ensuring safe blood supply in the blood transfusion service by and large.

What propagandas that made by WHO for development of quality of blood transfusion service in each nation should develop National blood policy, making regulatory system and securing defined responsibility of the government to ensure its citizen for access to safe blood. That is enough for strategies direction. And many countries specially the developing countries have been made progress in the light of these policy and strategies. Each countries know the criteria for quality tool in blood collection, processing and testing. It is the moral responsibility to adhere the standard of quality. Portraying blood and blood cell in a way of drugs would undermine the spirits of voluntary blood donation and its long endure for saving life. We do not find it as dying necessary to include under EML while in most countries it is under state policy or drug policy or under separate regulatory system. Except in developed country these have been treated as medicine considering to the context. Moreover, many country have not reached in adequate blood supply for it citizen and still in many countries blood donation is being patronizing by non-profitable organization. Simple mathematical analysis of cost-benefits would have negative impact for movement of voluntary blood donation so far progresses have been made globally.

There is a debate of 100% safety of infectious disease screening. Every country has its land of law, policy and regulatory system. Globally no uniform screening process is running. None of the screening assay has given the 100% safety. Again there is a question immunological & no immunological sensitization, different types of transfusion reaction & post transfusion hazards. In transfusion medicine red cell & whole is used as blood component and from whole blood preparation of various blood component. There is a question of ethical issue regarding issue of transfusion & legal issue of transfusion. Include whole blood & red cell evoke the commercialization of blood banking system and increase paid donation globally.
In the midst of scarcity of blood simple prescription, knowing dose and side effect like other medicine wouldn’t be the only solution unless clinician are supported by moral obligation of blood donation. Uploading Whole blood and red cell in EML would encourage commercialization of blood in many fold and blood would become a commercial commodity without donation on voluntary spirit rather would trigger paid donation system back for which most for the country is trying to get rid of the legacy of the system. It would reintroduce the paid donation specially of developing countries. So, we would request WHO expert committee to re-think it and taking boarder consensus before making generalize direction. Medicine or drug never tested immediately before administration (exception sensitivity of some) but cross match is done before whole or red cell administration in each case which is a great challenge to be included under EML principle.

With best regards.

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