Formulation of National Blood Policy

Report of a Regional Consultation
Yangon, Myanmar, 19–22 November 2001

WHO Project: ICP BCT 001
World Health Organization
Regional Office for South-East Asia
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1. INTRODUCTION

A Regional Consultation on Formulation of National Blood Policy in Member Countries of the South–East Asia Region was organized at Yangon, Myanmar from 19 to 22 November 2001. It was attended by participants from nine Member Countries of the South–East Asia Region and facilitated by experts from Thailand and India (See list of participants and the programme of work at Annexes 1 and 2).

Blood safety is one of the identified priority areas of the World Health Organization. It has also been identified by the Regional High Level Task Force as one of the priority areas for concerted efforts. Blood transfusion services in many countries of the South–East Asia Region are still not properly organized. Government commitment including financial support to establish a nationally coordinated blood transfusion service, through the production and distribution of guidance materials on developing national policies and plans, is the first step and a prerequisite to ensuring safe blood and blood products. In the SEA Region, five of the 10 countries have not formulated a national blood policy. In the other countries also, the national blood policy is in varying phases of implementation. Even those Member Countries that have already formulated such policy need technical assistance to develop strategies for effective implementation at an early date or in revising the existing policy.

Realizing the need for efficient Blood Transfusion Services (BTS) that are well organized, nationally coordinated with policies and plans, and an appropriate legal framework in place to cover its
activities, WHO decided to provide technical inputs to Member Countries to enable them to develop and implement their national blood policy. This intercountry meeting was accordingly organized to address issues of advocacy, development, planning and implementation of national policies and plans for national blood transfusion services that have government commitment and support.

2. **OBJECTIVES**

   (1) To review the status of national blood policy in Member Countries;

   (2) To review the draft guidelines on development and implementation of national blood policy document prepared by WHO;

   (3) To have consensus on adapting WHO policy guidelines based on the needs and priorities and discuss possible strategies for its implementation, and

   (4) To prepare action plan for formulation/strengthening National Blood Policy and its implementation.

3. **INAUGURAL FUNCTION**

   The workshop was inaugurated on 19 November 2001 by Prof. Dr Kyaw Myint, Deputy Health Minister, Union of Myanmar, Yangon. He emphasized the significant role that policy and planning play in the development of any nationally coordinated services. He also stressed on the role of quality, safety and adequacy of blood in saving innumerable lives in all the countries. The address of Dr
Uton Muchtar Rafei, Regional Director, World Health Organization, South-East Asia Regional Office, highlighting the importance of safe blood and the need for having appropriate policy, resources and planning was read out by Dr A Borra, WR Myanmar.

Professor Chaivej Nuchprayoon was elected the chairman, Dr Tin Nyunt as co-chairman and Dr Krishna Prakash, the rapporteur for the workshop.

4. GLOBAL AND REGIONAL STATUS

Dr Neelam Dhingra-Kumar, Blood Safety Team, BCT, WHO HQ, Geneva presented the global scenario on safe blood. She highlighted the disparities between countries with different human development indices (HDI) and availability as well as access to safe blood. She presented an overview of the status of policy, planning and management of BTS in various countries and emphasized the importance of these key elements in ensuring successful blood transfusion services.

Dr Rajesh Bhatia gave a brief overview of the status of blood safety in Member Countries of the South-East Asia Region. He focused on the status of blood donation, clinical use of blood, screening of blood for freedom from transfusion transmissible infections and quality management of blood banks. He highlighted the areas wherein considerable improvement can be made with the help of proper planning subsequent to policy development and implementation.

The status of national blood policy and various other associated parameters, as presented by country representatives on
the basis of a questionnaire sent by the Regional Office has been summarized in the table below:

**Table: Status of blood policy and associated parameters in SEAR countries**

<table>
<thead>
<tr>
<th></th>
<th>BAN</th>
<th>BHU</th>
<th>DPRK</th>
<th>IND</th>
<th>INO</th>
<th>MAV</th>
<th>MMR</th>
<th>NEP</th>
<th>THA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nationally coordinated BTS</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>National regulations</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>National policy being implemented</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Blood units collected per year (in thousands)</td>
<td>65</td>
<td>6.2</td>
<td>120</td>
<td>5,500</td>
<td>1,100</td>
<td>2.5</td>
<td>1,500</td>
<td>60</td>
<td>1,100</td>
</tr>
<tr>
<td>Percent voluntary non-remunerated donors</td>
<td>25</td>
<td>65</td>
<td>100</td>
<td>40</td>
<td>81</td>
<td>40</td>
<td>70</td>
<td>65</td>
<td>93</td>
</tr>
<tr>
<td>% blood units used as whole blood</td>
<td>98</td>
<td>85</td>
<td>NA</td>
<td>80</td>
<td>35</td>
<td>90</td>
<td>80</td>
<td>80</td>
<td>40</td>
</tr>
<tr>
<td>% blood units screened for HIV</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>90</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>% blood units screened for</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>88</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>
5. DEVELOPMENT OF NATIONAL BLOOD POLICY

Dr Chaivej described in detail the mechanism that was set in operation in Thailand to develop their national policy. Similarly, proposed draft national blood policy for India was briefly discussed by Dr Zareen Bharucha. She described the intricacies of development of policy and plan and infrastructure required for BTS. Dr Neelam Dhingra-Kumar described various steps that are required to initiate formulation of national blood policy and plan; their implementation and essential key elements of each of these.

6. FINALIZATION OF DRAFT GUIDELINES FOR NATIONAL BLOOD POLICY

Participants discussed in detail various components of national blood policy and key elements of each. To facilitate in-depth discussions, the participants were divided into three groups and each group was given defined components of blood policy. The facilitators guided the discussions. The draft guidelines prepared by WHO were considered as base paper and national blood policy documents of Thailand and India (draft) were used as background.
material by the participants. The draft guidelines were finalized by the participants in the group work and subsequently in the plenary session.

7. COUNTRY–SPECIFIC ACTION PLANS

Representatives from all the countries, with the help of the facilitators, developed country–specific action plans to initiate a formal mechanism of development and implementation of national blood policy.

8. CONCLUSIONS AND RECOMMENDATIONS

The need for development and implementation of national blood policy in all the countries was recognized. This is greater in developing countries where commitment from national authorities has greater relevance for development of efficient BTS and infusion of commensurate resources is urgently required. Realizing that development of national policy is a critical process, the participants made the following recommendations:

To Member Countries

(1) The Member Countries should adapt generic policy guidelines for developing their country–specific national blood policy to ensure establishment and sustenance of an efficient nationally coordinated blood transfusion services. The policy will be implemented through enactment of appropriate legislation and allocation of suitable resources.
(2) The Member Countries should provide adequate infrastructure, human resources and financial inputs to ensure that an efficient national BTS becomes operational and is sustained.

(3) The Member Countries should constitute a National Blood Transfusion Committee (NBTC) to implement/advise the national BTS. This committee should also advise national authorities on all technical and administrative matters pertaining to BTS.

(4) NBTC should constitute National Expert Committees on various components of blood transfusion services to develop national guidelines for:
   - donor recruitment, selection and retention;
   - processing of blood;
   - component preparation;
   - clinical use of blood, and
   - quality management of BTS.

(5) The NBTC should also assess national needs for capacity building in BTS and develop, and implement, a plan to ensure competence of professional staff managing the BTS.

(6) A component of monitoring and evaluation of BTS with provision of improving the quality of services must be built into the national plan for implementation of blood policy.

To WHO
(1) WHO should continue advocacy at the highest level in Member Countries for development and implementation of a national blood policy to assure safety, adequacy and quality of blood and blood products.

(2) WHO should provide technical support and facilitate capacity building, training of personnel and procurement of international standards and reference material to support development of efficient infrastructure in Member Countries.

9. CONCLUDING SESSION

In conclusion, the participants were requested to initiate activities listed in their respective action plans in their countries upon return. Technical support from the experts who facilitated this workshop and WHO would be forthcoming and countries could seek the same as and when required. WHO would continuously monitor the progress made, so as to facilitate achievement of targets set in the country-specific action plans.
Annex 1

LIST OF PARTICIPANTS

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Annex 2

PROGRAMME

Monday, 19 November 2001

0900–1030 hrs
• Registration

1030–1100 hrs
• Inauguration
  • Objectives of the Meeting: Dr Rajesh Bhatia
  • Introduction of Participants
  • Election of the Chair and Rapporteurs

PLENARY SESSION 1

1100–1300 hrs
• Global Overview on Organization and Management of BTSs and National Blood policy by Dr Neelam Dhingra Kumar
  • Regional Overview by Dr Rajesh Bhatia

Country Status report based on the questionnaire provided
• Bangladesh, Bhutan, DPR Korea, by Directors/Country Representatives of BTSs

1400–1715 hrs
Country Status report – Indonesia, India, Maldives, Myanmar contd
Country Status report Nepal, Sri Lanka, Thailand contd –
• Discussions and wrap up

Tuesday, 20 November 2001

PLENARY SESSION 2

0900–11145 hrs
• Development & Implementation of National Blood Policy
Summary of day 1

Need for National Blood Policy

Key elements of National Blood Policy by Dr Zarin Bharucha

Steps in development of National Blood Policy by Dr Neelam Dhingra

Strategies for implementation of national blood policy: Thailand experience by Dr Chevoz

Introduction and Terms of Reference for group work by Dr Rajesh Bhatia

GROUP WORK

1145-1700 hrs

Group I
- Development of comprehensive National Policy document
- Legislation support
- Policy on Organization and management of BTS
- Role of National Blood Transfusion Committee
- Costing of BTS

Group II
- Policy on donor recruitment, retention and screening
- Policy on blood processing and screening
- Policy on component preparation
- Policy on clinical use of blood

Group III
- Policy on quality management
- Policy on training & HRD
- Policy on R & D

Wednesday, 21 November 2001
Thursday, 22 November 2001

PLENARY SESSION 3

0900–1300 hrs
  - Action Plan & Recommendations
  - Summary of day 3
  - Preparation of country specific action plan for development and implementation of comprehensive National Blood Policy with all components as per the group work – by the Participants

1400–1600 hrs
  - Presentation of action plan

1600–1630 hrs
  - Concluding session