



Working Group NACP IV

Blood safety
25-26, May 2011
First Round of Consultation

NACP III Achievements

Blood Safety During NACP III

Activities	2007	2011
Total Blood Collection	4.4 m units/yr	7.9 m units/yr
% VBD	52%	79.5%
HIV seropositivity	1.2%	0.2%
BCSU established	82	155
DLBB established	0	18
BSCs established	0	685

Issues of Concern

Decentralised and fragmented blood transfusion services

Deptt of Health

Deptt of AIDS control

DCGI

Inadequate availability and accessibility of safe blood

Lack of Administrative control on vital areas like

- ❑ **Organisation**
- ❑ **Manpower development**
- ❑ **Regulatory affairs**
- ❑ **Unlawful practices by private blood banks**
- ❑ **Education/Teaching/ Research/ Training**

Lack of Experts in Transfusion Medicine for Technical component

In effective appropriate clinical use of blood

Access of Safe, Quality blood to General public

ISSUES

- ❑ Lack of Transfusion network
- ❑ Lack of data for need assessment, demand and utilization

POSSIBLE SOLUTIONS

- ❑ Geographical mapping for need assessment
- ❑ Mapping for existing facilities linking of facilities
- ❑ One nodal agency in coordination with related depts. (DME, DHS, state drug control dept.) - communication of network plan to all agencies
- ❑ Define responsibilities and develop linkages for availability and blood security

RESOURCES REQUIRED

- ❑ Manpower - Designated nodal officer at every centre
- ❑ Computerization - Common software with transparency
- ❑ Blood mobiles
- ❑ Needs based support of BT vans to blood banks

Access of Safe, Quality blood to General public (contd.)

ISSUES

- Nomenclature issue - Upcoming metro blood banks, Model blood banks, RBTC, BCSU, Major BB, DLBB, BSC
- Role of private sector is limited
- Limitations of Drugs and Cosmetics Act

POSSIBLE SOLUTIONS

- Metro BB to be designated as CoE
- Major blood banks to be renamed as per their capacity
- All Govt. Blood banks not under NACO support at present to be brought under NACO support
- An effort to be made to ensure that all other blood banks in the charitable sector to be a part of the transfusion network
- Encourage involvement of private sector through professional bodies (IMA, federations of various specialty organizations) to ensure they work on a not for profit basis
- Amendment required in Drugs and Cosmetics Act

Quality

ISSUES

- ❑ Lack of Quality Management Systems
- ❑ Inadequacy and lack of uniformity in following the existing guidelines
- ❑ Lack of proficiency in testing for TTI and immuno-haematology.
- ❑ No Targets for accreditation for Blood banks
- ❑ Automation in blood banks collecting more than 10,000 units
- ❑ Capacity building for component separation

POSSIBLE SOLUTIONS

- ❑ Capacity Building for strengthening the QMS
- ❑ Developing systems for proficiency testing for identifying mechanisms of delivery at least up to a level of BCSU.
- ❑ Handbook for implementation of quality management manual for capacity building for accreditation
- ❑ Provide infrastructure and equipment support and a data entry system for operations including bar coding
- ❑ Enhance components separation and apheresis in the existing BCSUs by providing the requisite equipment and infrastructure

TTI Screening

ISSUES

- Standardization and quality assurance of testing protocol/kits for TTI
- Complaint redressal
- Options for innovation using newer available technology

POSSIBLE SOLUTIONS

- Ensuring all kits used in the BB must have undergone a pre dispatch testing as per standardized quality procedure
- Develop/strengthen of redressal mechanism
- Develop referral centers for piloting use of newer technologies

VBD

ISSUES

- ❑ Lack of support to VB donor organizations at all levels
- ❑ Lack of dedicated staff on VBD in blood banks
- ❑ Lack of state specific IEC material in VBD

POSSIBLE SOLUTIONS

- ❑ Revise the pattern of support to be provided to these organizations
- ❑ One dedicated social worker for VBD activities in each blood bank at least up to district level
- ❑ Ensure availability of state specific IEC material in vernacular language

VBD (contd.)

ISSUES

- Issue of mega blood donation camps
- Lack of focus of VBD in adolescence
- Lack of quality in donor recruitment and retention

POSSIBLE SOLUTIONS

- Restriction as per capacity and utilization with not more than 1000 units per camp per venue except in case of a disaster with intimation to the regulatory authority
- Inclusion of VBD in school education program
- Ensuring donor care and management

Implementation Structure

ISSUES -NACO structure

- Lack of human resources
- Lack of systems and mechanisms
- Program management
- Coordination with SACS and peripheral units needs to be strengthened

POSSIBLE SOLUTIONS

- **Separate program with distinct identity (beyond NACP)**
- Different divisions for programme management, admin procurement, Finance and IEC
- **Central Level**
- 1 DDG and 2 ADG level officer with experience in blood banking
- Team of 8 Programme officers for VBD, Quality, TTI, Transfusion service network, Training, clinical use of blood and haemo- vigilance research and SCM
- Technical officer for each of the above and 3 for M&E function along with support staff

Implementation Structure (contd)



RESOURCES REQUIRED

1. NBTC and SBTC to be amalgamated into the proposed structure
2. Issues related to transfusion dependent diseases to be integrated into this structure
3. Newer developments in the field of transfusion medicine e.g. cord blood bank, stem cell registry and bone marrow transplant to be integrated with this program

Implementation Structure (contd.)

ISSUES - SACS structure and Facility level structure

POSSIBLE SOLUTIONS

□ State level :

- JD, DD with VBD and a quality manager and M&E officer with support staff in large states.

- Medium and small states JD, VBD and a QM and M&E officer

□ Blood facility level

- Social worker at each center at least up to the district level

- Data entry operator at the facility collecting more than 10,000 units over and above the existing staff

RESOURCES REQUIRED

1. SBTC to be amalgamated into the proposed structure
2. Issues related to transfusion dependent diseases to be integrated into this structure

Procurement

ISSUES

- Lack of in house capacity at the NACO Level. Dependence on the external procurement agencies
 - 1 Consumables
Reporting ,Forecasting @state level, Lack of contingency plan@ SACS,Stock position reporting
 - 2 Non consumables
Site assesment, Uniform technical specifications

POSSIBLE SOLUTIONS

- In house capacity to be built for procurement
 - 1.Rate contract
 2. Supervision by SACS (verification of stock through random visits)
 3. State level technical supervisory core group to be set up
 4. Monitoring
- Lab technicians to be held responsible
- Regular meetings of the technical core group and share experiences
- Maintenance meeting with the suppliers on a regular basis. Penalty
- Guidelines for condemnation and disposal of expired items

Appropriate Use of Blood

ISSUES

- Capacity building for Clinicians

POSSIBLE SOLUTIONS

- Standardized modules and IEC material
- Training

Integration with NRHM

ISSUES

- ❑ Lack of ownership of BSCs
- ❑ Non availability of blood/blood component below district level.

POSSIBLE SOLUTIONS

- ❑ Ownership of BSCs
- ❑ Operationalization and monitoring of BSCs.
- ❑ Orientation of all staff on use of blood
- ❑ Establish coordination and linkages with SACS and NRHM
- ❑ Ensure the supply chain of blood.

Integration with other Ministries and other Departments within the Min. of Health

ISSUES

- Lack of coordination at National and State level -
DCGI, Department of Education, National Disaster Management Authority/ NHAI, Min. of Rural development, Min of Tribal Affairs, Min. of Youth and Sports, Min. of Info and broadcasting, Other programs in Min. of Health (RCH, malaria, Anemia etc)

POSSIBLE SOLUTIONS

- Constitution of coordination committees at National and state level
- Identification of a nodal person in the respective department/ministry at the central and state level.

Others

ISSUES

- Lack of plasma fractionation facilities in the Govt. sector

POSSIBLE SOLUTIONS

- Develop plasma fractionation facilities