Establishment of National Blood Transfusion Service in Pakistan

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Driven by the vision of a new and integrated blood transfusion service structure across the country and to promote blood safety and improve access to safe blood, the Government of Pakistan initiated blood safety system reforms in 2008 with the support of the German government. An important milestone of these reforms was the establishment of the Safe Blood Transfusion Programme in 2010.

The reform process also included the formulation of a National Blood Policy and Strategic Framework in the light of which the Federal and Provincial PC-1s of the project were developed and got approved from the respective provincial authorities and finally at the federal level in March 2010. Subsequently, the Federal Ministry of Health decided to establish the Blood Transfusion Programme at the national level as a separate entity outside of confines and restraints of the National AIDS Control Programme which was the case until then. At the federal level, the Programme now performs the role of central coordinating body to oversee policy planning, provide strategic guidelines, set standards, monitor and evaluate programmes, liaise with development partners and report on international commitments and above all ensure smooth and seamless implementation of the project all over the country. The objective is to establish the core elements of an independent rational structure of a national blood transfusion system that will ensure adequate, efficient and safe blood supply, in a cost effective manner.

Before the launch of this initiative by the government to create the internationally recommended centrally coordinated blood transfusion system in Pakistan, the entire national scenario was dominated by a demand driven fragmented blood transfusion system which is not only hazardous but also promotes unsafe transfusions. Individual arrangements were in place in the provinces; separate blood safety legislations were promulgated but never implemented. Blood transfusion authorities were weak and regulation very poor with no real registration and licensing of the blood centers. As a result there was mushrooming of blood banks with the Private/non-profit sector stepping in to the best of their capacity. Most significantly there was no national or regional platform to discuss and develop national consensus.

Until the establishment of the Safe Blood Transfusion Programme in 2010, there was no national voice or platform for blood transfusion in Pakistan. All the stakeholders worked in isolation in the fragmented system. The SBTP has over the years through its various regular and diverse activities brought all the stakeholders on a single platform. The various national consultations to develop operational tools, policies, frameworks, seminars, training workshops etc. have provided an excellent opportunity for all concerned to interact, share experiences and learn from each other. As a result of these networking opportunities, the SBTP is now the recognized national voice of Pakistan on all issues related to transfusion. National and international partners recognize the SBTP as the national organization to represent Pakistan’s national viewpoint on all issues related to transfusion. Pakistan has now firmly secured a place on the world map of blood transfusion.

In these last six years, the Safe Blood Transfusion Programme has thus evolved as a multi-dimensional national blood transfusion reform facility which, in coordination with German Financial Cooperation, is laying the foundations for a paradigm change from a ‘fragmented’, demand and opportunity driven, private sector dominated transfusion system, which has grown in compensation of the weaknesses of under-resourced public hospital blood banks, towards a nationally ‘coordinated’ transfusion system with a functional separation of production and consumption units, governed by a national blood policy, a strategic framework based on a national accord, updated provincial blood transfusion laws, national standards and guidelines, provincial steering structures, blood transfusion authorities and hospital transfusion committees, trained operators following standard operating procedures, and a community of informed voluntary blood donors. The reform process thus had to address essential organizational, governance and operational structures and systems, for which ‘work packages’ were formulated.

This Programme has been different from other development programmes, not only because of the nature of work, but also in allowing the increasing and full participation of local counterparts in the design and implementation work. The planning strategy adopted was not the top-down approach and so the relationship between the partners that evolved was extremely fruitful and well balanced. The international expertise brought in was compatible with and complementary to existing local structures. Despite serious constitutional and administrative challenges in the last six years, the infrastructure development work proceeded nationwide so that the target of development of 10 new Regional Blood Centres and up-gradation of 60 existing hospital blood banks is now achieved and these centres about to take up operation as the most visible manifestation of a paradigm change.
The different states of development of the transfusion structures and organizational cultures in each of the provinces required stepwise approaches in accordance with ground conditions, supporting different stakeholder groups to understand and embrace the reform process and to build up the required institutions and structures. In all provinces, the short term or medium term results achieved are adoption of the national blood policy and strategic framework; establishment of the steering structure; formulation of an updated legal framework, including transfusion laws\(^2\) rules and regulations; human capacity development based on training need assessment; Management Information System (MIS) for blood transfusion authority, including registration and licensing data and blood safety data; quality management (Quality Manual, SOPs, CUB Guidelines).

The stakeholder groups were identified for the different sub-components of the reform agenda, and most of them were engaged for very specific actions and at certain points in time. It was important to build up at an early stage the capacity of provincial health departments and their system reform agents, especially the Safe Blood Transfusion Programmes and the Blood Transfusion Authorities, but direct support to related ministries (especially health and law) were also provided. Other public stakeholders were related to standards and regulation; they represented professional organizations and higher education commission, etc. It was important to enable health departments to strengthen communication ties with the different stakeholder groups to generate support and gain access to additional resources, while Programme Management Units and Blood Transfusion Authorities needed to step their interaction with sector facilities to gain momentum for the reform of the transfusion chain at operational level. Priority areas for each of the provinces/regions and concrete areas of intervention were defined in consultation with stakeholders, which allowed the project to bring a considerable number of stakeholders on board and to strengthen information and communication links.

In a blood transfusion system in which public, private and NGO blood establishments have developed independently of one another, coordination and regulation are difficult, but absolutely necessary to rein in diversity and to introduce complementarity of services. In order for the system reform to take root and make it a ‘reform for all’, transition plans to guide institutions from the current to the reformed setup have to be designed and system regulation has to be strengthened as per Policies, Standards and Laws. The two Management Information Systems, i.e. MIS for Regional Blood Centre and the MIS for Blood Transfusion Authority, will be put into practice to generate all the baseline data required for system governance.

In spite of all the hard work and the manifold contributions by numerous stakeholder groups at the current point in time we have not yet reached a state of irreversibility of the reform process. There is still the risk that the system will fall back into a mode of ‘business as usual’ and become oblivious of these joint achievements. The new Regional Blood Centres are just about to take off, and need a lot of training, conceptual and operational support. The Blood Transfusion Authorities, where existing, will have to start with the implementation of MIS already designed and to continue to take control of the Transfusion Sector in their respective Province. In others, these regulatory structures still have to be established from scratch. A joint effort to firmly introduce the concept of VNRBD is required.

Consolidating the gains of the last six years and strengthening the Programme as it enters the second phase of the project will be the key focus and challenge for the future. The original project feasibility\(^3\) envisaged at least 5 phases of the project to complete the universal coverage in the country. Therefore the Pak–German cooperation for this project must continue to help secure and strengthen the resources and efforts invested thus far so that the vision of access to safe, efficacious and affordable blood, which is a basic human right, to all in the country becomes a reality in the near future. The reforms process has not yet reached a point of no return and success achieved so far needs to be managed to deliver safe blood and blood products to the people of Pakistan.

References
