



*executive committee of  
the directing council*

PAN AMERICAN  
HEALTH  
ORGANIZATION

*working party of  
the regional committee*

WORLD  
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90th Meeting  
Washington, D.C.  
June-July 1983

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Provisional Agenda Item 22

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PROPOSAL FOR THE ATTAINMENT OF THE GOAL OF EFFECTIVE BLOOD TRANSFUSION  
SERVICES BY 1990

Corrigendum

The seventh line of the box summary on page 1 should read

"...by the Year 1990,.." instead of "...by the Year 2000,..."

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PROPOSAL FOR THE ATTAINMENT OF THE GOAL OF EFFECTIVE BLOOD TRANSFUSION SERVICES BY 1990

Resolution CSP21.R29 of the XXI Pan American Sanitary Conference, Washington, D.C., September 1982, set the year 1990 as the goal for achieving "effective blood transfusion services in all the countries of the Region...." To give effect to operative paragraph 3.d of the resolution, the Director convened a Consultation Meeting on Strategies to Expand Blood Transfusion Services in Latin America and the Caribbean by the Year 2000, 22-25 February 1983, for experts in blood transfusion to design proposals for the consideration of the 90th Meeting of the Executive Committee. This report presents the main problems identified by the experts and highlights the recommendations, the implementation of which shall enable the countries in the Region to achieve their goal by the year 1990.

1. INTRODUCTION

Users and providers of technical cooperation attended the Consultation Meeting on Strategies to Expand Blood Transfusion Services in Latin America and the Caribbean by the Year 2000. Experts from the two main public systems dealing with blood transfusion were present at the discussions. National blood transfusion systems were represented by the Directors of the Blood Services in Brazil, Cuba, and Jamaica. The Red Cross system, the main provider of blood, was represented by experts from Colombia and Haiti. Experts from WHO, League of Red Cross Societies (LORCS), Canadian Red Cross (CRC), American Red Cross (ARC), National Blood Transfusion Services (NBTS) of the United Kingdom, International Society of Blood Transfusions (ISBT), and the U.S. National Center for Drugs and Biologics (NCBD) also participated in the sessions.

Several workshops were held to discuss the specific aspects of the agenda, such as methods to evaluate needs and resources; models of blood transfusion services and strategies to achieve sufficiency; mobilization of internal and external resources; and aspects of technical cooperation focussing on the role of organizations that have an interest in promoting the blood services in the Region.

## 2. SUMMARY OF THE MEETING

### 2.1 Status of the Blood Transfusion Services in the Region

It was estimated that only 30-50 per cent of all massive hemorrhages attended in public hospitals receive blood in sufficient amounts. A large proportion of the population is HBs Ag positive. A very small percentage of the blood is separated into components. Cryoprecipitate, Factor VIII and Factor IX are not available in many places, the only source being commercial preparations that are obtained at prohibitive cost. Despite the efforts that are made by the Governments to improve the respective blood services, many countries still have transfusion services that at best can be described as elementary and which are generally restricted to simple "whole blood" services under conditions varying from reasonably safe to rather precarious. The change from whole blood administration to blood components therapy is progressing very slowly. Reference laboratories in blood banking need to be established in the countries.

Many constraints were recognized; for instance, in the absence of a focal point at national level that can provide coordination, the management of blood resources is a difficult task; the multiplicity of the systems providing services compound this difficulty. Information is lacking on laboratories that have achieved excellence in training and research or have the potential to do so; such laboratories could be encouraged to participate more actively in regional cooperation. Fear of donation has to be vanquished by education of the child if community participation is to be stepped up. Training should be intensified at all levels and doctors educated in component therapy. Reagents and bags are required as priorities. Increased credibility will enhance collection by widening the area of voluntary non-remunerated donors.

### 2.2 Problems and Needs

As the result of their indepth study of the problems and needs, the experts recognized that:

- The capacity to qualify and train middle and senior level personnel, the production and control of reagents, the quality control and safety of the blood products as well as the availability of plastic containers were the areas of major constraints in most countries; it is in these areas that PAHO should intensify its technical cooperation. Assistance from bilateral and multilateral agencies in support of national programs is another area in which, at the request of the Governments, PAHO should provide cooperation.
- All blood services in the country should be accountable to the Government. Governments should assume the responsibility of operating the blood services in the public sector even if such services by tradition are provided by the Red Cross or some other nonprofit organization. To that effect, Governments should define a policy, draw up a national program for expanding the facilities in accordance with needs, and share the resources of the different blood transfusion systems operating in the country in blood transfusion technology, organization, and management; establish regulations or legislation; and provide financial support to the operation of the blood transfusion service. In view of the complexity of the task, the experts had indicated that in each country a senior official should be designated to coordinate the services and advise the Government on all matters related to ethics, policies, programming, and development of blood services.
- The development of blood transfusion technology ought to be phased. The first step is to achieve regional sufficiency in whole blood from non-remunerated donors. Components separation (erythrocytes, concentrates, platelets, cryoprecipitate) should be considered as a second step in development. Governments should defer their plans to fractionate plasma until they are sure of their real needs.

### 2.3 Goals for the Year 1990

It was recognized that national goals should be viewed in the context of their regional setting. To enhance the impact such goals can have on the development of the blood services, it was felt that they should be matched by sets of goals at subregional and regional levels respectively. The minimum goals at each of the three levels are as follows:

### 2.3.1 National Goals

- a) Blood transfusion as part of the national health program;
- b) A national policy on blood transfusion technology and services;
- c) Effective blood transfusion legislation, regulation, and government supervision;
- d) Effective leadership for the blood transfusion services;
- e) An effective national blood program, including at least one national research and reference center.

### 2.3.2 Subregional Goals

- a) Some of the countries of the Region are characterized by small size and population and in these countries it may not be feasible to achieve all the national goals; however, an effective alternative should be sought, e.g. through collaboration with another national blood transfusion service;
- b) Establishment in each subregion of at least one collaborating center in blood transfusion and related areas, recognized by WHO/PAHO, for reference, teaching, and development;
- c) Formulation of a plan for the development of plasma fractionation facilities for the subregions.

### 2.3.3 Regional Goals

- a) The creation of an educational program to ensure adequate training at the medical, nursing, administrative, technical levels (including equipment maintenance and donor organization levels);
- b) The creation of a regional quality control program coordinated through national and subregional reference centers;
- c) The establishment of regional consultative bodies and committees with expert representation coordinated by PAHO.

### 3. CONCLUSION OF THE MEETING

The attainment of self-reliance in the development of efficient blood transfusion services in the countries of the Region is a realistic goal to achieve by the year 1990. With the technical resources available, PAHO should take the lead in further developing the blood services in the Region. To this end, the experts recommend the implementation of a new Regional Project on Blood Transfusion with activities that span the period 1984-1990 (for details, refer to Annex I of the report on the proceedings of the meeting on blood transfusion, Washington, D.C., 22-25 February 1983).

The project aims at:

3.1 Strengthening the infrastructure of national blood services: The project shall make provision to cooperate with Governments to define, operate, and support national blood programs that provide coverage to middle and peripheral level hospitals; and apply regulations to ensure that blood provided to the community is safe and of good quality.

3.2 Enhance the technology in processing blood: The project makes provision for qualifying instructors in the teaching of the basics in transfusion laboratory; specialized training for senior staff; publications in regional languages; and development of ability in quality assurance, preparation of reagents, technology of components, and procurement of standards and reference preparations.

### 4. RECOMMENDATIONS

#### 4.1 Specific Recommendations for the Pan American Health Organization

4.1.1 The experts strongly recommend that the Executive Committee approve the Regional Project on Blood Transfusion and appropriate funds for its implementation.

4.1.2 In pursuance of WHO's Resolution WHA28.72, PAHO should cooperate with the governments in the promotion of effective regulations to control the blood services.

4.1.3 PAHO should request the governments to designate national advisers to the blood services; it should also cooperate with the governments in preparing such persons in the management of modern blood transfusion services.

4.1.4 PAHO should define, with expert assistance, the demographic and data base for assessment of blood transfusion service needs and resources needed in Member Countries. (This may require cooperation of LORCS, ISBT, and health authorities in Member Countries.)

4.1.5 PAHO should promote, in collaboration with LORCS and ISBT, the training in various aspects of blood transfusion services, with particular emphasis on management of such services at central, regional, and peripheral levels (e.g. seminars, training courses, fellowships consultant and reference services, development of formal guidelines).

#### 4.2 National Governments

Each country in the Region should formulate and implement a national blood policy within its national health program. This has several implications which are listed below:

4.2.1 Direct involvement of national governments in allocating priorities and being responsible for the blood program.

4.2.2 The blood program should be planned in its entirety, but developed in stages according to the available resources.

4.2.3 Governments should ensure adequate provision for the funding of national blood programs.

4.2.4 Each Government in the Region should designate a national expert to be responsible for the coordination of all technical and organizational matters relating to blood transfusion in the country.

4.2.5 Estimates of needs and resources should be compiled by each country in a uniform manner, the data checked for consistency, assessed and used as a basis for planning. Regular reviews should be conducted to assess the achievement of objectives and the effectiveness of the planning.

4.2.6 The participation of altruistically oriented organizations is highly desirable, but should not relieve the national government of the ultimate responsibility for assuring the effective and efficient operation of the national blood program.

4.2.7 National governments enforce laws and/or regulations to govern all activities--from the collection of blood to the administration of blood products to patients.

4.2.8 It should be recognized that there are alternative options available for the organization of blood services, in the types of treatments, and the technology employed. The choice between alternatives must reflect local requirements, present and future needs, and projections of anticipated developments.

4.2.9 Should governments decide to include plasma fractionation in the blood program, they should do it only after real needs have been assessed, in which case the following alternatives are available:

- a) The establishment of a national fractionation facility if considered appropriate;
- b) Cooperative ventures between countries within the subregion;
- c) Contracting plasma fractionation with a nonprofit organization within the Region;
- d) Contracting plasma fractionation with a commercial organization.

#### 4.3 Recommendations for Technical Cooperation

4.3.1 Establishment, recognition, and accreditation of training centers within the Region by national governments in cooperation with appropriate international agencies.

4.3.2 Establishment of a program to exchange information on the availability and evaluation of equipment and reagents and to facilitate their efficient and economical acquisition.

4.3.3 PAHO will respond to requests to formulate a plan to meet the needs for plasma fractions.

#### 4.4 Specific Recommendations for LORCS

4.4.1 Study a methodology for developing the donor base for voluntary donor recruitment.

4.4.2 Develop consultation with voluntary blood donor organizations (e.g., International Federation of Organizations of Blood Donors, Federación Panamericana de Donadores de Sangre).

#### 4.5 Specific Recommendations for ISBT

4.5.1 Increase activities in the Pan American region.

4.5.2 Have ISBT publications translated into Spanish.