

# **Government must ensure availability of safe blood in hospitals**

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## **In Summary**

Severe bleeding is one of the factors leading to maternal death which can be prevented by ensuring the availability, safety and accessibility of blood for transfusion.

A well-functioning blood transfusion service is a vital component of any health-care system. The World Health Organisation (WHO) classifies blood as essential medicine because it plays a key role in saving lives.

WHO recommends that every government should take responsibility for the provision of an adequate supply of safe blood and related products, as well as their safe and rational use. In addition, blood transfusion services should be integrated into the country's health policy and health care infrastructure.

In Tanzania, the National Blood Transfusion Service (NBTS) was instituted in 2004 as a programme under the ministry of Health and Social Welfare (MOHSW). It was mandated to collect, process and distribute blood to all hospitals in Tanzania. The availability of safe blood has been particularly important in the reduction of maternal and under-5 mortality.

It is estimated that 28-30 per cent of maternal deaths in Sub-Saharan Africa are directly related to a lack of blood transfusion services.

Tanzania is among ten countries with high rates of maternal and new-born death in the world, contributing to about 61 per cent and 66 per cent of the global total of maternal and new-born deaths respectively.

Severe bleeding is one of the factors leading to maternal death which can be prevented by ensuring the availability, safety and accessibility of blood for transfusion.

Severe malaria and malnutrition are also among leading causes for under-fives mortality and are associated with severe anaemia which leads to high blood demand among this group.

As a result about 80 per cent of the blood collected by NBTS is used by women and children and the remaining 20 per cent is used for other cases such as surgeries, motor accidents, chemotherapy, and sickle cell anaemia, among others.

Among many other accomplishments, NBTS has managed to increase blood collected from voluntary non-remunerated donors, from 12,500 units in 2005 when it was established, to more than 160,000 units in 2013. Currently, NBTS collects about 400,000 units per year, which is yearly estimated demand.

The safety of the blood has also increased, as explained in the NBTS fact-sheet, which says the reduction in the prevalence of HIV in donated blood has dropped from seven per cent in 2005 to less than one per cent in 2013.

This is a substantial step in the provision of quality health care and these efforts have been possible as a result of external funding. However, access and availability of safe blood cannot be achieved without costs; it is surprising that since its inception, over 84 per cent of NBTS operational budget comes from the US government. The government of Tanzania, which is supposed to be the primary funder of the programme, provides only 16 per cent of the budget. Moreover the current agreement with the donor, which is extended for five years, is due to end next year (2015).

This raises a lot of questions about the future of NBTS, should the donor pull out completely after 2015. Is the government ready to fund NBTS by 100 per cent by next year? Was there any allocation of funds on the recently passed 2014/15 budget? Are there any short term and long term plans to ensure the sustainability of the NBTS?

It is crucial for the government, through ministry of Health and Social Welfare, to ensure that the NBTS is fully integrated into health system by formulating and implementing a national blood policy, strategic action planning and providing sufficient budget.

If these are in place, there is the possibility that shortage of blood can become history in the country. This way, NBTS will be able to meet the required target of collecting 400,000 units of blood per year (about one per cent of the population of the country as per WHO recommendations).

This will go a long way towards contributing to the provision of quality health care in the country.

But if funding is not secured in the next fiscal year, it may weaken the government vision of reaching Millennium Development Goals (MDGs) 4 & 5 of reducing child mortality and improving maternal health, respectively.

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