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Government should end the Shortage of Safe Blood in the Country

Sikika is dismayed with the current shortage of the safe blood in the country. Safe blood is one of the essential medicines as it satisfies priority health care needs of the population as categorized by World Health Organization. It is one of its kinds, as once needed, it neither has a natural substitute nor can it be factory-made. Therefore the availability of safe blood in the hospitals is of critical importance.

In Tanzania, the National Blood Transfusion Services (NBTS) is the centralized program under MOHSW, which is responsible for mobilizing and recruiting eligible, voluntary non-remunerated blood donors. In addition, NBTS is responsible to ensure adequate safe blood and blood products are available to all qualified health facilities.

Although NBTS has managed to increase blood from 12,500 (2005) to 160,000 (2013), the collection is still well below even half of the country's demand, which stands at 400,000-450,000 units as per WHO guidelines. The 160,000 units the NBTS has been managing to collect is only about 38% of the country's annual demand hence the continued persistent shortage of safe blood in the qualified health facilities.

Over the past few weeks there have been reports on the media about a severe shortage of safe blood for transfusion in many if not most of the qualified health facilities in the country. The demand for blood transfusion is high in the country due to high prevalence of anemia especially due to malaria and

pregnancy-related complications among others. Tanzania is among the countries in sub Saharan Africa with high proportion of maternal and child mortality. It is estimated that 28-30% of maternal deaths in sub-Saharan Africa are directly related to a lack of availability of safe blood. This can be seen in the country as about 80% of all collected blood by NBTS is used in the treatment of maternal, newborn and child health related complications and the remaining 20% is used for other cases such as surgeries, sickle cell anemia and chemotherapies. So, timely access to safe blood and blood products prevents progression of diseases and deaths. Due to this, Sikika decided to critically analyze the situation to find out the intensity of the shortage, causes and ways of improving the situation.

Our analysis shows that, the situation is worse in most of the health facilities. For instance in Simanjiro district, the annual requirement of safe blood is about 145 units per year however they have been receiving less than a half of what they need. In the year 2013 for example, the amount received was only 74 units and during the time of the study (February – March 2015) there was zero stock as the last supply from NBTS was in September 2014.

In Mpwapwa district, the situation was the same; they had zero stock of the safe blood in February – March 2015. Their annual blood requirement is 1400 units, however they have been receiving safe blood average of 20 units per month, which is 240 units per year about 6 times less than what they need.

In Dar es Salaam region the situation was the same; in all qualified health facilities visited during the study, they also reported shortage of the safe blood due to inadequacy supply by NBTS. For instance, Temeke district

hospital usually receives about 20% of their annual requirement while Amana hospital receives about 40% of the requirement. Even at Muhimbili National hospital despite that they cater for acute and chronic conditions (being a national hospital) receives about 50-65% of what they require. The shortage has become chronic throughout the country as all qualified health facilities depend highly on NBTS for the supply of safe blood.

Sikika is aware, and so is the government, that the main cause of the shortage is the underfunding of NBTS leaving the agency unable to implement critical activities such as, campaigns to mobilize the public to voluntarily donate blood, purchasing of sufficient reagents for processing the blood to ensure that it is safe and other important activities. For the past 10 years, about 80% of the NBTS budget, has been funded by US government through the President Emergency Plan For AIDS Relief (PEPFAR). The funding has not been constant throughout and unfortunately it will be ending in this year financial year. The government of Tanzania has been covering the remaining 20% and was required to be increasing its commitment gradually and take over once the funding ends. However, the government of Tanzania has not been able to cover the budget gap. This has led to under collection and supply of safe blood by NBTS. For instance, the country's quarter demand is about 100,000 - 112,000 units however, the NBTS have not been able to collect and supply that amount. In the past two quarters for example, that is October-December and January – March, NBTS collected units 34,000 which is about 17% of the demand.

Failure of NBTS in supplying adequate safe blood has made some of the health facilities to retain the blood collected from the family, relatives or friends of the patients at the facilities for use instead of sending it to

National or Zonal Blood Transfusion Centers for quality checks and other blood products processing. This is risky and contributes to misuses of the blood, as some of these health facilities do not have the capacity and technology for the quality check and process of the whole blood for multiple uses. In addition, the shortage of safe blood, as with other supplies shortages, creates a perverse incentive for unethical health workers to engage in petty corruption – “sell blood to patients”.

Sikika is happy to see the immediate actions and plans taken by different stakeholders, both private and public institutions, such as religious groups and National Health Insurance Fund (NHIF) for the voluntary non-remuneration blood donation campaign. However these campaigns provide short-term solutions and there is a need for the sustainable solution, which is to adequately, capacitate the NBTS to perform its functions.

We therefore demand for the government to take a lead in funding the NBTS instead depending on donors and well-wishers for sustainability of the program in the country. The government should allocate and disburse adequate funds to NBTS so that it can be able to ensure adequate supply of safe blood and blood products to all qualified health facilities. We believe once NBTS is adequately funded there will be no more shortage of this essential medicine.



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