PAHO / WHO Report on the Status of the Americas Regional Action Plan for Access to Safe Blood 2014 - 2019

Blood programs meeting Dec 10 2020

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Content

- Regional Plan Report to the Directing Council of PAHO / WHO
- Analysis of some indicators, access to safe blood, transfusion safety, rational use
- Survey Analysis Report on Blood Decrease in Times of COVID-19
- Conclusions



Plan of Action for the Universal Access to Safe Blood 2014 - 2019

Achieve self-sufficiency, safety, efficiency, availability and universal access to blood and its components

> 1. Effective and sustainable integration of national blood programs and services into the national health system.

4. Health surveillance, haemovigilance, risk management, monitoring, and evaluation.

Strategic Lines

3. Quality management in the national blood system and screening for transfusion-transmitted infections.

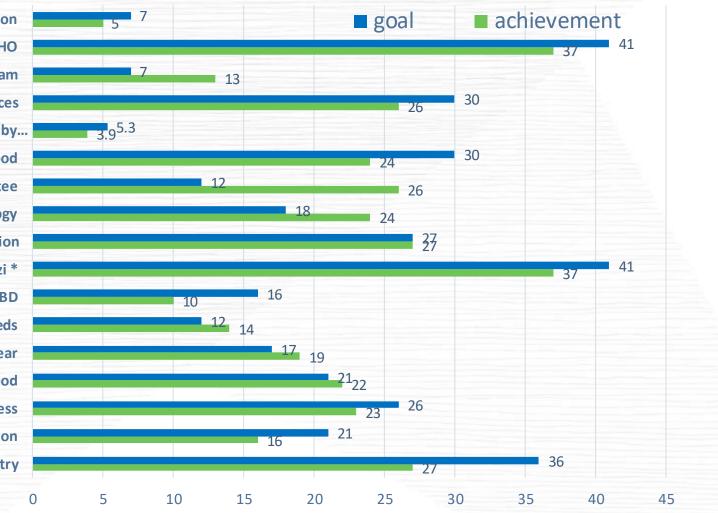
Pan American Health Organization 2. Self-sufficiency in safe blood and blood components through 100% voluntary non remunerated donations. Ministry of Health Blood programs - Health Authority National Regulatory Authority

Direction Standards for Blood services Management, Organization, blood services Hemovigilance Epidemiological surveillance Information Management VNRBD Promotion Quality safety Health surveillance Registration / Enabling

Model Blood Law, PAHO 2001

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Performance of the indicators of the Regional Plan for Access to Safe Blood 2014 - 2019



17. Risk management plan based on hemovigilance information 16. Notification of indicators to PAHO 15. national haemovigilance system or program 14. National model of inspection, surveillance and control in blood services 13. Reduce 5 percentage points in the percentage of discard of GRE units by... 12. National guidelines for the use of blood 11. 75% hospitals transfusion committee 10. National program for external evaluation Immunohematology 9. National program for external serology evaluation 8. 100% units of Blood tested HIV, HBV, HCV, syphilis and T. cruzi * 7.100% VNRBD 6. Know blood needs 5. Blood bank efficiency> 5000 blood units per year 4. National strategic plan for blood 3. Blood policy self-sufficiency, availability and access 2. Intersectoral commission

1. Unit or responsible for blood in the ministry

Safe Blood Supply



o 2. Safety - Quality

1. Access

• 3. Use of blood and components

o Affordability

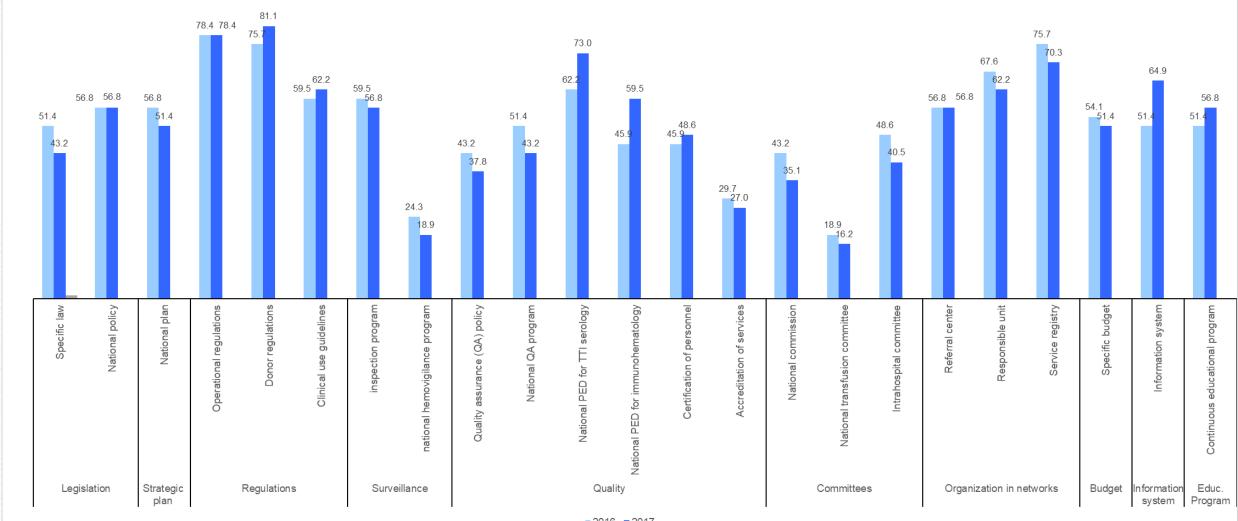
o Reasonable cost

o Availability

o Donors

- ITT screening markers
- **o** Quality
- o Inspection vigilance and control
- O Use: Units per patientO Adverse effectsO HV

Governance mechanisms for blood transfusion, Latin America and the Caribbean 2016 - 2017



2016 2017

Access - Safe Blood Supply

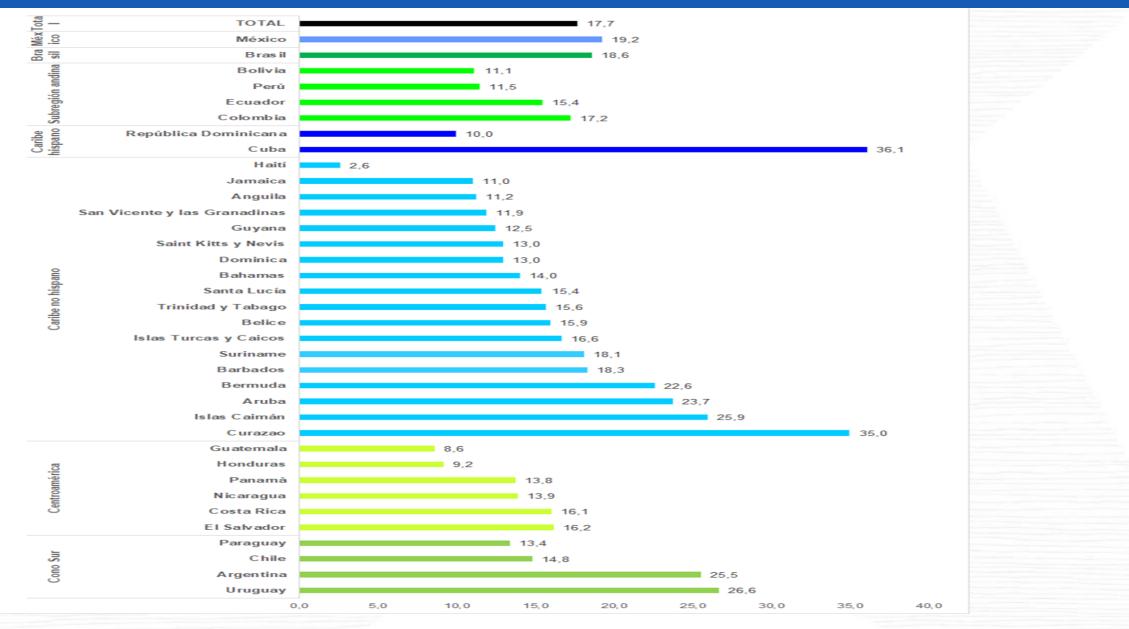
o 1. Access:

Access to blood products, including equitable availability and affordability, is imperative to safeguard public health.

However, there is a significant imbalance between higher-income and lower-income countries in access to safe, effective and quality-assured blood products. o Affordability
 o Availability
 o Reasonable cost

https://www.who.int/publications/i/item/action-framework-to-advance-uas-bloodprods-978-92-4-000038-4

Number of blood donations per 1,000 inhabitants, by country and PAHO subregion, 2017



Donation rate per 1,000 inhabitants, by income level and population, 2017

Income level	Population 2017	% Population 2017	% Donation 2017	Rate 2017
High	71120617	11,3	14,8	21,9
MediumHigh	482553673	81,8	81,3	17,8
MediumLow	31935302	5,1	3,7	12,1
Low	10749642	1,7	0,3	2,6
TOTAL	596359234	100	100	17,7

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EFFICIENCY OF BLOOD PROCESSING

Countr y	Number of Units Collected	Number of Collection Centers	Number of Processing Centers	Annual Processing By Bank	Daily Processing By Bank (260 Days)	
AIA	191	1	1	191	1	
TCA	466	1	2	233	1	-
CYM	1,555	3	3	518	2	
KNA	570	1	1	570	2	
DMA	961	1	1	961	3	
VCT	1,307	1	1	1,307	5	
BMU	1,603	1	1	1,603	6	
BHS	5,596	3	3	1,865	7	
ABW	2,513	1	1	2,513	10	▲ 82 USD
LCA	2,776	2	1	<mark>2,776</mark>	11	
BRB	5,243	1	1	<mark>5,243</mark>	20	
CUW	5,665	1	1	5,665	22	51 USD
BLZ	6,092	7	1	6,092	23	51 000
TTO	21,483	7	3	7,161	28	
GUY	9,755	5	1	9,755	38	
SUR	10,082	1	1	10,082	39	
HTI	28,018	1	1	28,018	108	
JAM	32,029	10	1	32,029	123	
CARIBE	135,905	48	25	115,621	445	



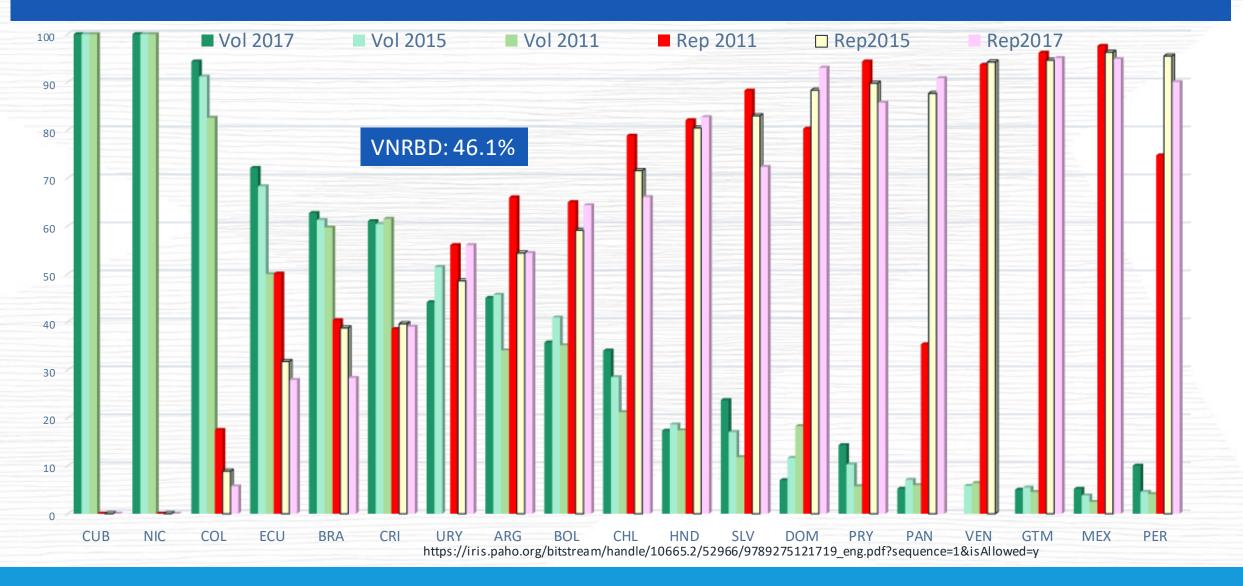
Safe Blood Supply

o 2. Safety - Quality :

Selection of low-risk donors and serological screening for agents susceptible to transmission by transfusion, coupled with standardized procedures are essential strategies to safety, efficacy and quality of blood. O Donors
O ITT screening markers
O Quality
O Inspection vigilance and control

WHO Guidelines on estimation of residual risk of HIV, HBV or HCV infections via cellular blood components and plasma. http://www.who.int/bloodproducts/brn/ResRiskGL_WHO_TRS_1004_web_Annex_4.pdf?ua=1

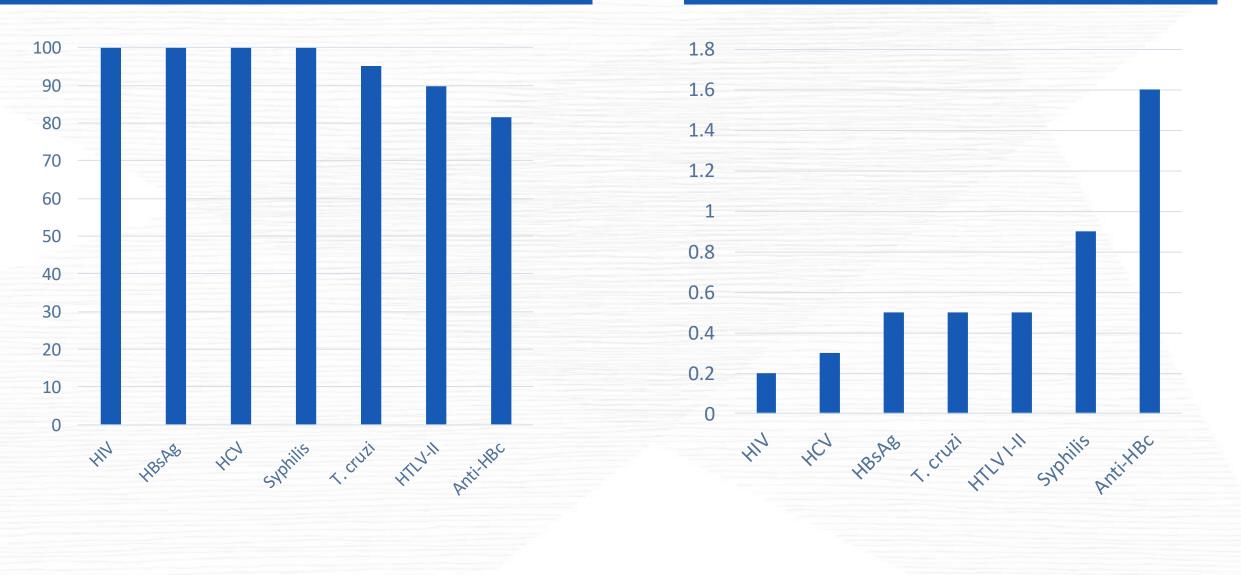
Percentage Voluntary Donation, Latin America 2011 - 2017



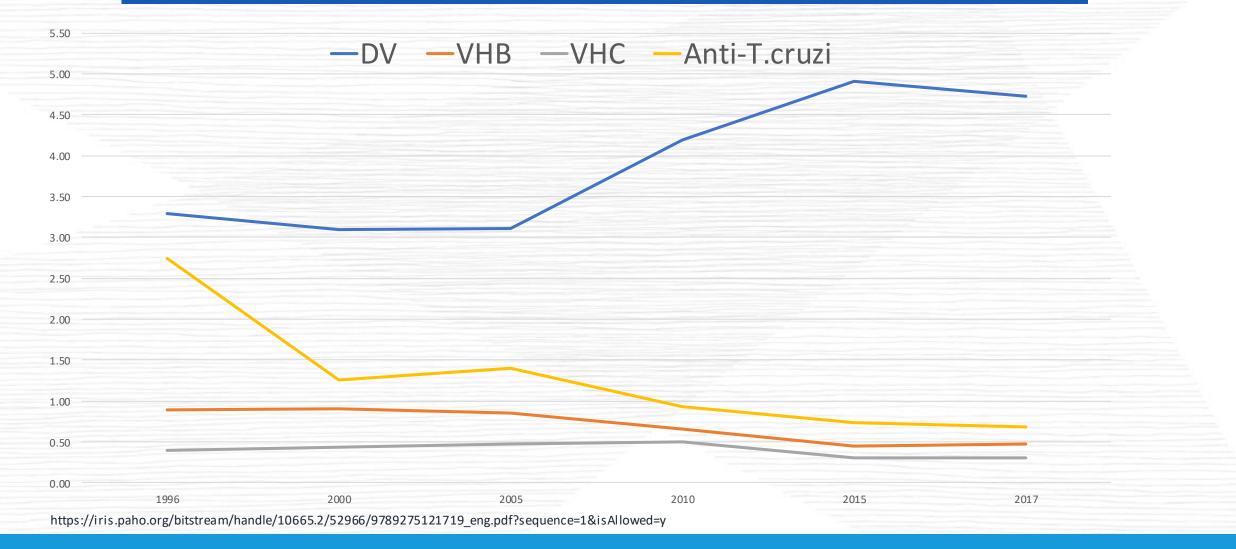


Average by region of coverage in screening tests for ITT, Region 2017

Region average of prevalence (reactivity) for ITT markers, Region, 2017

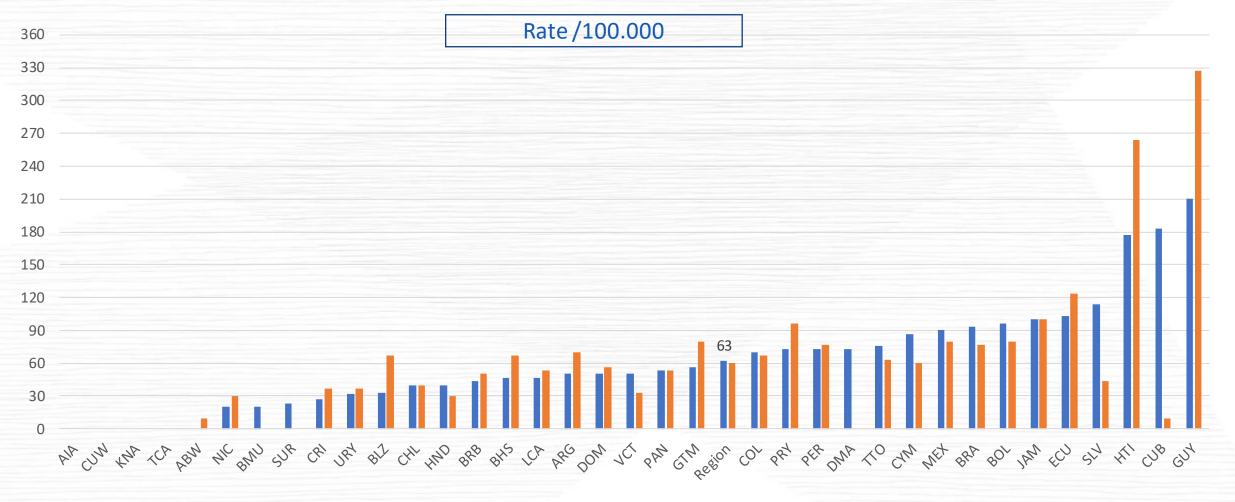


Voluntary Donation Versus Percentage Reactivity to HBV - HCV - Anti-T. cruzi. Region PAHO 1996 - 2017



PAAPO Pan American Health Organization Americas

Estimated HIV positivity rate, Latin American and Caribbean Countries 2015 - 2017

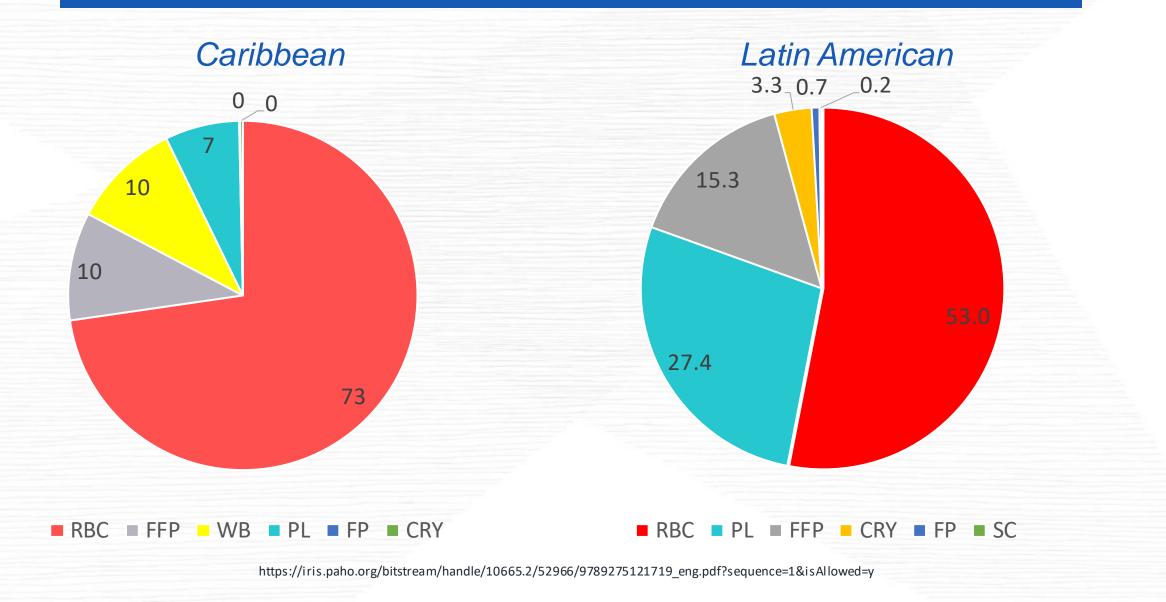


Rate 2017
Rate 2015*

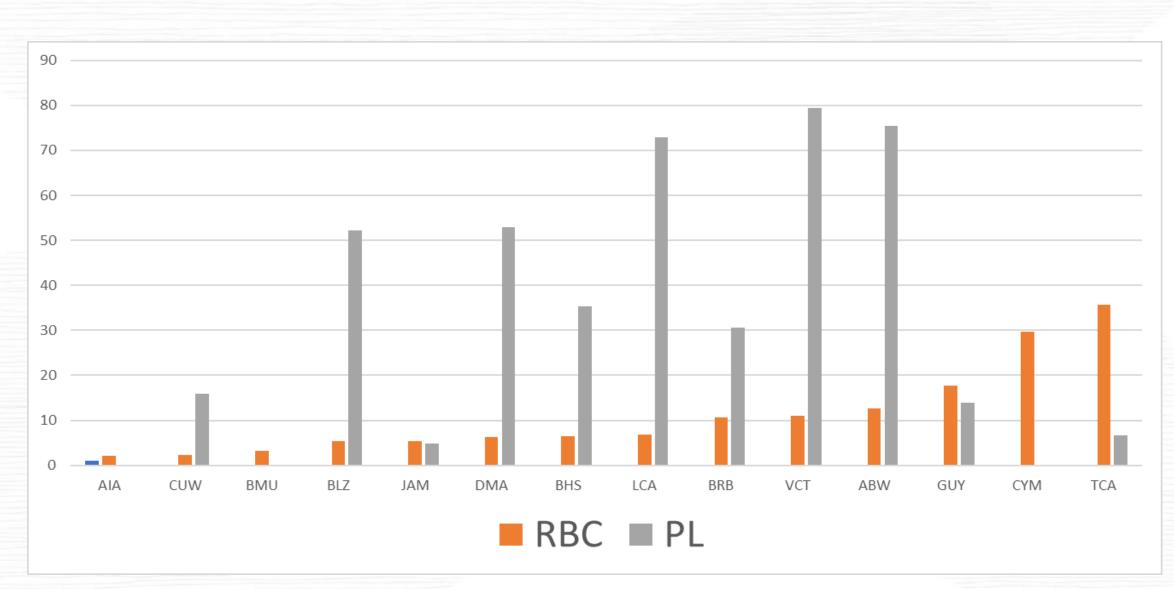
Safe Blood Supply

3. Rational use of blood and components

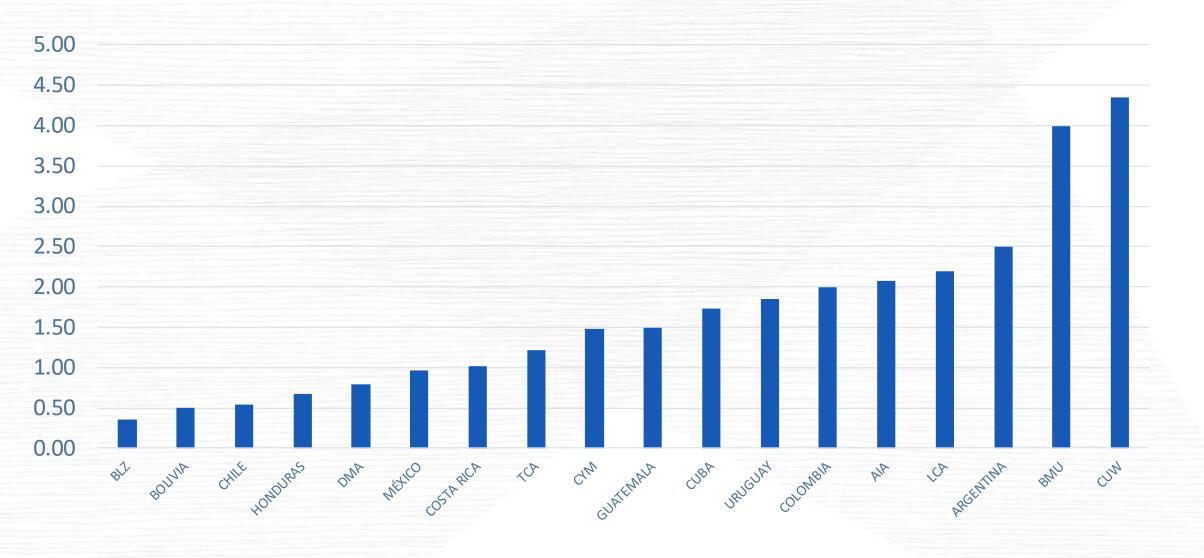
WHO: There is Rational Use of Medicines (URM) "when patients receive the appropriate medication for their clinical needs, in the doses corresponding to their individual requirements, for an adequate period of time and at the lowest possible cost for them and for the community". Percentage distribution of components transfused, Caribbean and Latin America countries, 2017



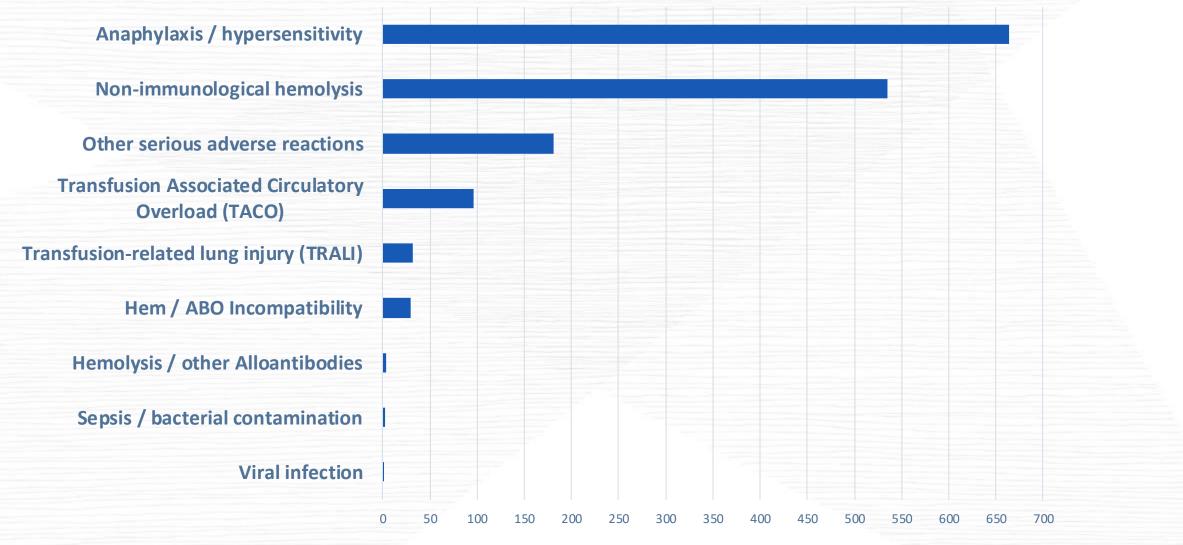
Percentage of GRE and Platelet Discarded Units by Country, Caribbean Countries, 2017



Number of units of red blood cells transfused per patient, Latin America and the Caribbean countries, 2017



Hemovigilance - Adverse Reaction Transfusion, Latin American and Caribbean countries, 2017



Impact of COVID-19 in blood services Decrease in blood reserves in recent months Pandemic start until May •••2020

- 1. Have blood reserves decreased in recent months? For this answer, donations versus consumption or needs covered should be compared with 2019. (This is because in the pandemic the donation is low, but also the needs).
- 2. Is there data available or public that evidences this situation?
- 3. Have there been shortages with critical consequences for patients due to lack of blood?
- 4. What specific activities were developed to meet the blood needs?

5. 7 countries responded. Almost 70% of the management of Region



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Measures taken by blood services

Measures Regarding Donation

Invitation to donate

- Massive media
- Call to donors database
- with patient support

Collection

- Extension of hours
- Donor Appointments
- Extramural collections: in residential areas,
- churches, clubs, schools
- Replacement Donation

Donors

- Transportation for the donor
- Mobility passes or authorizations for donors

Measures regarding blood management

Recommendations

- COVID-19 Donation Guidelines
- Prescription Use
- Permanent monitoring of
 - reserves
- COVID-19 situation

Mobilization of blood:

- Blood redistribution
- Exchanges
- Cooperation urgent cases



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Decrease in blood reserves in recent months Pandemic start until May 2020

Percentage Decrease	# Countries	Voluntary Donation	Processing / Bank / annual
> 40%	2		
> 20% - 40%	2	< 60%	< 6.000
< =20%	2	> 60%	
NR	1	< 10%	> 8.000

- 1. Voluntary donation
- 2. Blood service capacity: large collections extramural
- 3. Information system
- 4. National Blood Program monitoring
- 5. Dialogue and support with other health authorities

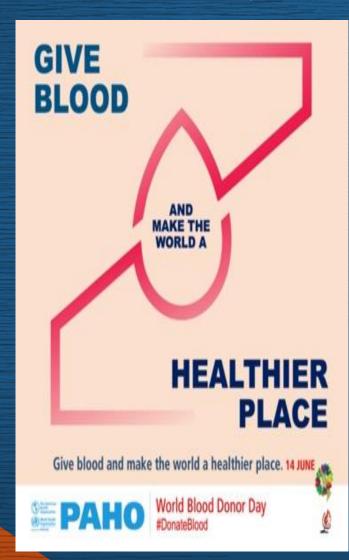


Conclusions

- Important achievements in blood quality, safety and access indicators in Latin America and the Caribbean.
- Countries with governance and implementation of transfusion safety chain strategies have better performance in access, VNRRBD, quality, prevalence of ITT and surveillance)
- Blood availability related to income level
- Voluntary donation is in advance 46.1%. Voluntary repetitive donation is still very low. 100% coverage for HIV, HBsAg, HCV, syphilis.
- Countries with heterogeneous percentages of reactivity and in their relationship VNRRBD with reactivity and positivity to ITT markers
- Health surveillance, HV and monitoring processes showed less development in the region.
- Transfusion safety is increasing, due to the increase in VNRRBD, screening and low reactivity to infectious markers



Thank you



Reflections

- How is access to safe blood by income level related to efficiency and costs, at the country or regional level?
- How are reactivity and positivity rates related to selection of volunteer donors and repeat donors?
- Who are blood recipients?
- How to relate the existence of information systems in the blood services with the availability of national information.

