National Blood Policy

Ministry of Health and Family Welfare (MOHFW)
Government of the People’s Republic of Bangladesh
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**National Blood Policy** 2
National Blood Policy

Preamble

Emergence of HIV/AIDS as pandemic has greatly increased public awareness of blood transfusion, thereby generating great interest in the safety and adequacy of the nation's blood supply. Need of blood during very critical and emergency period has facilitated public awareness for demand of adequate blood. On the other hand professional concern over the risk of transfusion-transmitted diseases, fragmented management of services, variation of standards and lack of facilities for modern transfusion medicine have substantiated a need for improvement of existing services. A well-organized Blood Transfusion service is therefore, essential in the health care delivery system.

Over the past few years’ government of Bangladesh has been showing strong commitment to ensure the safety of blood transfusion service and has been implementing number of program’s to achieve the target. Government has passed the Safe Blood Transfusion Act in the parliament in 2002. In addition to that the National safe Blood Transfusion Council has also been formed and licensing system for blood banks has also been initiated. Prevention programme for transfusion transmissible infections has been implemented under the title ‘Safe Blood Transfusion Programme since 2000. This may be considered as a milestone in the field of Safe Blood Transfusion. Government has been able to mobilize international resources for critical investment for improvement of the services by focusing on the provisions of facilities and manpower training. Nevertheless, shortage of adequate manpower, inadequate infrastructure, lack of quality assurance, financial constraints; blood transfusion service struggling to reach the standard of quality assurance to ensure safe blood to the patients.

In the light of above and in order to develop a comprehensive blood transfusion programme, it is necessary to formulate a National Blood Policy which would provide a strategy framework and directions for the management of Blood Transfusion Services integrated in to the national health programme.

With a view to fulfill this necessity & in the first meeting of the National Safe Blood Transfusion Council held on 3rd April 2005, it was decided to formulate policies as per
clause 5 of chapter 2 of Safe Blood Transfusion Act-2002. Accordingly a draft National Blood Policy has been prepared by three sub-committees. The draft National Blood Policy was reviewed by a committee headed by Major General (Rtd) Professor A. S. M. Matiur Rahman, Chief adviser, HIV & Chairman, Technical Committee of National AIDS Committee. The review process was assisted by Dr Zarin Soli Bharucha, WHO International expert, National Programme coordinator WHO, and experts of Reference laboratory.

Major areas, which have been focused in the National Blood Policy, covered all the areas of Safe Blood Transfusion Act. Strategies have been outlined for development of National Blood Programme with establishment of National Blood Transfusion Center with appropriate authority with independent budget pooled from Government and development partners, other sources including locally generated fund, which will ultimately help to implement the plan of action under policy guideline for the improvement of the whole blood transfusion service. The policy supports educational and training programmes for professionals, ensures strategies for blood screening and donor management and focuses on role of NGOs in voluntary non-remunerated donor recruitment programme as the topmost priority. It also focuses need for implementing and enforcing appropriate regulations necessary to ensure high quality blood transfusion service in private and public sector. Emphasis is also placed on the development of standard operating procedures (SOPs) and guideline for appropriate use of blood, introduction of advanced technology, development of a uniform management information system for the blood programme in all blood transfusion centers.

National Blood Policy has been formulated under the authority of Safe Blood Transfusion Act-2002 and hereby it is notified for all concerned;

(1) This National Blood Policy is applicable to all public and private Blood Bank/ Blood Transfusion Center.

(2) This National Blood Policy is mere a guideline to implement the provisions of the Act and to achieve the objectives of the Act through implementation of Action Plan by National Blood Transfusion Services as and when required.
(3) Where there is any conflict among this Policy, Act and Rules, the Act or Rules shall prevail accordingly.

(4) The concept of the “National Blood Policy” shall be incorporated in the “National health Policy”.

(5) The “National Blood Policy” shall be the annexure of the “National Health Policy” like other policy.
Objective - 1

To Protect human being from all kinds of blood transfusion diseases including HIV/AIDS, Hepatitis-B, Hepatitis-C, Syphilis and malaria

Strategy

1.1 All donated blood shall be tested for all mandatory tests for transfusion transmissible infections as per law by using sensitive, specific and reliable methods through a mandatory testing system. Uninterrupted supply of test kits, reagents and equipment shall be assured to all blood transfusion centers.

1.2 Donor selection criteria shall be developed and implemented.

1.3 Predonation donor information and counseling shall be introduced.

1.4 The confidentiality of tests results shall be maintained. Blood donor shall be informed of test result only if the mechanism of confirmation of result and counseling is available. The sero-positive donor shall be referred to government and non-government care and support center.

1.5 Provision of confirmatory testing facilities should be made available in referral blood centres.

1.6 Tests of other emerging infectious agents shall be made available when needed for specific purpose.

1.7 All blood centres should employ a trained counselor for providing counseling the blood donor as well as HIV infected individuals under the national guideline for blood donor counseling and testing.

1.8 National guideline for Screening, Testing and Training manual should be made available.

1.9 All blood units showing seropositivity shall be discarded using standard waste disposal procedure.

1.10 National guideline should be developed for Biomedical Waste Management in blood transfusion services. Facilities and equipment should be made available for all staff working in Blood transfusion centres and appropriate training should be provided for standard precaution.

1.11 Proper waste disposal system in blood transfusion services and application of Biosafety practices by all laboratory personnel will be assured.
Objective - 2

To ensure safe procedure of blood collection, processing, preservation, transportation and transfusion.

Strategy

2.1 All blood transfusion centres shall collect blood from low risk voluntary and healthy donor selected through uniform standard of donor selection criteria and procedure as per national standard. Blood shall be collected under supervision of a registered physician using all aseptic precaution.

2.2 Blood and blood products shall be stored in blood bank refrigerator at appropriate temperature and for requisite period as per national guideline.

2.3 Adequate facilities for transporting blood and blood products including proper cold-chain maintenance shall be made available.

2.4 Availability of blood component shall be ensured through networking of regional blood transfusion centres/ medical colleges by setting up blood component units.

2.5 Use of blood component and plasma product shall be prescribed by registered physician and shall be used only when there is life-threatening situation where use of alternative can not prevent the morbidity and mortality.

2.6 Separation/Preparation, storage and supply of blood component and plasma product shall be done as per national guideline.

2.7 National guideline on “clinical use of blood” shall be developed and made available for clinicians and hospital staff, which will be updated from time to time.

2.8 Training on clinical use of blood and transfusion practices shall be organized.

2.9 Hospital Transfusion Committee shall be established in all hospitals to guide, monitor and audit clinical use of blood and safe and effective transfusion practices.

2.10 Guidelines for management of blood supply during natural and national disasters shall be made available.

2.11 National guideline for import of all Plasma products e.g. Factor VIII, Factor IX, Factor XI, Factor XIII, Albumin, Intravenous IG (IVIG), Intramuscular IG (IMIG), von Willebrand
Factor, Prothrombin complex concentrate, Fibrin Glue, Hyperimmune IGs naturally occurring inhibitor (e.g. Antithrombin) Vaccines and other hemophilic product etc., and recombinant factors etc. shall be made available in the country exempted from all import taxes.

2.12 National guideline for export of plasma product shall be made available.

2.13 Provision of supply of irradiated blood and blood components as and when necessary shall be made.

2.14 Each blood transfusion centre shall develop its own Standard Operative Procedures (SOPs) on various aspects on blood transfusion and follow it strictly for good manufacturing practices.

2.15 Standard operating procedures for good clinical transfusion practices shall be developed for use in all hospitals.

2.16 An External Quality Assessment Scheme (EQAS) through the reference laboratory/National Blood Transfusion Centre shall be introduced to all blood transfusion centres to achieve higher standards and uniformity in techniques. All blood transfusion centres shall be continuously linked to the reference laboratory/National Blood Transfusion Centre for EQAS.

2.17 Training on quality assurance shall be conducted to update the personnel working in the blood transfusion centres.

2.18 All blood transfusion centres shall introduce an Internal Quality Assessment (IQA) & internal audit system to be followed by corrective action to reduce variations in Standard Operating Procedures (SOPs).
Objective - 3

To promote voluntary blood donation by increasing awareness among the people and through improved and effective donor recruitment facilities.

Strategy

3.1 Efforts shall be directed towards recruitment and retention of voluntary non-remunerated blood donors.

3.2 National guidelines for donor management shall be developed and made available to all blood transfusion centres by a "National Blood Transfusion Service (NBTS)".

3.3 National Blood Transfusion Centre (NBTC) shall assess the total yearly blood need countrywide to ensure availability by planning organization of indoor and outdoor voluntary blood donation camp for the whole year.

3.4 All blood transfusion centres shall have adequate staff for blood donor recruitment and education as well as blood collection and donor care staff.

3.5 Regular periodic circulation of talks show, interview in radio, television and newspaper with blood transfusion experts shall be arranged to encourage and involve masses in voluntary blood donation.

3.6 A sustainable voluntary blood donor pool/donor panel shall be developed in the community following information and education programmes. Each blood transfusion centre shall create and update a blood donor’s directory that shall be kept confidential.

3.7 Blood donors shall be felicitated by giving donor card/certificate or a badge with thanks as part of donor retention programme. The blood donors shall be treated with highest care and counseled appropriately. Each centre must have appropriate pre and post donation management facilities and service.

3.8 The practice of replacement donors shall be gradually phased out through exchange of blood between the centres as per need.

3.9 The replacement donors shall be encouraged to become regular voluntary blood donors.

3.10 Enrolment of safe donor shall be ensured and retained. Guidelines for workstation blood donation shall be developed and encouraged involving the different Ministry and stakeholder.
3.11 Rigid adherence of donor screening guidelines shall be enforced.

3.12 Mechanism shall be developed to introduce the subject of blood donation in the secondary or higher curricula of education.

3.13 Orientation training and advocacy programs on blood donor motivation shall be organized for community based organization (CBOs) and non-government organization (NGOs) working in this field.

3.14 Activities of NGOs and CBOs shall be encouraged to involve more endeavours in increasing awareness about blood donation rather than involving in blood collection.

3.15 There shall be coordination of government blood transfusion centres and NGO in motivational and blood collection programme and policy be adopted for outsourcing the professional in the field of voluntary blood donation.

3.16 National blood Programme of National Blood Transfusion Center(NBTC) shall develop uniform messages on blood donation and disseminate through electronic and other mass media regularly to ensure consistent and correct messages reaching the masses.

3.17 Public private partnership project shall be encourage in the voluntary blood donation campaign, IE C dissemination, blood collection, and distribution.

Objective - 4

To establish effective regulatory mechanism for licensing of private Blood Transfusion Centres

Strategy

4.1 All non-government blood transfusion centers and blood banks shall be brought under licensing system as per Safe Blood Transfusion Act-2002.

4.2 National technical standards shall be developed to be implemented by government and non-government centers.

4.3 Compliance of National standards shall be the criteria for issuing licenses to the private blood centers as per Act and rules.

4.4 Efforts shall be directed to achieve similar standards in all government blood transfusion centres, which may also procure license in subsequent phase.
4.5 All non-government blood transfusion centers after getting license shall send their monthly blood collection list (ABO, Rhesus groups with transfusion transmissible infections screening, blood component and antibody status report) to the National Blood Transfusion Center for national database.

4.6 There shall be national statistics for regulated and unregulated blood banks which is updated every month.

4.7 The inspection team of licensing authority shall be trained at home and abroad on national standard and auditing procedures. The Blood Transfusion centre received license must comply with rules.

4.8 A mechanism for monitoring of the three yearly activities of the licensed non-government blood transfusion centre by licensing authority shall be developed, updated and ensured.

4.9 The licensing system shall be strengthened for automation of information and management system to manage higher workload with increased efficiency.

Objective - 5

To determine guidelines for blood donor statistics.

Strategy

5.1 National blood donor directory shall be maintained for proper utilization and expanding donor base in the community.

5.2 All blood transfusion centers shall maintain a group wise list of blood donors including rare groups.

5.3 A donation wise blood donor list such as; Voluntary, Replacement, Directed Autologous and apheresis blood donor shall be maintained.

5.4 The groupwise and donationwise record of blood donors shall be sent to the national database at National Blood Transfusion Center.
5.5 All blood transfusion centres shall provide identity card and maintain donor directory system for all blood donors.

5.6 Computer based information and management systems shall be developed to be used in all blood transfusion centres to facilitate networking as well as automation of routine blood transfusion services for the patients.

Objective - 6

To eliminate professional blood donation system

Strategy

6.1 Strict adherence of regulatory system shall be ensured by legislative steps for phasing out of professional blood donors.

6.2 Sale and purchase of blood shall be prohibited as per provision of Safe Blood Transfusion Act-2002.

6.3 Public awareness shall be created for avoiding the use of paid blood.

6.4 Patient and relatives shall not be pressurised for getting donors in order to ensure that paid donor do not enter the blood donation system.

Objective – 7

To establish and management of Government Blood Transfusion Centres.

Strategy

7.1 A permanent "National Blood Transfusion service " shall be established along with National Blood Transfusion Center under Directorate General of Health Services (DGHS), Ministry of Health and family welfare (MOHFW) headed by Director specialized in Blood Transfusion with adequate manpower, infrastructure, separate budget, management and authority.
7.2 The "National Blood Transfusion Centre " shall have overall authority and responsibility for implementing the national blood policy and plan of action adopted by the Government. The centre shall act as inter agency coordination cell with the other ministries for blood transfusion related activities as necessary.

7.3 The "National Blood Transfusion Centre " shall execute the implementation of National Blood programme by skill managerial manpoewr and other programme managers, research associates and staff in subspecialty on voluntary blood donation, quality assurance ,TTI, training , advanced research , planning , monitoring , IEC development , need assessment.

7.4 "National Blood Transfusion Centre under National Blood transfusion service " shall be responsible for utilization of the financial grants from outside agencies and government as well as monitoring activities of blood transfusion services in public and private sector.

7.5 A "National Blood Transfusion Center" shall be have adequate manpower and infrastructure to take over the activities of Reference laboratory, overall authority for management and responsibility of quality assurance activities and periodical monitoring in collaboration with the other National Programme.

7.6 Efforts shall be directed to raise funds for Government blood transfusion service making it viable and self sufficient through non-profit cost recovery as well as a subsidized system. Mechanism shall be introduced to route the amount received through cost recovery of blood and blood components to the blood transfusion center for improving their services.

7.7 For development of trained and expert manpower in blood transfusion centers efforts shall be directed to introduce postgraduate courses in medical teaching institutes.

7.8 Similarly BSc and MSc Medical Technologist (Lab) Courses in blood transfusion shall be organized for the medical technologist of blood transfusion service and facilities shall be provided to attain higher courses in future.

7.9 The "National Blood Transfusion Center " shall carry out need assessment for requisite manpower, infrastructure and facilities needed for government hospitals blood transfusion center and also for National Blood transfusion services.

7.10 Appropriate steps shall be taken to include all blood transfusion centers under computer based information and management system.
7.11 Efforts shall be made for regular supply of necessary equipment, furniture computer and continuous supply of reagents, kits, blood bags, blood transfusion sets and other articles to blood transfusion centers for full functioning their activities.

7.12 There should be a provision for adequate funds regarding repair and maintenance of equipments & instruments of blood transfusion centers.

7.13 A mechanism for protection and vaccination of the doctors, and other technical staff working in the blood transfusion center against infectious diseases shall be developed and provision of post-exposure prophylaxis shall be ensured in case of accidental exposure.

7.14 All blood transfusion centers should have an insurance cover as well as doctors, officers and staff working in the blood transfusion center shall have medi-claim insurance and risk allowance.

7.15 Transfusion Medicine should be included as a subject at undergraduate and all postgraduate medical courses.

7.16 In all the existing courses of nurses, medical technologists (Lab), paramedics and pharmacists, Transfusion Medicine should be incorporated as a subject.

7.17 There should be a provision for overseas training and study visits for blood transfusion staffs for updating their knowledge and skill.

7.18 Efforts shall be directed to establish a research center with a corpus of funds in the National Blood Transfusion Center to facilitate research in transfusion medicine and related technology under a research core group formed by the National Blood Transfusion Council.

7.19 The National Blood transfusion service shall encourage Public and private partnership projects for establishment industry/plant of kits, reagents, blood bags, equipment manufacturing factory plasma fractionation plant in the country.

7.20 Efforts shall be made to achieve self-sufficiency of plasma products by establishment of a national plasma fractionation plant and national blood transfusion service shall develop the policy and regulatory guideline for use of plasma products, quality control, safety, contract fractionation and the relevant research in this industry.

7.21 There shall be provision for periodic review of the “National Blood Policy” for updating time to time on the scientific basis to meet the international standard.
List of members of Subcommittee:

A. Sub committee-1 (One).
   1. Dr. Md. Abdur Rashid. Director (Hospital & Clinics), DGHS, Mohakhali. - Convener.
   2. Professor Musharraf Husain. 60/1, West Raja Bazer, Tejgaon, Dhaka. - Member.
   3. Dr. Ahmadur Reza Chowdhury. Deputy Director (Finance) DGHS. - Member.
   4. Lipika Vhadra, Senior Assistant Secretary, (PH-3) MOHFW. - Member.
   5. Col. Dr. Zahid Mahmud. Transfusion Medicine, AFIP, Dhaka Cant. - Member.
   6. Dr. Md. Ashadul Islam. Transfusion Medicine, BSMMU, Dhaka. - Member Secretary.

B. Sub committee-11 (Two).
   2. Dr. Jolly Biswas. Chair Person, Transfusion Medicine, BSMMU, Dhaka. - Member.
   3. Dr. Hosne Ara Begum. Associate Professor, Blood Transfusion SSMC. - Member.
   4. Lipika Vhadra, Senior Assistant Secretary, (PH-3) MOHFW. - Member.
   5. Col. Dr. Zahid Mahmud. Transfusion Medicine, AFIP, Dhaka Cant. - Member.
   6. Dr. Saleh Md. Rafique. Program Manager, SBTP, Dhaka. - Member Secretary.

C. Sub committee-111 (Three).
   1. Professor Dr. Fatema Chowdhury. Line Director, SBTP, Dhaka. - Convener.
   2. Khondokar Zakaria Khaled. Director, Blood Program, BDRCS. - Member.
   6. Lipika Vhadra, Senior Assistant Secretary, (PH-3) MOHFW. - Member.
   7. Dr. Pradipesh Chakrabarty. Associate Professor, BTC, DMCH. - Member Secretary.
List of members of Review Committee:

1. Major General (Rtd.) Professor Dr. ASM Matiur Rahman.  
   Chief HIV Adviser & Chairman TC NAC.- Convener.


5. Dr. Md. Ashadul Islam. Associate Professor  
   Department of Transfusion Medicine, BSMMU, Dhaka. Member-Secretary.