DIFFICULTIES IN HAEMOVIGILANCE IMPLEMENTATION IN BURKINA FASO

SAWADOGO Salam, MD
National Blood Transfusion Center
BURKINA FASO
salemserein@hotmail.com

INTRODUCTION

WHO strategy for safe blood transfusion

Stratégie de l'OMS pour la sécurité transfusionnelle

Voluntary blood donation	Testing of all donated blood	Safe and rational use of blood

Haemovigilance

Quality systems

National coordination of blood transfusion services

- The national coordination of blood transfusion services is not yet achieved

  The regional blood centers (a total of 4) coordinated by a national blood transfusion center still coexist with independent HBB (more than 50).

- Implementation of haemovigilance and quality systems are in hand but they are at unequal stage according to whether the areas is covered or not by the NBTC

AIMS & METHODS

The aim of the study was to report the difficulties in haemovigilance implementation at a national level in Burkina Faso

In order to achieve this purpose, we perfomed a prospective study

Data were progressively collected during the process of haemovigilance implementation

Implementation of HV: A multistep process

(with *technical and financial support from WHO, EFS – Ile de France and Luxembourg Agency for Development Cooperation)*

- 1stly: Implementation of quality management system :
  - Editing guidelines, SOPs, etc.
  - Conceiving supports of traceability and HV mainly:
    - The quality improvement form for non-conformity of transfusion chain reporting (adverse events, near-miss);
    - The donor incident report form for donors adverse reactions;
    - The post-transfusion and haemovigilance form (PTHF) for confirming transfusion and notifying transfusion incidents ++++

CNTS
Centre National de Transfusion Sanguine
BURKINA FASO

Don régulier de sang!

Implementation of HV: A multistep process

(with *technical and financial support from WHO, EFS – Ile de France and Luxembourg Agency for Development Cooperation)*

- 2ndly : A pilot implementation in RBTC of Bobo-Dioulasso from 2005 to 2009
- 3rdly : Expansion of this experience to the three others RBTC (Ouagadougou, Koudougou and Fada N'Gourma)
- Parallel to this approach, a every two years supervision of HBB non-affiliated to NBTC were conducted
- Definition of quality indicators (structure, process, outcome)

Implementation of HV: A multistep process

(with *technical and financial support from WHO, EFS – Ile de France and Luxembourg Agency for Development Cooperation)*

- The major indicators in RBTC areas were:
  - **Return rate of the PTHF** (target = 95 per cent);
  - **Confirmation rate blood transfusions** (Target = 80 per cent);
  - **Ratio of transfusion incidents notified/1000 units distributed** (target = 50 per cent per 1000)
  - **Number of functional Committees of Safety Transfusion and Haemovigilance** (Hospital committees of blood transfusion)

Implementation of HV: A multistep process

(with *technical and financial support from WHO, EFS – Ile de France and Luxembourg Agency for Development Cooperation)*

- In HBB, indicators still related to some total aspects such as:
  - **Using of required registries for traceability** (blood collection, laboratory testing and blood components distribution);
  - **Implementation of a unique system for identification of blood donors and blood donations**
  - **Using of standard registry for blood products prescription**
  - **Using of PTHF for confirming blood transfusion.**
- These indicators, attached to NBTC' quality system were prospectively collected in its annual reports

RESULTS (1)

- A total of 57 blood centers = 4 RBTC & 53 HBB
- The 4 RBTC supplying blood components to 23 public hospitals & more than 70 private hospitals
- Proportion of the population covered by the 4 RBTC :
  - 42.5% completely covered
  - 16.2% partially covered (the other part is supplied by HBB)
  - 41.3% non-covered (blood supplying ensured by HBB)

RESULTS (2)

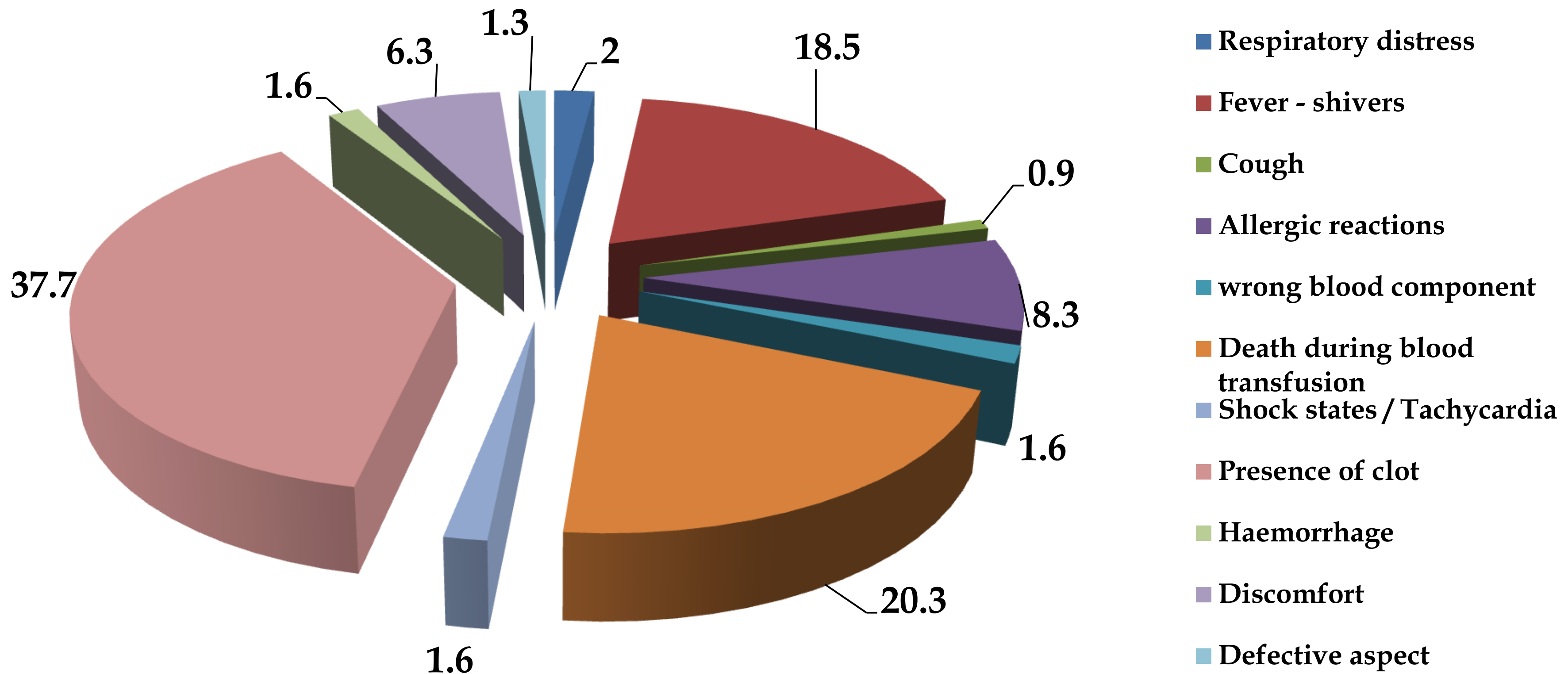
INDICATORS IN RBTC AREAS

Quality indicators	2009	2010	2011	Target
Number of functional CSTH	5	6	7	**-**
Number of units distributed	39 ,903	44, 024	48 ,111	**-**
Return rate of PTHF (%)	68.0	70.70	75.52	**95**
% of confirmed transfusions	38.63	52.29	56.04	**80**

RESULTS (3)

RESULTS (4)

Types of recipients' incidents notified during blood transfusion regardless to the causes.



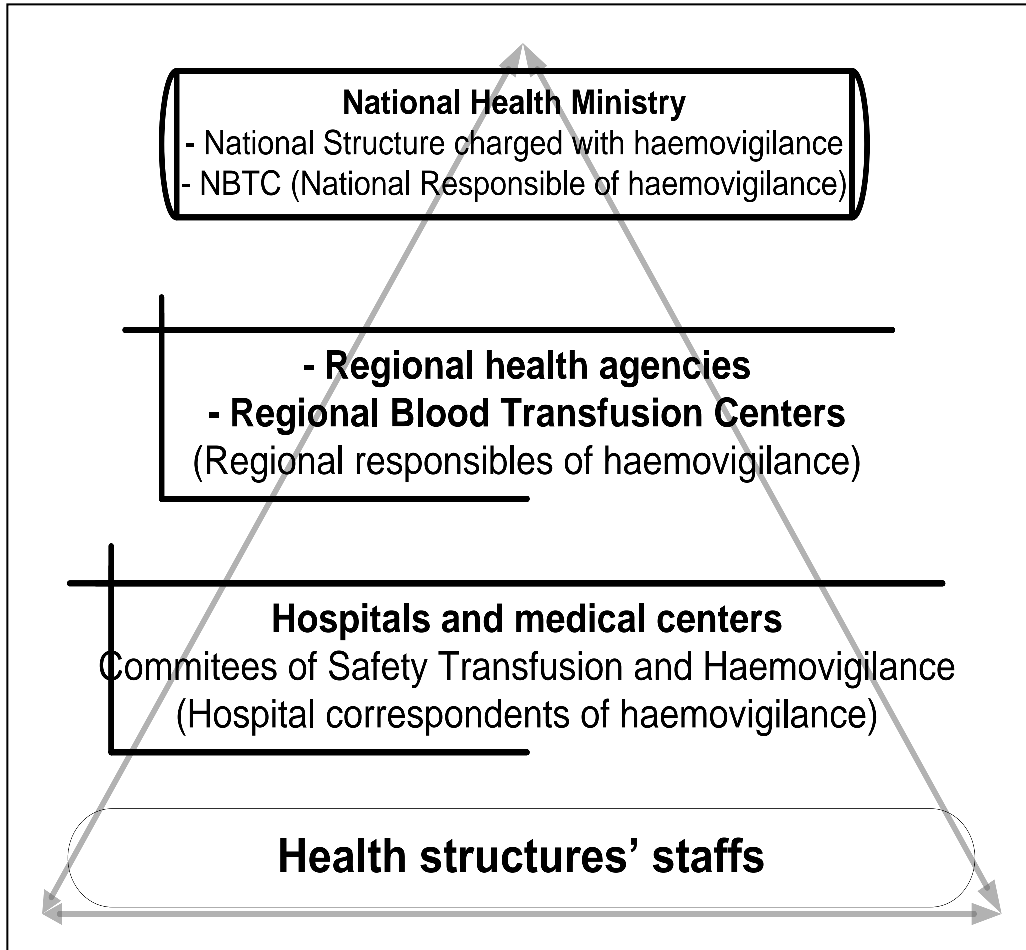
Types of incidents (%) notified 2010 - 2011 in the four RBTC (n = 448)

RESULTS (5)

INDICATORS IN HBB AREAS

Quality indicators (Target = 100%)	2009	2011
% HBB using required registries of traceability	54.6	100
% HBB using unique system for identifying blood donors and donations	97.4	95
% HBB using standard registry for prescription	57.4	90.6
% HBB using PTHF to confirm transfusions	0	39.6

PROJECTED STRUCTURING OF HAEMOVIGILANCE



Regulation & control

Coordination & supervision

Operational level

Support & Operating level

DIFFICULTIES (1)

1- Lack of attentiveness at a high level for a well-structured organization and support system of blood transfusion and haemovigilance with the consequences such as :

- No existence of central regulating structure;
- Insufficiency of the texts organizing and regulating blood transfusion and haemovigilance;
- Blood transfusion system is slightly integrated to the national health system;
- No collaboration between regional Health agencies and RBTC in HV

CNTS Centre National de Transfusion Sanguine BURKINA FASO

Don régulier de sang!

DIFFICULTIES (2)

2- Insufficiency of NBTC financing

- Unavailability of safe blood products through the whole country;
- Lack of NBTC's control on HBB not supplied in blood components by the RBTC

3- Insufficiency of educational programs on transfusion and haemovigilance for the actors (producers & users);

- Lack of motivated and interested staffs in the field of haemovigilance and blood transfusion

RECOMMENDATIONS (1)

1. Ensure "**Universal Access to Safe Blood Transfusion**" on the whole country
   - Improvement of availability of safe blood through the country;
   - Increase of NBTC's control on HBB;
   - Reinforcement of regulation on transfusion and haemovigilance systems
   - Reinforcement of integration of haemovigilance to quality system

Centre National de Transfusion Sanguine BURKINA FASO

Don régulier de sang!

RECOMMENDATIONS (2)

2- Haemovigilance must be the "business" of everyone

– The Health authorities must be sensitized on the importance of haemovigilance in blood transfusion safety;

– All the staffs of health structures must be interested in haemovigilance;

RECOMMENDATIONS (3)

3 - Reinforce competences of the staffs of health structures

- Reinforcement of blood transfusion teaching in the curricula of health teaching schools;
- Regular recycling sessions for hospital staffs
- Regular supportive supervisions of transfusion and haemovigilance actors.

CONCLUSION (1)

- The national haemovigilance structure is not yet complete.
- The NBTC assumes the role of the control structure because of the lack of a specific structure dedicated for this purpose.
- Some important results have been reached ;
- The efforts were focalized for the first step on the "notification culture " of the transfusion incidents by the staffs of the health structures;

CONCLUSION (2)

- But to improve effectiveness of the system, the next steps must be:
  - Well-implication of health authorities for more regulation, control and financing of blood transfusion system;
  - Collaboration at regional level between regional health agencies and the RBTC;
  - At the local level, improvement of hospital transfusion committees' function and training of actors;

ACKNOWLEDGMENTS TO:

- The Luxembourg Agency of Development Cooperation (projet BKF/020 “d’appui au renforcement de la transfusion sanguine au Burkina Faso 2011 – 2015”);
- To Profs D. SONDAG; V. DENEYS & M. LAMBERMONT;
- The staff of NBTC of Burkina Faso

CNTS
Centre National
de Transfusion Sanguine
BURKINA FASO

Don régulier de sang!