

MALAWI BLOOD TRANSFUSION SERVICE



BACKGROUND INFORMATION

The WHO World Health Assembly of 1975 through its resolution WHA 28.72 declared that 'the safety and adequacy of blood and blood products is the responsibility of the National Governments; blood donation should be based on voluntary non remunerated donation from low-risk blood donor populations and that the management of the services can be delegated to an independent non-profit organisation' (In Malawi it was delegated to the Malawi Blood Transfusion Service [MBTS] Trust).

MBTS Trust Board is Chaired by Justice Anastazia Msosa, with Mr T. R. O'Dala as vice Chair and is composed of a number of Board Members; from Ministry of Health, Ministry of Finance, CEO's of private sector companies, Blood Donor Association of Malawi representative, Malawi Red Cross Society, and non-voting membership from the Service comprising Chief Executive Officer, Finance and Administration Director and Medical Director.

The goal of MBTS is to provide a safe and adequate supply of blood and blood products and prevent the spread of HIV and other diseases transmissible by blood transfusion. Unsafe blood transfusion is the most efficient way of transmitting HIV and other diseases.

MBTS was established in late 2003 with financial assistance through a Financing Agreement with the European Union for a 5 year period, which came to an end on 31st March 2006. A three-year extension to provide additional funding mainly for the construction of three (3) Blood Transfusion Centres (Blantyre, Lilongwe and Mzuzu) was made. From the current fiscal year, MBTS has been receiving additional funds from the National AIDS Commission, the Government of Malawi and PEPFAR/Centres for Disease Control and Prevention of the United States of America.

MBTS started operations in January 2004 at the temporary headquarter centre in Galaxy House, Blantyre. A second centre was opened in Lilongwe in June 2005. The centre in Mzuzu will be opened when the new buildings are completed.

WHY A NATIONAL BLOOD TRANSFUSION SERVICE?

For a long time, Hospitals in Malawi had been relying on family replacement blood donors whereby the hospitals used to tell patients' guardians to look for family members to come to hospitals to donate blood for their sick relative or friend. This system is inadequate in a number of important ways:

1. much time is wasted from the time the need for blood transfusion is identified to the actual transfusion taking place.
 - 1.1 time is lost during the process of looking for family members who would not necessarily be at the place one expects them to be;
 - 1.2 getting them to hospital
 - 1.3 testing for their blood groups.
 - 1.4 testing for infectious agents.
 - 1.5 conducting a blood donation session.
 - 1.6 furthermore, this system is very challenging for people living in rural areas (The majority of the population in Malawi lives in rural areas. The delay in getting blood means that lives are lost in emergency situations).

Research conducted in all parts of the world has persistently shown family replacement donors to be unsafe blood donors as they tend to have a higher prevalence of HIV and other transfusion transmissible infections (TTIs) when compared with Voluntary Non-Remunerated Blood Donors (VNRDs).

It is also easier to ensure consistent quality and safety of the blood and blood products when there is one identified and regulated service provider.

The Government of Malawi set up the Malawi Blood Transfusion Service in order to address this *inaccessibility* of *safe* blood.