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C. PLAN OF ACTION FOR UNIVERSAL ACCESS TO SAFE BLOOD: MIDTERM REVIEW

Background

1. Universal access to safe blood for transfusion requires the strengthening of key strategies such as: self-sufficiency in blood and blood products through voluntary non-remunerated blood donation, improvements in the quality of donated blood (from the donor's arm to the recipient's arm), the maximization of appropriate blood use, the strengthening of human resources, the adoption of new advances, and the establishment of strategic partnerships with the different sectors involved in the area.
 2. In 2014, the countries of the Region reaffirmed their commitment to universal health through the *Strategy for Universal Access to Health and Universal Health Coverage* (Document [CD53/5, Rev. 2](#)). This commitment is also evidenced in the goals of the Strategic Plan of the Pan American Health Organization 2014-2019. Universal access to safe blood transfusions and blood products is essential for universal health coverage, helping to save millions of lives and improve the health of the people who need it (1, 2).
 3. Since 1975, the World Health Assembly and the Executive Board of the World Health Organization (WHO) have considered many documents and adopted numerous resolutions on blood safety ([WHA28.72](#) [1975], [EB79.R1](#) [1987], [WHA40.26](#) [1987], [WHA45.35](#) [1992], [WHA48.27](#) [1995], [WHA53.14](#) [2000], [WHA55.18](#) [2002], [WHA56.30](#) [2003], [WHA58.13](#) [2005], [WHA63.12](#) [2010], [WHA63.18](#) [2010], and [WHA63.20](#) [2010]) (3-14).
 4. Several such resolutions have been adopted in the Region of the Americas: [CD41.R15](#) (1999), [CD46.R5](#) (2005), [CE142.R5](#) (2008), and [CD48.R7](#) (2008). In 2014, the countries of the Region approved the Plan of Action for Universal Access to Safe Blood 2014-2019 (Document [CD53/6](#)) and corresponding resolution ([CD53.R6](#)), in which the Member States are urged to implement the Plan of Action and the Director to
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monitor and evaluate implementation of the Plan of Action and report periodically to the Governing Bodies (15-22).

5. The goal of the Plan is to promote universal access to safe blood through voluntary altruistic non-remunerated blood donation, appropriate blood use, and greater leadership on the part of the health authorities, who are urged to implement quality management programs in the transfusion chain (from promoting voluntary donation to monitoring patients) and to integrate the blood system into the national health system. The Plan calls for the ultimate restructuring of blood services into efficient, sustainable models (22).

6. In addition, the Plan defines four strategic lines of action aimed at maintaining achievements and tackling new challenges: *a)* effective and sustainable integration of national programs and services into the national health system to achieve blood self-sufficiency, safety, efficiency, availability, and universal access to blood and blood products; *b)* self-sufficiency in safe blood and blood products through 100% voluntary non-remunerated donations; *c)* quality management in the national blood system and screening for transfusion-transmitted infections; and *d)* health surveillance, hemovigilance, risk management, monitoring, and evaluation. Each strategic line has its respective objectives and progress indicators, which will be examined in this document (22).

Progress toward meeting Plan of Action objectives^{1,2,3}

Strategic line	Objective	Indicator and target	Progress
1. Effective and sustainable integration of national blood programs and services into the national health system to achieve blood self-	1.1	1.1.1 By 2019, 36 countries will have a specific functioning entity in the ministry of health that is responsible for planning, monitoring, and evaluation of the national blood system. (Baseline 27/41)	27 countries have a specific entity, 17 in Latin America and 10 in the Caribbean.

¹ It should be borne in mind that the number of countries and territories evaluated and monitored in this plan has increased, as some territories that formerly issued a joint report have now been disaggregated by French Department of the Americas (DFA: Martinique, Guadeloupe, and French Guiana), although this latter department was not included because blood is not processed there.

² The calculation tables for the verification of indicators are based on the PAHO/WHO 2017 publication Supply of Blood for Transfusion in Latin American and Caribbean Countries 2014 and 2015, currently in production, with data sources from the national blood programs and ministries of health of Latin America and the Caribbean (23). Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=38018&Itemid=270 (24). (Spanish only)

³ The baseline year is 2012.

Strategic line	Objective	Indicator and target	Progress
sufficiency, safety, efficiency, availability, and universal access to blood and blood products.		<p>1.1.2 By 2019, 21 countries will have a functioning intersectoral national blood commission or advisory mechanism. (Baseline 14/41)</p>	16 countries have a national commission, 8 in Latin America and 8 in the Caribbean.
		<p>1.1.3 By 2019, 26 countries will have a blood policy that includes self-sufficiency, availability, and universal access to safe blood and blood products. (Baseline 18/41)</p>	23 countries have a national blood policy, 14 in Latin America and 9 in the Caribbean.
	1.2	<p>1.2.1 By 2019, 21 countries will have an integrated intersectoral national strategic blood plan that includes human resources training, monitoring and evaluation of the plan, and guaranteed resources for its implementation. (Baseline 13/41)</p>	15 countries have a national strategic plan, 10 in Latin America and 5 in the Caribbean.
	1.3	<p>1.3.1 By 2019, 17 countries with more than one processing center will have increased the average number of units processed (including screening) per blood bank/year to over 5,000 units as a result of the restructuring of the blood services network. (Baseline 12/25)</p>	18 countries process more than 5,000 units of blood per blood bank/year, 9 in Latin America and 9 in the Caribbean.
2. Self-sufficiency in safe blood and blood products through 100% voluntary non-remunerated donations.	2.1	<p>2.1.1 By 2019, 12 countries will have calculated their blood needs at the national and subnational level. (Baseline 6/41)</p>	14 countries have calculated their blood needs, 6 in Latin America and 8 in the Caribbean.
	2.2	<p>2.2.1 By 2019, 16 countries will have reached 100% voluntary non-remunerated blood donations. (Baseline 8/41)</p>	10 countries have 100% voluntary blood donations, 2 in Latin America and 8 in the Caribbean.

Strategic line	Objective	Indicator and target	Progress
3. Quality management in the national blood system and screening for transfusion-transmitted infections.	3.1	<p>3.1.1 By 2019, 41 countries will screen 100% of blood units for transfusion for HIV, HBV, HCV, syphilis, and <i>T. cruzi</i>. (Baseline 39/41)</p>	39 countries screen 100% of blood units, 18 in Latin America and 21 in the Caribbean.
		<p>3.1.2 By 2019, 27 countries will have a national program for external serology performance evaluations. (Baseline 22/41)</p>	30 countries have a national program for external serology performance evaluations, 13 in Latin America and 17 in the Caribbean.
		<p>3.1.3 By 2019, 18 countries will have a national program for external immunohematology performance evaluations. (Baseline 12/41)</p>	17 countries have a national program for external immunohematology performance evaluations, 7 in Latin America and 10 in the Caribbean.
	3.2	<p>3.2.1 By 2019, 12 countries will have functioning transfusion committees in at least 75% of hospitals that perform daily transfusions. (Baseline 7/41)</p>	19 countries have transfusion committees, 10 in Latin America and 9 in the Caribbean.
		<p>3.2.2 By 2019, 30 countries will have national guidelines in place for the appropriate use of blood and blood products. (Baseline 20/41)</p>	23 countries have guidelines in place for the appropriate use of blood and blood products, 14 in Latin America and 9 in the Caribbean.
		<p>3.2.3 By 2019, there will be a 5% reduction in the Region in the number of red blood cell units discarded due to expiration. (Baseline 10.3%)</p>	The percentage of discards due to expiration for Latin America and the Caribbean is 2.99%. <i>(* See explanation for the reporting of this indicator in paragraph 9 of this report)</i>

Strategic line	Objective	Indicator and target	Progress
4. Health surveillance, hemovigilance, risk management, monitoring, and evaluation.	4.1	4.1.1 By 2019, 30 countries will have a national model for inspection, surveillance, and oversight in blood services. (Baseline 20/41)	25 countries conduct inspections of blood services, 15 in Latin America and 10 in the Caribbean.
	4.2	4.2.1 By 2019, 7 countries will have a national hemovigilance system. (Baseline 2/41)	9 countries have a national hemovigilance system, 5 in Latin America and 4 in the Caribbean.
	4.3	4.3.1 By 2019, 41 countries will annually report the indicators of the national plan in response to the implementation of the regional Plan 2014-2019. (Baseline 0/41)	36 countries have reported data for monitoring the indicators of the Plan, 18 in Latin America and 18 in the Caribbean.
	4.4	4.4.1 By 2019, 7 countries will have drafted risk management plans based on hemovigilance information. (Baseline 0/41)	5 countries have reported having risk management plans based on the hemovigilance information, 1 in Latin America and 4 in the Caribbean.

Progress and Challenges

7. Latin American and Caribbean countries have made real efforts to achieve self-sufficiency, safety, and efficiency. Considering the established objectives (with targets and baselines for each indicator), progress has been made in all indicators except 1.1.1 and 3.1.1. The majority of the countries have specific national entities that coordinate the response to safe blood and blood product needs; however, updated national blood plans and policies with an integrated, intersectoral approach are still needed, as are functioning national intersectoral commissions that facilitate implementation. Progress is slowly being made in the restructuring of blood services networks, which is essential for ensuring the availability of blood and access to it anywhere it is needed. Given the geodemographic characteristics of some Caribbean countries, this restructuring of blood services networks may not be applicable. (See Reference 24, Tables 1-5).

8. More countries know their national blood needs, which facilitates greater availability and access to blood and blood products. However, the challenge persists of achieving regular voluntary altruistic non-remunerated donation as the first pillar of blood safety. In this regard, the countries are making very slow progress toward reaching the target of 100% for this kind of donation. However, while some countries have not yet

reached that target, they have at least substantially increased the number of voluntary non-remunerated donors—an effort that should be recognized. (See Reference 24, Tables 6 and 7).

9. With respect to quality management in Latin America, 100% screening was achieved for HIV, hepatitis B and C, and syphilis markers, but not for *T. cruzi*. The average screening achieved in 21 Caribbean countries is 99.99%. Progress has been made in the implementation of national programs for external serology performance evaluation; nevertheless, the challenge of establishing the same program for immunohematology remains. With respect to the rational use of blood and blood products, some progress has been made in establishing national guidelines for clinical use and hospital transfusion committees. With respect to the discarding of red blood cells due to expiration, at the time the plan was prepared, this data had not been disaggregated by expiration and other causes; as a result, the indicator reported was based on red blood cells discarded for both causes. The majority of countries in the Region are currently in a position to report exclusively about expiration; thus, the percentage of discards has fallen, due, on the one hand, to this factor and, on the other, to the progress made in restructuring the services and knowledge of blood needs, as explained in paragraphs 7 and 8, respectively. (See Reference 24, Tables 8-12).

10. Inspection and oversight of blood services, hemovigilance, and risk management still pose a real challenge. The weakness of information management systems and mechanisms hinders the knowledge, research, and data analysis needed to evaluate self-sufficiency, availability, access, and the risks associated with the transfusion chain. (See Reference 24, Tables 13-16).

Action Necessary to Improve the Situation

- a) Ensure resource allocation based on national blood safety targets and plans.
- b) Restructure integrated blood services networks in the national health system, promote regular voluntary altruistic non-remunerated donation, and strengthen human resources, quality management, appropriate use of blood and blood products, health surveillance, hemovigilance, and risk management, including all processes that involve both donors and patients (throughout the transfusion chain).
- c) Strengthen information management systems that will make it possible to visualize and determine whether there is a sufficient, timely, accessible, and safe blood supply and how it is linked with national morbidity and mortality.
- d) Continue Pan American Sanitary Bureau support to the Member States for increasing blood safety through self-sufficiency, availability, timeliness, and access based on regular voluntary altruistic non-remunerated donations.

Action by the Pan American Sanitary Conference

11. The Conference is requested to take note of this report and formulate the recommendations it deems pertinent.

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