

Prioritize access to safe blood to reduce PPH-related mortality

RHSC GMM, MHS Caucus

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Introducing our speakers

Moderator



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Presenters



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The Challenge



Post Partum Hemorrhage (PPH) is the leading cause of maternal mortality, accounting for ***200,000 deaths per year***



While access and appropriate use of uterotonics is vital to treating PPH, ***only safe blood can treat the most severe cases*** and reduce maternal mortality.

USAID's Safe Blood efforts have spanned 4 phases



Identified safe blood as a need in PPH management



Landscaped blood systems

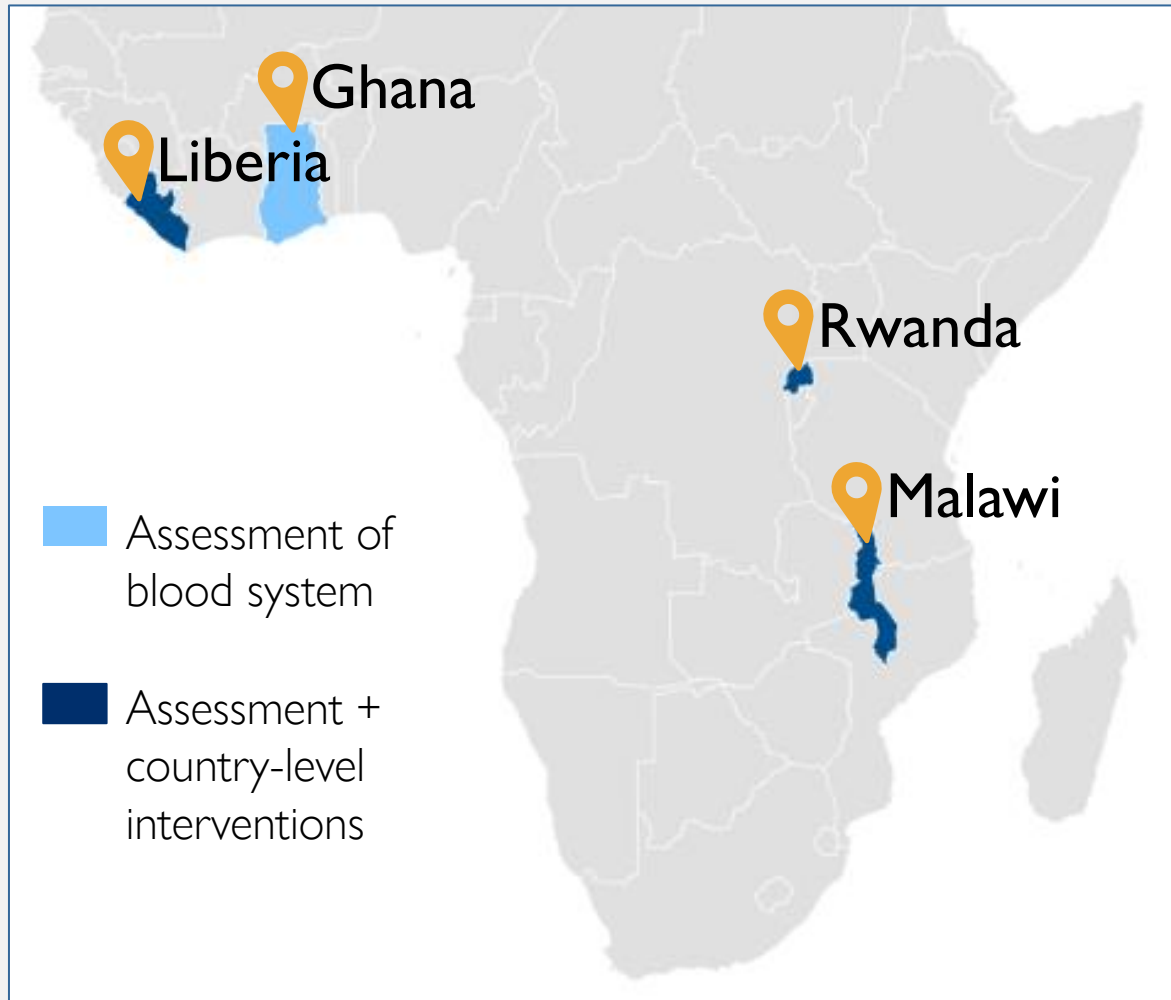


Created and piloted the Safe Blood Starter Kit (SBSK)



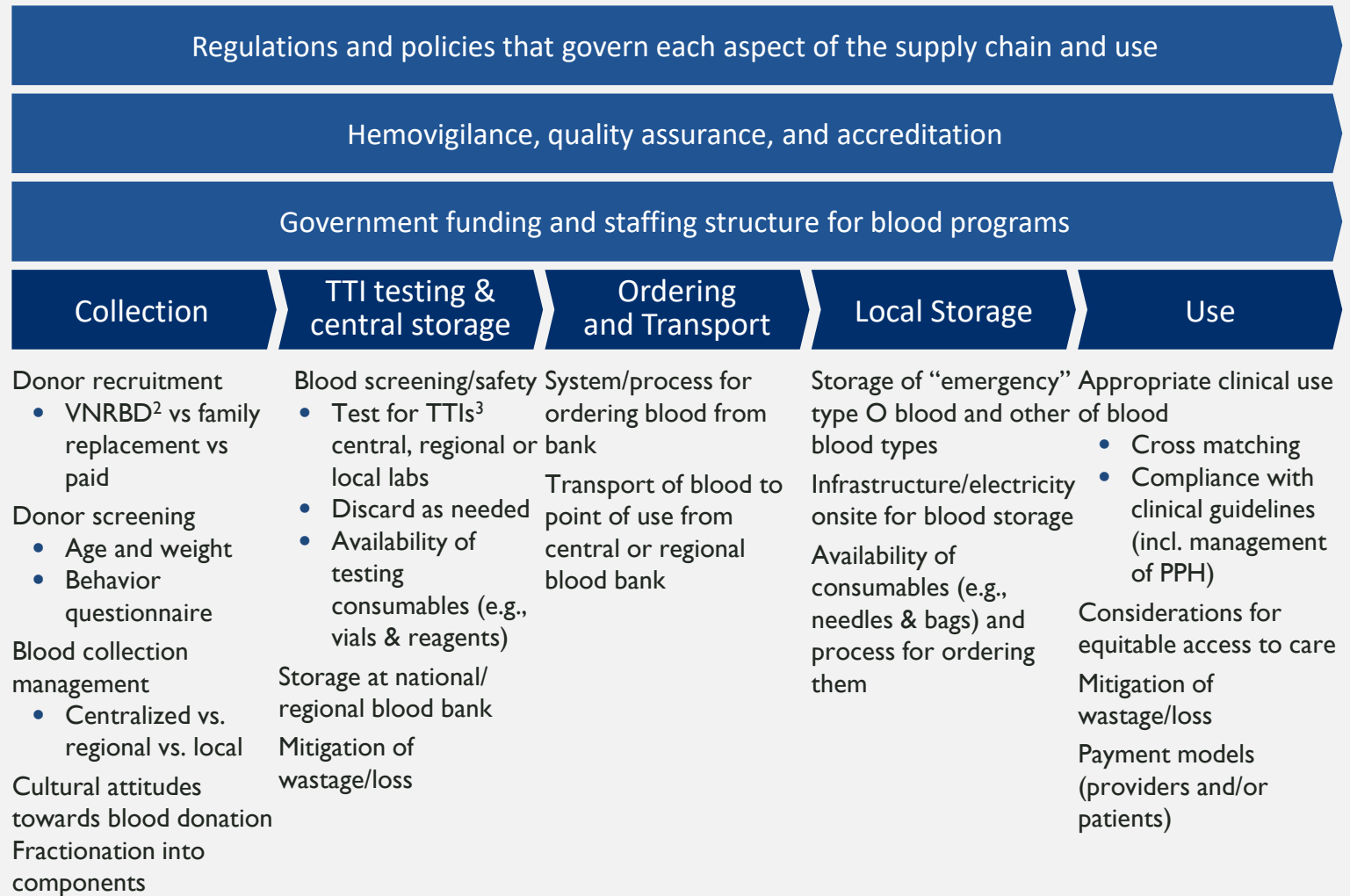
Supporting countries, WHO, and partners to strengthen safe blood systems

Current Focus Geographies



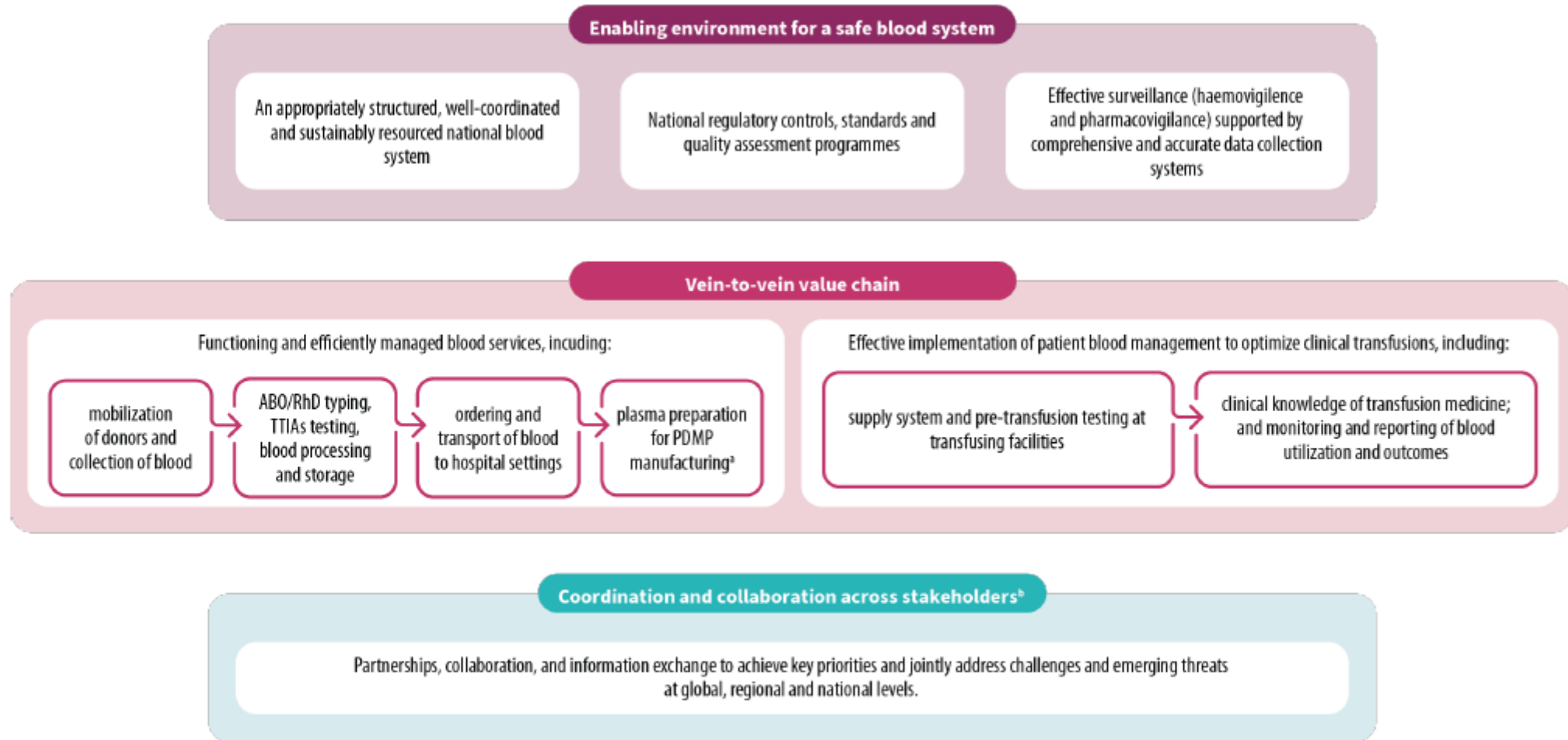
USAID is *investing* in an initial 4 focus geographies and global-level public goods to *catalyze* more investments into the safe blood space

In partnership with USAID, BCG created the Safe Blood Starter Kit to help countries holistically understand strengths and challenges across their blood systems



1. “Value chain” refers to overall system components and the steps of how blood moves through the system
 2. Voluntary non-remunerated blood donor 3. Transfusion transmissible infection

This has since been adapted in line with WHO's Action Framework, and will be published shortly as the Blood System Self-Assessment (BSS) Tool



^a In countries where manufacturing and/or sourcing of materials for plasma-derived medical products are available.

^b WHO blood system self-assessment vein value chain: further information on coordination and collaboration across stakeholders is provided in the guidance document. TTIA, transfusion-transmissible infectious agents; PDMPs, plasma-derived medicinal products.

Safe Blood Activity helped all 4 countries better understand and mobilize support for their blood systems, and the resources developed with the WHO will help many more



Liberia



Malawi



Rwanda



Ghana

Each deployment included a 2–3-week trip to conduct interviews and facilitate workshops...

... and culminated in a synthesis of findings to help blood system owners mobilize additional domestic and foreign resources



Exemplar findings from countries



Blood system owners were siloed – e.g., some agencies had started to independently build blood banks at high volume maternity hospitals without coordinating with the national transfusion service



Mismatches in size and timing of government funding allocations for blood systems are common across most countries



Workshops illuminated that there were no standardized regulatory procedures or quality assessments to ensure safe blood delivery



Mobilization of blood donors can be challenging, and there is sometimes an over reliance on select populations (e.g. school students)



Blood administration in hospitals is not regulated, resulting in varied adherence to storage and transfusion protocols, documentation, and clinical indications for use of blood

We co-developed key interventions with the national blood services at the global level and within focus countries



Country level

Launch a **TWG** to enable greater stakeholder engagement



TA to **strengthen staff capacity**

Develop national **policies and strategies**



Quantification of blood & blood products and related supplies

Develop **SOPs and guidelines** for quality management and hemovigilance

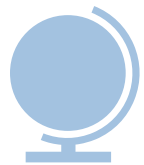


Implement **routine data collection and management** practices, incl. via HMIS

Resource mobilization



Limited **procurement** of necessary supplies and equipment



Global level

Cross-country learning on priority “HSS for Safe Blood” topics and approaches



Develop and disseminate **public tools and knowledge products**

In collaboration with national blood transfusion services, the following achievements have been made in focus geographies

Safe Blood TWG		Launched in all 3 countries
National policies and strategies		Liberia's <i>first</i> national policy and strategic plan launched
SOPs and guidelines		Rwanda's <i>first</i> Blood Transfusion Policy and Hemovigilance Guideline developed
Resource mobilization		Add'l funding mobilized in Liberia and Malawi

Assessment of clinician transfusion knowledge and skills in Rwanda		Staff capacity
Co-created technical approach & realistic estimation of national blood needs in Malawi and Liberia		Quantification
Initiated pilot to collect routine blood management & use data in Malawi for learning and scale-up		Data collection & management
Essential equipment and supplies procured to address key operational gaps in Liberia		Procurement

To catalyze impact beyond focus geographies, we are also focused on generating cross-country learning and public knowledge products

Cross-country learning



At IMNHC2023, national blood services from Liberia, Malawi, and Rwanda co-created priority topics for in-person and virtual learning to co-develop personnel capacity and practical resources

Topics include:

Sustainable funding models

Stakeholder coordination

Generation & use of routine data

Blood donor recruitment & retention

Hemovigilance & quality improvement

First virtual convenings planned for late-Oct and an in-person learning event in Rwanda for early Dec (tentative), to focus on blood donor engagement and management



Public knowledge products

Learnings from Investment Case created for Malawi have been aggregated into a document of key considerations on building an investment case for blood systems, and will be made available by USAID in the coming months



We have a vision to improve global coordination on safe blood

And we are looking forward to engaging stakeholders like you all to explore this going forward

Concept for



Safe Blood Access Coordinating Unit

To enhance coordination, prioritization, and investment into safe blood, the Safe Blood Access Coordinating Unit will:

- Provide global leadership
- Harness existing and potential tools
- Convene what are currently disparate actors (funders, blood system leaders, and global health practitioners)

Discussion

1. Any questions about how the work to-date has taken place?
2. What are the challenges you see in blood systems? What is missed when it comes to blood?
3. What connections do you see to safe blood in your work to reduce PPH-caused maternal mortality?
4. Any objections to including efforts on safe blood into the MHS Caucus?