



SEE blood safety project Component 2

*'Increasing the transnational availability of
safe blood for medical emergencies and
special circumstances'*

Reporting on progress

ABSTRACT

The SEE blood safety project has been planned and implemented with a phased approach. The Component One of the project was completed in 2006. Started with over 1.5 years delay after its signature the Component Two of the project had a special emphasis on safe blood donation and support to national blood donor programmes development/update. This project component ended in May 2009, with an evaluation meeting. Its major outcomes are the development of national blood donor programmes and promotion campaigns targeting youth in participating countries. Due to its limited funding Component two of the SEE blood safety project has not reached most of its stated objectives. Based on its recorded achievements, a 2 years extension of this project has been proposed, with an addendum focused on quality management and haemovigilance systems. The SEE blood safety network developed during the project proved to date to be an effective mechanism to share experience and information exchange.

Keywords

BLOOD TRANSFUSION SERVICES
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CONTENTS

	<i>Page</i>
Acknowledgements	1
Executive summary	2
Introduction to the SEE blood safety project Component Two	3
Regional background	3
The SEE Health Network.....	3
Component two of the SEE Blood safety project	4
Voluntary non-remunerated blood donation in SEE countries	6
Safe blood donation: a prerequisite for adequate blood supplies	6
Comparative analysis of national programs on VNRBD	7
Reported progress at national level	12
Evaluation of the SEE Blood safety project Component Two	19
Methodology	19
Results discussed	19
Conclusions	21
Looking into the future.....	22
Selected references	22
Annex 1. SEE Blood safety project Decision on Component Two	27
Annex 2. Decision on Addendum to Component Two	31
Annex 3. Generic structure for national blood donor programme development	35
Annex 4. Evaluation questionnaire for the SEE Blood safety Project, Component two	37
Annex 5. List of project managers.....	41

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Executive summary

The project 'Blood safety – increasing regional self-sufficiency in safer blood and blood components' aims to increase the quality and regional self-sufficiency in the provision of safe blood and blood products in SEE. It is led by Romania and is being implemented as a follow-up to the commitment of the SEE Ministers of Health. The project was launched in 2005, and kindly supported by the Government of Slovenia, Switzerland, the Council of Europe and the WHO Regional Office for Europe.

The project has been planned and implemented with a phased approach, with the Decision on its Component One completed at the beginning of 2006.

Its Component Two: 'Increasing transnational availability of safe blood and blood components for medical emergencies and special circumstances' was signed during the 13th meeting of the SEE Health Network, Sarajevo, Bosnia and Herzegovina, in June 2006. It was launched in April 2008, in Ljubljana, with the financial support of the Government of Slovenia.

Activities related to the second component had a special emphasis on safe blood donation and support to national blood donor programmes development/update in participant countries.

This project component ended in May 2009, with an evaluation meeting (17-18 March 2009, Ljubljana) complemented by external evaluation performed by individual reviewer. Its major outcomes are the support provided to the development of national blood donor programmes and promotion campaigns targeting youth in participating countries. A regional review of the status of the issue has been performed based on the national reporting provided, underlining the need for multi-stakeholder approach at national and regional level to address the availability and adequacy of safe blood supplies in the SEE.

Due to its limited funding, Component two of the SEE blood safety project has not reached most of its stated objectives. In this respect, and based on its recorded achievements in the SEE countries, the development of an addendum allowing a 2 years extension of this project has been proposed. The addendum is focused on quality management and haemovigilance systems.

The SEE health network dedicated to blood safety that was developed with the project explored additional mechanisms for its expansion and long term sustainability, to further enhance shared experiences and information exchange.

Introduction to the SEE blood safety project Component Two

Regional background

The countries of South-eastern Europe (SEE) have experienced drastic changes in the past twenty years. Moving towards market based economies, these countries had to address and overcome a number of challenges directly impacting their populations' health status.

The increasing concerns and need for support were recognized by the European Community and the Stability Pact was adopted in 1999. By focusing on health, the political commitment embodied into a cooperation process launched in 2001 at the First SEE Health Ministerial Forum.

The SEE countries themselves established the SEE Health Network and their representatives met in Dubrovnik to sign an unprecedented political commitment to improve the health in the region - the Dubrovnik Pledge.

A major outcome of this political commitment was the identification of regionally agreed health priorities, including blood safety. Specific projects were developed with the aim to strengthen the priority areas identified in each of the SEE countries at national level, integrated within a regional approach.

The SEE Health Network

Established in 2001, the SEE Health Network (SEE HN) has been operational and overseeing the implementation of the regional technical projects in the field of public health since. During the process, donations of European governments and other considerable in kind contributions from WHO Regional Office for Europe, Council of Europe (CoE) and Ministries of Health have been used for public health reforms in the region.

The SEE HN proved to be of crucial importance in the development of the public health sectors in the participant countries, and achieved major political and technical results as follows:

- ▶ A multi-country coalition where public health serves as a bridge to peace, reconciliation, stability and economic development
- ▶ Regional cooperation in priority public health areas of cross-border dimension aiming to support the countries in the European Union integration processes
- ▶ Enhanced partnership between
 - 9 SEE countries: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, Romania, Republic of Moldova, Serbia, The Former Yugoslav Republic of Macedonia;
 - 9 donors/ partners: Belgium, Greece, Italy, France, Hungary, Norway, Slovenia, Sweden, Switzerland;

- 4 international organizations: CoE, CoE Development Bank, the Regional Cooperation Council (successor to the Stability Pact Initiative since February 2008), and the WHO Regional Office for Europe;
- ▶ Regional cooperation became an operational tool supporting the national health system reform processes
- ▶ Encouraged sharing of experiences and cross fertilization of ideas

Political changes and emerging new entities, as well as two of the network members (Bulgaria and Romania) joining the European Union (EU), requires adaptation of the SEEHN to new realities, towards achieving full sustainability. This process demands strengthened institutional and organizational capacities and enhanced forms of cooperation.

Component two of the SEE Blood safety project

The project ‘Blood safety – increasing regional self-sufficiency in safer blood and blood components’ aims to increase the quality and regional self-sufficiency in the provision of safe blood and blood products in SEE. It is led by Romania and is being implemented as a follow-up to the commitment of the SEE Ministers of Health. The project was launched in 2005, and kindly supported by the Government of Slovenia, Switzerland, the Council of Europe and the WHO Regional Office for Europe.

The SEE blood safety project comprises two components to date:

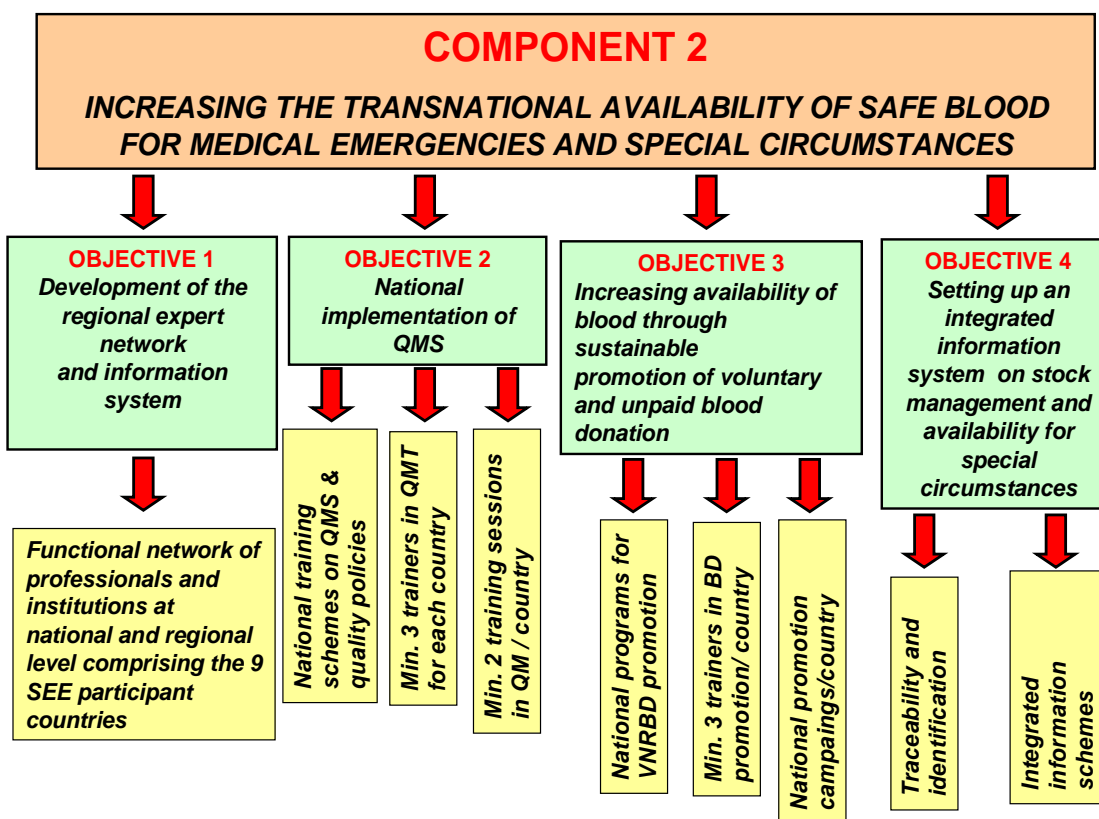
Component One: “The Development of Blood Safety National Policies in accordance with the EC Directives and the International Recommendations” was completed successfully in 2006. It led to the achievement of 3 main deliverables:

1. National blood services assessments in the participant countries
2. Blood safety national policies elaborated /endorsed /updated in participant countries, and
3. Regional assessment report on current status and challenges of blood services in SEE.

Component Two: ‘Increasing the transnational availability of safe blood for medical emergencies and special circumstances’ was developed to further build on the achievements of Component One, and to support the completion of additional objectives set in the initial format of the blood safety project. The Decision on Component Two was signed during the 13th meeting of the SEE Health Network, Sarajevo, Bosnia and Herzegovina, in June 2006 (Annex 1).

Component Two kept the modular structure design, that allows increased flexibility in prioritizing the several selected objectives and their development according to the funding foreseen and available.

The planned structure of Component II – objectives and results – is presented by the following diagram.



The launch of the project component was delayed (planned 2006, launched April 2008 in Ljubljana, Slovenia) due to limited financial resources, and therefore led to a partial achievement of its planned objectives.

Particular emphasis was given to safe blood donation and the key lines of action to support national blood donor programmes development/update in SEE countries. Subsequently, an agreed generic structure for national donor programmes was developed by the SEE expert team.

Programmes for voluntary non- remunerated blood donation were developed in 7/9 of SEE countries, and promotion materials and campaigns targeting youth were developed and implemented in the 2 SEE countries which already had these programmes in place.

A regional overview on the current status on voluntary non remunerated blood donation in the SEE region drawing from the dedicated national reports is presented in Section two of this report.

The results of the internal and external evaluation of Component Two implementation to date are also presented in Section 3 of this report.

Considering the important outcomes reached in such a short time span, and the relevance of remaining objectives to the quality and safety of blood services and health care, an extension of the projects' timeframe was proposed.

The Addendum to the Decision for Component Two of the SEE blood safety project (Annex 2) was provisionally approved during the regional meeting of the SEEHN in June 2009, Bucharest, Romania.

Voluntary non-remunerated blood donation in SEE countries

Safe blood donation: a prerequisite for adequate blood supplies

The importance of donor and patient safety have been reiterated by several World Health Assembly resolutions, to quote WHA 28.72/ 1975, WHA 48.27/ 1995, WHA 55.13/ 2002. WHO recommendations, guidelines, and other supportive documents have been issued, to strengthen national blood services, as a first line intervention in the prevention of blood borne pathogens (including HIV) nosocomial transmission and in the provision of safe and quality health care services.

In 2005, all WHO member states endorsed a new resolution aimed to increase awareness towards addressing blood safety and availability, and the key role of voluntary non remunerated blood donation. It acknowledged the need for sustained recognition and support to safe blood donors, and World Blood Donor day (celebrating the gift of blood) became an annually celebrated event. As a proof of broad international support World Blood Donor day is co-sponsored by the International Federation of Red Cross and Red Crescent Societies, the International Federation of Blood Donor Organizations, the International Society for Blood Transfusion and WHO.

Ageing populations, changes in morbidity patterns, emerging and re-emerging infectious threats, progress of medical technologies, increasing cross border movement, are features of the current European context. Influenced and influencing all the above stands the sufficiency of safe blood supplies - an element of concern towards which several dedicated interventions are focusing.

One of the objectives of the SEE blood safety project, Component two addresses voluntary non remunerated blood donation, as an appropriate mean to increase availability of blood and achieve national self-sufficiency.

The choice of this objective as first line intervention in the project development emerged from the following facts:

- ▶ None of the nine SEE countries is self-sufficient in blood components, with reported decreasing trends in blood collection in particular settings
- ▶ In some of the SEE countries, blood collection relies mostly on replacement and/or paid donors. Changes in the structure of blood donors' pool are also recorded, with decrease of regular donors and increase of first time donors (high risk exposure, high deferral and discard rate)
- ▶ Organized and sustained interventions promoting voluntary unpaid blood donation have not been so far covered by a nationally dedicated programme, under the coordination of national authorities in most of the SEE countries

It is an acknowledged fact that both the quality and availability of the national blood supply depend on the numbers and values of blood donors and the frequency of their donations.

Voluntary blood donation is seen as the most important step in advancing blood safety in the last 50 years (e.g. Domen 1995; Hafner 1999, Davey 2004; Barbara, Ryan, Contreras 2008).

Organized and systematic measures have to be taken for education, information, and recruitment of new donors, and the retention of already existing donors (and particularly first time donors and family donors), on a voluntary and non remunerated basis. Phasing out paid donation where it still exists is a prerequisite.

The SEE project team confirmed that safe blood donation is a national and regional priority that needs to be supported by a dedicated national programme coordinated by professionals in the field, involving various stakeholders and the community at large.

The present analysis is building on the nationally reported data and follows the development of national donor programmes and implementation of promotion campaigns targeting youth in the participant countries.

Comparative analysis of national programs on VNRBD

A comparative analysis of the national programmes on VNRBD developed by seven out of nine SEE countries was performed, in line with the structural issues addressed by these documents (vision, scope and objectives of national programmes, strategies to accomplish the objectives and action plans).

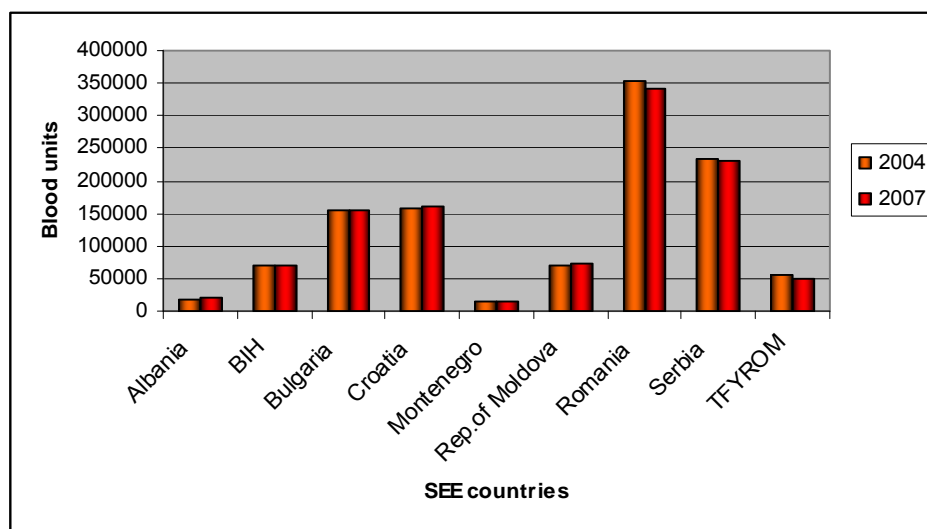
Bulgaria and the Republic of Moldova already developed national programs on VNRBD promotion supported by the national health authorities and other national and international stakeholders, and are following up on their implementation

Analysis of current situation

Sufficiency of blood supplies coming from 100% voluntary non-remunerated blood collection across the region remains a priority to be achieved.

Compared to the previous reporting, the general trends in blood collection have undergone minor changes (2007 compared to 2004); with a minimal decrease recorded in 4 out of 9 SEE participant countries.

Figure 1: Blood collection (whole blood) in SEE in 2004 and 2007



Montenegro and Croatia have reported to be close to self-sufficiency, having to address however different mechanisms in achieving this objective. Montenegro needs to increase the conversion rate of family donors into voluntary non-remunerated blood donors, while Croatia must boost promotion and planning mechanisms to overcome seasonal shortages in blood supplies.

All SEE countries face variations of blood donation figures during holidays, in parallel with an increase of blood needs, requiring increased attention to collection planning.

Table 1: Blood collection figures and covered blood transfusion needs 2007

Country	Blood collection (units)	Reported needs (units) using actual clinical request	Reported gap (units)
Albania	20129	30000	10000
Bulgaria	153644	NA	NA
Bosnia & Herzegovina	71056	114000	43000
Croatia	160000	165000	5000
Montenegro	13848	NA	NA

Republic of Moldova	74013	80000	5987
Romania	341339	NA	NA
Serbia	230462	299153	68691
The Former Yugoslav Republic of Macedonia	50007	55000	5000

The fact that SEE countries do not use identical definitions for donor categories and do not monitor the same annual parameters makes the compilation and comparative analysis of reported data difficult in this respect.

Differences are recorded between countries, but also and within the countries. The variations in the types of active donor categories: first time versus regular donors, or voluntary non-remunerated versus family replacement or paid donors relate to the locally existing structures and stakeholders involved in the promotion and retention activities, but also to the degree of community awareness and participation in the process.

The following table summarizes the number of donors and blood donations according to the donor category, recorded on a national basis in 2007. Data pertaining to Bulgaria has been included from the WHO blood safety indicators national reporting.

Table 2: Total number and type of donors, for the 2007 blood collection figures

Country	Blood donors	Blood collection (units)	VNRBD (%)	Replacement donors (%)	Paid donors (%)
Albania	15423	20129	15	54	31
Bosnia & Herzegovina	NA	71056	44	56	-
Bulgaria	112101	153644	21.75	74.38	3.57
Croatia	96000	160000	100	-	-
Montenegro	10320	13848	21.7	78.3	-
Republic of Moldova	66729	74013	16.4	83.5	0.1
Romania	411740	341339	80	20	-
Serbia	146586	230462	81.04	18.96	-
The Former Yugoslav Republic of Macedonia	NA	50007	NA	NA	NA

Six of the SEE countries report 100% unpaid blood donation, with a reduced percentage of replacement donors, however subject to the variations mentioned above.

Family replacement donors range between 0% (Croatia) to 83.5% (Republic of Moldova) of the national donor pools. This type of donation take various forms in the SEE countries:

- a) Conditional: patients are requested to cover their own blood needs by bringing family blood donors (often regulated by internal documents);
- b) Recommended: patients are invited to ask their family, friends and colleagues to donate blood, without being a condition for them to receive appropriate transfusion therapy.

Both options lead to a considerable proportion of first time and rarely repeat donors in this category, which often covers for informal out of pocket payment.

Paid blood donation, though in a decreasing proportion, is still present in some SEE countries. In the particular situation of Albania, where paid blood donors are organized in professional associations, replacement donations (conditional approach) are seen as the first step in phasing out payment. Overall decreasing figures illustrate efforts undertaken by professionals and national authorities to encourage voluntary non-remunerated blood donation, acknowledged as a precondition for safer transfusion therapy in all SEE countries.

The existing blood donor pool and the observed trends in blood collection further underline the need for dedicated and appropriately funded national programmes for promotion of voluntary non-remunerated blood donation. At least two directions for action have been identified in this respect:

- a) Recruitment of sufficient numbers of voluntary non-remunerated blood donors and increased retention of first time donors
- b) Increased involvement of the community in both promotion and actual voluntary non-remunerated blood donation, for a safer blood supply

Introduction of quality management systems in the blood transfusion system is an important step in improving system's performance and reliability. All SEE countries use standardized donor selection protocols and procedures.

The existing international guidelines, recommendations and EU regulatory frameworks serve as point of reference for local regulations and interventions.

National blood donor programmes in the SEE

All SEE countries have a legal and regulatory framework covering the organization and functioning of their blood services. Bulgaria and Romania, as EU members, have transposed the EU blood directives in their national legislation and the technical requirements have been implemented in practice. Croatia is proceeding with the necessary measures to be taken in order to become EU Member State.

SEE blood services are financed through different financial sources: state budget, insurance funds or a combination of the two. However specific funds allotted for blood donor promotion are only mentioned by Serbia.

Services to donors are provided in all the countries, including: counselling, post donation surveillance, small tokens, refreshments, etc.

National blood donor programmes have been successfully developed (during project Component Two) in 7 countries: Albania, Bosnia and Herzegovina, Croatia, Montenegro, Romania, Serbia, and The Former Yugoslav Republic of Macedonia. Bulgaria and Republic of Moldova, which had developed their national donor programmes at an earlier stage, were nevertheless taken into account in this analysis.

The development of the national programme for safe blood donors followed a commonly agreed structure (Annex 3) that was developed by participants.

Vision

100% voluntary non-remunerated blood donors represent the final goal of all countries, in their efforts towards self-sufficiency in safe and quality blood supplies.

Given the existing differences, in donor structure, education to donation and healthy life style, and culture (including tradition to safe blood donation), interventions need to be shaped to fit local circumstances. Where material incentives are in place, and were paid or family donations still represent a major percentage of the overall collection figure, this requires additional consideration is required.

Community responsibility and involvement remain one of the most important elements in successful promotion activities and appropriate blood supplies.

Objectives commonly defined by all SEE national donor programmes are:

- ▶ Recruitment of a sufficient number of safe blood donors to cover the clinical needs, avoid seasonal shortage and allow planned collection sessions
- ▶ Increase of the proportion of regular donors out of the already existing donor pool
- ▶ Elaboration of a national blood donor register, to ensure availability of data nationally
- ▶ Focus promotion on target groups such as youth, women, rural population,
- ▶ Enhance efforts towards building a culture of safe blood donation

Additional objectives have been set up, based on the particular situation of the country:

- ▶ Gradually phasing out paid donors
- ▶ Gradually phasing out family/ replacement donors
- ▶ Educating and recruiting family/ replacement or/and paid donors for voluntary non-remunerated blood donation

Strategies and plans

The strategies developed by the SEE experts to accomplish the objectives set up in the national programs foresee a number of measures (listed below), of which some have already been translated into practice:

- ▶ Establishment of partnerships with relevant governmental and non-governmental organizations in order to promote the voluntary non-remunerated blood donation
- ▶ Coordination of promotion activities with actions foreseen by public health programs
- ▶ Organization of thematic campaigns promoting blood donation and focusing on information and education
- ▶ Involvement of volunteers and increased community involvement
- ▶ Improvement of services provided to donors, with ‘customer’ friendly approaches
- ▶ Establish dedicated structures with trained staff in charge of promotion of voluntary non-remunerated blood donation in blood establishments

Each SEE country elaborated an action plan to apply the developed strategy, based on the analysis of the current situation and gaps identified. Specific activities with clear deadlines, responsibilities and monitoring indicators were set up. The timeframe was generally established to 5 years.

Out of the 9 SEE countries, Albania, Bulgaria, Republic of Moldova, The Former Yugoslav Republic of Macedonia have endorsed their national programs for promotion of voluntary non-remunerated blood donation and implementation is in process.

In BIH, Croatia, Romania, Montenegro and Serbia the programme has been positively received at health authority level, and in the process of endorsement from the Government, national Red Cross organizations or/ and local professional associations.

Reported progress at national level

The development/ update of national policies as a result of the 1st Component of the SEE blood safety project, followed by the increased attention given to safe blood donation during Component Two to date, allowed an increased impetus at country level on blood safety.

Attention refocused with the development of national programmes for safe blood donation on the local challenges and the concerted actions directed to overcome these, innovative approaches to reach identified target audiences, and stakeholder analysis to optimize scarce resources and outcomes.

Country examples

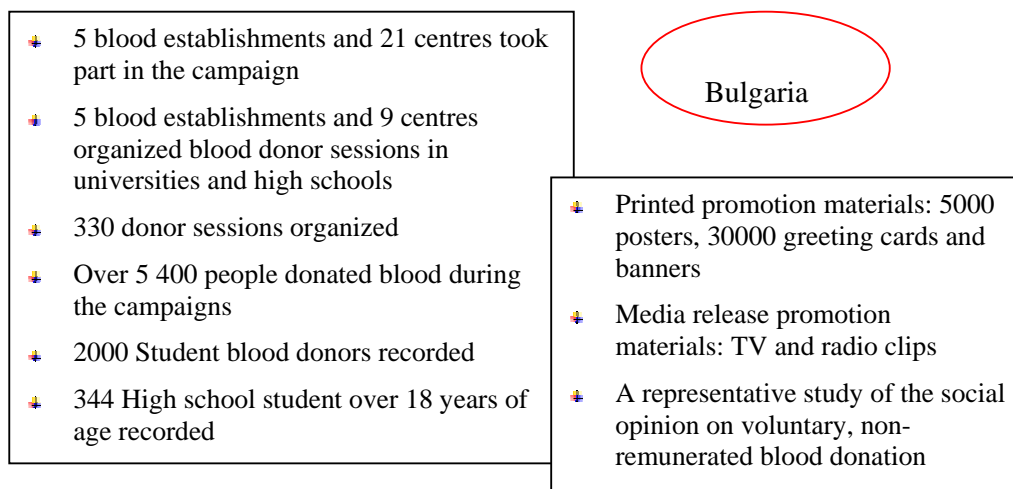
Bulgaria and Republic of Moldova, which already endorsed their national programs on promotion of VNRBD at an earlier stage, directed their activities towards development of promotion materials and promotion campaigns targeting youth.

The Bulgarian national program “Safe blood” was planned for 2005-2010. The programme comprises bi-annual campaigns organized in spring and autumn.

Within the framework of the SEE Blood Safety project, one additional promotion campaign was organized targeting high school and university students. The logo of the campaign was “Come with us, your blood is important”. The promotional materials produced for the occasion benefited of a wide media coverage (TV, radio, press).

31 young volunteers were trained by the Bulgarian Red Cross to promote voluntary non-remunerated blood donation. The trained promoters presented the issues related to blood donation in schools, to audiences within the same age span.

During the campaign, three mobile collection sessions were organized, with key results summarized in the boxes that follow



Source: national report, Dr. S. Bakalova, 2009

The Moldovan national donor programme was planned for 2008-2011, comprising a set of dedicated actions for education, promotion and retention of safe blood donors. It is expected to be supported by additional normative acts under development (e.g. regulation on civic merits of voluntary non remunerated regular donor, guide for the organization mobile blood collections).

Within the framework of the SEE Blood safety project dedicated promotion materials were printed and a video-clip developed. A series of promotion campaigns have been further planned to address young people, with a set objective to increase blood donation from youth up to 25% of the total number of registered donors.

Set objectives

- ✦ To increase the number of blood donations from voluntary non remunerated donors up to 70% from the total number of registered donations
- ✦ To increase the number of regular donors (donors who donate blood at least two times per year) up to 25% from the total number of registered donations
- ✦ To increase the number of donors between 18 to 30 years of age up to 25% from the total number of registered donations

Source: national report, Dr. S.Cebotari, 2009

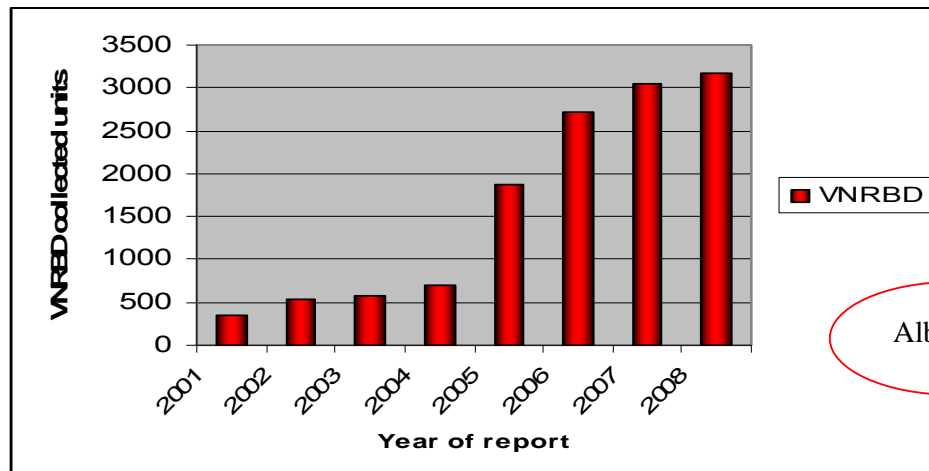
Republic of Moldova

The other SEE countries have focused on the national safe donor programme development, while action was taken to organize / increase mobile collection sessions and educate/ motivate youth to become blood donors.

As a result of joint activities performed by the blood service, the national Red Cross and other organizations, **Albania** reported a moderate increase of the total blood collection figures as compared to the previous year (20.240 units), but substantial if compared with the start date of the SEE blood safety project. The 15.7% increase in VNRBD donors and 27.5% decrease of paid donation are important achievements.

The national program on VNRBD promotion developed during the project was officially endorsed in Albania. Its main objective is to phase out paid donation by the end of a 5 years period. The graph below illustrates the materialization of concerted efforts towards increasing the availability of blood supplies from safe blood donors in the country. Currently Albania records a blood donation index less than 1%.

Figure 2: Trends in voluntary non remunerated blood donations in Albania
(source: national report, Dr.I.Seferi, 2009)



Albania

Bosnia and Herzegovina reported the implementation of a new structure for the blood service in Republic of Srpska starting January 2009. The national programme on VNRBD developed was already adopted in Republic of Srpska and is under evaluation in FBiH and the Brcko District. An increase up to 20% of young donors as compared to the current donor pool structure is part of the set objectives. Activities related to the promotion of VNRBD are being organized by the blood services in collaboration with the Red Cross.

Information campaign for the whole population

Main objectives:

- ✦ Raising the level of awareness of the general population about the importance of voluntary blood donation and enhancing a culture of blood donation
- ✦ Animation and recruitment of citizens for voluntary, anonymous, non-paid and regular blood donation

Techniques used:

- ✦ Mass media
- ✦ Publication and dissemination of promotion materials
- ✦ Public tribunes

Source: national report Dr. D. Sarenac, 2009

Bosnia and
Herzegovina

The need for appropriate training on VNRBD promotion, for dedicated staff of the blood service as well as volunteer workers, was underlined together with some other SEE countries.

Croatia has also started the reorganization of its national blood service, altogether with efforts of transcription of EU blood directives in the national legislation. The Croatian Institute for Transfusion medicine is in process of introducing a national information technologies system with the National Blood Donors Registry.

Information campaigns on VNRBD have been organized, mainly during the holiday seasons (seasonal shortages), with substantial mass-media support (TV and radio stations, newspapers and internet sites) and VIP involvement (12). Different promotion material have been developed according to target groups (e.g. first time and regular donors, youth, women): posters, leaflet, blood donor invitation letters, birthday cards, ‘thank you’ letter, calendars, promotional small gifts etc.

Education campaigns for target groups

- ✦ **Youth:** Schools and pre-schools, universities, youth clubs, driving schools
- ✦ **Women:** Group with a large potential; an increase in women donors to 25%. is planned (currently 16%)
- ✦ **Rural area:** Local Red Cross organizations conduct specific promotion activities for their geographic area.

Source: national report. Dr. D. Sarlija, 2009

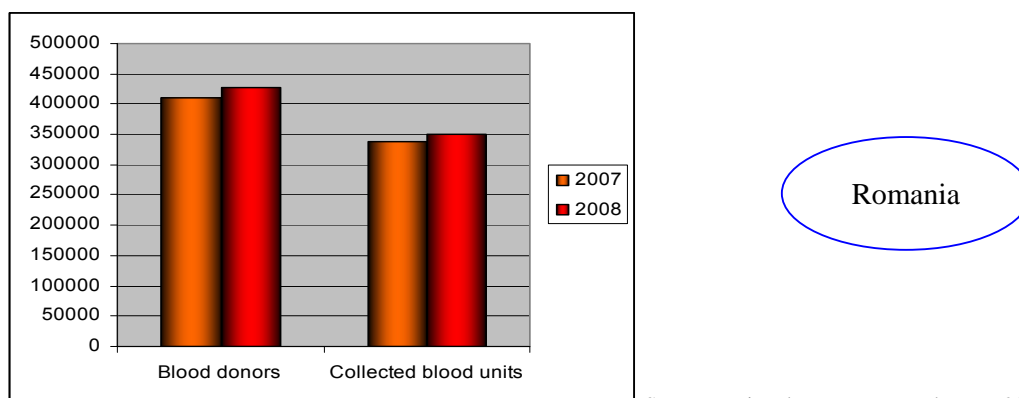
Croatia

Interventions have been foreseen to link with public health programmes, such as prevention programmes for HIV/AIDS, the "Human value", programmes for young people, education to healthy life style (prevention of alcohol and drug consumption, smoking etc), for long term sustainability, enhanced coverage and enforced message.

Romania has submitted the draft national program for evaluation to the MoH and to the national commission established for the promotion of voluntary non remunerated blood donation. While waiting for its formal approval, measures have been initiated to increase the blood collection figures, and to bring more young people to donate blood (local and national promotion efforts, recruitment campaigns among students, mobile blood collections etc).

Collaboration with nongovernmental organizations, such as the Foundation of benevolent blood donors has led to positive outcomes, with a consistent increase in young donors and blood collection figures recorded during the first trimester of 2009.

Figure 3: Trends in blood donors and donations in Romania



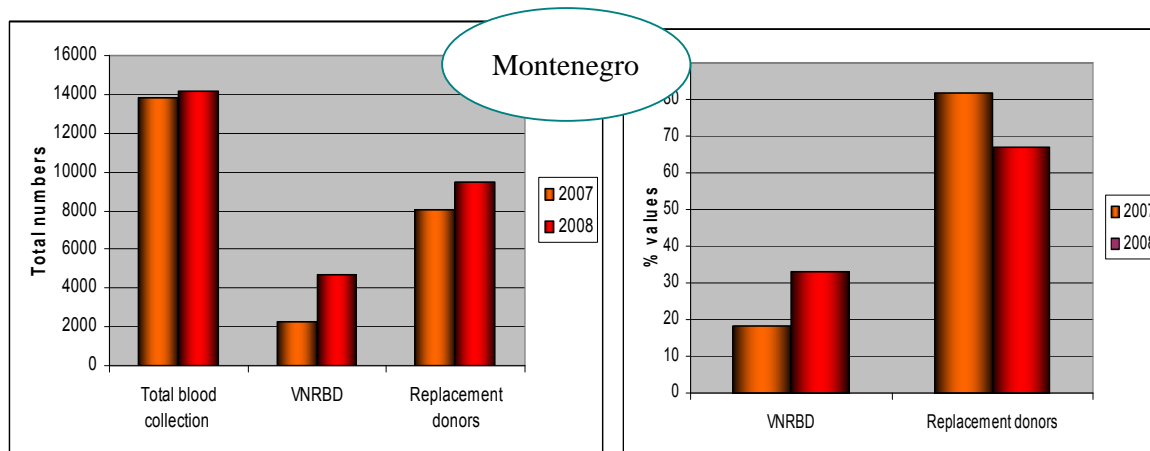
Source: national report, Dr. D. Ilcenco, 2009

Supportive information technology and the national donor register remain outstanding issues in the appropriate monitoring of blood donors classification and availability on a national basis.

In **Montenegro**, actions have been directed in the first place towards improving the existing structure of the blood donor population, by increasing the ratio of regular donors and voluntary non remunerated donors by conversion from the family replacement category.

Positive outcomes have been reported as compared to 2007, with an increase of the blood donation index from 2.23% to 2.28%. The most important achievement relates to the 33.17% of voluntary blood donations in this time interval.

Table: Changes in the blood donor pool structure in Montenegro




Source: national report, Dr. G. Rasovic, 2009

Information materials targeting the general population, and information packages for the elementary school have been developed, expected to be implemented starting September 2009

In **Serbia** activities on promotion of blood donation have been financed for the first time by the Ministry of Health. Education/ information efforts focused on youth, with 1700 lectures organized in secondary schools, and 800 lectures at Belgrade university faculties. 559 volunteers were trained in blood donor promotion, with 65% of trainees being less than 27 years of age.

Summer campaigns on blood donation and stem cell donation, seminars for Red Cross volunteers and promotional materials have been organized-



Summer campaigns 2008

Blood mobile Belgrade (09/06-30/08/08)

- 🚚 2,137 voluntary non remunerated blood donations
- 🚚 247 citizens applied for the Bone Marrow Register

Blood mobile Belgrade and the Central region of Serbia (026/06-29/08/08)

- 🚚 2,493 voluntary non remunerated blood donations
- 🚚 376 citizens applied for the Bone Marrow Register

Serbia

Source: national report, Dr. Z.Brajovic Vucicevic, 2009

Promotional leaflets ‘*Give blood – Make the day more beautiful for you and for others*’ were developed and widely distributed. As a result of these coordinated efforts, the blood donation index reached 3.27%, the highest level ever recorded in Serbia.

TFYROM has already adopted the national program on VNRBD elaborated during the implementation of current project. At national level, new regulations transposing Directive 2002/98/EC have been endorsed and others are under development. A slight increasing trend of blood collection has been noticed for the current year.

Action has been taken by the blood service in collaboration with the Red Cross to promote voluntary unpaid blood donation. In this respect, promotion materials have been produced, including leaflets to inform blood donors and the general population about the needs for blood and the conditions for safe blood donation. These have been complemented with guidelines for recruiters and dedicated training.

Volunteer participation from patient groups like ‘Life spark’ (malignant diseases), ‘Hemolog’ (hemophilia), and ‘Borka’ (hematologic diseases) contributed in the promotion efforts. Public seminars with the participation of prominent public figures (e.g. candidate for the Nobel Price Award for Humanity, singers etc) were organized to support the promotion of voluntary non remunerated blood donation. (17).

Common outcomes

All SEE countries have been celebrating successfully World Blood donor day on a yearly basis, as part of the efforts of increased social recognition of and awareness on safe blood donations. Activities include: press conferences, concerts, promotion materials using broad media support (TV, radio, newspapers, billboards, SMS messages), awards for long standing regular VNRBD, mobile drives organized in the city and regions with participation of official/ public figures.

The reported concerted efforts have led to positive outcomes in moving towards self sufficiency in blood and blood products, from voluntary non remunerated blood donations. However, the achievements to date require an agreed and long term follow up to enhance the level of information related to blood donation and transfusion, in the general population, with emphasis on youth.

Training of dedicated staff and increased involvement of volunteers will contribute to augmented community participation and will foster the multi stakeholders approach.

Efforts to ensure 100% voluntary non remunerated regular blood donation have to be complemented with consistent dedicated information campaigns and improved patient management strategies based on integrated care, for adequate use of blood supplies available and better populations’ health.

Evaluation of the SEE Blood safety project Component Two

Component Two of the SEE blood safety project started with an important delay, but had nevertheless to comply to the initially set time frame. The reduced time span for its implementation had a direct impact on the planned outcomes. An evaluation process was applied to better assess its relevance and potential for further expansion.

Methodology

The evaluation process comprised an internal assessment performed by the project participants themselves, using plenary discussions and country presentations on challenges and progress, that took place in Ljubljana, Slovenia, in April 2009.

On this occasion, an additional evaluation based on qualitative semi-structured interviews and questionnaire (Annex 4) for participating country project managers/delegates was conducted by a commissioned researcher (University of Copenhagen), with no previous involvement in the SEE blood safety project. A questionnaire using multiple choice and open ended questions has been used, and processed using basic quantitative statistic analysis.

The aims of the evaluation were:

- ▶ To assess the overall experience of participating countries in the SEE blood project
- ▶ To identify challenges and promoting factors for the implementation of the project, and in particular for Component two
- ▶ To assess the perceived impact of the project in the participating countries, and
- ▶ To assess potential needs to further developments of the project

Results discussed

The questionnaire based interviews had an 80% rate of response (all countries except Bulgaria and Croatia). Results are summarized below:

All respondents found that the project was useful or very useful for improving the performance of their blood service.

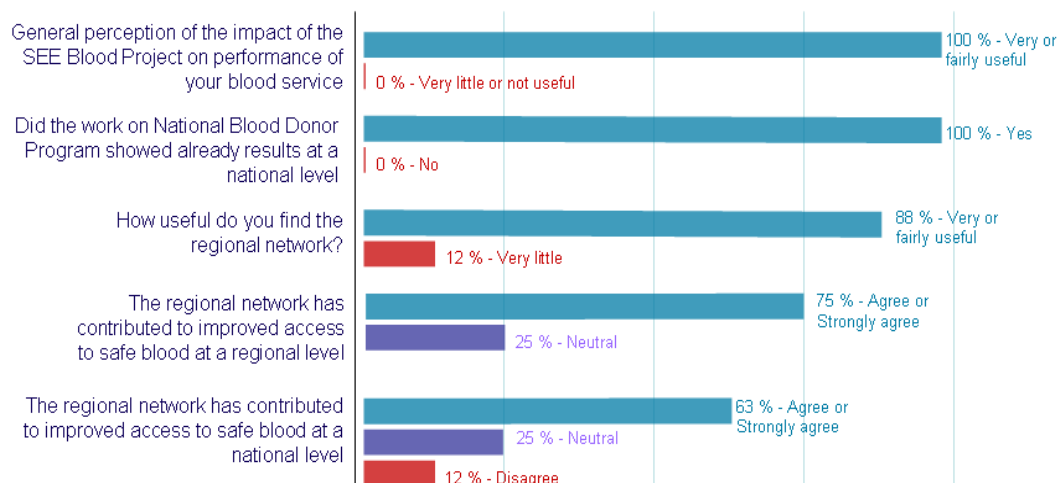
Several advantages of the project were listed, which included:

- ▶ Benchmarking: “to see where blood transfusion of my country stands in relation to other countries in the SEE”
- ▶ Reform/ update of blood services: “it initiated a lot of different activities and processes for instance in legislative processes related to the blood donor program”

- Information exchange: “all the countries had the possibility to exchange information, and to see what they could do and listen to foreign expert on the area”

The overall perception was that the team work, enhanced at both national and regional level has contributed to an increased focus on the topic.

Figure: General perception on SEE blood safety project Component Two

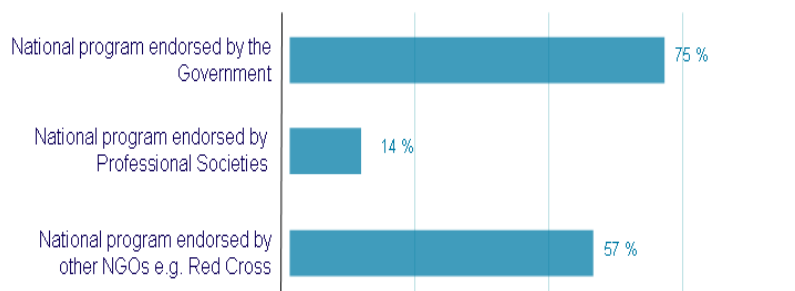


The SEE Blood Safety Network was seen as fairly and very useful by 88% of the respondents, 75% considered that the regional network has contributed to improved access to safe blood at a national level and 63% that the network has also contributed to increased access to safe blood at a regional level.

The national programmes developed during the SEE blood safety project were well received and already endorsed by the national Governments or in the process of their formalization.

In 57% of SEE countries the national dedicated programmes have been formally endorsed by the Red Cross societies and surprisingly, only 14% had endorsement by professional societies.

Figure 2 Endorsement of the National Blood donors’ programme at national level



For all of the responding countries that already started implementation of the national blood donor programme, there are factual results recorded at national level (e.g. increase in voluntary blood donations in Albania from 4.5% of total collection figure in 2005, to 15.7% in 2009; in Republic of Moldova from 1% in 2004 to 18% in 2008, for Montenegro from 20% to 33% during 2008)

86% of the countries suggested also the development of common actions pertaining to the SEE blood safety network for the World blood donor day. The proposed approaches included a common slogan for the SEE countries, common promotional campaign that could take place on World Blood Donor day, financial support to cover costs for common promotion and information materials.

Overcoming challenges

The main challenges in the working process were related to

- ▶ The complicated procedures of legal and regulatory updates supporting the reform of the blood service,
- ▶ The constant and coordinated efforts needed in strengthening the regular VNRBD pool, and
- ▶ The limited dedicated resources for these interventions, both of a human and financial nature.

The lack of supportive IT systems and uniform taxonomy including quality standards in use across the region require further capacity building efforts and investment in this field.

Hard and persistent work, a strong and professional team, close collaboration with the health authorities and exchanging experience with other SEE countries have been ways to overcome some of the challenges mentioned above.

The beneficial collaboration with various stakeholders and international organization (such as the TAIEX instrument of the European Commission, the European School of Transfusion Medicine etc), in the process of shared experience, consultation, and education was underlined.

Active cooperation and contribution of SEE countries in other projects related to blood transfusion in the EU was seen as an opportunity for sharing lessons learned in various settings and circumstances, and enabling implementation of common quality and safety requirements.

Conclusions

The evaluation revealed that the participating countries in the SEE blood safety project have good experiences with the project that have resulted in several beneficial initiatives and interventions in the countries.

All respondents found that additional work is needed to complete the unmet objectives of SEE blood safety project Component Two. National and regional hemovigilance systems and information systems were listed as main priority areas of action for the future together with a number of other areas including quality management, training, inspection systems, inclusion of government officials, and VNRBD promotion.

The evaluation itself was very well rated by participants, as it raised the possibilities of feasible improvements which could be accomplished without massive increases in the available resources.

Looking into the future

Component Two of the SEE Blood safety project provided opportunities to countries to share their experiences, concerns, and initiate targeted actions towards achieving an internationally recognized priority: national self-sufficiency in blood supplies through voluntary non-remunerated blood donation.

The knowledge gained during the development of Component One (2005-2006) and Component Two (2008-2009) helped the project team in strengthening their collaboration and openness for dialogue and information exchange.

It has been recognized that a successful approach is strongly conditioned by the commitment and involvement of national governments and health authorities. Without sustained support, including financial and logistic, expected progress can not be achieved.

In countries where blood availability is directly dependent on paid and/or family donors, decision makers should apply additional measures to enhance changes of the blood donor population, towards low risk groups.

Continuous monitoring of the blood supply and appropriate patient management and integration of care are additional key measures to better use existing resources and avoid increases in related morbidity and /or mortality.

Strengthened collaboration with EU Member States, professional bodies, the European branch of the International Federation of Red Cross and Red Crescent societies and other international stakeholders is an additional mechanism to foster communication and increase know how and capacity of delivery.

The following main conclusions and recommendations emerged.

Further support is required for the implementation of Component Two, which attained its first line objectives due to the continuous assistance of the Government of Slovenia, the SEE blood safety network, the Secretariat of the SEEHN and the WHO Regional Office for Europe

The extension of Component Two of the project is therefore recommended. An addendum for the extension of the project by 2 years was drafted and approved during the SEEHN meeting in Bucharest, June 2009. The Slovenian authorities have indicated their willingness to continue providing technical and financial support to this initiative.

It is anticipated that the SEE countries will:

- ▶ Increase their focus on blood management, blood use and haemovigilance, looking into integrated approaches with already existing public health interventions, as well as links between the various levels of care
- ▶ Build capacity in the fields mentioned above, with increased focus on promotion of safe blood donation, donor and patient management
- ▶ Communicate/ participate in EU funded projects in the field, such as blood donor management), quality standards and inspection, and blood use management
- ▶ Share information and outcomes within the SEE blood safety network, and strengthen the network as a mechanism of alert and response, for potential safety threats and emergencies.

Fostered collaboration and multi-stakeholder approaches in the field are expected to lead to an exponential increase in the local capacity and quality of delivered prevention and care.

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ANNEXES

Annex 1

SEE BLOOD SAFETY PROJECT DECISION ON COMPONENT TWO



**South Eastern Europe Health Network
“Health Development Action for South Eastern Europe”**

*Increasing regional self-sufficiency in relation to safer
blood and blood components*

DECISION

taken at the
Thirteenth meeting of the South-Eastern European Health Network
Sarajevo, Bosnia and Herzegovina, 26-28 June 2006

**Component two:
Increasing transnational availability of safe blood
and blood components for medical emergencies and
special circumstances**

We, the National Health Coordinators of the South-eastern Europe (SEE) Health Network¹, hereafter “the Representatives”, nominated by the Ministers of Health of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, the Republic of Moldova, Romania, Serbia and The former Yugoslav Republic of Macedonia, met in Sarajevo, Bosnia and Herzegovina from 26 to 28 June 2006 for the thirteenth meeting of the SEE Health Network.

We, the Representatives, consider the meeting to be timely, appropriate and an essential contribution to the peace-promoting efforts and guiding principles of the the Stability Pact for South Eastern Europe and the European Union Stabilization and Association Process.

The Dubrovnik and Skopje Pledges² call for immediate action to meet the health needs of vulnerable populations in SEE and provide solid political commitment for its success. In follow-up to the decisions taken at Dubrovnik and Skopje, we, the Representatives, have adopted the following:

DECISION
on
Component Two: Increasing transnational availability of safe blood and blood components for medical emergencies and special circumstances
of the
Project: Increasing regional self-sufficiency in relation to safer blood and blood components

Having reviewed the blood safety priorities in the SEE region and discussed ways and means of building concerted political action in the field of blood safety in relation to democratization, stabilization, development, social cohesion, peace and reconciliation in the region, we, the Representatives, acknowledge the impact of blood transfusion in the larger area of public health, as has been underlined by all the European and international institutions acting in the health domain. We consider that further sustained and coordinated development measures in the field, based on the achievements of Component One of the Project, would provide an appropriate instrument to resolve some of the key priority problems of the vulnerable populations in the SEE region and, from a public health point of view, influence other areas by identifying key actors and promoting concerted action.

We, the Representatives, note that existing blood transfusion services in the SEE region need to be updated in the light of the European Union’s (EU’s) directives 2002/98/EC (amending Directive 2001/83/EC), 2004/33/EC, 2005/61/EC and 2005/62/EC that are mandatory for member states and candidate countries, taking advantage of the technical guidance provided by Council of Europe recommendations No. R(88)4 and No. R(95)15 and WHO integrated strategy in this field.

¹ The SEE Health Network was established in partnership with the Council of Europe and the WHO Regional Office for Europe within the framework of the Stability Pact Initiative for Social Cohesion.

² The Dubrovnik Pledge was endorsed at the Health Ministers’ Forum on meeting the health needs of vulnerable populations in SEE (Dubrovnik, 31 August – 2 September 2001). The Skopje Pledge was endorsed at the Second Health Ministers’ Forum for health development action in south eastern Europe (Skopje, 25-26 November 2005).

We, the Representatives, conclude that the blood safety sector needs to acquire sufficient standing in all government policies, legislation and regulations, as well as in future obligations of the countries to implement EU legislation in this field. We believe that political input by the south-eastern European countries would be beneficial to the EU stabilization and association process and the Stability Pact Initiative for Social Cohesion, as well as to strengthening the public health and blood safety fields in the SEE region.

To achieve these objectives, we, the Representatives:

- *approve Component Two: Increasing transnational availability of safe blood and blood components for medical emergencies and special circumstances (Annex 1) of the project: Increasing regional self-sufficiency in relation to safer blood and blood components, subject to subsequent adjustment in the course of implementation, as decided by the Project Steering Committee, and on the basis of further funding raised for the project;*
- *commit ourselves and our national technical counterparts to the agreed timeframe for facilitating and launching implementation of the project from 1 November 2006;*
- *approve the Logical Framework (LFA) for Component Two, as well as the Project Implementation Plan (PIP), the organizational set-up and the budget breakdown (annexes 2, 3, 4 and 5);*
- *request the ministers of health of the nine SEE countries to endorse the above decisions, to maintain continuous political commitment and support, including by mobilizing national human and financial resources for implementation of the project and, finally, to supervise progress and monitor the impact of implementation at national and regional levels;*
- *thank the Stability Pact Initiative for Social Cohesion, the Government of Switzerland, the Council of Europe and the WHO Regional Office for Europe for their political, technical and financial support for the project;*
- *recognize the interest expressed by the governments and institutions of the countries that promote and support action related to blood safety in the SEE region, and invite them to consider supporting implementation of the project;*
- *extend an invitation to other donors and international organizations to consider supporting implementation of the project.*

We, the Representatives, wish to highlight the importance of assessing progress in the implementation of the Dubrovnik and Skopje Pledges in all seven areas, and particularly in achieving the objectives related to the area of blood safety. To this end, we consider the consultation of the ministers of health of the SEE countries held at the end of 2005 to have been a particularly useful forum. It has served to strengthen collaboration among the SEE countries in the field of health and bring their experiences and lessons learned to the health sectors of other countries, both within and outside the WHO European Region.

SIGNATURES:

ALBANIA:

*BOSNIA AND HERZEGOVINA
Federation Bosnia and Herzegovina:*

Republika Srpska:

BULGARIA:

CROATIA:

MONTENEGRO

REPUBLIC OF MOLDOVA:

ROMANIA:

SERBIA:

*THE FORMER YUGOSLAV REPUBLIC OF
MACEDONIA:*

SIGNATURES OF THE SECRETARIAT OF THE MEETING:

WHO REGIONAL OFFICE FOR EUROPE:

COUNCIL OF EUROPE:

Sarajevo, 28 June 2006

Annex 2

DECISION ON ADDENDUM TO COMPONENT TWO



**South Eastern Europe Health Network
“Health Development Action for South Eastern Europe”**

*Increasing regional self-sufficiency in relation to safer
blood and blood components*

DECISION

taken at the
Twenty-first meeting of the South-Eastern European Health Network
Bucharest, Romania, 25-27 June 2009

**Addendum to Component two:
Increasing transnational availability of safe blood
and blood components for medical emergencies and
special circumstances**



We, the National Health Coordinators of the South-eastern Europe (SEE) Health Network³, hereafter “the Representatives”, nominated by the Ministers of Health of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, the Republic of Moldova, Romania, Serbia and The former Yugoslav Republic of Macedonia, met in Bucharest, Romania, from 25 to 27 June 2009 for the twenty-first meeting of the SEE Health Network.

We, the Representatives, consider the meeting to be timely, appropriate and an essential contribution to the peace-promoting efforts and guiding principles of the the Regional Council for Cooperation for South Eastern Europe and the European Union Stabilization and Association Process.

The Dubrovnik and Skopje Pledges⁴ call for immediate action to meet the health needs of vulnerable populations in SEE and provide solid political commitment for its success. In follow-up to the decisions taken at Dubrovnik and Skopje, we, the Representatives, have adopted the following:

DECISION

on

Addendum to Component Two: Increasing transnational availability of safe blood and blood components for medical emergencies and special circumstances

of the Project:

Increasing regional self-sufficiency in relation to safer blood and blood components

Having reviewed the blood safety priorities in the SEE region and discussed ways and means of building concerted political action in the field of blood safety in relation to democratization, stabilization, development, social cohesion, peace and reconciliation in the region, we, the Representatives, acknowledge the impact of blood transfusion in the larger area of public health, as has been underlined by all the European and international institutions acting in the health domain.

We consider that further sustained and coordinated development measures in the field, building on the Component One project achievements and on the Component Two objectives accomplished so far, would provide an appropriate instrument to resolve some of the key priority problems of the vulnerable populations in the SEE region and, from a public health point of view, influence other areas by identifying key actors and promoting concerted action.

We, the Representatives, note that existing blood transfusion services in the SEE region need to be revised in the light of the European Union’s (EU’s) directives 2002/98/EC (amending Directive 2001/83/EC), 2004/33/EC, 2005/61/EC and 2005/62/EC that are mandatory for member states and candidate countries, and taking advantage of the technical guidance provided by the Council of Europe recommendations and WHO integrated strategy in this field.

³ The SEE Health Network was established in partnership with the Council of Europe and the WHO Regional Office for Europe within the framework of the Stability Pact Initiative for Social Cohesion.

⁴ The Dubrovnik Pledge was endorsed at the Health Ministers’ Forum on meeting the health needs of vulnerable populations in SEE (Dubrovnik, 31 August – 2 September 2001). The Skopje Pledge was endorsed at the Second Health Ministers’ Forum for health development action in south eastern Europe (Skopje, 25-26 November 2005).

We, the Representatives, conclude that the blood safety sector needs to acquire sufficient standing in all government policies, legislation and regulations, as well as in future obligations of the countries to implement EU legislation in this field. We believe that political input by the south-eastern European countries would be beneficial to the EU stabilization and association process, as well as to strengthening the public health and blood safety fields in the SEE region.

To achieve these objectives, we, the Representatives:

- *approve Addendum to Component Two: Increasing transnational availability of safe blood and blood components for medical emergencies and special circumstances (Annex 1) of the project: Increasing regional self-sufficiency in relation to safer blood and blood components, subject to subsequent adjustment in the course of implementation, as decided by the Project Steering Committee, and on the basis of further funding raised for the project;*
- *agree to continue implementation of the other activities foreseen for Component Two, within the new timeframe set up by the Addendum to Component Two and function of the available financial resources.*
- *approve the Logical Framework (LFA) for Addendum to Component Two, as well as the Project Implementation Plan (PIP), the organizational set-up and the budget breakdown (annexes 2, 3, 4 and 5);*
- *request the ministers of health of the nine SEE countries to endorse the above decisions, to maintain continuous political commitment and support, including by mobilizing national human and financial resources for implementation of the project and, finally, to supervise progress and monitor the impact of implementation at national and regional levels;*
- *thank the Regional Cooperation Council, the Government of Slovenia, the European Commission, the Council of Europe and the WHO Regional Office for Europe for their political, technical and financial support for the Component Two of the project;*
- *recognize the interest expressed by the governments and institutions of the countries that promote and support action related to blood safety in the SEE region, and invite them to consider supporting further implementation of the project;*
- *extend an invitation to other donors and international organizations to consider supporting implementation of the project.*

We, the Representatives, wish to highlight the importance of assessing progress in the implementation of the Dubrovnik and Skopje Pledges in all priority areas identified and support further implementation of the blood safety project. Additionally, we consider the recently signed Memorandum of Understanding on the future of the SEE Health Network to be particularly useful in strengthening the collaboration among the SEE countries in the field of health.

SIGNATURES:

ALBANIA:

BOSNIA AND HERZEGOVINA

Federation Bosnia and Herzegovina:

Republika Srpska:

BULGARIA:

CROATIA:

MONTENEGRO

REPUBLIC OF MOLDOVA:

ROMANIA:

SERBIA:

*THE FORMER YUGOSLAV REPUBLIC OF
MACEDONIA:*

SIGNATURES OF THE SECRETARIAT OF THE MEETING:

WHO REGIONAL OFFICE FOR EUROPE:

COUNCIL OF EUROPE:

Bucharest, Romania, 25-27 June 2009

Annex 3

GENERIC STRUCTURE FOR NATIONAL BLOOD DONOR PROGRAMME DEVELOPMENT

Goal: self sufficiency in blood and blood components collected from voluntary non remunerated blood donors

Analysis of current situation with respect to

- Blood donor population
- Blood collection (blood supply)
- Blood needs
- Gap between needs and supply
- Quality systems

Regulatory framework and organization of the BS

- Resources
- Funding,
- Services to donors (counselling etc)

Vision: 100% voluntary non remunerated blood donors

Scope and objectives

- Increase of VNRBD with..... %
- Increase of the number of regular donors with..... %
- National register of blood donors
- Increase of the number of young donors with%
- Phasing out replacement donors

Strategies for implementation

- Information campaigns for the general public
 - Mass media support and VP interventions
 - Promotion materials
 - Links with public health programmes
- Education campaigns for target groups
 - Young people
 - Different ethnical and religious groups
 - Women
 - Rural area

Human resources

- Dedicated and trained staff including presence of special department
- Volunteer participation in promotion of blood donation
- Person to person (donor to potential donor)

Partnership

- Identification of partners, responsible institutions such as RCRC and other stakeholders
- Involvement of patients, family, parent associations
- Involvement of physicians
- International cooperation, twinning between countries

Action plan

- To be developed according to local situation analysis to fill gaps identified
- Guidance tables for gap analysis and action plan

Budget: specific to country needs and objectives set

Monitoring and evaluation

- Regular analysis (recommended interval of 6 months) of outcomes according to selected indicators
- Definition of responsibilities for monitoring and evaluation
- Peer review/ internal and external assessment

Annex 4

EVALUATION QUESTIONNAIRE FOR THE SEE BLOOD SAFETY PROJECT AND COMPONENT TWO

Introduction of the informant, his/her function/responsibility in the project

1. Please give a brief description of your role/function/responsibility in the project?

Questions related to general work and outcomes of the SEE blood project

1. The SEE blood project started in 2005. What is your general perception on the impact of the SEE blood project on the performance of your blood service
 - o Not useful _
 - o Very little _
 - o Somewhat _
 - o Fairly useful _
 - o Very useful _
2. What is your general perception of the team work performance within the framework of the blood project at a national level (*please describe briefly*):
3. What is your general perception of the team work performance within the framework of the blood project at a regional level (*please describe briefly*):
4. What would you think would improve the work and impact of the SEE blood project at a national level? (*please describe briefly*)
5. What would you think would improve the work and impact of the SEE blood project at a regional level? (*please describe briefly*)

Questions related to SEE blood project Component two

1. Component two has not reached most of its stated objectives due to the limited funding available. Do you consider however that related activities (collaborative work with TAIEX, ESTM etc) did contribute towards progress in these directions?
 - o Yes _
 - o No _

If yes, please specify:

2. Please describe your experience in the development of the national blood donor programme?

3. Was the recently developed/ updated national programme already endorsed by the

- o Government _
- o Professional society _
- o Other non governmental organizations (e.g. Red Cross) _

4. Did the work on national blood donor programme/ blood donor promotion show already results at national level?

- o Yes _
- o No _

If yes, please specify:

5. Do you have planned activities for the forthcoming World Blood Donor day event on June 14th?

- o Yes _
- o No _

If yes, please specify:

6. Do you see a need for a SEE blood safety network common action for the World Donor day event on June 14th?

- o Yes _
- o No _

If yes, please specify:

Questions related to SEE blood safety network

1. Please describe your experience related to the SEE blood safety network at a national level:

2. Please describe your experience related to the SEE blood safety network at a regional level:

3. Please state the three main challenges encountered in this process

- a.
- b.
- c.

4. (If relevant) How did you manage to overcome the challenges?

5. How useful do you find the regional network?

- o Not useful _
- o Very little _
- o Somewhat _

- Fairly useful _
- Very useful _

6. How much do you agree or disagree with the following statements?

a) The regional network has contributed to improved access to safe blood at a national level?

- Strongly disagree _
- Disagree _
- Neutral _
- Agree _
- Strongly agree _

b) The regional network has contributed to improved access to safe blood at a regional level?

- Strongly disagree _
- Disagree _
- Neutral _
- Agree _
- Strongly agree _

Questions related to next priorities for the SEE blood safety project/ network

1. Do you think that additional work is needed to complete the unmet objectives of component two?

- No
- Yes (if yes, go to question 3)

2. Please list three main priorities of action that would require follow up

- a.
- b.
- c.

Rounding off

1. Is there anything else you would like to add about the SEE blood safety project in general, or about the project component two in particular?

Annex 5

LIST OF PROJECT MANAGERS

REGIONAL PROJECT MANAGER

Dr Alina Mirella Dobrota
Regional Blood Transfusion Centre, Constanta
Romania

NATIONAL PROJECT MANAGERS

Albania

Dr Irena Seferi
National Blood Transfusion Service, Tirana

Bosnia and Herzegovina

Dr Dragan Sarenac
Blood Transfusion Service, General Hospital Trebinje

Bulgaria

Dr Andrey Andreev
National Center for Haematology and Transfusiology, Sofia

Croatia

Dr Dorotea Sarlija
Croatian Institute of Transfusion Medicine, Zagreb

Montenegro

Dr Gordana Rasovic
Center for Blood Transfusion, Clinical Center of Montenegro, Podgorica

Republic of Moldova

Dr Svetlana Cebotari
National Centre for Blood Transfusion, Chisinau

Romania

Dr Daniela Ilcenco

Regional Blood Transfusion Centre, Iasi

Serbia

Dr Zorica Brajovic Vucicevic

National Blood Transfusion Institute, Belgrade

The former Yugoslav Republic of Macedonia

Dr Risto Dukovski

National Institute of Transfusion Medicine, Skopje