



IMPLEMENTING PARTNER'S NAME:

SAFE BLOOD FOR AFRICA FOUNDATION

Cooperative Agreement (CoAg) Title:

CDC-RFA-GH12-1255

CAMEROON

Safe Blood for Africa Foundation™ (SBFA)

501(c)(3) non-profit Foundation established in 1999

Worked in over 22 countries in Africa and Americas

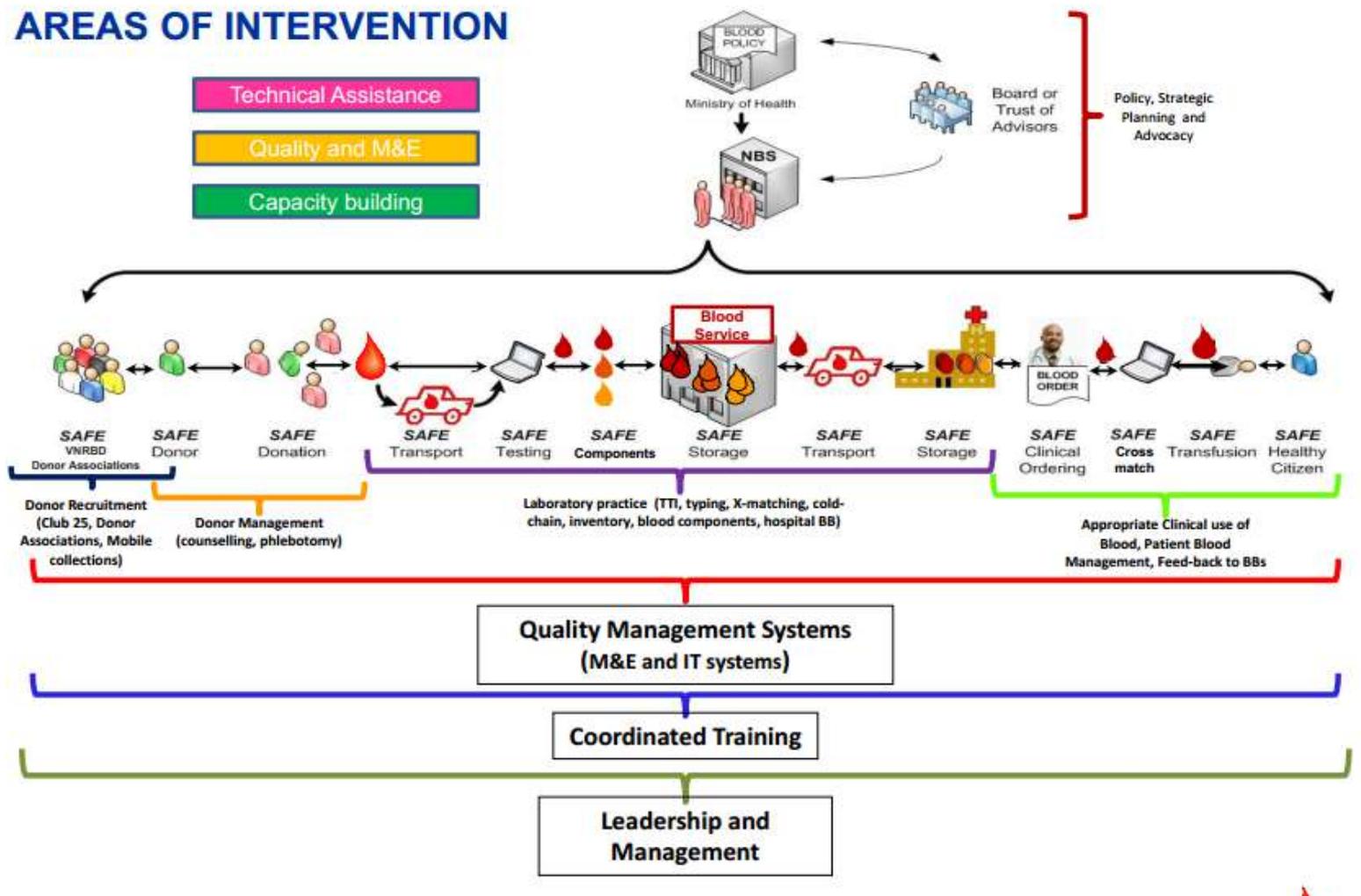
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“To promote the health renewal of Africa through increased access to safe blood”

www.safebloodforafrica.org

AREAS OF INTERVENTION

- Technical Assistance
- Quality and M&E
- Capacity building



Based on Blood Safety Value Chain (BSVC)



SBFA CAMEROON

SBFA CAMEROON (Since March 2013)

501, Norbia Building

Bastos, Spain Embassy street

P O BOX 5739 Yaoundé

Phone: (237) 222 72 15 15

Website: www.safebloodforafrica.org



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GOALS, OBJECTIVES IN CAMEROON

CoAg CDC/SBFA

The five technical areas for the agreement are:

1. Key Technical Requirement #1: **Situational analysis**
2. Key Technical Requirement #2: **Blood collection**
3. Key Technical Requirement #3: **Blood testing and production of blood components**
4. Key Technical Requirement #4: **Quality assurance including M & E**
5. Key Technical Requirement #5: **Training**

LOCATIONS OF THE PROJECT

Sites:

-4 cities

-5 pilot HBBs



LOCATIONS OF THE PROJECT

Sites:

-4 cities

-+12 other cities

-5 pilot HBBs

-+17 other HBBs
requested by PS



SUMMARY WORK PLAN 2013-2015

Objective (Goal)	Activity
Infrastructure Development	Conduct Blood Service Assessment at the 5 pilot sites. GAP, Risk analysis, develop a proposed Strategic Plan.
Blood Collection	Develop a plan to increase collection by 10% p.a (Donor recruitment, motivation, retention) review SOPs, etc; engage Blood Donor Associations
Blood testing and blood production	Donor screening and blood testing strategy; Components production strategy
Monitoring and Evaluation (M&E)	Develop viable M&E system for Blood Safety
Quality Systems	Develop job descriptions and training/mentoring plans.
Training plan	Based on Assessment develop a training plan for all staff; activities Conduct Training BSSP/BDMG/BCL
Project update and alignment	Quarterly review and update meetings; stakeholder network

ACHIEVEMENTS TO DATE

On this basis, the following was achieved from **March 2013 to Feb 2015:**

Worked on 4 Keys requirements out to 5

Key requirement 1: Infrastructure development

- Desktop analysis of the current status of Blood Safety;
- Full Blood Safety Assessment;
- Completion of a GAP (Good Average Poor) analysis;
- Development of a proposed draft Strategic Plan;
- Assessment of training needs in 5 pilot HBBs;
- Complementary Assessment of training needs in 17 additional HBBs.



ACHIEVEMENTS TO DATE

Key requirement 2: Blood Collection

- Engagement of Blood Donor Associations through FECADOBES
- Technical assistance to MoPH in development of a Blood Donor Communication Plan
- Technical Support to blood donors associations: development of a strategy for effective collaboration between FECADOBES and Blood Banks



ACHIEVEMENTS TO DATE

Key requirement 4: Quality Assurance and M&E

- Development of tools for baseline data collection and M&E
- Development of Technical Requirements for a quality operational National Blood Services according the NTBP



ACHIEVEMENTS TO DATE

Key requirement 5: Training

- Training plan and curriculum developed including syllabus (10 modules for 3-4 years)
- Module 1: Training of 107 staff from 22 HBBs and 16 cities in BSSP: “Introduction to Blood safety”



ACHIEVEMENTS TO DATE

Project alignment and updates

- Regular review and update meetings : **NBTP, CDC**
- Stakeholder network: **WHO, NACC, FECADOBES, Heads of Hospital Blood banks, CRC.**

CHALLENGES

1. Young NBTP, still in implementation:
 1. Official strategic and work plans not yet available
 2. Slow administrative procedures
 3. Priorities of the program sometimes different from technical

2. Some changes in the CoAg:
 1. Still to be clarified according to MoPH priority – funding uncertainty via PEPFAR

3. HBBs rather than NBS:
 1. Reduced autonomy;
 2. Numerous sites

WHY CONTINUE TO SUPPORT BLOOD SAFETY IN CAMEROON

1. Effective Willingness of the government
2. Very low level of blood safety
3. Support structures in place: **SBFA / WHO/ CDC**

WHY CONTINUE TO SUPPORT BLOOD SAFETY IN CAMEROON

Effective willingness of the Government

1. A National Program created and functional
2. Policy and legislation are available
3. Collaboration with Blood Safety partners is effective
4. Blood Safety activities are implemented with some encouraging results
5. A budget created for blood safety
6. An empirical M&E system exists

WHY CONTINUE TO SUPPORT BLOOD SAFETY IN CAMEROON

Very low level of blood safety currently

Organization has started but is not yet effective

1. Strategic plan to be finalized and approved
2. Operational units not yet functional at National level

Safe blood donation is still a dream

1. No repeat VNR Blood donation plan
2. Less than 10% VNRBD
3. Less than 25% of needs covered

WHY CONTINUE TO SUPPORT BLOOD SAFETY IN CAMEROON

Blood donation Screening plan not effective

1. Less than 100% blood units tested for 4 major TTIs
2. Still High prevalence and Residual risk of TTIs
3. Inefficient screening strategy when it exists and is implemented
4. No M&E of screening performance or INQAS
5. No Centralized screening

Appropriate Clinical use of Blood not yet organized

1. No Clinical Guidelines
2. No Haemovigilance program
3. High prevalence of transfusion adverse reactions unrecorded

WHY CONTINUING TO SUPPORT BLOOD SAFETY IN CAMEROON

Quality System is not in place

1. No Quality System in place
2. No M&E system
3. Bad proficiency testing results in international studies

Appropriate Training has just started

1. A very few staff trained and posted appropriately
2. No career development in Blood Safety

WHY CONTINUING TO SUPPORT BLOOD SAFETY IN CAMEROON

Support structures in place: SBFA/WHO/CDC

SBFA

1. Officially registered
2. Collaborates with NBTP and MoPH
3. Good collaboration with CDC, WHO and all stakeholders

CDC Cameroon and WHO

1. Willingness to continuing supporting Blood Safety
2. Specific services for Blood Safety in place
3. Some achievements reported despite funding uncertainty

ACKNOWLEDGEMENTS



Permanent
Secretariat of
PNTS



Ministry of Public Health

Hospital Directors &
Heads of Hospital Blood Banks

FECADOBES

THANK YOU FOR YOUR KIND ATTENTION