




WHO GLOBAL CONSULTATION

100% Voluntary Non-Renumerated Donation of Blood and Blood Components



World Health
Organization

 International Federation
of Red Cross and Red Crescent Societies



Australian Government
Department of Health and Ageing



Australian & New Zealand
Society of Blood Transfusion Ltd



Australian Red Cross
BLOOD SERVICE

Global Consultation

100% Voluntary Non-Remunerated Donation of Blood and Blood Components

9-11 June 2009, Melbourne, Australia

CONTENTS

Executive summary

- 1. Introduction**
- 2. Opening Session**
 - 2.1 Welcome and opening addresses
- 3. Introduction to the WHO/IFRC publication ‘towards 100% voluntary blood donation’**
- 4. Objectives and background to the Consultation**
 - 4.1 Objectives of the Consultation
 - 4.2 Global Perspective on voluntary non-remunerated donation of blood and blood components
 - 4.3 Why voluntary non-remunerated donation of blood and blood components?
- 5. Challenges and Barriers in Achieving 100% Voluntary Non-Remunerated Donation of Blood and Blood Components**
 - 5.1 Country experiences from Cambodia
 - 5.2 Country experiences from Ethiopia
 - 5.3 Country experiences from Indonesia
 - 5.4 Country experiences from Pakistan
 - 5.5 Discussion to identify key challenges and issues
- 6. Foundations of a system for Voluntary Non-Remunerated Donation of Blood and Blood Components**
 - 6.1 Presentation of Vignettes
 - 6.2 Creating an enabling environment for 100% voluntary blood donation: Establishing a voluntary blood donor programme in China
 - 6.3 Fostering a culture of voluntary blood donation: Understanding your blood donors

- 6.4 Building and maintaining a sustainable and safe voluntary blood donor base
 - 6.4.1 Mobilizing young people as a new generation of blood donors
 - 6.4.2 Converting eligible family/replacement donors to VNRBD
- 6.5 Providing quality donor service and care: Assessing donor's suitability to donate blood
- 6.6 Discussion to identify key issues and challenges
- 6.7 Review of key issues and challenges
 - 6.7.1 The role of government in achieving 100% VNRBD
 - 6.7.2 The establishment of a quality system and blood safety programme
 - 6.7.3 Building capability for education and training of professional donor recruiters
 - 6.7.4 The establishment of a programme to support VNRBD recruitment, retention and recognition
 - 6.7.5 Raising Public awareness of blood supply as a public health and equity issue and altruism to support their community through VNRBD
 - 6.7.6 Review of the ongoing importance of VNRBD for plasma for fractionation in addition to its established role in provision of labile blood components
- 7. Global Initiatives and Regional Initiatives in the Asia Pacific**
 - 7.1 *'Developing a Voluntary Blood Donor Programme'*
 - 7.2 WHO Recommendations on Blood Donor Selection and Blood Donor Counselling
 - 7.3 World Blood Donor Day: Expanding global sponsorship and networks
 - 7.4 IFRC Global Advisory Panel & International Colloquium on VNRBD
 - 7.5 Role and aspirations of the Asia-Pacific Blood Network
 - 7.6 Securing Safe Blood: Building on the regional initiative from the Japanese Red Cross/Thai Red Cross on RC/RC symposia on blood programmes in the Asian region: vision for the future

- 7.7 Pacific Emerging Partnerships: challenges and successes
- 8. Discussion and summary to identify key issues and requirements for moving forward.**
- 9 The Melbourne Declaration**
- 10 Priority actions and recommendations for achieving 100% voluntary non-remunerated donation of blood and blood components**
- 11 Closing Remarks**
- 12. Annexes**
 - 12.1 Annex 1: Agenda
 - 12.2 Annex 2: Programme of Work
 - 12.3 Annex 3: List of participants
 - 12.4 Annex 4: Group photograph

Executive Summary

This report is the outcome of a ‘Global Consultation on 100% Voluntary Non-Remunerated Donation of Blood and Blood Components’, which was held on 9-11 June 2009 in Melbourne, Australia. Its objective was to review the current barriers to achieving a safe global blood supply based on 100% voluntary non-remunerated blood donation (VNRBD) and then to identify strategies and systems that will assist in meeting the goal. The Consultation also resulted in the development of a ‘Melbourne Declaration’ which will become a useful advocacy tool for WHO and other stakeholders to build government commitment to the principle of a safe and sufficient blood supply based on 100% VNRBD.

More than 30 years after the first World Health Assembly resolution (WHA28.72) addressed the issue of blood safety, many countries still lack consistent supplies of sufficient safe blood to meet the needs of their health care systems. Family replacement and paid donation continue in many countries even though there is convincing evidence that they are both less safe and that their use can inhibit progress to a safer system based on 100% VNRBD. The consultation assessed the nature of the barriers that are preventing countries from realising this goal and reviewed the strategies and interventions that will assist progress towards this goal.

Country experiences and innovative approaches to the implementation of a blood system based on 100% VNRBD were reviewed. Opportunities to integrate the development of a national blood service as part of overall health strategies designed to support achievement of the Millennium Development Goals (MDGs) were also considered.

Current initiatives being undertaken by WHO and other stakeholders to support provision of quality service and care to blood donors were reviewed. These build on the WHO strategies and respond to recommendations developed at the ‘Global Consultation of Universal Access to Safe Blood Transfusion’ held on 9-11 June 2007 in Ottawa, Canada. Regional initiatives in the Asia-Pacific region were also reviewed and highlighted the opportunities to further strengthen and expand successful networks already being developed.

A set of key themes with associated issues and requirements to overcome these were identified. These will assist the WHO-HQ Blood Transfusion Safety Team in setting its strategic plans for the next three to five years. The consultation also resulted in the development of a ‘Melbourne Declaration’ and identification of priority actions and recommendations to different stakeholders for achieving 100% VNRBD. The ‘Melbourne Declaration’ is an advocacy document that affirms the unanimous support of participants for provision of a sufficient supply of safe blood obtained from 100% VNRBD and calls for action from governments to support its achievement by 2020. The Declaration also urges stakeholders to work collaboratively to support governments in achieving the goal.

1 Introduction

This report analyses the current situation of global blood safety and availability with a particular emphasis on voluntary non-remunerated blood donation (VNRBD). It explores the challenges that will need to be overcome to achieve the goal of 100% voluntary non-remunerated blood donation and identifies a series of strategies and actions that will overcome them. The implementation of the strategies contained in this report will lead to a significant improvement in the ability of blood services globally to provide sufficient safe blood from voluntary non remunerated blood donors to meet the needs of their health care systems. The strategies will also contribute to implementation of WHO and IFRC guidance on 'Towards 100% voluntary blood donation: A global framework for action'.

To address the challenge of improving access to safe blood transfusion based on 100% VNRBD in developing countries, the Blood Transfusion Safety team at WHO headquarters organized a 'Global Consultation on 100% Voluntary Non-Remunerated Blood Donation of Blood and Blood components' on 9-11 June 2009 in Melbourne, Australia. The consultation was organized in collaboration with the Australian Commonwealth Department of Health and Ageing (DoHA), The Australian Red Cross Blood Service, the Australian and New Zealand Society of Blood Transfusion and the International Federation of Red Cross and Red Crescent Societies. The consultation was timed to precede a global event marking World Blood Donor Day on 14 June 2009, being hosted by Australia. More than 65 participants took part in the consultation. They included members of the WHO Expert Advisory Panel on Transfusion Medicine, international experts and representatives of WHO collaborating Centres, national blood transfusion services, international organizations and developmental partners.

The onset of the HIV/AIDS pandemic in 1981 brought blood safety into the global limelight. In developed countries, the lessons learned from the legal, financial and public health consequence of the HIV/AIDS crisis have led to effective implementation of blood safety policies with a 'zero-tolerance' approach to maintaining the safety of national blood supplies. In developing countries, however, transfusion transmissible infections (TTIs) are still a cause of grave concern. Many countries still rely on unsafe family/replacement or paid donors and are unable to consistently screen all the donated blood for TTIs in a quality-assured manner.

Evidence-based strategies for blood safety and availability based on 100% VNRBD have been successfully implemented in most developed countries and some transitional and developing nations. However, despite the proven effectiveness of these strategies, their implementation is progressing slowly in many countries. In particular, many countries continue to struggle to make significant progress toward the goal of 100% VNRBD.

Today, in the second half of the UN Millennium Project and the associated Millennium Development Goals (MDGs), internationally agreed-upon goals to be met by 2015, the world is still a long way from achieving universal access to safe blood transfusion based on 100% VNRBD. This will have a direct impact on the achievement of the health-related MDGs to reduce child mortality, improve maternal health and combat HIV/AIDS.

This report will *first* identify the current challenges to achieving 100% VNRBD. *Next*, it will analyse the strategies for achieving 100% VNRBD, highlighting the role of blood transfusion in achieving MDGs. *In closing*, the report will identify priorities for action, and make recommendations to WHO and other key stakeholders, and also outline the ‘Melbourne Declaration’ produced on behalf of the participants of the global consultation, urging countries to work towards the achievement of 100% VNRBD.

2 Opening session

2.1 Welcome and opening addresses

Dr Steffen Groth, Director, Essential Health Technologies, WHO-HQ, opened the meeting by welcoming all the participants and thanking the Australian Government Department of Health and Ageing, the Australian Red Cross Blood Service, The Australian and New Zealand Society of Blood Transfusion and the International Federation of Red Cross and Red Crescent Societies for their support of the meeting. He noted that Australia will be hosting the launch of WBBD for 2009 and the central role that Australia has played in the development of transfusion medicine internationally and in particular in the Asia Pacific region.

Dr Groth identified that the consultation is based on a vision, namely the adoption of 100% Voluntary Non-Remunerated Blood Donation (VNRBD) globally by 2020. Significant progress has been made towards the goal. This consultation aims to build on the successes to date and to identify strategies and interventions for achieving further progress towards the goal.

Ms Jenny Hefford, Assistant Secretary, Blood and Regulatory Policy Branch, Australian Commonwealth Department of Health and Ageing (DoHA), welcomed participants on behalf of the Australian Government Department of Health and Ageing. She emphasised the importance of collaboration and cooperation in ensuring the effective provision of blood transfusion services in Australia. The pivotal role of voluntary non-remunerated blood donors in assuring the ready availability of safe blood and blood components was acknowledged.

Ms Jennifer Williams, CEO Australian Red Cross Blood Service (ARCBS), welcomed participants on behalf of the ARCBS. She indicated that Australia is committed to self-sufficiency based on VNRBD. She emphasised the importance of the gift of donation and the tremendous support provided by the people of Australia in achieving this. This was recently demonstrated by the tremendous public response to the recent bush fires in Victoria.

Dr Peter Flanagan, President of the Australian and New Zealand Society of Blood Transfusion (ANZSBT), welcomed participants on behalf of the Society. He identified that clinicians and patients across Australia and New Zealand take the availability of safe and

sufficient numbers of blood components very much for granted. Many countries are less fortunate and the consultation provides an important opportunity to identify strategies and initiatives to support further improvement in the availability of adequate numbers of safe and effective blood components at a global level.

Mr Peter Carolan, Senior Officer, Health and Care (Blood) International Federation of Red Cross and Red Crescent Societies (IFRC), welcomed participants on behalf of the IFRC. He extended congratulations to Australian blood donors in the 80th anniversary year of the ARCBS.

The draft agenda was adopted with minor changes in timing of some presentations. Ms Jenny Hefford, DoHA and Dr Philippa Hetzel, ARCBS, were elected as Chair persons and Dr Faten Moftah, Director-General, National Blood Transfusion Service Ministry of Health and Population, Egypt as Vice-Chair. Dr Peter Flanagan, President ANZSBT and Dr Justina Ansah, Director, National Blood Transfusion Service, Ghana, were elected as rapporteurs.

3 Introduction to the WHO/IFRC publication ‘towards 100% voluntary blood donation: a global framework for action’

Presenters: Dr Neelam Dhingra, Coordinator Blood Transfusion Safety, WHO-HQ and Mr Peter Carolan, Senior Officer, Health and Care (Blood) IFRC

Dr Neelam Dhingra and Mr Peter Carolan introduced the publication ‘*Towards 100% Voluntary Blood Donation – A Global Framework for Action*’. The WHO and IFRC have been developing the publication for the last two years. It was formally launched at this consultation. The framework has been developed in participation with many collaborators. The longstanding strategic collaboration between WHO and IFRC was acknowledged and along with this the contribution of ISBT and FIODS as four core agencies sponsoring WBDD.

The publication outlines a framework for achievement of 100% VNRBD globally. The strategies defined in this publication are based on the outcome of a series of regional, sub-regional and national workshops. It identifies 4 main strategic goals;

- Creation of an enabling environment for 100% VNRBD globally
- Fostering a culture of voluntary blood donation
- Building and maintaining a safe sustainable donor base
- Provision of a quality donor service and care

Dr Dhingra outlined the joint strategies that WHO/IFRC will implement to support countries in achieving the goals. These include advocacy and policy guidance to policy makers and governments, promotion of a global culture that recognizes and values voluntary non-remunerated blood donation through World Blood Donor Day, training of trainers and regional workshops, biennial joint IFRC/WHO International Colloquia on the recruitment and retention of VNRBD and mobilization of resources along with the

development of suitable financial partnerships. She concluded by emphasising the commitment of WHO to achievement of 100% VNRBD and to the ongoing collaboration with IFRC and other strategic partners to make this happen.

Mr Peter Carolan thanked the IFRC supporters who have generously contributed their time and expertise to the development of the publication. The work of the IFRC Global Advisory Panel (GAP) was also acknowledged. He indicated that the publication outlines the roadmap to achieving the goal of 100% VNRBD. He looks forward to the ongoing support of collaborators in its implementation.

4 Objectives and background to the consultation

4.1 Objectives of the Consultation

Presenter: Dr Steffen Groth, Director, Essential Health Technologies, WHO-HQ.

Dr Groth outlined the objectives of the consultation. These are shown below.

1. To highlight the importance of the voluntary non-remunerated donation of blood and blood components for global blood safety and availability.
2. To assess the nature and magnitude of current challenges and barriers to 100% voluntary non-remunerated donation in developing, transitional and developed Countries
3. To provide a platform for countries to share experiences and develop evidence-based strategies to strengthen their programmes for voluntary non-remunerated donation of blood and blood components in order to eliminate paid donations and phase out family/replacement blood donation.
4. To introduce the 'WHO/IFRC Global Framework for Action Towards 100% Voluntary Blood Donation'.
5. To agree on strategies to be considered by countries to achieve 100% voluntary nonremunerated donation.
6. To develop and issue the 'Melbourne Declaration' on behalf of the participants of the global consultation, urging countries to work towards the achievement of 100% VNRBD.
7. To identify and define priorities for action and develop recommendations to all key stakeholders to achieve 100% VNRBD.

4.2 Global Perspective on voluntary non-remunerated donation of blood and blood components

Presented by Dr Neelam Dhingra, Coordinator Blood Transfusion Safety, WHO-HQ.

Dr Dhingra focussed on the need for countries to ensure access to a safe blood supply and reviewed the current position using data obtained from the Global Database for Blood

Safety (GDBS).

The presentation covered the main elements required to ensure access to a safe blood supply. She emphasised that transfusion is an integral part of patient management. There is an increasing need for blood and blood products as medical technologies develop and health systems improve. It is important that blood systems develop in parallel to the wider health care system. The pattern of blood usage in developed and developing countries is very different. In developed countries it increasingly supports complex medical interventions. In contrast, in developing countries, it is used predominantly in the management of pregnancy, childbirth and accidents and trauma. Access to safe blood is an important component of the management of these disorders. Evidence indicates that many deaths would be avoided if supplies of safe and effective components were improved.

The Global Database on Blood Safety (GDBS) collects data from all countries. The database identifies significant disparities in the level of blood availability in countries of different HDI. The overall situation has improved in recent years but this remains a continued concern. Overall collection rates are also a problem in low HDI countries with 73 countries reporting a donation rate of less than 1% (<10 per 1000 population). The average donations collected per blood centre is also much higher in high HDI countries. This demonstrates the lack of co-ordination and centralisation of transfusion services in many of these countries. Deferral rates are also a concern with significantly higher rates in HDI countries indicating higher standards of donor selection and consequent improved safety. Discard rates are also high. Globally, 3.3 million donations are discarded each year, many for avoidable reasons.

Overall rates of VNRBD continue to be a concern in many medium and low HDI countries. This is often associated with high prevalence of TTIs. By 2009, 57 countries reported 100% VNRBD. Significant improvement was seen in 111 countries over the last 3 years. 32 of the 111 have more than doubled their proportion of VNRBD. However, 52 countries still collect less than 25% of blood supplies from VNRBD and 31 countries to be reliant on paid donors.

Continued challenges to achieving the goal of 100% VNRBD include a lack of tangible political commitment, fragmentation and poor co-ordination, a lack of sufficient budgets, inadequate infrastructure and a lack of effective communication with donors. There is an ongoing reliance on family replacement and paid donations and a shrinking VNRBD donor base due to increasingly stringent donor selection criteria.

Dr Dhingra outlined the key strategies used by WHO in this area. The WHO vision is for universal access to safe blood transfusion. The strategy for achieving this involves three main pillars, voluntary NR blood donation, testing of all donated blood and the appropriate clinical use of blood. WHO has provided a number of resolutions relating to blood transfusion. The landmark 1975 (WHA 28.72) resolution supported the development of National Blood Transfusion Services based on VNRBD and 2005 (WHA 58.13) resolution on establishment of World Blood Donor Day. Additional resolutions have built upon this policy. WHO provides policy guidance to countries to support efforts to achieving 100%

VNRBD. A range of training and support tools have also been developed.

Dr Dhingra also outlined recommendations developed at the global consultation held in Ottawa, Canada, in June 2007 and Sharjah, United Arab Emirates in March 2009. She reported significant progress in achieving these. Criteria for identification of priority countries have been developed. These are mainly based in Africa and the EMRO region. She concluded by emphasising the ongoing commitment of WHO in this area.

4.3 Why voluntary non-remunerated donation of blood and blood components?

Presented via a telephone link by Dr Cees van der Poel, Sanquin Blood Supply, The Netherlands.

Dr Van der Poel outlined the background to current European Union (EU) policies in relation to VNRBD. The policy supports unpaid voluntary donation based on consideration of a number of issues. These comprise the safety of blood and blood components, avoidance of exploitation and commercialization of the human body, necessity for adequate supply and principles of altruism and social solidarity.

Dr van der Poel provided data to demonstrate the key role that types of donors and donor selection criteria have played in assuring overall safety of blood components. This was evident even before the availability of screening tests for HIV and HCV. He demonstrated that this remains so today despite recent improvements in testing methods. This is best demonstrated by an analysis of relative risk. A recent meta analysis of published studies undertaken between 1968 and 2001 clearly demonstrates a higher risk for paid donors compared to VNRBD.

Regression analysis shows that the relative risk has not changed over time i.e. the relative risk was maintained as overall safety improved. Recent data from Germany shows a higher rate of NAT positivity in paid donors. The significance of this has been challenged but recent data from Lithuania shows a similar picture. Data from the US indicates that commercial paid donor centres in the US are much more likely to be based in low socio-economic areas with high risk for transfusion-transmissible infections. There is also a clear relationship between paid donation rates and unemployment raising a question as to whether these paid donors are true volunteers.

He also considered principles around exploitation of human body parts. The EU Charter on Fundamental Rights prohibits making profit from the human body. Data from South America suggested that a move to VNRBD need not impact on availability of blood components. Indeed, the data indicates that overall supply improved as the percentage of VNRBD increased. He also provided data to indicate that reliance only on VNRBD need not lead to scarcity of supply of Intravenous Immunoglobulin. Indeed, current plasma collection rates in the Netherlands and Belgium would support access to more IVIG than is currently needed in those countries. He went on to outline the position being developed by the European Blood Alliance (EBA) which supports an ongoing commitment to 100%

VNRBD. He acknowledged that differences will occur between geographic areas in Europe but believes that the data clearly indicates that VNRBD is always safer. EU directives support developments towards 100% VNRBD. EBA believes that achievement of the goal might be regulated as a goal to be achieved within a defined time frame.

5 Challenges and Barriers in Achieving 100% Voluntary Non – Remunerated Donation of Blood and Blood Components

5.1 Country experiences from Cambodia

Presented by Dr Chorn Samnang, Chief of Administration and Finance Office, National Blood Transfusion Centre, Phnom Penh, Cambodia

Dr Samnang outlined the challenges and barriers to implementing 100% VNRBD experienced in Cambodia. Cambodia has a population of 14 million people with over 85% of the population living in rural areas. Literacy levels are low. The National Blood Transfusion Service is run by the Ministry of Health. There is a National Centre in Phnom Penh supported by 15 blood depots around the country. A five year plan was developed in 2007 based on a pre-existing Blood Policy. Funding is sourced from government and a number of international aid programmes. An active blood donor programme is in place. This includes public education initiatives. Mobile collection activities are targeted at low risk populations including students and Buddhist monks. In 2008 over 36000 units of blood were collected. This was a 13% increase on collection levels achieved in 2007. Blood collection rates however remain low equating to only 3.3 per 1000 population. VNRBD levels remain stable at 25% of total with ongoing reliance on family replacement donation. The prevalence of TTI is also a problem particularly for Hepatitis B virus (HBV) with 7% of donations testing positive for HBsAg.

Key issues include a poor organizational structure, an inadequate quality system, poor facilities and lack of skilled personnel. This is exacerbated by limited financial resources. There is currently no structure to support regular VNRBD. There is a lack of awareness and misconceptions around blood donation with limited support and participation from the community and media. Paid donation continues to undermine efforts to improve the rate of VNRBD. The current goal is to achieve 70% of VNRBD by 2015.

5.2 Country experiences from Ethiopia

Presented by Mr Bekele Tiruwork, Head, Blood Donor Service Management Division, Ethiopian Red Cross Society, Addis Ababa, Ethiopia.

Ethiopia is located in the north eastern part of Africa. It has a population of 74.7 million and a system of federal government. It is one of the poorest countries in Africa. Overall health status is poor even when compared to other low HDI countries. Iron deficiency is seen in 85% of children aged under five and in 50% of women of child-bearing age. The national blood service has 120 employees with 12 static blood collection centres and

undertakes 200 mobile clinics each year. More than 60% of blood is collected in schools. The national requirement for blood is for between 80,000-120,000 units per year. Collection levels supply only 43% of this.

Key challenges to progress include a relatively high prevalence of HIV, poor community awareness of the importance of VNRBD with a consequent lack of voluntary donors, social taboos and misconceptions about blood donation within the community. There is a lack of management commitment, no donor database and no effective strategy for donor retention. Access to public media is limited.

A number of positive initiatives are in place. These include a draft set of national standards for blood transfusion and a government programme to expand existing regional blood banks with the construction of new regional centres. Club 25 is also proving to be of value particularly during periods of seasonal shortage. The rate of VNRBD is increasing year by year and this has been associated with a reduction in HIV prevalence in the donor population.

5.3 Country experiences from Indonesia

Presented by Dr Yuyun Soedarmono, Indonesian Red Cross, Jakarta, Indonesia.

The Indonesian Red Cross has been responsible for most of the blood collection in Indonesia since 1945. Indonesia has a population of more than 220 million people. There are 211 district blood centres and 1 central blood centre in Jakarta. In addition, there are over 100 hospital based blood services.

Government regulations include a requirement for blood to be collected only from VNRBD. The Indonesian Red Cross Blood Service collected just over 1.7 million in 2007, 82% of this from voluntary donors. Family replacement donors are more evident in hospital based services. A shortage of skilled personnel presents a significant challenge; there are difficulties in the recruitment of medical, scientific and technical staff.

Challenges to 100% VNRBD include low numbers of donors outside of the island of Java, a low proportion of female donors and a high proportion of first time donors. Overall donation rates are low at 8 per 1000 population. Problems are particularly evident during Ramadan. Low haemoglobin levels and low body weight in females contributes to the low proportion of females in the donor population. Problems include limited facilities and an inadequate system to promote voluntary donation. Financial resources are also limited and a significant constraint to improving the overall system.

5.4 Country experiences from Pakistan

Presented by Dr Syed Abdul Mujeeb Jafri, Associate Professor, Blood Bank, Jinnah Postgraduate Medical Centre, Karachi, Pakistan

Pakistan has a population of 160 million with more than 80% less than 40 years old. Blood

transfusion services are fragmented and disorganized with hospital based services predominating. There is neither a national policy nor plan in place. Pakistan estimates a need for 3.2 million units of blood per year. However, only 1.5 million units are collected and only 15% of these are from VNRBD. Volunteer donors are readily available during periods of emergency but not during other periods. A number of reasons exist for this. These include concerns about family requirements for blood, concerns around misuse of blood and a poor environment for blood donation. Many family replacement donors will also donate voluntarily during periods of emergency. These tend to be better educated, younger individuals who also have low levels of transfusion transmissible infections such as HCV.

High levels of VNRBD are most often seen in outdoor camps, when effective systems for calling donors are in place, when blood banks are well organised and welcoming. Conversely, low levels of VNRBD are seen when there is poor donor education, when no mobile camps are provided and where commercial motives exist within blood banks. Poor facilities and non welcoming staff are also a barrier to success.

In the early 1990s, 80% of blood was donated by paid donors. This is now down to 5%. This has been achieved by community action in the absence of a clear national plan. Key challenges include the fact that 90% of blood banks are hospital based and have no VNRBD programme and poor organization and facilities within the public sector.

Government commitment to improve the organization of the blood transfusion service is now evident. Legislation has been passed and the support of international aid organisations is helping financially. Community participation in the oversight of the developing blood transfusion service will be an important requirement for success.

5.5 Discussion to identify key challenges and issues

Moderated by Dr Philippa Hetzel, National Operations Manager, Australian Red Cross Blood Service, Melbourne, Australia

The objective of the group discussion was to identify key challenges and issues emerging from the series of country presentations. A number of themes were identified. These are summarized below:

- The importance of common definitions for blood transfusion services and hospital blood banks. One is a supplier and the other a user of services. This also includes a need for clear definitions around voluntary versus family replacement, particularly in an environment where family replacement donors are progressing to become regular voluntary donations.
- The absence of guidelines for collaborators and partnerships. Where does responsibility lay?
- Lack of financial resources is an important constraint in increasing the capacity of national blood services. What systems are in place to assist applications for aid and

should the transfusion community lobby aid agencies to increase available funding for these activities?

- Funding alone will not solve all of the problems. Effective systems will be needed to ensure that available resources are used effectively.
- Government support and direction is also critical to success. Strategies to improve government support are needed.
- Availability of skilled and motivated staff is a recurring issue. Poorly motivated and skilled staff can result in loss of donor support and confidence.
- Education of prospective donors is particularly important in developing countries to ensure that social attitudes and misconceptions are overcome. Tools are needed to overcome this and to raise awareness of the importance of voluntary donation.
- Should we introduce different criteria aimed at increasing the level of female donation? This might include a lower weight criteria associated with a lower collection volume. WHO donor selection guidelines are currently being developed and will address this issue.
- WHO has an advocacy role. Ultimately, implementation is the responsibility of national governments.
- Donor safety is critical. Adverse events can lead to seriously affect the donor loyalty.
- There is a need to develop a 'culture of giving'. The importance of peer pressure in achieving this was acknowledged. Nonetheless ultimately extreme peer pressure might itself become a concern.

6 Foundations of a System for Voluntary non-Remunerated Donation of Blood and Blood Components

6.1 Presentation of Vignettes

Presented by Mr Joel Reachard, Governing and International Relations, Australian Red Cross Blood Service, Melbourne Australia.

Mr Joel Reachard showed a series of short video films outlining the stories of a number of voluntary blood donors and transfusion recipients developed by the ARCBS as part of the Australian year of the donor programme. These provided a powerful tool to demonstrate both the commitment and importance of voluntary donors in supporting Australia's health care system.

6.2 Creating an enabling environment for 100% voluntary blood donation: Establishing a voluntary blood donor programme in China

Presented by Dr Yi Mei, Director, Department of Medical Administration, Beijing, China

Dr Mei outlined the key elements in place to implement a system of 100% VNRBD in China. This includes legislative requirements including a law on blood donation introduced in 1997 and implemented in October 1998. The Chinese government leads by example with

senior leaders, including the President, donating blood. The government has defined and implemented a national framework for the blood transfusion service. Success in achieving VNRBD is recognised with awards to provinces and cities. Progress in achieving the goal is disclosed publicly. This encourages provincial governments to improve their systems. Public participation is actively promoted by the media. Blood donor awards have also been developed and Ambassadors for VNRBD identified. These include both prominent community figures and also school children as 'little ambassadors'.

Participation by ethnic minorities has been encouraged. Efforts have been devoted to encourage youth participation. Efforts have been made to improve training of all staff. WHO Distance Learning Materials have been translated and are used to improve knowledge and understanding of all staff. Customer service training has also been undertaken emphasising the importance of dealing with prospective donors with respect and high standards of care. Specific training in donor recruitment has been provided with the support of WHO and IFRC. Significant investment in facilities has also been undertaken.

The success of these measures is demonstrated by a significance increase in VNRBD. In 1998 only 5% of blood was collected from VNRBD. By 2008 this had increased to over 98%.

6.3 Fostering a culture of voluntary blood donation: understanding your blood donors; The Sri Lankan experience

Presented by Dr Champa Manchanayake, Officer in Charge, Blood Donor Section, National Blood Transfusion Service, Colombo, Sri Lanka

Sri Lanka is an island country with a population of 19.4 million. HIV prevalence is low and literacy rates high. The national blood transfusion service BTS is centrally co-ordinated with a network of 75 hospitals. The system is funded by the Ministry of Health.

The development of a national blood transfusion service (NBTS) has been a national project supported by the World Bank and Japan Bank for International Cooperation (JBIC) commencing in 2002. The project aimed to change the organizational culture and to engender support from the country towards 100% VNRBD. The strategy focused on a number of areas;

- Raising public awareness and motivation for blood donation. This included establishment of annual targets to measure success of the programme
- Mobilising and recruiting low risk target groups and converting family replacement donors
- Mobilising partner organisations to actively participate in the NBTS.
- Developing and maintain a recognised and self sustaining NBTS. This included cost recovery systems
- Improving donor retention thorough the development of professional donor recruitment, technical and administrative infrastructures

Annual collection levels have increased significantly in response to these initiatives. The

proportion of VNRBD has increased significantly to over 88%. This has been achieved by converting many replacement donors to VNRBD. Dr Manchanayake emphasised that success requires not only financial resources but also effective systems and action plans. Sustainability is also a critical concern.

Key lessons learned include the importance of staff motivation, a requirement for team work, the need for attractive donor facilities, establishment of a donor database and improved donor pre-counselling facilities.

6.4 Building and maintaining a sustainable and safe voluntary donor base:

6.4.1 Mobilising young people as a generation of blood donors in the Philippines

Presented by Ms Marites Estrella, National Blood Programme Coordinator, Department of Health, Manila, Philippines

The Philippines has a population of 85 million on 7,100 islands. There are over 2000 licensed health facilities & hospitals and with 200 licensed blood banks. The donor base comprises college students, offices and various organizations. Problems are experienced with blood supplies in low season periods particularly during the summer vacation period and around religious festivals.

A new organization has been established 'Donor Recruitment Officers of the Philippines Inc' (DROPI). This comprises all the recruiters from across the country. The group has developed strategies to overcome poor collection in the low season include efforts devoted to increasing youth participation in the blood programme. Initiatives such as the 'Blood Olympics' focus on increasing interest and awareness of VNRBD. Participants compete for medals for donation related activities. The target audience is 18-25 year old students. Support for the programme is obtained from government agencies, universities and private companies. Blood collection levels have increased significantly in Colleges in metropolitan Manila overcoming low season shortage issues. Blood Olympics also focus on school age children. Activities include poster making and jingle making. These act as educational stimuli around the importance of VNRBD. Lack of awareness of VNRBD is addressed by 'Duglit' a book focussing on a young perky red cell.

Sustainability is also important. Education plays an important role here also. Efforts commence with young children aiming to embrace altruism and community solidarity. Learning materials on voluntary blood donation are being developed for inclusion in school curricula. Teachers will receive orientation and training on the subject. Pilot testing has recently commenced. Personal involvement and commitment of local government executives is also promoted.

Overall rates of VNRBD have improved from 55% in 2006 with a target of 100% by 2010. Commercial blood banks have been closed. Blood safety, patient safety and quality care are priorities for the government.

6.4.2 Converting eligible family/replacement donors to VNRBD in Egypt

Presented by Dr Faten Moftah, Director-General, National Blood Transfusion Service
Ministry of Health and Population, Cairo, Egypt

Dr Moftah introduced the topic by identifying that family donors might be either directed or replacement. It can be a difficult task to encourage these people to become VNRBD. However, there will be many benefits if this can be achieved.

Family replacement donation is prevalent in many countries across the globe. Conversion to VNRBD is achievable but will not happen in a vacuum. It requires a well organised and resourced blood system. Government support for the transition is essential. Culture and attitudes will also be barriers to change.

The main reasons to convert to VNRBD are to ensure safer resources, long term sustainability, reduced cost and a stable supply. Pre-requisites include health authority commitment, a national programme, community mobilisation and support from the media, NGOs and international organisations. Lessons can be learned from countries which have successfully managed the transition.

Dr Moftah described a number of examples where success has occurred, this included Egypt, Jordan and some African countries. At the national centre in Egypt deferral rates for volunteer donors were 4% compared to 9% in replacement donors. VNRBD also enables recruitment of regular donors with a consequent reduction in risk of transmission of transfusion transmitted infection.

A number of myths need to be overcome. Patient's relatives feel that replacement donation is safer, medical professionals believe it is easier and society at large finds replacement donation acceptable. Strategies need to be developed to overcome this. The media can play an important role. Support from medical professionals is also important in relation to patients, their relatives and the media. Time is required to undertake the conversion and in overcoming family resistance. This is made more difficult by lack of knowledge of medical and nursing staff. Information and education must be provided to overcome this.

Dr Moftah identified that maintenance of a system based on family replacement might be easier than expending time and efforts in converting family replacement donors to improve rates of VNRBD. Nonetheless it is important to manage the change since it improves overall safety and ultimately provides greater control over supply and improved equity in access to blood components.

6.5 Providing quality donor service and care: Assessing donor's suitability to donate blood

Presented by Dr Anthony Keller, National Donor & Product Safety Specialist, Australian Red Cross Blood Service, Perth Western Australia

Donor selection guidelines aim to protect both the donor and the recipient. In addition, efforts must be devoted to protect blood service staff and to foster public confidence in the blood supply. This involves a balance between risk and sufficiency.

Ideally donor selection criteria should be evidence-based. Often however there is little solid evidence. Blood services also work in a precautionary environment. In Australia, there is a significant amount of legislation that needs to be considered when defining selection criteria and applying them in practice. Regulation also plays an important role. In Australia the Council of Europe Guide to the preparation, use and quality assurance of blood components is mandated as a standard by the Australian Therapeutic Goods Administration (TGA). This in combination with the Code of Good Manufacturing Practice defines the regulatory requirements for the ARCBS.

Donor assessment begins with pre-donation information. Information is freely available on the ARCBS website. On arrival at the donor centre, new donors complete an enrolment form. All donors then complete a donor questionnaire. This includes information to enable donors to make an informed decision on whether to donate in addition to specific questions to assess eligibility to donate. The requirement for reporting illness developing after donation is also identified. A donor declaration, a legal document, is then completed. This identifies specific risk factors for major transfusion transmissible infections.

A face-to-face confidential interview is conducted by trained staff. This determines whether the donor is accepted or deferred. Decisions on eligibility are made in accordance with standardised national donor selection guidelines. These take into account disease epidemiology, nutritional and health status of the population and also international practice. The guidelines are updated at least annually. Dr Keller provided examples from the Australian guidelines explaining how they are used to assure the safety of both donor and recipient.

6.6 Discussion to identify key issues and challenges

Moderated by Dr Philippa Hetzel, National Operations Manager, Australian Red Cross Blood Service, Melbourne Australia

Dr Hetzel introduced the session by summarising key issues raised during the day. Following discussion by the entire group these were consolidated into six key themes. These are shown below. They formed the basis of the breakout sessions undertaken at the beginning of day 2.

1. The need for government support, legislation, policy and organisation of services for a sustainable system. This includes availability of sufficient funding.
2. The importance of establishing a quality system and blood safety programme.
3. The availability of sufficient motivated competent trained staff.
4. The establishment of a programme to support VNRBD recruitment and retention.
5. Public awareness of the blood supply as a public health and equity issue and altruism to support their community through VNRBD.
6. Review of the ongoing importance of VNRBD for plasma for fractionation in addition to its established role in provision of labile blood components.

Discussion identified the many inter-relationships between the various points. The importance of sustainability was also stressed.

The question was raised as to what the focus of the consultation should be. Should this be based on provision of labile components alone or should it also include plasma products destined for fractionation as well? Considerable debate followed on the issue. The consensus position was that the focus of the consultation was on provision of labile components based on 100% VNRBD. Support for the aspirational goal of supply of plasma derivatives from VNRBD also existed. The importance of ensuring that facilities and systems are developed to ensure that available recovered plasma can be used for manufacture of plasma products was considered to be particularly important. It was however acknowledged that this should not occur to the detriment of supply and availability of products to those patients who require it.

6.7 Review of key issues and challenges

Six parallel working groups were constituted to review the key issues identified during the first day of the consultation. Each working group was chaired by a moderator. These groups were asked to consider specific issues relating to the topic and to identify any specific constraints in the area in achieving 100% VNRBD, strategies and interventions to address these challenges, requirements to implement these strategies and interventions and how the impact of these interventions might be measured.

6.7.1 The role of government in achieving 100% VNRBD

Moderated by Ms Karen Shoos Lipton, Chief Executive Officer, AABB, Bethesda, USA

This group focussed on the role of government in provision of a national service based on 100% and the need for government to manage competing priorities for limited health care resources. The overriding requirement was for the development of a national policy based on World Health Assembly resolutions and a leadership role for government in advocacy for VNRBD. A series of constraints were identified comprising the lack of recognition of blood as a public health good, competition between private and public services and a perception that blood is a diagnostic rather than a therapeutic service. In addition the group also considered that there is a perception that VNRBS is free and therefore has no costs associated with it, a lack of understanding of the hidden costs and inferior safety of family replacement donation and a lack of effective financial systems with blood services to identify the true cost of providing an effective and sustainable VNRBD service.

A number of strategies to overcome the issues were identified. These included effective advocacy by WHO, consideration of the development of a linkage between funding provided by WHO and other international agencies to compliance with World Health Assembly resolutions, the need to emphasize the relationship of blood safety and availability to attainment of the Millennium Development Goals that relate to blood safety and the need to reinforce that provision of a safe blood supply is an integral component of delivery of a health care system. Ultimately, it was acknowledged that success will be dependent on creation of an effective organizational and management system with adequate finance within the blood service, that identifies the true cost of national blood service operations and in particular VNRBD education, recruitment, collection and retention.

6.7.2 The establishment of a quality system and blood safety programme

Moderated by Dr Syed Abdul Mujeeb Jafri, Associate Professor, Blood Bank, Jinnah Postgraduate Medical Centre, Karachi, Pakistan

This group considered issues relating to quality system development and blood safety with a particular emphasis on the needs of a successful blood donor programme. A number of barriers to success were identified. These included the absence of effective systems for donor registration and donor databases to track attendance and donor status, the absence of donor selection guidelines based on local evidence that balance risk and sufficiency, the absence of effective systems to support pre- and post- donation counselling & confidentiality, the lack of effective systems for transfusion transmitted infection testing, control and monitoring outcomes, the lack of data monitoring systems to support effective vigilance and transfusion outcomes and inadequate staff numbers, poor training and competency systems and customer service.

Strategies to overcome the issues were also considered. These included the development of clear roles, responsibilities, career progression, effective training and competency systems and motivation of staff, the establishment of management information systems including

donor record and vigilance systems and the development and implementation of donor selection and counselling systems based on international guidelines.

6.7.3 Building capability for education and training of professional donor recruiters

Moderated by Mr Peter Carolan, Senior Officer, Health and Care (Blood), IFRC, Geneva Switzerland

This group reviewed issues relating to capacity building of experienced professional donor recruiters. Constraints included a lack of policy, commitment and support for implementation at all levels, a lack of coordinated national blood donor programmes and adequate financing, a lack of dedicated blood donor recruiters and the absence of a structured training programme including trainers and training materials. These constraints were often exacerbated by a lack of effective co-ordination across the blood donor programme as a whole.

A number of possible solutions were identified. The establishment of a nationally co-ordinated blood donor programme as an integral component of the national blood programme was considered an essential pre-requisite for success. Additional strategies include the provision of an adequate budget to support a sustainable and structured training programme, the identification of designated training facilities and partnerships. The group also recommended that all existing recommended blood donor motivational training materials provided by WHO and IFRC should be translated into local languages. A co-ordinated approach to implementation of training was considered essential along with consideration of possible accreditation of training programmes with certificates. Success measures should include overall numbers of recruiters, reduction in turnover and an increase in the number of VNRBD with a corresponding reduction in paid and family replacement donations. Ultimate success would lead to an increase in public awareness and improved public trust and confidence in the donor service.

6.7.4 The establishment of a programme to support VNRBD recruitment, retention and recognition

Moderated by Ms Diane de Coning, Blood Donor Management Consultant, South Africa

This group focussed on the issues relating to blood donor recruitment, retention and recognition. Barriers to success included a lack of government commitment, support and clarity on responsibilities, an absence of legislation and regulation to support VNRBD and a lack of detailed action plans to achieve 100% VNRBD along with inadequate financing and resourcing of the whole system.

The group considered that government must be accountable for the implementation of World Health Assembly resolutions. This must be enshrined in laws and policies. Government must lead by example. Greater commitment to World Blood Donor Day (WBDD) is also needed. The group considered that the Chinese experience is a positive example of what can be achieved when the above are in place. Responsibility is often

delegated to NGOs. This should be associated with adequate budget support for activities and should be supported by a specific memorandum of understanding. Regulatory support is also required. Effective planning is a pre-requisite to success. Education of the population is essential to ensure blood is available when required. A quality customer focussed service requires sufficient staff with adequate funding.

The group believed that WHO should remind governments of their responsibilities. WBDD provides an ideal opportunity to undertake this. Practical initiatives should include effective youth engagement and provision of a comfortable and encouraging environment for blood donation. A 'culture of thanks' should be developed so that the donor feels encouraged and appreciated. International systems for donor recognition might be developed utilising web sites for photo and message sharing. This should increase global recognition of the importance of VNRBD.

6.7.5 Raising Public awareness of blood supply as a public health and equity issue and altruism to support their community through VNRBD

Moderated by Dr David Downes, ARCBS, Melbourne, Australia

This group discussed possible approaches for raising public awareness of the importance of VNRBD to society as a whole. They considered that efforts should be devoted to increasing awareness of the importance of safe blood and identified a need to educate donors in relation to the importance of donor selection criteria and their contribution to the overall safety of the blood supply. Blood services must engage with the community focussing on patient needs and social responsibility. Systems need to be in place to improve education and training of donor recruiters including initiatives aimed at changing behaviour. Media engagement strategies will also need to be put in place.

Cultural barriers will need to be considered and strategies developed to overcome these. This is particularly important in countries with many different ethnic populations. Collection services might be tailored to particular needs of groups within the community. Education of donors will be critical to success. This includes information on why voluntary donation is important, the need for regular donation and the importance of maintaining a healthy lifestyle. Information needs to be provided on how blood is used. Education could be targeted to temporarily deferred and lapsed donors.

Efforts must be devoted to connect the gift to patient outcome. Recipient stories can be a valuable to achieve this. Crises should be used as opportunities to engage with the public on the need for ongoing donation throughout the year. Education of health care professionals on blood safety and the role of VNRBD are also important. A number of success measures were identified. These included the overall percentage of VNRBD, donation frequency and return rates, deferral rates and community attitudes to blood donation.

6.7.6 Review of the ongoing importance of VNRBD for plasma for fractionation in addition to its established role in provision of labile blood components.

Moderated by Dr Anthony Keller, National Donor & Product Safety Specialist, ARCBS, Perth, Australia.

This group considered issues relating to VNRBD as a source of plasma for fractionation. The group considered that efforts should be devoted to ensure maximum utilisation of recovered plasma in every country. This will increase the global supply of plasma products and will also improve access in developing countries. Potentially the development of regional networks might overcome the unnecessary waste of available surplus products and intermediates.

The group acknowledged that effective quality systems and regulation will be needed to enable plasma to ensure that fractionation facilities are able to support fractionation of recovered plasma. They considered it essential that WHO should reinforce requirements and overcome barriers to ensure available recovered plasma can be fractionated. This will require active collaboration with regulators and industry. Governments must be encouraged to adopt a stepwise approach to blood system development with a focus on plasma for fractionation occurring when effective provision of labile components is in place. The group also considered that high HDI countries can play an important role by increasing overall collection levels of VNRBD to ensure improved availability. Significant benefits will arise if these approaches can be successfully implemented. This includes improved security of supply.

Most importantly, the group considered that there is an ethical responsibility to maximize the full potential of the blood donation. The group also recognised that access to supply of blood products is critical for the health and well-being of many people and emphasised that supply must take priority over considerations of the source of donor plasma.

Patient groups must be included in discussions in this area. There was recognition that currently blood products manufactured from paid donor plasma are needed to ensure supply. Any move towards 100% VNRBD in this area must be considered inspirational and would likely take many years. Nonetheless concerns were identified that competition for available donors can be a problem in some countries and that in these environments the existence of paid donation can act as a barrier to the overall goal of 100% VNRBD.

7 Global Initiatives and Regional Initiatives in the Asia-Pacific

7.1 The WHO 'Developing a Voluntary Blood Donor' programme

Presented by Ms Jan Fordham, Technical Officer, Blood Transfusion Safety, WHO-HQ.

Ms Fordham introduced the WHO training materials on this topic. This tool has been jointly developed by WHO and IFRC. The course has four key objectives, exploring the key elements of an effective voluntary blood donor programme, identifying challenges and

constraints in developing a voluntary blood donor programme, assisting participants in developing a plan of action to address identified gaps and weaknesses in their blood donor programmes and to identify indicators for monitoring and evaluating their programmes.

Training materials have been developed at a range of regional, sub regional and training workshops. The tools were further refined at a workshop on training of core facilitators and the content links closely to the publication *Towards 100% voluntary blood donation: a global framework for action* launched at this consultation. The format of the training tools is based on that utilized in the successful WHO Quality Management Programme. The course comprises six modules which together provide comprehensive information and support for the development of a national blood donor programme. It includes consideration of providing quality donor care and a gap analysis tool to support the production of action plans. The focus is on active participation and includes many practical activities that build on participants own experiences.

7.2 WHO Recommendations on Blood Donor Counselling

Presented by Dr Che-Kit Lin, Hospital Chief Executive, Hong Kong Red Cross, Blood Transfusion Service, Hong Kong Special Administrative Region

Dr Lin introduced this initiative aimed at developing WHO recommendations on blood donor counselling. These are being developed by an expert group supported by WHO and the United States Centre for Disease Control (CDC). He outlined the rationale for development of the recommendations. Donor counselling is seen as an integral component of provision of a safe and secure VNRBD supply. Blood transfusion services have a duty of care to blood donors. Systems for blood donor counselling are however often limited.

The GDBS survey undertaken in 2004-05 identified that only 35% of countries reported the availability of pre-donation counselling and 31% post-donation counselling. In 2006 almost 7 million donors were deferred. Repeat reactive rates in transfusion transmitted infection testing are also high in many developing countries. Both these situations result in a requirement for effective systems for blood donor counselling.

The draft recommendations provide policy and technical guidance on roles and responsibilities, standards and monitoring systems on the subject. The document targets those countries with limited facilities in place. Pre-requisites for successful counselling include national guidelines for blood donor selection, availability of confirmatory testing, adequate resourcing and effective quality and documentation systems. Models for counselling are considered including telephone and face-to-face counselling. Guidance on training is included. Confidentiality, privacy and informed consent are considered. Critical review by a range of experts will be undertaken prior to the formal launch and publication of the recommendations which is planned to take place on World Blood Donor Day in 2010.

7.3 World Blood Donor Day; expanding global sponsorship and networks

Presented by Dr Neelam Dhingra, Coordinator Blood Transfusion Safety, WHO-HQ.

Dr Dhingra introduced the topic by providing a background to the development of World Blood Donor day (WBDD). This is a worldwide celebration to honour and thank voluntary donors across the globe. It provides a unique opportunity to improve awareness of the importance of VNRBD. The core agencies responsible for initiation of WBDD are WHO, IFRC, International Federation of Blood Donor Organizations (FIODS) and the International Society for Blood Transfusion (ISBT). WBDD arose from the World Health Day in 2000 which had the theme '*Blood saves lives. Safe blood starts with me*'. Following this the first WBDD took place in 2004. This was subsequently supported by a WHO resolution in 2005 designating WBDD as an annual celebration (WHA58.13).

A number of tools are available to support WBDD including two dedicated web sites and a variety of publications. Each WBDD has a specific theme. The 2009 theme is 100% voluntary non-remunerated blood donation. Each year a host country is identified. Celebrations take place in almost all countries.

Dr Dhingra outlined evidence to indicate the important contribution that WBDD has had in increasing rates of VNRBD in many countries. The importance of WBDD needs to be maximised. This provides an opportunity to enhance government support and strengthening of national blood programmes. It can be used to increase awareness by clinicians on the clinical use of blood and to link with other health initiatives.

Terms of reference were jointly developed by the four partner organisations in 2008. A steering committee has been established and takes responsibility for selection of the host country and provides guidance on the planning and organisation of the global event. The committee will also explore the possibility of fund raising for WBDD and liaison with relevant partners and affiliated agencies.

The partners are now seeking expressions of interest from other affiliated agencies. Dr Dhingra closed the presentation by calling for an expansion of global sponsorship and networks around WBDD with the aim of improving progress towards 100% VNRBD.

7.4 IFRC Global Advisory Panel and International Colloquium on VNRBD

Presented by Dr Rudolf Schwabe, Chair, IFRC Global Advisory Panel, Director, Service de Transfusion Sanguine CRS, Bern, Switzerland.

Dr Schwabe outlined the background to the IFRC Global Advisory Panel activities. GAP was developed in 2000 following an IFRC recommendation that IFRC secretariat services should restrict activities to focus on promotion on VNRBD. There are currently ten GAP members. The group provides blood programme corporate governance and risk management support for national Red Cross/Red Crescent societies (RC) at a regional and

national level. GAP has reviewed the role of the RC services in relation to involvement with blood. Currently, 22 national societies are fully responsible for blood service delivery, 26 have some input in blood collection and 112 national societies are involved in donor motivation and recruitment work. The objectives of GAP are to support IRFC in achieving 100% VNRBD, contribute to the meeting of millennium health development goals, improve the relationship between WHO and IFRC, and to be recognised as a global network of experts in corporate governance and risk management of blood services

GAP integrates the Federation secretariat focus on 100% VNRBD and works closely with WHO at both global and regional levels. GAP has developed a self assessment tool for national societies. The tool aims to ensure that national services are taking steps to support long term stability and sustainability without exposing the national society to unnecessary risk. Between 2003 and 2008, GAP received 70 self assessment reports. These recognized an ongoing need for support in areas of risk management and corporate support. Key risks identified include funding and resourcing, uncertainty on roles and responsibilities, a lack of clear separation of blood services and national societies, protection against claims for damages, balancing safety versus cost and donor education and motivation. In 2007 GAP undertook a self assessment exercise on VNRBD for those national societies with a particular focus on donor motivation and recruitment. This identified a number of key risks including the recruitment of donors to blood services where minimum quality assurance standards were not in place, insufficient funding and resourcing and a lack of clear vision, missions and plans. GAP supports national societies with a range of support tools. This includes a policy on promoting safe and sustainable national blood systems and a revised federation blood programme development manual. Each year a small number of national societies are chosen for specific technical assistance.

Dr Schwabe closed by outlining the plans for the 12th International Colloquium on VNRBD which will be held in Ethiopia in March 2010. This will focus on strategies to support 100% VNRBD. The colloquium will provide an opportunity for global and inter-organisational cooperation in support of VNRBD and for sharing of experiences and 'best practice'.

7.5 Role and aspirations of the Asia-Pacific Blood Network

Presented by Dr Che-Kit Lin, Hospital Chief Executive, Hong Kong Red Cross, Blood Transfusion Service, Hong Kong Special Administrative Region

The Asia Pacific Blood Network was established in 2006 with the aim of promoting safety and efficiency of member blood services. Currently APBN has 8 members. Meetings provide a forum to exchange ideas and insights and to compare operational practices. It encourages a close cooperative approach to advance regional harmonisation and cooperation in blood-related matters. The ARCBS provides secretariat support. APBN is an unincorporated association based on memorandum of understanding and confidentiality agreements. Founder members include Australia, Hong Kong, Japan, New Zealand, Singapore, South Korea, Taiwan, Thailand and Malaysia (no longer active in the group).

There is increasing interest in the initiative by other countries in the region.

The APBN mission aims to advance the self sufficiency of blood systems in the region based on VNRBD and to achieve high levels of co-operation and collaboration between members. Current initiatives include development of a pandemic response framework, review of deferral levels and exploration of the feasibility of exchanging intermediates/plasma products among countries in the region. APBN is considering developing a regional network for donor recruiters. Collaborative efforts are also being developed to support the health and safety of blood donors. This includes work on low volume donations. APBN aims to achieve collaboration with other international networks of blood agencies. An extensive programme for comparison of practice is being undertaken. Generation of data can be difficult and will possibly limit the number of members.

7.6 Securing Safe Blood: Building on the regional initiative by the Japanese and Thai Red Cross societies

Presented by Dr Masahiro Satake, Director, Japanese Red Cross Tokyo Western Blood Center, Japanese Red Cross Society, Blood Service Headquarters, Tokyo, Japan

This initiative has been in place for the last 15 years and is part of an extensive Japanese Red Cross international co-operation programme in the region. The Securing Safe Blood programme was developed in response to increasing concerns around transfusion transmitted infection. It provides an opportunity for exchange of information and experiences and also assists in the strengthening of cooperative ties between Red Cross and Red Crescent societies within the region.

Symposia have been held every three years since 1995. The costs are fully supported by the Japanese Red Cross (JRC). 22 countries have been involved in the programme with support from IFRC, ISBT, WHO, Australia and New Zealand. Each meeting has involved 60-70 participants from 20 countries. Donor recruitment and prevention of transfusion transmissible infection have been key topics covered in the programme. The symposia recognise the diversity of blood programmes in the region. Country reports are an important component of the programme. This includes an overview of progress achieved in the previous three years. Data is systematically collected from each country and collated by the JRC. Achievements are documented and areas for improvement identified. The programme has enabled identification of the status of individual blood programmes and supported exchange of ideas and initiatives. Comparison of data provided over the 15 years allows an assessment of progress across the region. The programme has strengthened ties between countries.

Draft proposals for continuing the programme are currently being developed. This will involve a further three meetings on a three yearly basis.

7.7 Emerging partnerships in the pacific region; challenges and successes

Presented by Ms Carol O'Shea WHO consultant and IFRC Working Group Member on VNRBD

Ms O'Shea introduced the topic with an overview of the Pacific region. There are 22 pacific island countries with a total population of 9.6 million. Small and remote communities are an important feature of the region. Overall donation rates are 8 per 1000 population. There is currently no WHO focal point in the region, limited government support and lack of adequate support for Red Cross VNRBD programmes. There is a high dependence on family replacement donors in many countries. This is often encouraged by clinicians. Reliable data is lacking. Blood product use is limited with a high reliance on use of whole blood.

The Millennium Development Goals (MDGs) relevant to blood were reviewed. These include a reduction in child mortality (MDG 4), Improvement in maternal health (MDG 5) and combating HIV/AIDS and malaria (MDG 6). Development of global partnerships (MDG 8) is often problematic because of the small economies and remote locations. There is a potential for partnering with developed Blood Services in the region. IFRC can provide support through global networks and a potential for support through the Pacific regional HIV programme. A number of workshops have been held during the last few years in Fiji, Kiribati, Solomon Islands, Cook Islands and Samoa.

Looking ahead, there is an opportunity for advocacy through the Pacific Island Health Minister's forum and a need for co-ordinated strategic support of pacific blood programmes.

8 Summary and Discussion to identify key issues and requirements for moving forward

Moderated by Dr Philippa Hetzel, National Operations Manager, Australian Red Cross Blood Service, Melbourne Australia

Dr Hetzel began by providing a summary of the key points and issues arising from the day's activities. She identified a number of themes. Discussion followed with the development of a consensus perspective and refinement of the issues. The key themes and identified issues and requirements are shown below:

1. Improvement of public health outcomes

- Establishment and maintenance of robust systems recognising the role of quality and including regulation, data management, confidentiality, counselling, monitoring, and evaluation
- Optimisation of use of the entire blood donation
- Improvement in donor, staff and patient safety through vigilance

- Improvement in patient outcomes through appropriate use
- Availability of sufficient safe blood and blood product supply
- Development of realistic action plans aligned to maturity of health infrastructure

2. Engagement of key partners and stakeholders

- Knowledge transfer and building capability
- Advocacy and regional support for developing countries
- Leveraging collaboration and establishing support networks
- Empowerment of blood donors through associations

3. Articulation of roles and responsibilities

- Engagement of national governments in a leadership role in institution coordination, planning and systems development to achieve sustainable outcomes
- WHO advocating with governments to promote coordinated national systems
- WHO & professional societies to educate, publish (in different languages) and establish and monitor compliance against standards (national, regional, international)
- WHO to continue to pursue the development of tools to support development of sustainable and effective systems
- The need for a consolidated plan and co-ordinated support from aid organisations, donor organisations, media, health professionals, educational institutions, community leaders to create sustainable outcomes

4. Recognition that blood is donated as a gift of life

- Establishment of sustainable VNRBD donor programs
- Civic recognition for VNRBD – opportunities eg WBDD, Year of the Blood Donor,
- Alignment to cultural, ethnic and societal norms
- Harnessing the opportunity of donor motivation eg Donor Associations, Club 25, recruiter networks
- Importance of public education
- Ensuring effective utilisation of the donation

5. Measurement of achievement

- Agreed success measures to benchmark and monitor progress
- Development of a global blood safety index and access to services
- Achieve the millennium development goals
- Measurement of deliverables by accountabilities
- Participation in formal vigilance and accreditation programs
- Measure achievements to align with primary healthcare goals (universal coverage, leadership, public policy, service delivery, participation)

9 The Melbourne Declaration

Working groups moderated by Dr Peter Flanagan, President Australia and New Zealand Society of Blood Transfusion, Auckland, New Zealand, Dr Christie Reed, Global AIDS Program, HIV Prevention Branch Centers for Disease Control and Prevention, Atlanta Georgia, USA, Dr Justina Ansah, Director, National Blood Transfusion Service, Accra, Ghana, Dr Jean C. Emmanuel, Transfusion Medicine Specialist, WHO Expert Advisory Panel Member, Zimbabwe Ms Carol O'Shea, Consultant, Australia and Dr Loyiso Mpuntsha, Chief Executive Officer, South African National Blood Service.

A draft Melbourne Declaration was presented by the secretariat. This was reviewed by six working groups. Each group was lead by a moderator. The groups were asked to evaluate whether the draft declaration was consistent with the key messages arising from the meeting and also whether the specific statements contained in the draft memorandum were appropriate and supportable and also to propose priorities for action and recommendations to all key stakeholders to achieve 100% VNRBD. Issues and amendments were identified by each working group and presented to the plenary group for consideration. This process aimed to ensure that all participants had an opportunity to raise concerns and omissions thereby increasing the likelihood of gaining unanimous support for the final version of the memorandum. A number of potential amendments were identified through this process. These included a desire to more clearly identify the roles and responsibilities of different stakeholders in implementing the key messages contained in the memorandum and ensuring that commitments made by participants would be deliverable.

The group then met in plenary to review the draft memorandum in detail. This process focussed on content and specific wording. The plenary session was moderated by Ms Jenny Hefford, Assistant Secretary, Blood and Regulatory Policy Branch, Australian Commonwealth Department of Health and Ageing (DoHA).

Ms Hefford emphasised the potential significance of the Melbourne Declaration and identified that its ultimate success would in part be determined by ensuring that its contents were unambiguous and deliverable. She reminded participants that the final version of the Declaration should ideally have the unanimous support of participants. Nonetheless, it was important to remember that the Declaration was essentially the views of a group of interested and committed participants and would have no formal legal status for governments. The wording must be consistent with this. A detailed review of each clause in the draft Declaration followed. This process resulted in a final version of the Declaration. The content was supported by all participants. The agreed version of the Melbourne Declaration is provided below. Ms Hefford thanked all the participants for their input to the process.

The Melbourne Declaration on 100% Voluntary Non-remunerated Donation of Blood and Blood Components

The Melbourne Declaration on '100% Voluntary Non-remunerated Donation of Blood and Blood Components' is founded on the policies articulated in World Health Assembly resolution WHA28.72 *Utilization and Supply of Human Blood and Blood Products* which urges Member States to promote the development of national blood services based on voluntary non-remunerated blood donation, and is supported by resolution WHA58.13 *Blood Safety: Proposal to Establish World Blood Donor Day*.

We, more than 65 experts in transfusion medicine, policy makers, government and non-government representatives from 38 countries across WHO regions met on 9-11 June 2009 in Melbourne, Australia, as participants in the Global Consultation on 100% Voluntary Non-Remunerated Blood Donation (VNRBD) of Blood and Blood Components, organized by the World Health Organization (WHO) in collaboration with the Australian Department of Health and Ageing, the Australian Red Cross Blood Service, the Australian and New Zealand Society of Blood Transfusion and the International Federation of Red Cross and Red Crescent Societies, and endorse the following Melbourne Declaration:

Recognizing that safe blood and blood products and their transfusion is a critical aspect of health care and public health that save millions of lives and improve the health and quality of life of many more patients;

Recognizing the importance of protecting the welfare of blood donors and appreciating their generous donations of the gift of life;

Acknowledging that the realization of the health-related Millennium Development Goals to reduce child mortality (Goal 4), to improve maternal health (Goal 5) and to combat HIV/AIDS, malaria and other diseases (Goal 6) is dependent on universal access to safe blood transfusion;

Recognizing that evidence shows that regular voluntary, non-remunerated blood donors are the cornerstone of safe and sustainable national supplies of blood and blood products which are sufficient to meet the transfusion requirements of the patient population;

Acknowledging the need for sustainable national blood supplies through increasing the number of voluntary non-remunerated blood donors who donate blood regularly;

Recognizing that the establishment of well-organized and managed national blood services based on 100% voluntary non-remunerated blood donations with effective quality systems will increase the safety of the blood supply by reducing the transmission of transfusion-transmissible infections;

Recognizing that all governments can achieve safe, sufficient and sustainable national blood supplies by demonstrating leadership and commitment to voluntary non-remunerated blood donation;

Believing that family replacement and paid donation can compromise the establishment of sustainable blood collection from voluntary non-remunerated blood donors;

Recognizing that the appropriate use of all blood and blood products, proper component production and optimizing the utilization of recovered plasma is important to increase the blood supply and for the motivation of blood donors.

We therefore:

Call for action to all governments to achieve 100% voluntary non-remunerated donations by 2020 as the cornerstone of their blood policies, in accordance with World Health Assembly resolutions WHA28.72 and WHA58.13;

Urge all governments to appreciate and protect all voluntary non-remunerated blood donors, develop a strategy for a stepwise progression from whole blood to the preparation of labile components and ensure that all recovered plasma is used for fractionation, thereby fully utilizing every donation;

Urge all stakeholders, at national and international levels including national blood services, national Red Cross and Red Crescent Societies, blood donor organizations, patient organizations, other non- and inter-governmental organizations, the health industry, the corporate sector and civic society to work together with governments in promoting and supporting the education, motivation, recruitment and retention of voluntary non-remunerated blood donors and mobilizing more financial resources and technical support to achieve the goal of 100% voluntary non-remunerated blood donation, in accordance with Millennium Development Goal 8: Develop a global partnership for development;

Strongly support advocacy by WHO for a coordinated, integrated and collaborative approach to planning and policy development to ensure implementation of sustainable national blood systems;

We declare that we:

Pledge to work towards and maintain 100% voluntary non-remunerated blood donation to provide universal access to safe blood and blood products for all patients requiring transfusion therapy;

Affirm our commitment to the achievement of 100% voluntary non-remunerated blood donation and the protection of the welfare of blood donors, in accordance with the Code of Ethics for Blood Donation and Transfusion of the International Society of

Blood Transfusion;

Commit to the establishment of effective and sustainable national blood services and voluntary non-remunerated blood donor programmes by working with governments and other stakeholders to formulate, adopt and implement national blood policies that are consistent with national needs and WHO technical recommendations;

Undertake to work in collaboration in international efforts to promote safe and sustainable voluntary non-remunerated blood donor programmes that foster community engagement and benefit the recipients of blood and blood products.

Note: This declaration contains the collective views of an international group of experts and participants in the Global Consultation on 100% Voluntary Non-Remunerated Donation of Blood and Blood Components, Melbourne, Australia, June 2009, and does not necessarily represent the decisions or stated policy of the World Health Organization, Australian Department of Health and Ageing, Australian Red Cross Blood Service, Australian and New Zealand Society of Blood Transfusion, International Federation of Red Cross and Red Crescent Societies, and the parent organizations of participants.

10 Priorities for Action and Recommendations for Achieving 100% Voluntary Non-Remunerated Donation of Blood and Blood Components

Priorities for action to achieve 100% VNRBD

- To promote the Melbourne Declaration as a tool for advocacy to achieve 100% VNRBD by all countries by 2020
- To work collaboratively with key stakeholders and partners to develop a consistent and collaborative framework for achieving 100% VNRBD as part of the implementation of a co-ordinated and sustainable national blood programme
- To continue to support blood services both individually and regionally through education, training and development of effective networks
- To continue to develop and promulgate tools and build capacity to support a progressive move towards development of sustainable blood programmes based on 100% VNRBD
- To urge all stakeholders to develop a strategy for a stepwise progression from whole blood to the preparation of labile components and ensure that all recovered plasma is used for fractionation, thereby fully utilizing every donation
- To work collaboratively with key stakeholders to improve opportunities, and remove barriers, to maximise fractionation of available recovered plasma
- To establish effective regional networks to support knowledge transfer and capacity building

Recommendations

Key recommendations that emerged from the discussions were addressed to these stakeholders

1 Recommendations to WHO

1.1 The Melbourne Declaration

- 1.1.1 Utilise the Melbourne Declaration as an advocacy tool with governments to improve progress towards 100% VNRBD
- 1.1.2 Urge key stakeholders, including IFRC, ISBT, FIODS, to endorse formally the contents of the Declaration

1.2 Towards 100% VNRBD

- 1.2.1 Provide advocacy and policy guidance to Member States emphasizing the critical role that effective blood donor programmes play in supporting the development of public health services
- 1.2.2 Support the development of concrete national action plans in priority countries to achieve 100% VNRBD by 2020.
- 1.2.3 Provide technical support and build capacity in Member States to develop voluntary blood donor programmes
- 1.2.4 Continue to strengthen the capacity within WHO at global, regional and country level to provide guidance and technical support to Member states on all aspects of the development of voluntary blood donor programmes
- 1.2.5 Progress the development of the WHO recommendations on blood donor counselling and translation of the training tools on ‘Developing a Voluntary Blood Donor programme’
- 1.2.6 Emphasise the importance of effective and sustainable youth blood donor programmes in managing the transition to 100% VNRBD, including the development of training programmes and tools to support their implementation
- 1.2.7 Continue to develop World Blood Donor day as an effective marketing tool to support 100% VNRBD and to foster support for the establishment of a UN linked ‘Year of the Blood Donor’

1.3 Improving access to a safe and sufficient blood supply

- 1.3.1 Continue to emphasise the importance of a nationally coordinated blood service with an effective policy and legal framework and a sustainable budget
- 1.3.2 Promote and facilitate the effective implementation of WHO strategies for blood safety and availability at global, regional and national levels through advocacy and technical support
- 1.3.3 Develop a set of standard definitions and terminology with key stakeholders and partners to improve consistency of understanding of key concepts relating to blood service provision

- 1.3.4 Emphasise the importance of the availability of sufficient educated, skilled and experienced staff and promote the development of sustainable career pathways to improve staff retention
- 1.3.5 Develop a set of measurable indicators, the global blood safety index, to enable more objective assessment of progress in the establishment of effective and sustainable national blood services
- 1.3.6 Develop technical support tools to support governments and blood services to obtain long term funding support and to work with key aid agencies and funders to expand the availability of funds for blood service development

1.4 Maximising the fractionation of available recovered plasma to improve access to fractionated blood products

- 1.4.1 Promote the development of blood services in a stepwise progression from whole blood to the preparation of labile components and finally to fractionation of available plasma
- 1.4.2 Identify barriers to the fractionation of available recovered plasma and develop strategies to overcome them
- 1.4.3 Develop mechanisms at global and regional levels to support blood services to meet the necessary standards to enable contract fractionation of available recovered plasma

1.5 Establishment of effective regional networks

- 1.5.1 To work collaboratively with key partners to develop effective and sustainable regional networks to support knowledge transfer and capacity building
- 1.5.2 To develop a network for Pacific Island blood services for better integration of WHO and IFRC initiatives within national blood programmes


11 Closing Remarks

During the closing session of the 'Global Consultation on 100% VNRBD' concluding remarks were given by Ms Jenny Hefford, Assistant Secretary, Blood and Regulatory Policy Branch, Australian Commonwealth Department of Health and Ageing (on behalf of the Australian Government), Ms Jennifer Williams, CEO Australian Red Cross Blood Service (on behalf of the ARCBS), Mr Peter Carolan, Senior Officer, Health and Care (Blood) International Federation of Red Cross and Red Crescent Societies (on behalf of the IFRC) and Dr Peter Flanagan, President of the Australian and New Zealand Society of Blood Transfusion. All of the speakers thanked the participants for their contribution to the meeting and expressed her congratulations for the successful outcome which provided an opportunity to progress towards the goal of 100% VNRBD.

On behalf of WHO, Dr Groth expressed his appreciation to all the partners for their support and thanked the participants for their enthusiastic contributions prior to closing the meeting.

12 ANNEXES

12.1 Agenda


 World Health Organization	Global Consultation on 100% Voluntary Non-Remunerated Donation of Blood and Blood Components 9-11 June 2009, Melbourne, Australia
--	--

Organized by WHO-HQ/Geneva
in collaboration with the Department of Health and Ageing (DoHA)
Australian Red Cross Blood Service, Australian and New Zealand Society of Blood Transfusion and
International Federation of Red Cross and Red Crescent Societies

AGENDA

1. Welcome
2. Opening Address
3. Introduction to the WHO/IFRC publication "Towards 100% voluntary blood donation: A framework for global action"
4. Objectives of the Consultation and Participants' Expectations
5. Challenges and Barriers in Achieving 100% Voluntary Non-Remunerated Donation of Blood and Blood Components
6. Foundations of a System for Voluntary Non-Remunerated Donation of Blood and Blood Components
 - a. Creating an enabling environment for 100% voluntary blood donation:
 - b. Fostering a culture of voluntary blood donation
 - c. Building and maintaining a sustainable and safe voluntary donor base
 - d. Providing quality donor service and care
7. Global Initiatives and Regional Initiatives in the Asia-Pacific
8. Melbourne Declaration, Priorities for action, Recommendations and Next Steps
9. Closing Address

12.2 Annex 2: Programme of Work

 World Health Organization	Global Consultation on 100% Voluntary Non-Remunerated Donation of Blood and Blood Components 9-11 June 2009, Melbourne, Australia
--	--

Organized by WHO-HQ/Geneva
in collaboration with the Department of Health and Ageing (DoHA)
Australian Red Cross Blood Service, Australian and New Zealand Society of Blood Transfusion and
International Federation of Red Cross and Red Crescent Societies

Venue: The River Room, Level 1, Crown Tower, Melbourne

PROGRAMME OF WORK

Day 1 - Tuesday, 9 June 2009		
08:00 – 09:00	Registration	
Opening Session		
09:00 – 09:20	Welcome and Opening Addresses: WHO, Australia (Department of Health and Ageing, Australian Red Cross Blood Service, Australian and New Zealand Society of Blood Transfusion) and IFRC	<ul style="list-style-type: none"> ▪ Dr Steffen Groth, WHO ▪ Ms Jenny Hefford, DoHA, Australia ▪ Ms Jennifer Williams, ARCBS ▪ Dr Peter Flanagan, ANZSBT ▪ Mr Peter Carolan, IFRC
09:20 – 09:30	Introduction to the WHO/IFRC publication "Towards 100% voluntary blood donation: A global framework for action"	Dr Neelam Dhingra Mr Peter Carolan
09:30 – 10:00	Introduction of participants Objectives of the consultation Adoption of the agenda and programme of work Selection of Chair, Vice-Chair and Rapporteurs	Dr Steffen Groth, WHO / Essential Health Technologies
10:00 – 10:30	Global perspective on voluntary non-remunerated donation of blood and blood components <ul style="list-style-type: none"> • Follow up from Ottawa Consultation • Latest data from the WHO Global Database on Blood Safety • Global trends and challenges in VNRBD • WHO strategies and programmes in VNRBD at global and country levels 	Dr Neelam Dhingra, WHO / Blood Transfusion Safety
10:30 – 11:00	Break & Group Photograph	
11:00 – 11:20	Why voluntary non-remunerated donation of blood and	Dr Cees Van der Poel,

	blood components?	European Blood Alliance (via remote link)
--	-------------------	---

Session I: Challenges and Barriers in Achieving 100% Voluntary Non-Remunerated Donation of Blood and Blood Components		
11:20 – 11:35	Country experiences from Cambodia	Dr Chhorn Samnang
11:35 – 11:50	Country experiences from Ethiopia	Mr Bekele Tiruwork
11:50 – 12:05	Country experiences from Indonesia	Dr Yuyun Soedarmono
12:05 – 12:20	Country experiences from Pakistan	Dr Syed A. Mujeeb Jafri
12:20 – 13:00	Discussion to identify key challenges and issues for further exploration during the Session III Working Groups	Chairperson(s)
13:00 – 14:00	Break	
Session II: Foundations of a System for Voluntary Non-Remunerated Donation of Blood and Blood Components		
14:00 – 14:20	Donor Vignettes	Mr Joel Reachard
Effective Strategies, Lessons Learned, Innovative Approaches and Critical Success Factors		
14:20 – 14:40	Creating an enabling environment for 100% voluntary blood donation: <ul style="list-style-type: none"> Establishing a voluntary blood donor programme in China 	Dr Yi Mei, MoH, China
14:40 – 15:00	Fostering a culture of voluntary blood donation: <ul style="list-style-type: none"> Understanding your blood donors 	Dr Champa Manchanayake, NBTS, Sri Lanka
15:00 – 15:30	Break	
15:30 – 16:10	Building and maintaining a sustainable and safe voluntary donor base: <ul style="list-style-type: none"> Mobilizing young people as a new generation of blood donors Converting eligible family/replacement donors to VNRBD 	Dr Marites Estrella, DoH, Philippines Dr Faten Moftah, NBTS, Egypt
16:10 – 16:40	Discussion	
16:40 – 17:00	Providing quality donor service and care: <ul style="list-style-type: none"> Assessing donors' suitability to donate blood 	Dr Anthony Keller, ARCBS, Australia
17:00 – 18:00	Discussion to identify key challenges and issues for further exploration during the Session III Working Groups	Chairperson(s)
18:00	Summary of day 1	Chairperson(s)
18:30	WHO Reception to the Participants of the Consultation	

Day 2 - Wednesday, 10 June 2009		
Session III: Working Groups		
08:30 – 09:00	Report of day 1 and discussion	Rapporteurs
09:00 – 10:30	<p>Break out session 1: Six working groups</p> <p>Each group will focus on one of the key issues identified by participants in the previous sessions which require further deliberation and exploration. In each group, the discussions would structure around the following questions:</p> <ol style="list-style-type: none"> 1. What are specific constraints in this area in achieving 100% VNRBD? 2. What are the strategies and interventions to address these challenges? 3. How would you implement these strategies and interventions? 4. How would you measure the impact of these interventions? 	<p>Moderator to facilitate discussion</p> <p>Ms Diane de Coning Dr Syed Abdul Mujeeb Jafri Mr Peter Carolan Dr David Downes Dr Karen Shoos Lipton Dr Anthony Keller</p>
10:30 – 11:00	Break	
11:00 – 12:30	Presentations and discussion on group work:	Group rapporteurs
12:30 – 13:30	Lunch	
Session IV: Global Initiatives		
13:30 – 14:00	<p>WHO ongoing global initiatives:</p> <ul style="list-style-type: none"> ▪ <i>Developing a Voluntary Blood Donor Programme (DONOR) - Training material & capacity building, training of facilitators, staff and volunteers</i> ▪ <i>WHO Recommendations on Blood Donor Selection and Blood Donor Counselling</i> 	Ms Jan Fordham, WHO Dr Lin Kit, HK, China
14:00 – 14:20	World Blood Donor Day: Expanding global sponsorship and networks	Dr Neelam Dhingra, WHO
14:20 – 14:40	IFRC Global Advisory Panel & International Colloquium on VNRBD	Dr Rudolf Schwabe, GAP/IFRC
14:40 – 15:30	Discussion	
15:30 – 16:00	Break	
Session V: Regional Initiatives in the Asia-Pacific Region		
16:00 – 16:20	Role and aspirations of the Asia-Pacific Blood Network	Dr Lin Che Kit, Hong Kong, China
16:20 – 16:40	Securing Safe Blood: Building on the regional initiative from the Japanese Red Cross/ Thai Red Cross on RC/RC symposia on blood programmes in the Asian region: vision for the future	Dr Masahiro Satake, Japanese Red Cross Society, Blood Service

16:40 – 17:00	Pacific Emerging partnerships: challenges and successes	Dr Manish Pant, IFRC Ms Carol O'Shea, WHO Consultant and IFRC Working Group Member on VNRBD
17:00 – 18:00	Discussion	
18:00	Summary of day 2	Chairperson(s)
Day 3: Thursday, 11 June 2009		
08:30 – 09:00	Report of Day 2 and discussion	Rapporteurs
Session VI: Melbourne Declaration, Recommendations and Next Steps		
09:00 – 10:30	Break out session 2: Six working groups Each group to discuss: <ul style="list-style-type: none"> ▪ Development of Melbourne Declaration ▪ Priorities for action to achieve 100% VNRBD ▪ Recommendations to all key stakeholders 	Moderator to facilitate discussion Dr Peter Flanagan Dr Christie Reed Dr Justina Ansah Dr Jean C. Emmanuel Dr Carol Ô'Shea Dr Loyiso Mpuntsha
10:30 – 11:00	Break	
11:00 – 12:30	Presentations and discussion on group work:	Group rapporteurs
12:30 – 13:00	Melbourne Declaration, Conclusions and Way Forward	Chairperson(s) Dr Neelam Dhingra, WHO Dr Steffen Groth, WHO
13:00 – 13:15	Closing Ceremony: WHO, Australia (Department of Health and Ageing, Australian Red Cross Blood Service, Australian and New Zealand Society of Blood Transfusion) and International Federation of Red Cross and Red Crescent Societies	<ul style="list-style-type: none"> ▪ Ms Jenny Hefford, DoHA, Australia ▪ Ms Jennifer Williams, ARCBS ▪ Dr Peter Flanagan, ANZSBT ▪ Mr Peter Carolan, IFRC ▪ Dr Steffen Groth, WHO
13:15	Close	
On Thursday, 11 June 2009 at 1500 hrs, a visit to the ARCBS Blood Centre was arranged for all interested participants.		

12.3 Annex 3: List of participants

COUNTRY PARTICIPANTS	
Australia	Dr Carol O'Shea , PO Box 515, Northbridge NSW 2063
Cambodia	Dr Chhorn Samnang , Chief of Administration and Finance Office, National Blood Transfusion Center, Street 114, Corner Kramoun Sar and Norodom Blvd., Phnom Penh
China	Dr Yi Mei , Director of Blood Safety Management, Department of Medical Administration, 1 Nanlu, Xizhimenwai, Xi Chang District, Beijing
China	Dr Lin Che Kit , Chief Executive and Medical Director, Hospital Chief Executive, Hong Kong Red Cross, Blood Transfusion Service, 15 King's Park Rise, Kowloon, Hong Kong Special Administrative Region (Hong Kong SAR)
Fiji	Mr Josefa Bolaqace , National Manager Blood Services, Ministry of Health, POB 2223, Government Building, Suva
Egypt	Dr Faten Moftah , Director-General, National Blood Transfusion Service Ministry of Health and Population, 51, Wizarat El-Zeraa St., El Dokki, Giza Cairo
Ethiopia	Mr Bekele Tiruwork , Head, Blood Donor Service Management Division, Ethiopian Red Cross Society, National Blood Bank Services, Ras Desta Damtew Street, Addis Ababa
Ghana	Dr Justina Ansah , Director, National Blood Transfusion Service, PO Box 78 Korle-Bu, Accra
Indonesia	Dr Yuyun Soedarmono , Indonesian Red Cross (PMI), Jl. Jenderal Gatot Subroto Kav. 96, 12790 Jakarta
Iran (unable to attend)	Dr Hasan Abolghasemi , Managing Director, Iranian Blood Transfusion Organization, Proposed WHO Collaborating Centre, IBTO bldg Hemmat EXP. Way, Teheran
Japan	Dr Masahiro Satake , Director, Japanese Red Cross Tokyo Western Blood Center, Japanese Red Cross Society, Blood Service Headquarters, 1-1-3, Shiba Daimon, Minato-ku, Tokyo 105-8521 Japan, 1-1-3, Shiba Daimon, Minato-ku, Tokyo 105-8521 Japan
Kiribati	Mr Tebuka Toatu , Director of Laboratories, Ministry of Health and Medical Services, POB 268, Tarawa
Mozambique	Dr Joel Gudo , Consultant for Blood Safety, Escopil Internacional, Rua de Kassuende Nr 118, Bairro da Polana Cimento, Maputo
Myanmar	Dr Thida Aung , Chief, National Blood Centre, Yangon General

	Hospital 95 Bogyoke Aung San Road, Latna Township, Yangon
Nauru	Mr Taniela Sunia Soakai , Secretary of Health and Medical Services, Ministry of Health, Yaren
Netherlands (via Teleconference) (and also representing European Blood Alliance)	Dr Cees L. van der Poel , Sanquin Blood Supply, Plesmanlaan 125 1066 CX Amsterdam
Pakistan	Dr Syed Abdul Mujeeb Jafri , Associate Professor, Blood Bank, Jinnah Postgraduate Medical Center, Karachi, 75510
Papua New Guinea	Dr Evelyn Lavu , Acting Director, Central Public Health Laboratory, Department of Health, Waigani NCD
Philippines	Ms Marites Estrella , National Blood Program Coordinator, Department of Health - Philippines, National Center for Health Facility Development, Bldg. 4 G/F San Lazaro Compound, Sta. Cruz, Manila
Samoa	Dr Robert Thomsen , Assistant Chief Executive Officer, Ministry of Health, Private Bag, Motootua, Apia
Saudi Arabia	Prof. Salwa Hindawi , Director, Blood Transfusion Services, King Abd AlAziz University Hospital, PO Box 80215, Jeddah 21589
Singapore Unable to attend	Ms Cecilia Tan , Director, Red Cross Blood Donor Recruitment Programme, BloodBank@Health Sciences Authority (HSA), 11 Outram Road, 169078
Singapore Unable to attend	Dr Diana Teo , Director, Centre for Transfusion Medicine, Health Sciences Authority, 11 Outram Road, 169078
Solomon Islands	Dr Carl Susuairara , Under-Secretary Health Care, Ministry of Health, PO Box 349, Honiara
South Africa	Ms Diane de Coning , Blood Donor Management Consultant, P O Box 1327, Fourways, 205, Johannesburg
South Africa	Dr Loyiso Mpuntsha , Chief Executive Officer, South African National Blood Service, Private Bag X14, Weltevreden Park, 1715, 2 Constantia Boulevard, Constantia Kloof, Exc 22
Sri Lanka	Dr Champa Manchanayake , Senior Registrar, Transfusion Medicine, National Blood Transfusion Service, Colombo 05
Switzerland	Dr Rudolf Schwabe , Chair, Global Advisory Panel , Director, Service de transfusion sanguine CRS, Laupenstrasse 37, Postfach 5510, CH 3001 Bern

Thailand	Dr Soisaang Phikulsod , Director, National Blood Centre, The Thai Red Cross Society, 1780 Henri Dunant Road, Pathomawan, Bangkok
Tonga	Mr Viliami Pakalani , Senior Medical Scientist, Ministry of Health, PO Box 59, Nuku'alofa
Tuvalu	Mr Iete Avantele , Deputy Secretary of the Minister of Health, Ministry of Health, Vaiaku, Funafuti
United Arab Emirates (unable to attend)	Dr Amin Hussain Al Amiri , CEO, Medical Practice and License, Ministry of Health, Vice Chairman, Supreme Organizing Committee, Blood Transfusion, PO Box 2605 Sharjah
United States of America	Dr Christie Reed , Global AIDS Program, HIV Prevention Branch, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS E-04, Atlanta, GA 30333
United States of America (Also representing Rotary Global Network for Blood Donation)	Dr Merlyn Sayers , CEO, Carter Blood Care Centre, 2205 Highway 121 Bedford
Vanuatu	Dr Willie Tokon , Medical Services Manager at Vila Central Hospital, Port Vila
Zimbabwe	Dr Jean C. Emmanuel , Transfusion Medicine Specialist, WHO Expert Advisory Panel Member

KEY INTERNATIONAL ORGANIZATIONS WORKING ON VOLUNTARY BLOOD DONATION

Africa Society for Blood Transfusion (AfSBT) (unable to attend)	Dr Anthon Heyns President, Africa Society for Blood Transfusion Post Net 211, Garsfontein, Gauteng 0042 South Africa
Arab Blood Transfusion Society (unable to attend)	Dr Ibraheem Alomar General Director of Laboratories and Blood Banks Ministry of Health P.O. Box 11176, Riyadh Saudi Arabia
AABB	Ms Karen Shoos Lipton Chief Executive Officer, AABB 8101 Glenbrook Road Bethesda, MD 20814 USA
CSL Bioplasma (Observer)	Dr Jeff Davies General Manager Asia Pacific, CSL Bioplasma 189-209 Camp Road, Broadmeadows 3047 Melbourne, Victoria 3047 Australia

European Blood Alliance (EBA)	Dr Cees L. van der Poel Sanquin Blood Supply , Plesmanlaan 125 1066 CX Amsterdam The Netherlands
International Federation of Blood Donor Organizations (FIODS)	Mr Niels Mikkelsen President, FIODS Bloddonorernei Denmark Vesterbrogade 191, 1800, Frederiksberg Denmark
International Plasma Fractionation Association (unable to attend)	Dr Robert Perry International Plasma Fractionation Association (IPFA) Plesmanlaan 125, NL-1066 CX Amsterdam The Netherlands
International Society of Blood Transfusion	Ms Judith Chapman Executive Director, ISBT ISBT Central Office J. van Goyenkade 11, 1075 HP Amsterdam The Netherlands
Rotary Global Network for Blood Donation	Dr Merlyn Sayers CEO, Carter Blood Care 2205 Highway 121, Bedford, TX 76021-5950 USA
Safe Blood for Africa Foundation (unable to attend)	Mr Jeffery Busch Chairman, Safe Blood for Africa Foundation 3828 Kennett Pike Suite 206, Greenville DE19807 USA
South Asian Association of Transfusion Medicine	Dr Nabajyoti Choudhury Secretary General, South Asian Association of Transfusion Medicine Coordinator (Blood Safety), Gujarat State Council For Blood Transfusion O-1 Block, New MH Complex, Meghaninagar, Ahmedabad-380016; India
Thalassaemia International Federation (TIF) (unable to attend)	Dr Androulla Eleftheriou Scientific Director, Thalassaemia International Federation 31 Ifigeneias Street, 2007 Strovolos Nicosia Cyprus

SECRETARIAT

DEPARTMENT OF HEALTH AND AGEING, AUSTRALIA

Ms Mary McDonald

First Assistant Secretary, Regulatory Policy and Governance Division

Department of Health and Ageing
GPO Box 9848, Canberra, ACT 2601
Australia

Ms Jenny Hefford

Assistant Secretary, Blood and Regulatory Policy Branch
Commonwealth Department of Health and Ageing
Albamarle Building, Level 5, Furzer St
WODEN ACT 2606, GPO Box 9848, (MDP 137), Canberra ACT 2601
Australia

Ms Sharyn McGregor

Director, Blood Policy
Blood and Regulatory Policy Branch
Regulatory Policy and Governance Division
Commonwealth Department of Health and Ageing
Albamarle Building, Level 5, Furzer St
WODEN ACT 2606, GPO Box 9848, (MDP 137), Canberra ACT 2601
Australia

JURISDICTIONAL BLOOD AUTHORITY, AUSTRALIAN

Dr Gina Clare

Senior Director, Blood Management Program
Clinical and Statewide Services, Queensland Health, Level 13, Block 7
Royal Brisbane and Women's Hospital
Herston Road, Herston QLD 4029
Australia

Ms Joan Bedford

Senior Portfolio Officer (Blood), Office of the Chief Medical Officer
Health Department of WA, 189 Royal Street
East Perth WA.6004, PO Box 8172
Perth Business Centre, Perth WA 6849
Australia

AUSTRALIAN NATIONAL BLOOD AUTHORITY

Dr Chris Hogan

Principal Medical Officer, National Blood Authority - Australia
Postal Address: Locked Bag 8430, Canberra ACT 2601
Australia

AUSTRALIAN RED CROSS BLOOD SERVICE

Dr Robert Hetzel

Chief Executive Officer, Australian Red Cross Blood Service
Level 6, 464 St Kilda Road, Melbourne, VIC 3004
Australia

Ms Jennifer Williams
Chief Executive Officer, Australian Red Cross Blood Service
Level 6, 464 St Kilda Road, Melbourne, VIC 3004
Australia

Mr Joel Reachard
Government and International Relations, Australian Red Cross Blood Service
Level 6, 464 St Kilda Road, Melbourne, VIC 3004
Australia

Dr Philippa Hetzel
National Operations Manager, Australian Red Cross Blood Service
Level 6, 464 St Kilda Road, Melbourne, VIC 3004
Australia

Dr David Downes
Manager International Policy, Australian Red Cross Blood Service
Level 6, 464 St Kilda Road, Melbourne, VIC 3004
Australia

Ms Catherine Lilliehook
Manager International Policy, Scanning & Benchmarking, Australian Red Cross Blood Service,
Level 6I 464 St Kilda Road I, Melbourne, VIC I 3004
Australia

Dr Anthony Keller
National Donor & Product Safety Specialist, Australian Red Cross Blood Service
Level 1, 69 Walters Drive, Osborne Park, WA 6017
Australia

AUSTRALIAN RED CROSS

Mr Robert Tickner
Chief Executive Officer, Australian Red Cross
Level 1, 69 Walters Drive, Osborne Park, WA 6017
Australia
(unable to attend)

Dr James Thyer
Senior Advisor, Blood Governance and Policy
Australian Red Cross Blood Service
155 Pelham Street, Carlton VIC, VIC 3053
Australia

AUSTRALIAN AND NEW ZEALAND SOCIETY OF BLOOD TRANSFUSION

Dr Peter Flanagan
National Medical Director, New Zealand Blood Service
National Office
71 Great South Road, Epso, Private Bag 92 071
Auckland 1142
New Zealand

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES

Dr Rudolf Schwabe

Chair, Global Advisory Panel
 Director, Service de transfusion sanguine CRS
 Laupenstrasse 37, Postfach 5510
 CH-3001 Bern
 Switzerland

Mr Peter Carolan

Senior Officer, Health and Care (Blood), International Federation of Red Cross and Red Crescent Societies
 Case Postale 372
 CH-1211 Genève 19
 Switzerland

Dr Manish Pant

Regional Health Delegate, IFRC
 77 Cakobau Road, PO. Box 2507
 Government Buildings, Suva
 Fiji

Ms Tautala Mauala

Secretary General Samoa Red Cross
 77 Cakobau Road
 POB 1616, Apia
 Samoa

Ms Niki Rattle

Secretary General, Secretary General Cook Islands Red Cross
 POB 888, Rarotonga
 Cook Islands

WORLD HEALTH ORGANIZATION

Dr Steffen Groth

Director
 Essential Health Technologies
 World Health Organization
 20 Avenue Appia
 CH-1211 Geneva 27
 Switzerland

Dr Neelam Dhingra

Coordinator (Organizing Secretary)
 Blood Transfusion Safety
 World Health Organization
 20 Avenue Appia
 CH-1211 Geneva 27
 Switzerland

Ms Jan Fordham

Technical Officer
 Blood Transfusion Safety
 World Health Organization
 20 Avenue Appia
 CH-1211 Geneva 27
 Switzerland

Ms Divina Maramba

Administration Assistant
 Essential Health Technologies
 World Health Organization
 20 Avenue Appia
 CH-1211 Geneva 27
 Switzerland

12.4 Annex 4: Group photograph

