

Reply to:

Adoption of WHO Standard Operating Procedures for Blood Screening in Hospitals of Islamabad, Pakistan

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Dear Editor,

Pakistan is the sixth most populous country in the world with a population of 187 million (<https://www.cia.gov/library/publications/the-world-factbook/geos/pk.html>). The blood transfusion services have received low priority in the past, but in the last four years, the Government of Pakistan initiated blood safety reforms and revised the National Blood Policy and National Strategic Framework [2008-2012] with a goal to establish a National Blood Programme that strives to meet, in equitable fashion, on non profit basis, all of the rational needs of the patient population throughout the country, on a regular basis, at minimal cost, with minimal waste and with optimal safety and efficacy. The National Health Policy has also included 'Transfusion Safety' as a priority area.

The National Blood Transfusion Programme (NBTP) has embarked on a complete system reform to be implemented under the guidance of a new blood safety legislation, which would contribute to a nationwide standardization of norms, procedures, and concepts to be implemented in the public and private sector and to be followed up on by new Blood Transfusion Authorities. The National Blood Transfusion Programme is supported by technical (GIZ) and financial (KfW) cooperation from the German Government. The Programme is focused to provide highest standards of care at every stage of the transfusion process through an integrated network of Regional Blood Centres and related Hospital Blood Banks to ensure that every patient in need will be able to receive adequate, safe and efficacious blood/blood products.

The facts, statistics, assumptions and conclusions on the Pakistan blood transfusion scenario provided by Rehman (2011) in Volume 5(22) of African Journal of Pharmacy and Pharmacology, are not correct factually. The identity of the blood banks has been kept anonymous which makes the study results questionable. The errors in the manuscript include the total number of blood centres, annual blood collection, selection of sample size, arguments regarding the supervision of a blood bank and anonymous listing of blood banks. Actually, the total numbers of blood centres are 1830 with a major contribution of the private and NGO sector (85.8%) while remaining 14.2% is a contribution by the public sector. The annual blood collection in 2008 was 2.74 million (Salamat, 2009) and this would be more than 3 million by now if yearly growth is added. The author mentioned the supervision of a blood bank by a 'dispenser' which cannot be true as all the blood banks were visited by NBTP team and no such facility was seen. In addition, the ICT Blood Safety Ordinance (Kamran, 2009) and the new draft BT law of 2010 clearly states that blood banks are not allowed to work

without qualified professionals having post graduate qualifications in blood transfusion, haematology or clinical pathology recognized by the Pakistan Medical and Dental Council.

The author has only selected public sector blood banks which are not true representative of the system as the Blood Transfusion Sector in Pakistan is dominated by the private and NGO sector (1571 blood banks). The author also criticized the absence of a phlebotomist in all the blood bank facilities. Infact no such diploma/qualification exist in Pakistan and Laboratory Technicians/Assistants gets on-job training for blood collection (Ansari, 2012). In 2007, the Standard Operating Procedures for Blood Transfusion Services (Model Standard Operating Procedures for Blood Transfusion Services, 2007) were developed by Blood Safety Unit of National AIDS Control Programme and disseminated to all blood centres. The Islamabad Blood Transfusion Authority (IBTA) is monitoring the implementation of those SOPs and not the one WHO has developed. The WHO SOPs are infact a model template, given as a guiding document so every country can develop their own SOPs.

At federal and provincial levels, Blood Transfusion Authorities (BTAs) have been notified to regulate both the public and private sector blood banks. The Federal Government established Islamabad Blood Transfusion Authority (IBTA) in 2005 under the Islamabad Transfusion of Safe Blood Ordinance to regulate operations of blood banks functioning in the Islamabad Capital Territory (ICT). IBTA comprises of a Chairman, Secretary and a committee consisting of technical experts in the fields of hematology and transfusion medicine including a representative of the armed forces and members of private sector and other stakeholders. IBTA has made inspections in the recent past and registered all the blood banks in ICT in a phased manner. Therefore it could not be possible that blood bank facilities mentioned in the subject paper exist in ICT. Similarly it cannot be concluded from the study that blood banks in Islamabad are operating poorly and the situation in other parts of the country would be worse. For example, a few of the blood centres in Islamabad as well as in other cities are equipped with state of the art technology and certified by ISO.

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