Preface

Transfusion medicine is a distinct and expanding discipline with a vital role in the health care system. It is concerned with many subjects which overlap those of other disciplines: public education, donor recruitment and retention donor selection, counseling and blood collection, laboratory processing (including testing and preparation of components, storage and distribution of blood and blood products) organization and management of the blood service, and, working with clinicians to promote the appropriate clinical use of blood and blood products. Transfusion medicine includes the clinical and scientific background to all of these topics and therefore impinges on many areas of medical practice.

The National Blood Policies address all the principal issues that could affect the quality, safety, availability and accessibility of blood and blood products and should be observed by all health institutions and practitioners. The policies are based on up-to-date scientific, medical and epidemiological evidence, with due consideration of economic, ethical and social factors. The policies will assist the National Blood Service Zimbabwe and stakeholders in ensuring blood safety and availability while ensuring the flexibility to address these issues according to prevailing challenges, needs and resources. Measures to ensure blood safety also play a major role in preventing the transmission of transfusion transmissible infections such as HIV in health-care settings.

Ensuring the safety and accessibility of blood and blood products is an essential public health responsibility. Where necessary the Ministry will base legal instruments on these policies. Such measures to ensure the safety, availability and accessibility of blood transfusion will continue to be given a high priority within the health care system recognizing the cross-cutting role of blood transfusion in underpinning programmes of major public health importance, including maternal and child health, medical and surgical procedures, and in emergency and disaster situations.

I appeal to all stakeholders to observe and implement the policies enunciated in this document.

Brigadier General, (Dr) G. Gwinji
Permanent Secretary
Ministry of Health & Child Welfare

Contents

Glossary

In this Policy the following terms have the meanings assigned to them.

Allo-antibody	antibodies that occur naturally in the body against foreign antigens of the same species from another individual.
Approved Health Institution	a health facility that has been approved by the Ministry of Health and Child Welfare to transfuse blood, through registration and certification by the Health Professions Authority.
Auto-antibodies	antibodies directed against antigens within an individual's own body.
Autologous blood donation	collection of blood from a patient prior to medical procedure for transfusion into the patient from whom it was collected .
Blood Donor	An individual who donates blood for transfusion
Blood Transfusion	The act of introducing blood from a blood donor into the blood stream of an individual who requires it as replacement of lost blood or to correct a blood disorder.
Blood Cold chain	A temperature-controlled **supply chain** from blood donation, storage, transportation to the point of transfusion.
Cross-Match	the process of testing for the compatibility of a donor ' and recipient's tissues before blood transfusion or tissue transplantation.
Customer	hospitals (private/public) that obtain blood from the Service for transfusion to patients.
Directed donation	blood intended for transfusion that has been donated by an individual for a specific patient

Glossary

Lapsed donor	a donor who has not donated in the last 12 months.
Medical Director	A medical practitioner registered with the Medical and Dental Practitioners' Council of Zimbabwe with medical responsibility for the clinical activities of the Service
National Blood Service Zimbabwe	The organization with delegated authority from the Minister of Health to provide blood services in Zimbabwe. Defined hereafter as the Service.
Plasma fractionation	separation, purification and virus inactivation of the various plasma proteins according to their physiological functions whilst maintaining their biological properties.
Quality Policy	the overall intentions and direction of the Service as regards quality, as formally expressed and authorized by top management to be part of the corporate policy of the Service.
Regular blood donor	an individual who donates blood at least two times in a 12 month period.
Sero-status	blood test report of an individual who has been tested for a certain transfusion transmissible infection in which the result is specified as positive or negative.
Standard Operating Procedure	a prescribed procedure adopted under controlled conditions to be followed in the performance of a task.
Therapeutic donation	the process of collecting blood from a patient as part of disease management
Thermograph	an instrument that records temperature variations on a graph as a function of time.
Transfusion Transmissible Infections	Blood borne infections such as HIV, Hepatitis B and C and Syphilis.

Introduction

The transfusion of blood and blood components is recognized as an essential therapeutic intervention in modern health care. The safety of the donor in the blood donation process is as important as the safety and efficacy of the blood and blood products if the transfusion is to benefit the recipient and also prevent transmission of infections from the donor to the recipient. The collection of blood from low risk voluntary, non-remunerated blood donors, and the screening of the blood using nationally and internationally approved technology, are key strategies in the prevention of transfusion transmissible infections such as HIV/AIDS. Blood is also a scarce national resource. Consequently the blood supply must be collected and transfused only in the national interest. Provincial, local or personal needs are secondary to the national requirements.

Background

The Government is responsible for making blood and blood products available to all citizens in need within the nation. The Ministry of Health and Child Welfare is ultimately accountable to the people of Zimbabwe for all aspects of blood transfusion.

The prevalence of highly transmissible agents in blood; the dangers of inappropriate transfusions; the scarcity of blood as a national resource; the scientific and technical complexity of the processes of procurement, collection, processing (including manufacture), distribution and preservation of blood and blood products; the need for access to and affordability of blood and blood products make it imperative that it is a Government responsibility.

It is thus highly undesirable for individuals or groups of individuals to organize private transfusions that do not fall within Government control guidelines.

It is the prerogative of the Government to choose to subcontract this activity to a single, national body. In order to ensure adequate and safe blood supplies to all those in need, the management of the national blood programme has been delegated to a single authority, which is the National Blood Service of Zimbabwe (NBSZ). At present the NBSZ

has sole authority to provide an appropriate, cost-effective service and a comprehensive range of low risk blood and blood products on behalf of the Ministry of Health and Child Welfare. It is registered as a non-profit making company under section 26 of the Companies Act [Chapter 24:03] and is also registered as a private voluntary organization (WO/54/68) as required by the Private Voluntary Organizations Act [Chapter 17:05]. It operates in conformity with the national health policies. The Ministry of Health and Child Welfare supports the NBSZ in its efforts to provide adequate and safe blood supplies and services that meet national and international standards of quality. This National Blood Policy takes into account current relevant legislation and the fundamental policies enunciated herein will be considered in formulating or be aligned to future legislation.

GOAL OF THE POLICY

The policy aims to ensure access, affordability, quality and safety of blood, blood products and services to all who are in need in conformity with the International Society for Blood Transfusion (ISBT) Code of Ethics for Blood Transfusion Services (Adopted by the General Assembly ISBT July 12, 2000.), as endorsed by the International Federation of Red Cross and Red Crescent Societies and the World Health Organisation.

THE SPECIFIC OBJECTIVES OF THE POLICY ARE:

1. To affirm Government commitment and support for the Service to implement an efficient, affordable and cost-effective national blood programme.
2. To require conformance with internationally accepted ethical principles for blood donation and transfusion.
3. To promote training and education programmes in order to meet the human resource needs of the Service.
4. To promote activities that ensure safe blood donation.
5. To prevent the transmission of infections through blood transfusion.
6. To ensure current processes and procedures conform to practices that are recognized and accepted nationally and internationally.
7. To ensure the safety and optimal treatment of recipients of blood and blood products through the appropriate clinical use of blood and blood products.
8. To promote a quality management system through a quality policy that conforms to nationally and internationally accepted standards.
9. To encourage research, development, monitoring, evaluation and documentation in all activities relating to the collection or transfusion of blood and to collaborate with other national or international bodies in that regard.

Policy I

The government is committed and supports the Service in its implementation of an efficient, affordable, accessible and cost effective national blood programme.

Purpose:

This policy assures the Service of the support of the national authorities in order to strengthen the ability of the Service to provide an efficient, affordable and cost effective blood supply that is accessible to all in need.

Strategy:

1) Provide legal authority to the Service through appropriate legislation in order to protect the ethics and standards of the national blood programme.
2) Participate fully in the meetings of the Board of the Service.
3) Provide financial support through national subsidy and access to international resource partners.
4) Provide mechanisms to support a full cost recovery system.
5) Facilitate collaboration between the Service and hospital blood banks in order to ensure quality 24 hour service processes from vein to vein.
6) Promote collaboration between the Service and other Departments in the Health Services.
7) Establish appropriate relevant regulatory mechanisms to ensure the suitability and quality of products imported for use by the Service
8) Regulate activities in a hospital setting that relate to clinical use and record maintenance.
9) Facilitate the development of short and long term training courses in transfusion medicine and other relevant areas courses in order to strengthen human resources for the Service.

10) Provide support for the development and implementation of national Standards for Blood Transfusion in Zimbabwe and their regular review by all stakeholders.
11) Provide guidelines for the management and financing of the blood supply in cases of disasters, whether natural or man-made.
12) Facilitate collaboration activities between the Service and other national, regional and international bodies.
13) Facilitate joint ventures for the allocation of land/property from local authorities upon which to locate donor clinics and related activities of the Service.
14) Facilitate other income-generating projects for the Service in order to benefit the customers by reducing cost recovery fees for blood products.
15) Facilitate the acquisition of foreign currency and the importation of requirements for the Service.

The customer of the Service is the hospital or other approved health institution. All invoicing is for the account of the hospitals or approved health institutions that have been authorised to transfuse blood as per the criteria stated on the Standards for Blood Transfusion, not the individual patient.

Policy II

The Service will implement ethical principles for blood donation and transfusion.

Purpose:

This policy aims to ensure that the Service complies with the Code of Ethics of a Blood Transfusion Service as enunciated by the International Society for Blood Transfusion (Adopted by the General Assembly ISBT July 12, 2000.) And endorsed by the International Federation of Red Cross and Red Crescent Societies and the World Health Organization.

Strategy:

1) Blood donation must, in all circumstances, be voluntary. No pressure or undue influence of any kind should be brought to bear upon the donor.
2) Financial benefit must never be a motive for the donor. Voluntary, non-remunerated blood donors shall continue to be the only source of blood
3) The donor shall be advised of the possible adverse reactions associated with blood donation. The donor's health and safety is of paramount concern.
4) There shall be no discrimination of any kind, whether by race, nationality or religion, in blood donation.
5) There must be no financial motivation to transfuse blood or blood products on the part of either the prescriber or the establishment where the patient is treated.
6) Wastage of donated blood or its products, a scarce human resource, must be avoided at all costs.
7) Anonymity between donor and recipient shall be respected, except in special cases such as directed donations approved by the medical director.
8) Whatever their financial resources, all patients shall be able to receive blood or blood products, without discrimination by race, nationality, religion or otherwise.
9) Autologous blood transfusion shall be promoted and practiced where clinically indicated. Patients referred for autologous donation must be accepted by the medical director.

10) Only internationally approved facilities that conform to international standards, within Zimbabwe, shall be sourced for the fractionation of surplus plasma and for the processing of serum.
11) Medical assistance shall be provided to donors who suffer harm or adverse effects of blood donation.
12) The Service shall work with government to provide adequate insurance for liability claims from recipients of blood and blood donors.
13) Confidentiality of all donor records shall be strictly maintained.

Policy III

The Service will collaborate with education and training institutions in order to ensure adequate human resources at appropriate levels in order to meet the needs of the Service.

Purpose:

The policy assures adequate human resources and skills for the Service.

Strategy:

1) New staff recruits must meet the requisite entry qualifications for the post.
2) Staff shall undergo training using Standard Operating Procedures and be certified as competent to carry out their set tasks prior to deployment.
3) Staff development shall be facilitated through regular internal and external training programmes, seminars and workshops.
4) The Service shall facilitate inter-country and intra-country exchanges for purposes of training and providing experience to staff in order to encourage and improve performance.
5) Management shall ensure that all professional staff required to register with professional bodies are so registered while employed by the Service.

Policy IV

The Service will promote the safety of the donor in the donation process.

Purpose:

This policy aims to ensure informed decision making by the donor to donate blood, protect the donor during the donation process and provide for post-donation care.

Strategy:

1) Blood shall be collected under the responsibility of a registered medical practitioner.
2) Prior to the donation the donor must complete a questionnaire which declares his/her identity and present and past health status. A donor with an identified health risk will be temporarily or permanently deferred from donating blood.
3) The donor must acknowledge that he/she has been informed about the socio-behavioral risk factors associated with transfusion transmissible infections. Pre-donation individual counselling shall be used to defer donors at risk if they have not self-deferred.
4) Only donors who agree to be informed of their sero-status for transfusion transmissible infections through appropriate counselling facilities shall be accepted for donation.
5) All potential donors shall be assessed according to the Standard Operating Procedures for Donor Assessment which are approved and reviewed regularly by the Service.
6) The medical director shall provide specific guidelines for the assessment and acceptance criteria for potential blood donors.
7) Therapeutic donations are carried out at the request of the patient's medical practitioner and with the approval of the medical director. Blood collected in this way may only be accepted for transfusion on the advice of the medical director.

8) Post-donation counselling shall be provided where there is a temporary or permanent deferral of a donor. Donors permanently deferred shall be referred to appropriate counselling facilities of the donor's choice.
9) Provide non-monetary incentives to regular donors that appropriately recognize the donor without providing an unintended incentive.

Policy V

The Service is committed to the safety of the blood for the transfusion recipient that is free from Transfusion Transmissible Infections (TTIs).

Purpose:

This policy ensures that the Service adopts appropriate policies and procedures to prevent the transmission of TTIs through blood transfusion in conformance with available national policy guidance.

Strategy:

1) Prepare appropriate information, education and communication materials to promote blood donations from persons at low risk for TTI infection.
2) Select and recruit blood donors from low risk donor populations.
3) Identify and continually review risk factors for TTIs among potential blood donors.
4) Develop and continuously review assessment procedures that assist in the identification of donors at risk for TTIs.
5) All necessary steps shall be taken to ensure that blood products for transfusion are as safe as possible.
6) Provide continuous training of donor clinic staff in donor assessment and pre- and post-donation counselling procedures.
7) Provide counseling and referral options to donors deferred because of risk or identified as sero-positive for TTIs.
8) Collaborate with other partners involved in prevention and/or management of persons infected with HIV and other TTIs.
9) Ensure quality procedures in the testing and handling of donated blood and the safe disposal of infected samples.
10) Assist in the development, use and monitoring of transfusion guidelines in order to minimize unnecessary transfusions.
11) Ensure positive identification and tracing of all donor samples, donated blood and products thereof from source to recipients or its disposal.
12) Ensure that confidentiality of donor records is preserved.
13) Inform blood donors of the organizations and facilities that offer post donation counselling within reasonable distance of their place of residence or work.

Policy VI

The Service shall ensure that current processes and procedures conform to national and international best practices.

Purpose:

The policy ensures that only current processes and procedures as appears in the national Standards for Blood Transfusion are used in the Service and that all records and samples are retained according to regulatory requirements in order to facilitate follow up, traceability and research.

Strategy:

1) Appropriate equipment and/or technology shall be procured, placed into service and maintained in order to ensure best possible practices and cost-effective procedures.
2) The Service shall perform blood group tests and screen for transfusion transmissible infections on every unit of donated blood. The transfusion transmissible infections to be screened for shall be agreed upon by the Service and the Ministry of Health and Child Welfare. Only blood donations non-reactive for these infections shall be issued for transfusion. As a minimum, the diseases tested for include HIV1, HIV2, Hepatitis B and C and Syphilis.
3) Information management systems shall be made available and continuously improved through:
   - acquisition and maintenance of appropriate hardware;
   - acquisition and maintenance of licenses for appropriate software;
   - review and validation of existing systems;
   - training of staff in use of software;
   - Adoption of adequate and appropriate security applications.
4) Electronic records of individual tests and donor records shall be created and retained for easy access for at least ten (10) years.

5) Serum samples of all donations, including autologous and directed donations, shall be frozen individually and retained for five (5) years to enable repeat or new testing to be performed.
6) Records of the temperatures of cold chain equipment (freezer, refrigerator or cold room) used to store blood and blood products shall be retained for one (1) year.
7) Refrigeration and freezer units that are used to store blood shall all be equipped with temperature alarm devices and thermographs. Temperature monitoring devices must have a secondary power source.
8) The cold chain shall be maintained during the transport of blood and blood products. Blood transport boxes shall not be carried by public passenger transport.
9) Blood provided to the hospital ward for transfusion shall not be accepted back into the blood bank laboratory more than 30 minutes after issue.
10) The Service shall maintain and update the following records, with appropriate back-up, for at least ten (10) years:

A. At Blood Donor Clinics

- Blood donor enrolment details.
- Active and lapsed donors list.
- Blood collection data.
- Donors who have experienced adverse reactions and the treatment provided.

B. At Laboratories

- Blood received and products made.
- Blood and blood products transfused.
- Blood and blood products discarded.
- Results of TTI blood tests.
- Imported products – usage and disposal.
- Expired products.

11) Hospital blood banks shall be required to maintain up-to-date records, with appropriate back up for at least ten (10) years as follows:

A. Blood and Blood Products Inventory

- Record of blood products ordered and received from a Service Branch.
- Record of the disposition of blood products not transfused, e.g., expired, broken, etc.

B. Compatibility Testing

- Requests for blood.
- Compatibility testing results for each red cell issued for transfusion.
- With respect to blood products moved to the ward for transfusion the name of the person transporting the unit and the date and time the units were removed from the blood bank.
- Records of transfusion reactions and the results of their investigations.
- Records of quality control.

C. Other Records

- Temperature monitoring records.
- QC records
- Complaints and feedback.

5) Hazardous biologic waste must be disposed of in accordance with nationally approved procedures for the disposal of infected materials.

Policy VII

The Service shall promote the appropriate clinical use of blood and blood products and the safety of recipients.

Purpose:

This policy ensures that blood and blood products are requested and prescribed for a patient according to approved clinical guidelines on their use.

Strategy:

1) All persons involved in the process of blood transfusion must accept the impossibility of any absolute guarantee of inadvertent risk from blood transfusion, whether reactive or infective.
2) Transfusion of blood or any blood product shall be based on a careful assessment by the clinician to determine the necessity for such transfusion. Wherever practical, the patient must be advised of the risks and benefits associated with blood transfusion in order to obtain consent to transfusion.
3) Blood shall be transfused only when medically necessary and shall be considered as a treatment option only for conditions which lead to significant morbidity and mortality that cannot be treated effectively by other means.
4) The Service shall develop and periodically review National guidelines on the appropriate clinical use of blood in consultation with health practitioners and shall make them available to all prescribers of blood.
5) Effective clinical use of blood shall be incorporated into transfusion medicine education and training.
6) Hospitals that transfuse blood shall establish transfusion committees in order to guide and monitor the clinical use of blood.
7) The use of alternatives to blood and blood products, e.g. plasma volume expanders and use of haematinics shall be promoted.
8) Plasma expanders (crystalloid and colloids) shall be considered for restoring blood volume before resorting to blood transfusion, except when oxygen -carrying capacity is compromised.

9) Blood components shall be prepared and made available to all hospitals that transfuse.
10) As far as possible the patient shall receive only that component of blood (cells, plasma or plasma derivatives) that is needed.
11) Before any transfusion of blood or a blood product, a written request signed by a registered medical officer or issued under his/her responsibility must be made, which specifies the identity of the recipient, the clinical diagnosis and the nature and quantity of the blood or product to be administered.
12) Except for the emergency use of group "O" blood or red cells, every red cell should be transfused only after blood grouping tests on the recipient and compatibility tests between the donor and the recipient are performed.
13) Before dispatch release of the blood product by the blood bank and before the administration of the product to the patient at the bedside, it must be verified that the blood or blood product is correctly identified and appears normal on visual inspection, and that the expiry date has not passed. The recipient's identity must be verified, using 3 identifiers:
    - full name
    - date of birth
    - hospital number
14) The actual transfusion must be given under the responsibility of a registered medical officer.
15) Patients undergoing transfusion must be under continuous observation for the first fifteen (15) minutes, at half-hour intervals thereafter until the end of the unit being transfused and once more after twenty-four (24) hours after the last transfusion.
16) If abnormal signs or symptoms are observed, the transfusion shall immediately be stopped. The medical officer in charge of the patient and the officer in charge of the blood bank must be informed immediately to allow necessary intervention and investigation. A transfusion reaction form should be completed and submitted:

A. Immediate transfusion reactions must be reported to the laboratory together with the remaining blood bag, a post-transfusion sample and a urine sample for appropriate laboratory tests.

B. In the case of delayed transfusion reactions, a post transfusion sample and urine sample are required by the blood bank.

17) Pulse rate (PR), blood pressure (BP), temperature (T) and respiratory rate (RR) must be recorded before, during and at the conclusion of the transfusion according to the Transfusion Monitoring Chart. The beginning and end of each transfusion must be recorded on the Chart. The Transfusion Monitoring Chart must be maintained in the patient's case file.

Policy VIII

The Service shall establish, maintain and regularly review a quality management system that conforms to national and internationally accepted standards.

Purpose:

The policy aims to ensure that the Service is committed to implementing a quality management system that assures all stakeholders and the public that the quality of products and services provided by the Service is maintained and continually improved.

Strategy:

1) The Service shall adopt a quality policy which is reviewed regularly. A Quality Manual describing the quality management system must be developed and maintained.
2) There must be a suitably qualified person in charge of the quality management system, who reports directly to the Head of the Service. He/she has overall responsibility and authority to manage, monitor, evaluate, co-ordinate and report to management on the status and performance of the quality management system.
3) The quality manager has the authority to stop a process if in his opinion the quality of the work observed is likely to compromise the safety of donors or recipients.
4) Every Branch of the Service should have an officer designated to monitor the quality management system.
5) Standard Operating Procedures shall be in place for all processes in the Service.
6) Appropriate verification and validation and quality control activities shall be undertaken for processes, procedures and products, as applicable.
7) Internal and external audits of the Quality Management System shall be planned and carried out by suitably qualified persons. Any findings made shall be promptly followed up as described in the Quality Management System.
8) Staff performance shall be assessed on a regular basis, using appropriate appraisal systems.
9) The compatibility and Infectious Disease Testing laboratories shall participate in at least one external quality assessment scheme.

Policy IX

The Service commits itself to encourage research, development, monitoring, evaluation and documentation in all activities in collaboration with other national and international bodies.

Purpose:

This policy aims to establish evidence-based practices and to develop and validate appropriate technology to meet the needs of the Service.

Strategy:

1) Funding for research and development shall be part of the annual budget of the Service.
2) Collaborative research with national, international institutions and non-governmental organizaions (NGO's) shall be encouragd. However, the following conditions apply:

    a) the specimen or information shall be supplied for use by the user only and the User shall not sell, give, lend or hand over the specimen or information to any other person or body or permit any other person or body to use the specimen or information without first obtaining permission in writing from the Service;
    b) if the User publishes any article or book on his work which involves the use of the specimen or information, he/she shall acknowledge therein that the specimen or information used was provided by the Service.
    c) if the User develops any product, instrument or test arising out of the use of the specimen or information and such product, instrument or test is patented or otherwise exploited for commercial purposes, the Service will be entitled to participate in the exploitation of such product, instrument or test and the User will ensure that the Service obtains a reasonable share in the returns.

3) Appropriate decisions and/or the introduction of policy initiatives shall be made on the basis of factual information and the results of operational research on various aspects of the activities of the Service.
4) Efficient and current information management systems shall be provided and maintained in order to facilitate research work.
5) The Service and health institutions shall develop a monitoring and evaluation system on blood and blood products usage.

Annex 1

Range of products and services

1. **Whole Blood**
2. **Autologous donations**
3. **Red cell concentrates**
    - Red cell concentrates in additive solution,buffy coat removed
    - Leucocyte poor red cell concentrates
    - Red cell concentrates, washed
    - Red cell concentrates, pediatric
4. **Frozen blood products**
    - Fresh frozen plasma
    - Cryoprecipitate
5. **Platelets**
    - Platelets concentrates – single random donor
    - Platelets concentrates – aphaeresis
6. **Viral inactivated plasma derivatives**
    - Immunoglobulins
    - Albumin
    - Factor VIII
    - Factor IX
7. **Donor sample testing**
    - Blood Group serology
    - Compatibility testing
    - Transfusion transmissible infections testing
8. **Therapeutic Services**
    - Therapeutic venesection
    - Therapeutic aphaeresis
9. Any other related services as deemed appropriate by the Service or Ministry of Health & Child Welfare

Annex 2

Acknowlegements

The process of putting together the National Blood Policy involved the participation of many stakeholders. I wish to acknowledge the organizations and individuals for their support and contribution to the development of this Policy.

Brigadier General, (Dr) G. Gwinji
Permanent Secretary
Ministry of Health & Child Welfare

Participants to the National Blood Policy Consultative Meeting held on 31.03.10

NAME	
Dr. O. Moyo	Chief Executive Officer - Chitungwiza Hospital
Dr. L. Mlilo	Medical Superintendent - Mpilo Hospital
Dr. M. Hove	Chief Government Pathologist - Parirenyatwa Hospital
Dr. A. Chimusoro	Provincial Medical Director – Midlands Province
Dr. P. Hazangwe	Provincial Medical Director - Matebeleland North Province
Dr. G. L. Bango	Provincial Medical Director - Matebeleland South Province
Dr. M. Chemhuru	Provincial Medical Director - Manicaland Province
Dr. H. Dube	Acting Medical Superintendent - Gwanda Hospital
Dr. S. Zizhou	Provincial Medical Director - Mashonaland East
Dr. W. Nyamayaro	Provincial Medical Director - Mashonaland West
Mrs. Z. Whalima	City Health Director – Bulawayo
Mr. K. Kalweit	Secretary - Association of Private Hospitals
Dr. S. M. Midzi	NPO / MPN - WHO
Mr. D. Mvere	Chief Executive Officer - NBSZ
Dr. M. E. Chitiyo	Medical Director - NBSZ
Justice L. G. Smith (Retd)	Chairman - NBSZ
Mr. T. Mapako	Executive Officer , RDDM - NBSZ
Mr. Z. Musekiwa	Finance and Administration Manager - NBSZ
Ms. L. Marowa	Q&S Manager / Lab Services Manager - NBSZ
Mr. E. Masvikeni	Blood Procurement and PR Manager - NBSZ
Mr. N. Muchineuta	Bulawayo Branch Manager - NBSZ
Ms. I. Masuka	Secretariat - NBSZ
Ms. B. Dzikiti	Secretariat - NBSZ

Annex 3

Questions relating to blood donation

WHY SHOULD I GIVE BLOOD?

The human body is the only manufacturer of blood. Therefore, you can help save the life of a patient by donating safe blood.

Some of the major reasons for blood transfusion are, severe blood loss due to:

- Road traffic accidents
- Complicated child births
- Major surgical operations
- Industrial accidents
- Blood disorders e.g. sickle cell anaemia

CAN ANYBODY DONATE BLOOD?

Yes, provided they are:

- Healthy
- Between 16 and 60 years of age
- Weigh 50kg or more

DO I HAVE ENOUGH BLOOD?

The average adult has 4 to 5 litres of blood. A single donation is 450ml. Donors can give blood safely three times a year (females), and four times a year (males). Before each donation, a health check which includes an estimation of your haemoglobin is done. Your health and well being are one of our primary concerns.

HOW LONG DOES IT TAKE TO DONATE BLOOD?

Approximately 10 to 15 minutes.

WHAT TESTS ARE DONE ON DONATED BLOOD?

Blood is screened in order to determine the blood groups (ABO Rhesus groups) of the donor. Normally only blood of the same group as that of the patient is given to the recipient of the blood.

Annex 3

Blood is also screened for Hepatitis B, Hepatitis C, HIV (AIDS virus), and Syphilis (VDRL). All tests are done in strict confidence by the National Blood Service Zimbabwe (NBSZ) Laboratories. The health of the person who receives blood is of paramount importance hence the screening of all donated blood.

NBSZ is not a centre for screening for diseases in the population. If you are worried about your health, please contact your nearest clinic/doctor or Voluntary Counselling and Testing Centre (VCT).

WHAT ARE BLOOD GROUPS?

Blood groups are inherited from parents. They do not change for the rest of one's life. A human being can have any one of the following blood groups:

A Rhesus positive (+) or
A Rhesus negative (-)
B Rhesus positive (+) or
B Rhesus negative (-)
AB Rhesus positive (+) or
AB Rhesus negative (-)
O Rhesus positive (+) or
O Rhesus negative (-)

WHO ELSE WILL BE TOLD IF THERE IS SOMETHING WRONG WITH MY BLOOD?

Only your doctor or a counselling organisation of your choice will be told the results. No-one else will be informed without your written consent.

Annex 3

ARE THERE ANY SIDE EFFECTS?

No. A person in good health should feel perfectly well after donating blood. We will give you light refreshment and ask you to rest for a few minutes. However, in case of any adverse effects, professionally trained staff will attend to you.

WILL I CATCH AIDS FROM DONATING BLOOD?

No. All equipment used in taking blood is used only once on each donor. Used needles and lancets etc. are disposed of by burning after a single use.

IS MY SEX LIFE OR DAILY WORKING ROUTINE AFFECTED BY DONATING BLOOD?

No. You should be able to perform your duties normally after giving blood. However, donors should not perform strenuous physical activities for the remainder of the day.

WHY DO HOSPITALS CHARGE FOR BLOOD WHEN IT IS DONATED FREE?

Blood is not "sold". A service charge is levied to cover the cost incurred in taking blood from the donor to the patient.

Some of the costs include:

- Transport to collect blood
- Blood collection consumables (blood bags, needles, e.t.c.)
- Laboratory testing
- Storage and distribution
- Processing and testing equipment
- Equipment maintenance
- Staff expenses

Blood is priceless. Nobody can put a price on blood.

WILL I RECEIVE PAYMENT FOR GIVING BLOOD?

No. Blood donation is done on voluntary basis. The greatest payment you can have is knowing that you have helped save a fellow human being's life.