# NATIONAL BLOOD TRANSFUSION SERVICE (NBTS)



# STRATEGIC PLAN

Planning a future for a Safe, Quality, Regulated, Coordinated and Accessible Blood System in Nigeria

2021 - 2030

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#### **ABBREVIATIONS**

AfSBT African Society for Blood Transfusion

CBO Community-based organisation

CDC United States Centers for Disease Control and Prevention

DC Donor care

DHIS2 District Health Information System Version 2

EIA Enzyme-linked Immunosorbent Assay

ELISA Enzyme-linked Immunosorbent Assay

FBO Faith-based organisation

FCT Federal Capital Territory

FGN Federal Government of Nigeria

FMoH Federal Ministry of Health

HIV Human Immunodeficiency Virus

HLP Hospital Linkage Programme

ISBT International Society for Blood Transfusion

ISO International Organization for Standardisation

LG Local Government

LGA Local Government Area

NAT Nucleic Acid Test

NGO Non-governmental organisation

NHIS National Health Insurance Scheme

NSHDP National Strategic Health Development Plan

NSSBR National Strategic Safe Blood Reserve

NYSC National Youth Service Corps

OECD Organisation for Economic Cooperation and Development

OMSBUI One Million Safe Blood Units Initiative

PEPFAR United States President's Emergency Fund for AIDS Relief

SC State Coordinator

SDG Sustainable Development Goals

SG State Government

SMoH State Ministry of Health

SOP Standard Operating Procedure

TTI Transfusion-transmissible infection

UHC Universal Health Coverage

USAID United States Agency for International Development

USG United States Government

VNRBD Voluntary Non-remunerated Blood Donor

WHO World Health Organization

ZC Zonal Centre/Coordinator

#### **GLOSSARY OF TERMS**

Club 25 – A group of young people who have committed to voluntarily donating blood at least 25 times before their 25<sup>th</sup> birthday while conducting regular activities centred around raising public awareness of voluntary non-remunerated blood donation, safe blood and motivating other young people in communities to become regular voluntary unpaid blood donors.

**Safe Blood** – Blood that has been screened and found free of transfusion-transmissible infections such as Human Immunodeficiency Virus (HIV), hepatitis B, hepatitis C and syphilis.

Sustainable Development Goals (SDG) – also known as the Global Goals, were adopted by all United Nations Member States in 2015 as a universal call to action to end poverty, protect the planet and ensure that all people enjoy good health, wellbeing, peace and prosperity by the year 2030.

**Transfusion-transmissible infections (TTI)** – infections that are transmitted from one person to another through blood transfusion. These include Human Immunodeficiency Virus (HIV), hepatitis B, hepatitis C, syphilis and others.

Universal Health Coverage (UHC) - a concept in which all people and communities receive the health services they need without suffering financial hardship.

**Voluntary non-remunerated blood donors (VNRBD)** – blood donors who voluntarily donate blood and receive no payment for it.

National Strategic Safe Blood Reserve (NSSBR) – a reserve of safely screened blood units strategically distributed around the country, such that needed blood units can be effectively mobilised during emergency situations

#### LIST OF STAKEHOLDERS

#### A. Professional societies

- i. Nigeria Medical Association (NMA)
- ii. Medical Women's Association of Nigeria (MWAN)
- iii. Association of General Private Medical Practitioners of Nigeria (AGPMPN)
- iv. Society of Family Physicians of Nigeria (SOFPON)
- v. Guild of Medical Directors (GMD)
- vi. Association of Medical Laboratory Scientists of Nigeria (AMLSN)
- vii. National Association of Nigeria Nurses and Midwives (NANNM)
- viii. Nigerian Society for Haematology and Blood Transfusion (NSHBT)
  - ix. Haematology and Blood Transfusion Scientists Society of Nigeria (HBTSSN)
  - x. College of Nigerian Pathologists (CNP)
  - xi. Medical and Dental Consultants Association of Nigeria (MDCAN)
- xii. Committee of Hospital Chief Medical Directors/Medical Directors
- xiii. Joint Health Sector Union (JOHESU)

#### **B.** Regulatory bodies

- i. Medical and Dental Council of Nigeria (MDCN)
- ii. Medical Laboratory Science Council of Nigeria (MLSCN)
- iii. Nursing and Midwifery Council of Nigeria (NMCN)
- iv. National Agency for Food and Drug Administration and Control (NAFDAC)
- v. Paul Ehrlich Institute

#### C. Policy partners

- i. World Health Organization (WHO)
- ii. United States Centers for Disease Control and Prevention (CDC)
- iii. Institute of Human Virology of Nigeria (IHVN)
- iv. APIN Public Health Initiatives
- v. National Agency for Control of AIDS (NACA)
- vi. National AIDS & STIs Control Programme (NASCP)
- vii. FHI360

#### **D.** International Development Partners

- i. Safe Blood for Africa Foundation
- ii. UK Department for International Development (DFID)
- iii. United States Agency for International Development (USAID)
- iv. Canada International Development Agency
- v. Japan International Cooperation Agency (JICA)
- vi. China International Development Cooperative Agency
- vii. US Department of Defence HIV Program in Nigeria
- viii. US Department of Defence (DOD)
  - ix. European Union

#### E. Non-Governmental Organisations (NGOs)

- i. Rotary International
- ii. Action Aid Nigeria
- iii. Planned Parenthood Federation of Nigeria (PPFN)
- iv. Society for Family Health (SFH)
- v. Centre for Integrated Health Programme (CIHP)
- vi. International Centre for AIDS Care & Treatment Programme (ICAP)

- vii. Dangote Foundation
- viii. Biobak Foundation
  - ix. T.Y Danjuma Foundation
  - x. Achieving Health Initiative Nigeria (AHNI)
  - xi. Excellence Community Educational Welfare Scheme Ltd/Gte (ECEWS)
- xii. Centre for Clinical Care and Clinical Research Nigeria (CCCRN)
- xiii. Management Science for Health (MSH)
- xiv. Catholic Caritas Foundation of Nigeria (CCFN)
- xv. Friends for Global Health Initiative in Nigeria (FGHIN)

#### F. Emergency responder agencies

- i. Emergency Implementation Plan Committee (EPIC)
- ii. Lagos State Blood Transfusion Committee
- iii. Life Bank Nigeria
- iv. Nigeria Centre for Disease Control (NCDC)
- v. Coalition of Blood for Africa (CoBA)
- vi. International Rescue Committee

#### G. Paramilitary responder agencies

- i. Federal Road Safety Corps (FRSC)
- ii. Nigeria Police Force Medical Services
- iii. Nigeria Security and Civil Defence Corps (NSCDC)
- iv. Armed Forces
- v. State Security Service (DSS)
- vi. Nigeria Security and Civil Defence Corps

#### H. Community groups

- i. Red Cross International
- ii. Voluntary Blood Donors Club of Nigeria (VOBLODOCON)
- iii. Christian Association of Nigeria (CAN),
- iv. Pentecostal Fellowship of Nigeria (PFN)
- v. Nigerian Supreme Council for Islamic Affairs (NSCIA)
- vi. Ahmadiyya Muslim Jama'at
- vii. Nigeria Labour Congress (NLC)
- viii. National Youth Council of Nigeria

#### I. Media & Communication partners

- i. News Agency of Nigeria (NAN)
- ii. National Orientation Agency (NOA)
- iii. Nigeria Television Authority (NTA)
- iv. Voice of Nigeria (VON)
- v. Africa Independent Television (AIT)
- vi. Channels
- vii. Globacom Limited
- viii. Airtel
  - ix. MTN
  - x. 9Mobile
  - xi. Nigeria Health Watch
- xii. EpiAfric
- xiii. Nigeria Union of Journalists (NUJ)

#### J. Consumer Goods partners

- i. Coca-Cola
- ii. Maltina
- iii. Nestle
- iv. Indomie

#### **K.** Transportation partners

- i. National Union of Road Transport Workers of Nigeria (NURTW)
- ii. Nigerian Association of Road Transport Owners
- iii. Life Bank Nigeria

#### **FOREWORD**

I am honoured to see this vital document come to fruition. The importance of Blood Transfusion Services has not yet received attention in Nigeria. The burden of maternal, infant and child deaths and poly trauma, anaemic disease conditions and major surgical procedures that will require safe blood units to be readily available and accessible to achieve positive health outcomes is enormous.

Obstetric complications, trauma and injuries, and cancer continue to cause significant morbidity and mortality and together constitute a significant proportion of blood needs amongst our population. A large part of this burden is borne by children and adolescents who account for over 50% of the country's population.

In May 2020, the World Health Organization (WHO) released the WHO Action Framework to Advance Access to Safe, Effective and Quality Assured Blood Production 2020–2025, encouraging countries to explore innovative means to advance blood transfusion services to meet country needs. This publication spurred the Federal Ministry of Health to take action and develop the National Blood Transfusion Service (NBTS) Ten-Year Strategic Plan, to forge the roadmap for a robust national blood system that delivers safe, quality and accessible blood services sustainably over the next decade.

It is envisaged that NBSC will become a more effective and efficient coordinator and regulator of blood services in Nigeria and ensure that all who are resident in Nigeria have access to safe blood and blood products when needed, and in an equitably distributed manner. Delivering on this vision would rely on more robust quality management systems, strong regulatory frameworks, appropriate quality policies and processes seamlessly institutionalised in coordinating blood establishments across the country, and a well-motivated, organised, and committed staff complement.

The National Health Act (NHAct) 2014, provided NBTS the Control and Regulation of the Use of Blood, Blood Products, Tissue and Gametes in Humans; and the mandate to ensure the provision of safe, quality blood and blood products for transfusion in order to protect and save the lives of Nigerians across the country (Sections 47 to 57).

This legal mandate seeks to ensure the safety of blood, blood products and tissues of living persons, and that all activities pertaining to the use of tissue, blood or blood products removed or withdrawn from living persons, administering of blood and blood products by a medical practitioner or dentist and payment in connection with the importation,

acquisition or supply of tissue, blood or blood products in Nigeria are in line with best practices. While the legislative process to becoming a commission is on course, having passed the public hearing stage, for the National Blood Service Commission (NBSC) Bill to be passed by the 9<sup>th</sup> National Assembly and for its assent by President Buhari, NBTS is fully empowered by the National Health Act of 2014, as clearly outlined above.

This Ten-Year Strategic Plan provides a realistic contextual and situational analysis of the state of blood transfusion services in Nigeria. It also provides a clear road map for implementation, as well as ongoing monitoring and evaluation with built-in feedback mechanisms.

Key considerations in the plan include an expansion of blood transfusion services into the separation of blood components and manufacturing of plasma-derived medicinal products for domestic, regional, and even international markets. Building on multi-sectoral and inter-departmental alliances, NBTS seeks to strengthen blood services in Nigeria to enhance access to safe, quality blood and blood products, even in the most remote of locations.

Additionally, the integration of the Plan into the National Strategic Health Development Plan will ensure an increase in utilisation of essential healthcare services across board with positive impact on health outcomes in Nigeria. This will contribute to the strengthening of Nigeria's entire health system, and significantly impact the dismal maternal mortality, infant and child mortality indices in the country.

I therefore call on all stakeholders within and outside the health sector, including private sector and Development Partners to join us as we forge a path towards more robust and accessible blood transfusion services in Nigeria as a critical component of Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs).

Dr. E. Osagie Ehanire, MD, FWACS

Honourable Minister of Health

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#### **ACKNOWLEDGEMENTS**

This Ten-year Strategic Plan was painstakingly developed with input from several individuals, professional societies and associations, governmental and nongovernmental organisations and agencies, international partners, and other relevant stakeholders. The contributions and efforts of the following are specifically acknowledged and appreciated: NBTS Zonal and State Coordinators, Donor Care, Laboratory and Quality Managers, and Heads of Donor Recruitment who all played relevant roles in this endeavour.

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I appreciate the support of all the NBTS Departmental and Unit Heads for their contributions to this Ten-Year Strategic Plan, I wish to specifically thank the Secretariat of the Committee headed by Dr Adaeze Oreh for their relentless efforts towards the development of the Plan.

Dr. Omale Joseph Amedu, MD, PhD, mni

National Coordinator, NBTS

#### **EXECUTIVE SUMMARY**

The National Blood Transfusion Service (NBTS) is charged with the responsibility of regulating, coordinating and provision of safe, quality blood and blood products for transfusion in a cost-effective manner to all who may require it in Nigeria with an emphasis on voluntary non-remunerated blood donors in order to save lives across the country.

Blood Transfusion Services are a vital tool for the achievement of the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) especially because positive health outcomes for a large segment of the population are reliant on the availability and accessibility of safe blood and blood products that can be swiftly mobilised when needed.

Even though the establishment of the NBTS was as a result of the Cooperative Agreement (CoAg) between Nigeria and the United States, the legal framework relied upon now is the National Health Act (NHAct) of 2014, which in Section Vi, Sub-section 47-53, provides for the creation of NBTS as follows – "The Minister shall establish a National Blood Transfusion Service for the Federation." The National Blood Service Commission (NBSC) bill in the National Assembly when passed will strengthen the NHAct 2014 and enable the Service to function as a Commission.

The NBTS relies on a pool of regular donations by voluntary, unpaid blood donors and currently collects and screens approximately 25,000 units of blood collected from voluntary unpaid donors each year and these units of blood are made available to patients following requests from about 3,400 partner hospitals across Nigeria. Currently, less than 5% of the total blood donations are sourced from voluntary donors in Nigeria, and the rest are commercially provided, subjecting recipients to the risks of infections such as HIV, hepatitis B, hepatitis C, syphilis and others. Nationally, an estimated 1,130,000 units of blood are collected across several facilities each year, 90% of which are from paid commercial blood donors. Unfortunately, this method of sourcing blood has a higher risk of these transfusion-transmissible infections. Federal Ministry of Health estimates reveal that 10% of new HIV infections are from unsafe blood. This means that 1 in 10 persons living with HIV/AIDS were infected because of unsafe blood transfusion.

Furthermore, resource constraints in blood transfusion services have contributed to maternal mortality of which up to 25% of maternal deaths arise due to blood loss and unavailability of blood units to save lives. In addition, emergencies such as bomb blasts, other acts of insurgency, conflict, road traffic accidents and recent building collapses require that safely screened blood and blood products are available in national and regional blood banks at all times.

The National Blood Transfusion through its Ten-Year Strategic Plan has outlined several strategic objectives drawn from seven thematic areas:

- i. Efficient, Effective and Sustainable Blood Services
- ii. Robust Regulatory Framework and Regulation of Blood Establishments
- iii. Good Quality, Safe and Sustainable Blood Supply
- iv. Robust Partnerships and Stakeholder Collaboration
- v. Building a High-Performance Organisation with well-motivated personnel
- vi. Commercialisation through Public-Private Partnerships (PPP) in producing Plasma-derived medicinal products (PDMPs) and components
- vii. Establishment of a national strategic safe blood reserve for emergencies.

Over the next ten years, it is anticipated that NBTS will increase blood collection from voluntary non-remunerated blood donors to 3,000,000 blood units per year and increase voluntary blood donation rates to 100%. By embarking on several activities, NBTS seeks to achieve several substantial targets that would translate to improved health outcomes in Nigeria. A notable few of those activities include:

- Conduct advocacy and sensitisation activities in communities harnessing strategic partnerships, mass media and public enlightenment campaigns
- Improved blood donor retention strategies to increase numbers of return and repeat voluntary blood donors
- Establishment of a country-wide quality management system for blood transfusion services
- Maintaining a robust monitoring and evaluation system for blood transfusion services
- Introduction of new technologies and innovative strategies for increased efficiencies in blood collection, testing, storage, and equitable distribution of safely screened blood units to areas of need

- Creating investment opportunities for private sector engagement and investment in blood derivatives production in Nigeria
- Building strong partnerships and alliances for blood transfusion services across sectors, governmental agencies, and communities to scale up safe blood availability and deliver on the mandate for safe, quality, available and accessible blood units.
- Expanding collection, storage, and distribution centres for easy access to safe blood across the country.

The broad targets which are envisaged by this Ten-Year Strategic Plan thus include:

- i. Increased number of voluntary non-remunerated blood donors from the current 10% to 100%.
- ii. Ensure at least 1 million Nigerian regular voluntary unpaid blood donors via the 'One Million Safe Blood Units' initiative to build up a national strategic safe blood reserve.
- iii. Improve quality and reduce the incidence of adverse blood transfusion events in the provision of blood services in Nigeria through effective quality management system and hemovigilance.
- iv. Innovate the system of blood transfusion in Nigeria to optimise the use of technology, separate components and provide a wide range of blood products to Nigerians with increased efficiencies.
- v. Forge strategic partnerships and private sector investment in the blood product generation for domestic, regional, and international use thus creating job opportunities, build capacity and generate substantial revenue and self-sustainability.
- vi. Strengthened coordination of blood transfusion services nationwide.

The mandate of the NBTS to regulate, coordinate and provide access to safe blood and blood products is one that has been challenged immensely in the past few years. However, the need for blood and blood products for transfusion to be used appropriately thus ensuring blood donor and patient safety in Nigeria cannot be over-emphasised.

We must emphasise that blood available must be sufficient to meet the needs of the population and be accessible to those who need it at any given time. A focused and strategic plan of action is therefore needed to ensure that the NBTS mandate is achieved, as the regulation and provision of safe blood services are central to maternal, child and population health in accordance with the National Health Plan, National Strategic Health Development Plan (NSHDP), WHO Action Framework, Universal Health Coverage (UHC) and the achievement of the Sustainable Development Goals (SDGs).

A "One Million Safe Blood Units Initiative" (OMBUI) has been conceived, developed, and being prepared for a launch. It is an initiative of the National Blood Transfusion Service (NBTS) to improve, provide and make available enough safe blood units for transfusion, and also make them available for the establishment of the "National Strategic Safe Blood Reserve" that can be swiftly and effectively mobilised during emergencies to ensure Nigeria's population survival, health protection and wellness. The reserves will be warehoused in the six (6) NBTS zonal centres of Kaduna, Maiduguri, Ibadan, Benin, Owerri and Jos. Other warehouses for ease of distribution will include Lagos, Port Harcourt, Kano, and Abuja. The reserve will also serve as a ready source of raw materials for blood components and PDMPs manufacturing.

The implementation of the Plan will be carefully and transparently monitored and evaluated with feedback provided, to track impact and progress. Deliberate advocacy and stakeholder mobilisation will be deployed to ensure and facilitate buy-in from all stakeholders, including local and state governments, federal government agencies and departments, non-governmental agencies, and development and investment partners.

The estimated cost of the entire plan is N42.3 billion (~US\$112 million) over the next ten years. This cost should be included in the budgets of governments, government agencies and departments to ensure adequate implementation. The NBTS Ten - YearStrategic Plan has been developed to fit into and be incorporated and integrated into the existing National Strategic Health Development Plan.

Dr. Omale Joseph Amedu, MD, PhD, *mni*National Coordinator, NBTS

#### **VISION AND MISSION**

#### Vision

To have a national blood transfusion system that ensures safety, quality, and accessibility of blood and blood products to all resident in Nigeria in compliance with international standards and acknowledged as one of the best in Africa.

#### Mission

To provide through regulation and coordination, safe, quality, and adequate blood in an equitable and cost-effective manner to all people resident in Nigeria.

#### **BACKGROUND**

Blood is life, and this includes whole blood, blood components and plasmaderived medicinal products. Blood Transfusion Services are a vital tool for the achievement of Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs), because good health outcomes for a large segment of the population are reliant on the availability and accessibility of safe blood and blood products that can be swiftly mobilised when needed.<sup>1–3</sup>

For Nigeria, the most populous country in sub-Saharan Africa, maternal mortality has remained an enormous challenge, with the country contributing nearly 25% of global maternal deaths – amounting to approximately 67,000 women dying following pregnancy or childbirth-related causes in 2017.<sup>4</sup> That is an estimated 183 women dying every single day from pregnancy or during delivery.

Each year, with unwavering consistency, haemorrhage (bleeding) remains the leading cause of maternal mortality in Nigeria – contributing up to 25% amongst causes of death in pregnancy and childbirth.<sup>5–7</sup> Despite strategies such as the promotion of institutional deliveries, in addition to the training and deployment of skilled health workers, Nigeria ranks among the top five countries globally that contribute more than 50% of maternal deaths around the world.<sup>4,5</sup>

In children, conditions such as sickle cell disease and malaria, both of which Nigeria contributes the largest number of cases worldwide cause severe anaemia and heart failure, which are possible complications that add to the number of deaths of infants and young children each year. Nigeria reported over 57 million cases of malaria as of 2018 and recorded over 95,000 deaths – the highest in the world. Annually, over 150,000 babies are born with sickle cell disease in Nigeria, 70-90% of whom would die before the age of 5 years. Blood needs vary from approximately 40-60% for sickle cell disease patients, 38.7% in pregnancy and childbirth, 15% for cancer and blood diseases, and 5% for trauma and road traffic accidents. Survival in any of these conditions is therefore reliant on a safe, available, accessible, and affordable national blood supply.

Many of these health conditions and outcomes have been worsened by the rising number of regions affected by insurgency and violent conflict that have led to the killing and maiming of hundreds of thousands of Nigerians over the past decade. Since 2011, terrorist attacks have left more than 37,500 people dead, and may more seriously injured and in grave need of life-saving blood. <sup>12–15</sup> Furthermore, Nigeria has one of the highest rates of road traffic accidents in the world, with

low- and middle-income countries such as Nigeria contributing up to 90% of the global burden of traumatic injuries, with significant impact on mortality, disability, and quality of life.<sup>16</sup>

Other conditions requiring safe blood supplies include routine surgeries and conditions such as kidney disease and cancers. Despite these obvious needs for safe blood in Nigeria, voluntary blood donation rates are abysmally low – accounting for less than 5% of the population compared to higher-income countries. Approximately 68% of countries that have achieved 100% voluntary unpaid blood donation are developed countries.<sup>17</sup>

#### **Background of the National Blood Transfusion Service (NBTS)**

The operations of NBTS commenced in 2007 as a result of a multilateral partnership between the Federal Government of Nigeria (FGN) and the United States government (USG) through the United States (U.S) President's Emergency Fund for AIDS Relief (PEPFAR). The organisation currently has a nationwide presence with the establishment of an NBTS headquarters, seventeen (17) blood collection, screening, and distribution centres across the six (6) geopolitical zones of Nigeria, including the Federal Capital Territory (FCT) Abuja. Through a pool of regular donations by voluntary, unpaid blood donors, NBTS collects, screens, stores and distributes thousands of safe blood units each year, making them available to patients following requests from partner hospitals across the country.

#### Mandate

The National Blood Policy of 2006<sup>19</sup> outlines the mandate of the National Blood Transfusion Service as follows:

- To develop a system of blood donor mobilisation and motivation based on a voluntary, non-remunerative donation of blood
- Standardise the methods of collection, transportation, processing, testing, storage and distribution of blood, blood components and derivatives which are safe for transfusion and other medical therapy
- Encourage the development of technology and research into all aspects of blood transfusion
- Relate to and cooperate with strategic partners in the strengthening and delivery of the blood safety mandate.

#### Challenges of Blood Transfusion Services in Nigeria

The need for blood is essential and constant. Globally, 118.5 million units of blood are collected annually, with 60% of these units collected in high-income countries. In countries such as Canada, USA, and South Africa, approximately 13%, 25% and 11% of the eligible adult population respectively donate blood voluntarily. However, in Nigeria, the figure is less than 4%, resulting in low blood supplies despite enormous daily demands. 17,24

Today, a large proportion of the nation's mortality rates are ascribed to blood loss due to blood loss following road traffic accidents, traumatic injuries, and childbirth. For conditions such as sickle cell disease, malaria, routine surgeries and related illnesses, blood needs are unmet.

Given Nigeria's youthful population, there are huge blood supply potentials which could substantially improve and sustain the National Strategic Safe Blood Reserve. However, despite this enormous potential, national voluntary blood donation rates and supplies are currently low due to various prevailing issues:

- i. Limited awareness and advocacy for blood donations
- ii. Cultural myths and misconceptions leading to scepticism about blood donation by the public
- iii. Low public awareness of voluntary blood donation in Nigeria
- iv. Lack of voluntary blood donation culture in Nigeria
- v. Low public awareness of benefits of safe blood transfusions
- vi. The current Coronavirus pandemic
- vii. Inefficient blood transfusion and storage systems
- viii. Absence of special blood donations programmes
- ix. Absence of critical staff for blood services donor recruiters, donor counsellors, donor care managers, and phlebotomists nationwide
- x. Lack of enabling legislation to guarantee sustainable financing for the Blood Transfusion service in Nigeria.

#### Rationale for the Ten-Year Strategic Plan

Unfortunately, less than 5% of the total blood donations in Nigeria are sourced from voluntary donors. The rest are commercially provided, subjecting recipients to the risks of transfusion-transmissible infections (TTIs) such as HIV, hepatitis B, hepatitis C and syphilis. In fact, the Federal Ministry of Health reports that up to 10% of HIV infections in the country are due to unsafe blood transfusion.

The World Health Organization (WHO) recommends a stock of at least 2 million screened blood units from voluntary donors for a country of Nigeria's population, and according to the WHO, the blood donation rate is 4.6 donations per 1000 people in low-income countries compared to 33.1 donations in high-income countries. Fears of HIV, unsterile needles, blood loss and sudden death are amongst reported deterrents for many would-be donors. Researchers have also found that in many developing countries challenged by a dearth of voluntary blood donation and actual commitment by donating blood amongst young populations. Peda 26-28

Other reasons for low voluntary unpaid donations in low-resource settings include deferred donations in prospective blood donors due to low haemoglobin counts from anaemia, malaria, and poor nutrition. It is ironic that in Nigeria where the provision of adequate and safe blood products and derivatives are especially critical, large numbers of potentially healthy voluntary blood donors are unwilling to donate blood.

The National Blood Transfusion Service (NBTS) has thus developed several key initiatives in this ten-year Strategic Plan to address the myriad challenges impacting blood safety in Nigeria and ensure that safely screened blood units are available all year-round, accessible to Nigerians, and can be swiftly mobilised from national reserves when needed.

It is especially critical, given the current challenges faced in Nigeria with regards to maternal deaths, infant and child deaths, trauma, conflict, insurgency and insecurity, to retool and re-strategize on how to build up a more robust National Blood Service that is more capable, more resilient, and better positioned to respond to the critical need for safe blood and blood products by the populace.

One thing the present pandemic of COVID-19 has illustrated, is that a major health threat has the potential to bring global and national economies to a halt. Additionally, strong blood services have the potential to contribute to the pandemic response as evidenced by research and compassionate use of Convalescent COVID-19 Plasma (CCP) in the management of severe COVID-19 in several countries. Safe, affordable, and accessible blood services in Nigeria have been exceedingly challenged for a long time. However, with a clear vision and focused strategy designed to engage and recruit a teeming population of voluntary donors from amongst Nigeria's youth, safe blood and blood products will become available to address the country's health needs as a vital aspect of health security. Safe blood saves lives.

#### Situation Analysis and Future Direction of NBTS

The National Blood Transfusion Service (NBTS) over the years of its existence, has put in place a ground structure with quality management systems, processes and policies in place for the collection, storing, processing, and distribution of safely screened whole blood products through a system of voluntary blood donor mobilisation, recruitment and retention.

The screening of every blood unit donated using the 4<sup>th</sup> generation Enzyme-linked Immunosorbent Assay (ELISA) has been upgraded in two of the NBTS centres – Abuja and North-Central Zonal Centre in Jos to Chemiluminescence using Architect i1000-SR by Abbot Systems, thus enhancing the quality and proficiency of screening for the four WHO-mandated transfusion-transmissible infections namely HIV, hepatitis B, hepatitis C and syphilis. With a national presence that spans the six geo-political zones of the country, the screened blood units are thereafter distributed to a vast network of hospitals collaborating with NBTS.

The small team of willing and competent staff, and the infrastructure and equipment constraints within the Blood Service can certainly be improved on to deliver more widespread, safe, quality, and accessible blood services nationwide. The political will currently being enjoyed by the Blood Service from the highest levels of government and the hopeful passing of an appropriate legal framework to assure the nation's blood safety would be vital to the process of building a sustainable Blood Service for Nigeria.

#### **PESTEL Analysis**

#### **Political Factors**

A key priority for the NBTS is to manage, nurture and grow relationships within the Federal Ministry of Health, and other Ministries Departments and Agencies within the government of the Federal Republic of Nigeria. As a Division within the Federal Ministry of Health, NBTS is accountable to the Honourable Minister of Health.

The Federal Executive Council had in her memo EC (2017) of January 2018 blessed the establishment of the National Blood Transfusion as a Commission. Therefore, structural change with the passing of the National Blood Service Commission (NBSC) bill by the National Assembly is a possibility within the tenure of this Ten-year Strategic Plan with impact on funding sources and operational scope.

The recent COVID-19 pandemic has illustrated with great magnitude the critical role of government in the provision of essential healthcare services and health security. Therefore, the passing of an NBSC Act and its assent by President Muhammadu Buhari GCFR would be a giant step towards ensuring the robustness of delivery of blood transfusion services in Nigeria in a sustainable manner. Similarly, the pandemic's effect on global trade and supply chains has formed a backdrop to the urgency with which NBTS is exploring domestic manufacturing of blood-derived medicinal products as a vital aspect of the delivery of blood services in-country.

Additionally, at the 58<sup>th</sup> meeting of The National Council on Health (NCH) held in Sokoto in 2016, it was agreed that State Governments should be encouraged to establish State Blood Transfusion Services (SBTS), and take over management of those states which already had NBTS Centres located in their states. Further to this, within the NBTS Strategic Plan, the provision of technical support by NBTS for states to operationalise this is clearly outlined.

#### **Economic Factors**

Currently, approximately 3.2 million units of blood are transfused annually in secondary and tertiary hospitals across the country, mainly from paid commercial blood donors, putting the lives of millions of Nigerians at risk. Furthermore, data on blood commodities imported reveals that over 2 billion naira worth of blood products was imported into the country in 2018, highlighting the commercial viability of blood transfusion services and emphasising the urgent need for efficient regulation of blood in Nigeria.

This would rely on a substantial increase in funding and investments to enable NBTS meet in-county needs, while mindful of the huge economic gains that could be made from additional revenue generated from the production and sale of a suitable range of therapeutic blood products, plasma and plasma-derivative medicinal products locally, regionally and internationally. This would reduce an enormous amount of pressure on the national budget through additional revenue generation.

The impact of COVID-19 on the global economy while still largely unclear, is set to affect African economies such as Nigeria in several ways – lower trade and investment from China in the immediate term, a demand slump associated with the lockdowns in the European Union and OECD countries; and a continental supply shock affecting domestic and intra-African trade.<sup>29</sup> These issues have the potential to impact negatively on the NBTS, and therefore call for an exploration of national financing and domestic manufacturing strategies.

The estimated cost of production of each unit of safe screened blood ranges from N33,000 (direct cost of production) to N80,000 (full cost of production). However, due to the social service nature of the National Blood Service, handling charges for each unit of blood screened using the highly sensitive and specific ELISA technique is currently pegged at six thousand naira (N6,000) which is highly subsidised and constitutes only a fractional cost recovery. Increased accessibility and enhanced utilisation of blood services will require NBTS to explore multi-sectoral collaborations in order to reduce its cost base and provide better value for money while not compromising the quality of products and services delivered to patients and donors.

#### **Sociological Factors**

The population of Nigeria as of July 2018 was estimated at 203 million people, with a median age of 18.3 years and life expectancy at birth of 59.3 years. Approximately 126 million are below the age of 25 years, accounting for 62.26% of the population.<sup>30</sup>

With a population growth rate of 2.54%, birth rate of 35.2 births per 1000 population, and total fertility rate of 4.85 children born per woman, it is evident that there will continue to be annual increases in the demand and utilisation of safe, quality blood transfusion services over the lifetime of this Plan. Furthermore, with a 51.2% urban population, there would be a need to massively expand the availability and accessibility of safe blood services to rural areas to adequately enhance the utilisation of essential healthcare services in accordance with the National Health Plan.

Nigeria's young population thus has enormous potential if effectively sensitised and educated, to grow the voluntary blood donation base and contribute enormously to the pool of safe blood in the country.

#### **Technological Factors**

Over the past ten years, technological advances in blood banking have contributed to enhanced safety of blood and blood products for patients. Close collaborations with hospitals, health facilities, relevant health professional organisations namely Nigerian Society for Haematology and Blood Transfusion (NSHBT), Nigerian Medical Association (NMA), Haematology and Blood Transfusion Scientists Society of Nigeria (HBTSSN), and international partners such as the World Health Organization (WHO), International Society for Blood Transfusion (ISBT), and Africa Society for Blood Transfusion (AfSBT) will therefore be instrumental. Through the adoption of innovative technologies, NBTS seeks to ensure increased efficiencies in blood collection, testing, storage, and equitable distribution of safely screened blood units to areas of need with adequate monitoring and evaluation in its operations.

The use of advanced technology presents ample opportunity for broad-based collaborations and partnerships as interested stakeholders are invited to invest in the large-scale production of plasma products. Alliances with the relevant organisations earlier mentioned would ensure appropriate technical and financial assistance for capacity building to achieve sustainability and growth of Nigeria's blood services while addressing financial constraints.

#### **Environmental Factors**

With increasing global attention on the Green agenda, and environmental sustainability, NBTS in a bid to reducing its carbon footprint at the Headquarters in Abuja, and all Zonal and State Centres across the country is including measures for clean energy through solar technology to power blood banking facilities, ensure optimal cold chain management and preservation of all collected and screened blood units and power incineration for disposal purposes.

Additionally, the means of disposal of clinical waste will continue to evolve in NBTS with affordable and clean energy for environmental sustainability in line with the Sustainable Development Goals at the forefront of those efforts.

#### **Legal Factors**

The regulatory environment for blood and tissue in Nigeria as clearly outlined in Part VI, Sections 47 to 57 of the National Health Act (NHAct.) 2014, calls for a stronger regulatory role by NBTS in the Control of Use of Blood, Blood Products, Tissue and Gametes in Humans; and the mandate to ensure the provision of safe, quality blood and blood products for transfusion in order to protect and save the lives of Nigerians across the country.

This legal mandate seeks to ensure the safety of blood, blood products and tissues of living persons, and that all activities pertaining to the use of tissue, blood or blood products removed or withdrawn from living persons, administering of blood and blood products by medical practitioner or dentist and payment in connection with the importation, acquisition or supply of tissue, blood or blood products in Nigeria are in line with best practices.

Assuring access to safe blood for Nigerians has become a matter of urgent national priority given the prevalent unavailability of safe blood and blood products to address the country's needs including high burden of maternal and child deaths; trauma from road traffic accidents, conflict and insurgency amidst widespread reports of transfusion of contaminated and infected blood and blood products, profiteering and unsafe practices along the blood transfusion chain.

A stronger regulatory role by NBTS over the lifespan of the Ten-year Strategic Plan will thus see a robust regulatory framework and country-wide hemovigilance systems in place to ensure safety and quality of blood services in Nigeria.

#### **Ten-Year Vision for NBTS**

Over the next ten years, it is envisaged that NBTS will be a more effective and efficient coordinator and regulator of blood services in Nigeria. This would ensure that all who are resident in Nigeria have access to safe blood when needed, and equitably distributed.

Delivering on this vision would rely on more robust quality management systems, robust regulatory frameworks, and quality policies and processes seamlessly institutionalised in blood establishments across the country.

It is long overdue for Nigeria's Blood Transfusion Service to embark on component production and manufacturing of blood-related medicinal products. As an organisation that places a premium on partnerships and collaborations, the provision of these products in response to demand from hospitals and health facilities nationwide would ensure the utilisation of essential healthcare services in line with the National Strategic Health Development Plan (NSHDP).

Component production and manufacturing of blood-related medicinal products would therefore rely on an enabling atmosphere for private sector investment for blood products manufacturing, and robust institutional capacity of the National Blood Service to ensure effective regulation of the quality and safety of those blood products, in addition to purpose-built centres for production, regulation, and coordination of all blood transfusion services country wide.

In achieving the aforementioned, NBTS would be primely positioned to lead and direct research into blood services in Nigeria and provide valuable input into the state of blood transfusion issues and services in Africa.

#### **GOVERNANCE STRUCTURE**

#### **Operational Management**

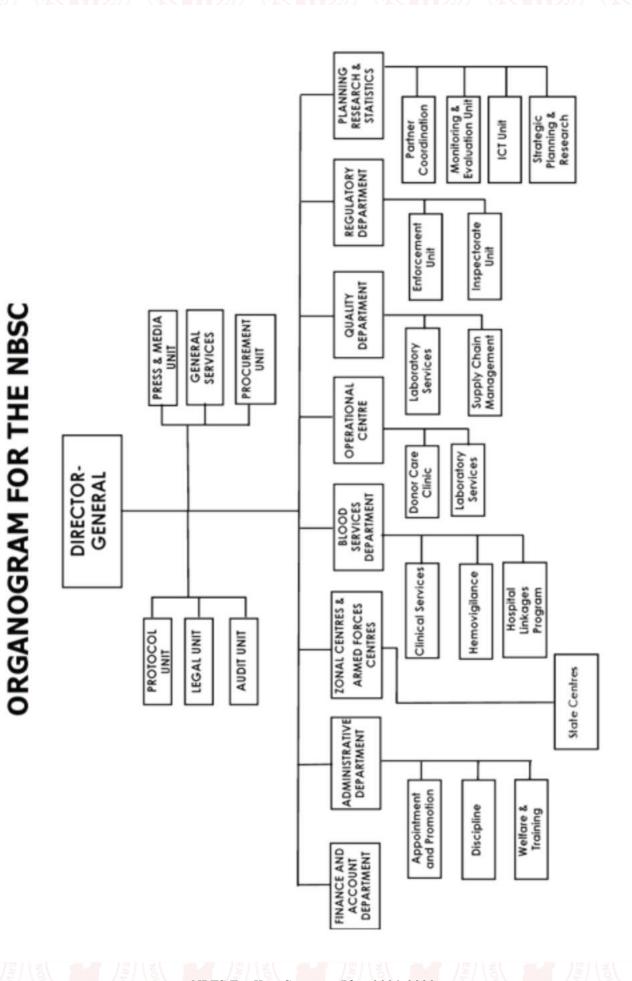
The roles and functions of the NBTS are carried out through the following departments at the Headquarters, Zonal and State Centres – Quality and Laboratory Services, Blood Services, Operations, Planning, Research and Statistics, Media and Publicity, Accounts and Finance and Administration. The National Coordinator is the accounting officer of NBTS, who together with the Management Team makes up the primary decision-making body of the organisation. The organogram showing the current Executive Management Team is attached.

The headquarters is located in Abuja and houses the Operational Centre. There are six (6) Zonal centres located in Benin, Ibadan, Jos, Kaduna, Maiduguri and Owerri. State Centres are currently located in Abeokuta, Ado-Ekiti, Calabar, Enugu, Jalingo, Katsina, Lokoja, Nangere, Port Harcourt, and Sokoto, with more State Centres upcoming.

#### **Business Environment**

The NBTS operates within a highly regulated environment in strict adherence to international guidelines and best practices. To enable a safe transfusion service, close collaboration between the NBTS and end-users in hospitals and health facilities are critical. All blood collected and screened by NBTS for the four minimum WHO-mandated transfusion-transmissible infections (TTIs) namely HIV, hepatitis B, hepatitis C and syphilis are donated by voluntary non-remunerated blood donors (VNRBDs).

To build on the achievement of its mandate, NBTS is currently emphasising the invaluable role of robust partnerships and collaborations to strengthen its operations, innovate, and reposition for a sustainable blood service that embodies safety, quality, accessibility.



#### STRATEGIC DIRECTION OF NBTS

In developing the Strategic Plan for 2020 to 2029, the NBTS has focused on seven thematic areas. We have deliberated deeply and consulted widely across the organisation for a broad-based perspective.

Using the Balanced Scorecard methodology which has proved valuable to several other national blood services,<sup>31</sup> NBTS has developed four pillars – Government, Stakeholders, Clients, and Partners, Internal Process and Learning and Growth. From these four pillars, seven thematic areas have been further itemised, which serve as the foundation for its Ten-Year Strategic Plan, and are as follows:

- 1. Efficient, Effective and Sustainable Blood Services
- 2. Robust Regulatory Framework and Regulation of Blood Services
- 3. Good Quality, Safe and Sustainable Blood Supply
- 4. Robust Cooperation and Stakeholder Collaboration
- 5. Building a High-Performance Organisation with well-motivated personnel
- 6. Commercialisation through Public-Private Partnerships (PPP) in producing Plasma-derived medicinal products (PDMPs) and components
- 7. Establishment of a national strategic safe blood reserve for emergencies and medical services.

#### 1. Efficient, Effective and Sustainable Blood Services

Ensuring that the services of NBTS meet the needs of all end-users – patients, clinicians, health professionals, families and communities means that the organisation has to constantly monitor its operations, and frequently engage with stakeholders to keep the NBTS client/patient-focused, relevant and impactful. Research into the activities and operations of the Blood Service will lead to findings and recommendations that are specifically tailored to the unique Nigerian environment and context, and will allow the NBTS better respond to emerging trends and threats such as the recent COVID-19 pandemic.

#### 2. Robust Regulatory Framework and Regulation of Blood Services

A National Blood Service is only as strong as its weakest link. For as long as gaps remain in the assurance of safety and quality of blood transfusion processes and services delivered in health facilities nationwide, no Nigerian resident is guaranteed the transfusion of safe blood. Securing the safety of blood transfused country wide to limit the infection of recipients with infections such as HIV, hepatitis B, hepatitis C and syphilis would rely on an overriding robust regulatory framework, and quality management processes in place at all points along the blood transfusion value chain – donation, screening, storage, distribution and transfusion – at every blood establishment in the country. The Service will ensure full engagement and regulation of all blood service establishments as well as haemovigilance. This will be with associated sanctions and rewards.

#### 3. Good Quality, Safe and Sustainable Blood Supply

The emphasis of NBTS on the quality of donor counselling, blood screening, storage and distribution processes, is directed at guaranteeing that all blood units provided by the organisation are of good quality and safe for use in accordance with global best practice and extant guidelines surrounding blood safety.

By advocating solely for voluntary non-remunerated blood donations, NBTS seeks to grow a broad-based pool of blood donors – male and female – who regularly donate blood, and thus engenders a sociocultural shift in Nigeria for the imbibing of a culture of regular, voluntary, unpaid blood donations for a sustainable national blood supply, while continuing to ensure that all blood and blood products from NBTS are produced to the highest standards of quality and efficacy.

#### 4. Robust Partnerships and Stakeholder Collaboration

To effectively deliver on its mandate, NBTS would need to build and nurture robust partnerships, and engage stakeholders across multiple sectors for lasting collaborations. These relationships would ensure increased access to human and capital resources, knowledge and expertise resulting in shared responsibilities and strengthened ownership of blood safety activities by all stakeholders.

A major advantage of this approach is the optimisation of usage of resources by avoiding duplication of inputs for a marked improvement in effectiveness and efficiency of the National Blood Service in line with NSHDP Priority Areas of Community Participation, Community Ownership, and Partnerships for Health directed at creating an enabled environment for the attainment of health sector outcomes.

# 5. Building a High-Performance Organisation with well-motivated personnel

This is about building a high-performance organisation so that NBTS is able to deliver on its mandate and meet the transfusion needs of patients in Nigeria. This will involve having staff with relevant and appropriate skills and expertise across the organisation.

By improving the people management skills of NBTS staff, and by implementing the Learning and Development Strategy, NBTS aims to build a culture of trust, performance, teamwork, and zeal for positive impact. This can only be achieved by creating a learning environment that prioritises issues of communication, trust, transparency, and appropriate staff management practices in accordance with the principles of the public service, but one where every employee has a voice and is acknowledged as a vital contributor towards the achievement of organisational objectives.

# 6. Commercialisation through Public-Private Partnerships (PPP) in producing Plasma-derived medicinal products (PDMPs) and components

With adequate funding and advanced technology, the National Blood Transfusion Service (NBTS) seeks to embark on the separation of multiple blood components and the eventual production and sale of a suitable range of therapeutic blood products, plasma and plasma-derivative medicinal products for local, regional and even international use. This will ensure job creation and yield additional revenue sources for the organisation, thus reducing the pressures on the national budget through revenue generation. A system that is responsive to intervention needs in the hospitals, yield significant financial returns for Government, and human capital development by job creation fosters an environment for achieving the potential benefits of this initiative.

#### 7. Establishment of a national strategic safe blood reserve for emergencies.

A 'One Million Safe Blood Units Initiative' (OMBUI) has been conceived, developed, and being prepared for a launch. It is an initiative of the National Blood Transfusion Service (NBTS) to improve, provide and make available enough safe blood units for transfusion, and also make them available for the establishment of the 'National Strategic Safe Blood Reserve' that can be swiftly and effectively mobilised during emergencies to ensure Nigeria's population survival, health protection and wellness. The reserves will be warehoused in the six (6) NBTS zonal centres of Kaduna, Maiduguri, Ibadan, Benin, Owerri and Jos. Other warehouses for ease of distribution will include Lagos, Port Harcourt, Kano and Abuja. The reserve will also serve as a ready source of raw materials for blood components and PDMPs manufacturing.

By increasing the number of blood units collected from voluntary non-remunerated donors, and sensitising Nigerians on the 'One Million Safe Blood Units Initiative', NBTS seeks to ensure that not less than 1,000,000 blood units are collected each year within the short-term. This would lead to the creation of a national strategic safe blood reserve of blood units that can be swiftly mobilised from across the country at any point in time to address national emergencies.

#### STRATEGIC OBJECTIVES

The National Blood Transfusion Service (NBTS) has outlined several critical strategic objectives to be addressed over the next ten years.

Each strategic objective in line with the National Strategic Health Development Plan (NSDHP) keys into several of the NSHDP pillars and focuses on some of the priority areas.

**Strategic Objective 1** - Build institutional capacity in HQ, the six (6) zones and in the 36 states, to maintain a quality, safe blood supply such that all units of blood supplied by the NBTS and state facilities are safe for use by the end of 2021.

**Strategic Objective 2** – To increase the number of blood units collected from voluntary non remunerated donors, and sensitise Nigerians on the 'One Million

Safe Blood Units Initiative' (OMSBUI) such that blood units collected will increase from 25,000 to 1,000,000 by the end of 2023, and 3,000,000 by 2030.

Strategic Objective 3 – Improve the data and information support system such that information on all the units of blood transfused in all registered hospitals will be captured real time on time by the end of 2022.

**Strategic Objective 4** – Develop a Monitoring and Evaluation plan for the NBTS such that all M&E activities are enumerated and coordinated by the end of 2021.

**Strategic Objective 5** – Provide for human resource capacity building such that all the human resource needs of the system are met by the end of 2023.

**Strategic Objective 6** – Strengthen hospital linkage programme (HLP) such that secondary and tertiary hospitals will partner with NBTS by the end of 2021.

**Strategic Objective 7** – Establish a system of Hemovigilance in all partner hospitals such that they are able to identify and report all adverse events by the end of 2022.

**Strategic Objective 8** – Maintain a quality management system such that 6 Zonal and Abuja Operational Centre will attain AfSBT/ISO certification by the end of 2022.

Strategic Objective 9 – Establish a system of blood component production, such that HQ and 6 NBTS centres will be producing blood products by the end of 2024.

**Strategic Objective 10** – Maintain a cost-effective service through appropriate legislation, budgeting, and judicious use of funds, such that the NBTS will be sustainable by the end of 2023.

**Strategic Objective 11** – Strengthen central coordination of blood transfusion and safety activities in Nigeria for an efficient, effective and sustainable Blood Service.

**Strategic Objective 12** – Robust Regulatory Framework and Regulation of Blood Services.

**Strategic Objective 13** – Conduct and Publication of High-Quality Research in Blood Services in Nigeria.

### **Strategic Objective 1**

Build institutional capacity in HQ, the six (6) zones and in the 36 states, to maintain a quality, safe blood supply such that all units of blood supplied by the NBTS and state facilities are safe for use by the end of 2021.

NSHDP Strategic Pillar 1 – Enabled Environment for attainment of sector outcomes Priority Area – Leadership and Governance

NSHDP Strategic Pillar 2 – Increased utilization of Essential Package of Health Services Priority Area – Emergency Medical Services and Hospital Care

NSHDP Strategic Pillar 3 – Strengthened Health System for Delivery of the Essential Package of Health Services

Priority Areas – Human Resources for Health, Health Infrastructure, Medicines, Vaccines, and other Health Technologies & Supplies

NSHDP Strategic Pillar 4 – Protection from health emergencies and risks Priority Area – Public Health Emergencies Preparedness and Response

- i. Review of NBTS Organogram
- ii. Conduct a needs assessment of the current infrastructure (e.g., building, electrical and water supply, equipment, and vehicles)
- iii. Evaluate and improve procurement, cold chain management, and storage capacity within NBTS.
- iv. Training of NBTS key staff on cold chain management.
- v. Training of state key staff on cold chain management in collaboration with State Ministries of Health.
- vi. Strengthening of stock management system within the blood transfusion service for efficient delivery of services and reduced stock-outs.

- vii. Develop national storage capacity to accommodate one (1) million units of safe blood.
- viii. Establish purpose-built blood transfusion centres in the NBTS headquarters and six (6) zones of the country.
  - ix. Support states in the provision of equipment to ensure safety and quality of blood and train the users.
  - x. Collaborate with relevant stakeholders to monitor blood safety activities incountry.

### **Strategic Objective 2**

To increase the number of blood units collected from voluntary non remunerated donors, and sensitise Nigerians on the 'One Million Safe Blood Units Initiative' (OMSBUI) such that blood units collected will increase from 25,000 to 1,000,000 by the end of 2023, and 3,000,000 by 2030.

NSHDP Strategic Pillar 1 – Enabled Environment for attainment of sector outcomes Priority Area – Leadership and Governance, Community Participation and Ownership, Partnerships for Health

NSHDP Strategic Pillar 2 – Increased utilization of Essential Package of Health Services Priority Areas – Emergency Medical Services and Hospital Care

NSHDP Strategic Pillar 3 – Strengthened Health System for Delivery of the Essential Package of Health Services

Priority Areas – Human Resources for Health, Health Infrastructure, Medicines, Vaccines, and other Health Technologies & Supplies

NSHDP Strategic Pillar 4 – Protection from health emergencies and risks Priority Area – Public Health Emergencies Preparedness and Response

- i. Embark on massive public education campaigns (TV, radio jingles, interviews, programmes, IEC materials, posters, billboards, TV and radio programs, documentaries, print media articles, interviews).
- ii. Scale up the School Blood Safety Programme (SBSP) nationally.

- iii. Conduct blood safety and voluntary blood donation sensitization, awareness seminars, and workshops across institutions nationwide.
- iv. Establish fixed blood collection sites within highly populated communities.
- v. Promotion of Club 25 activities nationwide.
- vi. Promotion of NYSC Blood Safety Club activities nationwide.
- vii. Develop a national policy on voluntary blood donor incentives.
- viii. Conduct a survey to determine the needs for blood and blood products across the country.
  - ix. Conduct of voluntary blood donation drives nationwide.
  - x. Develop strategies for community blood donation drives.
  - xi. Improve NBTS visibility and increase numbers of walk-in donors across all NBTS centres nationwide.
- xii. Strengthen and improve donor retention strategies to increase numbers of repeat voluntary blood donors.
- xiii. Facilitate the conversion of family replacement blood donors to voluntary non-remunerated blood donors (VNRBD).
- xiv. Establish monthly blood donation days that will be celebrated country wide.
- xv. Support states in the development and implementation of systems for ensuring adequate supply of safe blood during emergencies.

### **Strategic Objective 3**

Improve the data and information support system such that information on all the units of blood transfused in all registered hospitals will be captured real time on time by the end of 2022.

NSHDP Strategic Pillar 3 – Strengthened Health System for Delivery of the Essential Package of Health Services

Priority Areas – Health Infrastructure, Medicines, Vaccines, and other Health Technologies & Supplies, Health Information System

Key strategies under this objective would include the following:

- i. Perform a needs assessment for Abuja and the six (6 Zonal Centres) for establishing data collection and information and communication technology (ICT) requirements.
- ii. Collect and collate data on blood requirements through a comprehensive survey of all blood collection sites within each geo-political zone.
- iii. Budgeting for the implementation of ICT requirements.
- iv. Train staff and implement IT systems within Abuja and six zonal centres.
- v. Develop an Electronic Medical Record system/Electronic VNRBD Questionnaire
- vi. Collaborate with states to encourage blood safety data capturing of all health facilities in the Federal Ministry of Health (FMoH) DHIS2 platform.

### **Strategic Objective 4**

Develop a Monitoring and Evaluation plan for the NBTS such that all M&E activities are enumerated and coordinated by the end of 2021.

NSHDP Strategic Pillar 3 – Strengthened Health System for Delivery of the Essential Package of Health Services

Priority Areas – Health Infrastructure, Medicines, Vaccines, and other Health Technologies & Supplies, Health Information System

- i. Define M&E reporting requirements.
- ii. Develop and disseminate a 10-year M&E plan and revise existing tools.
- iii. Identify data reporting methods across NBTS centres country wide for continuous improvement.
- iv. Train National, Zonal and State M&E officers on reporting requirements and tools.

- v. Collect monthly blood safety data from across all Zonal and State centres and provide quarterly and annual M&E reports.
- vi. Perform annual M&E visits and provide summaries of the visits to relevant stakeholders.
- vii. Integrate the M&E Manager as a member of the Quality System.

### **Strategic Objective 5**

Provide for human resource capacity building such that all the human resource needs of the system are met by the end of 2023.

NSHDP Strategic Pillar 1 – Enabled Environment for attainment of sector outcomes Priority Area – Leadership and Governance

 $NSHDP\ Strategic\ Pillar\ 3-Strengthened\ Health\ System\ for\ Delivery\ of\ the\ Essential\ Package\ of\ Health\ Services$ 

Priority Area – Human Resources for Health

- i. Identify senior management team training needs and support additional training.
- ii. Develop comprehensive training plan for NBTS across all staff cadres.
- iii. Train a corps of NBTS staff providers, as master trainers in blood safety services.
- iv. Provision of Step-down training on blood services by NBTS master trainers.
- v. Identify orientation program requirements and develop a program for new staff and re-orientation of existing staff.
- vi. Review of the NBTS staff handbook.
- vii. Establish scheme of service for key posts within the Blood Transfusion Service in collaboration with the Office of the Head of the Civil Service of the Federation (OHCSF).
- viii. Develop a ten (10) year staff strength plan for NBTS.

ix. Support states to build human resource capacities in blood safety and transfusion medicine.

### **Strategic Objective 6**

Strengthen hospital linkage programme (HLP) such that secondary and tertiary hospitals will partner with NBTS by the end of 2021.

NSHDP Strategic Pillar 1 – Enabled Environment for attainment of sector outcomes Priority Area – Leadership and Governance, Community Participation and Ownership, Partnerships for Health

NSHDP Strategic Pillar 2 – Increased utilization of Essential Package of Health Services Priority Area – Emergency Medical Services and Hospital Care

NSHDP Strategic Pillar 3 – Strengthened Health System for Delivery of the Essential Package of Health Services

Priority Area – Medicines, Vaccines, and other Health Technologies & Supplies

NSHDP Strategic Pillar 4 – Protection from health emergencies and risks Priority Area – Public Health Emergencies Preparedness and Response

- i. Develop KAP questions and conduct study to assess clinicians' attitudes and practices towards blood safety in Nigeria and NBTS.
- ii. Develop strategies to improve relations with secondary and tertiary health facilities.
- iii. Reprint and distribute NBTS operational guidelines to hospitals through implementing partners (IPs) and obtain support for NBTS.
- iv. Develop strategies and implementation plan to ensure complete testing (4th Generation EIA) of all blood products in all tertiary facilities.
- v. Support states in the training of clinicians on appropriate clinical use of blood.
- vi. Collaborate with IPs to forge a relationship with secondary and tertiary hospitals.

vii. Collaborate with IPs to (re)screen pilot samples from secondary and tertiary hospitals.

### **Strategic Objective 7**

Establish a system of Hemovigilance in all partner hospitals such that they are able to identify and report all adverse events by the end of 2022.

NSHDP Strategic Pillar 1 – Enabled Environment for attainment of sector outcomes Priority Areas – Leadership and Governance, Community Participation and Ownership, Partnerships for Health

NSHDP Strategic Pillar 3 – Strengthened Health System for Delivery of the Essential Package of Health Services

Priority Areas – Human Resources for Health, Health Infrastructure, Medicines, Vaccines, and other Health Technologies & Supplies, Health Information System, Research for Health

NSHDP Strategic Pillar 4 – Protection from health emergencies and risks Priority Area – Public Health Emergencies Preparedness and Response

- i. Develop hemovigilance tools.
- ii. Identify and train state and zonal Hemovigilance officers.
- iii. Support states with step-down Hemovigilance training for Hemovigilance officers in Hospital Linkage (HLP) partner facilities.
- iv. Review current blood transfusion guidelines and retrain physicians in the rational and optimal use of blood and blood products in accordance with reviewed and updated guidelines.
- v. Encourage and support hospitals to establish Hospital Transfusion Committees (HTCs) in states nationwide.

### **Strategic Objective 8**

Maintain a quality management system such that 6 Zonal and Abuja Operational Centre will attain AfSBT/ISO certification by the end of 2022.

NSHDP Strategic Pillar 1 – Enabled Environment for attainment of sector outcomes Priority Area – Leadership and Governance

NSHDP Strategic Pillar 3 – Strengthened Health System for Delivery of the Essential Package of Health Services
Priority Area – Health Information System

- i. Establish and maintain a Quality Management system at the zonal and state levels of NBTS.
- ii. Conduct annual Quality Management system internal audits.
- iii. Develop a Quality Improvement Plan to guide the quality systems in HQ and six (6) Zonal centres.
- iv. Develop an on-demand label system using ISBT 128 data identifiers to reduce risk of errors and improve blood traceability in all zonal centres.
- v. Establish robust service and maintenance contracts for all equipment within the Blood Transfusion Service.
- vi. Train and retrain laboratory scientists in quality management (i.e., quality control, testing kit validation, records, and supplier qualifications)
- vii. Establish national guidelines for archiving of blood donor samples.
- viii. Conduct Annual Quality Review meetings.
  - ix. Support states in the implementation of key functions of the quality system for hospital blood banks and clinical transfusion processes.

### **Strategic Objective 9**

Establish a system of blood component production, such that HQ and 6 NBTS centres will be producing blood products by the end of 2024.

NSHDP Strategic Pillar 1 – Enabled Environment for attainment of sector outcomes Priority Areas – Leadership and Governance, Community Participation and Ownership, Partnerships for Health

NSHDP Strategic Pillar 2 – Increased utilization of Essential Package of Health Services Priority Area – Emergency Medical Services and Hospital Care

NSHDP Strategic Pillar 3 – Strengthened Health System for Delivery of the Essential Package of Health Services

Priority Area – Medicines, Vaccines, and other Health Technologies & Supplies

NSHDP Strategic Pillar 4 – Protection from health emergencies and risks Priority Area – Public Health Emergencies Preparedness and Response

NSHDP Strategic Pillar 5 – Predictable financing and risk protection Priority Area – Health financing

- i. Develop strategy for component production.
- ii. Exploratory visits of Global Best Practice Blood Service facilities (Public or Private).
- iii. Infrastructural development to accommodate product manufacturing and quality control.
- iv. Purchase of production and testing equipment.
- v. Train staff on production of blood components.
- vi. Establish component production facilities in NBTS headquarters and specific zones of the country.
- vii. Registration of blood products that require market authorisation.

### **Strategic Objective 10**

Maintain a cost-effective service through appropriate legislation, budgeting, and judicious use of funds, such that the NBTS will be sustainable by the end of 2023.

NSHDP Strategic Pillar 1 – Enabled Environment for attainment of sector outcomes Priority Areas – Leadership and Governance, Community Participation and Ownership, Partnerships for Health

NSHDP Strategic Pillar 2 – Increased utilization of Essential Package of Health Services Priority Area – Emergency Medical Services and Hospital Care

NSHDP Strategic Pillar 3 – Strengthened Health System for Delivery of the Essential Package of Health Services

Priority Area – Medicines, Vaccines, and other Health Technologies & Supplies

Key strategies under this objective would include the following:

- i. Reactivation of the NBSC bill process at the National Assembly and identification of steps to be taken to ensure sustainability of the NBTS through legislative action.
- ii. Media engagement and support towards appropriate Blood Safety legislation.
- iii. Budget planning and preparation.
- iv. Established funding modalities within the National health financing mechanism and identification of other sources of funds.
- v. Determination of cost recovery system for the NBTS.

### Strategic Objective 11

Strengthen central coordination of blood transfusion and safety activities in Nigeria for an efficient, effective, and sustainable Blood Service.

*NSHDP Strategic Pillar 1 – Enabled Environment for attainment of sector outcomes* 

Priority Areas – Leadership and Governance, Community Participation and Ownership, Partnerships for Health

NSHDP Strategic Pillar 2 – Increased utilization of Essential Package of Health Services Priority Area – Emergency Medical Services and Hospital Care

NSHDP Strategic Pillar 3 – Strengthened Health System for Delivery of the Essential Package of Health Services

Priority Area – Medicines, Vaccines, and other Health Technologies & Supplies

NSHDP Strategic Pillar 4 – Protection from health emergencies and risks Priority Area – Public Health Emergencies Preparedness and Response

NSHDP Strategic Pillar 5 – Predictable financing and risk protection Priority Area – Health financing

Key strategies under this objective would include the following:

- i. Identify and enumerate key interest groups and advocates of blood safety in Nigeria.
- ii. Engage key stakeholders and interest groups in blood safety.
- iii. Create a database of all blood services facilities in Nigeria.
- iv. NBTS to encourage and support State Governments to establish State Blood Transfusion Services in respective states blood centres or take over existing State centres.
- v. Encourage and support the Armed Forces to establish State Armed Forces Blood Transfusion Centres.
- vi. Engage and solicit collaboration and support from partners across multiple sectors global health and development, health financing, youth engagement, media, telecommunications, finance, food and beverages and biotechnology.

### **Strategic Objective 12**

Robust Regulatory Framework and Regulation of Blood Services.

NSHDP Strategic Pillar 1 – Enabled Environment for attainment of sector outcomes Priority Area – Leadership and Governance, Community Participation and Ownership, Partnerships for Health

NSHDP Strategic Pillar 3 – Strengthened Health System for Delivery of the Essential Package of Health Services

Priority Areas – Medicines, Vaccines, and other Health Technologies & Supplies

NSHDP Strategic Pillar 4 – Protection from health emergencies and risks Priority Area – Public Health Emergencies Preparedness and Response

Key strategies under this objective would include the following:

- i. Identify needs of blood safety establishments in-country across three subheads: a) Collection centres b) Screening centres c) Production centres.
- ii. Expand knowledge base on best-practice regulatory settings worldwide through exploratory visits to best practice regulatory facilities such as those in South Africa, Malawi, Rwanda, Namibia, Ireland, Netherlands.
- iii. Build NBTS competency in Regulation of blood safety establishments through the training of a core Regulation team and Regulation officers at the headquarters and six (6) Zonal centres.
- iv. Develop and disseminate guidelines for Regulation of Blood Services to all relevant stakeholders.

# **Strategic Objective 13**

Conduct and Publication of High-Quality Research in Blood Services in Nigeria.

NSHDP Strategic Pillar 1 – Enabled Environment for attainment of sector outcomes Priority Area – Leadership and Governance, Community Participation and Ownership, Partnerships for Health

NSHDP Strategic Pillar 3 – Strengthened Health System for Delivery of the Essential Package of Health Services

Priority Areas – Human Resources for Health, Health Infrastructure, Medicines, Vaccines, and other Health Technologies & Supplies, Health Information System, Research for Health.

Key strategies under this objective would include the following:

i. Lead and coordinate research in vital aspects of blood transfusion and services in Nigeria.

- ii. Build NBTS competency in research for blood safety practice and health systems policy.
- iii. Ensure ethical practice in the conduct of primary research involving human participants.

### **IMPLEMENTATION**

Nigeria's large population with myriad challenges traversing the inadequacies in infrastructure, medical technology, equipment, and human resources for health provides the perfect platform required to roll out the Ten-Year Strategic Plan for Blood Transfusion Services.

### **Key Players in Implementation**

The key players in the implementation would include the Federal Government of Nigeria and all the 36 State Governments, as well as the Federal Capital Territory through the Federal Ministry of Health (FMoH) and National Blood Transfusion Service (NBTS), and the State Ministries of Health (SMoH) as main drivers of the plan.

Essential stakeholders to the plan include but are not limited to professional associations namely Nigerian Society of Haematology and Blood Transfusion, Haematology and Blood Transfusion Scientists Society of Nigeria (HBTSSN), Paediatrics Association of Nigeria, Society of Obstetricians and Gynaecologists of Nigeria, Association of General and Private Medical Practitioners of Nigeria, Guild of Medical Directors, and Society of Family Physicians of Nigeria. Regulatory agencies namely the Medical and Dental Council of Nigeria (MDCN), Medical Laboratory Science Council of Nigeria (MLSCN), and the Nursing and Midwifery Council of Nigeria (NMCN) are charged with the responsibility for training and validating personnel in medical, nursing and laboratory practice, and thus are vital to the implementation of the plan.

All the healthcare facilities and training schools in the country are critical to the success of the NBTS Ten-Year Strategic Plan.

Other vital stakeholders relevant to the plan are the National Youth Service Corp (NYSC), National Health Insurance Scheme (NHIS), Ministry of Education and Ministry of Finance.

- i. Relevant Ministries, Departments and Agencies Ministry of Information, Ministry of Education, Ministry of Youth and Sports, Ministry of Women Affairs, National Orientation Agency, National Agency for AIDS Control (NACA), National AIDS/STDs Control Programme (NASCP) and National agency for Food and Drug Administration (NAFDAC).
- ii. National Youth Service Corps NYSC to recruit the support of the NYSC to form a pool of voluntary unpaid blood donors who will also serve as advocates for blood safety across the country.
- iii. Indigenous NGOs such as Safe Blood for Africa Foundation (SBFAF), Nigerian Red Cross Society, Aliko Dangote Foundation, TY Danjuma Foundation, Biobak Foundation who would collaborate on blood donation drives, and donate towards projects.
- iv. Technical partners provide expertise and support with building capacity and technical competency: World Bank, World Health Organization (WHO), Society for Family Health (SFH), FHI-360, Institute of Human Virology (IHVN), PATHS, APIN Public Health Initiative, Bill and Melinda Gates Foundation, Nigerian Society of Haematology and Blood Transfusion, Association of General and Private medical Practitioners of Nigeria, Guild of Medical Directors, and Society of Family Physicians of Nigeria.
- v. Corporate organisations would provide investment in the development and distribution of blood products and derivatives; provide support for advertisements, communications, and information dissemination and coorganise blood donation drives and outreach campaigns. For example, medical and diagnostic firms, investment firms, telecommunication companies such as MTN, GLO, Airtel, 9-Mobile; Fast-moving Consumer Goods Companies (Maltina, NBL, Nestle, Cadbury, Dangote), retail and commercial banks.
- vi. Private individuals local community leaders (e.g. political, spiritual, religious, traditional), young people, community volunteers, celebrities, and influencers.

# Implementation Roadmap for NBTS Ten-Year Strategic Plan

TABLE 1: Implementation of Objective 1 of the NBTS Ten-Year Strategic Plan

| Objective 1:  Ruild institutional canacity in HO  | Objective 1:<br>Build institutional canacity in HO the siv (6) zones and the 36 states plus the ECT to maintain a quality sofe blood supply   | lue the ECT to mointain a qualit  | v cofo blood cumply  |
|---|---|-----------------------------------|----------------------|
| such that all units of blood supplied   | bund institutional capacity in 11%, the six (b) zones and the 30 states plus the real, to maintain a quansuch that all units of blood supplied by the NBTS and state facilities are safe for use by the end of 2021 | resafe for use by the end of 2021 | y, saic bioou suppiy |
| Strategic Target  | Activities  | Responsibility                    | Timelines            |
| 1. Review the NBTS Organogram.  | Reviewed Organogram   | NC<br>Management Team             | End of 2021          |
| )   |   |                                   |                      |
| 2. Conduct a needs assessment of current Infrastructure (e,g Building, electrical and water supply, equipment and vehicles) | Report on the infrastructural needs of NBTS   | NC/DQ/DR/DFA/ZC/SC                | End of 2021          |
| 3. Evaluate and improve procurement, cold chain, and storage canacity within NRTS   | Improve the cold chain and storage capacity of the NBTS   | DQ/DR                             | End of 2021          |
|   |   |                                   |                      |
| 4. Training of NBTS key staff on cold chain management  | Train two (2) staff (1 Phlebotomist and 1 Lab Sci) per centre.  | DQ/DR/HA                          | End of 2021          |
| 5. Strengthening of stock   | NBTS to develop strategies for  | NC/DQ/DR/HOPS/DFA/Hproc           | End of 2021          |
| management system for<br>efficient and effective delivery   | efficient and effective stock management in HO and Zonal centres  |                                   |                      |
|   |   |                                   |                      |

| of services and reduced stock-<br>outs   |  |                          |                   |
|--|--|--------------------------|-------------------|
| Develop national storage capacity to accommodate one (1) million units of safe blood                   | i. Conduct a national survey to ascertain the safe blood storage capacity of Nigeria.        | NC/DQ/DR/HPRS            | End of 2021       |
|  | ii. Purchase of blood bank<br>refrigerators  | NC/DQ/HProc/DFA          | End of 2021       |
|  | iii. Provision of alternative power supply; Generator and Solar Power Inverter               | NC/DQ/HProc/DFA          | End of 2021       |
| Establish purpose-built centres in the HQ and six (6) zones  | Building and equipping NBTS centres for optimal blood collection, screening, and production  | NC/DQ/HOPS/DFA/Hproc     | End of 2022       |
| Training of trainers for state key staff on cold chain management                                      | Train four (4) staff (2 Phlebotomists and 2 Lab Sci) per state centre                        | DQ/DR/HA                 | End of 2021       |
| Support states in the provision of equipment to ensure safety and quality of blood and train the users | Guide and support states in the procurement of blood safety equipment                        | NC/DQ/DR/HProc./SMoH     | 2021 through 2030 |
| 10. NBTS collaborates with relevant stakeholders to monitor blood safety activities in country         | Create an electronic real-time dashboard of Zonal/State Blood Centres and partner facilities | NC/ZC/SC/NSOANP Partners | End of 2022       |

Table 2: Implementation of Objective 2 of the NBTS Ten-Year Strategic Plan

| Objective 2:  |  |   |  |
|---|--|---|--|
| To increase the number of blood units collected Safe Blood Units Initiative' such that blood unit 2030.                               | units collected from voluntary nor<br>that blood units collected will incr                   | To increase the number of blood units collected from voluntary non remunerated donors, and sensitise Nigerians on the 'One Million Safe Blood Units Initiative' such that blood units collected will increase from 25,000 to 1,000,000 by the end of 2023, and 3,000,000 by 2030. | Nigerians on the 'One Million<br>end of 2023, and 3,000,000 by |
| Strategic Target  | Activities   | Responsibilities  | Timeline   |
| 1. Embark on massive public education campaign (TV, radio jingles, interviews, programmes, IEC materials, posters, billboards, TV and | 1.1 Two (2) jingles per three (3) stations per day in each of the six (6) geopolitical zones | HMP/ZCs   | 2021 through 2030  |
| radio programs, documentaries, print media articles, interviews)  | <ul><li>1.2 One featured article or interview and advertorial per quarter for HQ</li></ul>   | NC/HMP/HPRS   | 2021 through 2030  |
|   | 1.3 One featured article or interview and advertorial per Zone per quarter                   | HMP/HPRS/ZCs  | 2021 through 2030  |
|   | 1.4 Quarterly Newsletter published via NBTS website, printed, and circulated to stakeholders | HMP/HPRS  | 2021 through 2030  |
|   | 1.5 120 Days Report published via NBTS website and circulated to stakeholders                | HMP/HPRS  | End of 2021  |

| 2021 through 2030   | End of 2022  | 2021 through 2030  | 2021 through 2030  | 2021 through 2030   | End of 2021                           | End of 2021                                       | End of 2021   | End of 2021   |
|---|--|--|--|---|---------------------------------------|---|---|---|
| DBS/HMP   | NC/DBS/HMP/HPRS/ZC/SC  | DBS/HOPS/ZC/SC   | DBS/HOPS/ZC/SC   | HOPs/ZCs/SCs  | NC/DBS/DQ/DR/HOPS/ HPRS               | Club 25 focal persons/ NC/HPRS/ZC & SC            | Club 25 focal persons/ NC/HPRS/ZC & SC  | Club 25 focal persons/ NC/HPRS/ZC & SC                          |
| 2.1 Conduct advocacy meetings with school authorities and Parent- Teachers' Associations (One meeting at 4 schools per term per Zone/Centre). | 2.2 Institute National Schools' Competition on Blood Safety - Essay, Quiz, Arts, Drama | 3.1 Conduct ten (10) sensitization seminars and workshops per quarter per zonal/state centre | 3.2 Increase the NBTS voluntary blood donor base by 2000% annually | Establish three (3) fixed blood donation sites per state per zone per year.   | Have a policy on donor incentives     | 6.1 Sponsor 4 quarterly meetings of State Club 25 | 6.2 Sensitize, mobilise, and organize blood drive (1 per chapter per quarter) | 6.3 Promote Club 25 community services (1 per Chapter per year) |
| 2. Scale up the School Blood<br>Safety Programme (SBSP)<br>nationally.  |  | 3. Conduct sensitization, awareness seminars, and workshops                                  |  | 4. Establish fixed blood collection sites within highly populated communities | 5. Develop policy on donor incentives | 6. Promote Club 25 activities                     |   |   |

| End of 2021  | End of 2021   | End of 2021  | End of 2021  | 2021 through 2030  | 2021 through 2030   | 2021 through 2030   | End of 2021   |
|--|---|--|--|--|---|---|---|
| NC/HOPS/HPRS/ZC/SC   | NC/HOPS/HPRS/ZC/SC  | NC/HOPS/HPRS/ZC/SC   | NC/DQ/DBS/HPRS/ZC and<br>SC/NSOANP partners                      | HOPs/ZCs/SCs   | HOPs/ZCs/SCs  | HOPs/ZCs/SCs  | DBS/HOPs/HPRS   |
| 7.1 Sponsor health seminars, workshops, and blood drives in orientation camps nationwide | 7.2 Conduct community sensitization activities with NYSC Medical CDS Groups | 7.3 Support NYSC Community Blood Safety Projects (Six (6) Per year - One Project per Zone) | Establish the blood needs for the country                        | 9.1 Conduct 4 blood drives per week per zonal/state centre | 9.2 Establish blood collection centres at busy malls and commercial centres | 9.3 Conduct advocacy visits to the gate keepers of higher institutions of learning and faith-based organisations for blood drive activities | 10.1 Develop a register of communities partnering with the blood service. |
| 7. Promote NYSC Blood Safety Club Activities   |   |  | 8. Conduct a survey to establish the blood needs for the country | 9. Conduct of blood drives                                 |   |   | 10. Develop community donation drives strategies                          |

| End of 2021  | End of 2022   | End of 2022   | 2021 through 2030  | 2021 through 2030   | 2021 through 2030  | End of 2021   |
|--|---|---|--|---|--|---|
| NC/DQ/DR/DBS/HOPS/HPRS   | DQ/DBS/HOPS/HA                                      | NC/DBS/HOPS/HA  | HMP/HPRS   | NC/HPRS/HMP   | NC/HMP   | DQ/HOPs/ZC/SC   |
| 10.2 Develop guidelines and Standard Operating Procedures (SOP) for engaging communities and Schools | 10.3 Train relevant officers on guidelines and SOPs | 10.4 Determine criteria and institute National Blood Safety Hero Awards and Rewards Schemes for partner communities | 11.1 Upgrade and frequently update the NBTS website        | 11.2 Engage NURTW, Road Transport companies and airlines to have NBTS fliers/ IEC materials in their seat pockets | 11.3 NBTS billboards erected<br>at strategic locations across<br>Nigeria | 12.1 Review, print and distribute guidelines and SOPs on donor retention to the centres           |
|  |   |   | 11. To improve NBTS' visibility and increase the number of | walk – III donors across all<br>NBTS centres  |  | 12. To strengthen and improve donor retention strategies to increase the number of repeat donors. |

| End of 2021   | End of 2021  | End of 2021   | 2021 through 2030  | 2021 through 2030   |
|---|--|---|--|---|
| HA/SBFAF/HOPS/ZC/SC                                     | HA/SBFAF/HOPS/ZC/SC  | DQ/HA/SBFAF/HOPS/ZC/SC  | NC/HMP/ZC/SC   | NC/DBS/ZCs/SCs  |
| 12.2 Train relevant officers on the guidelines and SOPs | 13.1 Develop guidelines and SOPs on the conversion of family replacement donors to VNRBD | 13.2 Train relevant officers and distribute guidelines and SOPs | 14. Have one dedicated day every month for increased advocacy and public awareness activities nationwide | 15. Support states to develop and implement state blood donor recruitment programmes to achieve 100% voluntary non-remunerated blood donation |
|   | 13. Facilitate the conversion of family replacement blood donors to VNRBD                |   | 14. Establish monthly blood donation days  | 15. Support states in the development and implementation of systems for ensuring adequate supply of safe blood during emergencies             |

Table 3: Implementation of Objective 3 of the NBTS Ten-Year Strategic Plan

| Objective 3:                            |                                       |   |                       |
|---|---------------------------------------|---|-----------------------|
| Improve the data and information sup    | upport system such that information   | pport system such that information on all the units of blood transfused in all registered | sed in all registered |
| hospitals will be captured real time or | on time by the end of 2022            |   |                       |
| Strategic Target                        | Activities                            | Responsibility  | Timeline              |
| 1. Perform a needs assessment for       | Establish the requirements for data   | NC/HPRS/HOPS/ZC/SC  | End of 2021           |
| Abuja and the six (6 Zonal              | collection and reports                |   |                       |
| Centres for establishing data           |                                       |   |                       |
| collection and IT requirements          |                                       |   |                       |
| 2. Visit all zones and collect data     | Develop a comprehensive inventory     | NC/HPRS/HOPS/ZC/SC  | End of 2021           |
| on blood requirements and a             | of all blood collection sites in the  |   |                       |
| comprehensive survey of all             | country and registry of all blood     |   |                       |
| blood collection sites within           | collection sites in all the zones and |   |                       |
| each zone                               | Abuja                                 |   |                       |
| 3. Prepare a budget for                 | Develop a budget for                  | NC/HPRS/HOPS  | End of 2021           |
| implementation of IT                    | implementation of IT requirements     |   |                       |
| requirements                            |                                       |   |                       |
| 4. Train staff and implement IT         | Train two (2) staff per centre        | NC/HPRS/HA  | End of 2022           |
| systems within Abuja and six            |                                       |   |                       |
| zonal centers                           |                                       |   |                       |
| 5. Develop an Electronic Medical        | Developed Electronic Medical          | NC/HPRS/HOPS  | End of 2022           |
| Record system/Electronic                | Record system                         |   |                       |
| VNRBD Questionnaire                     |                                       |   |                       |
| 6. Collaborate with states to           | Support hospital facilities in states | NC/HPRS/HOPS/ZC/SC  | End of 2022           |
| encourage blood safety data             | to report blood safety data in        |   |                       |
| capturing of all health facilities      | DHIS2                                 |   |                       |
| in DHIS2 platform                       |                                       |   |                       |
|   |                                       |   |                       |

Table 4: Implementation of Objective 4 of the NBTS Ten-Year Strategic Plan

| Objec<br>Devel<br>the en | Objective 4: Develop a Monitoring and Evaluation the end of 2021.                |  | plan for the NBTS such that all M&E activities are enumerated and coordinated by | and coordinated by |
|--------------------------|--|--|--|--------------------|
| Strateg                  | Strategic Target   | Activities   | Responsibility   | Timeline           |
| 1.                       | 1. Define M&E reporting requirements   | All M&E reporting requirements clearly defined.  | NC/HPRS  | End of 2021        |
| 2.                       | Develop a 10-year M&E plan and revise existing tools                             | A comprehensive 10-year M&E plan developed alongside with the M&E tools  | HPRS   | End of 2021        |
| 3.                       | 3. Identify reporting methods  | Identify all methods to feedback M&E findings for continuous improvement.  | HPRS   | End of 2021        |
| 4.                       | Train National, Zonal and State M&E officers on reporting requirements and tools | Train two (2) officers per zonal/state centre.   | HPRS   | End of 2021        |
| 5.                       | Collect monthly data and provide quarterly M&E report                            | To ensure all data from previous month is collected first week of succeeding month, and quarterly report is disseminated two (2) weeks after the end of the quarter. | HPRS   | End of 2021        |
| 6.                       | Perform annual M&E visits and provide a summary of the visit to the stakeholders | Visit all centres, at least once in a year and provide monitoring report two (2) weeks after visitation.   | HPRS   | 2021 through 2030  |
| 7.                       | Integrate the M&E Manager as a member of the Quality System                      | Ensure the M&E findings are integrated into the quality management system  | DQ/HPRS  | 2021 through 2030  |

Table 5: Implementation of Objective 5 of the NBTS Ten-Year Strategic Plan

| Obje<br>Provi | Objective 5:<br>Provide for human resource capacity buil   | building such that all the human resour  | ding such that all the human resource needs of the system are met by the end of 2023. | end of 2023.      |
|---------------|--|--|---|-------------------|
| Strate        | Strategic Plan   | Activities   | Responsibility  | Timeline          |
| 1.            | <ol> <li>Identify senior management<br/>team training needs and<br/>support additional training</li> </ol> | Report all the training needs of senior management   | HA(Training officer NBTS)   | End of 2021       |
| .5            | Develop training plan for NBTS   | Develop a detailed training plan   | DQ/HA/HPRS/SBFAF/Stakeholders   | End of 2021       |
| 3.            | Train a corps of NBTS staff providers, as master trainers in blood safety services                         | Train a corps of fifty (50) NBTS staff providers, as master trainers in blood safety services, representative of the | DBS/HCSU  | End of 2023       |
| 4.            | Step-down training of blood services providers by NBTS master trainers                                     | Stay (9) geo-pointed zones<br>Step down training to one hundred and<br>fifty (150) staff from service providers      | HA/DBS/HCSU   | End of 2022       |
| 5.            |  | Develop a new staff orientation programme  | HA/HOPS/HPRS/DQ   | End of 2021       |
| 9.            | Review of staff handbook   | Review staff handbook to guide staff conduct   | NC/Mgt Team   | End of 2021       |
| 7.            | Establish scheme of service for key posts (i.e., counselors, phlebotomist, and donor recruiters)           | Establish scheme of service for key posts (i.e., counselors, phlebotomist, and donor recruiters)                     | NBTS /FMoH/HoS  | End of 2021       |
| 8.            | Developing a ten (10) year staff strength plan for NBTS  | Develop a ten (10) year NBTS staff capacity building strategy for enhanced productivity                              | NC/Mgt. team  | 2021 through 2030 |
| 9.            | Support states to build human resource capacities in blood safety and transfusion medicine                 | Train state staff in blood safety and transfusion medicine   | NC/Mgt. team/SMoH   | 2021 through 2030 |

Table 6: Implementation of Objective 6 of the NBTS Ten-Year Strategic plan

| S by the end of 2021   | Timeline         | End of 2021                            |                         |  | End of 2021                       |                        |  | End of 2021                          |                                |                                    |                         | End of 2023                             |                                     |                              |                       |                          | End of 2023                       |                              |                       | End of 2021                          |                                   |                        |           | End of 2021                 |                          |                             |           |
|--|------------------|--|-------------------------|--|-----------------------------------|------------------------|--|--------------------------------------|--------------------------------|------------------------------------|-------------------------|---|-------------------------------------|------------------------------|-----------------------|--------------------------|-----------------------------------|------------------------------|-----------------------|--------------------------------------|-----------------------------------|------------------------|-----------|-----------------------------|--------------------------|-----------------------------|-----------|
| (HLP) such that secondary and tertiary hospitals will partner with NBTS by the end of 2021 | Responsibility   | HPRS/ZC/DQ                             |                         |  | NC/DBS                            |                        |  | NC/DBS/DR/HPRS/IPs                   |                                |                                    |                         | DQ/DBS                                  |                                     |                              |                       |                          | DBS/SBFAF                         |                              |                       | DBS/HPRS                             |                                   |                        |           | DBS/DQ                      |                          |                             |           |
| nme (HLP) such that secondary and ter  | Activities       | Conduct study in the six zonal centres |                         |  | Strategic meetings with secondary | and tertiary hospitals |  | Distribute Operational Guidelines to | all the secondary and tertiary | hospitals where IPs are operating. |                         | All blood used in tertiary institutions | are tested using 4th generation EIA |                              |                       |                          | Six tertiary and twelve secondary | hospitals per zone           |                       | Forge good working relationship with | secondary and tertiary hospitals. |                        |           | Screen 45,000 pilot samples |                          |                             |           |
| Objective 6:<br>Strengthen hospital linkage programme                                      | Strategic Target | 1. Develop KAP questions and           | conduct study to assess | clinicians' attitude and practice towards NRTS | 2. Develop strategies to          | improve relations with | secondary and tertiary health facilities | 3. Reprint and distribute NBTS       |                                | hospitals through IPs and          | obtain support for NBTS | 4. Develop strategies and               | implementation plan to              | ensure complete testing (4th | Gen EIA) of all blood | products in all tertiary | 5. Support states in the training | of clinicians on appropriate | clinical use of blood | 6. Collaborate with IPs to forge     | a relationship with               | secondary and tertiary | hospitals | 7. Collaborate with IPs to  | (re)screen pilot samples | from secondary and tertiary | แบร์กาเสา |

Table 7: Implementation of Objective 7 of the NBTS Ten-Year Strategic Plan

| Objective 7:                           |                                     |  |                   |
|--|-------------------------------------|--|-------------------|
| Establish a system of Hemovigilance in |                                     | all partner hospitals such that they are able to identify and report all adverse | rt all adverse    |
| events/reactions by the end of 2022    |                                     |  |                   |
| Strategic Target                       | Activities                          | Responsibility   | Time line         |
| 1. Develop Hemovigilance tools         | Hemovigilance tools                 | DBS/TATBD/DQ/DR  | End of 2022       |
| 2. Identify and train state and zonal  | Train one Hemovigilance officer     | DBS/TATBD/DQ/DR  | 2023 through 2030 |
| Hemovigilance officers                 | per centre                          |  |                   |
| 3. Support states with step-down       | Step-down training to one           | DBS/TATBD/DQ/DR  | 2023 through 2030 |
| Hemovigilance training to              | secondary and tertiary hospital per |  |                   |
| linkage partner hospital               | state.                              |  |                   |
| Hemovigilance officers                 |                                     |  |                   |
| 4. Review current transfusion          | Reviewed transfusion guidelines     | NBTS/Expert committee  | 2023 through 2030 |
| guidelines and retrain physicians      |                                     |  |                   |
| in the rational and optimal use of     |                                     |  |                   |
| blood and blood products to the        |                                     |  |                   |
| established guidelines                 |                                     |  |                   |
| 5. Encourage and support hospitals     | Guidelines for operations of HTCs   | NBTS/Expert committee  | 2023 through 2030 |
| to establish Hospital Transfusion      |                                     |  |                   |
| Committees (HTCs) in states            |                                     |  |                   |
| nationwide                             |                                     |  |                   |

Table 8: Implementation of Objective 8 of the NBTS Ten-Year Strategic Plan

| Objective 8:<br>Maintain a quality management system such that 6 Zonal and Abuia Operational Centre will attain AfSBT/ISO certification | m such that 6 Zonal and Abuia Op                | erational Centre will attain A | (SBT/ISO certification |
|---|---|--------------------------------|------------------------|
| by the end of 2022.   |   |                                |                        |
| Strategic Target  | Activities                                      | Responsibility                 | Timeline               |
| 1. Establish and maintain a Quality   | Maintain a Quality Management                   | DQ/ZC/SC                       | 2021 through 2030      |
| Management system at the zonal  | System (QMS) in all NBTS centres                |                                |                        |
| and state level of NBTS   |   |                                |                        |
| 2. Conduct a Quality Management   | One Audit per centre per year                   | DQ/ZC/SC                       | 2021 through 2030      |
| system internal audit annually  |   |                                |                        |
| 3. Develop a Quality Improvement  | Develop, disseminate and implement              | DQ/DR/HOPS/HPRS                | End of 2021            |
| Plan to guide the quality systems   | the quality improvement plan in HQ              |                                |                        |
| in HQ and six (6) Zonal centres   | and six (6) zonal centres                       |                                |                        |
| 4. Develop an on-demand label   | Conduct a pilot scheme in Jos zonal             | NC/DQ/HPRS                     | End of 2021            |
| system using ISBT 128 data  | centre with plans to extend to all              |                                |                        |
| identifiers to reduce risk of errors  | zonal centres.                                  |                                |                        |
| and improve blood traceability in   |   |                                |                        |
| all zonal centres   |   |                                |                        |
| 5. Establish service and  | A contract that outlines the                    | NC/DQ/Equipment const/DFA      | End of 2021            |
| maintenance contracts for   | maintenance and service of all                  |                                |                        |
| equipment   | equipment in NBTS                               |                                |                        |
| 6. Train and retrain laboratory   | Train one quality officer, and one              | NC/DQ/DR/ SBFAF                | End of 2021            |
| scientist in quality management   | laboratory officer per centre                   |                                |                        |
| (i.e., quality control, testing kit   |   |                                |                        |
| validation, records and supplier  |   |                                |                        |
| qualifications)   |   |                                |                        |
| 7. Establish national guidelines for  | Develop and disseminate national                | NC/DQ/DR/HPRS                  | End of 2022            |
| archiving of blood donor samples  | guidelines for archiving of blood donor samples |                                |                        |
|   |   |                                |                        |

| 0   | 0  |
|---|--|
| 2021 through 2030   | 2021 through 2030  |
| NC/DQ   | NC/Mgmt team/SMoH  |
| One Quality Review meeting of<br>Technical Managers and Quality<br>Officers in all Zonal and State<br>Centres | Training and supportive mentorship of state centres  |
| 8. Conduct Annual Quality Review meeting  | 9. Support states in the implementation of key functions of the quality system for hospital blood banks and clinical transfusion processes |

Table 9: Implementation of Objective 9 of the NBTS Ten-Year Strategic Plan

| Objective 9:<br>Establish a system of blood compo             | Objective 9:<br>Establish a system of blood component production, such that HO and 6 NBTS centres will be producing blood products | S centres will be producing | blood products |
|---|--|-----------------------------|----------------|
| through public-private partnerships (PPP) by the end of 2024. | ips (PPP) by the end of 2024.  |                             |                |
| Strategic Target  | Activities   | Responsibility              | Timeline       |
| 1. Develop strategy for                                       | Developed component production strategies  | NC/TATBD                    | End of 2021    |
| component production  | and terms of reference for engagement of   |                             |                |
|   | technical and investment partners.   |                             |                |
| 2. Train staff on production of                               | Train staff from all six (6) Zonal centres on  | DQ/TATBD/HA                 | End of 2021    |
| blood components  | component production.  |                             |                |
| 3. Infrastructural development                                | Sourcing of appropriate accommodations,  | NC/Mgmt team/TATBD          | End of 2023    |
| to accommodate product  | building and renovation works  |                             |                |
| manufacturing and quality                                     |  |                             |                |
| control   |  |                             |                |
| 4. Purchase of production and                                 | Purchase of relevant production and testing  | NC/DQ/DFA/Hproc             | End of 2023    |
| testing equipment   | equipment for component production and   |                             |                |
|   | fractionation  |                             |                |
| 5. Establish component  | Establish components production in the six   | NC/DQ/TATBD                 | End of 2021    |
| production facilities   | (6) NBTS Zonal centres   |                             |                |

Table 10. Implementation of Objective 10 of the NBTS Ten-Year Strategic Plan

| Objective 10:                           |  |                             |                    |
|---|--|-----------------------------|--------------------|
| Maintain a cost-effective service th    | Maintain a cost-effective service through appropriate legislation, budgeting, and judicious use of funds, such that the NBTS | and judicious use of funds, | such that the NBTS |
| will be sustainable by the end of 2023. | 123.   |                             |                    |
| Strategic Target                        | Activities   | Responsibility              | Time line          |
| 1. Reactivate the NBSC bill             | High-level advocacy to Federal Executives  | NC/LA FMoH                  | End of 2021        |
| process at the National                 | and Legislators  |                             |                    |
| Assembly and identify steps             |  |                             |                    |
| to be taken to ensure                   |  |                             |                    |
| sustainability of the NBTS              |  |                             |                    |
| through legislative action              |  |                             |                    |
| 2. Media engagement and                 | Engage the media on public awareness and   | NC/HMP/Mgmt team            | End of 2021        |
| Safety                                  | enlightenment campaigns on the benefits of   |                             |                    |
| legislation                             | Blood Safety legislation   |                             |                    |
| 3. Prepare a realistic budget           | A budget that is in tune with reality  | NC/Mgt. Team                | End of 2021        |
| 4. Establish funding modalities         | Identify other sources of funds  | NC/Mgt. Team                | End of 2022        |
| within the National health              |  |                             |                    |
| financing mechanism and                 |  |                             |                    |
| identify other sources of               |  |                             |                    |
| funds                                   |  |                             |                    |
| 5. Establish funding modalities         | The appropriate cost for NBTS products   | NC/TATBD                    | End of 2023        |
| within the National health              |  |                             |                    |
| financing mechanism and                 |  |                             |                    |
| identify other sources of               |  |                             |                    |
| funds                                   |  |                             |                    |

Table 11: Implementation of Objective 11 of the NBTS Ten-Year Strategic Plan

| Obje<br>Stren<br>susta | Objective 11:<br>Strengthen central coordination of<br>sustainable Blood Service  | Objective 11:<br>Strengthen central coordination of blood transfusion and safety activities in Nigeria for an efficient, effective and<br>sustainable Blood Service | Nigeria for an efficient, effe | ctive and         |
|------------------------|---|---|--------------------------------|-------------------|
|                        | Strategic Target  | Activities  | Responsibility                 | Timeline          |
| 1.                     | Identify and enumerate key interest groups and advocates of blood safety in Nigeria   | Revise list of stakeholders in blood safety   | NC/Mgt. Team                   | End of 2020       |
| 2                      | Engage key stakeholders and interest groups   | Conduct high level advocacy visits to key stakeholders and interest groups  | NC/Mgmt team                   | 2021 through 2030 |
|                        |   | Conduct a stakeholders' meeting to formulate strategies for sustainability of the National Blood Service  | NC/HPRS                        |                   |
| 3.                     | Create a database of all blood services facilities in Nigeria   | Advertise for the registration of all blood services facilities/establishments in Nigeria through major national news publications                                  | NC/HMC/Mgmt team               | End of 2021       |
| 4                      |   | Courtesy visits and meetings with State<br>Governors and State Commissioners of Health  | NC/Mgmt team                   | End of 2024       |
| 5.                     | NBTS to encourage and support the Armed Forces to establish State Blood Transfusion Centres   | Courtesy visits and meetings with Chief of Defence Staff, Army, Navy, Air Force, Police, Immigration and Customs  | NC/Mgmt team                   | End of 2024       |
| 9                      | NBTS to engage and solicit collaboration and support from partners across multiple sectors - global health and development, health financing, youth engagement, media etc | Courtesy visits and one-on-one meetings with stakeholders   | NC/HPRS/Mgmt team              | 2021 through 2030 |

Table 12: Implementation of Objective 12 of the NBTS Ten-Year Strategic Plan

| Objective 12:  |   |                    |                   |
|--|---|--------------------|-------------------|
| Robust Regulatory Framework and Regulation of Blood Services | nd Regulation of Blood Services                 |                    |                   |
| Strategic Target   | Activities                                      | Responsibility     | Timeline          |
| 1. NBTS to identify needs of                                 | NBTS to identify needs of blood safety          | NC/DR/DQ/HPRS/Mgmt | End of 2024       |
| blood safety establishments                                  | establishments in-country across three sub-     | team/              |                   |
| in-country across three sub-                                 | heads i) Collection centres ii) Screening       |                    |                   |
| heads i) Collection centres ii)                              | centres iii) Production centres                 |                    |                   |
| Screening centres iii)                                       |   |                    |                   |
| Production centres   |   |                    |                   |
| 2. Expand knowledge base on                                  | Conduct exploratory visits of best practice     | NC/DR/DQ/Mgmt team | 2021 through 2030 |
| best-practice regulatory                                     | regulatory facilities e.g South Africa, Malawi, |                    |                   |
| settings worldwide   | Rwanda, Namibia, Ireland, Netherlands           |                    |                   |
| 3. Build NBTS competence in                                  | Training of Regulation team and Regulation      | DR/DQ/HA/TATBD     | 2021 through 2030 |
| Regulation of blood safety                                   | officers in HQ and six (6) Zonal centres on     |                    |                   |
| establishments   | Regulation of Blood Services                    |                    |                   |
| 4. Develop NBTS Regulatory                                   | Develop and disseminate guidelines for          | DR/DQ/HA/TATBD     | 2021 through 2030 |
| guidelines   | Regulation of Blood Services                    |                    |                   |
|  |   |                    |                   |

Table 13: Implementation of Objective 13 of the NBTS Ten-Year Strategic Plan

|               |  | Timeline         | 2021 through 2030                            |   |  |  | 2021 through 2030                  |                           |                             |        | End of 2021                             |                             |                              |
|---------------|--|------------------|--|---|--|--|------------------------------------|---------------------------|-----------------------------|--------|---|-----------------------------|------------------------------|
|               | n Nigeria.   | Responsibility   | HPRS/DQ/DBS/ZC/SC                            |   |  |  | NC/DQ/DBS/HA/HPRS/                 |                           |                             |        | NC/HPRS/Mgmt team                       |                             |                              |
|               | Conduct and Publication of High-Quality Research in Blood Services in Nigeria. | Activity         | Conduct research studies on blood donors and | donation; hospital management of blood- | related services; biological safety; transfusion | systems; supplies, distribution, and financing | Training of NBTS staff in Research | methodology               |                             |        | Constitution of an NBTS Research Ethics | Committee                   |                              |
| Objective 13: | Conduct and Publication of Hig   | Strategic Target | 1. NBTS to lead and coordinate               | research in vital aspects of            | blood transfusion and                            | services in Nigeria                            | 2. Build NBTS competence in        | research for blood safety | practice and health systems | policy | 3. Ensure ethical practice in the       | conduct of primary research | involving human participants |

Table 14: Monitoring & Evaluation of Objective 1 of the NBTS Ten-Year Strategic Plan

| Objective 1: Build institutional capacity in HQ, the six (6) zones and the 36 states plus the FCT, to maintain a quality, safe blood supply such that all units of blood supplied by the NBTS and state facilities are safe for use by the end of 2021 | l capacity in HQ, the six (6) zos of blood supplied by the NB                                    | ty in HQ, the six (6) zones and the 36 states plus the FCT, to maintain a qualit od supplied by the NBTS and state facilities are safe for use by the end of 2021 | s the FCT, to maintain safe for use by the end | a quality, safe<br>of 2021 |
|--|--|---|--|----------------------------|
| Strategic Target   | Indicator  | How to Measure  | Responsibility                                 | Timeline                   |
| 1. Review the organogram for NBTS  | Good quality, safe and sustainable blood supply leading to improved healthcare service delivery. | Reviewed document   | NC/Mgmt team                                   | End of 2021                |
| 2. Conduct a needs assessment of the current infrastructure (e.g., building, electrical and water supply, equipment, and vehicles)   |  | Report  | NC/DQ/DR/DFA/ZC/S<br>C                         | End of 2021                |
| 3. Evaluate and improve procurement, cold chain, and storage capacity within NBTS.   |  | Report  | DQ/DR  | End of 2021                |
| 4. Training of NBTS key staff on cold chain management   |  | Training Records  | DQ/DR/HA                                       | End of 2021                |
| 5. Strengthening of stock management system for efficient and effective delivery of services and reduced stock-outs  |  | Documented strategy to prevent commodities and consumables stock-outs.  | NC/DQ/DR/HOPS/DF<br>A/Hproc                    | End of 2021                |

| End of 2021   | End of 2022  | End of 2021  | 2021 through 2030   | End of 2022  |
|---|--|--|---|--|
| NC/DQ/DR/HPRS/DF<br>A/Hproc.  | NC/DQ/HOPS/DFA/H<br>proc   | DQ/DR/HA   | NC/DQ/DR/HProc./SM<br>oH  | NC/ZC/SC/NBTS<br>Partners  |
| Survey Reports,<br>Invoices   | Building & Renovation<br>Plans<br>Equipment invoices                                     | Training Records   | Equipment Invoices  | Installed Real-time<br>dashboard at HQ   |
|   |  |  |   |  |
| 6. Develop national storage capacity to accommodate one (1) million units of safe blood | <ul><li>7. Establish purpose-built centres in the HQ and six</li><li>(6) zones</li></ul> | 8. Training of trainers for state key staff on cold chain management | 9. Support states in the provision of equipment to ensure safety and quality of blood and train the users | 10. NBTS collaborates with relevant stakeholders to monitor blood safety activities in country |

Table 15: Monitoring & Evaluation of Objective 2 of the NBTS Ten-Year Strategic Plan

| Objective 2:   |                          |   |                      |               |
|--|--------------------------|---|----------------------|---------------|
| To increase the number of blood units  | collected from voluntary | collected from voluntary non remunerated donors, and sensitise Nigerians on the | and sensitise Nigeri | ians on the   |
| 'One Million Safe Blood Units Initiative' such that blood units collected will increase from 25,000 to 1,000,000 by the end of | e' such that blood units | collected will increase from  | 25,000 to 1,000,000  | by the end of |
| 2023, and 3,000,000 by 2030.   |                          |   |                      |               |
| Strategic Target   | Indicator                | How to measure  | Responsibility       | Timeline      |
| 1. Embark on massive public  | Increased awareness of   | Number of jingles,  | HMP/ZCs              | 2021 through  |
| education campaign (TV, radio  | voluntary non-           | interviews, documentaries,  |                      | 2030          |
| jingles, interviews, programmes,   | remunerated blood        | and programmes aired;   |                      |               |
| IEC materials, posters, billboards,  | donation and increased   | posters and billboards  |                      |               |
| TV and radio programs,   | voluntary blood          | erected   |                      |               |
| documentaries, print media   | donations nationwide     |   |                      |               |
| articles, interviews)  |                          | Number of featured  | NC/HMP/HPRS          | 2021 through  |
|  |                          | articles/interviews from HQ   |                      | 2030          |
|  |                          |   |                      |               |
|  |                          | Number of featured  | HMP/HPRS/ZCs         | 2021 through  |
|  |                          | Zones   |                      | 0007          |
|  |                          |   |                      |               |
|  |                          | Number of volumes/editions  | HMP/HPRS             | 2021 through  |
|  |                          | published   |                      | 2030          |
|  |                          |   |                      |               |
|  |                          |   |                      |               |
|  |                          |   |                      |               |
|  |                          |   | DBS/HMP              |               |
|  |                          |   | DD0/111/11           |               |

| 2021 through 2030  | End of 2022                   | 2021 through<br>2030               | 2021 through<br>2030  | 2021 through<br>2030                        | 2021 through 2030   | End of 2021  | End of 2021   | End of 2021                                      |
|--|-------------------------------|------------------------------------|---|---|---|--|---|--|
|  | NC/DBS/HMP/H<br>PRS/ZC/SC     | NC/DBS/HMP/H PRS/ZC/SC             | DBS/HOFS/2C/S<br>C  | DBS/HOPS/ZC/S C                             | HOF5/ZCS/5CS  | NC/DBS/DQ/DR/<br>HOPS/ HPRS                            | Club 25 focal<br>persons/<br>NC/HPRS/ZC &<br>SC     | Club 25 focal persons/<br>NC/HPRS/ZC & SC        |
| Reports of advocacy visits and meetings held with school authorities and PTA in a quarter. | Number of competition entries | Number of Schools with active SBSP | Number of sensitization seminars and workshops              | Percentage increase in donor base per annum | Number of fixed sites<br>established per annum.                               | Policy developed and printed for circulation           | Number of Club 25 meetings sponsored in the quarter | Number of blood drives<br>conducted with Club 25 |
|  |                               |                                    |   |   |   |  |   |  |
| 2. Scale up the School Blood Safety Programme (SBSP) nationally.                           |                               |                                    | 3. Conduct sensitisation, awareness seminars, and workshops |   | 4. Establish fixed blood collection sites within highly populated communities | <ol> <li>Develop policy on donor incentives</li> </ol> | 6. Promote Club 25 Activities                       |  |

| End of 2021  | End of 2021                                  | End of 2021  | End of 2021  | End of 2021  | 2021 through<br>2030                         | 2021 through 2030   | 2021 through 2030                                  |
|--|--|--|--|--|--|---|--|
| Club 25 focal<br>persons/<br>NC/HPRS/ZC &<br>SC                  | NC/HOPS/HPRS/<br>ZC/SC                       | NC/HOPS/HPRS/<br>ZC/SC                                       | NC/HOPS/HPRS/<br>ZC/SC   | NC/DQ/DBS/HPR<br>S/ZC and<br>SC/NBTS partners                    | HOPS/ZC/SC                                   |   | 3/20/30  |
| The number of community service activities conducted by Club 25. | Number of NYSC orientation camp activities   | Number of community sensitization activities held with NYSC. | Number of NYSC<br>Community Blood Safety<br>Projects supported | Blood needs assessment<br>report                                 | Number of blood drives conducted in a month. | Establish blood collection centres at busy malls and commercial centres | Advocacy visit reports Number of blood drives held |
|  |  |  |  |  |  |   |  |
|  | 7. Promote NYSC Blood Safety Club Activities |  |  | 8. Conduct a survey to establish the blood needs for the country | 9. Conduct of blood drives                   |   |  |

| 10. Develop community donation   |   | Register of partnering                               | DBS/HOPS/HPRS                            | End of 2021                  |
|--|---|--|--|------------------------------|
| drives strategies  |   | communities Guidelines and SOPs developed            | NC/DQ/DR/DBS/<br>HOPS/HPRS               | End of 2021                  |
|  |   | Training Reports                                     | DQ/DBS/HOPS/H<br>A                       | End of 2021                  |
|  |   | Number of Blood Safety<br>Hero awardees and          | NC/DBS/HOPS/H<br>A                       | End of 2022                  |
| 11. To improve NBTS' visibility and                                      | Increased number of walk-in voluntary blood         | Community Reward Scheme participants Website traffic | HMC/HPRS                                 | 2021 through                 |
| donors across all NBTS centres   | dollations nationwide                               | Reports of engagement with transportation partners   | NC/HPRS/HMC                              | 2020<br>2021 through<br>2030 |
|  |   | Number of billboards                                 | NC/HMC                                   | 2021 through                 |
| 12. To strengthen and improve donor retention strategies to increase the | Increased number of<br>regular repeat donors        | Distribution lists and acknowledgement               | DQ/HOPS/ZC/SC                            | 2030<br>End of 2021          |
| number of repeat donors.   |   | Training reports and                                 | HA/SBFAF/HOP<br>S/ZC/SC                  | End of 2021                  |
| 13. Facilitate the conversion of family replacement blood donors (FRDs)  | Increased number of voluntary non-remunerated blood | Developed SOPs Training reports and                  | HA/SBFAF/HOP<br>S/ZC/SC<br>DQ/HA/SBFAF/H | End of 2021                  |
|  | donors (VNRBD) and                                  | attendance   | OPS/ZC/SC                                | End of 2021                  |

|   | Advocacy and media reports Percentage increase in donor base per annum | NC/DBS/ZCs/SCs  Number of states with active state blood donor recruitment programmes   |
|---|--|---|
|   | Advocacy and n<br>Percentage incre<br>base per annum                   | Number of states with ac state blood donor recruitment programmes   |
| reduced family<br>replacement donors<br>(FRDs)    | Monthly day set aside nationally for blood donation awareness          | Systems in place subnationally to ensure adequate safe blood supplies for regular and emergency needs                             |
| to voluntary non-remunerated blood donors (VNRBD) | 14. Establish monthly blood donation days                              | 15. Support states in the development and implementation of systems for ensuring adequate supply of safe blood during emergencies |

Table 16: Monitoring & Evaluation of Objective 3 of the NBTS Ten-Year Strategic Plan

| ed real time on time by the end of 2022              |
|--|
| How to Measure                                       |
| Report of the needs assessment                       |
| Developed inventory                                  |
| Developed Budget                                     |
| Training Report                                      |
| Developed and functional EMR system for Blood Donors |

| End of 2022                   |  |
|-------------------------------|--|
| NC/HPRS/HOPS/ZC/S End of 2022 | S  |
| Lists of facilities entering  | blood safety data in DHIS2   |
|                               |  |
| 6. Collaborate with states to | encourage blood safety data<br>capturing of all health<br>facilities in FMoH DHIS2<br>platform |

Table 17: Monitoring & Evaluation of Objective 4 of the NBTS Ten-Year Strategic Plan

| Timeline       | End of 2021   | End of 2021   | End of 2021   | End of 2021   | End of 2021   | 2021 through 2030  | Continuous   |
|----------------|---|---|---|---|---|--|--|
| Responsibility | NC/HPRS   | HPRS  | HPRS  | HPRS  | HPRS  | HPRS   | DQ/HPRS  |
| How to Measure | M&E Reporting requirements defined and disseminated to all M&E personnel      | M&E Plan  | Reporting methods identified nationwide   | Training Records  | Monthly Reports   | Visitation Reports   | Report of Quality System meetings and proceedings  |
| Indicator      | Robust Monitoring and Evaluation systems in place and effectively coordinated |   |   |   |   |  |  |
| egic Target    | . Define M&E reporting requirements   | Develop a 10 year M&E plan and revise existing tools  | . Identify reporting methods  | Train National, Zonal and State M&E officers on reporting requirements and tools  | . Collect monthly data and provide quarterly M&E report   | Perform annual M&E visits and provide a summary of the visit to the stakeholders   | 7. Integrate the M&E Manager as a member of the Quality System   |
|                | Indicator   How to Measure   Responsibility                                   | IndicatorHow to MeasureResponsibilityRobust Monitoring andM&E ReportingNC/HPRSEvaluation systems in place and effectively coordinatedrequirements defined and disseminated to all M&E | M&E reporting       Robust Monitoring and nents       How to Measure       Responsibility         nents       Evaluation systems in place and effectively coordinated       requirements defined and disseminated to all M&E         nents       effectively coordinated       personnel         nation systems in place and disseminated to all M&E       personnel         nation systems and disseminated to all M&E       personnel         nation systems and disseminated to all M&E       personnel         nation systems and setting       personnel         nation systems and setting       make Plan         nation systems and setting       make Plan | M&E reportingRobust Monitoring and nentsHow to MeasureResponsibilitynentsEvaluation systems in place and effectively coordinatedrequirements defined and disseminated to all M&ENC/HPRSna 10 year M&EpersonnelM&E PlanHPRSrevise existingM&E PlanHPRSreporting methodsReporting methods identified nationwideHPRS | M&E reporting       Robust Monitoring and entits       How to Measure       Responsibility         nents       Evaluation systems in place and effectively coordinated effectively coordinated actively coordinated disseminated to all M&E personnel       NC/HPRS         requirements defined and disseminated to all M&E plan       HPRS         reporting methods       Reporting methods identified nationwide       HPRS         ational, Zonal and grequirements and grequireme | M&E reporting     How to Measure     Responsibility       M&E reporting     Robust Monitoring and effectively coordinated and effectively coordinated     M&E Reporting     NC/HPRS       a 10 year M&E     Evaluation systems in place and effectively coordinated disseminated to all M&E     HPRS       I revise existing     M&E Plan     HPRS       reporting methods     Reporting methods identified nationwide     HPRS       &E officers on grequirements and quarterly M&E     Training Records     HPRS       monthly data and quarterly M&E     Monthly Reports     HPRS | M&E reporting     How to Measure     Responsibility       nents     Robust Monitoring and effectively coordinated personnel     M&E Reporting     NC/HPRS       nents     Evaluation systems in place and disseminated to all M&E personnel     HPRS       a 10 year M&E     M&E Plan     HPRS       reporting methods     Reporting methods identified nationwide     HPRS       reporting methods     Training Records     HPRS       ational, Zonal and grequirements and grequirements and quarterly M&E     Monthly Reports     HPRS       annual M&E     Worthly Reports     HPRS       annual M&E     Visitation Reports     HPRS |

Table 18: Monitoring & Evaluation of Objective 5 of the NBTS Ten-Year Strategic Plan

| em are met by   | Timeline         | End of 2021  | End of 2021                                      | End of 2023   | End of 2022   |
|---|------------------|--|--|---|---|
| Objective 5: Provide for human resource capacity building such that all the human resource needs of the system are met by the end of 2023 | Responsibility   | HA(Training officer NBTS)  | DQ/HA/HPRS/SBFAF/Stakeho<br>Iders                | HA/DBS/HCSU   | HA/ DBS/HCSU  |
| uilding such that all the hu  | How to Measure   | Training needs report  | Training plan report                             | Training Records  | Training Records  |
| uman resource capacity b  | Indicator        | Optimal capacity development for a high-performance for a Blood Service with well-trained and motivated personnel. |  |   |   |
| Objective 5: Provide for huthe end of 2023  | Strategic Target | 1. Identify senior management team training needs and support additional training                                  | <ol><li>Develop training plan for NBTS</li></ol> | 3. Train a corps of NBTS staff providers, as master trainers in blood safety services | 4. Step-down training of blood services providers by NBTS master trainers |

| develop a program for new staff and re- orientation of existing staff Review of Staff handbook Establish scheme of service for key posts (i.e., donor counsellors, phlebotomists, and donor recruiters) Developing a ten (10) vear staff | reports  Staff handbook  Official Gazette of the Federal Republic of Nigeria | NC/Mgmt Team NBTS /FMoH/HoS | End of 2021 End of 2021 End of 2021 2021 through 2030 |
|--|--|-----------------------------|---|
| (10) year staff strength plan for NBTS Support states to build human resource capacities in blood safety and transfusion medicine  | Ten (10) year capacity building strategy document Training Reports           | NC/Mgmt team/SMoH           | 2030<br>2021 through<br>2030                          |

Table 19: Monitoring & Evaluation of Objective 6 of the NBTS Ten-Year Strategic Plan

| will partner with  | Timeline         | End of 2021   | End of 2021  | IPs End of 2021  | End of 2023   |
|--|------------------|---|--|--|---|
| id tertiary hospitals  | Responsibility   | HPŘS/ZC/DQ  | NC/DBS   | NC/DBS/DR/HPRS/IPs   | DQ/DBS  |
| such that secondary an   | How to Measure   | Study report  | Strategy document  | Printed guidelines<br>disseminated   | Implementation plan<br>report   |
| Objective 6: Strengthen hospital linkage programme (HLP) such that secondary and tertiary hospitals will partner with<br>NBTS by the end of 2021 | Indicator        | Improved collaborations with secondary hospitals for improved blood safety, issuance, and reduced wastages. |  |  |   |
| Objective 6: Strengthen hosp NBTS by the end of 2021   | Strategic Target | Develop KAP questions and conduct study to assess clinicians' attitude and practice towards NBTS            | 2. Develop strategies to improve relations with secondary and tertiary health facilities | 3. Reprint and distribute NBTS operational guidelines to hospitals through IPs and obtain support for NBTS | 4. Develop strategies and implementation plan to ensure complete testing (4th Gen EIA) of all blood products in all tertiary facilities |

| 5. Support states in the training of clinicians on appropriate clinical use of blood     | Training reports   | DBS/SBFAF | End of 2023 |
|--|--|-----------|-------------|
| 6. Collaborate with IPs to forge a relationship with secondary and tertiary hospitals    | Number of secondary and tertiary hospitals reporting to NBTS | DBS/HPRS  | End of 2021 |
|  | Improved issuance of<br>blood to hospitals                   |           |             |
|  | Reduced numbers of expired blood units and discards          |           |             |
| 7. Collaborate with IPs to (re)screen pilot samples from secondary and tertiary hospital | Results of (re)screened pilot samples                        | DBS/DQ    | End of 2021 |

Table 20: Monitoring & Evaluation of Objective 7 of the NBTS Ten-Year Strategic Plan

| d report all   | Timeline         | End of 2022   | 2023 through 2030   | 2023 through 2030   | 2023 through 2030   | 2023 through<br>2030  |
|--|------------------|---|---|---|---|---|
| y are able to identify an  | Responsibility   | DBŚ/TATBĎ/DQ/DR   | DBS/TATBD/DQ/DR   | DBS/TATBD/DQ/DR   | NBTS/Expert<br>Committee  | NBTS/Expert<br>Committee  |
| hospitals such that the  | How to Measure   | Developed<br>hemovigilance tools                          | Training reports  | Training reports  | Reviewed transfusion<br>guidelines  | Guidelines and reports<br>of various HTCs   |
| Hemovigilance in all partner of 2022   | Indicator        | Hemovigilance systems implemented in hospitals nationwide |   |   |   |   |
| Objective 7: Establish a system of Hemovigilance in all partner hospitals such that they are able to identify and report all adverse events/reactions by the end of 2022 | Strategic Target | Develop Hemovigilance tools                               | <ol><li>Identify and train state and<br/>zonal Hemovigilance<br/>officers</li></ol> | 3. Support states with stepdown Hemovigilance training to linkage partner hospital Hemovigilance officers | 4. Review current transfusion guidelines and retrain physicians in the rational and optimal use of blood and blood products to the established guidelines | 5. Encourage and support hospitals to establish Hospital Transfusion Committees (HTCs) in states nationwide |

Table 21: Monitoring & Evaluation of Objective 8 of the NBTS Ten-Year Strategic Plan

| ain  | Timeline         | 2021 through 2030  | 2021 through 2030  | End of 2021  | End of 2021   | End of 2021  | Fnd of 2021     |
|--|------------------|--|--|--|---|--|-----------------|
| rational Centre will atta  | Responsibility   | DQ/ZC/SC   | DQ/ZC/SC   | DQ/DR/HOPS/HPRS  | NC/DQ/HPRS  | NC/DQ/Equipment<br>const/DFA                                 | NC/DO/DR/SBFAF  |
| Sonal and Abuja Oper   | How to Measure   | Quality management reports   | Audit reports  | Developed quality improvement plan   | Reports of the pilot<br>scheme  | Contract report  | Training report |
| Objective 8: Maintain a quality management system such that 6 Zonal and Abuja Operational Centre will attain AfSBT/ISO certification by the end of 2022. | Indicator        | Improved quality management system and AfSBT/ISO certification of NBTS                     |  |  |   |  |                 |
| Objective 8: Maintain a quality managemer AfSBT/ISO certification by the end of 2022.  | Strategic Target | 1. Establish and maintain a Quality Management system at the zonal and state level of NBTS | 2. Conduct a Quality Management system internal audit annually | 3. Develop a Quality Improvement Plan to guide the quality systems in HQ and six (6) Zonal centres | 4. Develop an on-demand label system using ISBT 128 data identifiers to reduce risk of errors and improve blood traceability in all zonal centres | 5. Establish service and maintenance contracts for equipment |                 |

Table 22: Monitoring & Evaluation of Objective 9 of the NBTS Ten-Year Strategic Plan

| ucing blood   | Timeline         | End of 2021  | End of 2021                                      | End of 2023   | End of 2023   | End of 2021                                  | End of 2022                                   |
|---|------------------|--|--|---|---|--|---|
| centres will be prod  | Responsibility   | NC/TATBD   | DQ/TATBD/HA                                      | NC/Mgmt<br>team/TATBD   | NC/DQ/DFA/Hproc   | NC/DQ/TATBD                                  | NC/Mgmt team                                  |
| such that HQ and 6 NBTS f 2024.   | How to Measure   | Report on developed strategy for component production  | Training reports                                 | Developed infrastructure  | Equipment invoices and delivery notes   | Progress and site visit reports              | Study tour reports                            |
| Objective 9: Establish a system of blood component production, such that HQ and 6 NBTS centres will be producing blood products through public-private partnerships (PPP) by the end of 2024. | Indicator        | Commercialisation through Public-<br>Private Partnerships (PPP) in<br>producing Plasma-derived<br>medicinal products (PDMPs) and<br>components |  |   |   |  |   |
| Objective 9: Establish a system products through public-private   | Strategic Target | Develop strategy for component production  | 2. Train staff on production of blood components | 3. Infrastructural development to accommodate product manufacturing and quality control | 4. Purchase of relevant production and testing equipment for component production and fractionation | 5. Establish component production facilities | 6. Exploratory visits of Global Best Practice |

|  | End of 2023                |                                   |
|--|----------------------------|-----------------------------------|
|  | NC/DQ/HPRS                 |                                   |
|  | Registration certificates  |                                   |
|  |                            |                                   |
| àcilities (tte)                              | products                   | lkci –                            |
| Blood Service facilities (Public or Private) | 7. Registration of product | ulat require mai<br>authorisation |

Table 23: Monitoring & Evaluation of Objective 10 of the NBTS Ten-Year Strategic Plan

| uch that the   | Timeline         | End of 2021   | End of 2021  | End of 2021                         | End of 2022  | End of 2023  |
|--|------------------|---|--|-------------------------------------|--|--|
| dicious use of funds, s  | Responsibility   | NC/LA FMoH  | NC/HMP/Mgmt team   | NC/Mgmt team                        | NC/Mgmt team   | NC/TATBD   |
| gislation, budgeting, and ju   | How to Measure   | Official Gazette of the Government of Nigeria   | Report of meetings with media  Media reportage on Blood Safety legislation                         | Prepared and submitted budget       | Report on other sources of funds   | Report on appropriate costing of NBTS products   |
| e service through appropriate legor 2023.  | Indicator        | NBSC Act passed into law  | Increased public awareness on<br>the NBSC bill and its important<br>role for national blood safety | Appropriate budget line for<br>NBTS | Multiple streams of financing for NBTS   | Sustainable cost recovery system in place  |
| Objective 10: Maintain a cost-effective service through appropriate legislation, budgeting, and judicious use of funds, such that the NBTS will be sustainable by the end of 2023. | Strategic Target | 1. Reactivate the NBSC bill process at the National Assembly and identify steps to be taken to ensure sustainability of the NBTS through legislative action | <ol> <li>Media engagement and<br/>support towards Blood<br/>Safety legislation</li> </ol>          | 3. Prepare a realistic budget       | 4. Establish funding modalities within the National health financing mechanism and identify other sources of funds | 5. Establish funding modalities within the National health financing mechanism and identify other sources of funds |

Table 24: Monitoring & Evaluation of Objective 11 of the NBTS Ten-Year Strategic Plan

| Objective 11: Strengthen central coordination of blood transfusion and safety activities in Nigeria for an efficient, effective and sustainable Blood Service. | coordination of blood transfus  | sion and safety activities i   | in Nigeria for an effici | ent, effective       |
|--|---|--|--------------------------|----------------------|
| Strategic Target   | Indicator   | How to Measure   | Persons Responsible      | Timeline             |
| <ol> <li>Identify and enumerate key<br/>interest groups and<br/>advocates of blood safety in<br/>Nigeria.</li> </ol>   | Revised list of stakeholders in<br>blood safety.  | Developed list of all<br>stakeholders in blood<br>safety                   | NC/Mgmt team             | End of 2021          |
| <ol><li>Engage key stakeholders<br/>and interest groups</li></ol>  | High level advocacy visits to<br>key stakeholders and interest<br>groups  | Report of advocacy visits  | NC/Mgmt team             | 2021 through<br>2030 |
|  | Stakeholders' meetings to formulate strategies for sustainability of the National Blood Service                                     | Report of meetings with stakeholders                                       | NC/HPRS                  | 2021 through 2030    |
| <ol> <li>Create a database of all<br/>blood services facilities in<br/>Nigeria</li> </ol>  | Advertise for the registration of all blood services facilities/establishments in Nigeria through major national news publications. | List of blood transfusion<br>facilities in each State of<br>the Federation | NC/HMC/Mgmt team         | End of 2021          |
| 4. NBTS to encourage and support State Governments   |   | Reports of visits and meetings   | NC/Mgmt team             | End of 2024          |

|  |  |                                | End of 2024   |  | 2021 through<br>2030   |  |
|--|--|--------------------------------|---|--|--|--|
|  |  |                                | NC/Mgmt team  |  | NC/HPRS/Mgmt team  |  |
| Number of State Centres<br>operated by State<br>Ministries of Health                 | Number of new State<br>Centres established by<br>State Governments | Reports of visits and meetings | Number of new Blood<br>Centres established by<br>the Military and<br>Paramilitary.            | Reports of meetings                                      | Signed MOUs  |  |
| Courtesy visits and meetings with State Governors and State Commissioners of Health. |  |                                | Courtesy visits and meetings with Chief of Defence Staff,                                     | Army, INavy, Air Force, Police, Immigration and Customs. | Courtesy visits and one-on-one   | meetings with partners   |
| Transfusion Services in respective states blood                                      | State centres.   |                                | 5. NBTS to encourage and support the Armed Forces to establish State Blood Transfusion Centre |  | 6. NBTS to engage and solicit collaboration and support from partners across | multiple sectors - global<br>health and development,<br>health financing, youth<br>engagement, media etc |

Table 25: Monitoring & Evaluation of Objective 12 of the NBTS Ten-Year Strategic Plan

| Objective 12: Robust Regulatory Framework and Regulation of Blood Services  | imework and Regulation of F   | slood Services                |                             |                     |
|---|---|-------------------------------|-----------------------------|---------------------|
| Strategic Target  | Indicator   | How to Measure                | Persons responsible         | Timeline            |
| 1. NBTS to identify needs of blood safety establishments in-country across three sub-heads i) Collection centres ii) Screening centres iii) Production centres. | Capacity building for effective regulation of blood services nationwide | Report of needs<br>assessment | NC/DR/DQ/HPRS/Mgmt<br>team. | End of 2024         |
| <ol> <li>Expand knowledge-base on best-<br/>practice regulatory settings<br/>worldwide</li> </ol>   |   | Exploratory visit<br>reports  | NC/DR/DQ/Mgmt team          | 2021through<br>2030 |
| 3. Build NBTS competency in Regulation of blood safety establishments.  |   | Training reports              | DR/DQ/HA/TATBD              | 2021 through 2030   |
| 4. Develop NBTS Regulatory guidelines.  |   | Regulation guidelines         | DR/DQ/HA/TATBD              | 2021 through 2030   |

Table 26: Monitoring & Evaluation of Objective 13 of the NBTS Ten-Year Strategic Plan

|  | Timeline            | 2021 through<br>2030   | 2021 through<br>2030  | End Of 2021  |
|--|---------------------|--|---|--|
| ligeria.   | Persons responsible | HPRS/DQ/DBS/ZC/SC  | NC/DQ/DBS/HA/HPRS   | NC/HPRS/Mgmt team  |
| in Blood Services in Nig   | How to Measure      | Research publications  | Training reports  | List of Committee members  Committee submissions  Committee reports                        |
| Objective 13: Conduct and Publication of High-Quality Research in Blood Services in Nigeria. | Indicator           | Conduct research studies on blood donors and donation; hospital management of blood-related services; biological safety; transfusion systems; supplies, distribution, and financing. | Training of NBTS staff in<br>Research methodology   | Constitution of an NBTS<br>Research Ethics Committee                                       |
|  | Strategic Target    | NBTS to lead and coordinate research in vital aspects of blood transfusion and services in Nigeria.   Nigeria.   | <ol> <li>Build NBTS competency in<br/>research for blood safety practice<br/>and health systems policy</li> </ol> | 3. Ensure ethical practice in the conduct of primary research involving human participants |

NBTS Ten-Year Strategic Plan Costing

Projected estimated cost of implementing the NBTS Ten-Year Strategic Plan.

| Total      | N 1,946,000,000  | N 34,623,351,000  | N 498,500,000  |
|------------|--|---|--|
| Long-Term  | N 360,500,000  | N 10,518,735,000  | N 58,000,000   |
| Mid-Term   | N 49,000,000   | N 15,921,181,000  | N 32,500,000   |
| Short-Term | N 1,536,500,000  | N8,183,435,000  | N 408,000,000  |
| 1st Year   | N 1,536,500,000  | N 2,960,335,000   | N 408,000,000  |
| Objectives | Build institutional capacity in HQ, the six (6) zones and the 36 states plus the FCT, to maintain a quality, safe blood supply such that all units of blood supplied by the NBTS and state facilities are safe for use by the end of 2021. | To increase the number of blood units collected from voluntary non remunerated donors, and sensitise Nigerians on the 'One Million Safe Blood Units Initiative' such that blood units collected will increase from 25,000 to 1,000,000 by the end of 2023, and 3,000,000 by 2030. | Improve the data and information support system such that information on all the units of blood transfused in all registered hospitals will be captured real time on time by the end of 2022 |
| S/N        | -  | 7   | 3  |

| Develoging Evaluat Such the end  | Develop a Monitoring and Evaluation plan for the NBTS such that all M&E activities are enumerated and coordinated by the end of 2021.                       | N 18,000,000    | N 27,000,000    | N 18,000,000  | N 27,000,000  | N 72,000,000    |
|--|---|-----------------|-----------------|---------------|---------------|-----------------|
| Provide for capacity bu human resc system are 2023.  | Provide for human resource capacity building such that all the human resource needs of the system are met by the end of 2023.                               | N 71,700,000    | N 71,700,000    | N 69,400,000  | N 69,400,000  | N 210,500,000   |
| Strengthen I programme secondary a will partner end of 2021                                  | Strengthen hospital linkage programme (HLP) such that secondary and tertiary hospitals will partner with NBTS by the end of 2021.                           | N 117,700,000   | N 117,700,000   | N 89,500,000  | N 117,700,000 | N 324,900,000   |
| Establish a Hemovigi hospitals a identify an events/rea 2022                                 | Establish a system of Hemovigilance in all partner hospitals such that they are able to identify and report all adverse events/reactions by the end of 2022 | N 110,000,000   | N 110,000,000   | N 110,000,000 | N 110,000,000 | N 330,000,000   |
| Maintain a qual<br>system such tha<br>Abuja Operation<br>attain AfSBT/IS<br>the end of 2022. | Maintain a quality management system such that 6 Zonal and Abuja Operational Centre will attain AfSBT/ISO certification by the end of 2022.                 | N 76,200,000    | N 118,200,000   | N 130,500,000 | N 109,500,000 | N 358,200,000   |
| Establish componer HQ and 6 producing  | Establish a system of blood component production, such that HQ and 6 NBTS centres will be producing blood products through                                  | N 1,326,700,000 | N 1,326,700,000 | N 76,700,000  | N 76,700,000  | N 1,480,100,000 |

|   |  | T  |   | 1  |                  |
|---|--|--|---|--|------------------|
|   | N 900,700,000  | N 475,100,000  | N 276,000,000   | 000'005'96 <i>L</i> N  | N 42,291,851,000 |
|   | N 270,250,000  | N 133,700,000  | N 92,000,000  | N 240,500,000  | N 12,183,985,000 |
|   | N 360,000,000  | N 165,700,000  | N 92,000,000  | N 315,500,000  | N 17,429,981,000 |
|   | N 270,450,000  | N 175,700,000  | N 92,000,000  | N 240,500,000  | N12,677,885,000  |
|   | N 90,450,000   | N 110,300,000  | N 92,000,000  | N 90,500,000   | N 7,008,385,000  |
| public-private partnerships (PPP) by the end of 2024. | Maintain a cost-effective service through appropriate legislation, budgeting, and judicious use of funds, such that the NBTS will be sustainable by the end of 2023. | Strengthen central coordination of blood transfusion and safety activities in Nigeria for an efficient, effective, and sustainable Blood Service | Robust Regulatory Framework<br>and Regulation of Blood Services | Conduct and Publication of<br>High-Quality Research in<br>Blood Services in Nigeria. | TOTAL            |
|   | 10   | 111  | 12  | 13   |                  |

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