

Safe Blood Transfusion

The advent of HIV and AIDS has put the importance of safe blood transfusions into sharp focus. It has been recorded that the risk of transmission of HIV from an infected donation transfused to a recipient is well over 90%. According to World Health Organization (WHO) 10% of all HIV infections in developing countries is a result of transfusion with infected blood products. Botswana has adopted WHO protocols and procedures for screening blood for transfusion transmissible infections. Bar coding of samples, automation and/centralization of testing supported by appropriate blood bank software reduces the risk of Transfusion Transmissible Infections (TTI) due to human errors. In the year 2000 Ministry of Health formulated a National Policy for Blood Transfusion whose aim is to monitor and coordinate the recruitment and collection of blood from voluntary non-remunerated donors. In the quest to reduce the risk of TTIs, a year afterwards, the ministry published the national Guidelines for Clinical Use of Blood Products. Implementation of the policy was however fraught with constraints and sero-prevalence in the donor population was recorded at 9%.

Prevention of blood-borne HIV transmission has seen significant successes after the development of a 5-year Blood Safety and Youth HIV Prevention Programme in partnership with ACHAP, in 2003. In 2006 the blood discard rate due to transfusion-transmitted infections declined from 9% to 2.7%. This decrease has been due mainly to intensive HIV prevention interventions and the selection of low risk groups for blood donation. Blood is obtained through the Pledge 25 program that recruits young people to donate safe blood to Botswana's hospitals and educate them on how to stay free of the HIV virus. *Pledge 25* encourages young people to donate blood 25 times in their life. In addition to blood donation, Pledge 25 is intended to enhance HIV prevention among youth. Uncertainty about the legal age of consent for testing, however, has led to a number of cases where young people were deliberately misinformed about their sero-status.

Infection control in health care facilities includes injection safety, universal precautions, and post-exposure prophylaxis (PEP) following occupational exposure. The Ministry of Health has trained traditional birth attendants (TBAs) and home-based care volunteers in safe blood handling in the community setting.

This programme is implemented in two ways: a) improved infection control in health care settings, and b) recommended blood safety practices, including routine screening of donated blood and rational use of blood in health facilities.

Botswana has been able to tap from the abundance of resources from the NGO community and the private sector (Triple P) in undertaking this huge task. NGOs such as Botswana Christian AIDS Intervention Programme (BOCAIP), Botswana Family Welfare Association (BOFWA), Youth Health Organization (YOHO), Tebelopele, John Snow International and private practitioners have been very instrumental to the success of the programme.