Factsheet on Tanzania’s blood services: 2015

Every year, an estimated 289,000 women die worldwide from complications related to pregnancy and childbirth\(^1\). Nearly two-thirds of these maternal deaths (62\%) occur in sub-Saharan Africa\(^1\) with severe bleeding as the leading direct cause accounting for 24.5\% of maternal deaths in this region\(^2\). Out of all these maternal deaths from severe bleeding in sub-Saharan Africa, an estimated 26\% are directly related to a lack of an emergency supply of blood\(^3\).

Key interventions to reduce maternal deaths from severe bleeding are skilled birth attendance, which includes the enabling environment to provide skilled care (e.g. availability of all essential drugs, supplies and equipment), and ensuring the availability of quality emergency obstetric care \(^3,4\). Blood is needed for caesarean sections and blood transfusions; two essential components of comprehensive emergency obstetric care\(^3\).

Women who haemorrhage while pregnant or around the time of delivery are at high risk of dying because once bleeding has started death can occur in around two hours\(^6\). It is crucial for women to have rapid access to adequate, safe, and affordable blood for transfusion\(^4\) among other strategies to prevent maternal deaths from haemorrhage. Despite considerable progress made in recent years, a survey by the World Health Organization (WHO) shows that the African region has yet to meet the required need for blood and blood products\(^7\).

This is why Evidence for Action Tanzania has prioritised regional and national engagement with the Tanzanian National Blood Transfusion Services (NBTS), and the Tanzania Red Cross Society to engage with communities on the vital importance of voluntary blood donation, to ensure greater survival for Tanzania’s mothers.

The World Health Organization’s integrated strategy for safe and effective use of blood includes\(^8\):

- Establishment of a centralised, nationally-coordinated blood transfusion service
- Collection of blood only from voluntary unpaid blood donors from low-risk populations
- Testing of all donated blood, including for transfusion transmissible infections
- Reduction in needless transfusions through the effective clinical use of blood

Go to [www.who.int/bloodsafety](http://www.who.int/bloodsafety) for more on WHO’s recommendations on blood safety, developing a national blood system, and the clinical use of blood.

Tanzania needs more up-to-date and publically accessible information on:

- The amount of blood units required to meet the total need
- The amount of blood units used, including for mothers and babies
- The distribution of blood to meet local need
- The donor population, including break-down of voluntary unpaid, paid, and family-replacement
- Blood safety and screening
- The organisation of the Blood Transfusion Services: whether it is centralised\(^a\) or decentralised\(^b\)
Organisation of the Tanzania National Blood Transfusion Service

| Established national policy | Yes, in 20059 |
| Enacted legislative framework | In development10,11 |
| Blood system: centralised or decentralised | Largely centralised; coordinated through seven zonal centres9. NBTS was established in 200412 |

Blood supply by Tanzania’s NBTS

| Total population of Tanzania | 50,800,000 (mid-2014)13 |
| Estimated blood needed (units) | 508,000 units13,14,c |
| Blood units collected by NBTS | 162,000 units (2014)15 |
| Estimated blood needed per 1,000 population | 10 units per 1,000 population14 |
| Blood units collected by NBTS per 1,000 population | 3.2 units per 1000 (2014)13,15,c |

Donor population

| Voluntary unpaid donors | Within the Tanzania National Blood Transfusion Service network it is about 80% (2014)13. No data on voluntary unpaid donors in hospitals15 |
| Family replacement donors | Within the TNBTS network it is about 4%15. Most of the hospitals do practice family replacement blood donation15 |

Blood use towards maternal, newborn, and child health

| Percentage of safe blood used for maternal, newborn, and child health | Approximately 80%16 |

Blood Safety and Screening

| Blood tested for transfusion-transmissible infections | Yes, blood screened for HIV, Hepatitis B and C, and syphilis17 |
Notes:

a Blood collection, testing, and distribution are co-ordinated centrally e.g. via NBTS

b Blood collection, testing, and distribution are co-ordinated at the hospital level

c The World Health Organization recommends that the minimum level of blood needed is 1% or 10 units per 1,000 population\(^\text{14}\). For 2014, the estimated population in Tanzania is 50.8 million\(^\text{13}\) and an estimated 162,000 units of blood were collected\(^\text{15}\). The units collected per 1,000 population is equal to: 162,000 units / (50,800,000 / 1,000 population) = 3.2 units per 1,000 population.

References


Acknowledgements: Mama Ye! would like to thank Tanzania’s National Blood Transfusion Services for their support in developing this factsheet.

This factsheet was produced in June 2014 and updated in June 2015.

To find out more about Tanzania’s Blood Services and where you can donate blood, please visit: [www.nbts.go.tz/](http://www.nbts.go.tz/)