PDIA in Action: Tackling Blood Safety in Nigeria

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The Problem
The problem is that **safe blood is still largely unavailable** in hospitals and health facilities leading to infections, disease, and death.
“Safe blood is still largely unavailable in hospitals and health facilities leading to infections, disease, and death.”

What precisely is safe blood?

Is it an issue of supply, demand, or both?

Is this *the* problem?
Interviews

Interviews opened doors for more learning.

Pictured at the right:

Nathan John, one of Nigeria’s most prolific and consistent blood donors.
People We Contacted

Our Team

Dr. Michael Nweke
UC Hospital
Ibadan

Dennis Addo,
Wala Digital
Health

Nathalie Leite
Gazzaneo

John Oluwole

Our

Dr. Chima Akunwata
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Ibadan

Jenna Hussein

Dr. Linda Arogrunde

Mazi Uchejeso Obeta,
Voluntary Blood Donors Club
of Nigeria

Nathan Israel John,
Blood Safety Advocate

A doctor in
the Philippines

Dr. Chinedu
Ezekekwu

Dr. Eze

Matt Weber

Dr. Janine Morris,
University of the West
Indies

Genevieve Shea,
National Democratic
Institute

Akinloye Oyetunde,
Safe Blood for Africa

Dr. Chima Akunwata
UC Hospital
Ibadan
“Local health facilities and organizations in Nigeria do not have the capacity to attain or maintain safe blood supplies.”
Insufficient blood screening

- Profit seeking (cost cutting measures)
- Cost and time constraints
- ELISA not widespread
- Lack of technology

LIMITED LOCAL CAPACITY

- Urban vs. rural divide - electricity
- Staff training (funds)
- Brain drain
- Storage
- Ineffective communication strategies

POOR INFRASTRUCTURE

- Transportation
- Funding
- Many rural areas
- Conflict areas and security concerns
- Ineffective supply chain

LOW SUPPLY OF BLOOD

- Limited donors
- Inadequate allocation
- High TTI prevalence
- Lack of awareness about blood donation
- Tendency to give to family members and not to random

GUIDELINES ARE NOT FOLLOWED

- Process is complicated by the number of organizations involved
- Regulation process and implementation are unclear

BLOOD IS A COMMODITY

- Presence of for-profit blood collection centers
- Health facilities may not make enough money to prioritize voluntary blood donation
- Funds (technology is expensive)

LIMITED AND OVERWORKED STAFF

- Lack of training
- Cycle of bad practices. No punishment for wasting blood
- Myths surrounding blood donations affect health professionals too

COMBO OF BRAIN DRAIN, LACK OF FUNDING, AND NO INCENTIVE TO REMAIN IN RURAL VILLAGES

- Limited capacity on NBTS’s, doctors/hospitals’, and organizations’ ends.
- No incentive to get more training.
- Blood technicians are responsible for taking blood. Too few?

BELIEFS ABOUT BLOOD DONATION STEM FROM NEGATIVE EXPERIENCES (E.G., CONTRACTING DISEASES)

PROBLEM: Local health facilities/organizations in Nigeria do not have the capacity to attain or maintain safe blood supplies.
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<tr>
<th>#</th>
<th>Entry Point</th>
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<th>Acceptance</th>
<th>Ability</th>
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<td>Staff Training and Capacity</td>
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<td>Communications Strategy</td>
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<td>Relationships with Key Stakeholders</td>
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<td>Low, Medium, or Large*</td>
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<td>*Varies by Region</td>
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<td>Policy and Procedures</td>
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Key Lessons Learned

- **The obstacles** are **multidimensional and compounding**
- **The root causes** are **not easily remediable**
- **There are ongoing NBTS efforts to address** **most issues**
- **Team diversity aids in the development of innovative ideas**
Lessons Learned about
the PDIA Process

- Teaming helps us form stronger connections with one another, learn fast, and develop creative ideas.
- Iteration is essential to tackling complex problems.
- Talk to people. Your network will surprise you.
- There is always more to learn. Make room for reflection.
Final Key Lesson

“There is an element of fear with PDIA which ultimately galvanizes us into action.”

Dr. Oreh