MINISTRY OF HEALTH
OF THE REPUBLIC OF INDONESIA

NATIONAL BLOOD PROGRAM IN INDONESIA

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OUTLINE

- Country profile
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- Healthy Indonesia Program
- Government Regulations on Blood Services in Indonesia
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- Closing

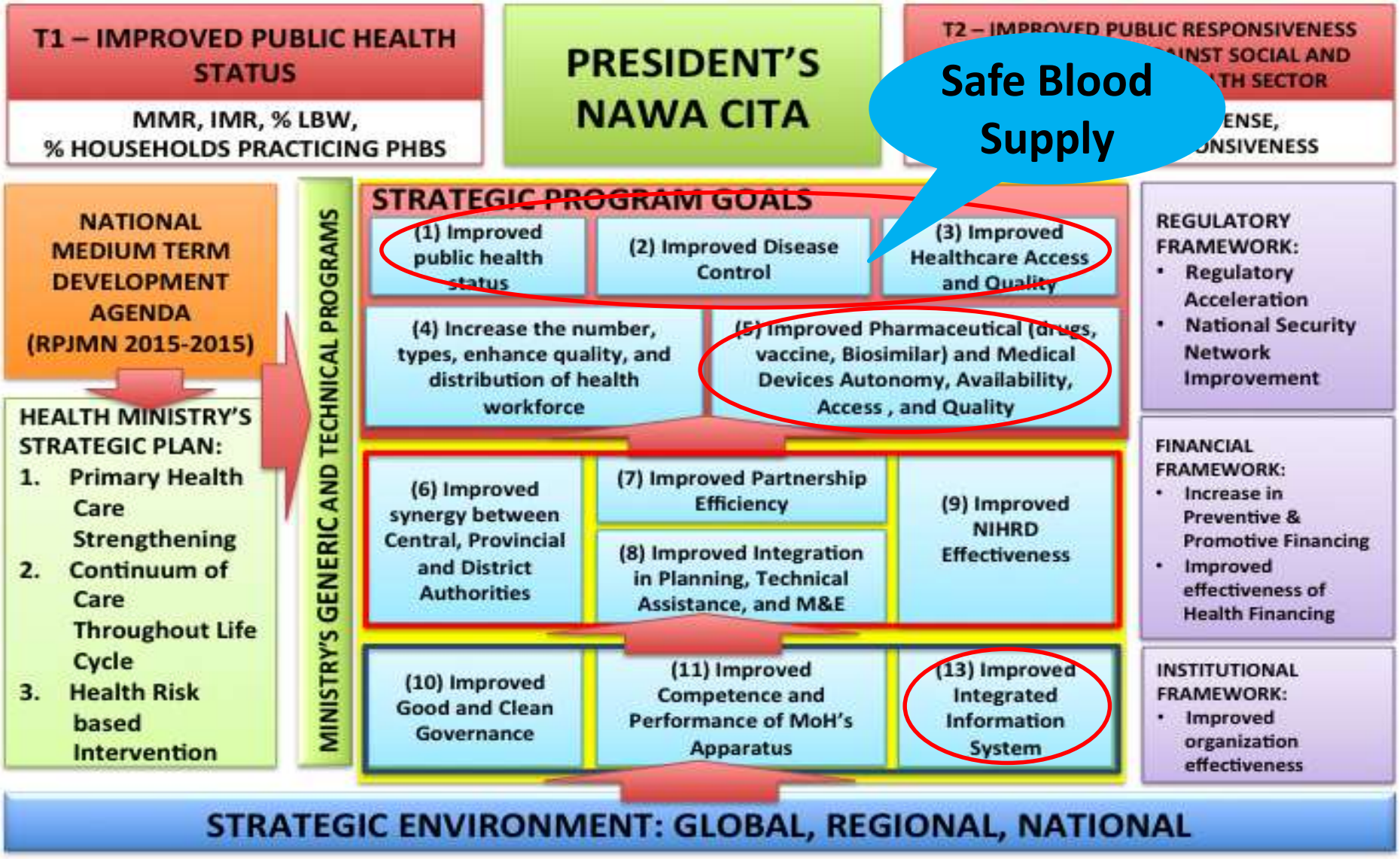
COUNTRY PROFILE

- Indonesia is the **largest archipelago** in the world between two oceans, the Pacific and the Indian ocean, and bridges two continents, **Asia** and Australia.



Population 255 m
34 Provinces
416 Districts
98 Municipalities
7,160 Sub Districts
2,162 Hospitals
9,557 Primary Health Centers

MINISTRY OF HEALTH'S STRATEGIC PLAN 2015-2019



HEALTHY INDONESIA PROGRAMME

Safe Blood Supply

Health Paradigm

Programmes

- ***Health mainstreaming in the development***
- ***Promotive – Preventive as main pilars in health programmes***
- ***Community Empowerment***

Health Care Strengthening

Programmes

- **Improving access, particularly at primary level**
- **Referral system optimalization**
- **Quality improvement**

Continuum of care **throughout the life cycle**

Health risk – based intervention

ational Health Security (JKN)

Programmes

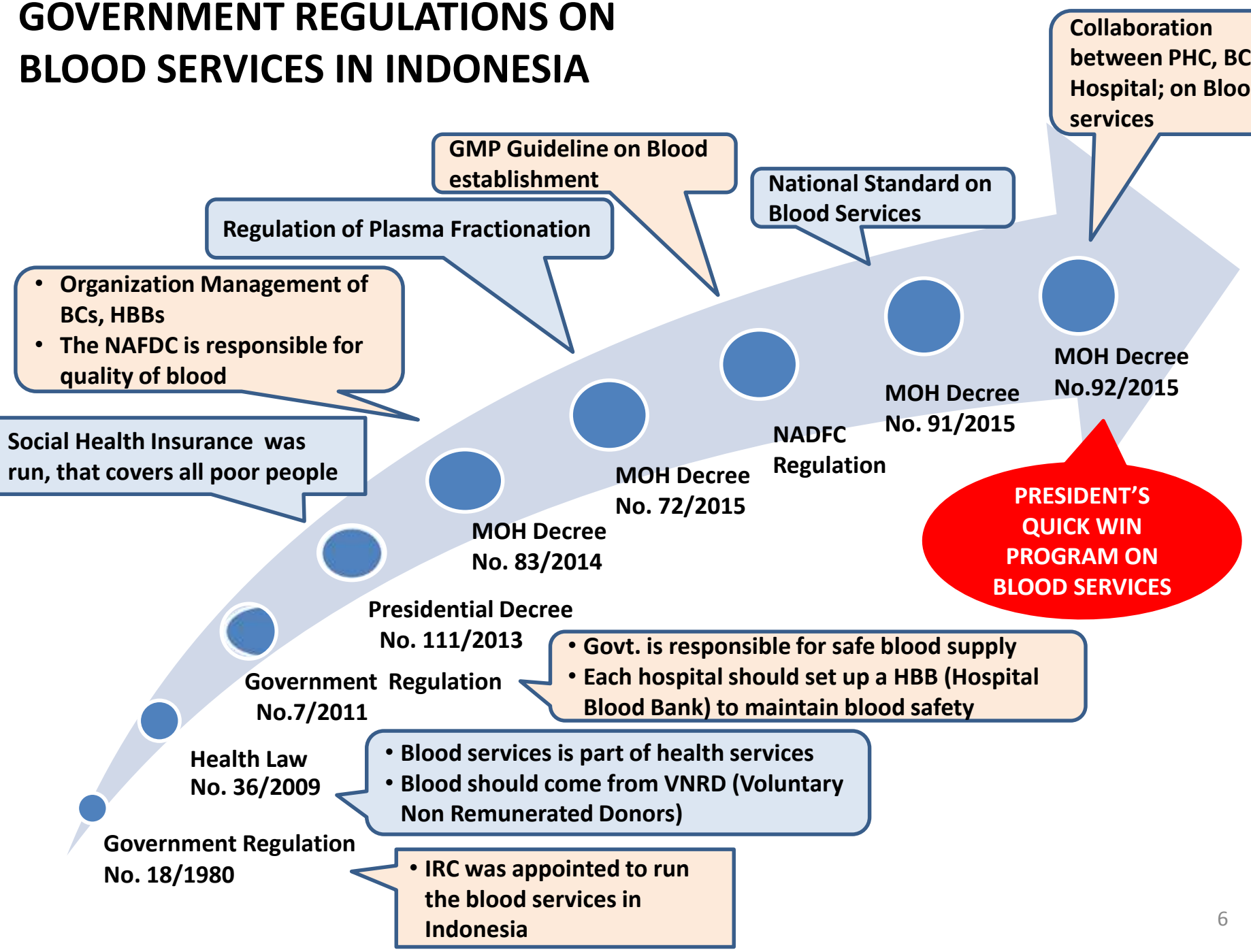
- Benefits
- Financing system: insurance–*gotong royong* principle
- Quality Control & Cost Control
- Objects: Support Recipient & Non Support Recipient

Membership ID:



→Healthy Indonesia Card

GOVERNMENT REGULATIONS ON BLOOD SERVICES IN INDONESIA



CURRENT SITUATION OF BLOOD PROGRAMME

AIM OF BLOOD PROGRAMME IN INDONESIA

Government Regulation No. 7/2011 on Blood Services

1. Ensure the availability of safe blood
2. Increase an access to blood services
3. Improvement and maintenance of quality of blood services
4. Increase an access to blood services information

Responsibility of the Government (Central & Local):

- **Regulate, guide and control the safety and accessibility of blood services**
- **Supporting the research and development of blood services**
- **Financing the blood services through Universal Health Coverage scheme**

1. ENSURING THE AVAILABILITY OF SAFE BLOOD



Blood Centers (BCs)
(207 RC BCs & 172 Hosp BCs)*

- Donor recruitment
- Blood collection
- Blood testing
- Blood processing
- Blood storage
- Blood distribution
- Hemovigillance system

Hospital Blood Banks (HBBs)
(432/1,725)*

- **Blood storage**
- **Pre transfusion testing**
- **Blood transportation to the hospital wards**
- **Hemovigillance system**



Hospitals
(2,032)**

- **Pre-transfusion preparation**
- **Rational and clinical transfusion**
- **Hemovigillance system**

"Eligible" Blood Donor



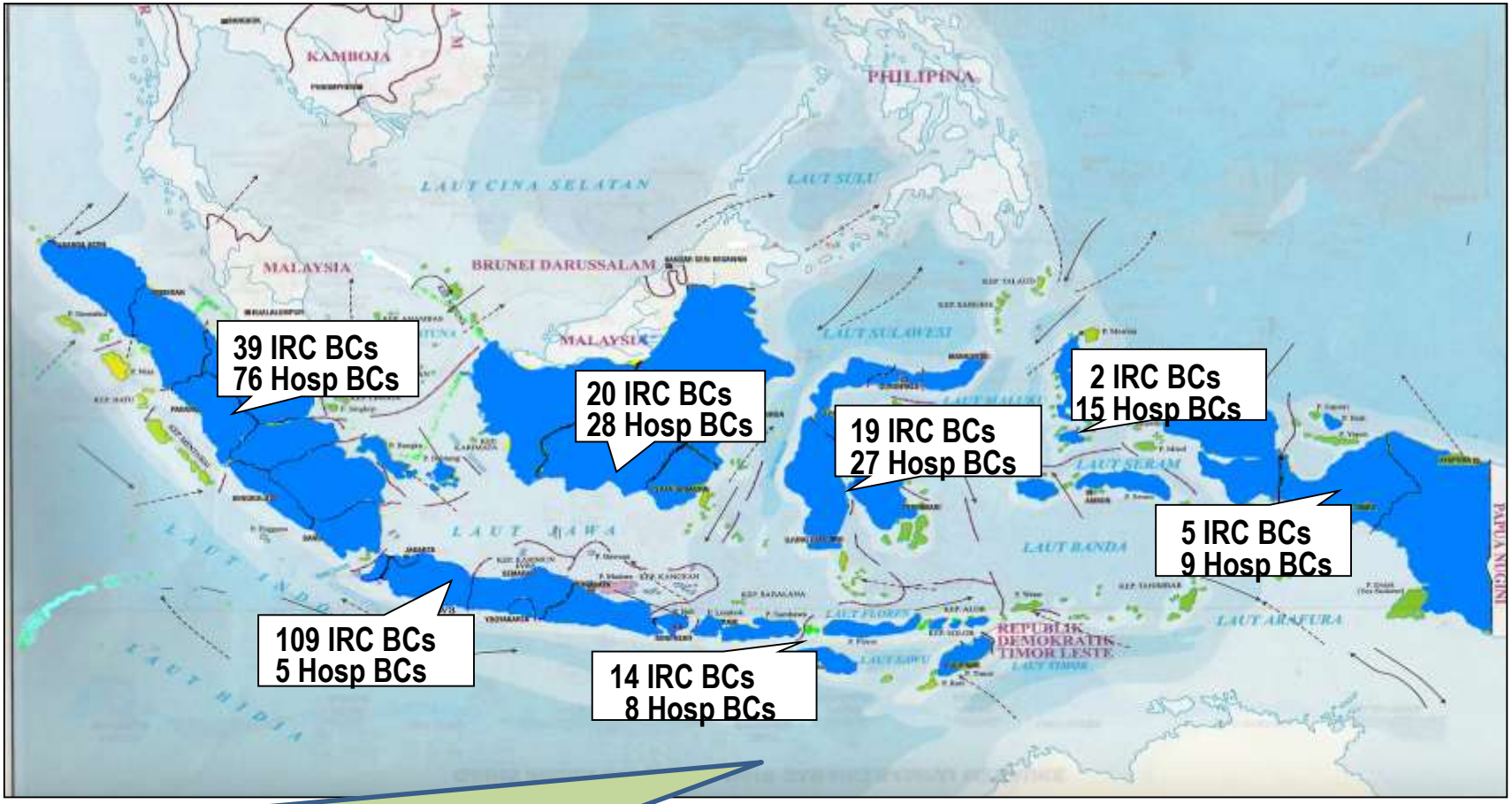
Primary Health Centre (PHCs) (9,754)**

Patient's referral system

QUICK WIN PROGRAM ON BLOOD SERVICES
Collaboration between PHC, BC & Hospital on Blood Services through Donor Recruitment & Selection

* *WHO Global Data of Blood Services, 2014*
** *MOH On Line Data of Hospitals and PHCs, 2015*

2. INCREASING AN ACCESS TO BLOOD SERVICES



* Donation: 3,054,747 WB (91% by RC BCs and 9% by Hospital BCs) → increase 12% from previous year
  86.2% (VNRD), 13.6% (Replacement Donors) and 0.2% (Paid Donors)
  After processing, 4,644,863 bags of WB & components were available → Fulfill 92% of blood needs (availability of blood was increase 10%)

* 2015 Report of blood services in Indonesia, Directorate of Basic Health Care , MoH of Indonesia

3. IMPROVEMENT AND MAINTENANCE OF QUALITY OF BLOOD SERVICES

- The National Standard of Blood Services and GMP Guideline on Blood Establishment **were aim** to guide every BC, HBB and hospital in running safe blood services and transfusion.
- The National standard emphasized the fulfillment on standardized :
  - Building, equipment and material
  - Capacity building
  - Recording and reporting Management



- The GMP Guideline on Blood Establishment emphasized:
  - All blood components and plasma derivatives product fulfill the patients safety standard.

4. INCREASING AN ACCESS TO BLOOD SERVICES INFORMATION

- At National Level the information system of blood services is currently under process to be developed:
  - Integration of blood services information into health information at the central level
  - The National Information System on Blood Services are now being used by 15% (60) BCs.

- At International level, the annual report of Indonesia's Blood Services can be accessed in the WHO Global Data Base on Blood Services since 2011.





PLASMA FRACTIONATION

- MOH decree on Plasma Fractionation has been issued in 2015
- Indonesia as a big country, plans to have local fractionator
- Steps that currently are being taken:
  - Increase quality of plasma through implementation of GMP guideline on blood establishment and its audit by the National Agency for Drugs and Food Control (NADFC)
  - Plan to establish plasma aphaeresis centers
  - Selection of State Enterprise in Pharmacy to run plasma fractionation





ROADMAP OF BLOOD PROGRAM 2015-2019

No	Item	Target in 2019
I	Increasing central & local government support on blood services	• Adequate government budget are allocated for blood services
II	Availability of safe blood	• Number of blood donation reach into 2% of population • 100 % of blood come from VNRD • 5,600 (60%) PHCs build collaboration work with BCs and hospitals in blood services
III	Quality of blood services	• Most of BCs and HBBs staff are competent • Nationally standardized blood services • All plasma fulfill quality standard for fractionation • Blood are rationally and clinically transfused
IV	Increase access to blood services and its information	• Every hospital establish HBB • Every BCs uses National Information System of Blood Services

CLOSING

- Blood services is an important part of health services
- Increasing awareness on voluntary blood donation at sub district level is believed can contribute in decreasing the MMR due to post partum hemorrhage that need transfusion
- Some efforts has been made to improve blood services in Indonesia, however, geography burden and poor infrastructure in some areas are big challenges for the government.


Thank you