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Availability and safety of blood for transfusion in the Malawi

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Abstract: Objective: Since its establishment in 2003, the Malawi Blood Transfusion Service (MBTS) has co-existed with an earlier decentralised hospital-based system collecting, testing and distributing blood. The aim of this study was to evaluate the availability of blood for transfusion in Malawi and explore the challenges facing the current system of blood supply.

Methods: A survey of all hospitals (8 hospitals) in three districts in Malawi was conducted. **Results:** MBTS provides two-thirds (66.7%) of the blood used by hospitals. The hospital-based system provides the other one-third. MBTS centrally screens all blood for malaria parasite (ELISA), hepatitis B virus (HBsAg), hepatitis C virus (anti-HCV), and syphilis parasite, and uses standard operating procedures (SOPs) to prevent

based system does not routinely test for hepatitis C virus and malaria (HIV (rapid tests), hepatitis B virus (HBsAg), and syphilis). The major problems in this dual system include poor communication, inadequate knowledge of the clinical use of blood, difficulties recruiting and retaining donors, difficulties with the high prevalence of HIV and costs of running the two systems.

Conclusions: The nationally coordinated centralised system provides a service which is insufficient to meet demand and the hospital-based system provides a service in blood supply by providing blood which is not routinely screened for transfused transmitted infections. Both the centralised and decentralised systems will continue to co-exist until the transition period is over. It is important that the hospital-based system be operated according to the same quality standards as the centralised system and that some form of regulatory control be put in place.

Key words: [blood safety](#), [availability of blood](#), [blood transfusion](#), [infections](#), [Malawi](#)

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