The Global Advisory Panel on Corporate Governance and Risk Management of Blood Services in Red Cross and Red Crescent Societies (GAP) is a global network of Red Cross and Red Crescent Blood Services with specific expertise in risk management and corporate governance of blood programmes.

GAP is an independent Association, registered under Swiss Law and affiliated with the International Federation of Red Cross and Red Crescent Societies (IFRC).

The network’s purpose is to:

- Provide technical advice in terms of corporate governance and risk management to National Society Blood Services;
- Promote knowledge sharing, networking and partnership among and between National Society Blood Services and external partners;
- Develop and provide tools, guidelines and priority country assistance to National Society Blood Services most in need;
- Coordinated assistance to National Society Blood Services in post-emergency situations including blood program recovery;
- Influence global blood policy in conjunction with its partners;
- Provide advocacy and support to the IFRC and National Society Blood Services on issues affecting blood programmes.

OUR VISION

All Red Cross/Red Crescent blood programmes will be safe, well governed and self-sustainable, based on the principle of voluntary non-remunerated blood donation for the benefit of patients and to safeguard blood donors.

OUR MISSION

GAP will support Red Cross/Red Crescent blood services in risk management and corporate governance of blood programmes and promote good practices and knowledge exchange.
Since GAP’s early beginnings back in 2000, the risk identification programme has been based on the use of a self-assessment tool specifically designed to highlight key areas of risk. The analysis by GAP of the information provided through the assessment, the development of advice and strategies to address these risks and challenges, and the provision of advocacy for voluntary non-remunerated blood donation, remains the fundamental basis of GAP’s support for National Societies.

In recent years however, GAP’s role has further evolved and adapted to the changing needs of National Society blood programmes and their areas of activity, as well as adapting to the needs of IFRC to support the implementation of the blood policy. GAP has increased the visibility of its support service capability and expertise among National Societies, through its recognised role as an IFRC reference centre. Simultaneously, GAP has had an increased level of involvement in the field, directly supporting a number of priority country Blood Services through dedicated assistance programs and particularly, in the last 12 months, in the provision of post-disaster recovery assistance and coordination.

In terms of disaster response, the existence of a quality blood service is critical to meet the high healthcare demand for blood during the initial emergency phase. While the availability of blood may be a concern in the event of a disaster, ensuring the safety of the blood supply is also of paramount concern. The recent experience of the devastating earthquake in Nepal demonstrated the active role that GAP has in this area, assisting the National Society to restore a functional and safe blood supply as soon as possible following the disaster and importantly in coordinating the long-term rebuilding and recovery of the blood programme once the initial urgency had passed, in conjunction with the support of Partner National Societies.

Healthcare systems worldwide require reliable access to a safe and sustainable blood supply, which is based on the principle of voluntary non-remunerated blood donation. We at GAP hope to continue our path of working together with Red Cross and Red Crescent National Societies to assist them in ensuring the availability of a safe supply of blood and blood products, and in doing so, to maximally assist those most vulnerable populations around the globe.

Professor Philippe Vandekerckhove, MD, PhD
GAP President

2015 has seen GAP continue to deliver its core programme of work, which centres upon providing assistance to Red Cross and Red Crescent National Societies to identify any potential risks associated with their involvement in a blood programme and providing specialist support to help address any risk areas.

Since GAP’s early beginnings back in 2000, the risk identification programme has been based on the use of a self-assessment tool specifically designed to highlight key areas of risk. The analysis by GAP of the information provided through the assessment, the development of advice and strategies to address these risks and challenges, and the provision of advocacy for voluntary non-remunerated blood donation, remains the fundamental basis of GAP’s support for National Societies.

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Professor Philippe Vandekerckhove, MD, PhD
GAP President
**GAP ASSOCIATION GOVERNANCE**

The Global Advisory Panel structure consists of GAP Members and their representatives, Zonal Coordinators, GAP Executive Board, the Secretariat and IFRC representatives (permanent observer on the GAP Executive Board and Senior VNRBD Officer).

**GAP MEMBERSHIP**

GAP Membership is open to National Society Blood Services which meet the criteria for membership, including the effective operation of a full Level A blood service. Members pay an annual membership fee and are represented by either their Chief Executive, head of their National Society Blood Service or a nominated representative.

Collectively, GAP members provide advice on corporate governance and risk management of blood services and at an individual level, GAP members contribute their expertise and knowledge to support a range of GAP programs designed to assist priority country blood services. A General Meeting of all GAP members is held annually.

**MEMBERSHIP CHANGES IN 2015**

**GAP member representatives who retired during the year:**
- American Red Cross Biomedical Services: Richard Benjamin
- Thailand National Blood Centre: Dr Soisaang Phikulsod
- Hong Kong Red Cross Blood Transfusion Service: Dr Che Kit Lin

**Welcome to new member representatives in 2015:**
- Thailand National Blood Centre: Dr Ubonwon Charoonruangrit
- Hong Kong Red Cross Blood Transfusion Service: Dr Cheuk Kwong Lee
- Finnish Red Cross Blood Service: Dr Satu Pastila

New GAP member in 2015: Indian Red Cross Society is GAP’s newest member country. India joined GAP in December and member representation is being provided by Dr Veer Bhushan, Joint Secretary of the Indian Red Cross Society.
The GAP Executive Board members play a vital role in governance and decision making for the organisation’s activities. Board members are generally appointed for a three-year term, but may be eligible for reappointment. In addition to the generic skills that are required for most boards, our Board’s skills include knowledge and expertise in transfusion medicine and National Society blood programmes. An IFRC permanent observer holds a position on the GAP Executive Board to ensure the flow of information and coordination with the IFRC. The Executive Board convenes regularly to review, approve and action GAP-related activities and objectives.

Prof Philippe Vandekerckhove
President
Chief Executive Officer
Belgian Red Cross
Blood Service – Flanders

Dr Wolfgang Mayr
Vice President
Medical Councillor
Austrian Red Cross
Blood Service

Ms Jennifer Williams
Board member
Chief Executive Officer
Australian Red Cross
Blood Service

Dr Rudolf Schwabe
Permanent Board member
Chief Executive Officer
Transfusion Swiss
Red Cross

Dr Julie Hall
IFRC Permanent Observer

The role of the GAP Zonal Coordinators is to liaise closely with their local IFRC zone office and look for opportunities to collaborate on activities in the critical area of corporate governance and risk management for National Societies involved in blood programmes.

GAP ZONAL COordinators in 2015

[Images of coordinators]

Americanas
Dr Richard Benjamin (USA) and Dr Elizabeth Vinelli (Honduras)

Asia & Pacific
Dr Chee Kit Lim (Hong Kong) and Dr Kenji Tadokoro (Japan)

Europe & Central Asia
Dr Wolfgang Mayr (Austria)

Mena
Vacant in 2015

Africa
Vacant in 2015

GAP Elections

In 2015, GAP held an election for all Executive Board and Zonal Coordinator positions which came to the end of their 3 year terms in December 2015. The result of this was that all members were re-elected to the same positions commencing from 1st January 2016.

Prof Eilat Shinar (MDA Israel) was newly elected to the previously vacant position of Zone Coordinator for the Middle East and Northern Africa region.
The IFRC was instrumental in the creation of GAP and participates as a permanent observer to ensure the flow of information and coordination with the IFRC. Regular communication and constructive ties between GAP and the IFRC Secretariat ensure the coordination of work programs and support links, particularly with respect to VNRBD. The IFRC has a permanent standing support links, particularly with respect to VNRBD. The IFRC has a permanent standing function as ‘centres of excellence’ are to develop strategically important knowledge and best practice that will inform the future operations of the IFRC and National Societies in their key areas of interest and influence”.

In 2015, GAP was included in the IFRC Reference Centre brochures publication, which provides information on the individual reference centres and the support that they manage. The article on GAP highlighted the purpose and key services of the organisation as well as contact information. The IFRC Reference Centres brochure was distributed directly to all 190 National Societies globally and is available on both the IFRC and GAP websites.

GLOBAL ADVISORY PANEL (GAP) ON CORPORATE GOVERNANCE AND RISK MANAGEMENT OF BLOOD SERVICES IN RED CROSS AND RED CRESCENT

Purpose of Centre
The purpose of GAP is to provide advice to National Societies and their affiliated blood services, IFRC and other related bodies in matters relating to blood services to corporate governance and risk management.

HIGHLIGHTS
GAP has developed a Self-assessment tool to assist National Society blood services to ensure the long-term stability and sustainability of their blood service without exposure to any unnecessary risks. The Self-assessment is located at: www.globalskyевойpanel.org. On completion of the Self-assessment, GAP provides each blood service with a detailed feedback report, including analysis of the results, identification of areas of concern, and providing recommendations on risk management strategies to address the identified risks. GAP holds regional meetings for participating blood services to compare their performance against regional benchmarks and best practices. The results of the Self-assessment are outlined, regional issues are highlighted, and specific tools and information are provided to assist blood services to manage their key risks. Partnering opportunities for blood services with stronger regional counterparts are also identified.

Contact information
www.globalskyевойpanel.org
www.healthyredcross.org
In 2015, GAP commenced a global mapping exercise to determine the level of involvement of Red Cross and Red Crescent National Societies in the provision of their national blood programme. National Societies may be involved in a blood programme at 3 levels - Level A (full blood service provision), B (blood donor recruitment), C (advocacy for VNRBD) or they may have no involvement.

Understanding the scale of National Society involvement in a blood programme at the global level is important as a potential risk indicator and may impact on the likelihood of the existence of a Major Material Risk.

Accurate information on all National Society Blood Services is critical for GAP and the IFRC to plan for future support activities and to conduct Self-assessment processes at a regional or global level.

### GLOBAL MAPPING

#### Level of involvement in Blood Program Activity

**A. Full Blood Service Provision**
- Governance
- Advocacy for appropriate use
- Product distribution
- Component preparation
- Collection services/donor care
- Donor recruitment
- Promotional campaigns
- Education and awareness
- Involvement in WBDD

**B. Systematic Blood Donor Recruitment**
- Donor recruitment
- Promotional campaigns
- Education and awareness
- Involvement in WBDD

**C. Advocacy for VNRBD**
- Promotional campaigns
- Education and awareness
- Involvement in WBDD

The questionnaire was developed in conjunction with the IFRC and contained questions specifically tailored for particular National Societies depending on their region and level of involvement.

- All National Societies were asked to provide information on the mode of coordination of activities, funding mechanisms, donor recruitment programs (if in place) and any potential plans to expand or scale back activities.

- For those National Societies operating a Level A blood service, questions were included for GAP to gain a comprehensive understanding of the scope of activity including:
  - Number of blood collections
  - Involvement in any fractionation, transfusion or cell/tissue therapies
  - Accreditation

- The National Societies in Sierra Leone, Guinea and Liberia were asked supplementary questions relating to the Ebola recovery effort.

- The survey was available in English, French and Arabic.

The GAP global mapping questionnaire was distributed to National Societies in all IFRC regions (Africa, the Americas, Latin America & the Caribbean, Asia Pacific, Europe & Central Asia and Middle East & Northern Africa) in the second half of 2015.

Once data collection is complete in late 2016, GAP will prepare a comprehensive report on all 190 National Societies which will include the results of the global mapping questionnaire, analysis and country narratives for each (obtained from both primary and secondary data sources).

This report will include information on:

- National context (size, population, economy, health system etc.)
- National blood programme (providers, regulation, trends, VNRBD rate etc.)
- National Society Blood Programme (history, funding, statistics, accreditation, partnerships etc.)
- Any current changes in a National Society level of activity in a blood programme or intentions to expand/scale back the level of activity
- Regional and global summaries and visual mapping

### 2015 RESULTS

Of the 190 surveys distributed, 57 (30%) of the 190 National Societies submitted a completed questionnaire in the latter half of 2015.

#### Number of responses received per zone in 2015

<table>
<thead>
<tr>
<th>REGION</th>
<th>NO. RECEIVED</th>
<th>NATIONAL SOCIETIES IN REGION</th>
<th>RESPONSE RATE IN 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>3</td>
<td>48</td>
<td>6%</td>
</tr>
<tr>
<td>Americas</td>
<td>14</td>
<td>35</td>
<td>40%</td>
</tr>
<tr>
<td>Asia Pacific</td>
<td>7</td>
<td>36</td>
<td>19%</td>
</tr>
<tr>
<td>Europe &amp; Central Asia</td>
<td>26</td>
<td>53</td>
<td>49%</td>
</tr>
<tr>
<td>MENA</td>
<td>7</td>
<td>18</td>
<td>39%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>57</td>
<td>190</td>
<td>30%</td>
</tr>
</tbody>
</table>

Global mapping results from all regions in 2015 (total 57 National Societies)

Global mapping results per region in 2015

- Africa
  - Level A: 17
  - Level B: 21
  - Level C: 17
  - Nil: 11
- Americas
  - Europe & Central Asia
  - Asia Pacific
  - Middle East & Northern Africa
In 2013, GAP received a completed Self-assessment survey from the Indian Red Cross Society (IRCS) New Delhi National HQ Blood Centre as part of the distribution of the Self-assessment (SA) to all Level A National Society Blood Services in the Asia Pacific region. Following the return of the SA Individual Feedback Report to the IRCS New Delhi Blood Centre and during the follow-up by GAP to the responses provided in the survey, GAP became aware that there are 166 independently operating IRCS blood banks in India across the 36 states and Union Territories. It was acknowledged therefore that the Self-assessment responses provided by the IRCS New Delhi National HQ in 2013 represented the situation for one centre only and was not indicative of the activities in other Red Cross blood centres in India.

As it was not feasible for GAP to distribute the SA to all 166 centres, an expanded GAP Self-assessment process was undertaken in 2015 with the assistance of Dr Vanshree Singh (Blood Bank Director, India Red Cross Society, New Delhi National HQ). GAP distributed the SA questionnaire to a subset of the largest Red Cross blood centres in India. 9 responses were received from:

- Ahmedabad (Gujarat);
- Voluntary Blood Bank and Blood Component Centre, Dist Panchmahal (Gujarat);
- Karnataka Red Cross Blood Bank;
- Tamil Nadu Branch;
- Blood Bank Service Centre Thanjavur State Branch;
- Patna (Bihar).

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- Blood Bank Service Centre Thanjavur State Branch;
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One of GAP’s major ongoing projects is the distribution and evaluation of the Self-assessment survey for each National Society Blood Service. The Self-assessment questionnaire assists National Societies to ensure that appropriate steps are being taken to support the long term stability and sustainability of their blood service without exposure to unnecessary risk. National Society Blood Services can measure their progress against a number of selected criteria identified as fundamental aspects of corporate governance and risk management.

The Self-Assessment process provides individual feedback to the blood service on risk and governance issues including recommended strategies and suggested next steps for reducing exposure to current risks.

GAP also provides de-identified regional reports to enable comparison of performance and identification of common themes or challenges within the region which are further discussed with National Society Blood Services at GAP regional meetings.

During 2015, the Self-assessment questionnaire was reviewed by GAP members at the Annual General Meeting. A number of modifications were made including the addition of supplemental questions, refinements to wording to improve clarity and improvement to the method of scoring the questions which are used to derive the overall percentage score of the blood service.

These opportunities for the improvement of the Self-assessment questionnaire were identified through:

- Feedback from GAP members and National Society Blood Services undertaking the process in 2014/2015
- GAP/IFRC discussions on Major Material Risk in developing countries due to lack of financial resources
- GAP priority country visits and third party information which has identified new National Society Blood Service risks.

The updated version of the Self-assessment questionnaire will be distributed in 2016.

Above: Ms Tonks visiting the Indian Red Cross Society New Delhi National HQ blood bank with Director Dr Vanshree Singh
Below: GAP delegates with Dr Agarwal (ICRS Secretary General)
As resources permit, GAP provides targeted assistance to a small number of identified priority country National Society Blood Services (NSBS). These NSBS are assessed by GAP as requiring specific support in corporate governance and risk management of blood programmes following the completion of the Self-assessment questionnaire.

This assistance may include:

• in-country support visits
• provision of GAP tools, resources and GAP expertise
• identifying partnering opportunities with other Blood Services
• co-ordination of technical assistance from GAP members or partners

In 2015, GAP’s priority countries were Nepal, Bangladesh, Honduras, Indonesia and Haiti.

The completed SA questionnaires were received from these IRCS blood centres between January and March 2015. The responses were analysed and individual blood centre Self-assessment feedback reports were distributed to each centre with the assistance of Dr Vanshree Singh in May 2015. The reports provided a detailed analysis of the responses for each question and a summary of strengths and challenges for the blood centre.

In-country visit

A GAP delegation (Ms Emily Tonks and Ms Olivia House) visited India from 10th–17th September to validate the data provided in the survey results from these IRCS centres. During the visit, the delegation met with key representatives of major stakeholders in the national blood program. These included the Indian Red Cross Society (IRCS) at national, state and district level, the IRCS Blood Bank National Headquarters in New Delhi and two state IRCS blood centres, IFRC South Asia Regional Delegation office and NACO (National AIDS Control Organisation, Indian Ministry of Family Health & Welfare). Through these meetings, and together with information provided by the Indian Red Cross centres in the GAP Self-assessment, GAP was able to assess the blood service, its operational context, and identify a number of areas of success and also some areas of remaining challenge.

The GAP delegation visited 3 IRCS blood centres who had completed the SA questionnaire – New Delhi National HQ, Ahmedabad and Godhra (Gujarat). The Self-assessment results were discussed with the blood centre directors and representatives of the National Society and a summary of the strengths and challenges were highlighted. The delegation also reviewed the blood centre facilities and operations. The management and staff of the IRCS blood centres visited were highly engaged and eager to identify any areas in which they could improve their services and standards.

A Self-assessment sub-regional meeting will be held in India in 2016 following the distribution of the questionnaire to a second subset of IRCS blood centres. The meeting will enable a representative of each centre to come together to discuss the results, including country specific strengths and challenges. The meeting will also aim to enable increased knowledge sharing and networking on regional issues.
In December 2015, Dr Manita Rajkarnikar (Director, Nepal Red Cross Society National Blood Transfusion Service) commenced a 3 month training programme with the Australian Red Cross Blood Service, provided by GAP through the 2015 GAP-IFRC Memorandum of Understanding funding for priority country assistance.

Dr Rajkarnikar commenced the training program in Perth, Western Australia, including an initial introduction and orientation session with the GAP secretariat. Key learning objectives were developed by GAP for each training element, to assist the delivery of the technical training program. The training schedule also included visits to Australian Red Cross Blood Services sites in Brisbane and Melbourne.

The programme included training in the following key areas:

- Donor eligibility/selection and collection (including fixed site and mobile blood collection)
- Quality Systems (GMP requirements, external quality assurance programs, change control, corrective and preventative measures)
- Donor notification and counselling services
- Testing and processing
- Order fulfilment & customer service
- Visit to a major hospital to observe pre-transfusion laboratory processes and clinical use of blood
- Clinical transfusion practice (component use, transfusion guidelines, patient blood management, managing adverse events, hospital transfusion committees)
- Corporate and strategic planning, supply chain management and monitoring inventory
- Disaster management and contingency
- Marketing and donor recruitment strategies
- Finance (cost model development)

GAP received very positive feedback from Dr Rajkarnikar on the training.

“As NRCS is planning to construct new Central Blood Service building and other district buildings as damaged by earth quake, this training is very fruitful to learn about the system; database, new technology organizational structure, management and coordination with the stakeholders. Along with the training we had the chance to work on the post EQ recovery project. I convey my sincere thanks to GAP for all support to make this training possible and look forward to continued support and collaboration in future. I look forward to implementing in our field whatever I have learned and gained once I return back to the home country.”

DR MANITA RAJKARNIKA, DIRECTOR
Nepal Red Cross Society
National Blood Transfusion Service
In 2015, GAP provided additional financial support to Outcome 4 of the project with the approval of funding for an online donor recruitment training module. This will also be administered through the Swiss Red Cross as an adjunct activity to the existing bilateral support program. It is anticipated that this online tool will also be made available to other National Societies, with a view to assisting with the achievement of 100% VNRBD which is acknowledged as a major challenge in developing countries.

Further central activities of the project were:
- Capacity building for collaborators and executives of the Honduran Red Cross
- Promotion of VNRBD in collaboration with the local chapters of the Honduran Red Cross.

The expected outcomes are:
1. Establishment of the National Blood Program's own, duly constituted governance structure, with the delegation of responsibilities necessary to conduct effective technical and administrative management.
3. Strengthening the National Blood Program's technical and administrative, governance and risk management capacity.

In 2015, the Honduran Red Cross Blood Service was accredited by the AABB Accreditation Standards for the 6th time.
The GAP delegation and BDRCS Blood Service Director:

1. Discussed the workshop purpose as well as the roles and responsibilities of each centre and GAP
2. Developed a shared understanding of the strategic planning process and a typical strategic plan format
3. Commenced the strategic planning process for BDRCS, including:
   - Scanning the current internal and external operating environment
   - Workshop of strengths and challenges of each centre
   - Goal setting for each centre
4. Discussed the next part of the strategic planning process
5. Discussed and agreed on the next steps for development of the national strategic plan, including confirmation of strategic priorities and development of activities under each strategic priority

Following the advice provided by GAP to BDRCS during the November visit, the Blood Service Director, Dr Mehtedi progressed the strategic planning activity by leading a local workshop in December 2015 with representatives from all 8 BDRCS blood centres across Bangladesh. The workshop was also attended by:
- the Chairman of BDRCS
- the Head of Delegation of IFRC, and
- the Line Director from the Ministry of Health and Family Welfare

One of the outcomes of the planning workshop was a comparison of performance and practice of each blood centre against selected key parameters (such as %VNRBD, testing technologies used, percent components issued), with a view to identifying areas of focus for future strategy.

BDRCS continues to progress and implement their strategic planning at a local level.

The Bangladesh Red Crescent Blood Service (BRCBS) was selected for GAP priority country support in July 2014 following the completion of the GAP Self-assessment questionnaire, which identified that some corporate governance and risk management challenges existed for the blood service.

In November 2014, a preliminary scoping visit was undertaken by GAP to assess the Blood Service, its operational context and to identify areas of success and areas that would benefit from support. Dr Wolfgang Mayr (GAP member and Medical Councillor for the Australian Red Cross Blood Service) provides ongoing advice and expertise to this project.

During 2015, two visits to Bangladesh were undertaken by GAP (in May and November) to meet with the Bangladesh Red Crescent Society (BDRCS) Blood Service Director and other key stakeholders in order to:
- further understand BRCBS’s requirements for the specific areas of support requested by the BRCBS Blood Service, and
- progress the options for GAP or bilateral partner support.

During each visit, the GAP delegation met with key staff of both the Bangladesh Red Crescent Society and Blood Service, including the BDRCS Director of Health and Blood, Mr Afsar Uddin and the Deputy Director and In-Charge Dhaka Blood Centre, Dr Tarique Mehtedi. The delegation reviewed the status of the blood service and any progress since the last visit, reviewed current and emerging challenges, and plans for future development of the BDRCS blood program.

Meetings were also held with representatives from the Ministry of Health and Family Welfare (Line Director Prof Md Shamimul Islam) and with the Bangladesh Red Crescent Society Secretary General, BMM Mozharul Huq and Treasurer, Advocate Tauhidur Rahman.

In consultation with Mr Afsar Uddin and Dr Tarique Mehtedi, and taking into consideration the discussions held with various key stakeholders, recommendations for a plan for GAP and bilateral partner support for the BDRCS, against the following six areas of identified need were developed.

1. Assistance in advocacy with government
2. Support for an operationalized strategic plan
3. Assistance to design and implement a quality system
4. Training for technical staff, including the GAP Regional Training Program in Australia
5. Assistance in business case development for Dhaka facility improvement/rebuild
6. Promotion to IFRC of the need for VNRBD support

During the May visit, the GAP delegation attended a mobile voluntary blood donor collection session held at Standard Chartered Bank facilities in Dhaka and also observed the operational processes for collection, testing, processing and transfusion of blood at the Dhaka Blood Centre.

As well as visiting two district blood centres (Chittagong and Jessore), the focus of the November visit was on assisting the BDRCS to commence development of a National Strategic Plan for the Bangladesh Red Crescent Blood Service as a key corporate governance and risk reduction strategy, and culminated in a strategic planning workshop. The workshop included blood service participants from Dhaka and 5 of the 7 regional blood centres (Chittagong, Jessore, Sylhet, Natore and Rajshahi).

The GAP delegation and BDRCS Blood Service Director:

1. Discussed the workshop purpose as well as the roles and responsibilities of each centre and GAP
2. Developed a shared understanding of the strategic planning process and a typical strategic plan format
3. Commenced the strategic planning process for BDRCS, including:
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   - Goal setting for each centre
4. Discussed the next part of the strategic planning process
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- the Chairman of BDRCS
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One of the outcomes of the planning workshop was a comparison of performance and practice of each blood centre against selected key parameters (such as %VNRBD, testing technologies used, percent components issued), with a view to identifying areas of focus for future strategy.

BDRCS continues to progress and implement their strategic planning at a local level.
Immediately following the earthquake, GAP liaised with the Director of the Nepal Blood Service, Dr Manita Rajkarnikar, to provide support. The impact had resulted in significant and extensive damage to the Nepal Red Cross Blood Service, both in Kathmandu and in regional and district areas. Several blood centres were extensively damaged. The earthquake and aftershocks had intensified pre-existing vulnerabilities resulting in serious concerns that the impending monsoon season would increase both the level and urgency of needs and the challenges for relief and recovery.

The Central Blood Transfusion Service (CBTS) facility in Kathmandu, which serves as the primary coordination hub for the national blood service, was severely damaged and was structurally unsound for use. This resulted in the CBTS being transferred to temporary and unsustainable facility arrangements in tents. Emergency blood bank infrastructure, constructed by the British Red Cross in 2014/15, helped provide medium term facilities support to the CBTS, whilst they moved toward a longer term solution.

GAP has a specialist role in the provision and coordination of assistance to National Red Cross or Red Crescent blood services in post emergency situations in accordance with GAP’s Terms of Reference. This includes immediate, short-term assistance as well as long term support to rebuild the blood service once the initial urgency of the disaster response has passed. In this capacity, the Nepal Red Cross Society (NRCS) Secretary General requested that GAP coordinate the Nepal Blood Service reconstruction and recovery effort following the earthquake.

GAP attended the Nepal post-earthquake planning meeting in Kathmandu in June 2015 involving senior management from NRCS, IFRC, the International Committee of the Red Cross (ICRC), Government and the United Nations. The purpose of the meeting was to:

- Endorse the strategic priorities in relation to relief, recovery and capacity building of the NRCS;
- Endorse the framework for partner support for Nepal including an initial mapping of needs to be addressed, objectives and targets to be met;
- Understand movement partners’ capacities, resources and practical arrangements for working in Nepal.

In August and September 2015, an expert assessment team was sent by GAP to Nepal to conduct a detailed scoping assessment of the affected NRCS Blood Service facilities throughout the country and to develop recommendations and proposed activities for the immediate and longer term support requirements necessary to rebuild the blood program following the disaster.

The team visited the CBTS in Kathmandu (as well as the Lalitpur Emergency Blood Bank) and regional centres in Bhaktapur, Pokhara, Kavre, Dhading, Gorkha and Nuwakot. Meetings were also held with the Nepal Red Cross Society to review the recovery proposal, which focusses on four key areas of support:

1. **INFRASTRUCTURE**
   Rebuild or repair damaged NRCS blood service facilities and infrastructure, including the establishment of adequate temporary facilities for the CBTS. This includes the provision of building experts to assist with technical advice for the design of new buildings at CBTS and Kavre since these were extensively damaged in the earthquake and required replacement.

2. **EQUIPMENT**
   Provision of critical blood service equipment to support blood service operations immediately and into the future for eight NRCS blood service sites. The equipment includes transport vehicles, collections, processing and testing equipment as well as testing reagents and refrigerators.

3. **CAPABILITY**
   Delivery of comprehensive technical training and support for central, regional and district staff to assist the NRCS Blood Service to improve national capability. This includes training in collections, laboratory methods, quality management, clinical practice, policy management/organisation and facilities technical support (layout and GMP requirements).

4. **PROJECT MANAGEMENT AND LOCAL SUPPORT**
   A dedicated GAP project manager will coordinate all aspects of the NRCS Blood Service recovery program with support from local teams in Nepal. This includes the coordination of funding assistance by Partner National Societies to ensure no duplication of activities or investment.

**Below:** Temporary blood bank facilities in Kathmandu.
Following the assessment visits, and development of the recovery proposal a GAP delegation visited Kathmandu in November 2015 to meet with potential partners, understand the post-earthquake recovery environment and seek funding commitments for the blood program recovery. Meetings were held with the Nepal Red Cross Society, IFRC, ICRC and potential Partner National Societies. The GAP team also included a building expert to assist with the design of the new buildings including the Central Blood Transfusion Service and Kavre facilities as these were extensively damaged in the earthquake and require replacement.

The GAP delegates met with potential partner National Societies to discuss the NRCS blood program recovery requirements and the proposed support plan. These discussions subsequently resulted in several partner National Societies confirming their support commitment to assist the blood program recovery with GAP’s coordination. GAP will continue to maintain its close relationship with the NRCS, the NRCS National Blood Transfusion Service and the Blood Service Director, Dr Manita Rajkarnikar, to deliver the post-earthquake recovery program and to enable the NRCS Blood Service to improve its own capacity to manage its challenges both in the short term and to ensure its long term sustainability.

### Financial Report

#### Opening Balance

<table>
<thead>
<tr>
<th>GAP accounts</th>
<th>Australian Account</th>
<th>Swiss Account</th>
<th>Total (CHF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>403,578</td>
<td>97,975</td>
<td>403,578</td>
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</table>

<table>
<thead>
<tr>
<th>IFRC Funding account</th>
<th>Australian Account</th>
<th>Total (CHF)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>94,526</td>
<td>94,526</td>
</tr>
</tbody>
</table>

Combined opening balance at 1 January: 501,738 CHF

#### Income

**2015 Member Contributions**

<table>
<thead>
<tr>
<th>Country</th>
<th>Member Contributions</th>
<th>Total (CHF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>America</td>
<td>28,380</td>
<td>21,000</td>
</tr>
<tr>
<td>Australia</td>
<td>28,502</td>
<td>21,000</td>
</tr>
<tr>
<td>Finland</td>
<td>27,113</td>
<td>21,000</td>
</tr>
<tr>
<td>Israel</td>
<td>27,169</td>
<td>21,000</td>
</tr>
<tr>
<td>Japan</td>
<td>27,167</td>
<td>21,000</td>
</tr>
<tr>
<td>Switzerland</td>
<td>26,502</td>
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</tr>
<tr>
<td>Germany</td>
<td>26,523</td>
<td>21,000</td>
</tr>
<tr>
<td>Austria</td>
<td>26,165</td>
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</tr>
<tr>
<td>Belgium</td>
<td>26,742</td>
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</tr>
<tr>
<td>Thailand</td>
<td>22,290</td>
<td>21,000</td>
</tr>
<tr>
<td>India</td>
<td>42,000</td>
<td>0</td>
</tr>
<tr>
<td>Hong Kong - special status</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Honduras - exempt</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Subtotal: 313,952 CHF

**2015 IFRC MOU funding Income**

<table>
<thead>
<tr>
<th>Total (CHF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>87,862</td>
</tr>
</tbody>
</table>

**2015 Interest Income**

<table>
<thead>
<tr>
<th>Total (CHF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16,752</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>6,660</td>
</tr>
</tbody>
</table>

**Total Income**

<table>
<thead>
<tr>
<th>Total (CHF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>419,868</td>
</tr>
</tbody>
</table>

Above: Dr Manita Rajkarnikar at the temporary blood bank facilities in Kathmandu.

Right: GAP delegation in Nepal with Dr Manita Rajkarnikar.
### Expenditure

<table>
<thead>
<tr>
<th>Category</th>
<th>2015 Expenditure (AUD)</th>
<th>2015 Expenditure (CHF)</th>
<th>2016 Expenditure (AUD)</th>
<th>2016 Expenditure (CHF)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Secretariat</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Assessment costs</td>
<td>(34,595)</td>
<td>(35,979)</td>
<td>(33,246)</td>
<td>(34,595)</td>
</tr>
<tr>
<td>.. Online survey license fees</td>
<td>(408)</td>
<td>0</td>
<td>(375)</td>
<td>(408)</td>
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<tr>
<td>.. <strong>subtotal</strong></td>
<td>(35,052)</td>
<td>(35,979)</td>
<td>(33,621)</td>
<td>(35,393)</td>
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<tr>
<td><strong>Secretariat costs</strong></td>
<td>(78,525)</td>
<td>(81,666)</td>
<td>(70,000)</td>
<td>(72,000)</td>
</tr>
<tr>
<td>.. Phone, rent, supplies, postage, stationery</td>
<td>(2,047)</td>
<td>0</td>
<td>(1,952)</td>
<td>(2,047)</td>
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<tr>
<td>.. <strong>subtotal</strong></td>
<td>(80,572)</td>
<td>(83,713)</td>
<td>(71,952)</td>
<td>(74,047)</td>
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<tr>
<td><strong>Office equipment, softwares, training, sundry</strong></td>
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<td>0</td>
<td>(3,497)</td>
<td>(3,497)</td>
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<tr>
<td>.. <strong>subtotal</strong></td>
<td>(84,069)</td>
<td>(87,210)</td>
<td>(75,449)</td>
<td>(77,544)</td>
</tr>
<tr>
<td><strong>Postage, stationery</strong></td>
<td>(135,186)</td>
<td>(135,186)</td>
<td>(125,000)</td>
<td>(125,000)</td>
</tr>
<tr>
<td>.. Specialist Advice</td>
<td>(196)</td>
<td>(196)</td>
<td>(196)</td>
<td>(196)</td>
</tr>
<tr>
<td>.. <strong>subtotal</strong></td>
<td>(142,772)</td>
<td>(142,772)</td>
<td>(137,000)</td>
<td>(137,000)</td>
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<tr>
<td><strong>Other Expenses</strong></td>
<td>(4,113)</td>
<td>(3,867)</td>
<td>(4,000)</td>
<td>(3,900)</td>
</tr>
<tr>
<td>.. <strong>subtotal</strong></td>
<td>(84,069)</td>
<td>(87,210)</td>
<td>(79,449)</td>
<td>(81,344)</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td>(340,691)</td>
<td>(343,186)</td>
<td>(315,450)</td>
<td>(316,344)</td>
</tr>
</tbody>
</table>

### Priority country support

<table>
<thead>
<tr>
<th>Country</th>
<th>Support Program</th>
<th>Travel &amp; Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nepal</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Honduras</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Vietnam</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Haiti</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Indonesia</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

### Notes

- **Exchange rates:**
  - **Opening Balance Exchange rate as per XE Currency converter website 31 Dec 2014:** 1 AUD = 0.7343 CHF
  - **Weighted average rate for report 1 AUD = 0.430 CHF**
  - **Calculation of Weighted Average Rate:**
    - **Q4 - CHF:**
      - **CHF - IFRC Income Received:** 0.430 CHF
    - **Q4 - AUD:**
      - **AUD - IFRC Income Received:**
        - 0.430 AUD
      - **Weighted Avg:**
        - 0.430

- **Budget allocation for salary provided in AUD may need to be revisited if significant movement in exchange rate**

- **2016 Budget Secretariat costs converted to CHF using the exchange rate AUD/CHF 0.73815 Reference: Oanda 26 May 2015**

- **Calculation of Weighted Average Rate**

- **2014 IFRC Funded Activities journalised in Jan 2015 (website, project support, Nepal joint GAP project with HRRC)**

- **2014 HRRC expenditure that was only reallocated to Q621 in Jan-15**

- **2015 IFRC Funded Activities journalised in Jun-15 only finalised in early 2015.**

- **Stepwise accreditation (new activity for 2016)**

- **Global mapping (new approved activity 2015-16)**

- **Stepwise accreditation (new activity for 2016)**

- **Website hosting and technical maintenance**

- **Insurance**

- **Bank fees**

- **Contingency funds**

- **Journal adjustment**

- **HRRC expenditure that was only reallocated to Q621 in Jan-15**
GAP was formed in 2000 by a group of experts from National Society Blood Services in order to share knowledge on risk management and to provide advice to Red Cross/Red Crescent Societies on the proper management of risks associated with blood programmes.

Since that time, GAP’s membership has grown and GAP has continued to provide technical support and assistance to National Society Blood Services. In June 2012, GAP was officially established as an independent association registered under Swiss law, and governed by an Executive Board.

Currently GAP’s membership stands at thirteen National Society Blood Services, all of whom conduct Level A blood programmes.