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 according to Swiss Law and is affiliated with the Red Cross/Red Crescent Movement.

The organisation’s purpose is to:

- Provide corporate governance and risk management advice 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;
- Coordinate assistance to National Society blood services in post-emergency situations including blood program recovery;
- Influence global blood policy in conjunction with partners;
- Provide advocacy and support to the Red Cross/Red Crescent Movement 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.
The last year, again, saw a lot of media attention for ‘artificial blood’. One may wonder why, in light of this news, Red Cross/Red Crescent national societies worldwide are still involved in promoting blood donation and/or blood banking activities?

Indeed, whereas medicine and the press pay a lot of attention to new medical and scientific breakthroughs, not much attention is given to the fact that millions of lives are saved by the daily act of blood transfusion.

Besides the fact that the concept of artificial blood in its different forms has been ‘around the corner’ for the past 40 years or so, it is unlikely that this technology will become mature and safe in the very near future, and even should it be so, it will probably remain very expensive. The reasons for this, as is the case with certain plasma derived bulk components such as albumin, is that it is just cheaper to obtain it from human donors than to make it artificially in the laboratory. At a time when all health care systems are struggling to keep up with finding funding for new technologies and drugs that become available, this is an increasingly important factor. Maximizing cost effectiveness has now superseded maximizing effectiveness in most health care systems. Many of us, working in the health care systems, have become familiar with the term cost per qaly (quality adjusted life year). For reasons of both effectiveness and cost-effectiveness, human donors will continue to remain an indispensable asset to satisfy the needs of health care systems worldwide for adequate supplies of safe blood and blood derived products. It is precisely for this reason that Red Cross/Red Crescent national societies worldwide are involved in this activity.

GAP plays a role in supporting this collective effort through different means;

• By providing a global network with specialized expertise in blood program management to advise and support National Society Blood Services and IFRC on issues affecting blood programmes;
• By developing the tools, guidelines and example materials for blood services to ensure effective corporate governance and risk management of their blood program
• By providing targeted support and technical assistance programmes to those blood services most in need;
• By facilitating blood programme knowledge transfer, networking and partnership on a global, regional or country based level;
• By coordinating assistance, in post-emergency situations for blood programme recovery.

As part of the Red Cross / Red Crescent Movement, GAP’s thirteen member blood services collectively supply blood and blood products made from over 20.8 million donations of whole blood and apheresis products a year. Additionally, many more National Societies motivate and recruit voluntary blood donors and supply blood to support those in need.

We at GAP strive to provide a strong network of support for National Society Blood Services to enable the ongoing provision of safe blood and good governance.

I hope you enjoy reading this annual report.

Message from the President

Professor Philippe Vandekerckhove, MD, PhD
GAP President

2016 Highlights

Global Mapping – increased visibility of National Society involvement in blood programmes

Expanded Self-assessment programmes conducted in India

Increased GAP support to National Societies in voluntary blood donation

Facilitation of the IFRC/Korean Red Cross voluntary non-remunerated blood donation (VNRRBD) workshop in Seoul by GAP member Prof Eilat Shnir (MDA – Israel)

Wellcome new GAP member representative for the Australian Red Cross Blood Service

Continued priority country support to the Bangladesh Red Crescent and Honduran Red Cross Blood Services

Participation in the IFRC Health & WASH meeting for the Asia Pacific region in Kuala Lumpur

Maximised the potential funding support for the Nepal Red Cross blood service recovery and further development programmes by Partner National Societies

In-country visit to Indonesia to discuss progress of the Palang Merah Indonesian Blood Service

Review of Self-assessment questionnaire to address new and emerging risks

Partnership programme by Partner National Societies

By providing a global network with specialized expertise in blood program management to advise and support National Society Blood Services and IFRC on issues affecting blood programmes;
The GAP Association structure consists of GAP member National Societies and their representatives, Regional Coordinators, the GAP Executive Board, a Secretariat and a permanent observer who represents the International Federation of Red Cross/Red Crescent (IFRC).

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 (a blood service which collects blood from donors and may also test, process and distribute blood collected). To be a GAP member, a National Society blood service must have achieved, or be aspiring to achieve 100% voluntary non-remunerated blood donation (VNRBD) and agree to regularly complete the GAP Self-assessment questionnaire.

Members pay an annual membership fee and are represented by the 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, contribute their expertise and knowledge to support a range of GAP programs designed to assist National Society blood services.

GAP is supported by a small secretariat which is based in Perth, Australia and provided by the Australian Red Cross Blood Service.

GAP’s current membership is 13 National Society blood services from around the globe.

New GAP Member Representative in 2016
GAP member representative for Australia, Ms Jennifer Williams, resigned from the Australian Red Cross Blood Service in March 2016, and consequently vacated her position as a GAP Executive Board member. GAP would like to thank Ms Williams for her valuable contribution to GAP activities over the last 7 years.

GAP was pleased to welcome Ms Shelly Park, new Chief Executive Officer of the Australian Red Cross Blood Service, as the new GAP member representative for Australia in 2016.
GAP Executive Board

GAP is led by an Executive Board, the members of which play a vital role in governance and decision making for the organisation’s activities and strategic direction. Board members are generally appointed for a three-year term, but may be eligible for reappointment if required.

In addition to the generic skills that are required for most boards, our Board’s skills include knowledge and expertise in transfusion medicine, specifically in relation to National Society blood programmes.

The GAP Executive Board convenes regularly to review, approve and action GAP-related activities and objectives. In August 2016, Ms Shelly Park was elected as a new GAP Executive Board member following the resignation of Ms Jennifer Williams from this position.

GAP Regional Coordinators

In addition to the GAP Executive Board, the organisation is also represented by Regional Coordinators from the 5 IFRC regions (Americas, Asia & Pacific, Europe & Central Asia, Middle East & Northern Africa and Africa).

The role of the Regional Coordinators is to liaise closely with their local IFRC regional 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.

2016 GAP Annual General Meeting

The GAP Annual General Meeting is the primary decision making forum of the organisation and consists of all member representatives and IFRC observers.

In 2016, the GAP AGM was held in Dubai, United Arab Emirates.

One of the key outcomes of the 2016 GAP AGM was the decision to increase GAP support to National Societies in voluntary non-remunerated blood donation (VNRBD).
Global Mapping

What is global mapping?
To fulfill its governance and risk management mandate, it is critical for GAP to have accurate and current information on the blood activities of National Societies. GAP conducts a regular global survey (global mapping) of all Red Cross/Red Crescent National Societies to determine their level of involvement in their country’s national blood program. The most recent survey was conducted in 2015/16, with data requested from all 190 National Societies.

National Societies may be involved in a national blood programme at 3 levels or they may have no involvement at all (Nil).

<table>
<thead>
<tr>
<th>Level of involvement in Blood Program Activity</th>
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<tbody>
<tr>
<td>A. Full Blood Service Provision</td>
<td>Governance • Advocacy for appropriate use • Product distribution • Laboratory testing • Component preparation • Involvement in WBDD donor recruitment • Donor recruitment • Promotional campaigns • Education and awareness • Involvement in WBDD</td>
</tr>
<tr>
<td>B. Systematic Blood Donor Recruitment</td>
<td>Donor recruitment • Promotional campaigns • Education and awareness • Involvement in WBDD</td>
</tr>
<tr>
<td>C. Advocacy for VNRBD</td>
<td>Promotional campaigns • Education and awareness • Involvement in WBDD</td>
</tr>
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In addition to determining the level of involvement in blood services, the global mapping data is also used to inform the GAP Self-assessment and disaster response management protocols.

Self-assessment
The information obtained from the GAP global mapping process is primarily used as a precursor to the GAP Self-assessment programme (for Level A blood services) which assists National Societies to identify and manage their particular corporate governance and risk management issues, thereby helping to ensure the long-term sustainability of their blood service.

The highest level of risk resides with those National Societies operating full blood services (Level A), therefore GAP’s primary focus is on providing support to Level A National Societies and their associated blood services.

Disaster response
The global mapping data is also a valuable reference tool for GAP and the IFRC in disaster response, to enable rapid assessment of the potential impact of a disaster on a National Society blood program, and to determine the extent of support that may be required if the blood service is affected.

How was the data collected?
The survey was distributed to National Societies in all 5 IFRC regions - Africa, America, Asia & Pacific, Europe & Central Asia and Middle East & Northern Africa.

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

For those National Societies operating a Level A blood service (collecting blood from donors and also possibly processing, testing and distributing blood collected), 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
- Blood Service accreditation

Certain National Societies in the Africa region were asked supplementary questions relating to the Ebola recovery effort, following the outbreak in West Africa in 2014-2016.

How will the Global Mapping data be reported?
A report on all 190 National Societies has been prepared by GAP which includes the data collected from the global mapping survey, as well as additional information obtained by GAP from public sources.

For each Red Cross/Red Crescent National Society, the report provides:

- Level of engagement of the National Society in the blood programme (A, B, C or Nil)
- National context (including size of country, population, economy, health system)
- National blood programme (providers, regulation, trends, VNRBD rate)
- Red Cross/Red Crescent blood programme (history, funding, statistics, accreditation, partnerships)
- Any current changes in a National Society level of activity in a blood programme or intentions to expand/decrease the level of activity

The GAP Global Mapping Report will be published in 2017 and will be available on the GAP website: www.globaladvisorypanel.org

The 2015/2016 Global Mapping has achieved an 88% response rate (168 responses from 190 National Societies). This result demonstrates the high success of the program this year, as compared to previous analysis and reporting periods. In 2013/2014, the response rate was just 38%.

Global mapping results from all regions in 2015/2016 (total 190 National Societies)

Of the 168 respondents, 143 (85%) are involved in their national blood programme

There are currently 36 known Level A National Societies (those involved in providing a full blood service).

More National Societies are involved in the systematic recruitment of blood donors (Level B – 68) than at any other level.
Global Mapping Results Per Region in 2015/2016

National Society Involvement in Blood
- Level A
- Level B
- Level C
- Nil Involvement
- Nil Response
- No National Society
The greatest number of Level A National Society blood programmes continues to be in the Asia Pacific region with 12 National Societies, accounting for 33% of all Level A National Societies identified.

Focus on Level A National Societies

AFRICA

- Level A: 13
- Level B: 2
- Level C: 6
- Nil Involvement: 1

AMERICAS

- Level A: 12
- Level B: 11
- Level C: 10
- Nil Involvement: 1

ASIA PACIFIC

- Level A: 14
- Level B: 9
- Level C: 2
- Nil Involvement: 1

EUROPE & CENTRAL ASIA

- Level A: 10
- Level B: 2
- Level C: 3
- Nil Involvement: 1

MENA

- Level A: 11
- Level B: 3
- Level C: 2
- Nil Involvement: 1

Legend

- Level A
- Level B
- Level C
- Nil Involvement

AFRICA

- Number of National Societies who have achieved 100% VNRBD: 0
- No. of National Societies that collect 100% country's supply: 0

AMERICAS

- Number of National Societies who have achieved 100% VNRBD: 8
- No. of National Societies that collect 100% country's supply: 3

ASIA PACIFIC

- Number of National Societies who have achieved 100% VNRBD: 4
- No. of National Societies that collect 100% country's supply: 3

EUROPE & CENTRAL ASIA

- Number of National Societies who have achieved 100% VNRBD: 5
- No. of National Societies that collect 100% country's supply: 3

MENA

- Number of National Societies who have achieved 100% VNRBD: 1
- No. of National Societies that collect 100% country's supply: 0

Legend

- Level A
- Level B
- Level C
- Nil Involvement
GAP’s primary tool for Level A National Society Blood Services is the distribution and evaluation of the Self-assessment survey. The GAP Self-assessment tool was developed in 2003 to assist National Societies in assessing whether they have appropriate measures in place to manage the risks associated with provision of their blood service, and is run every two to three years.

Questionnaire Review

The GAP Self-assessment questionnaire is regularly reviewed by members to ensure it remains relevant with the rapidly changing global environment and it includes emerging infectious diseases and continual advancements in medical expertise and technology. In 2016, additional questions were added to the GAP Self-assessment to evaluate a National Society blood service’s risk profile with regard to:

1. Disaster preparedness – The ability for a National Society blood service to have systems in place to maintain service delivery in the event of a disaster (e.g. business continuity plan or disaster preparedness procedures) is an important risk mitigation measure.

2. Global stepwise accreditation standards – In some countries, national technical standards may not exist and achievement of international best practice technical standards may not be feasible, particularly for developing countries. Stepwise accreditation standards provide minimum standards and a systematic progression toward higher levels of accreditation. The inclusion of a reference to global stepwise standards in the Self-assessment enables the blood service to indicate that they are working towards accreditation.

3. Use of the Red Cross/Red Crescent log by non RC/RC entities – The use of the name or logo by non RC/RC organisations may have an impact on the reputational risk for the IFRC.

The Self-assessment 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 selected criteria identified by National Society blood experts as fundamental aspects for appropriate corporate governance and risk management of a blood programme.

It is a National Society’s responsibility to manage the risks associated with its blood service activities. GAP’s role is to provide advice to assist the National Society and their blood service in their efforts to improve their own 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 any current risks.

GAP also provides de-identified regional reports to enable comparison of performance and identification of common themes or challenges within a region which are further discussed with National Society blood services at GAP regional meetings following the Self-assessment process.

Indian Red Cross Society

The national blood system in India is decentralised, with 2767 blood banks in operation across the country run by either the Ministry of Health, NGO/not-for-profit organisations or the private/commercial sector.

The Indian Red Cross Society is responsible for approximately 5-10% of the national total blood collection and has 166 independent blood banks across the 36 states and Union Territories.

With the assistance of Dr Vanshree Singh (Blood Bank Director - Indian Red Cross New Delhi HQ), GAP has been undertaking an expanded Self-assessment process within India, with 17 of the largest blood banks having completed the GAP questionnaire since 2015. This process is aiming to provide increased visibility for the Indian Red Cross national headquarters and GAP on the risks which exist in each centre and for the Indian Red Cross blood network as a whole.

Self-assessment Meeting

In November 2016 a GAP delegation visited India to meet with representatives of the Indian Red Cross blood banks who had completed the GAP Self-assessment. Participants at the GAP meeting were provided with an opportunity to present an overview of their blood bank. A number of common strengths and challenges were identified. Positively, many centres rated adequate funding, equipment/infrastructure, high levels of VNRBD and achievement of national accreditation.

The meeting was also attended by representatives of the Indian government Ministry of Health (MoH) who provided an update on the MoH training programmes available and recent changes to national regulations. The MoH are very supportive of the Red Cross national blood program in India including any future opportunities to strengthen this network.

There were a number of positive outcomes of the GAP meeting in Delhi, including:

• A commitment by the Indian Red Cross to improve standardisation and integration of the Red Cross blood bank network

• Plans to improve visibility for the Indian Red Cross through data collection and reporting to the Red Cross national HQ in Delhi

• Future strengthening of individual blood banks and the Red Cross network by increasing available training opportunities

• An agreement for the Indian Red Cross to collectively approach the Ministry of Health to discuss the national blood cost recovery model and the impact on this to stable funding arrangements for the blood banks.

GAP will continue to assist the Indian Red Cross in 2017 with the distribution of the Self-assessment to a further subset of blood banks across the country.

Above: Attendees at the GAP Self-assessment meeting, Delhi November 2016
GAP provides targeted assistance to a small number of identified priority country National Society blood services. These countries have been assessed by GAP as requiring specific support in corporate governance and risk management of blood programmes following the completion of the GAP Self-assessment questionnaire.

Support provided to GAP priority countries may include:
- In-country support visits
- Provision of GAP tools, resources and GAP expertise
- Identification of partnering opportunities with other National Society Blood Services
- Co-ordination of technical assistance from GAP members or partners
- Advocacy support with key stakeholders

In 2016, GAP’s priority countries were Nepal, Bangladesh, Honduras and Indonesia.

Dr Veer Bhushan (Acting Secretary General, Indian Red Cross) and Dr Vanshree Singh and the meeting attendees noted that the GAP meeting in India was the first opportunity for representatives of the Indian Red Cross blood banks to come together to discuss their activities, and they were very pleased to have been provided with this opportunity. The meeting showcased individual blood bank achievements that could be realised nationally by the Indian Red Cross by leveraging the strengths and expertise that already exists within this network.
Nepal – Post Earthquake Recovery Programme

In 2010, the Nepal Red Cross Society (NRCS) National Blood Transfusion Service was selected as a GAP priority country blood service and GAP has maintained a close and collaborative relationship with the Blood Service ever since, through the provision of specific risk management services and technical assistance.

Following the devastating 7.9 magnitude earthquake in Nepal in April 2015, which caused extensive destruction to infrastructure and livelihoods, GAP has been providing assistance to the Nepal Red Cross in the reconstruction of the national blood service. GAP has a specialist role in post emergency situations, including short-term relief as well as long term rebuilding, in accordance with GAP’s Terms of Reference.

The earthquake in Nepal resulted in significant damage to blood service buildings and facilities, both in Kathmandu and regional areas. The Central Blood Transfusion Service (CBTS) centre in Kathmandu, which serves as the primary coordination hub for the national blood service, was severely damaged and was demolished during 2016. The blood centre will be rebuilt with financial support from the Thai Red Cross.

An extensive scoping assessment of the earthquake impact on blood service facilities was undertaken by GAP in 2015, and recommendations and proposed activities to rebuild the blood program were developed and discussed with Partner National Societies interested in providing financial and/or technical support.

Following an adjustment of the project coordination modality by GAP to align with the local Nepal Red Cross Emergency Response Operations Unit (ERO), contracting for blood centre facility construction is being managed by the dedicated NRCS ERO Unit, with GAP providing increased technical input and expertise to NRCS and partners for the project, including technical input on facility design.

With the support of Partner National Societies, the project is providing assistance to the Nepal Red Cross Society Blood Service with:
- Blood centre facility rebuild/repair
- Capacity building
- Technical training
- Strategic support
- Critical blood service equipment
- Local coordination support and Technical assistance

The development and distribution of GAP’s recovery proposal for the Nepal Red Cross Society blood program, combined with the series of meetings held with prospective stakeholders, has enabled GAP to maximise potential partner funding and support for this project and has provided transparency of multiple partner programs to minimise the risks of duplication of activities and investments.

During 2016, a GAP delegation visited Nepal in May and November to meet with the NRCS Blood Service Director Dr Manita Rajkarnikar, key stakeholders and Partner National Societies to confirm the agreed support activities. Further assessments were conducted of blood service infrastructure and facilities including temporary facilities and arrangements for the NRCS blood program. The November visit included a GAP facilitated joint meeting for all blood program support partners to provide an update on GAP activities and program status.

The development and distribution of GAP’s recovery proposal for the Nepal Red Cross Society blood program, combined with the series of meetings held with prospective stakeholders, has enabled GAP to maximise potential partner funding and support for this project and has provided transparency of multiple partner programs to minimise the risks of duplication of activities and investments.
GAP’s technical input and support for the NRCS blood program recovery includes:

- Facility designs/layouts and workflow advice for blood centres (new facility builds and for retrofits/modifications)
- Critical blood service equipment specification development and installation/validation protocols
- Base line assessment to stepwise accreditation standards as basis for the development of tailored capacity building and training programs by partners
- Technical advice on blood service processes, interim arrangements and transition plans

GAP coordination support to the programme has been effective in:

- Developing a single national plan for facility, equipment and capability improvement activities which is matched to assessed and agreed local requirements and minimum standards within Nepal;
- Providing a baseline assessment for the technical training program development by training partners
- Provision of different models for the management of donated funds and services to accommodate the preferred support arrangements for each of the Partner National Societies.
Honduras

GAP has been providing assistance to the Honduran Red Cross Blood Service as a GAP priority country since 2012, in conjunction with a bilateral programme of support from the Swiss Red Cross. GAP member and Chief Executive Officer of Transfusion Swiss Red Cross, Dr Rudolf Schwabe, provides expertise to this project.

Following assessment visits and recommendations from the Swiss Red Cross in 2013, the project - “Strengthening of the Honduran Red Cross National Blood Program” was developed. The overall objective of this project is to ensure the availability and security of blood and blood products for all patients in Honduras, by strengthening the technical, administrative and governance capacity of the national blood programme of the Honduran Red Cross.

The beneficiaries of this project are the vulnerable recipients of blood products in Honduras including children, the elderly, pregnant women and trauma victims. The project will also directly benefit the Honduran Red Cross blood programme and staff.

The Honduran Red Cross Blood Service is the main provider of blood in the country, collecting 50% of the national supply.

Project outcomes for the Honduran Red Cross Blood Service:

- Defined constituted governance structure
- Technical capacity building
- Improved coordination of the National Blood System
- Improving VNRBD rates

Governance

In 2016 the Swiss Red Cross project supported the Honduran Red Cross in strengthening their governance structure including the appointment of the new General Manager for the Blood Service, Dr Glenda Arriaga, who has been with the organisation for over 19 years. Dr Juan Pablo Bulnes was also appointed as the new Deputy General Manager. Dr Bulnes began working with the Honduran Red Cross Blood Service in May 2016 and also took over the general project lead.

Dr Elizabeth Vinelli (GAP member representative for Honduras) resigned from the position of Medical Director of the Honduran Red Cross Blood Service in early 2016 but continues to provide support and expertise to the project, and to GAP through her position on the Blood Service board.

Workshops

As part of the bilateral project with the Swiss Red Cross, two workshops on risk management were held in Honduras (May and October 2016) for the staff of the Honduran Red Cross. The first workshop identified, analysed and prioritised the risks for the National Society. During the second Workshop an action plan was developed to address these risks. The participants were very engaged in the discussions and appreciated this opportunity.

The Swiss Red Cross delegates also participated in another in-country workshop, facilitated by the Honduran Ministry of Health and the Pan-American Health Organisation, to discuss the outline of a new national blood policy for Honduras.

Voluntary Blood Donation

To assist in strengthening voluntary blood donation in Honduras, GAP is supporting the development of an online donor recruitment training module for the Honduran Red Cross Blood Service. This is being facilitated through the Swiss Red Cross bilateral partnership as an adjunct activity to the existing program.

During 2016, the Honduran Red Cross began the adaptation of the VNRBD training materials of the European Blood Alliance/Domains Project for the Honduran context. The e-learning component experienced delays in implementation due to the changes in management of the Blood Service and the required familiarisation with the Blood Service and the project.

The storyboard for the online tool will be ready for specialised professional programming and format translation for the IFRC learning platform in late 2017, at which time the pilot project will be implemented.

It is anticipated that, once complete, the online tool will also be made available to other National Societies worldwide, with a view to assisting with the achievement of 100% VNRBD. This is acknowledged as a major challenge for developing countries.
The Indonesian Red Cross (Palang Merah Indonesia – PMI) has been a GAP priority country since 2005; however this status was placed on hold in 2013 while PMI were involved in a bilateral support partnership with the Australian Red Cross. PMI provide 90% of the national blood supply in Indonesia and 92% of these collections are from VNRBD donors.

In September 2016, GAP visited Indonesia to assess the risk status of the PMI Blood Service following the completion of their bilateral project with the Australian Red Cross. The visit provided an opportunity for GAP to review the progress of the PMI Blood Service following the completion of their bilateral project with the Australian Red Cross. The visit provided an opportunity for GAP to review the progress of the PMI Blood Service since the completion of the Self-assessment questionnaire in 2013 and to discuss risk management advice for any new areas of activity for the Blood Service.

Since 2012, the bilateral program with the Australian Red Cross focussed on implementing a national quality management system and progressing towards a centralised national blood service.

The PMI Blood Service has benefitted from the expertise and training provided during the program and a number of achievements and improvements were evident during the GAP visit in September, including the implementation of new quality documentation and processes. PMI CBTS have also recently undertaken their own internal capacity mapping for all 212 PMI blood transfusion centres to determine the requirements necessary to achieve GMP accreditation.

Significantly, the visit enabled GAP to discuss with the Blood Service the future plans of PMI to provide plasma for fractionation to a government run fractionation plant in 2020. Currently a large proportion of the plasma produced in Indonesia is discarded (approximately 80%) and this will provide an opportunity for the domestic manufacture and supply of plasma derived products (including Factor VIII, Factor IX, Albumin and Immunoglobulins).

GAP provided specific advice to PMI regarding the risks of fractionation and appropriate safeguards required for involvement in this activity.

The PMI Central Blood Transfusion Service management team are highly engaged and demonstrated a commitment to providing a quality blood service for Indonesia, including the implementation of improvements to achieve national Good Manufacturing Practice (GMP) accreditation and an appreciation of the necessary requirements for risk management.

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Indonesia

GAP visit to Indonesia – September 2016

Bangladesh

In 2016, GAP continued to support the Bangladesh Red Crescent Blood Service who have been a GAP priority country since 2014.

Key activities for the year included:

- Sponsorship and funding to enable the Bangladesh Red Crescent Blood Service Director, Dr Tarique Mehedi and a senior representative from the Blood Service to attend the joint IFRC/Korean Red Cross VNRBD workshop in Seoul, Korea.
- Establishment of Partner National Society support for the provision of a specific technical assistance program for the Blood Service, to be provided by Australian Red Cross through the Australian Red Cross Blood Service.

Provision of advice and support to Dr Mehedi to:

- Progress the implementation of the strategic plan for the Blood Service.
- Hold seminars for the staff of the Bangladesh Red Crescent and stakeholders on VNRBD, safe transfusion and rational use of blood. The plans for the seminars were subsequently placed on hold in 2016 due to the current security issues in Bangladesh; however GAP is providing remote support where possible.

Above: Representatives of the Bangladesh Red Crescent Blood Service attended the IFRC/Korean Red Cross VNRBD workshop in Seoul (Korea) in April 2016.
Global Networks

Our links with IFRC
GAP cooperates with the International Federation of Red Cross/Red Crescent Societies (IFRC) at a global, regional and secretariat level on strategic and operational matters relating to the corporate governance and risk management aspects of National Society blood programmes.

GAP’s role and purpose is described in the IFRC’s blood policy “Promoting Safe and Sustainable Blood Systems” which outlines the specific responsibilities of the IFRC, GAP, National Societies and blood services in managing blood programme risk. The IFRC has a permanent observer status on GAP and an IFRC representative attends meetings of the GAP Executive Board to ensure the flow of information and coordination with the IFRC.

IFRC Reference Centre
GAP is recognised as an IFRC Reference Centre for the specialist support function that GAP provides to Red Cross/Red Crescent National Societies with regard to their involvement in the provision of a blood programme. The centres are hosted by Red Cross/Red Crescent National Societies around the world.

Each centre has a specific focus and supports knowledge exchange essential for National Society operations including training, technical assistance, advocacy, knowledge management and research. The primary function of each reference centre is to develop strategically significant knowledge and best practice to inform the future operations of the IFRC and National Societies in their key areas of interest and influence.

In July 2016, GAP was highlighted in the fortnightly publication of the IFRC Health & Care Bulletin. This newsletter is distributed to over 500 subscribers globally from a variety of networks including health and WASH staff and advisors, First Aid Coordinators, Disaster Management colleagues and the IFRC secretariat management in Geneva. The article on GAP provided an overview of the role of GAP and our activities, with a special focus on the global mapping project as a means to encourage those National Societies who had not yet responded to complete the survey.

IFRC Asia Pacific Meeting
Michelle Wsolak from the GAP Secretariat represented GAP at the IFRC Asia Pacific Regional Health & WASH meeting in Kuala Lumpur (Malaysia) in June 2016. The purpose of this meeting was to share knowledge and provide updates on regional health and WASH (water, sanitation and hygiene) issues and activities across a range of health-related areas in the Asia Pacific. The event was attended by 59 delegates from National Societies globally.

GAP presented on safe blood systems, voluntary blood donation and, in recognition of World Blood Donor Day on June 14th, spoke of the importance of recognising the incredibly valuable contribution of blood donors globally to support sustainable blood programs. A case study was also presented on the effects of migration on availability of rare blood types in patients and donors in Australia.

The meeting also provided an opportunity for GAP to hold direct discussions with the new IFRC Head of Health, Dr Julie Hall and IFRC Asia Pacific Health Coordinator, Oyungerel Amgaa on emerging Asia Pacific regional health issues.

Transfusion Today
GAP was featured in the June 2016 issue of Transfusion Today, in a focus on ‘Alliances and networks in blood transfusion’. The article provided an overview of the structure and role of GAP as well as the Self-assessment and priority country activities. Inclusion of GAP in this publication provided an excellent promotional opportunity for the organisation.
An Asia Pacific workshop on voluntary blood donor recruitment was held in Seoul (South Korea) in April 2016 and was co-hosted by the IFRC and the Republic of Korea National Red Cross. GAP participated in both the planning of the event and facilitation of the workshops and panel/group discussions during the meeting. GAP representation was provided by our member representative for Israel, Professor Eilat Shinar.

The event was attended by 89 participants from 23 countries. GAP also provided financial support for two delegates from the Bangladesh Red Crescent Society to attend the workshop as part of GAP's priority country assistance program, to help to improve the national VNRBD rates in Bangladesh.

Prof Shinar presented GAP's Perspective on VNRBD, as well as the development and maintenance of a young VNRBD program using Israel as a model.

One of the key points highlighted in the final workshop report was the importance of the cooperation between GAP, IFRC, Korean Red Cross and other developed blood services in improving VNRBD rates in the Asia Pacific region.

Our sincere thanks to Prof Eilat Shinar for attending and representing GAP at the workshop and for providing valuable feedback to members on the workshop’s key topics.
Support for Nepal Recovery Program

Belgium contribution preserved for Gorkha blood centre  
VNRBD Consultancy (Belgian Red Cross)  
Total Income

Other Income

VNRBD Consultancy (Belgian Red Cross)

Total Income

Expenditure

Secretariat

Self Assessment costs: Salary and oncosts

Secretariat costs: Secretariat salary, oncosts and office expenses

Subtotal

Specialist Advice

Translation - Self assessment reports, GAP manual, questionnaires, publications/standards

Professional expertise eg Nepal

Stakeholder meetings (e.g. VNRBD W/S, IFRC, Reference Centres, ISBT)

Travel & accommodation

Other meeting expenses

Regional meetings

Meeting costs

Participant costs

Annual General Meeting

Travel & accommodation

Meeting venue/catering

GAP networking events (dinner)

GAP Annual report

Other expenses

Executive Board Meeting(s)

Meeting venue/catering and travel accommodation

Teleconferences

Teleconferencing Calls costs

Priority country support

Nepal

Post disaster support – see separate line item

Belgium contribution preserved for Gorkha blood centre (Approved GAP EB April 2015)

Bangladesh

Support program, travel and accommodation

Secretarial coordination, logistics and support

Honduras

Travel & accommodation

Other expenses

Indonesia

Travel and accommodation

Post disaster response Nepal

GAP Support

MMR followup (salary and travel)

Global mapping (salary and travel)

Stepwise accreditation

Website hosting and technical maintenance

Insurance

Bank fees

Project cost recovery

Contingency funds

Total Expenditure

Closing balance

Notes

1. Membership fees for 2016 & 2017 (42,000 CHF) received Dec 2015.
2. Funding from IFRC not received in 2016.
4. Belgium contribution for VNRBD consultancy (50,000 Euro) invoiced in Dec 2016 but not received until Jan 2017.
5. 2016 budget (130,000 CHF) approved to cover GAP coordination of post disaster support in the event that no external funding sourced.
GAP was formed in May 2001 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 National Societies on the proper management of risks associated with blood programmes. This was a result of the IFRC governing board deciding to distance itself from blood banking due to concerns regarding the legal liabilities associated with this activity.

The initial members of GAP were the American, Finnish, Japanese, Swiss, Thai and Australian Red Cross. 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 standards at thirteen National Society blood services, all of whom conduct Level A blood programmes.

INTERNAL AUDIT REPORT

GAP was formed in May 2001 by a group of experts from National Society blood services in order to share knowledge on risk management and provide advice to Red Cross/Red Crescent National Societies on the proper management of risks associated with blood programmes. This was a result of the IFRC governing board deciding to distance itself from blood banking due to concerns regarding the legal liabilities associated with this activity.

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INTERNAL AUDIT REPORT

Global Advisory Panel (GAP) on Corporate Governance and Risk Management of Blood Services in Red Cross and Red Crescent Societies

To ensure compliance with the Swiss Code of Obligations (as they apply to an association established under Swiss Law) which allows small organizations to appoint internal auditors without accounting expertise; I hereby present the report of the internal audit process conducted for the period from January 1, 2016 to December 31, 2016. I believe that the evidence reviewed is sufficient and appropriate to provide a basis for an internal audit opinion.

The following activities were conducted during the internal audit process:

- Review of the GAP Income and Expenditure Report for 2016, to ensure that closing balances for 2015 were correctly transferred to the opening balance for 2016,
- Review of the membership income as stated in the financial report,
- Review of the secretariat expenses for reasonableness,
- Review of the expenses for settings and for the support of priority countries for reasonableness.

During the audit, all necessary information and explanations required have been obtained.

In my opinion, the detailed Report of Income and Expenditure for 2016 has been properly prepared and is a true reflection of the transactions that occurred during the period of January 1, 2016 to December 31, 2016.

Em. O. Univ.-Prof. Dr. Dr. h.c. Wolfgang R. MAYR acting as Internal Auditor for GAP

Vienna, March 22, 2017