# Meeting Minutes

**Meeting Purpose:** Blood Safety Strengthening Programme – External Meeting

**Date:** 21 October 2015 at 3:00pm – 4:00pm

**Attendees:**

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| **Name** | **Initials** |
| Carl Fourie (Chair) | CF |
| Linda Taylor  | LT |
| Daniel Futerman | DF |
| Tariro Mandevani | TM |
| Christine Bales | CB  |
| Robin Nozick | RN |
| Michele Chevalier | MC |
| Rhonwyn Cornell | RC |
| Michael Qualls  | MQ |
| Jono Gebers  | JG |
| Drammeh Bakary | DB |

**Apologies**

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| Pete Zacharias | PZ  |
| Chrispen Dandavare | CD |
| Maleqhoa Nyopa | MN  |
| Chris Seebregts | CJS |
| Carolyn Smith | CS |
| Robert Wilkinson | RW |

## Agenda:

* Implementation update
* BSIS for Donor management update
* New Countries opportunities  (Call for next countries for implementation of Donor Management)
* AOB -

## Minutes

1. **Implementation Update - Lesotho(Rhc)**
* The implementation has been scheduled for the week of 7 – 11 December 2015. Jembi team will be in country to work with AABB team to do the deployment of donor management module and to do training for the LBTS staff who will be doing the operational qualification.
* A call has been scheduled Thursday 22 with AABB to discuss the schedule for the week of the 7th and make sure we are working in the same way. We also working with the ministry of health IT in order to make sure that all the hardware and infrastructure required for the donor management implementation are in place and working.
* We have regular calls and we have put together an Infrastructure Qualification checklist that Lesotho team can use to start checking that they have everything required.
* **DB**> Have you been given all the support you need from the ministry of health with regards the implementation schedule?
* **RhC**>at the moment we are working well together and everything is in place.
* **CB**: From the user perspective AABB is assisting LBTS because they will need an IQ and they will need information on Information Qualification and those documents are going to be written from the user perspective 1) Operation qualification, performance qualification, infrastructure qualification
1. **BSIS for Donor Management Update (LT)**
* The technical team has started the last two week development sprint which will bring us up to the end of October. That will include the changes to the donor eligibility management rules as discussed in the forum. During the whole of November the team will be focusing on intensive testing and refining and hardening of the code prior to release for implementation. Testing will be carried out by the internal team which include our Blood Safety expert, Rob Wilkinson, who will review system.
* The Jembi team is active in terms of road mapping the next set of features beyond BSIS blood safety release (mobile apps clinic visits, multiple languages). We are excited to bring our long-term roadmap and by end of November we will have a high level roadmap to what sort of features we are aiming to release over the next 18 months.
1. **New Countries Opportunities (Call for next countries for implementation of Donor** **Management**
* Ethiopia is interested in BSIS and they are looking at building their own tool. We scheduling a meeting call with the Ethiopian Blood services, Ministry of Health and technical team in Ethiopia.
* Which countries will have BSIS deployed in the next year?
* At the moment we have identified about 4 countries.
* **MC**>The team in Uganda are interested in knowing more about BSIS and to see if this will be a viable opportunity. They are looking at more systems but with the specs and description that we gave them they are interested to know more about BSIS and see if they can possibly pick it on.
* The people in Nigeria are also interested in knowing more about BSIS particularly looking at their budgetary constraints.
* **DB**> Here I am using my experience of using vein-to-vein when considering countries which should implement vein-to-vein. What we did was we came up with a simple template and that’s where Jembi will come in. We will need to take into account the budget. Some of the questions that came up when we visited Nigeria were whether Jembi will provide training and implementation. To discuss and disclose this on our visit (CDC visit) trip to Cape Town. We know Zambia might have some interest and Cameroon has already started using the vein-to-vein.
* **CB>** Botswana is one of the countries that AABB support. Mozambique has the donor management in Portuguese. Angola is one of the non-English speaking country and right now it doesn’t have a system. Swaziland has the hardware infrastructure and Zambia is in Southern region for a corporate agreement but AABB hasn’t provided technical assistance for them as they are not receiving it now.
* **DB**> What I can suggest for CDC is to work with the TA providers. We can put a call to determine their level of interest and the basis for implementation and then on that basis we can work with Jembi to prioritize the countries. If you have the simple template, you can include the countries that are ready for implementation. At the head office we do prefer to have a list and in discussion with Jembi we can prioritize the countries.
* Key countries interested in BSIS are Ghana, Uganda, Zambia and Lesotho
* **CF**> we have a country assessment tool that we use to have a better feel of which countries are interested and how ready they are. The range of features we look at in future for countries are as follows: (1) language, BSIS is in English at the moment. (2) The multi-site or single site option. Lesotho is centralised, English is their language focusing on donor management.
* For the Lesotho implementation, Chrispen will join the Jembi team and LBTS during the week of the 7th – 11th Dec.
* **DB**> initially how many countries would be able to implement BSIS within a year, how many centres per country and the cost that the country will incur?
* **CF**> we looking at supporting 4 countries next year. We looking at modelling those implementation patterns on one country at the moment. We do have a schedule that account for the travel and personnel expenses.
* Our list at the moment, Nigeria, Uganda, Tanzania, Angola, Mali, Lesotho, Cambodia, Napoli, Liberia, Ethiopia, Liberia and Botswana.
* It would be good to start some discussion with the interested countries.
* **CF**> BSIS will go into Lesotho first and we will look at other opportunities to prioritise other countries.
* The website is coming together very well. We have a new BSIS page that will be launched soon.
* CDC team will be in contact with Jembi to discuss the agenda items for the upcoming visit.

## Action Items and Decisions Made

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| **DECISION** | **BY** |  |
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| **ACTION ITEM**  | **RESPONSIBLE**  | **DUE DATE**  |
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