

# **GLOBAL COLLABORATION FOR BLOOD SAFETY (GCBS)**

## **AMENDED TERMS OF REFERENCE**

Mission: Promote and strengthen international collaboration on safety of blood products and transfusion practices.

### **1. Preamble**

Recognition of the need for a Global Collaboration for Blood Safety (GCBS) was first endorsed by 41 countries represented during the Paris AIDS Summit in 1994 and adopted by the Forty- Eighth World Health Assembly as WHA resolution 48.27 (1995), by all 191 WHO Member States prioritizing the need for Global Collaboration to improve blood safety.

The Global Collaboration for Blood Safety is a voluntary partnership of internationally recognized organizations, institutions, associations, agencies and experts from developing and developed countries sharing the expertise, identifying problems, seeking solutions and working towards the common goal of global blood safety as equal collaborative partners. WHO is a participant of GCBS and also provides its secretariat.

**2. Goal:** Consistent with the Declaration of the Paris AIDS Summit, 1 December 1994, and World Health Assembly Resolution WHA 48.27, May 1995, the GCBS has been established with the following goals:

Improved collaboration among organizations, agencies and institutions involved in the safety of blood products and transfusion practices, with a view to:

- a) encouraging and facilitating information exchange;
- b) promoting standards including current good manufacturing practices for blood and related products for transfusion;
- c) fostering the establishment of cooperative arrangements aimed at promoting the safety of blood donors and recipients in all countries; and
- d) promoting the safety, adequacy, quality and appropriate use of blood and blood products.

### **3. GCBS Objectives**

The GCBS participants agree to collaborate in facilitating progress in the following areas:

- international consensus on essential principles of global blood safety;
- encouraging the recognition and establishment of national blood programmes;
- identifying priorities for the prevention of transfusion-related disease;

- implementation of appropriate and recognized transfusion practices, which ensure donor and recipient safety and are free from discrimination;
- effective recruitment of safe donors through the use of appropriate selection criteria;
- assuring quality and safety in the preparation of blood and blood products;
- safe international practices for the collection, storage and transport of plasma and the preparation and distribution of its derivatives;
- the bi-directional traceability of blood products between donor and recipient whether in-country or across national borders; and
- promote evidence-based use of blood and blood products
- the exchange and use of information by encouraging data collection, management and dissemination.

Whereas, the GCBS is not a legal entity, it is a forum hosted by WHO which provides the participants the opportunity to discuss matters which fall within these Terms of Reference, including in particular as referred to in paragraph 2 (a) to (d) above, and where appropriate, to formulate proposals and recommendations in that regard to the participating organizations, agencies and institutions. Proposals and recommendations will be made by consensus and will only be addressed to the GCBS participants. Such proposals and recommendations do not commit the participating organizations or participating governmental agencies and institutions in any way, but constitute a reference for guidelines, official policy or other action, as appropriate, under the responsibility, and according to the prerogative, mandate and internal rules and procedures of each such participating organization, agency or institution.

#### **4.1 Collaborating Parties:**

To ensure an effective and efficient GCBS, the GCBS is open to the following collaborating parties:

##### Participants

- (a) Intergovernmental organizations, including World Health Organization and international non-governmental organizations, scientific organizations and institutions, with an active involvement in the safety of blood products and transfusion practices, which preferably extends to more than one WHO region;
- (b) Governmental institutions and agencies involved in the safety of blood products and transfusion safety;
- (c) International industry associations/umbrella organizations representing organizations involved in collection of blood and plasma, manufacturers of plasma derivatives, diagnostic reagents, devices or other products or services relevant to blood safety and safe transfusion practices; and

- (d) WHO Collaborating Centres active in the field of the safety of blood products and transfusion practices.

Ideally, an appropriate regional representation, including in particular from developing countries, should be ensured. To promote the achievement of such appropriate regional representation, certain of the above mentioned criteria for participation may be waived by the General Meeting, where deemed necessary or advisable to achieve the GCBS mandate and objectives, including inter alia by allowing individuals from developing countries, with outstanding expertise and experience, and active internationally in the safety of blood products and transfusion practices, to become a participant in the GCBS.

#### Co-opted experts

The General Meeting may invite individual experts, with outstanding experience and active internationally in the safety of blood products and transfusion practices, to participate in certain meetings of the GCBS (including Working Group Meetings: see below), for the purpose of sharing information and/or advising the GCBS on matters within the sphere of their competence. Co-opted experts will not, however, be considered as participants, nor have a role in the GCBS decision making process.

#### Observers and Liaisons

The General Meeting may furthermore invite organizations and individual experts, who do not meet the criteria for participation, but are involved in activities which are relevant to all or part of the mandate and objectives of the GCBS, to attend all or certain designated meetings of the GCBS, as observers. In addition, organizations which do meet the criteria for participation in GCBS, but do not wish to become involved as full participants, may -at their request attend all the meetings of the GCBS as liaison.

Observers will not participate in the discussions and deliberations of the GCBS, nor have a role in the GCBS decision making process. Upon invitation of the Chairperson, observers may, however, make a statement to present their views or position on the issue under consideration.

Liaisons may participate in the discussions and deliberations of the GCBS, but will not have a role in the GCBS decision making process.

Each observer and liaison organization will designate no more than one representative to attend the GCBS meetings.

## **4.2 General Meeting**

The GCBS will be guided by the General Meeting, consisting of one representative from each participating organization. The General Meeting is expected to meet at least once a year and will review reports of activities, conducted as part, or as a result, of the GCBS, as well as proposals within the GCBS mandate, as presented to the General Meeting by the Planning Group. The General Meeting will select a maximum of twelve participants to participate in the Planning Group for 3-year terms, i.e. in addition to the Chairperson, Vice-Chairperson and WHO (as the GCBS secretariat) as ex-officio participants in the Planning Group. The

responsibilities of the General Meeting will furthermore be to put forward proposals and make non-binding recommendations on matters within the GCBS mandate to the GCBS participants. To this end, the General Meeting will review the reports and proposals presented to it by the Planning Group, and where appropriate, recommend all or part of their content for endorsement by the respective GCBS participants. The General Meeting will also be responsible for: (i) confirming the acceptance of new participants, co-opted experts, observers and liaisons in the GCBS; and (ii) establishing Working Groups to address and advise the GCBS on issues relevant to its mandate.

The General Meeting will perform its responsibilities as aforesaid by consensus of all participants. The General Meeting will biennially elect a Chairperson and a Vice-Chairperson to act for a two-year term in accordance with the terms of **Annex 1** attached hereto. A Chairperson and Vice-Chairperson may not act for more than two consecutive terms without a one term hiatus. The General Meeting will annually elect two rapporteurs, to act for a one-year term.

### **4.3 Planning Group**

The Chairperson of the General Meeting will chair the Planning Group. The responsibilities of the Planning Group will consist of the following: (a) coordination of reports and proposals of relevant collaborating parties for review by the General Meeting, (b) review and overall presentation of the output/reports of the Working Groups to the General Meeting, (c) review and provisional acceptance of applications for participation, observership, and liaison in the GCBS, for confirmation by the General Meeting, (d) identification of the need for co-opted experts (as described above) to support the achievement of the GCBS objectives (for confirmation by the General Meeting), and (e) identification of the need for the establishment of Working Groups to address and advise the GCBS on specific issues relevant to the GCBS mandate (for confirmation by the General Meeting). (f) submission of proposals for nomination of candidates for Chairperson, Vice-Chairperson and Rapporteur to the General Meeting. The Planning Group will operate by consensus, and will conduct its meetings in person or via electronic means at least once a year, preferably six months prior to the General Meeting of the GCBS.

### **4.4 Working Groups**

As noted above, the GCBS may establish Working Groups to address and advise the GCBS, on specific issues relating to the safety of blood products and transfusion practices. In some instances, such Working Groups may need to be formally constituted, and will be required to meet in order to perform their assigned task. In other cases, a Working Group may be constituted in a less formal manner and carry out its task by correspondence.

Each Working Group will prepare a report on the outcome of its work. This report will be presented to the General Meeting through the Planning Group.

### **4.5 Secretarial support for the GCBS**

Subject to the availability of sufficient human and financial resources for this purpose, secretarial support for the GCBS will be provided by WHO, acting through the Department of Blood Safety and Clinical Technology (BCT) at the Organization's headquarters in Geneva. In this connection, WHO will: (a) coordinate the organization of the meetings of the General Meeting, and of the Planning and Working Groups, (b) prepare and distribute -in consultation

with the Planning Group- draft agendas, meeting reports, progress reports, etc, (c) receive and submit applications for participation, observership and liaison in the GCBS to the Planning Group and General Meeting, respectively, in accordance with the procedure described above, and (d) receive and inform the General Meeting of notices of termination.

In addition, WHO will, as part of its secretarial support for the GCBS:

- act as a central repository of information and documentation relevant to the GCBS (including in particular reports of the General Meeting and Working Groups), and disseminate and distribute such information and documentation as appropriate (including through the GCBS website referred to below); and
- service a GCBS website, the technical content of which will be determined by consensus of the General Meeting and will include the above-mentioned information and documentation. GCBS documents and other output will be free from copyright, and will be disseminated with appropriate disclaimers, including that the content does not necessarily reflect the views or stated policy of the participating organizations, agencies and institutions (including WHO, acting as the secretariat for the GCBS), as well as a clarification of the nature of the proposals/recommendations put forward in such GCBS documents, along the following lines:

*“ Consistent with the Declaration of the Paris AIDS Summit, December 1994, and World Health Assembly resolution WHA 48.27, May 1995, the GCBS has been established to improve collaboration among organizations, agencies and institutions involved in the safety of blood products and transfusion practices. The GCBS meeting has reached a consensus on the proposals and/or recommendations contained in this document. These proposals and/or recommendations do not, however, necessarily reflect the views or stated policy of the participating organizations, agencies or institutions, nor are they in any way binding on, nor do they commit, the organizations, agencies and institutions to whom they are addressed. These proposals and/or recommendations constitute a reference for guidelines, official policy or other action, as appropriate, under the responsibility, and according to the prerogative, mandate and internal rules and procedures, of each such organization, agency or institution authority. The names of the GCBS including its parties should not be used in connection with commercial or promotional purposes without the written permission of GCBS and/or any such participant, as the case may be.”*

## **5. Financing of, and fundraising for, the day to day operation of the GCBS (including the secretarial support)**

Each participant, observer, liaison and co-opted expert will, in principle, be responsible for meeting its own expenses in relation to the GCBS (including, but not limited to, travel and subsistence for the attendance of General Meetings, Planning Group meetings, Working Group meetings, etc). Subject to the availability of funds, the GCBS Secretariat may, in consultation and agreement with the Chairperson, decide to support the participation of certain developing country organizations or individuals, and/or of co-opted experts.

The secretarial support and related day to day operation of the GCBS will be financed by voluntary contributions from the participants. In addition, WHO may raise funds from other

sources to support the work of the GCBS, in accordance with WHO's established policies and principles.

The acceptance by WHO of any contributions for the GCBS from the participating organizations, agencies and institutions, as well as from other sources will be subject to WHO's established policies and principles (as referred to above), and to WHO's financial rules and regulations, administrative procedures and practices.

WHO will administer any such financial contributions in accordance with the aforesaid financial rules and regulations, and administrative procedures and practices (including WHO's normal programme support costs (PCS) charge. WHO will provide the participating organizations, agencies and institutions with an annual financial report, including information on contributions received to support the GCBS secretariat and related day to day operation of the GCBS, and justifying how these funds have been used.

## **6. Applications**

Applications to become a participant, observer or liaison will be addressed to WHO, as the GCBS secretariat, for submission to the Planning Group and the General Meeting, in accordance with these Terms of Reference and the procedure described in **Annex 2** attached hereto.

## **7. Termination**

Any participant, observer, liaison and co-opted expert may decide to terminate its involvement in the GCBS by providing written notice to WHO as the GCBS secretariat. WHO will remove the organization, agency or institution or individual in question from the list of participants, observers, liaisons and co-opted experts, and inform the General Meeting accordingly.

In addition, it should be noted that:

\* the involvement of observers and co-opted experts extends only for as long as they are invited by the General Meeting; and that

\* the involvement of any participant and liaison will terminate (on a voluntary basis or by consensus of the General Meeting), if and when this participant or liaison ceases to meet the criteria set forth in the first paragraph of section 3.1 above or no longer subscribes to the mission and goals of the GCBS as described in section 1 above.

## **8. Amendments**

These Terms of Reference may be modified by consensus of all participating organizations.

## **Annex 1**

### **Chair and Vice-Chair of the GCBS General Meeting**

The General Meeting will biennially elect a Chair and a Vice-Chair from among the GCBS participants, to act for a two-year term, in accordance with the terms set forth below. A Chair and Vice-Chair may not act for more than two consecutive terms. A Chair and Vice-Chair will hold office until their respective successors are elected.

Only participants of the GCBS are eligible to be nominated as Chair or Vice-Chair. Their participation in the GCBS should have extended over at least two years, and they should be willing in principle to hold office for at least one full two year term.

The Chair and Vice-Chair will be elected by the General Meeting at the beginning of the session at which such elections are to be held. Prior to the start of any such session, WHO, as the secretariat, will ensure that there is at least one nomination meeting the criteria set forth above, for each office. Unless the Chair and/or the Vice-Chair are elected by acclamation, the election for either office will be held by secret ballot. A candidate for Chair or Vice-Chair, as the case may be, will be declared elected provided that he/she has obtained a majority of the votes of the GCBS participants present and voting. If in a first ballot (for the election of a Chair or Vice-Chair, as the case may be) no candidate obtains the majority required, a second ballot will be held which will be restricted to the two candidates obtaining the highest number of votes. If in the second ballot the votes are equally divided, the previously elected Chair will decide between the candidates by drawing lots. The newly elected Chair and Vice-Chair will immediately take office.

The function of the Chair will be to declare the opening and closing of each General Meeting, to direct the discussions in accordance with the agenda approved by the General Meeting, accord the right to speak, put questions, announce decisions, and ensure the application of the Terms of Reference. The Chair will accord to participants and liaisons the right to speak in the order of their request. In addition, the Chair will at the end of the discussion on a given subject, invite observers (at their request) to make a statement to present their views or position. The Chair will generally maintain the order at the General Meetings. In this connection, the Chair may call to order any speaker whose remarks are irrelevant to the subject under consideration. Finally, the Chair may propose to the General Meeting to limit the time allowed to each speaker.

If the Chair is unable to attend a General Meeting or any part thereof, the Vice-Chair will preside.

If the Chair or Vice-Chair is for any reason unable to complete his/her term of office, the General Meeting will elect a new Chair or Vice-Chair, as the case may be, to act for the remaining period of the term. If the Chair is unable to act in between sessions, the Vice-Chair will act in his/her place.

## **Annex 2**

### **Applications**

Applications to become a GCBS participant, observer or liaison will be addressed to WHO, as the GCBS secretariat, for submission to the Planning Group and the General Meeting, in accordance with the Terms of Reference and the procedure described herein below:

1. All applications will be submitted in writing and will need to clearly indicate whether the interested party wishes to become a participant, observer or liaison.
2. Following the receipt of such an application, WHO, as the GCBS secretariat, will provide the applicant with a copy of the GCBS Terms of Reference.
3. In order for an application to be considered, the applicant will be required to submit adequate information and documentation regarding its legal status, membership, mandate, aims and objectives, as well as a summary of its activities as they relate to the criteria to become a participant, observer or liaison, as described in paragraph 4.1 of the Terms of Reference. Individuals applying to become a participant, observer or liaison will be required to provide adequate information and documentation regarding their expertise and experience in the safety of blood products and transfusion practices, together with a summary of their international activities as they relate to the goal and objectives of the GCBS.
4. WHO will circulate each application, together with the information and documentation provided, to the Planning Group for consideration.
5. Following such provisional acceptance of an application by the Planning Group, WHO, as the GCBS secretariat, will:
  - extend an invitation to the applicant to attend the next General Meeting as an observer and to make a presentation on its international activities relevant to the GCBS; and
  - provide the application, together with the information and documentation provided, to the General Meeting for consideration.
6. Following consideration of all information and documentation, as well as the above mentioned presentation, the General Meeting will proceed to take a final decision on the application.

November 2005

## WHO Collaborating Centres (updated November 2006)

REGION	TITLE OF THE CENTRE	DIRECTOR/ HEAD
<b>African Region</b>		
Harare, Zimbabwe,	WHO Collaborating Centre for Blood Transfusion	Dr M.E. Chitiyo Medical Director, National Blood Transfusion Service Mazowe Street North PO Box A101, Avondale, Harare Tel: + 263 4 70 78 04/793552 Fax: + 263 4 70 78 02 E-mail: <a href="mailto:nbts@africaonline.co.zw">nbts@africaonline.co.zw</a>
<b>Americas Region</b>		
Sao Paulo, Brazil	WHO Collaborating Centre for Quality Control of Serology in Blood Banks	Dra. Márcia Otani Mitiko Chefe Depto Controle de Qualidade Serologia Fundação Pró-Sangue Hemocentro de São Paulo Av. Enéas de Carvalho Aguiar, 155 CEP 05403-000 São Paulo SP Tel: +55 (11) 3061-5544 (Ramal 353) Fax: +55 (11) 3088-8317 e-mail: <a href="mailto:otanimarcia@uol.com.br">otanimarcia@uol.com.br</a>
<b>Eastern Mediterranean Region</b>		
Tunis, Tunisia	WHO Collaborating Centre for Blood Transfusion	Professor Kamel Boukef Director, National Blood Transfusion Centre, Ministry of Public Health, 13 rue Djebel Lakhdar, Bab Saadoun, Tunis, 1006 Tel: +216 71 574 106 Fax: +216 71 562 957 e-mail: <a href="mailto:kamel.boukef@rns.tn">kamel.boukef@rns.tn</a>

Amman, Jordan,	WHO Collaborating Centre for Blood Transfusion	Dr Janiet Merza Niquir Director, National Blood Bank, P.O. Box 10058, Al Ashrafieh, Amman Tel:+962 (6) 474 91 23 Fax: +962 (6) 474 91 23 e-mail: <a href="mailto:nbbam@moh.gov.jo">nbbam@moh.gov.jo</a>
<b>European Region</b>		
Antwerp, Belgium	WHO Collaborating Centre for HIV/AIDS Diagnostics and Laboratory Support	Dr Luc Kestens Director, Department of Microbiology Institute of Tropical Medicine 155 Nationalestraat B-2000 Antwerp Belgium Tel: +32-3 247 63 32 Fax: +32-3 247 63 33 e-mail: <a href="mailto:ikestens@itg.be">ikestens@itg.be</a>
Langen, Germany	WHO Collaborating Centre for Quality Assurance of Blood Products and in vitro Diagnostic Devices	Professor Rainer Seitz Director, Paul-Ehrlich-Institute (PEI ) Paul Ehrlich Str. 51-59 D-63225 Langen Germany Tel: +49-6103 77 2600 Fax: +49-6103 77 1250 e-mail: <a href="mailto:haematology@pei.de">haematology@pei.de</a>
Helsinki, Finland	WHO Collaborating Centre for Transfusion Medicine, Immunohaematology & Plasma Fractionation	Dr Jukka L. K Rautonen Director, Finnish Red Cross Blood Transfusion Service Kivihaantie 7, FIN-00310 Helsinki, Finland Tel: +358-9-5801 260 Fax: +358-9-5801 233 e-mail: <a href="mailto:jukka.rautonen@bts.redcross.fi">jukka.rautonen@bts.redcross.fi</a>

Groningen, Netherlands	WHO Collaborating Centre for Technology for Health Care (Blood Transfusion)	Prof Cees Th. Smit Sibinga, Director Sanquin Consulting Services Post Box 11085, NL- 9700 CB Groningen Netherlands Tel: +31 50 361 00 61 / +31 6 2223 4325 Fax: +31 50 361 90 39 E-mail: <a href="mailto:sibinga@wolmail.nl">sibinga@wolmail.nl</a> <a href="mailto:c.smitsibinga@sanquin.nl">c.smitsibinga@sanquin.nl</a>
Bristol, United Kingdom of Great Britain and Northern Ireland	WHO Collaborating Centre for Immunohaematology	Professor David J Anstee Director, International Blood Group Reference Laboratory (IBGRL) National Blood Service Southmead Road Bristol BS10 5ND United Kingdom of Great Britain and Northern Ireland Tel: +44-117 991 2103 Fax: +44- 117 959 1660 e-mail: <a href="mailto:david.anstee@nbs.nhs.uk">david.anstee@nbs.nhs.uk</a>
London, United Kingdom of Great Britain and Northern Ireland	WHO Collaborating Centre for Diagnostic Haematology Technology	Mrs Anne Bradshaw Director, Department of Haematology Imperial College of Medicine, Hammersmith Hospital Campus Ducane Road London W12 0HS United Kingdom of Great Britain and Northern Ireland Tel: +44-208 383 1975 Fax: +44-208 383 1979 e-mail: <a href="mailto:abradshaw@hhnt.org">abradshaw@hhnt.org</a>

London, United Kingdom of Great Britain and Northern Ireland	WHO Collaborating Centre for Laboratory and Diagnostic Support	Dr John Parry Director, Sexually Transmitted and Bloodborne Virus Laboratory Virus Reference Department(V.R.D.) Health Protection Agency 61 Colindale Avenue London NW9 5HT United Kingdom of Great Britain and Northern Ireland Tel: +44-208 383 1975 Fax: +44-208 383 1979 e-mail: <a href="mailto:abradshaw@hhnt.org">abradshaw@hhnt.org</a>
Watford, United Kingdom of Great Britain and Northern Ireland	WHO Collaborating Centre for Quality Assessment in Haematology	Dr E. J. Parker-Williams United Kingdom National External Quality Assessment Scheme for General Haematology, UK NEQAS (H) Watford General Hospital PO Box 14 Watford WD 18 0FJ United Kingdom of Great Britain and Northern Ireland Tel: +44-1923 217 878 Fax: +44-1923 217 879 e-mail: <a href="mailto:haem@ukneqas.org.uk">haem@ukneqas.org.uk</a>
Ljubljana , Slovenia	WHO Collaborating Centre for Quality Management in Transfusion Medicine	Dr Božidar Voljč Head, Unit for Quality Management Blood Transfusion Centre of Slovenia Šlajmerjeva 6 1000 Ljubljana Slovenia Tel: +386 1 5438 100 Fax: +386 1 2302 224 Email: <a href="mailto:zdenka.gjurin@ztm.si">zdenka.gjurin@ztm.si</a>

<b>South-East Asia Region</b>		
Bangkok, Thailand	WHO Collaborating Centre for Training in Transfusion Medicine	Dr Rachanee O'Charoen, Director, National Blood Centre, Thai Red Cross Society, 1871 Henri Dunant Road, Pathumwan, Bangkok 10330 Thailand Tel: +662 251 3111/252 4106-9 Fax: +662 255 5558 E-mail: <a href="mailto:rachanee@redcross.or.th">rachanee@redcross.or.th</a>
<b>Western Pacific Region</b>		
Fitzroy, Australia	WHO Collaborating Centre for AIDS	Dr Elizabeth M. Dax Director, National Serology Reference Laboratory(NRL) St Vincent's Institute of Medical Research 4 <sup>th</sup> floor, Healey BUILDING 41 Victoria Parade Fitzroy, Vic 3065 Australia
Shanghai, China	WHO Collaborating Centre for Blood Transfusion Services	Professor Zhu Yongming President, Shanghai Blood Center #1191, Hongqiao Road Shanghai 200051 Peoples Republic of China Tel +86 21 6278 0789 Fax +86 21 62958414 E-mail: <a href="mailto:ymzhu@sbc.org.cn">ymzhu@sbc.org.cn</a>
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