
GLOBAL BLOOD SAFETY INITIATIVE



CONSENSUS STATEMENT ON HOW TO ACHIEVE A SAFE AND ADEQUATE BLOOD SUPPLY BY RECRUITMENT AND RETENTION OF VOLUNTARY, NON-REMUNERATED BLOOD DONORS

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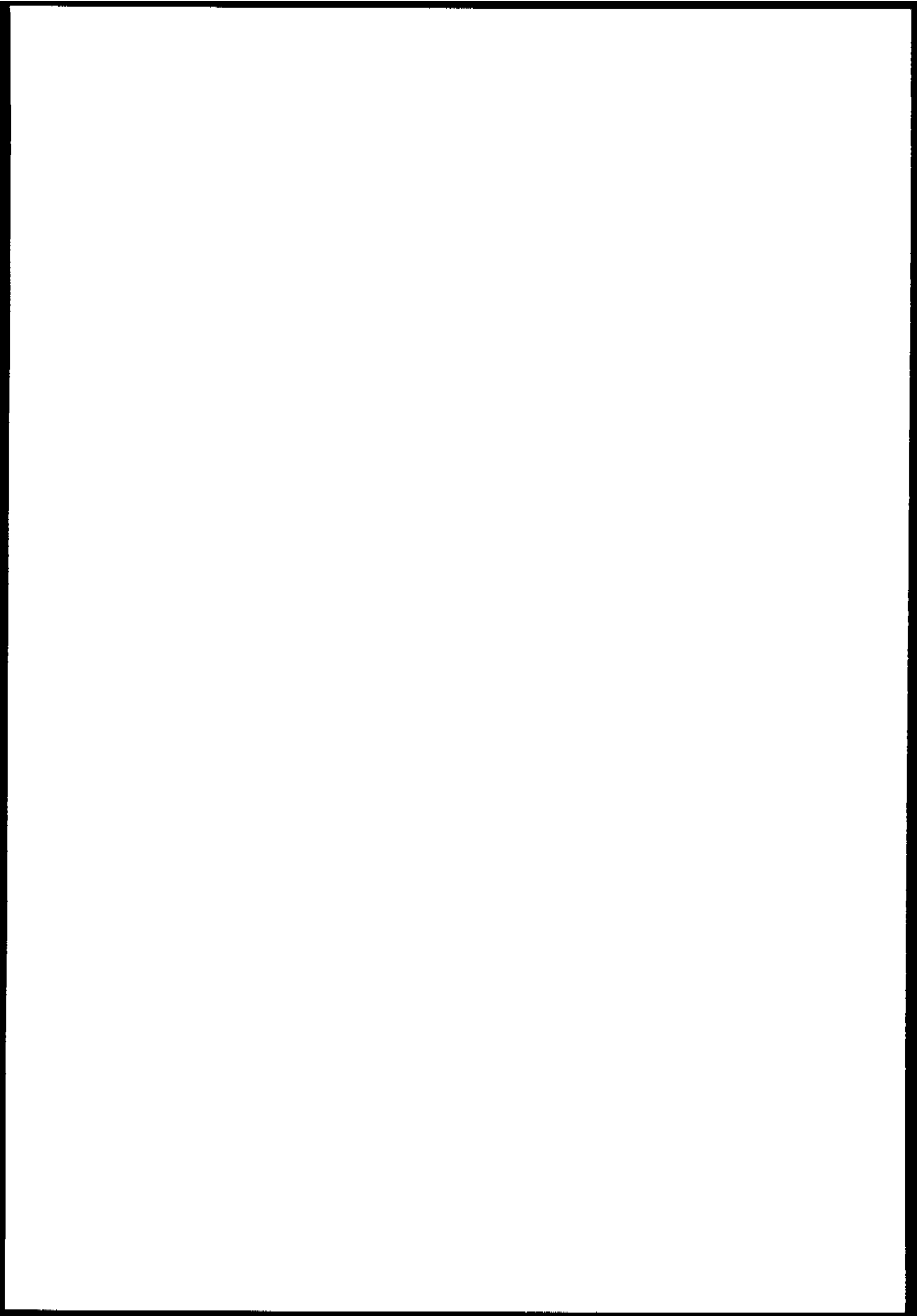
WORLD
HEALTH
ORGANIZATION

GLOBAL
PROGRAMME
ON AIDS

Health
Laboratory
Technology and
Blood Safety Unit



International
Federation of Red
Cross and Red
Crescent Societies





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BLOOD SUPPLY BY RECRUITMENT AND RETENTION OF
VOLUNTARY, NON-REMUNERATED BLOOD DONORS**

Geneva, April 1991

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Consensus statement on how to achieve a safe and adequate blood supply by recruitment and retention of voluntary, non-remunerated blood donors

The Global Blood Safety Initiative (GBSI) is a cooperative endeavour to support the development of safe and effective blood transfusion services in all countries. Core participants are the World Health Organization's Global Programme on AIDS and Health Laboratory Technology and Blood Safety Unit, the League (now the International Federation) of Red Cross and Red Crescent Societies, the United Nations Development Programme and the International Society of Blood Transfusion. GBSI is also supported by the World Federation of Hemophilia and other bilateral and multilateral development agencies and nongovernmental organizations.

This document was reviewed and endorsed by the GBSI Consultation on Blood Donor Recruitment, held in Geneva on 8-11 April 1991. Fifteen specialists and observers from twelve countries participated in the consultation (Annex 1).

1. Introduction

- 1.1 There is an increasing need for blood and blood products in many parts of the world as a result of new developments in transfusion medicine and technology. Most blood donor programmes are unable to meet these demands because of many difficulties in mobilizing community resources and establishing reliable bases of regular safe blood donors. At the same time, the spread of the acquired immunodeficiency syndrome (AIDS) pandemic has led to reductions in blood donation, compromised blood supply safety and posed substantial additional challenges, particularly in countries with a high prevalence of human immunodeficiency virus (HIV) infection. The purpose of this consensus statement is to provide recommendations that will help countries to establish and maintain safe and adequate blood supplies.
- 1.2 It is internationally recognized that the foundation for a safe and adequate supply of blood and blood products is the effective motivation, recruitment, selection, and retention of voluntary, community-based, non-remunerated blood donors. The recommendations in this statement are based on this principle.
- 1.3 Although other types of blood donation which are not strictly voluntary and non-remunerated are currently used in some places, they are not recommended for a safe blood supply. Of particular concern are replacement, family and directed donations, and remunerated or commercial donations.
 - (a) In blood donation systems that are based on replacement, family, or directed donations, it is the responsibility of recipients or their relatives to obtain the blood that is needed. This type of system may lead to coercion of donors, when there is pressure from family and friends. It may also encourage remunerated donation, when recipients or relatives covertly pay other individuals to donate blood. Finally, even when the recipients' immediate needs are met, there is no commitment by donors in this system to donate again in order to help meet the long-term needs of the wider community.

- (b) In a remunerated or commercial blood donation system, the donor receives compensation in money or in kind. Apart from any ethical considerations, this type of system encourages people in need of money to sell their blood, even if they are medically unsuitable as donors. As a result, the safety of the blood supply is compromised. Moreover, the health and safety of the donors may also be at risk as they may try to donate too frequently or when they have medical conditions that make blood donation unsafe or even dangerous.
- 1.4 This document is intended primarily for health authorities and transfusion specialists responsible for developing blood transfusion services. The recommendations will also be useful for individuals and groups who are involved in assisting blood transfusion services to manage and plan blood donor programmes.
- 1.5 The recommendations presented in this document are based on the principles endorsed by the XXIInd International Conference of the Red Cross, Teheran, Islamic Republic of Iran, 1973, in resolution XVIII (see Annex 2); the Twenty-eighth World Health Assembly of the World Health Organization, Geneva, Switzerland, 1975, in resolution WHA28.72 (see Annex 3); a resolution of the General Assembly of the International Society of Blood Transfusion (ISBT), Montreal, Canada, 1980 (see Annex 4); and the ISBT Code of Ethics for Blood Donation and Transfusion, 1980 (see Annex 5).
- 2. Establishing blood donor programmes and defining responsibilities**
- 2.1 The blood supply of every country should be safe and sufficient to meet the health care needs of the country. Blood transfusion services in every country should aim to establish a blood donor programme, with a nationally coordinated policy, that collects blood from voluntary, non-remunerated donors. These objectives should be reached through national initiatives with international guidance as necessary.
- 2.2 The responsibility for the blood donor programme, as for blood transfusion services in general, must lie with national health authorities using appropriate regulatory mechanisms. The health authorities must ensure adequate financial, technical, and human resources for a sustainable programme.
- 2.3 Part or all of the management of the blood donor programme may be delegated by the government to an appropriate organization (e.g., the Red Cross and Red Crescent or other not-for-profit nongovernmental organization). Any such delegation should be fully and formally documented.
- 2.4 Blood transfusion services and blood donor programmes have the responsibility to maintain a safe and adequate supply of blood based on careful assessment of community needs.
- 2.5 National, regional and local blood requirements must be determined in order to establish a realistic goal for the number of units and type of blood or blood components to be collected and prepared. These requirements should be reassessed regularly.

- 2.6 Blood donor programmes have the responsibility to consider and plan, in coordination with blood transfusion services, the means and the resources to meet such requirements, in particular the recruitment of regular, community-based, non-remunerated blood donors and the availability of competent blood donor programme staff with appropriate interpersonal skills.
- 2.7 A carefully formulated blood donor strategy is critical for ensuring adequate blood supplies, safety and operational cost-effectiveness. Success depends on detailed planning, clear objectives, policies and targets based on assessment of community needs and careful consideration of the ethical aspects of blood donation. These must also take into account the appropriate care and support to be given to volunteers who come forward freely to give blood for the benefit of the community at large.
- 2.8 Plans for meeting the long-, medium- and short-term targets for recruitment and retention of safe blood donors should be drawn up, taking into account appropriate epidemiological and demographic factors concerning transfusion-transmissible diseases.
- 2.9 Plans for blood donor recruitment can be developed in partnership with blood donation committees (national or local) and blood donors themselves. Partnership can be centred on formal or informal activity groups, such as blood donor associations or other community networks.
- 2.10 All donations should be from voluntary, non-remunerated donors. As noted above (section 1.3), alternative sources of blood through replacement, family, directed, or remunerated donation systems may lead to coercion of donors and thus compromise the safety of the blood supply. These systems are unethical and unacceptable both socially and medically. Reliance on such systems should be discouraged and steps should be taken to discontinue them.
- 2.11 Blood transfusion services and blood donor programmes should recognize their responsibility for the safety of donors, recipients and blood collection staff. They should draw up criteria and standards for blood donor recruitment, selection and care. These criteria and standards should be consistent with ethical principles, as laid down in the ISBT Code of Ethics for Blood Donation and Transfusion, 1980 (see Annex 5) and in relevant recommendations and resolutions of WHO and other international bodies.
- 2.12 Blood donor programmes should develop standard operating procedures and adhere to them to ensure the quality of all blood collection activities before, during and after donation.
- 2.13 Blood donor records should contain adequate information for the further development of donor recruitment and donor management programmes, without unnecessary intrusion into the privacy of the individual.
- 2.14 Close cooperation with the community should be sought and maintained. Blood donor programmes should devise mechanisms for the support and coordination of community-based

groups for donor recruitment, and should establish an effective communication system for providing the community with the information and education necessary to maintain a safe and regular donor base.

- 2.15 Blood transfusion services and blood donor programmes should ensure that all members of the community understand the importance of voluntary, non-remunerated blood donors for an adequate and safe supply of blood. Health care professionals in particular should be made aware that they should support blood donor recruitment activities.
 - 2.16 Blood donor programmes should recognize the importance of the image they present. They must be seen by potential donors and the public in general as competent, caring and trustworthy organizations that cooperate with blood donors to play a vital role in the health care of the country.
 - 2.17 Blood transfusion services and blood donor programmes should ensure that blood donors are fully informed about the consequences of donating blood, including the possible adverse effects. Information must be presented in a clear and simple way that is easy to understand (see sections 4.5 and 4.6).
 - 2.18 Blood transfusion services and blood donor programmes are responsible for notifying blood donors confidentially of abnormal test results. The blood donor programme is also responsible for ensuring that these donors receive appropriate counselling and support if required. The blood donor programme may either undertake counselling itself or refer donors to another competent agency. Notification and handling of HIV seropositive blood donors require resources and special skills and can pose logistic, ethical and public health problems. It is recommended that this is regulated by a policy decision taken at the highest level of health authorities and in consultation with the national AIDS committee. (see also section 5.7).
 - 2.19 An adequate number of appropriately trained staff should be assigned to carry out the tasks related to donor recruitment, retention and care. Emphasis should be given to training in order to enable them to develop the special skills needed.
 - 2.20 Close coordination between those who recruit blood donors and those who collect blood is essential for efficient and effective blood donor programmes.
 - 2.21 Blood donor programmes should regularly monitor and evaluate their activities to ensure that they meet the requirements outlined above. All staff should be made aware of their responsibility for maintaining good relations with blood donors.
- 3. Influencing community beliefs and attitudes about blood donation**
- 3.1 The concept of giving blood is relatively new in most developing countries. Cultural and, recently, socioeconomic factors have been associated with a reluctance to give blood at all, especially without reward. Many people are not disposed (motivated) towards voluntary,

non-remunerated blood donation because they do not have a set of attitudes and beliefs to support it. They may have incorrect beliefs about potentially negative consequences of blood donation (negative motivation factors). Before these people can be called upon to donate, new, positive attitudes toward blood donation must be developed. This can be achieved through community education.

- 3.2 A national policy for community education about blood donation should be established to ensure coordination of the information, education and communication activities involved. Several steps are needed to implement this policy.
 - (a) Studies should be carried out to define the demographic, social, economic, and cultural characteristics of the community; use should be made of findings from research already undertaken in this area. These characteristics determine current attitudes toward blood donation. (Social and market research models may be adapted for use in collecting this information and formulating strategies to change existing attitudes and beliefs.)
 - (b) Differences in values and attitudes in the community should be adequately assessed. Diversity must be recognized and addressed within the various community subgroups.
 - (c) Long-term information, education and communication strategies to change attitudes should be formulated. Incorporating education about blood donation in the curricula of schools and other institutions may be a particularly useful approach.
- 3.3 Adequate and sustained funding should be made available for a continuous programme of information, education and communication activities.
- 3.4 Blood donor programmes have the responsibility to ensure that donor recruitment staff are properly trained. Adequate funding and expertise should be made available for this purpose. Donor recruitment staff may be volunteers from the community or transfusion service personnel. Volunteers may be able to reach broader sections of the community, but they will need to be well trained. Community leaders, teachers, medical professionals, journalists and social workers are suitable candidates.
- 3.5 The ultimate targets of community education are the potential adult donors of today and the children who will form the next generation of blood donors.

4. Selecting safe donors

- 4.1 Given that there are limitations in the process of testing blood for transfusion-transmissible diseases, it is imperative that blood donor programmes implement mechanisms for selecting safe donors and screening out donors with risk factors for such diseases.
- 4.2 It is not safe, practical, or cost-effective to recruit donors or to collect blood where there is a high prevalence of transfusion-transmissible diseases. However, every effort must be made to avoid using this information as a reason for discrimination in the community.

- 4.3 Blood transfusion services and blood donor programmes should be able to collect and use the epidemiological information necessary to develop the most appropriate exclusion and deferral criteria for donors (see section 4.7) and to identify subgroups of the population who are at low risk for transfusion-transmissible diseases. The effectiveness of this procedure should be monitored continuously and the criteria updated regularly.
- 4.4 Blood donor programmes should also collect information from current blood donors, including demographic characteristics and participation in risk behaviour. This information will help identify subgroups of safe donors.
- 4.5 Blood donors should be made aware of the significance of their health status with respect to both any risk they incur when they donate blood and any risk recipients incur when they receive donated blood. It is imperative that potential donors understand who should and who should not give blood. This requires clear messages which are carefully worded and appropriately communicated.
- 4.6 Each blood donor programme should develop sensitive, culturally appropriate forms of communication. All communications with blood donors should use culturally effective media and be presented in simple, non-technical language that is easy to understand. The effectiveness of communication methods and materials should be regularly monitored and evaluated.
- 4.7 Mechanisms should be developed to encourage donors with risk factors for transfusion-transmissible diseases not to donate (self-exclusion or self-deferral).
 - (a) Examples of such mechanisms are group pre-donation talks and one-to-one pre-donation interviews. As far as possible, these should be discreet and should not discourage acceptable blood donors from donating. The effectiveness of these mechanisms should be monitored and evaluated.
 - (b) A mechanism that allows donors to indicate confidentially, after donation, that their blood should not be used for transfusion may be helpful in cases where the individual's self-exclusion or self-deferral at the place of donation would be visible to other donors and hence result in potential embarrassment or subsequent discrimination. Such a mechanism should be carefully evaluated before implementation; it may be difficult to explain it clearly enough to blood donors. Specialized staff and effective documentation are necessary to trace, retrieve, and dispose of potentially infective blood that has been identified through this mechanism.
- 4.8 Rigorous screening procedures should be implemented for every donation. However, the prevalence of markers for transfusion-transmissible infections is higher among first-time donors and those who do not give regularly than among regular blood donors. Blood donor programmes may, therefore, decide to handle first-time donors and their donations differently from regular donors.

- 4.9 Testing the blood of donors before they donate raises many ethical, logistic and economic problems. All these factors should be evaluated before pre-donation testing is considered.
 - 4.10 Blood transfusion services and blood donor programmes should urge governments to provide the public with adequate testing facilities for HIV infection and other transfusion-transmissible diseases so that people do not use the blood transfusion service as an alternative, easily accessible testing site.
 - 4.11 Blood donor programmes should maintain close links with national AIDS programmes to ensure that messages about HIV/AIDS developed by both are consistent. A national AIDS programme may also be an excellent source of printed material for donor education and support.
 - 4.12 Blood donor programmes should also maintain close liaison with health facilities and with health education and education authorities to encourage them to incorporate information about blood donation into their activities.
- 5. Retaining blood donors**
- 5.1 Voluntary, non-remunerated donors who give blood regularly are safer than first-time or occasional donors because they are informed, committed, and regularly screened for markers of transfusion-transmissible diseases. By retaining regular donors, blood donor programmes can build up a base of safe donors to meet community blood needs.
 - 5.2 In order to determine how to encourage repeat donation, blood donor programmes should investigate and analyse why some donors give blood regularly while others lapse.
 - 5.3 Staff should be appropriately selected and trained to provide a high-quality service that encourages repeat donation.
 - 5.4 Blood donor programmes should have adequate record systems that enable them to locate and invite former donors or groups of donors to blood collection sessions. (Invitation may be by personal communication, letter, telephone call, face-to-face interaction, mass media, etc.) An effective recall system for regular, safe donors should be instituted.
 - 5.5 Blood donor programmes should ensure that they effectively communicate to donors the importance of donating blood regularly so as to ensure an adequate and safe blood supply and hence meet the needs of the community. In addition, they should establish a mechanism to facilitate the exchange of views with donors and to respond to their suggestions.
 - 5.6 Blood donors should be made to feel safe during the donation process. Staff should ensure that the donation experience is as pleasant as possible.
 - (a) The location and times of collection should be convenient for donors, and blood collection sites should be visible, easily accessible, clean, well equipped, and attractive.

- (b) Blood collection staff should always behave in a caring and efficient manner and the privacy of blood donors should be ensured when personal information is being obtained or discussed, particularly during the pre-donation interview.
 - (c) Information materials and records should be designed so that staff and blood donors understand and use them effectively.
- 5.7 Voluntary blood donation is a partnership between the donor and the blood procurement organization, and donors' wishes must be respected. Pre-donation information given to donors should include a clear explanation of their rights and responsibilities, and safety aspects, so that their informed consent can be obtained before donation.
- (a) Permission must be obtained from donors before any information provided by them during the donation process is disclosed. Donors' medical records should be kept confidential. They should not be disclosed except when required officially and specifically for medical reasons by national health authorities.
 - (b) Staff should explain to donors clearly and with sensitivity the reasons why, in order to protect the health of the donor or recipient of the blood, exclusion or deferral may be necessary, and the meaning of any abnormalities that may be found in testing.
- 5.8 It is important to many blood donors that their contribution is recognized by some form of award, certificate or ceremony. Care should be taken that such recognition does not constitute a financial incentive or remuneration.
- 5.9 Regular blood donors can enhance donor recruitment because they are committed to the concept of voluntary blood donation. The blood donor programme may benefit from inviting them to share in recruitment of new donors.
- 5.10 Blood donor programmes should encourage initiatives for community mobilization.
- 5.11 Groups of donors in the community should be encouraged to provide feedback to the blood donor programme on the quality of service.
- 5.12 Blood donor groups can be arranged in national or regional donor associations or in other forms of organized networks. They should work with blood donor programmes in a partnership whose terms have been defined. The structure of the partnership will need to reflect the nature of the community and its needs.
- 5.13 Blood donor programmes should be provided with human and financial resources that are adequate to ensure maximum donor retention.

6. Staff selection and training

- 6.1 Blood donor programmes are responsible for selecting and training staff to become highly professional and skilled in their work of recruiting and retaining the voluntary blood donors needed to provide an adequate and safe blood supply. Blood collection personnel require technical skills for which additional specialized training is needed.
- 6.2 Adequate funding must be provided to enable blood donor programmes to recruit, train and retain competent staff and to organize regular in-service training programmes.
- 6.3 Blood transfusion services and the health authorities should establish a clear and attractive career structure with development opportunities for all staff employed in blood transfusion services and blood donor programmes. The management structure and job descriptions must be clearly defined so that all staff understand their individual functions.
- 6.4 There must be a clear policy on the selection of blood donor programme staff. The qualities and skills sought for each position should be defined explicitly.
- (a) Personal qualities. An outgoing but tactful manner, enthusiasm, an aptitude for community service, and the potential for developing a strong commitment to the blood transfusion service are important. An understanding of local cultural beliefs and practices and local concerns is also useful.
- (b) Professional requirements might include communication, language, and organizational skills. Acceptable background experience might include work in public relations, marketing, or some other communications industry, health education, nursing, teaching, social work, or journalism.
- 6.5 Each blood donor programme coordinator should be responsible to the director of the blood transfusion service and should be a senior manager who provides leadership, and is able to set objectives and policies and ensure ongoing appraisal and evaluation of blood collection targets.
- (a) Whatever the size of the blood donor programme or the staffing structure, the coordinator must be highly skilled and experienced. The tasks of the coordinator include organization and management of the donor recruitment programme, public relations and related communications activities, ensuring a high quality of donor care and service, and evaluation of the programme including donor feedback.
- (b) Coordinators responsible for developing blood donor programmes at national or regional levels must possess advanced management and communications skills.
- 6.6 The role of volunteers may be very important in supporting blood donor programmes. Volunteers establish links with the community, and they can form networks to promote blood donation. They should be thoroughly assessed, trained and evaluated. Because of their

importance and the insights they can provide, they should also be consulted about policy decisions.

- 6.7 The relationship between professional staff and volunteers must be sensitively managed. It is also essential that the achievements of both are properly recognized so that they continue to support blood donor programme development. Teamwork is essential and all staff should be ultimately accountable to the programme coordinator.
- 6.8 It is important to define standards for staff training to facilitate a national or regional training framework. However, these standards must be sufficiently flexible to accommodate local needs. Assistance from international, nongovernmental and national organizations with expertise in curriculum development and the training of trainers may be needed in designing appropriate training programmes.
- 6.9 Information materials, records, and procedures must be designed so that staff can be easily trained to use them.
- 6.10 If there is a national AIDS education and counselling programme, it should be used as a resource for the education and training of donor recruiters and other staff who require skills in these areas.
- 6.11 In general, all personnel of the blood transfusion service should have basic training in blood donor relations.
- 6.12 Regular appraisal of staff performance is essential. Training records are useful for the evaluation of the blood donor programme.

7. Evaluation and monitoring of blood donor programmes

- 7.1 The successful implementation of the recommendations for the provision of safe blood to the community depends on continuous, systematic monitoring and evaluation of blood donor programmes. All components of programmes should be evaluated.

Appropriate indicators that can be easily quantified should be devised. Overambitious evaluation schemes can be counterproductive and should not be encouraged.

Indicators should, as far as possible, be derived from standard operating procedures. When additional survey activities are required, they should be within the capabilities and responsibilities of the service staff.

- 7.2 The level and degree of involvement of national authorities and blood transfusion services in establishing effective blood donation programmes is difficult to measure; however, the following indicators can be routinely used:

- proportion of blood transfusion budget allocated to the blood donor programme

- proportion of funds allocated to the blood donor programme but not used
- proportion of targets not reached because of lack of funds.

Regular appraisal of the targets achieved can also serve as a measure of programme effectiveness, as can the programme's degree of consistency with international recommendations.

7.3 The following can be used as indicators for monitoring and evaluating the techniques used to recruit, train and develop appropriate professional staff for blood donor programmes:

- number of staff in the donor programme in relation to blood needs and total blood collection figures
- staff turnover rate
- number of centres with established donor recruitment staff
- number of volunteers trained to work in the recruitment programme
- number of staff who have participated in external training courses, e.g., public relations, communication, donor support and counselling
- proportion of donor and staff problems resolved satisfactorily.

Human resource development and improvement of output of the blood donor programme can be monitored by assessing the effect of training on staff performance.

7.4 Strategies for recruiting, selecting and retaining safe donors can be evaluated using the following indicators:

- proportion of blood donations found to have markers for transfusion-transmissible diseases; the aim is to reduce the proportion in comparison to the prevalence of these markers in the community in general
- proportion of donors who are voluntary, non-remunerated, community-based donors - if this proportion is less than 100%, what plan is in place to increase the proportion?
- yearly reduction in the number of paid donations
- proportion of blood donors who are regular donors and proportion who are new or occasional donors
- rate of annual donation by individual donors - this provides a measure of the effectiveness of donor recruitment and retention activities

- proportion of lapsed donors - this also provides a measure of the effectiveness of donor retention activities
- number of donors returned to the regular donor file over a specified time period.

The number of blood donors who have exercised self-deferral cannot be monitored using routine records. Specially constructed questionnaires are required to gather this information. Similarly, staff knowledge of effective donor exclusion and deferral mechanisms and of risk factors for transfusion-transmissible diseases is difficult to evaluate and specially designed surveys or focus group studies may be required for this purpose.

7.5 The following two indicators can be used for monitoring and evaluating the effectiveness of community education strategies aimed at developing positive attitudes and beliefs about voluntary blood donation:

- level of increase in blood donation following educational programmes for specific target groups
- number of community support groups formed in response to specific educational activities in the community.

Follow-up of the implementation over a defined period of planned information, education and communication strategies can also serve as a guide to the effectiveness of blood donor programmes. For example, it may be useful to determine implementation ratios for the following:

- number of campaigns planned and achieved for different target population groups
- number and type of support materials developed for use and effectively pretested on suitable population samples
- number of mass media campaigns planned and prepared and frequency of use
- number of completed questionnaires or focus group studies used in evaluating change of attitudes towards voluntary blood donation
- level of community awareness of blood donation as measured through appropriate questionnaires or focus group studies
- number of school visits planned and carried out and the extent of changes in school curricula.

7.6 The following indicators can be used for monitoring and evaluating the efficiency of blood collection methods and donor recall mechanisms:

- number of blood units collected per session
- cost per unit per session and the ratio between the number of units collected and the number of blood collection staff
- levels of exclusion or deferral by session and by specific geographical location at fixed and mobile blood collection sites
- number of centres with adequate donor records - for donor recall, donor exclusion and deferral, and evaluation of blood collection sessions.

The implementation rates per defined time period of the following can also be used to monitor the overall effectiveness of blood donor programmes:

- proportion of blood collection targets met
- number of mobile collection sessions
- effect of introducing standard operating procedures on donor attendance, donor retention and donor exclusion and deferral
- frequency of review of standard operating procedures
- effect of in-service training of programme staff on donor attendance, retention, exclusion and deferral.

Annex 1
List of participants

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Annex 2

XXIInd International Conference of the Red Cross, Teheran, Islamic Republic of Iran, 1973, Resolution XVIII: Blood Transfusion

The XXIInd International Conference of the Red Cross

taking note that almost half of the National Societies conduct a blood service today, 14 of whom supply their nations' complete blood service needs,

recalling that the International Red Cross Conference in 1936, 1948, 1952 and 1957 adopted resolutions commending the development of blood services to all National Societies and, beginning with the 1948 resolution, also enunciating the principle of non-remunerated blood donation,

observing with satisfaction that the governing bodies of the League of Red Cross Societies have steadily encouraged National Societies through resolutions adopted in 1946, 1950, 1952, 1956, 1958, 1959, 1963 and 1966 to stimulate the development of blood services based on the principle of non-remunerated blood donation,

desiring that every nation benefit from the major medical and scientific advances achieved in recent years in blood research, technology and programming,

believing, with influential opinion around the world, that the non-remunerated donation of blood in a nationwide non-commercial blood service produces the safest medical therapy and strengthens a nation's social structure through the value it places on this freely chosen individual act of humanitarian service,

affirms that a service based on voluntary blood donation, motivated by humanitarian principles, is the safest and most effective way of supplying blood needs,

urges the Governments of all nations to adopt the highest standards in providing a safe blood service to their citizens, and to formulate those standards on the concept of non-remunerated blood donation,

recommends to each National Society and its Government that they undertake a strong combined effort to attain the humanitarian objectives of a total national blood service based on the broad voluntary participation of the people.

Annex 3

**Twenty-eighth World Health Assembly, Geneva, Switzerland, 1975
Resolution WHA28.72: Blood and blood products**

The Twenty-eighth World Health Assembly

conscious of the increasing use of blood and blood products,

having considered the information provided by the Director-General on the utilization and supply of human blood and blood products,¹

bearing in mind Resolution XVIII of the XXII International Conference of the Red Cross,

noting the extensive and increasing activities of private firms in trying to establish commercial blood collection and plasmapheresis projects in developing countries,

expressing serious concern that such activities may interfere with efforts to establish efficient national blood transfusion services based on voluntary non-remunerated donations,

being aware of the higher risk of transmitting diseases when blood products have been obtained from paid rather than from voluntary donors, and of the harmful consequences to the health of donors of too frequent blood donations (one of the causes being remuneration),

1. THANKS the Director-General for the actions taken to study the problems related to commercial plasmapheresis in developing countries;
2. URGES Member States:
 - (1) to promote the development of national blood services based on voluntary non-remunerated donation of blood;
 - (2) to enact effective legislation governing the operation of blood services and to take other actions necessary to protect and promote the health of blood donors and of recipients of blood and blood products;
3. REQUESTS the Director-General:
 - (1) to increase assistance to Member States in the development of national blood services based on voluntary donations, when appropriate in collaboration with the League of Red Cross Societies;

¹ WHO Official Records, No. 226. 1975, p. 110.

- (2) to assist in establishing cooperation between countries to secure the adequate supply of blood products based on voluntary donations;
- (3) to further study the practice of commercial plasmapheresis including the health hazards and ethical implications, particularly in developing countries;
- (4) to take steps to develop good manufacturing practices specifically for blood and blood components in order to protect the health of both donors and recipients; and
- (5) to report to the World Health Assembly on developments in these matters.

Annex 4

**Resolution of the General Assembly of the International Society of Blood
Transfusion, Montreal, Canada, 1980
(meeting at the XVIth International Congress of the International
Society of Blood Transfusion)**

The General Assembly of the International Society of Blood Transfusion meeting at the XVIth International Congress of the Society in Montreal,

REAFFIRMS

The resolutions passed by the General Assembly during the XIVth and XVth International Congresses in Helsinki 1975 and Paris 1978.

RE-EMPHASISES that:

1. Development of a national transfusion programme regulated by the appropriate national authority is essential if a nation's needs in therapeutic blood products are to be met in full.
2. All such national blood programmes should strive to be self-sufficient by achieving, through the rational use of blood products, a balance between needs and resources.
3. International shipments of blood, plasma or blood products should:
 - a) be preferably to countries whose transfusion programmes are the least developed and which need the most support,
 - b) show on the container the country of origin as well as the organization responsible for collection of the original donation.

REQUIRES:

All members of the Society, both individually and collectively, to improve the ethical, medical, and technical standards of blood transfusion practice to the best of their ability in accordance with the code of ethics of the Society and this resolution.

Annex 5

International Society of Blood Transfusion Code of Ethics for Blood Donation and Transfusion, 1980

The object of this code is to define the principles and rules to be observed in the field of blood transfusion; these should form the basis of national legislation or regulations.

I. The Donor

1. Blood donation shall, in all circumstances, be voluntary; no pressure of any kind must be brought to bear upon the donor.
2. The donor should be advised of the risks connected with the procedure; the donor's health and safety must be a constant concern.
3. Financial profit must never be a motive either for the donor or for those responsible for collecting the donation. Voluntary non-remunerated donors should always be encouraged.
4. Anonymity between donor and recipient must be respected except in special cases.
5. Blood donation must not entail discrimination of any kind, either of race, nationality or religion.
6. Blood must be collected under the responsibility of a physician.
7. The frequency of donations and the total volume of the blood collected according to the sex and weight of the individual, as well as the upper and lower age limits for blood donation, should be defined by regulations.
8. Suitable testing of each donor and blood donation must be performed in an attempt to detect any abnormalities:
 - a) that would make the donation dangerous for the donor,
 - b) that would be likely to be harmful to the recipient.
9. Donation by plasmapheresis should be the subject of special regulations that would specify:
 - a) the nature of additional tests to be carried out on the donor,
 - b) the maximum volume of plasma to be taken during one session,
 - c) the minimum time interval between two consecutive sessions,

- d) the maximum volume of plasma to be taken in one year.
10. Donations of leukocytes or platelets by cytopheresis should be the subject of special regulations that specify:
- a) the information to be given to the donor about any drugs injected and about the risks connected with the procedure,
 - b) the nature of any additional tests to be carried out on the donor,
 - c) the number of sessions within a given time frame.
11. Deliberate immunisation of donors by any foreign antigen with the aim of obtaining products with a specific diagnostic or therapeutic activity should be the subject of special regulations that would specify:
- a) the information to be given to the donor about the substance injected and the risks involved,
 - b) the nature of any additional tests which have to be carried out on the donor.

N.B. The purpose of the special regulations in items 9, 10 and 11 above is to safeguard the donor. After being told about the nature of the operation and the risks involved, a statement of informed consent must be signed by the donor. For donors immunised against red cell antigens, a special card should indicate the antibodies and specific details as to the appropriate blood to be used in case the donors need to be transfused.

12. The donor must be protected by adequate insurance against the risks inherent in the donation of blood, plasma or cells, as well as the risks of immunisation.

II. The Recipient

13. The object of transfusion is to ensure for the recipient the most efficient therapy compatible with maximum safety.
14. Before any transfusion of blood or blood products, a written request signed by a physician or issued under his responsibility must be made, which specifies the identity of the recipient and the nature and quantity of the substances to be administered.
15. Except for the emergency use of type O blood or red blood cells, every red cell transfusion necessitates preliminary blood grouping tests on the recipient, and compatibility tests between the donor and the recipient.
16. Before administration, one must verify that blood and blood products are correctly identified and that the expiry date has not been passed. The recipient's identity must be verified.

17. The actual transfusion must be given under the responsibility of a physician.
18. In case of a reaction during or after the injection of blood or blood products, appropriate investigations may be required to ascertain the origin of the reaction and to prevent its recurrence. A reaction may require the interruption of the transfusion.
19. Blood and blood products must not be given unless there is a genuine therapeutic need. There must be no financial motivation on the part of either the prescriber or of the establishment where the patient is treated.
20. Whatever their financial resources, all patients must be able to benefit from the administration of human blood or blood products, subject only to their availability.
21. As far as possible the patient should receive only that particular component (cells, plasma, or plasma derivatives) that is needed. To transfuse whole blood into a patient who requires only part of it may deprive other patients of necessary components, and may carry some additional risks to the recipient.
22. Owing to the human origin of blood and to the limited quantities available, it is important to safeguard the interests of both recipient and donor by avoiding abuse or waste.
23. The optimal use of blood and blood products requires regular contact between the physicians who prescribe and those who work in blood transfusion centres.

III. Controls

24. Appropriate controls should be required by the Health Authorities to verify that blood transfusion practices meet internationally accepted standards and that the guidelines or regulations issued in accordance with this code are effectively respected.
25. The following should be regularly checked:
 - a) the proficiency of the staff,
 - b) the adequacy of the equipment and premises,
 - c) the quality of methods and reagents, source material and finished products.

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