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Promotion of Voluntary Non-Remunerative Blood Donation

*Report of a Sub-regional Training Course
Aurangabad, India, 24- 27 February 2003*

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1. INTRODUCTION

A sub-regional workshop on promotion of voluntary non-remunerative blood donation was organized at Aurangabad, Maharashtra, India from 24 to 27 February 2003. Twenty-eight participants from Bangladesh, Bhutan, India, Indonesia, Myanmar and Nepal attended this workshop. Experts from India and South Africa along with staff from the WHO Regional Office for South-East Asia facilitated the workshop. The list of participants and the Programme of Work are at Annexes 1 and 2 respectively.

WHO has identified blood safety as one of its eleven priority areas. Safety of blood was also identified as the theme of World Health Day 2000. Collection of blood from non-remunerative blood donors has been globally recognized as the ideal method in support of assuring safety of blood and blood components. Data available from Member Countries of South-East Asia Region till 2000 showed that around 61% of the total blood that is collected is contributed by voluntary donors, 32% by replacement donors and 7% by professional donors. With these donors, only 8 million of the estimated requirement of 15 million units for blood is met in this Region. To meet the burgeoning demand for safe blood, it is imperative to promote donation by voluntary non-remunerative blood donors from low risk population. To provide technical support to the Member Countries with low voluntary non-remunerative donor (VNRD) rates, this workshop was organized. Ms Diane de Coning of South Africa National Blood Services was elected as chairperson and Dr Zarin Bharucha, Consultant in Blood Transfusion Services, as the Co-chairperson.

2. OBJECTIVES

The following were the objectives of the training course:

- (1) To review and exchange country experiences and the status of blood donor programmes and identify the constraints being encountered;
- (2) To orient the participants about various strategies of donor recruitment, selection and retention; as well as active participation of the community;

- (3) To develop indicators to monitor and evaluate the voluntary blood donor programme, and
- (4) To formulate draft Action Plan on national blood donor programme by each Member Country based on WHO strategies.

3. INAUGURAL SESSION

The workshop was inaugurated by Dr Subhash Salunke, Director-General of Health Services, Maharashtra State, India. Welcoming the participants, he emphasized the need for safe blood and the role of voluntary non-remunerated blood donors in achieving this objective. He also stressed the need to develop programmes and activities that are most appropriate for local needs.

WHO's support to promote safety, adequacy and quality of blood was articulated in the address of Dr Uton Muchtar Rafei, Regional Director for South-East Asia Region which was read out by Dr Rajesh Bhatia, Short-Term Professional-Blood Safety and Clinical Technology. Dr Uton emphasized that while most of the developed countries were self-sufficient in their demand and supply, a significant shortfall was experienced in the developing countries. The shortage of blood and the frequent risk of fatal infections could be considerably reduced by promoting voluntary, non-remunerative, blood donations. In the South-East Asia Region, almost 60% of all donors are voluntary donors. There was, hence, an urgent need to augment their number to meet the growing demand of safe blood, especially in the countries of the South-East Asia Region. Dr Uton hoped that the workshop would be a landmark in improving voluntary blood donation in the Region and shall act as a stepping stone to achieve cent percent voluntary donation. He also emphasized that since promotion of VNRD was not a technical activity to be performed within the blood transfusion centre, a large number of people and NGOs needed to be actively involved in this endeavour. He requested the participants to share the success stories from other Member Countries and help in implementing innovative tools for the voluntary blood donation programme.

4. PROCEEDINGS

4.1 Methodology

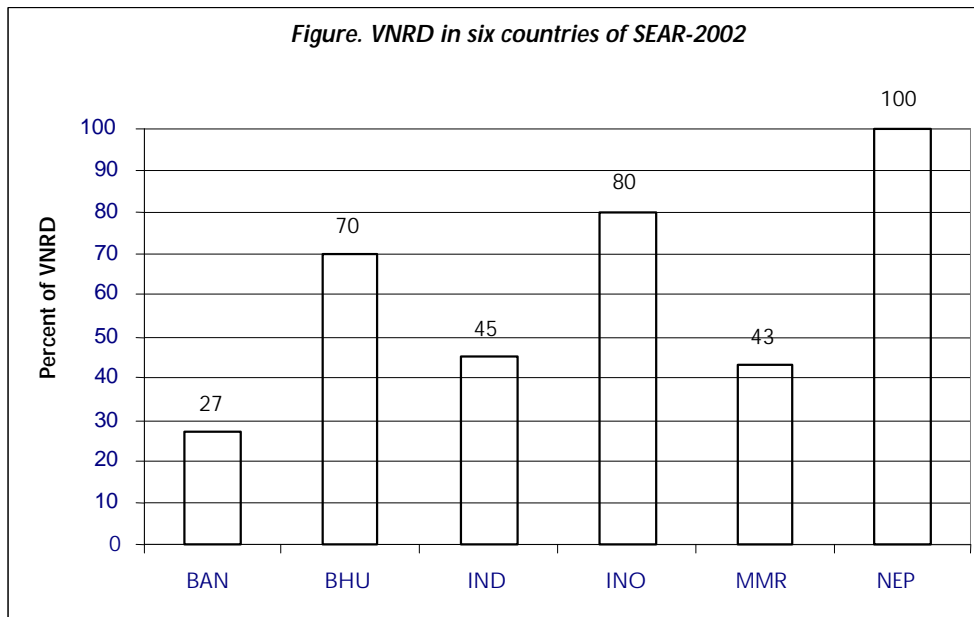
Introductory presentations were made by Dr Rajesh Bhatia delineating the global and regional status of voluntary non-remunerative blood donation and WHO strategies to ensure safe blood. Ms Diane de Coning of South Africa National Blood Services highlighted the objectives and roles of the International Federation of Red Cross and Red Crescent Societies in improving collection of blood from voluntary donors and supporting availability of safe blood in various countries. Dr Subhash Salunke described in detail the progress made in the state of Maharashtra, wherein during the last seven years, the annual collection of blood increased by 100% to 740 000 units with 76% of donations coming from voluntary donors. With increase in VNRD, the prevalence of HIV in donors also reduced considerably to 0.95%.

The workshop was largely in the format of short presentations followed by group activities and extensive interaction with the participants to reinforce the teaching aims and learning objectives. The group activities involved carrying out an assigned task in groups and then reporting back for discussion with all the participants and facilitators. (See Annex 2).

4.2 Plenary Session

Country status reports

The details of blood transfusion safety with emphasis on voluntary donations in the six countries of the SEA Region that participated in this Workshop are summarized in Annex 3. This revealed that rates of VNRD were still very low in most of the countries (Figure).



The prevalence of major transfusion transmissible infections in participating countries ranged from

- HIV 0.01 to 0.6%
- HBV 0.18 to 7%
- HCV 0.14 to 2.5%

Bangladesh still had professional (paid) donors who were contributing 18.78% of the total collection of blood.

Strategies for donor recruitment, selection and retention

The participants were introduced to the need, components and dynamics of establishing a comprehensive quality programme for blood donation activities. The programme should be a part of national policy and programme for safe blood and target of achieving 100 per cent voluntary donations. The availability of blood depends upon its collection from human beings. Communities need to be motivated to donate blood. At the community level, various areas require attention and locally appropriate solutions to the common problems that have been hindering voluntary donation by masses

should be developed. There are various theories of motivation and methods to motivate people.

Every programme will have to set a target estimated blood requirement. The participants were oriented towards various techniques for calculating the requirements of blood which is the basic prerequisite for development of a blood donation programme.

Research tools are now available to understand the causes of reduced voluntary donations in a community. Various causes that have been detected in some countries that lead to reduction in VNRD are: lack of general and technical information, myths, inaccessible service, poor infrastructure and long time consuming process and poor attitude with donors. Based upon the needs and priorities generated by research, appropriate strategies can be developed to implement suitable remedial measures to promote voluntary blood donation, convert voluntary donors into regular donors and spread the message through them to others.

Voluntary blood donation from the low risk population requires identification of such population and motivating them to donate blood regularly. Younger population is considered more impressionable and at low risk. Special strategies and programmes need to be developed to educate and motivate this population, so that they not only commence donating blood regularly, but also become motivators for other members of the community. Apart from conventional methods of imparting education and creating awareness among the public, active cooperation of various media-both electronic and print versions can boost the programme. Various communication strategies and methodologies are available and must be utilized effectively in educating the potential target population about the utility of voluntary blood donation. Sensitization of the media is also essential to prevent misreporting and sensationalization of some isolated mishaps or errors that may have occurred in some blood transfusion service. Cooperation of the media and their extensive outreach can be gainfully utilized for creating awareness on VNRD amongst various segments of populations.

Training of staff who will be engaged in motivation, recruitment and retention of donors is a vital component of any blood donation programme. Training should be comprehensive and appropriate to the local needs.

Conduct of static and mobile blood donation camps demands careful planning, detailing of logistics and organization with the objective of providing

comfort to the donor, so that blood donation is a pleasant experience. The criteria for selection and deferral of donor should be developed at the national level and strictly adhered to. Standard operating procedures (SOP) for application of these criteria should be developed, results documented and monitored continuously to ensure quality, consistency and improvement in services. Care of the donor before, during and after donation is of utmost importance and this must be handled professionally by trained competent people taking all the precautions, so that no harm is caused to the donor. Pre and post donation counselling must be made an integral part of the donation programme with the sole objective of satisfaction and benefit of the donor.

Various standards and ethics in voluntary blood donation are available. These include broad guidelines given by WHO, International Federation of Red Cross and Red Crescent Societies and International Society for Blood Transfusion on various issues on ethics and confidentiality. Countries are free to adopt any of these or use these in developing their respective national standards as well as guidelines or regulations on ethics governing blood donation. These must be followed scrupulously while organizing donor programmes.

The blood transfusion service must endeavour to recruit donors and motivate them to donate regularly. Such regular donors constitute a pool of motivated low risk donors and can be called upon in emergency situations to respond to various needs. The database of these donors should comprise their correct and complete address, blood group and donor's preferences for donation. It is also essential to maintain confidentiality of this database.

The blood donation programme must have an active feedback mechanism from the donors. A system for acknowledging errors, investigating and correcting these and making necessary correction to prevent their occurrence should be instituted. This augments credibility of the donor programme and assists in improvement in services.

Quality must be integrated into all aspects of blood donor programme. An effective quality system in BTS should be extended to blood donor component too. Quality must be the responsibility of all staff members and should flow from the quality policy of the organization. Appropriate quality manual and SOP should be developed, staff trained to use SOP and their use made mandatory to assure quality. Similarly, documentation is an essential part of any quality system. Various documents that signify undertaking of

activities, maintenance of records and traceability should be appropriately filled.

Blood collection assumes greater importance in some of the disasters and requires a state of preparedness on the part of the blood transfusion service. Management of donors during disasters can be done productively with the long-term objective of converting first time donors into regular donors.

Non-governmental organizations (NGOs) can play a vital role in galvanizing the community and motivating the donors. They can also provide considerable support in organizing mobile camps. Such organizations should be identified and encouraged to cooperate with blood transfusion services to contribute in donor management programme. Similarly, big corporate and business houses can be approached to provide a variety of support in donor management programme.

Development and use of indicators

Qualitative and quantitative performance indicators assist in monitoring and evaluation of the donor programme. The participants were briefed about various types of indicators and their importance in the donor programme. The indicators need to be measured regularly and necessary changes made, so that targets set in the programme can be achieved.

Development of Plan of Action

The need for development of realistic plan of action and key elements of an ideal plan of action were discussed. The essential components of plan of action should include activity, time frame, resources required, responsible person and logical sequence of activities, so that the programme can be managed efficiently. The country representatives formulated and presented, the plans of action for their respective countries after discussions amongst themselves and with the facilitators.

5. VALEDICTORY SESSION

At the valedictory session, participants expressed their gratitude to WHO for arranging the workshop. They appreciated the blood safety initiative of WHO and enumerated the benefits that had accrued to them by attending the

workshop. Dr Rajesh Bhatia requested them to commit themselves, and their respective organizations, to the cause of promotion of VNRD. He also assured them of all possible technical support from WHO in achieving their goals.

6. RECOMMENDATIONS

The following recommendations were made:

6.1 To Member Countries

- (1) A national programme for recruitment of donors should be formulated. As far as possible, this programme should flow from the national blood policy, and appropriate resources must be allocated to provide a suitable infrastructure.
- (2) A comprehensive situation analysis should be undertaken and a realistic assessment of blood requirement be made, on the basis of the action plan for the national authorities should be formulated and the activities of blood banks planned and targets set.
- (3) National guidelines for donor management should be developed and made available to all the blood banks.
- (4) The donor programme requires the services of a variety of professionals for efficient donor education, motivation, recruitment and retention. They should be recruited urgently. Appropriate training for newly-recruited staff members as well as continuous training for those in-service should be provided.
- (5) An electronic network for rapid communication and a retrievable database should be created at national as well as local levels. Till electronic means become available, manual database should be meticulously maintained and utilized.
- (6) The blood donors come from the local community. Awareness of the community and their motivation to voluntarily donate is essential. Effective IEC material should be developed and used extensively to sensitize the community to the issue of donations.
- (7) Modern research tools should be employed to delineate the social causes of low voluntary blood donations and appropriate remedial measures developed and implemented.

- (8) Community-based nongovernmental organizations (NGOs) and corporate houses should be encouraged and actively involved in donor education, recruitment and retention programmes.
- (9) To monitor the programme effectively, indicators should be developed, evaluated regularly, and integrated into the plan of action for the donor programme.

6.2 To WHO

WHO should continue to provide technical support to national programmes to promote safety, adequacy and quality of blood in all the Member Countries. Training material recently developed by WHO should be made available to national programme managers for use in conduct of various workshops in their respective countries.

Annex 1
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Annex 2 PROGRAMME

Monday, 24 February 2003

0830 hrs	Registration	
0900 hrs	Opening session/Inauguration	
1000 hrs	Introduction of participants Election of chairman and rapporteur	Dr R Bhatia
1030 hrs	WHO strategies for safe blood transfusion & Global situation on voluntary blood donation	Dr R Bhatia
1100 hrs	IFRCRCS Policy and Involvement in Blood Service Delivery	Ms Diane De Coning
1130 hrs	Success story of blood transfusion services in Maharashtra	Dr S Salunke
1200 hrs	Country report presentations - National blood donor programmes	Participants
1415 hrs	Group work 1 and discussion Identify International Good Practice in Donor Recruitment and the main ingredients of a Successful Donor Recruitment and Retention Programme	Moderator- Ms Diane De Coning All facilitators
1500 hrs	Blood Donation and Blood Transfusion	Mr Debabrata Ray
1600 hrs	Organizational Management and development of a national programme	Dr Zarin Bharucha
1630 hrs	Estimation of Blood Requirements	Dr ZS Bharucha
1700 hrs	Discussion	

Tuesday, 25 February 2003

0830 hrs	Group work 2 and discussion Case Study - Estimate Blood Requirements	Moderator- Dr ZS Bharucha All facilitators
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0930 hrs	Understanding the Potential Donor	Ms Diane De Coning/Dr Srinivasan
1000 hrs	Group work 3 and discussion Case Study- Principles of Social Marketing	Moderator- Dr P Salil All facilitators
1130 hrs	Effective strategies of voluntary non-remunerated donor recruitment and retention programme	Ms Diane De Coning
1200 hrs	Group work 4 and discussion Identifying Donor Requirements: Expectations and limiting/favourable factors to the recruitment of low-risk voluntary non-remunerated blood donors	Moderator- Ms Diane De Coning All facilitators
1400 hrs	Educating Blood Donors	Dr Zarin S Bharucha
1430 hrs	Group work 5 and discussion Case Study - Convert Family Replacement Donors to VNRBD	Moderator- Ms Diane De Coning All facilitators
1600 hrs	Youth and School Programme	Mr Debabrata Ray
1630 hrs	Group work 6 and discussion Prepare an Education, Recruitment and Retention Programme for 18-25 year olds	Moderator- Mr Debabrata Ray All facilitators
1700 hrs	Discussion	

Wednesday, 26 February 2003

0830 hrs	Group work 7 and discussion Identify IEC Material required to successfully Educate Blood Donors Identify what types of Media can be used to Educate the Public	Moderator- Dr Zarin S. Bharucha All facilitators
0930 hrs	Training of Staff and Volunteers in Donor Recruitment	Ms Diane De Coning
1000 hrs	Planning and Organising Static and Mobile Sessions Infrastructure required in blood bank to manage blood donations Hygiene and Safety Factors with BTS	Dr Shrinivasan
1100 hrs	Selection Criteria and Deferrals	Ms Diane De Coning

1130 hrs	Care of Donor	Dr Zarin Bharucha
1200 hrs	Group work 8 and discussion Pre-donation information/ counselling/ consent/ confidentiality Post-donation confirmation, notification and counselling	Moderator- Dr Zarin S. Bharucha All facilitators
1400 hrs	Retention and Recall of Safe Blood Donors	Dr Zarin S Bharucha
1430 hrs	Group work 9 and discussion Designing a Donor Retention Programme	Moderator- Ms Diane De Coning and all facilitators
1600 hrs	Ethical and legal issues in blood donor management	Ms Diane De Coning
1630 hrs	Group work 10 and discussion Ethical issues in blood donor management	Moderator- Mr Debabrata Ray and all facilitators

Thursday, 27 February 2003

0830 hrs	Implementing quality systems in Blood Donor Management	Ms Diane De Coning
0900 hrs	Group work 11 and discussion Critical control points in blood donor management Donor satisfaction (feed-back and complaints)	Moderator- Ms Diane De Coning All facilitators
1000 hrs	Documentation	Dr Srinivasan
1100 hrs	Indicators for Monitoring the Implementation of Strategies	Dr Diane De Coning
1130 hrs	Blood Donor Issues in Disaster Management	Dr Zarin S. Bharucha
1200 hrs	Role of voluntary (non-governmental) organizations in promoting VNRD	Ms Diane De Coning
1230 hrs	Group work 12 and discussion Developing Action Plans	Dr Rajesh Bhatia
1400 hrs	Group work 12 contd.	
1500 hrs	Presentation of Action Plans and Recommendations	Participants
1630 hrs	Evaluation of workshop	Dr Rajesh Bhatia
	Next Steps and Closing	Dr Rajesh Bhatia

Annex 3

STATUS OF BLOOD DONATION IN SIX COUNTRIES OF THE SOUTH-EAST ASIA REGION

SEAR Summary on VNRD

	BAN	BHU	IND	INO	MMR	NEP
Population	130 million	600,000	1000 million	210 million	52 million	22 million
National Council of Blood Trans	1976	No	Yes	Yes	No	Yes
No of blood banks	97	3	1832	157	345	54
Govt sector		3	41%	Nil	100% with labs in hosp	Nil
NGO Red Crescent	20,000 units	0	Voluntary 12%	100%	Nil	100%
	NA		Pvt Hosp 22% Pvt Coml: 25%	65% in Hops 35% stand alone	100% with labs	Nil
No of units collected	162,395	6,000	5.75 million	915,064	160,000	72,459
Voluntary collection	27.4%	70	45%	80%	43%	100
Replacement	53.82%	30	55	20%	57%	0
Professional	18.78%	0	0	0	0	0

	BAN	BHU	IND	INO	MMR	NEP
HIV in donors	0.01	0	0.49	0.15	100% screened (0.6%)	0.44
HBV in donors	1.43	2	1.35	0.18	85% screened (7%)	0.87
HCV in donors	0.14	NA	0.4	0.27	30% screened (2.5%)	0.53
RPR +	0.37	NA				0.25
MP	0.029	NA				NA
Regular donors	NA	5%	NA	NA	NA	NA
Training courses for staff in VNRD	NA	-	+	In service	Yes	In service
National Blood Policy	No	+ Not implemented	+	No	Developed Programme being initiated	+
Criteria for blood donation	Yes	+	+	Yes		Yes
Separated in components	NA	NA	20%	62%	20%	15%