

15. **D.Miller, S.Kalibala, S.Anderson, J.Emmanuel and A.Petitgirad, Blood Donor Counselling for HIV : Results of a Multi-country Feasibility Study, Public Health 108, 219-226, 1994.**

A qualitative characterisation study was conducted by the World Health Organisation's Global Programme on AIDS, and the International Federation of Red Cross and Red Crescent Societies, in six developing countries, Uganda, Zimbabwe, Botswana, Rwanda, India {Maharashtra State}, and Thailand in order to determine the feasibility of introducing blood donor counselling into procedures for blood donation at blood transfusion sites. After careful preparation of consultants, in-country visits were made to include structured discussions with key BTS and Red Cross, and national AIDS programme staff, and donors, and observations of relevant facilities. Necessary resources, management requirements, obstacles to and options for blood donor counselling were explicated, together with information on the role of HIV testing in motivating blood donation, and problems associated with this and with donor notification. A variety of incentives for blood donors to give blood were noted in the six countries. They included : saving lives; helping relatives, friends and others; getting food and drink; proving bravery and receiving HIV test results.

Blood donor counselling is seen as feasible in three of the countries [Uganda, Zimbabwe and Botswana]. The other three countries [Rwanda, India [Maharashtra] and Thailand] could consider the feasibility of blood donor counselling if a variety of conditions prevailed : if initiated by the Red Cross; if a major shift in resources occurred; if referral links staff training and the political will existed.

The reported obstacles to the development of donor counselling include lack of trained staff, lack of time for counselling, few or no links with alternative counselling and testing sites (if these exist at all), lack of access for donor referral and lack of donor understanding. Reported management-based obstacles include the lack of policies on donor counselling and care, rigid BTS priorities and procedures (e.g. regarding who can give results), and the general lack of awareness about HIV counselling, its aims and potential benefits.