

Making global blood safety a priority

Twelve years after the discovery of the human immunodeficiency virus (HIV) around one in ten seropositive people — about 2 million people at present — have been infected through blood transfusion. Last month leading politicians from 42 nations promised at the Paris AIDS summit to make improving blood safety a priority, and to set up a 'world alliance' to oversee such efforts.

This represents a big step against political inertia. "We have now persuaded governments to recognize that blood safety is their responsibility," says Jean Emmanuel, the head of the World Health Organization (WHO) blood safety unit, "by reaffirming this, they have exposed themselves to the fact that they have to do something."

Combine the fact that one-third of developing countries do not screen their blood supplies for HIV, with the statistic that as many as a tenth of their donors are seropositive, and you have a situation where transfusion has become a game of Russian roulette.

In countries where screening is well developed, it is nonetheless often much patchier than official figures suggest. Much of it is also ineffective, say WHO officials, because of poor quality control, caused by a lack of supervision and training.

Similarly, testing for hepatitis, *Trypanosoma cruzi* (the parasite that causes Chagas' disease), syphilis, and other blood-borne diseases is fragmentary in developing countries. These infectious agents were found in over half the blood units tested in a recent survey in Bolivia, for instance.

PARIS

Transfusion of HIV- or hepatitis-contaminated blood carries a roughly 95 per cent chance of infection.

But insufficient screening is only part of a wider problem. Many governments have yet to recognize the need to organize proper blood transfusion systems, enforce appropriate standards, and train staff. In many developing countries, blood is often bought, sold and even transfused in back streets and 'pharmacies'.

In Zaire, a 1990 survey carried out in Kinshasa by WHO also showed that half the blood centres had no refrigeration, that 90 per cent lacked facilities for testing donor/recipient compatibility, and that bacterial contamination of blood was 'common'.

The political will to organize efficient blood systems is often absent in developing countries. And, the international community has yet to make blood safety a priority and to grasp the opportunity to eliminate the cause of up to 10 per cent of all HIV infections.

This is the task facing the new 'world alliance'. Its strategy will be defined by a council made up of representatives of governments, United Nations' agencies and other international organizations, such as the Red Cross. The council will meet annually. Day-to-day work will be carried out by *ad hoc* working groups and the WHO's blood safety unit, which will also act as secretariat.

Emmanuel points out that the interna-

tional community does not need to spend vast amounts of money to bring about major improvements in blood safety. Promoting voluntary and unpaid blood donations — recommended as safer than paid donations by the World Health Assembly in 1975 — and testing and retaining regular groups of healthy donors could greatly limit the damage in areas that lack facilities or funds for screening.

Similarly, many developing countries use blood unnecessarily. Where strict indications for blood use have been introduced in Africa, for example, consumption has dropped by as much as two-thirds. Blood is often also used in place of more appropriate alternatives such as saline solutions or colloids which have to be imported and paid for in hard currency. Construction of local or regional blood handling facilities could make a big impact on blood safety.

But without political commitment and funding both from the international community and from governments in developing countries, all these recommendations will come to nothing. Indeed, although the AIDS summit has drawn public attention to the problem of blood safety, many are concerned that the bureaucracy and delays of international politics will take the project down a long dark alley and quietly strangle it.

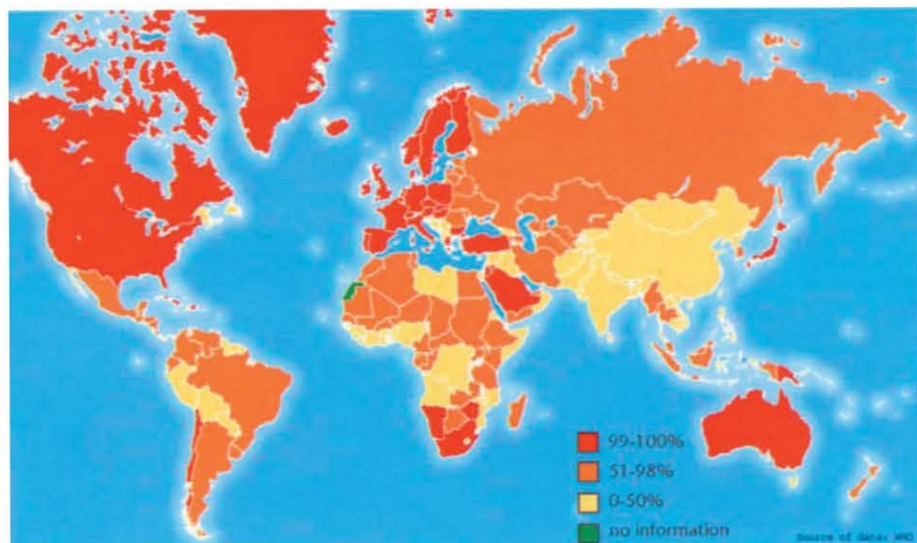
Such sceptics have good reason to be pessimistic. The 'alliance' is identical to an earlier one — the Global Blood Safety Initiative, created by WHO in 1989 — which foundered because of lack of funding, and a turf battle between international agencies that eventually led the Red Cross to pull out.

"The biggest block [to the alliance] is the perception that WHO is going to tell other organizations what to do," admits one WHO official. The Red Cross says, however, that it "looks forward" to cooperating in the alliance, saying it can play "an important role" in promoting voluntary unpaid donations.

Little new money has so far been forthcoming, however, for either WHO's newly created blood unit, or the programmes of the alliance. WHO officials say they are optimistic, however, that if the alliance can put forward solid proposals it will obtain funding. Officials estimate that \$300,000 would be enough to get the programme going.

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Percentage of donated blood screened for HIV, 1992, worldwide.