**LETTERS TO THE EDITOR**

**Predonation testing of potential blood donors in resource-restricted settings**

Clark and coworkers’ caution against adopting predonation screening practices lest they be inexpertly applied or delay a move toward nationalized blood transfusion services. Indeed, under the guidance of WHO-led programs, many countries in Sub-Saharan Africa, such as Uganda, have made significant strides toward establishing sustainable volunteer blood donor programs. I cannot help but wonder, however, whether the two programs have to be mutually exclusive.

In Fall 2003, I had the honor of serving the CDC in assessing the status of blood transfusion in Tanzania in anticipation of the current administration announcing the PEPFAR (President’s Emergency Package for AIDS Relief) package that includes $42 million to help 14 emerging countries establish blood transfusion services. A visit to the public hospital that serves nearly 2 million people in Dar Es Salaam revealed a blood bank that had few units on its shelves, and they were all directed donor units. At present, plans are under way to establish four zonal transfusion centers, which should greatly relieve the dearth of available safe blood.

I also had the opportunity to visit a mission hospital in a remote area of Tanzania that had neither electricity nor refrigeration (http://www.iambi.org/). The hospital had implemented rapid screening (Determine HIV-1 and -2, Abbott Laboratories, Abbott Park, IL) and observed that 11 percent of prospective blood donors were HIV-seropositive. It took 15 hours to travel approximately 250 miles from Dar Es Salaam because most of the roads were not paved and many crossed over dry stream beds. In the rainy season, the hospital is inaccessible by any convenient route. Even if the zonal centers were fully stocked in the near future, the needs of the majority of the country’s population would not be addressed, because most citizens live in rural regions.

During my travels, I passed many signs for “Money Maker” irrigation pumps, a simple $50 stair-stepper device that allows subsistence farmers to become cash crop farmers. The developers of this technology, ApproTEC, have been so successful that there is a Harvard Business School case study describing their contributions. Simply put, ApproTEC, with its advocacy for providing simple and appropriate technology into the hands of users in resource-limited setting, has had greater and more sustainable impact on the East African economy than many more expensive and well-intentioned international relief programs. By analogy, organizations like PATH (Program for Appropriate Technology in Healthcare), have helped develop extremely sensitive, yet simple, blood screening strips for HIV that approach the sensitivity of Western blot tests, yet do not require refrigeration, extensive training, or other equipment.

Because there are parallel needs, I would encourage international aid programs to support both the establishment of national transfusion services and innovative programs, such as those of J.-P. Allain, MD, MBA, and colleagues, that fill a much-needed niche. We should not let the perfect be the enemy of the good.

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**REFERENCES**

SUBMISSION OF LETTERS

Instructions for submission of letters can be found in the Detailed Instructions for Authors published on pages 128 to 133 of the January issue. Submit letters to:

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