The Influence and Impact of the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) on blood transfusion services in Africa
Pitman, John Patton

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2015

Link to publication in University of Groningen/UMCG research database

Citation for published version (APA):

Copyright
Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the “Taverne” license. More information can be found on the University of Groningen website: https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment.

Take-down policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

Downloaded from the University of Groningen/UMCG research database (Pure): http://www.rug.nl/research/portal. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.
ruik van apparatuur en de omarming van integrale kwaliteitsborgingssystemen – worden, ondanks de omvangrijke problemen in de verdere ontwikkeling geïmplementeerd. Mondiale gegevens schilderen een minder rooskleurig beeld van structurele vooruitgang, alhoewel er weldegelijk vooruitgang te zien is in de statistieken over veiligheid bij het bloedtransfusiebeleid. De lessen die in Namibië zijn geleerd kunnen van nut zijn voor andere landen en ook voor externe donoren die willen investeren in bloedtransfusie veiligheid of activiteiten die tot versteviging van duurzame bloedtransfusiesystemen leiden, met name wanneer daarin het kritische belang van een sterk personeelsbestand, routinematig verzamelde en gemakkelijk toegankelijke gegevens nodig voor besluitvorming, en een stevige greep op de financiële gegevens, worden onderkend.

Meer aandacht voor gelijkwaardigheid en een toenemend begrip van donor- en ontvangerende landen voor de betekenis en implicaties van de begrippen ‘eigendom’ en ‘duurzaamheid’ zijn essentieel om verdere vooruitgang te waarborgen.

Acknowledgements

This dissertation was born in 2007 on a quiet afternoon on the campus of a small hospital in the still-rebel-held northern section of Côte d’Ivoire. On that afternoon, I was inspecting a small blood bank with the director of the Ivorian Centre National de Transfusion Sanguine (CNTS), Dr. Seidou Konate. Dr. Konate had bravely arranged for the inspection tour, his first to the northern regions since the start of a civil war that rent his country in two, and one of the very few visited by an official of the national government in Abidjan since the signing of a peace agreement several weeks before. In fact, the day before, our team had arrived at the regional hospital in Bouaké to find a Médecins Sans Frontières team hastily withdrawing from the site in preparation for the return of a Ministry of Health hospital management team.

As we walked across a dusty courtyard, I stopped at the entry to the blood bank building. On the wall to the right of the front door were two plaques. The top plaque, dated around the year 2000, carried the Japanese flag and the name of the Japanese International Cooperation Agency (JICA) program that had funded the blood bank’s last renovation. Below it, an older plaque, dated 1990 or 1991, carried the distinctive European Union circle of stars and the name of the healthcare systems strengthening program that had funded the renovation of the blood bank more than 15 years earlier. Before we crossed the threshold I paused and asked Konate, partly in jest, whether we should budget for a PEPFAR plaque to join the two from our friends in Tokyo and Brussels. We laughed – bien sur – and started to enter the building.

I caught Konate by the elbow and asked him again: Seriously, are we really the third group to renovate this building since 1991? What could it possibly need? His reply was, as I came to appreciate from Konate, honest and direct: This blood bank needs everything.

And, so, my mind began puzzling over that question. After two rounds of donor-supported
investments, why did this rural blood bank still need “everything”? In this case in northern Cote d’Ivoire, politics, war and looters had stripped the building of everything of value, including the plumbing pipes. But elsewhere around Africa, where war wasn’t debilitating the healthcare system, what actually happened to donor aid?

Enter Prof. Cees Th. Smit Sibinga, whom I met through the Sanquin consulting project PEPFAR funded during the first five years of the initiative. Over the course of several years’ worth of occasional meetings – at AABB and other conferences – I learned about the unique program offered by the University of Groningen; eventually I asked if the program, which typically enrolled students from developing countries, could accept an American student. Fortunately – and to my eternal gratitude – he accepted my inquiry, and so my adventure began in 2009, shortly after I had moved to Namibia and begun collecting data.

While Prof. Smit Sibinga has been the navigation star to which I have turned for advice and guidance throughout this process – and who, with his wife, Lineke, graciously hosted me in Groningen – I am aslo indebted to a long list of others, many of whom played key roles in the success of the PEPFAR blood safety project. Certainly, my thanks to Dr. Seidou Konate for his candor and for making that corner-turning visit to northern Cote d’Ivoire possible, and for his engagement since then. The list of other National Blood Transfusion Service directors and staff with whom I have interacted since joining the PEPFAR blood safety team in 2006 is too long to list individually here, but my thanks go out to all of them for their commitment to our shared global endeavor.

At UMCG, Prof. Maarten Postma and Prof. Tijip van der Werf have been long-term advocates who have tracked and contributed to my progress at a distance, and for Prof. van der Werf without having met me (!) – a task that cannot have been easy, and for which I am deeply grateful.

In Namibia, Rob Wilkinson was a constant and invaluable font of guidance on matters related to blood banking, mountain biking, and Africa in general. Since his retirement and return to form as a consultant, I am forever indebted to him for his accessibility, good humor, and bottomless store of energy and knowledge.

Without the help of the entire NAMBTS staff – to include the board of directors – I would not have been able to cross the starting line, to say nothing of the finish line. Specifically, my thanks to Dr. Bjorn von Finckenstein for his interest in the study questions proposed by this dissertation, and his supopprt and approval to pursue all of the questions discussed above. Also at NAMBTS, thanks to Adele Bocking and Christa Gouws for their patience and understanding with a former financial journalist-turned-epidemiologist whose questions may, at times, have seemed a little crazy. In the laboratory, Maritha Franks and Israel Chipare responded to more inquiries that they expected – and always with good humor. My thanks to you both for sticking with this project – and others proposed by the mad people at CDC. To Tinus Matyayi, my thanks for his commitment to donor education and counseling – you are a true hero.
At the Namibia Ministry of Health and Human Services, my thanks to Mary Mataranyika and Paulina Nghipandulwa in the Directorate for Tertiary Healthcare, and to Ella Shihepo in the Directorate for Special Programmes, for their constant support of CDC and the work funded by PEPFAR. To Dr. Richard Kamwi, Minister of Health, I express my sincere thanks for his leadership during the time I spent in Namibia, and wish him the best in his retirement. Lastly, my thanks to the members of the MOHSS ethics committee for approving the six Namibia-specific studies published for this dissertation.

Also in Namibia, my thanks to Bruce Noden for his open-door policy and bottomless coffee pot at the Polytechnic of Namibia.

In Geneva, thanks to Neelam Dhingra for her encouragement and support throughout the research process, and for assistance with materials from PEPFAR’s early days. Also in Geneva, my thanks to Junping Yu from WHO for assistance with the Global Database on Blood Safety.

Portions of the thesis related to Namibia’s complex history with South Africa were facilitated by Professor Anton Heyns and, at the South African Institute for Medical Research, Dr. Trefor Jenks. My thanks to you both for your insights and encouragement.

To my colleagues at CDC I owe a considerable debt of thanks for their patience as I have combined work with academics. Specifically, thanks to Jeff Hanson and Dave Lowrance, my country directors in Namibia; Sue Gerber, my deputy director in Namibia; Souleymane Sawadogo, Nick Deluca, and Sadhna Patel – colleagues at CDC Namibia, for their input, encouragement and guidance throughout the data collection, research and writing process. And in Atlanta, my thanks to Jan Moore, my branch chief in the HIV prevention branch, Naomi Bock, my technical supervisor in medical transmission, and Larry Marum and Tony Marfin, my team leads, for giving me the room to roam through these questions.

To Sridhar Basavaraju: You’re the best writing partner I could have asked for. Through your sharp intellect and editorial pen, you helped me embrace scientific writing, even when my journalist’s instincts rebelled against the tyranny of the Background-Methods-Results format. Many, many thanks.