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 bloedtransfusie-
beleid. 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 ge-
gegevens, worden onderkend.

Meer aandacht voor gelijkwaardigheid en een toenemend begrip van donor- en ontvan-
gende landen voor de betekenis en implicaties van de begrippen ‘eigendom’ en ‘duurzaam-
heid’ 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 Cote 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 first 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 Medecins 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 Cooper-
ation 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 also 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.

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