
Preface

THE PREVIOUS AABB BOOK ON “PERSPECTIVES” IN GLOBAL transfusion medicine was published in 2006.¹ That book presented a laudable effort to bring to the attention of the international transfusion community, the status of transfusion medicine in low-and middle-income countries (LMICs). Although several authors of that book had significant experience of working in LMICs, almost all lived and practiced in high-income countries (HICs) in North American and Europe.

Global transfusion has made significant strides since 2006, including advances in infectious disease testing, apheresis and stem cell technologies, management of sickle cell disease, patient blood management, and surgical and perioperative therapies. In addition, education in transfusion medicine has seen advances not only in HICs but also in many LMICs. Although much has been accomplished during the intervening years, much more remains to be done.

Like its predecessor, the current book presents perspectives on transfusion medicine in LMICs but it goes further in reporting a broad range of current *practices* in transfusion medicine as well. Obtaining content on both perspectives and practices in LMICs required that a significant majority of the authors live and practice in such settings. We set a goal that more than 75% of authors should be from LMICs. Such a goal was also important in addressing the “decolonizing” global health movement,^{2,3} which calls, in part, for more equitable global health partnerships; a realigning of power dynamics and research funding allocations between HICs and LMICs; and more equitable participation in global health research and publication of LMIC authors.

The book's authors include physicians, nurses, medical technologists, and supervisors/managers; its uniqueness lies in the authors' contextual expertise. The seminal *Lancet* document of 2010 on global health, *Education of Health Professionals for the 21st Century*, emphasized the critical importance learning from the “heat of practice” in contexts.⁴ We have

taken *context* along with the two other critical concepts from the *Lancet* document—*interdependence* and *transformative learning*—as foundational in our approach to this book.

To foster interdependence and transformative learning, we chose as far as feasible to bring authors working in *different* global regions to work together on a specific chapter so that all could learn interdependently from comparisons and contrasts of perspectives and practices. This collaborative effort ultimately paid off and added richness to the text.

The intended audience for the book is health-care professionals interested in transfusion medicine, including students, medical trainees, nurses, technologists, physicians, and blood administrators. Although the book should be of interest to transfusionists in HICs, our goal is that the book will also be of considerable practical value to transfusionists in LMICs especially in providing comparisons between countries and fostering peer-to-peer learning.

The book is a collaborative project of the AABB Global Transfusion Forum (established in 2017) with the co-chairs of the three subcommittees (Education, Research and Policy, and Practice Improvement) serving as section editors and myself (as Forum chair) as editor in chief.

We believe this book provides a valuable contribution to transfusion medicine given its focus on LMICs that have not received sufficient attention in the transfusion literature. We are particularly gratified that we managed to engage such a high percentage of authors living and working in LMICs whose views and voices have been insufficiently heeded.

I would like to acknowledge on behalf of all the section editors the superb support given by the AABB staff and their free-lance colleagues in bringing this unique book to publication. In addition to staff, I wish to thank the section editors, the reviewers, and the considerable effort and commitment of the authors. It has been a wonderful experience.

Quentin Eichbaum, MD, PhD, MPH, MFA, MMHC,
MA, MSc, MMed, FCAP, FASCP, *Editor-in-Chief*

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Introduction

Genesis of the AABB Global Transfusion Forum

THE COVID-19 PANDEMIC UNDERSCORED HOW INTRICATELY the world is interconnected. A single-stranded RNA virus found its way, in a matter of weeks, from a marketplace in China to all corners of the globe. In its wake it killed millions, including more than 200,000 physicians and nurses. Mercifully, the virus was not transmitted through blood, but it nonetheless disrupted transfusion services and the global blood supply, leading to the worst shortages in decades. The comparative global impact of the pandemic on the blood supply and transfusion services in low- and middle-income countries (LMICs) remained undefined before a group of investigators from a relatively new group at AABB—the Global Transfusion Forum (GTF)—conducted an extensive survey that yielded some critical insights.¹ This introduction describes the genesis of that important forum, which is also considered a subsection of the AABB Transfusion Medicine Section.

As with other viral infections such as human immunodeficiency virus (HIV), hepatitis B virus (HBV), and Ebola, insights gained from LMICs have been crucial to understanding the behavior and biology of the novel coronavirus. For example, researchers in South Africa first detected and sequenced the Omicron variant of SARS-CoV-2 [severe acute respiratory syndrome (SARS)-associated coronavirus 2] and warned of its superior transmissibility before it swept through Europe and the United States, eventually killing more people than its predecessor, the Delta variant.

Similarly, decades earlier in another pandemic, South Africa was a leader in implementing comprehensive HIV nucleic acid testing of single (vs pooled) units of the donated blood supply. These cases illustrate that knowledge does not flow only from settings of high resources, education, and training to low-resource settings, but rather, that high-income countries (HICs) have much to learn from LMICs. Working in silos diminishes us all.

From its infancy the AABB attracted professionals from outside the United States, but the numbers were not large. Growth was slow for one or two decades—no doubt in part because the world was not as interconnected as it is today. The final decades of the 20th century saw faster growth in international involvement. For example, international submissions to the journal *TRANSFUSION* surpassed the 50% mark and conference session directors and moderators included wider representation. Early in this century, AABB played an active role in the US President's Emergency Plan for AIDS Relief (PEPFAR) in Africa and South America.

About the same time, a large world map started to be displayed near the building entrance to AABB annual conferences, on which attendees from LMICs and other countries could place a colored pin to indicate their home countries. The number of pins grew by the year! Soon over 10% of conference attendees hailed from outside the United States. Still, representation from LMICs was not as robust as that from European countries and the collaboration and flow of information was not bidirectional.

It was in part to cater to this growing number of overseas members that a small group made a proposal to the AABB Board of Directors in 2016 to establish the *AABB Global Transfusion Forum*. The proposal of a “forum”



initially perplexed some, but the term was appropriate to connote a platform for open meetings and expression of opinions (much like the Forum Romanum in ancient Rome). The proposal, which included the proposed bylaws and structure of the group, was unanimously approved by the AABB Board. The GTF started operating with three subcommittees—Education, Research, and Policy and Practice Improvements (PPI)—each with a chair (the section editors of this book), who together also form the Executive Committee. The GTF also formed a Steering Committee with representatives from many LMICs. The GTF thus has a three-tier structure: Executive, Steering Committee, Forum.

The AABB GTF was officially launched in person with enthusiasm at the AABB Annual Meeting of 2017 in San Diego. At this meeting, the Steering Committee was elected with representatives from about 35 countries at the time. These committee and subcommittee meetings were well attended and generated greater interest among the AABB membership for global transfusion. The pandemic put a temporary hold on live meetings and travel to AABB conferences from LMICs. Nonetheless, the GTF continued to meet regularly via video conferencing, and the group has remained productive, publishing numerous studies and hosting a number of webinars.

As we continued to study and survey transfusion practices around the world, the importance of collating this knowledge into a single accessible source became apparent. But an exhaustive compendium of standardized knowledge along the lines of the AABB *Technical Manual* was not feasible. Instead, the concept of a book of contextually grounded “perspectives and practices” took root.

As mentioned in the preface, to ensure the authenticity of author *perspectives* and the reliability of reports on transfusion *practices* in LMIC settings, it was important that the majority of the authors (more than 75%) live and work in these settings. Several of these authors were already serving on GTF committees and were participants in the forum, which facilitated the collaborative and interdependent effort. The section editors have also all worked extensively in LMICs and brought to the table their combined anchoring experiences of working in HICs and LMICs. (Having been born and raised in LMICs. (Born and raised in LMICs myself—Namibia and South Africa—and currently living and working in the United States, I have a dual perspective on the cultural and educational differences between LMICs and HICs, and how knowledge is created and shared between them.) It is important, therefore, that transfusionists in HICs have the curiosity and humility to understand blood transfusion in other parts of the world. We are interconnected, and the “red gold”² of

blood is its fluid of connectivity. It is in that frame of mind and spirit that the reader should approach this book.

It is the hope and intention of AABB GTF members that results of our efforts will continue to grow, and that the accumulated knowledge and wisdom presented in this book will generate enthusiasm and many more studies on global transfusion in the interest of improving services and the safety of the global blood supply in coming years.

Quentin G. Eichbaum, MD, PhD, MPH, MFA,
MMHC, MA, MSc, MMed, FCAP, FASCP
Chair, AABB Global Transfusion Forum

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