

BLOOD 

THE SANBS
STORY

25 Years of Saving Lives.







Two momentous events

occurred in South Africa
in April 2001

A crowd crush at Ellis Park Stadium tragically killed 43 people during a major soccer match, and the South African National Blood Service (SANBS) was established after the merger of seven previously independent blood services. This non-profit company, dedicated to saving lives by providing a safe blood supply to our nation's citizens, marked a pivotal moment in this story.

A few years later, SANBS and the World Health Organisation (WHO) hosted the inaugural World Blood Donor Day in Johannesburg. This event led the World Health Assembly to declare 14 June as World Blood Donor Day. The focus was on blood safety, kicking off a relentless cycle of appeals for blood donation—a golden thread in SANBS's narrative.

From the outset, SANBS emphasised that transfusions in South Africa were as safe as anywhere in the developed world. Public education campaigns highlighted the need for safe blood, especially given the country's high HIV prevalence.

Despite 400,000 South Africans receiving transfusions in the previous year, mostly for surgery, less than 1% of citizens were donors, even though 95% might need blood in their lifetimes.



The first Chief Executive Officer (CEO) of SANBS, Professor Anthon Heyns, was a former academic and medical graduate of Wits University in 1960, as well as a regular blood donor. Prior to his role at SANBS, Professor Heyns served as the inaugural Professor and Head of the Department of Haematology at the University of the Free State in Bloemfontein.

During its establishment, SANBS leadership emphasised that consolidating the country's blood transfusion services would improve operational efficiency, enhance quality standards, and promote more equitable access to blood for all South Africans.

However, the early days were not without their challenges.

When seven geographically-based blood transfusion services merged into one national entity, where previously there had been seven big fish in seven small ponds, there were now seven small fish in one big pond.

Throughout the difficult founding period, Professor Heyns countered the negativity by directing staff members' focus towards the benefits of amalgamating into a new, bigger and more powerful blood transfusion services entity in South Africa. It was hard work, requiring blood, sweat and tears.

The unification of the blood transfusion services in this country is an essential step

to rationalise and increase the efficient delivery of high-quality blood and will facilitate equitable distribution of this blood to all in the country"

- Prof Heyns said at the inaugural event

Professor Anthon Heyns

To fully appreciate this story, it's crucial to understand that Professor Heyns and all of his colleagues in blood transfusion services woke up each day with a shared purpose: to save lives.

Throughout the early 2000s, stories of lives saved defined SANBS's mission.



During its first year, for instance, Nick Prince, a loyal blood donor from Empangeni near Durban, became a recipient himself. After donating 54 pints, he fell ill while on a business trip to Malawi. Back in Durban, doctors discovered he had myeloblastic leukaemia, a severe bone marrow cancer. Nick underwent chemotherapy, endured months in the hospital, and described how the treatment left him weak, hairless and at risk of bleeding. After his final chemotherapy session, he received multiple transfusions.

“What people don't realise is that the blood is specifically matched for you and your needs,” said Nick, grateful that his life had been saved.

Nick's experience underscored SANBS's vital, lifesaving work - a purpose that has continued since its founding to today.

HIV/AIDS was still a constant concern in blood transfusion, as it had been throughout the previous decade.

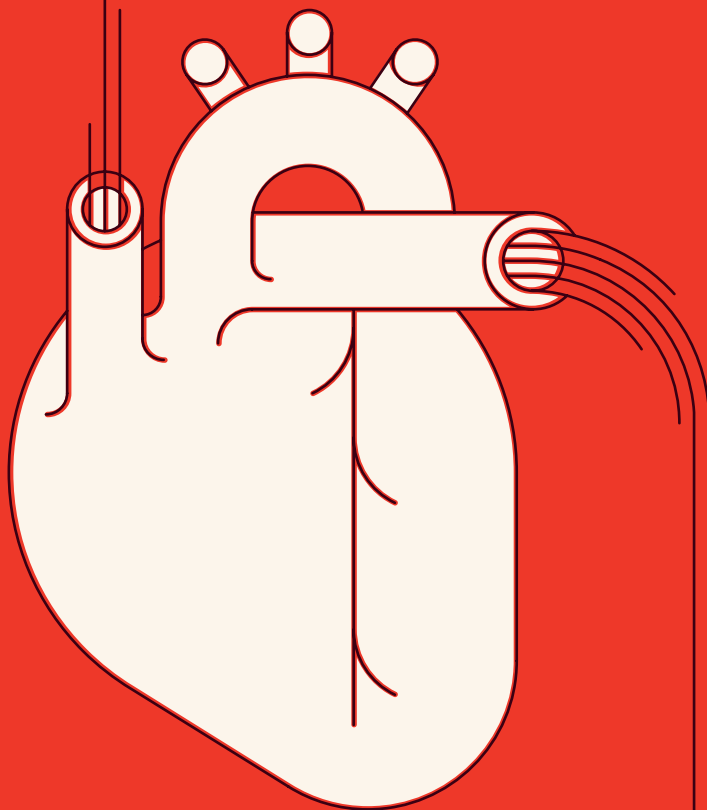
Back in the early 2000's

Professor Heyns and his colleagues were haunted by memories of the United Kingdom's mishandling of HIV/AIDS in the 1980s and the tragic consequences of contaminated blood being transfused to patients.

At SANBS's founding, the policy was clear: "We don't take blood from people who engage in high-risk sexual behaviour."

This aligned with a WHO ruling advising against accepting blood from people with multiple sexual partners—a controversial stance, especially among gay activists, as it linked sexual preference, risky behaviour and HIV/AIDS.

Media coverage of this controversial policy was substantial, but SANBS stood firm. Early HIV/AIDS testing methods were not advanced enough to ensure blood safety. The policy was motivated by caution, given the high HIV prevalence in the homosexual community.



*The controversial policy **excluding** **gay blood donors***

was not as explosive as another policy that was still in place in 2004.

This policy required skills that were not taught to medical technologists, doctors, dentists and scientists. These skills were only trained in political science, a discipline unfamiliar to SANBS executives.

The crisis was triggered by the intersection of race, class and culture in South Africa. The exclusion of men who have sex with men (referred to as the MSM category) had sparked a minor uproar among gay men, but the policy of not accepting blood from black donors had outraged the majority of the country's population, regardless of sexual orientation. The legacy of apartheid meant that whites were mostly privileged, while black South Africans were predominantly working class. This dynamic ignited a major controversy over blood safety and equality. The prevalence of HIV/AIDS was particularly high among the poorer black population.

By the end of 2004

the company's human resources function was in the midst of managing a matter of strategic significance, and one that was far from routine.

Poppie Bereng, a SANBS nurse and union member, challenged her dismissal after speaking out against the company's policy of not using blood from black donors due to safety concerns. The blood was either incinerated or destroyed. The Commission for Conciliation, Mediation and Arbitration (CCMA) ordered SANBS to reemploy Poppie Bereng and compensate her with six months' salary.

The ruling did not go unnoticed by the media. By early December 2004, headlines were circulating that SANBS was not using blood from black people, and that the blood of the country's president, Thabo Mbeki, was likely discarded. This quickly led to the Department of Health issuing a statement denouncing the use of racial categories to assess blood safety risk as unacceptable. Urgent meetings were then held between the Minister of Health and SANBS executives.

"The current risk-rating model needs to be reviewed as a matter of urgency, and more scientific determinants should be used in an integrated manner to identify risks. Race will not be used to determine blood risk levels," the resolute statement ended.

SANBS's work continued as usual. The main obstacle to serving its purpose remained: the persistent shortage of blood, which had similarly challenged its predecessors and would only marginally, though steadily, improve over the two decades that followed.



President Thabo Mbeki

The Poppie Bereng story

Poppie battles the blood bank

concerned a little-known citizen of minor importance to the press.

The reference to the case was soon forgotten, and the executive team neglected it.

But the story did not escape the casual attention of one determined KZN-based journalist who connected two distant dots, recalling his attendance at a President Thabo Mbeki blood donation event three years earlier. Here was a fabulous opportunity to advance his profile as a journalist, and he worked tirelessly day and night to uncover the story.

The following headlines surely captured the attention of the SANBS executives in a way no single event in the company's quarter-of-a-century history has.

"Mbeki's blood trashed (except for the clear bits.)"

"Isn't this bloody racism?"

"All donors, whether it's Vorster, Naidoo, Smith or Ndabandaba, should be tested."

"Blood profiling is nothing but pure racism."

"Bloody cheek from SANBS."

"Blood discrimination based on race."

'Emotive' race issue has the blood boiling."

And to the SANBS executives, arguably the most galling headline of all, "WP runs own blood service and 'does not go by race'", a situation made possible by the low prevalence of HIV/AIDS in the standalone province.

The meeting had all the ingredients for an explosive Molotov cocktail.

A lot of political mileage was gained from the reframing of the inflammatory story by politicians, activists and the popular media as a 'SANBS throws away black people's blood' policy. The media frenzy that ensued tormented SANBS's leadership team, who were soon swamped by an avalanche of calls from journalists.

Then the politics escalated, as it invariably does when the stakes are high. Professor Heyns and his team acted swiftly, but so did President Thabo Mbeki's supporters.

This smacks of racism

Railed the Minister of Health, Dr Manto Tshabalala-Msimang, issuing an instruction to her senior political cohort in the department, acting Director-General Dr Kamy Chetty, to urgently summon Professor Heyns and his team to meet with the minister and justify the reasons for the black (and coloured) blood refusal policy.

The tension was unquestionably heightened by the leader of the current government and his close ally's continued HIV/AIDS denialism. In stark contrast, the scientific facts of HIV/AIDS would surely form the foundation for defending SANBS's policy.

The meeting had all the ingredients for an explosive Molotov cocktail.

During the meeting, Professor Heyns yielded to the disproportionate political power dynamic. Afterwards, he hinted that a decision had been made to eliminate race as a factor in determining blood transfusion risk. He also mentioned that a small task team had been formed to explore alternative options.

There was intense disquiet

in the SANBS building in Constantia Kloof, unlike anything experienced in the previous three years.

Ravi Reddy, Chief Executive Officer



To help manage the crisis, Prof Heyns enlisted the support of a senior colleague, Ravi Reddy.

Prior to the SANBS merger, Ravi Reddy had risen through the ranks of the Natal Blood Transfusion Service (NBTS). Armed with a diploma and degree in medical technology, Ravi Reddy's managerial abilities were evident—by April 2001, at the age of 35, he was Head of Operations at the NBTS. When SANBS was formed, Ravi Reddy joined the executive team as technical director. Four years later, Ravi launched and implemented a strategic plan and a new integrated national structure that would become his lasting legacy at the company he loves and where he is universally admired.

Ravi Reddy was part of the team that engaged with the Department of Health to make representations on the Thabo Mbeki blood exclusion matter and to develop a new, more inclusive strategy. The option of introducing a new individual-donation nucleic acid-based HIV test (ID NAT) had been discussed with stakeholders in previous years, including in September 2004, but was always put on the back burner due to cost and technological constraints. This technology, if implemented, would detect HIV infections much earlier, reduce the window period, and make donated blood much safer, thus enabling SANBS to expand the donor base without increasing the risk of transfusion-transmitted infections. This is an important subject to which we will return in more detail.



Yet amid the heated political posturing, scientific facts about safe blood for patients were overshadowed.

From SANBS's view, the policy was not about race, but about statistical risk. Given the higher prevalence of HIV/AIDS among certain groups due to the country's intersection of race, class and infection rates, blood safety remained paramount.

Exclusion focused on statistically proven risk, not individual profiles.

Government pressure on SANBS to abandon demographic profiling in blood safety was initially unsuccessful because there was no alternative to maintain blood safety. However, the government praised SANBS for their serious attempts to find alternatives.

Much of the uproar over donor profiling was rooted in South Africa's colonial and apartheid past, where wounds ran deep. Columnist Jon Qwelane, for instance, declared he would never accept 'white' blood, stating he would prefer to risk infection from a black donor rather than receive a white person's blood.

Racial discrimination in blood transfusion dated back to 1956, when the Medical and Dental Council recommended labelling blood by racial origin. This recommendation was immediately opposed by Dr Maurice Shapiro, also a Wits medical school graduate, who had established the Rand Blood Transfusion Service (RBTS) in 1937, which later became the South African Blood Transfusion Service (SABTS). He insisted such discrimination was scientifically baseless, but his advice was ignored. By 1962, regulations required blood containers to indicate the donor's race. Dr Shapiro's commitment to blood transfusion as a life-saving intervention kept him working until his death in 2000, after 63 years of service.

Professor Heyns remained composed

as the controversy escalated,
defending SANBS's approach and
reiterating the priority of patient safety.

**My job is to ensure
patients benefit
from a sufficient
and safe blood
supply”**

he said, addressing
criticism directly.

“I am not a racist and this is not a racist organisation. Our statistics show a strong correlation between demography and HIV/AIDS.”

He explained that the racial profiling model was developed in the mid-1990s in response to the HIV/AIDS pandemic, with the Department of Health's involvement and approval.

“The government was informed about the risk management strategy using race, gender and frequency of donation as a way to minimise HIV risk,” he noted, surprised that the issue had become so heated in 2004. The professor believed the controversy stemmed from poor communication with health officials, despite SANBS's assumption of mutual understanding. He acknowledged the tension between medical science and political pressures.

“We should have communicated better with the Department of Health, our donors, blood users and staff. We thought we were communicating, but the message didn't get across.”



Professor Heyns always stressed the necessity of cooperation; SANBS operated under a government license and could not simply ignore the regulations. To resolve the impasse, SANBS rushed to create a new model excluding race.

Was this a storm in a teacup?

No. Using the existing model, SANBS estimated about four HIV infections per year from transfusions, with only two cases reported. If racial profiling was abandoned without an alternative, estimates suggested infections could rise to 30 annually—or even 100 if the system became unmanageable.

Professor Heyns warned that dropping racial profiling without a replacement would leave SANBS liable for



1869



Nucleic acids

were discovered in 1869 by Swiss physician and biologist Friedrich Miescher by analysing pus-soaked bandages and studying leukocytes (white blood cells). He identified a phosphorus-rich substance in their nuclei and named it “nuclein”.

More than 130 years later,

nucleic acid amplification testing (NAT) became feasible at scale. Today, over 60 million blood donations worldwide are screened annually using nucleic acid testing, substantially reducing the risk of transfusion-transmitted infections.

NAT shortens the dangerous “window period” for viruses such as HIV, hepatitis B and hepatitis C by detecting genetic material directly, rather than waiting for antibodies or antigens to appear as in older serological tests. This improves sensitivity and strengthens blood safety.

In South Africa, the move towards Individual-Donation NAT (ID-NAT) began before SANBS was founded in 2001. By the late 1990s, molecular techniques had advanced enough to make large-scale, individual-level screening possible.

In 1998, the seven South African blood services collaborated on a national study, contributing around 20,000 donor samples. Two donations tested HIV-positive on ID-NAT but negative on traditional serology. Scaled to the national donor base, the study estimated ID-NAT could detect about eight additional HIV-positive donations each year that would otherwise be missed. The potential benefit was clear, but implementation posed major operational and cost challenges.



In late 2004 and early 2005

as the blood exclusion scandal peaked, SANBS again informed the Department of Health that if South Africa could afford universal ID-NAT screening for transfusion-transmissible infections, demographic information could be removed as a risk marker.

The proposal was accepted. Ravi Reddy was ably supported by colleagues, including blood safety specialist and close confidante Dr Marion Vermeulen, well-versed in virology and HIV/AIDS, and thoroughly conversant with the science of HIV/AIDS immunology.

Within six months, NAT laboratories were built, and instrumentation was purchased and validated. On 3 October 2005, SANBS and WCBS implemented universal ID-NAT screening, making South Africa the first country to test all donations for HIV, HBV and HCV using ID-NAT.

For Dr Marion Vermeulen and other SANBS scientists, adopting NAT in 2005 was a breakthrough, prompting major investment in laboratory upgrades, new equipment and advanced testing capability to further strengthen blood safety.

SANBS procured five fully automated test systems from Chiron Corporation. The “Tigris” platforms cost about R90 million and almost halved the HIV window period (from about 16 days to under 10). For hepatitis C, the window period fell from more than three months to about three days. Dr Vermeulen describes some of the implementation challenges.

“Before implementing NAT, we had six months to thoroughly revise our methods. First, NAT required samples to be shipped within strict timeframes and maintained at controlled temperatures. Previously, samples could be shipped in batches, but now they had to be sent overnight daily to the two testing centres. This created numerous logistical challenges and increased costs.”

For readers with an interest in medical science, the following details will be of particular interest.

“To mitigate some of these risks, we purchased a new type of test tube with a gel separator to prevent haemolysis. We used these sample tubes for a year before becoming confident that our shipping logistics were streamlined. During this period, laboratory space was established, with pre- and post-

analytical areas clearly separated to meet molecular testing requirements,” says Dr Vermeulen.

“The new Tigris equipment was shipped to South Africa and installed at both testing centres, with installation qualification and validation completed. Interfaces linking the instruments to the laboratory information system were developed, together with algorithms for blood release, confirmatory testing and donor counselling, all of which also required validation,” she explains.

Dr Vermeulen highlights the pioneering aspects of the work. “The reagents for NAT were complex: some stored at room temperature, others at 2–8 degrees, and some at -30 degrees, the latter kept frozen. Additional cold storage was necessary. The Tigris instruments had never been installed elsewhere, as we were the first client. In the weeks leading up to going live, we experienced numerous equipment breakdowns, and engineers still learning its intricacies forced us to keep a month’s stock of the previous test, P24 antigen, just in case—a cost we thankfully did not have to incur. Through small miracles and a huge effort from the staff, we went live on 3 October 2005 and have not had to revert since.”

SANBS pioneered the use of individual blood donation NAT (ID-NAT).

Since its introduction, only one documented case of HIV transmission has been reported in 20 years, despite the enormous volumes tested—more than 800,000 donations a year.

By September 2005, Health Minister Tshabalala-Msimang lauded SANBS’s new race-free risk-rating model, stating, “I am glad the SANBS has been able to implement the new risk model for blood donations, which excludes race, within timelines that we set.”

In 2005/2006

with SANBS somewhat freed from political distractions, Ravi Reddy led the formulation and implementation of a strategic plan that has proved crucial to SANBS's long-term sustainability. The plan focused on the organisation's core challenge: establishing an appropriate national structure and leadership to increase blood availability and sustainability, which is the foundation of SANBS's mission.

"To optimise blood supply and demand, we must radically restructure operations," Ravi Reddy resolved, knowing tough decisions lay ahead.

At the 2001 amalgamation, SANBS inherited 35 regional processing centres and branch managers—an inefficient structure, since supply and demand didn't always align geographically. Four years later, Ravi Reddy led the dismantling of the old hierarchies to create a more streamlined, lower-cost model. But what would be an enduring replacement?

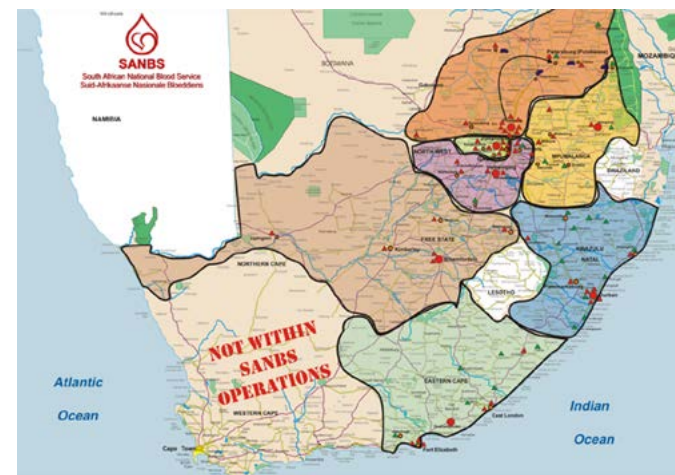
SANBS operations were restructured on a hub-and-spoke basis: a strong central core providing strategy, resources and oversight, with decentralised spokes operating independently yet aligned. The new structure's benefits were clear—improved blood availability, lower costs, clearer direction and a stronger brand. Communication and resource sharing improved, while duplication dropped. Two decades on, this hub-and-spoke blueprint remains SANBS's operational foundation.

There was,
in corporate
jargon,

**much blood
on the
walls**

during and
after the
restructuring.

The 35 regional branches, each with multiple managers, were consolidated into zones aligned with supply and demand - densely populated areas such as Gauteng were divided into multiple zones, whereas sparsely populated regions were merged. This enabled cost-cutting, but it also led to disappointment among those who lost secure jobs or faced more demanding roles. Generous exit packages were offered, sometimes resulting in talented staff leaving, while others who should have moved on remained.



Watch

your back,

Reddy,

you watch

your

back



The hub-and-spoke structure provided numerous benefits.

SANBS became an attractive beacon for high-calibre, achievement-oriented job seekers, establishing itself as an employer of choice. For the many strong characters already on the payroll, gifted with key aptitudes and holding the right attitudes, the world was their proverbial oyster.

However, distress and disarray persisted in the early days of the restructure, and Ravi Reddy received numerous threats from disgruntled staff.

“Watch your back, Reddy, you watch your back.”

“Luister jy nou mooi vir my, Meneer Reddy. Volgende keer as ek jou sien, sal ek vir jou ‘n snotklap gee.”

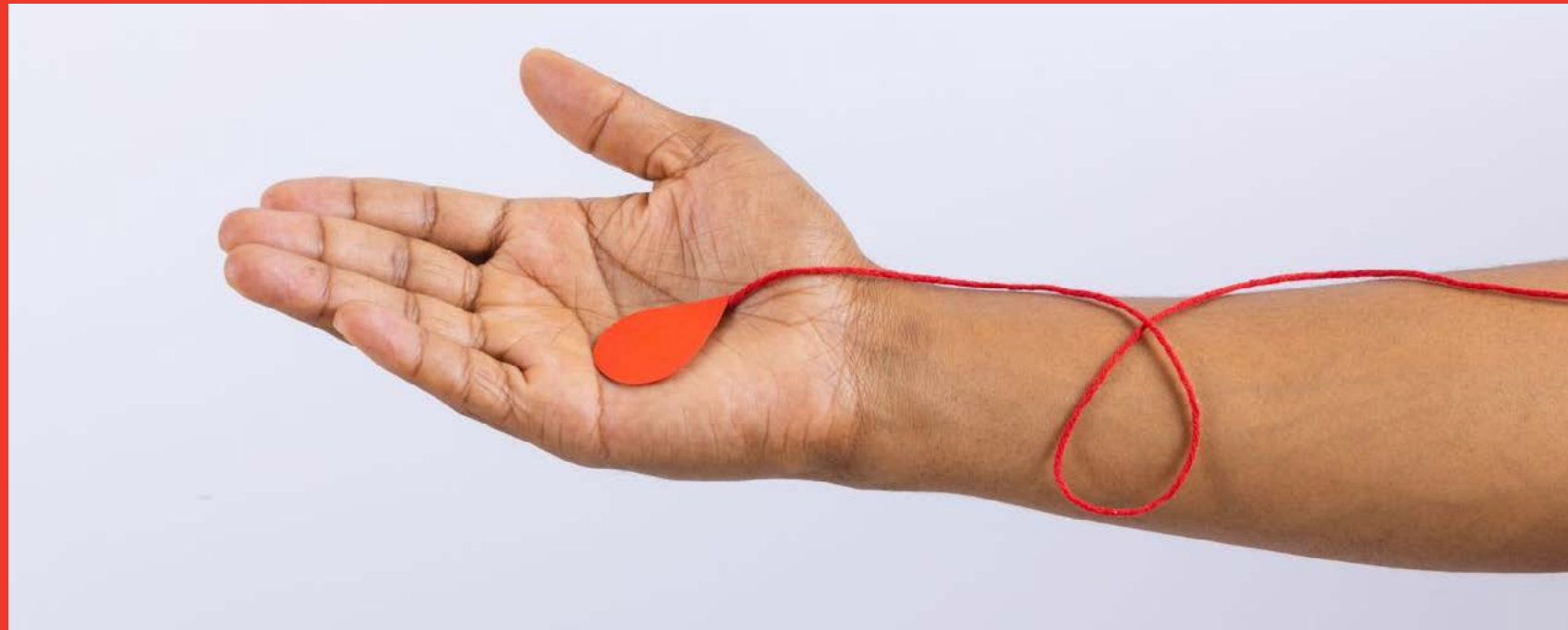
“Don’t worry about saving other people’s lives, worry about saving your own.”

In just over five years

SANBS Weathered four major upheavals:

- Merging seven different services
- Navigating the gay blood exclusion controversy
- Becoming entangled in political conflicts regarding the exclusion of blood from black people
- Initiating a profound structural transformation. Internally, the unrest was palpable, but externally, Donor support remained strong, buoyed by the efforts of dedicated, record-breaking contributors.

Internally, the unrest was palpable, but externally, donor support remained strong, buoyed by the efforts of dedicated, record-breaking contributors.





Public concern over the cost of blood, sometimes framed in the media as

Blood
Money

introduced new political and reputational challenges for SANBS in the mid-2000s, particularly as questions arose about how a freely donated resource was funded and distributed.

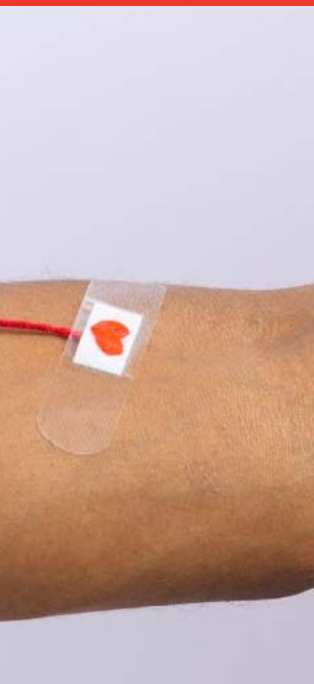
Professor Heyns countered

that SANBS, as a non-profit, charged only for services such as recruiting, collecting, testing, processing and issuing blood.

Annual reports detailed spending and were available to the health department, which had a seat on the SANBS council and provided no subsidy to the company.

A common misconception persisted: many South Africans believed that if they donated blood for free, they'd receive it for free when needed. SANBS invested heavily in public education to counter these expectations.

Despite challenges, SANBS's purpose of saving lives remained unchanged. Its reputation for excellence grew, culminating in hosting the inaugural World Blood Donor Day in 2004. However, blood availability remained tight, with inventories at a 30-year low by the end of 2004, partly due to a severe influenza season.



In 2005

SANBS's ongoing transformation brought painful sacrifices, more political distractions, and arguably the most exciting innovation in blood transfusion history, the use of ID-NAT.

Some minor political controversy arose in early May when a dispute erupted over national blood services in South Africa, initiated by the Western Cape Blood Service (WCBS), which prevented one chapter of the National Health Act from coming into effect. Despite growing pressure from the national government, the WCBS continued to resist joining forces with SANBS.

Dr Arthur Bird, WCBS's CEO at the time, explained that although the service he led had initially supported the idea of SANBS, an idea already spawned in the early 1990s, at a special meeting convened by WCBS in 2000, less than a year before the founding of SANBS, WCBS donors had voted against the idea.

Attempts by WCBS and the Department of Health to find an amicable solution were made, but a subsequent meeting between the disagreeable parties failed to produce an agreement. To this day, WCBS remains an independent blood transfusion entity, separate from SANBS.



Michael Lennards is an interesting character

The difference in scale is what sets the two services apart.

Whereas SANBS is like a huge ocean liner, the WCBS is like a nimble little yacht,

- Says Michael

Michael, a young man from the poor Cape Flats, excelled in science at school, but his family could not afford to support his university ambitions. In 1985, while working as a lowly document clerk for a supplier to Koeberg, the nuclear power plant,

Michael was having tea in the kitchen with the tea-maker when the tea-maker threw a newspaper on the floor. On the open page facing up, Michael noticed a display advert for a position in the province's blood service that offered a trainee medical technician role and funding for relevant part-time studies. He applied and was awarded an interview. Michael took the train from Mitchell's Plain into town, dressed for the interview in what he describes as a hideous cream three-piece suit. Despite his unusual sartorial attire, he got the job and remained with WCBS until the late 2000s. Soon after, he was offered a job at SANBS in Johannesburg, where he remains in service over 40 years later. With a background as a training specialist and now in a senior management role, Michael leads a team of over 900, running a 24-hour operation with an annual budget of nearly R1 billion.

well-placed to comment on both the Western Cape's blood service and its national counterpart, SANBS.

From the start of his career, Michael recalls a warm and cooperative relationship between the WCBS and SANBS, which he witnessed in the early years through his participation in blood bank co-accreditation processes between the two related organisations.

"The atmosphere within the SANBS headquarters is more formal, whereas the WCBS is more like a family. This is to be expected, given the big differences in their size and complexity." Michael is nuanced in articulating this difference, indicating that at the smaller zone level, the two cultures cohere, with a strong team orientation and close relationships forged among colleagues.

"Despite how the services differ, they share a common purpose. At all the congresses here in South Africa and overseas, attended by representatives of both services, it's clear that both enjoy a world-renowned reputation," says Michael.

SANBS's reputation relied on the
generosity of donors like

Maurice Creswick and Robby Downard

In

2005

after donating 82 units, Robby won a helicopter ride but gave the prize to the Reach for a Dream Foundation for sick children.

Such selflessness is typical of SANBS donors.

Still, blood shortages continued to be an issue, with only a three-day supply being the norm.

The gay blood exclusion policy

continued to plague SANBS in the mid-2000s. Although on a smaller scale than the presidential blood refusal crisis, it was just as vocal. Disputes continued between the company and gay men and their activist representatives, with the exclusion of blood from sexually active gay men continuing to provoke the gay community's anger.

For instance, in December 2005, Stephen Vos, a homosexual, claimed that the policy violated his constitutional rights. After completing the pre-donation questionnaire, he was denied the opportunity to donate.

**AIDS has
no sexual
orientation**

he said.

**I feel very
let down**

that in a democratic country we have such discrimination."

SANBS responded in a customary manner, stating that not allowing homosexuals to donate was an international practice due to the high prevalence of HIV within the gay community. But the Gay and Lesbian Alliance (GLA) was not satisfied with this response, with their media director, David Baxter, indicating they were willing to fight.

"We will issue a letter to demand that the policy be normalised and all forms of discrimination removed," he said. Baxter also mentioned that the alliance would be taking SANBS to court if the service refused to change its policy.

The reasons for caution regarding blood safety remained sound, and SANBS stood firm. But the issue refused to go away.

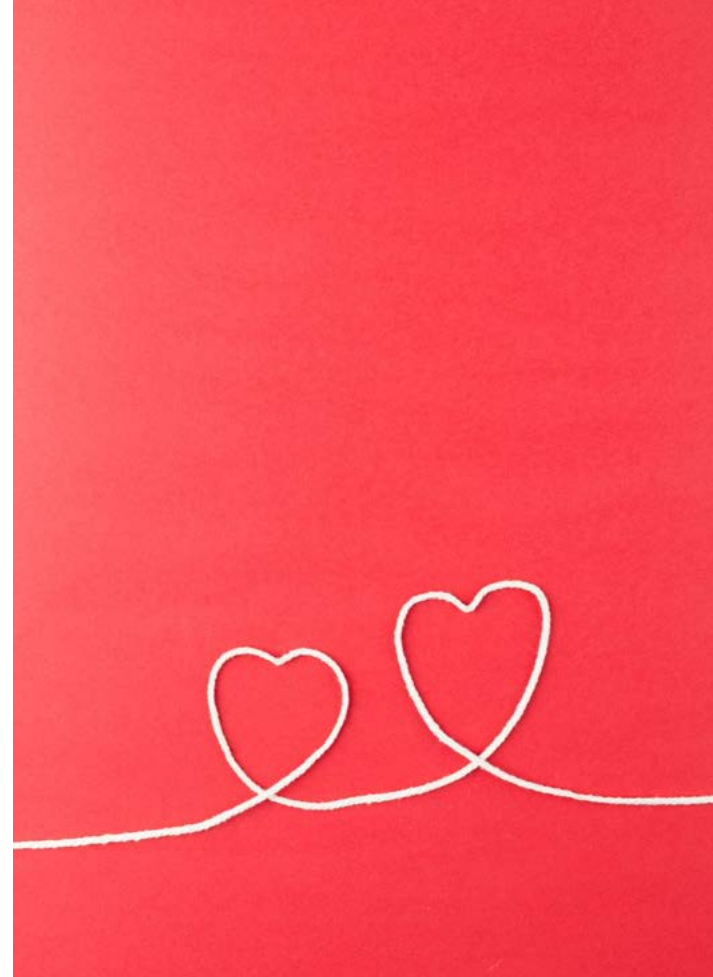


At the beginning of 2006

SANBS medical head Dr Robert Crookes stated, "A man who has had sex with another man within the last five years, whether oral or anal sex, with or without a condom or other form of protection, is not permitted to donate blood and must please not do so."

He emphasised that this exclusion followed international practice and rigorous research indicating that men who have sex with men, referred to as an MSM category, have a higher risk of transmitting HIV and other blood-borne infections. He added the imperative of MSM-group males not to donate blood, as "To do so endangers the lives of patients who need a blood transfusion as part of their medical treatment."

The controversy escalated, with the GLA, in a foolish and cavalier move, launching a national campaign urging donors to give blood without disclosing their sexual orientation. This led to reports of thousands of gay men being urged to descend upon SANBS branches and lie about their sexual orientation.



Spokesperson David Baxter announced the campaign, threatening to mobilise the alliance's 157,000 members and indicating that the GLA had lodged a complaint with South Africa's Human Rights Commission (HRC).

The HRC threat was unsuccessful. Its Chairperson, Jody Kollapen, had previously commented that the commission supported SANBS's efforts to ensure a safe blood supply. However, he cautioned against using stereotypes or excluding certain groups of people in pursuit of this goal. But on the 13th of January 2006, reports indicated that between 180 and 300 gay men had donated blood at SANBS branches in response to the GLA's call. SANBS requested that the GLA urge their members to withdraw their donations by signing an 'honesty card', or using the service's emergency, 'second thoughts' number. However, David Baxter stated, "We told them this would

Many observers were indignant.

The following day, Christina Gallagher of the Saturday Star, in an article titled, 'Gays launch blood war', wrote, "The Gay and Lesbian Alliance yesterday declared war on the South African National Blood Service, as scores of its members turned up to donate blood under false pretences. And a shocking 65% of the gay men who donated blood without disclosing their sexual preference are unsure whether they are HIV-positive."

The article suggested that one of the donors had full-blown AIDS.

The GLA's call divided other representative organisations of the gay community, with many outraged at the GLA's antics.

For instance, Glen de Swardt, the clinical manager of the Triangle Project, which claims to be the oldest gay and lesbian service organisation in Africa, said, "We decry this. This is not a methodology we would even consider. All this will do is provoke further discrimination and a backlash against an already marginalised community."

But David Baxter remained obstinate, stating, "If the SANBS has the state-of-the-art equipment they claim to have, they should be able to detect HIV. We want all blood to be scrutinised equally."

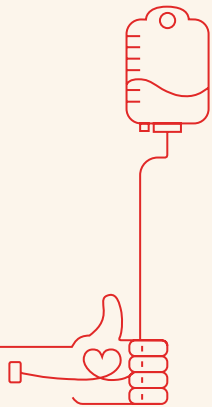
SANBS was fighting two simultaneous, parallel wars, one based on race and the other on sexual identity exclusions. However, both enemies suffered from the same delusions: there are none so blind as those who will not see, and none so deaf as those who will not hear.



A minor hiccup

in 2006 *followed* *the major* *controversies*

two donors, Lionel Lewis and Maurice Creswick, disputed the Guinness World Record for blood donation. SANBS confirmed Creswick as the rightful record holder, emphasizing that every pint counts and celebrating the company's donors as its lifeblood. These stories of generosity, not the major controversies, are the true foundation of this history.



On Women's Day in August 2006, SANBS described women as society's cornerstone, recognising the countless female donors—many of them mothers—who often donate blood to save the lives of strangers. Recipients are often women experiencing childbirth complications; in donating, these mothers give life twice.

Despite earlier concerns, the benefits of SANBS's one-year-old ID-NAT blood testing were proven by September 2006: nine HIV-positive infections were detected that older tests had missed.

In October, SANBS further revised its pre-donation questionnaire, allowing gay men who had been celibate for six months to donate. The new form asked all donors, regardless of orientation, about anal or oral sex practices, not specifically male-to-male sex. This partly resolved the sexual preference controversy, though questions lingered in the gay community. For about six months, the issue quieted, but never fully disappeared.

saves lives.

org.za
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Another small story, also consequential to our larger narrative, illustrates the other side of the donor–recipient equation. In October 2006, SANBS's Kimberley branch worked tirelessly to save the life of police superintendent Cecil Paul, who had been shot in the line of duty. Despite four surgeries and the use of 140 units of blood and rare blood products, some airlifted in by police helicopter, Superintendent Paul died after 26 years of service. His case prompted an outpouring of donations from police officers and the public, reminding everyone of the critical importance of blood donation and the dedication of SANBS staff.

Challenges, the hallmarks of heroes' journeys, continued.

South Africa's anti-retroviral rollout constrained blood supplies, prompting warnings that the 2006 festive season might reach a crisis point. The company had alerted that people with HIV anaemia would require transfusions to raise their levels of haemoglobin before commencing ARV treatment, which had increased blood demand by 10% over the past year. Five-day stocks plummeted to one- or two-day stocks in numerous regions.



We have changed our policy that safe donors are no longer defined in terms of race,

but on how many times one donates. A regular donor is a safe donor," he said, acknowledging that only 6% of SANBS's donors were black.

SANBS's new medical director, Dr Sam Gulube, put out a call for black citizens to donate blood, confirming that the company would like to change the misconception that it rejects the blood of black people.

SANBS used a creative marketing campaign for the 2006 festive season, using street-smart blood adverts. Johannesburg's The Citizen newspaper referred to the campaign as "**painting the town red**" to attract more donors. The street pole boards resembled blood bags, placed on three consecutive street poles, with simple, powerful messaging. "**Don't let us run out of blood,**" said the first, with white lettering on a red background, "**Don't wait. Donate,**" said the second, with the blood bag running empty, and the third showed the SANBS name and logo and toll-free telephone number.

The start of 2006



Dr Loyiso Mpuntsha

saw a leadership transition at SANBS, with founding CEO Professor Heyns retiring and Dr Loyiso Mpuntsha, a medical doctor, appointed as his successor.

Dr Mpuntsha's first major challenge was the ongoing controversy over the pre-donation questionnaire. Gay rights activists argued that the revised form remained discriminatory and called for questions to focus on high-risk sexual behaviours, not orientation. Dr Mpuntsha maintained the service would continue its scientifically cautious approach until independent research suggested otherwise, citing international evidence that men who have sex with men remain a high-risk group.

Despite distractions from debates on race and sexual preference, SANBS prioritised marketing, especially in the corporate sector. The company intensified campaigns encouraging business leaders to promote blood donation in the workplace, with success boosted by the rise of corporate social responsibility programmes. Communication efforts included SMS bulletins and mobile outreach to encourage regular donations and direct donors to clinics, especially vital during holidays and winter, when trauma cases and donor absences spiked.

One year after the introduction of ID-NAT testing, SANBS's blood remained among the world's safest, but shortages persisted.

Despite best efforts, the
statistic of less than

1%

of South Africans donating
blood remained, and the
challenge of maintaining an
adequate supply continued.

In

2008

In 2008, the year ended with blood banks nearly empty, as SANBS struggled to meet its daily target. Blood donors as a proportion of the population remained below 1%. How could this predicament be turned around?

On a more positive note, support for blood donation increased within the black community, as evidenced by 17-year-old

Lwazi Mthembu's

first donation in 2008.

Lwazi pledged to continue donating despite ongoing concerns.

"My friend was over the moon after donating. We feel it's our civic duty to donate blood regularly."

Dr Gulube reported that black donors had increased from 6% in 2005 to 14% by 2008, with over 45,000 black donors and new donation centres in several townships.

The main challenge remained the low donation frequency, irrespective of race.



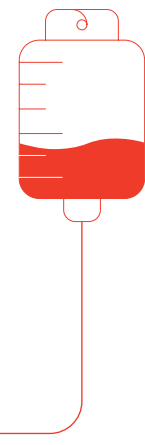
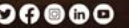
#YoungBlood can make a difference.

It feels good because it's something I've always wanted to do. My sister is a regular donor, so I thought, why not?

- Says Lwazi



sanbs.org.za



Since its inception in 2001

the SANBS executive has been committed to changing the demographic profile of blood donors and transforming the company's internal staff profile. At the end of apartheid in 1994, most organisations in South Africa reflected an uneven racial distribution in their staff demographics, with a top-heavy white leadership and management class, mostly male, supported by a black working class.

Despite nearly seven years passing since the end of apartheid, the staff profile of SANBS in 2001 was little different to other South African companies. **The leadership was determined to create a more equitable and sustainable future staff profile.**

Plans were put in place to ensure employment equity through black economic empowerment and affirmative action from the get-go. The preferential appointment black, coloured and Asian people, as well as women from all racial groups gathered apace, with more diversity soon evident throughout the company – in board appointments, executive leadership structures, middle management, professional and technical positions, and the engine room heart of the organisation.

Skills shortages arose, with skilled white employees also being valued, and these ongoing efforts soon resulted in an impressive level of diversity for a company spawned in the new South Africa.



SANBS continued to face sporadic protests from gay rights activists regarding blood donation policies in 2009 and 2010.

We at SANBS are acutely aware of the issues surrounding the exclusion of men who have sex with men from donating blood and the negative emotions that surround this issue.

I can assure you SANBS does not take this lightly, and we constantly review policies based on what the latest scientific findings are.

- Says Dr Karin

Dr Karin van den Berg, SANBS's Eastern Cape medical officer, defended the company's stance.

Dr van den Berg clarified that all donors were screened for high-risk sexual behaviour, regardless of orientation, and that deferral was based on risk, not identity. She also confirmed that SANBS had over 45 rules for donor selection, covering donor health and lifestyle; that exclusions were based on evidence for blood safety, not discrimination; that donor selection aimed to ensure safe blood, adequate supply and donor safety; that there was a high HIV prevalence among MSM in Johannesburg and Durban, and reaffirmed SANBS's attempts to lift the total ban on MSM blood donors.

Dr van den Berg noted that other countries were now following SANBS's example, stating, "South Africa still has one of the most progressive policies for MSM, showing SANBS's commitment to inclusivity."

Dr van den Berg concluded by emphasising, "It is easy to get lost in the numbers and emotions, but at SANBS we have the very tough responsibility of weighing up the right of an individual to donate blood with the right of a patient to receive blood that is as safe as is humanely possible."



Dr Karin van den Berg
Medical Director

Meanwhile, staff development opportunities for blood transfusion specialists were strengthened by the official opening in February 2010 of the Transfusion Medicine Training Centre (TMTc) in Johannesburg, established through collaboration between SANBS and its Western Cape counterpart. The TMTc had been operating for some time already, with courses offered since April 2009.

Health Minister Dr Aaron Motswaledi praised the initiative, noting its role in strengthening blood safety and capacity. During the inauguration, Ravi Reddy noted that training staff in blood collection, banking and transfusion was vital in meeting the country's needs, and the new centre would support this.

The U.S. President's Emergency Plan for Aids Relief (PEPFAR) provided a grant to establish the TMTc.



Key performance indicators for safe blood transfusion remained on track throughout 2010.

Recognising the unique nature of the company's purpose, with its flagship product flowing through the veins of every South African and global citizen, the safety aspect of its life-saving work continued to strengthen. By November 2010, while HIV prevalence among antenatal women in South Africa was over 25%, only 0.2% of blood donors were infected, and no HIV transmission through transfusion had occurred since NAT testing began.

Blood donors are special people whose hearts beat proudly for others

*- Irene van Schalkwyk
Marketing manager for the Free State and Northern Cape.*

KPI'S
on Track
throughout
2010

2011 marked SANBS's **tenth** **anniversary.**

The birthday celebration included the relaunch of its ambassador programme on World Blood Donor Day on June 14, with the support of numerous celebrities for its life-saving mission.

Annual demand reached

810,000 units
with 350,000 donors,

Ravi Reddy praised the recognition as a victory for SANBS and South Africa.

At the Laboratory Medicine Congress, it was noted that South African blood was among the safest globally, with 30 HIV infections prevented in five years and the proportion of black donors rising from 5% to 25% since 2005.

2011 was otherwise quiet, except for Dr Gulube's resignation and subsequent appointment as Secretary of Defence.

This was followed by further stability at SANBS in 2011 and 2012.

World Blood Donor Day



In mid-2014,

the matter of sexual preference and practice was finally settled. The question on the pre-donation screening questionnaire that applied to the MSM category was revised to include all donors who practised unprotected sex, irrespective of their sexual orientation.

The new rule disqualified any donor who had engaged in anal sex during the previous six months. The national Minister of Health approved the amendments to the questionnaire.

SANBS spokesperson Vanessa Raju explained that the revised questionnaire would defer donors based on individual sexual risk, not orientation.

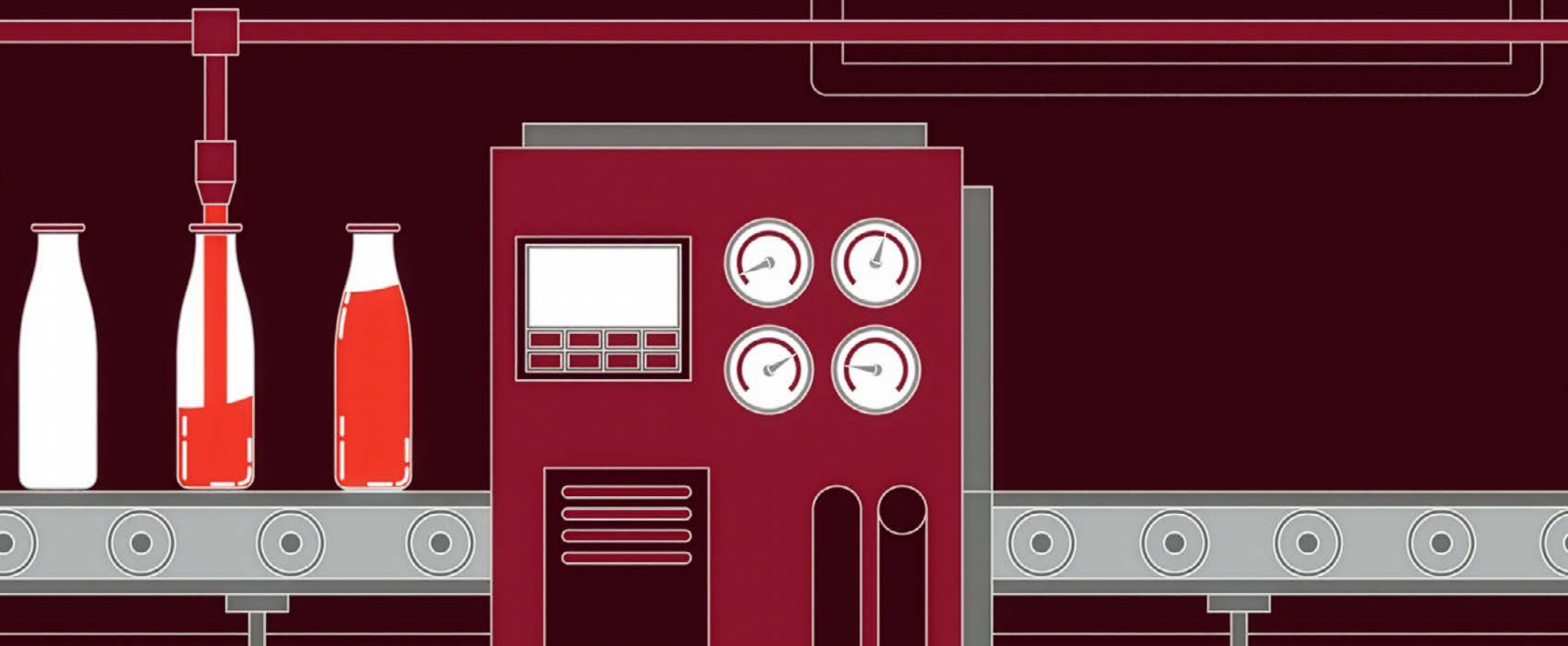
Johan Meyer of OUT called it a breakthrough for LGBTI donors. He said everyone was now treated equally, reflecting evidence-based policy.

Although it took many years to move from risk based on sexual orientation to individual risk assessment, SANBS made the change a decade before the developed world. For instance, Canada, the UK and the US only removed MSM as a deferral criterion in 2024 and 2025.

Gay activists and LGBTI groups lauded the positive policy change.

We are glad that there has been a shift in mindset, and this is a welcome decision. There are a lot of healthy men who wanted to donate blood but' could not because of that clause

- said Nonhlanhla Mkhize
Director of the Durban Lesbian and Gay
Community and Health Centre.



In March 2015, CEO

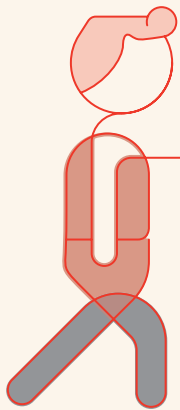
Dr Mpuntsha left the service after nearly nine years, having led improvements in performance, diversity and financial stability at SANBS.

Trevor Vroom was appointed as her replacement, which surprised some observers, as he had no background in blood transfusion. The personable Mr Vroom departed after little more than a year in the position.

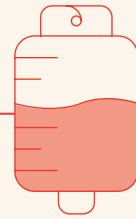
Blood drives in 2015, as with previous years, relied heavily on schools and universities, with collections dipping during the holidays. Renewed attention was given to directing partnership efforts to expand the blood drive footprint across corporations in order to reduce the negative impact of inaccessibility to blood donors among learners and students.

South Africa declared June National Blood Donor Month, with SANBS launching a Give Campaign and enlisting the support of a new ambassador, Hein Wagner, a blind adventurer with an inspiring personal story. Despite being born blind, Hein achieved remarkable feats in sports and adventure, inspiring many. Upon being appointed an ambassador, Hein said blood donation was priceless to recipients. Lesley Musina, an actor in the popular soap opera Muvhango, was also enlisted for the Give Campaign. Lesley has the rare AB blood type.

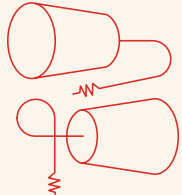
"You can't fake blood; you can't replicate blood. Blood can only come from a fellow human being, so we all have to donate," he said.



SANBS joined international efforts encouraging young people worldwide to donate blood.



The familiar face of the famous footballer, Cristiano Ronaldo, who had been a regular blood donor since he was 24, was used as the key influence for this campaign, including in South Africa.



SANBS pushed **the boundaries of** **creative marketing** **and promotion**

in a hugely successful campaign, resulting in a significant increase in the number of black donors.

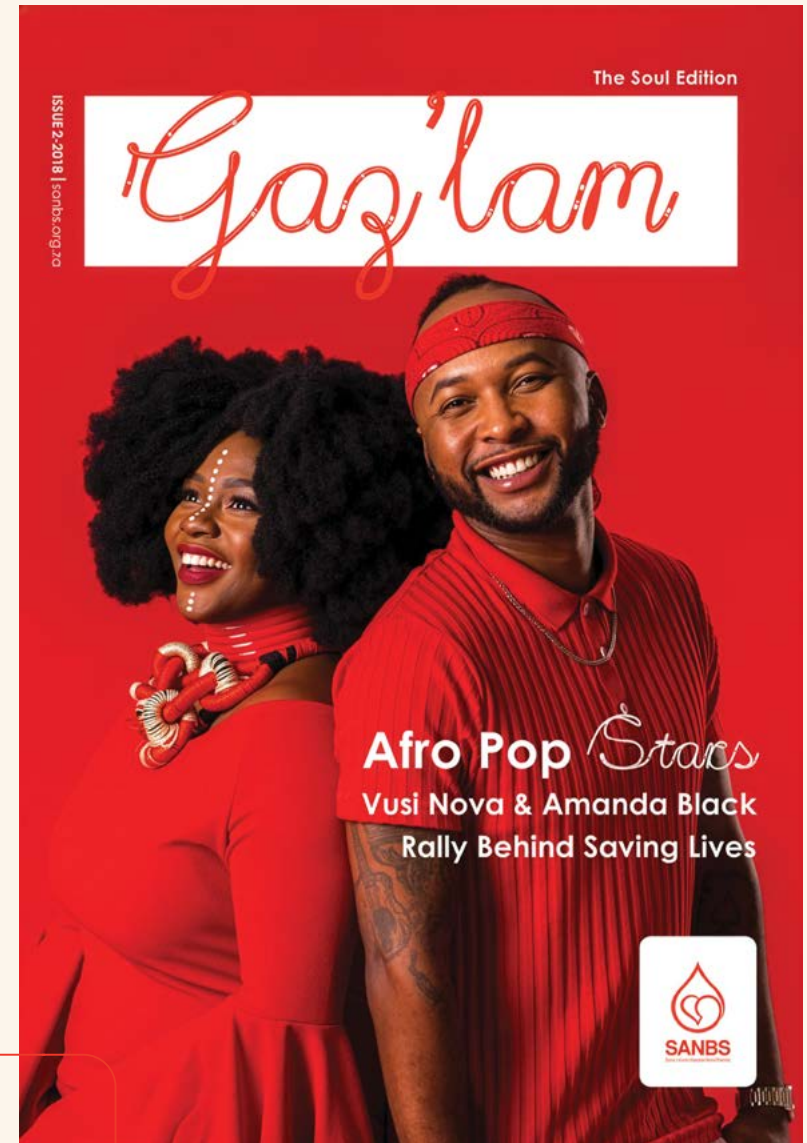
The Gazlam campaign, as it was known, cleverly played on the isiZulu slang term that could either mean, 'my blood' or 'blood brother'.

The emotive campaign, aimed at young black donors, positioned blood donors as personal lifesavers, with the core message of the life-saving purpose of donation. By donating blood, recipients are enabled to continue their life stories, such as reaching new milestones, overcoming illness and surviving trauma.

The campaign was an excellent example of compelling personal storytelling, driven by a powerful television advertisement in which a survivor thanked an anonymous donor for saving their life. The advert was augmented by numerous social media campaigns using the hashtags #Gazlam and #YourBloodSavesLives.

The Gazlam campaign encouraged black communities to foster a culture of regular, selfless blood donation, reminding audiences that every unit of blood can save up to three lives.

The cultural relevance of the campaign, founded on the human, personal aspects of blood donation, fell on fertile soil in the country's black townships, propelling the much-needed uptake of blood donations among black South Africans.



Following the resignation of Trevor Vroom

Medical Director Dr Jackie Thomson was appointed acting interim CEO for a short period, before Dr Jonathan Louw was appointed as the new permanent CEO, effective from January 2018.



Dr Louw wasted no time in infusing SANBS's core values and ethos with tremendous energy, and promptly began working on reformulating the organisation's strategy and implementing crucial cultural changes. His corporate experience proved to be invaluable and quickly showed results.

For instance, 2019 marked an important milestone in blood availability. For the first time in its short history, SANBS collected enough blood to keep a six-day supply available at most times, up from a rolling average of three days since its inception. A 100% improvement in blood availability was achieved. With more breathing room, this significant improvement enabled efficiencies in both testing and blood transport.

Dr Louw placed a high value on leadership development, culture and accountability, encouraging widespread staff participation. Several innovations during the first year of his tenure increased SANBS's appeal as an employer of choice among younger people. Operational improvements sustained SANBS's performance, and its reliability as a supplier was enhanced, all due to what Dr Louw described as, "...engaging the hearts and minds of our staff, donors and stakeholders."

Also in 2018

the Research, Advisory and Development (RAD) Academy for transfusion research and training was launched after years of development.

A major PEPFAR grant accelerated the RAD Academy's growth, enabling staff development and international exposure. The RAD Academy conducts transfusion research, offers a diverse range of training and development programmes, and promotes awareness of transfusion medicine in South Africa and across Africa.

The transfusion science capacity of the people involved in the RAD Academy was strengthened in the mid-2010s by a transfusion science postgraduate diploma developed at the University of the Free State under the leadership of Professor Vernon Louw. Among other participants, Dr van den Berg was an early graduate, attributing this aspect of her studies as a powerful catapult for her career.





The 2018 announcement of

drone blood delivery projects

boosted SANBS's profile for
innovation.



Project Bloodwing aimed to use drones to deliver blood to remote areas, supporting two-way logistics for delivery and cross-matching. In the 2019 annual report, SANBS described the benefits as follows:

”

Using drones to save more lives. Our plans to use drones to deliver blood products are at an advanced stage. This will allow us to save more lives and reduce the time it takes to make blood available where it is most needed”

The 2019 launch generated excitement, although the drones had not yet flown.

”

Fly like a bird, take off like a pilot,”

Dr Louw said when showcasing the Tron unmanned aerial vehicle, a specialised aircraft sourced from Quantum-Systems in Germany.

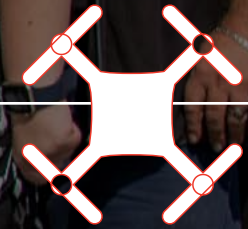
He described drone delivery as a potential milestone for improving access to blood in rural areas, especially for emergencies such as postpartum haemorrhage.

The Bloodwing story captured public imagination. In The Herald, Kgaugelo Masweneng wrote that it “... promises to transform blood transfusion”.

Trials began at SANBS's Sebokeng blood bank and Kopanong Provincial Hospital, where pilot Lebohlang Lebogo explained that range and cooling performance in semi-rural conditions still had to be validated. Regulatory approvals did not move as quickly as supporters hoped, and the Civil Aviation Authority constraints have limited deployment.



While the potential deployment of drones

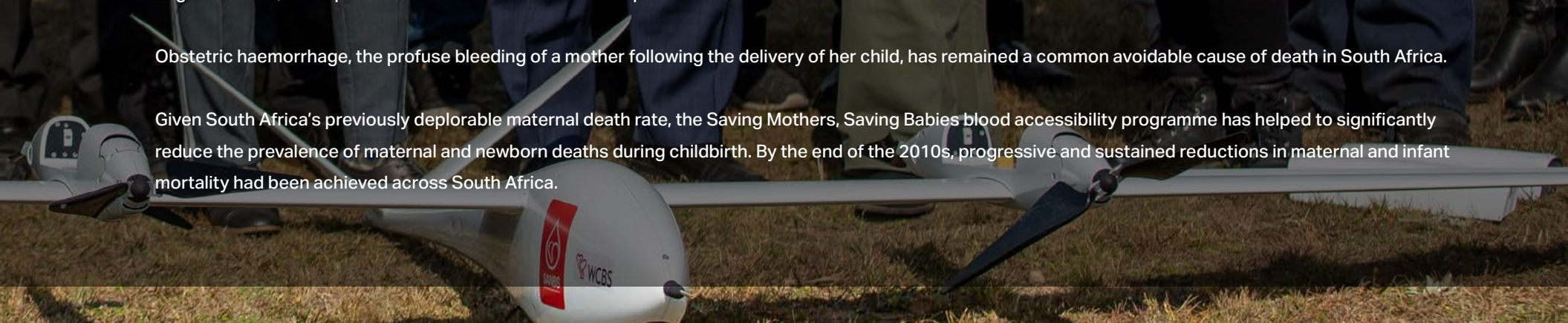


for blood transport ignites the imagination, this particular technological innovation dream has remained unfulfilled, whereas more practical SANBS initiatives have borne healthy fruit.

One programme of great practical benefit over the mid to late 2010s, and which has continued, is the Saving Mothers, Saving Babies initiative, a collaborative effort of SANBS, other partners, and the Department of Health. SANBS installed in excess of 400 emergency blood fridges, stocked with blood groups O positive and O negative blood, in hospitals where caesarean sections are performed.

Obstetric haemorrhage, the profuse bleeding of a mother following the delivery of her child, has remained a common avoidable cause of death in South Africa.

Given South Africa's previously deplorable maternal death rate, the Saving Mothers, Saving Babies blood accessibility programme has helped to significantly reduce the prevalence of maternal and newborn deaths during childbirth. By the end of the 2010s, progressive and sustained reductions in maternal and infant mortality had been achieved across South Africa.





2019 heralded another successful year

for SANBS

SANBS launched the first six-bed mobile donor centre to enhance access to blood donation and provide donors with an improved donation experience in a mobile environment.

”

In further support of improved access to blood donation, Siemi Prithvi Raj stated,

We were able to expand the blood donation footprint by accessing previously untapped locations, supported by additional resources approved for the #NewBlood campaign. Additional blood collection teams were deployed to educate and recruit first-time donors and to establish blood drives with the potential for repeat visits. Donor convenience and an optimal experience were prioritised to support donor retention. The #NewBlood campaign resulted in a significant increase in blood collections and expanded the donor panel, particularly among black donors.

2020

brought the onset of the global COVID-19 pandemic.

SANBS promptly confirmed that the virus could not be transmitted through blood transfusion and urged donors to continue donating to ensure stable blood stock levels.

SANBS communication indicated that social distancing and closures had reduced blood collections, and for safety reasons, some SANBS staff were working remotely and conducting meetings online.

”

To ensure that the people who use our facilities are protected, we are screening donors at the doors and at access points into mobile sites. We have also equipped all our clinics with additional antiseptic sprays and alcohol wipes. We encourage all staff who are feeling unwell or exhibiting flu-like symptoms or signs of infection to stay at home.”

Donors continued to come forward and donate, allowing SANBS to maintain an adequate blood stock cover of five days for most of the period, in stark contrast to many other blood services globally.



In the 2020 annual report outlining the results of the previous year, Chairperson Getty Simelane stated, “Given the impressive results which have seen an increase in revenue, including R80.4m in revenue from new product lines, increased collections, well-controlled expenses, and a solid surplus ahead of budget..., I commend the executive and the staff for their remarkable contributions. To our staff out in the field, we commend you for your service in the frontline. Your courage and fortitude are exemplary.”

Dr Louw,

**a popular
and highly
respected
figure
among his
colleagues,**

resigned at the end of 2020 after serving as CEO for three years to explore new opportunities.

Many gains had been made prior to and after his appointment at SANBS.

Staff diversity had expanded at the company over the previous three years

3

Years

88%

Black

58%

Women

1%

People with
disabilities

38%

Millennials

Following Dr Louw's resignation, board Chairperson Getty Simelane stated, "It is with regret that the SANBS Board of Directors announces the resignation of its CEO, Dr Jonathan Louw... Dr Louw indicated that he had accomplished the objectives set out by the board when he was employed three years ago. He leaves behind a legacy and a solid management team to continue executing the organisational strategy. Under his leadership, the organisation is a leader in its field and fares well globally."

The chairperson wished Dr Louw well in his future endeavours, acknowledging that he could move on knowing he had contributed significantly to an improved, motivated and more efficient SANBS. The modest Dr Louw expressed pride in SANBS's achievements and the progress the company had made during his tenure.

board of 2021

wasted no time in selecting a highly qualified person as the new CEO.

I am a lifelong product of this organisation

said Ravi

The SANBS

The employee with the highest demonstrated degree of loyalty, with every finger in every blood transfusion pie, who had shown his competence with a successively progressive career, who long occupied the second-in-command position of Chief Operations Officer, and who was in 2016 president of the International Society of Blood Transfusion, arguably the most-esteemed role in blood transfusion services worldwide, was promoted to the demanding top leadership position.

The company's loyal servant, Ravi Reddy, with blood transfusion experience spanning over almost four decades, was waiting in the wings. Seldom was a more deserving leader appointed to any senior position. He was thrilled at the opportunity of making a noticeable difference to the company he loved like no other.

"I see its potential, and I'm excited about this opportunity to make a positive impact in this organisation that is trusted by thousands of South Africans to save lives on a daily basis." In his first statement in an integrated annual report, the new CEO outlined his previous contribution to SANBS.

"My personal journey started with the Natal Blood Transfusion Service when I was employed as a trainee blood transfusion technician to work at the King Edward VIII Hospital blood bank. I was fortunate to be offered many opportunities to study and to spend three months working in laboratories overseas. My career progressed, and I was appointed as Head of Operations of NBTS in 1999. When the blood services merged in 2001 to form SANBS, I was appointed to the



Siemi Prithvi Raj

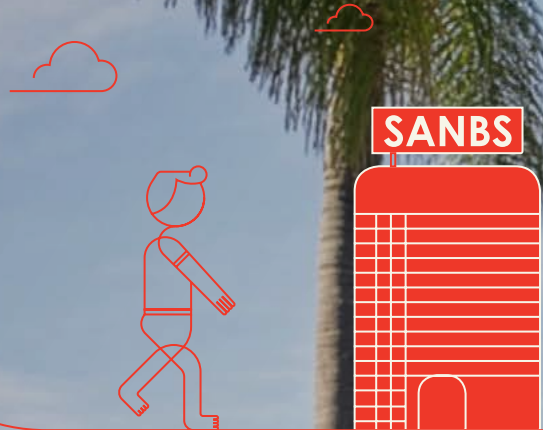
Executive: Transfusion Donor Services and Marketing

SANBS executive committee as Technical Director and assumed the position of Chief Operations Officer in 2006 and served in this position until I became CEO in 2021. I will forever be grateful for the opportunities afforded to me by the many leaders I reported to and commit that I will do my very best to ensure that SANBS continues to excel as a leader nationally, regionally and globally."

At the time of Ravi Reddy's appointment, two other SANBS stalwarts, Dr Marion Vermeulen and Siemi Prithvi Raj, both of whom had been with SANBS since its inception in 2001, were also recognised. Both ladies were promoted to executive management positions. Siemi Prithvi Raj was appointed as Executive: Transfusion Donor Services and Marketing, to lead a sizeable team responsible for managing a broad portfolio of functions, and Dr Marion Vermeulen was promoted to Executive: Transfusion Medicine and Technical Services. The new executive team was well-positioned to lead SANBS through its most successful period, from 2021 to 2026, during which the company continued to excel across a range of key performance indicators.

Despite the challenges

presented by the pandemic, SANBS opened a new regional headquarters in Mount Edgecombe, KZN in 2021.



FEATURING

Labs

Offices

Public education centre

Visitors can walk through viewing areas and observe lab processes without entering the lab space.

SANBS prioritised environmental sustainability at Mount Edgecombe, guided by its Greening Task Team, with the facility achieving a four-star sustainability rating. Solar panels supply most of the building's power, and the use of natural light and rainwater harvesting enhances environmental efficiencies.



As if South Africa's
challenges of

Slow Growth

Rising Unemployment

Entrenched Crime

Corruption

Pandemic

were not already severe enough, widespread unrest erupted in mid-2021.

About a month later, after waves of looting across several parts of the country, more than 350 people were dead.

Demand for blood rose as SANBS was forced to close multiple donation centres, further tightening supply.

"We are at present unable to use our mobile clinics because of what is happening on the roads... the destruction of our centres has really affected us. When we opened these now destroyed centres, our aim was to be where the people are and also to attract new donors," stated Sifiso Khoza, SANBS KZN provincial spokesperson.

In KZN, the province worst affected by the unrest, blood stocks had fallen to under two days by October 2021. Nationally, blood banks were operating at about 50% of desired capacity.

**In
2021**

SANBS launched the

#NoStereotypes campaign,

a powerful and successful marketing and promotional effort that further increased donor numbers, especially among black communities.

N O S T E R E O T Y P E S



**ANYONE CAN
SAVE YOUR LIFE**

The campaign directly confronted discrimination in all its forms, promoting inclusivity by emphasising that blood does not discriminate based on race, gender or other limiting stereotypes.

By tackling superficial criteria such as skin colour, gender, clothing, tattoos, etc., upon which people base their judgements of others, the campaign drove home the message that it's not what's on the outside that matters, but 'what's on the inside that counts'.

The campaign succeeded in its main objective of expanding the donor pool by encouraging all South Africans to see themselves as potential lifesavers. An ancillary benefit of the campaign, featuring potent visual imagery, was to dispel previous assumptions about the exclusion of certain blood donor categories and to position SANBS as a progressive organisation that values inclusivity.

The #NoStereotypes campaign was built on the compelling use of personal storytelling, as with the 2017 Gazlam campaign. To drive emotional connection and awareness among viewers, the campaign featured people sharing their real-life negative experiences of stereotyping. This approach proved compelling.

With the launch video garnering more than 300,000 views, the campaign gained rapid momentum, driven by strong engagement and conversation that reframed blood donation as an influential act that transcends stereotypes.

**In what must rate as
one of the most difficult
years in SANBS's
20-year history,**

it would be remiss of me if I did not
thank and appreciate our staff and
donors. Our frontline staff are our
unsung heroes and heroines.

Ravi Reddy praised his colleagues

at the end of 2021.

"I must also acknowledge our exco team and leadership who worked tirelessly to ensure that we could change our operating models, have sufficient personal protective equipment for all staff and ensure the necessary equipment was provided for staff to work remotely. All of our support staff must also be thanked and acknowledged for adapting quickly to a changed work environment and continuing to deliver.

"Additionally, our regular donors must be acknowledged and thanked as they also reacted positively to our calls for blood donations and despite the inconvenience, they continued to visit our donor centres, despite concerns they must have had for their personal safety. Many suppliers were also happy to bring in additional consumables at short notice to minimise against stockouts."



Blood stocks once again decreased early in 2022

2022

If

Pestilence

Pandemic

Social Uprising

weren't enough plagues on South Africa, nature added to the catastrophe with devastating floods in KZN regions surrounding Durban between

8 and 12 April 2022

driven by unprecedented, relentless rainfall.

The floods destroyed much of the region's bulk infrastructure, including roads, railway lines and bridges, wrecked thousands of residential houses and other dwellings, and disrupted the livelihoods of millions of residents.

435

Deaths

The flooding caused the deaths of 435 people, and many who went missing were never accounted for.

As donations fell, demand for the company's life-saving product increased, creating a never-ending squeeze that applied more pressure on SANBS. While population growth in South Africa continued, the number of blood donors remained below 1%.

The golden thread of our story became ever more interwoven: there was blood, but not enough of it. Something needed to be done.



Despite the challenges of 2022

SANBS continued to innovate by piloting smart blood storage fridges to extend storage capacity and improve responsiveness. In parallel, it began developing digital tools to make donation easier for both existing and prospective donors.

In a rapidly digitising world, the focus shifted to practical applications that connect donors with nearby opportunities to give blood.

“We are developing a new donor app that will connect the service to our current and potential donors. Blood donation is often logistically challenging—for example, informing donors about blood drives in their area and replacing paper-based administration with digital platforms,” said Chief Information Officer Frans Monkwe.

These initiatives were designed to be integrated through the BECS platform.

“When used smartly and strategically, modern technology can address many challenges in blood ecosystems. This is the guiding vision behind SANBS’s modernisation strategy.”

Monkwe added: “In the near future, smart fridges will help ensure blood supplies are ready, available and safe, and the SANBS donor app will help build a legion of donors who keep South Africa’s blood supplies pumping. Once connected through BECS, the country will have a true vein-to-vein journey where our blood can save even more lives.”



Frans Monkwe: Chief Information Officer

As we approach the end of this story, let us not forget the life-saving purpose of SANBS. Here's a short story to remind us.

On the 5th of October 2022

journalist Wendy Jasson Da Costa published an article titled 'Thank you to the blood donors who saved my life' in The Sunday Independent.

“My body has betrayed me many times. I've become accustomed to being opened up and stitched,” Wendy began.

“I frequently boast that my bank account might be empty but I carry my wealth in my body. The titanium implants in my spine, I often joke, can be melted down and sold in case of an emergency, like buying a ticket and moving to a country where the lights stay on.

“I've come to relish anything new. I get to learn when my system misfires and have made it my mission to understand medical and pharmaceutical terms, no matter who throws a new one at me. It helps that I studied aromatherapy and at one stage even registered with the Allied Health Professions Council.

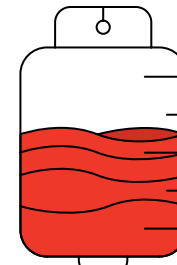
“Last week though, the clinical/intellectual interest turned emotional when I had to receive a blood transfusion as a matter of urgency. And then another, and another, and eventually it was five with the possibility of, yes, another...

“Many moons ago when my system was hale and hearty, I even donated blood, and not just for the free biscuits and tea which served as an incentive.

“Last week I saw the other side of blood donations when my haemoglobin levels plummeted dangerously low. That's when someone possibly saved my life, someone who doesn't know me, someone I will never get to meet and thank.

“I'm referring to that A-positive blood donor who gave me the health to write this piece. Actually, five transfusions, so it's five people, if not more, that I need to thank.

“Blood donors save lives all the time.” Wendy went on to describe her experience of donation and the good work undertaken by SANBS, ending her article by stating, “Someday you may be in my situation and need a transfusion, so do the right thing and save a life.”



In 2022

South Africa remained stuck in the doldrums

There was still no wind behind the country's sails.



This was reflected in the opening comments of Chairperson Ansie Ramalho in the annual report of 2023, who wrote, "...sluggish economic growth and deteriorating infrastructure affect the overall health of the population, leading to a projected rise in blood demand. We appreciate each donor's invaluable gift of life, given without any expectation of reward." company at the forefront of healthcare innovation. He confirmed that ongoing culture-change efforts to shift the company from product-centric to customer-centric would continue.

Ansie Ramalho also lamented the growing shortage of qualified nurses in South Africa, many of whom had likely fled to greener pastures.

"As far as the health sector specifically is concerned, South Africa is grappling with a severe shortage of nurses. This scarcity of nurses in South Africa is expected to worsen should there be no intervention, with a significant proportion of health workers estimated to retire by 2030. SANBS is particularly exposed to this risk, with 650 nursing and 140 phlebotomist positions within its workforce and 114 healthcare-related vacancies."

Ravi Reddy was measured in his reports on the company's 2022 achievements, praising the improved efficiency, cost reductions and collaborative efforts, while also expressing disappointment with the delays in BECS implementation over the year. The implementation was delayed until late 2023 due to unforeseen complexities.



In 2024, SANBS set a record for blood supply coverage.

Speaking at a donor appreciation event, Dr van den Berg said of the big achievement, "In the fifteen years that I have been at SANBS, we reached a special milestone – the last two months have been the longest we have had a sustained five-day supply of blood in our stores. And for that, we are grateful for each and every donor."

Record blood stocks were achieved thanks to loyal, multi-generational donors.

Ravi Reddy was filled with passion that the company's life-saving purpose had been strengthened. In a statement titled 'Strategy in Motion, Humanity in Focus', he had the following to say about 2024.

"This year," said Ravi Reddy, "we achieved one of the strongest performances in our history. Blood stock stability remained consistently high, with no cutbacks for the first time in years. This achievement was powered by our Donor Sustainability Projects, expanded collection drives, and recognition programmes that honoured generosity with gratitude.

"Operationally, we strengthened governance and alignment, achieving ISO 9001 certification for our support services.

"Financially, we exceeded all expectations, delivering a 10.1% surplus against a target of 1.3% and securing eight months of operating reserves.

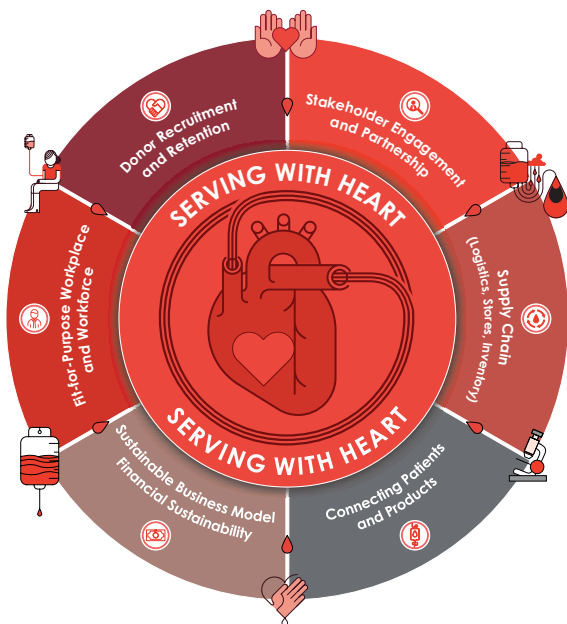
"These outcomes reflect disciplined leadership, fiscal prudence, and a shared commitment to sustainability. The greatest transformation, however, lies in our culture. Through our 'Serving with Heart' strategy, we are embedding empathy and responsiveness into every interaction. I believe that leadership is about listening, understanding the needs of donors, patients and employees, and transforming those insights into meaningful action.

"Our progress this year also extended to innovation. Red Saturday brought communities together nationwide, and while there was strong public response, the campaign's greatest success was in attracting first-time donors and reinforcing a culture of regular, community-driven donation. The BECS optimisation modernised our systems, while the responsible use of AI and cybersecurity enhancements strengthened trust and efficiency.

"Looking forward, my vision is for SANBS to remain a model of responsible innovation – where technology amplifies compassion, data enhances relationships, and every process reflects care. FY25 marked the culmination of our iHEALTH journey, and the beginning of 'Serving with Heart'.

"As Chief Executive Officer, I am immensely proud of how SANBS has evolved into a company that leads with empathy, while maintaining the scientific rigour and operational excellence our mission demands."

i	H	E	A	L	T	h
Innovation	Human centred collections	Excellence in processes	Administrative rigour	Logistics benchmark	Testing & quality	Hearts & minds
Improve and expand current products and services through innovation.	Enhance donor experience through a human centred approach. Enhance brand advocacy.	Achieve operational excellence that consistently produces efficient and effective products and services.	Build administrative rigour in all order to pay processes.	Move blood products in the value chain in a timely, effective and efficient manner.	Provide top quality testing in an efficient manner.	Win the hearts and minds of SANBS employees and stakeholders.



Yet another character of whom SANBS is immensely proud is the generous and open-hearted

Stephanus Janse van Rensburg

a sprightly 69-year-old gentleman now living in
Gqeberha (formerly Port Elizabeth) in
the Eastern Cape.



Stephanus's mother, Jane, was a regular blood donor. When she was diagnosed with diabetes, preventing her from further donating, Stephanus's enthusiasm came straight to the fore.

"I'll do it!" exclaimed the 18-year-old, beginning a blood donation journey now over half a century in extent.

700 *Donations*
Whole Blood & Platelet

Since 1975, Stephanus has donated whole blood and platelets more than 700 times. In the early days, he would travel with his good friend Carel Ellis to the donation centre on their bicycles.

Stephanus loves donating blood, moved by the multitude of lives he has helped to save, and will not stop donating until nature intervenes.

"After all, I'm still a young man," he jokes.

Long live Mr Stephanus Janse van Rensburg and other great heroes like him.



Employee wellbeing

has been central to SANBS's customer-focused approach, grounded in a simple belief: **care for employees, and better service follows.**

Daniel Oliphant, Chief Human Capital Officer, joined SANBS in 2019 after a career in large financial and retail organisations. He quickly realised SANBS was different: it was not selling a product but carrying a national responsibility – saving lives. Human capital here would never be about systems alone, but about people choosing that responsibility every day.

On his early visits to blood banks, donation sites and laboratories, Daniel met many employees with exceptionally long service – evidence of a culture anchored in purpose.

"There had to be a story there," he recalls. "You could feel the dedication in every interaction."

It was an organisation sustained by people who believe in why it exists.

As SANBS marks 25 years, Oliphant sees human capital as custodian of its legacy and architect of its future – strengthening wellbeing, advancing transformation and inclusivity, and preparing for emerging realities such as artificial intelligence and evolving healthcare demands, without losing the human touch.

"When people are truly valued," he reflects, "they perform at an exceptional level. My role is to help ensure SANBS remains a national treasure – an organisation whose spirit you feel the moment you walk through the doors."

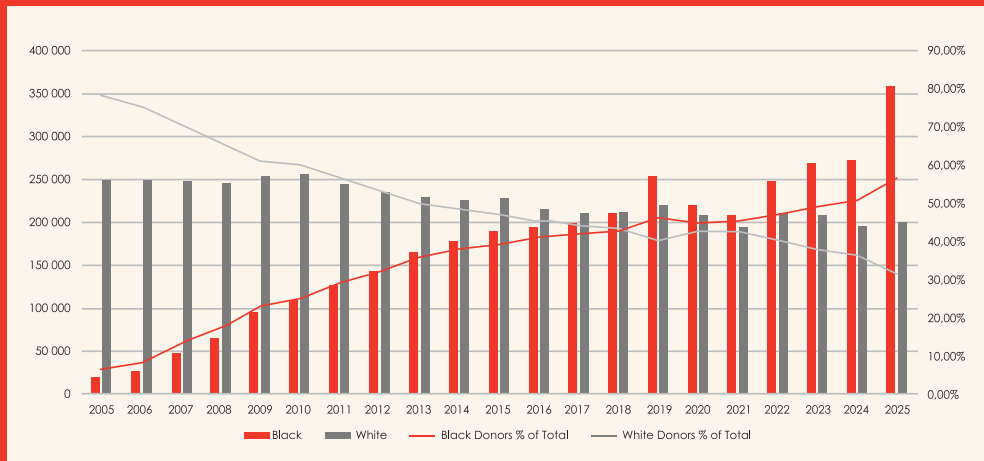
That is the enduring story of human capital at SANBS:

people caring for people, so that lives may be saved.

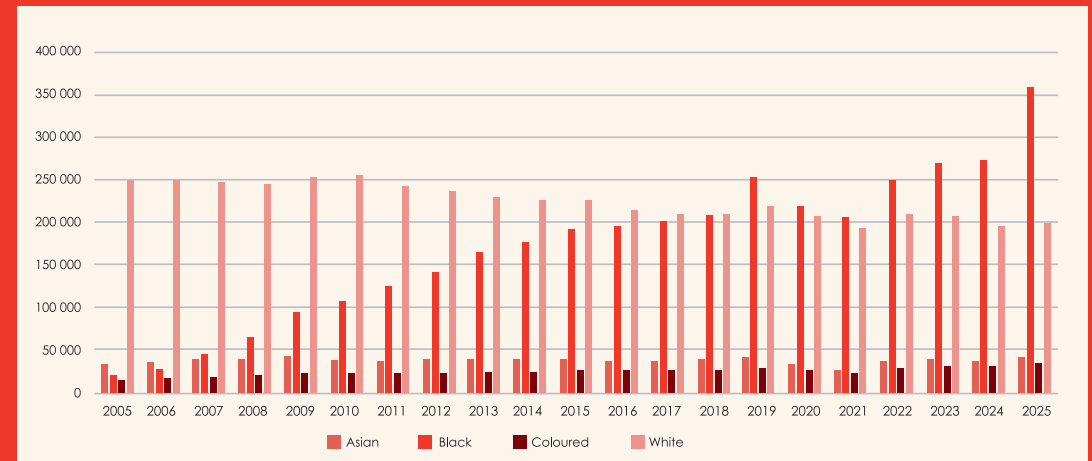
Expanding the pool of black blood donors

has been a landmark achievement for SANBS over the past 25 years.

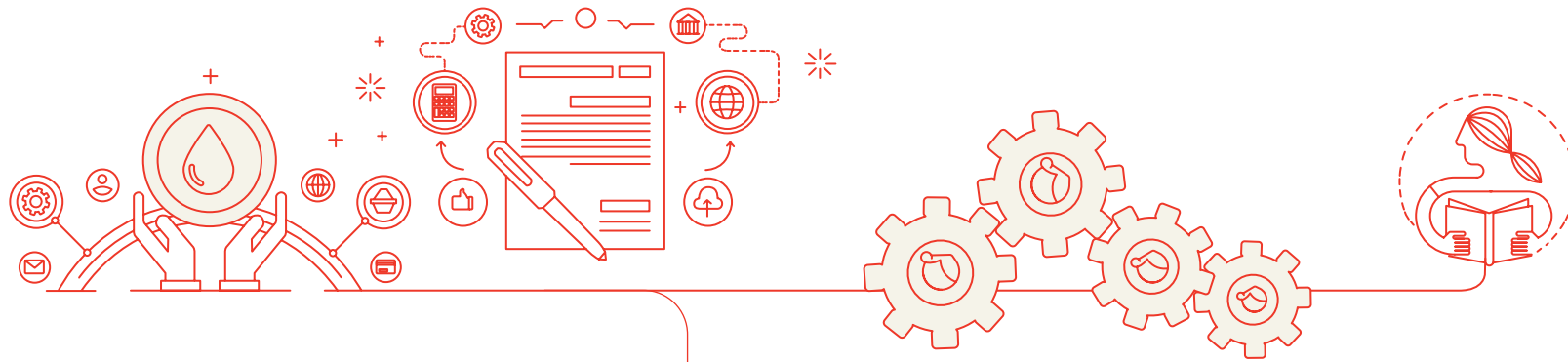
By 2025, black donors accounted for 57% of the total donor pool, surpassing white donors. This increase was driven by targeted outreach and investment. Distrust and concerns about health and HIV/AIDS related to blood donation have significantly decreased in black communities, thanks to SANBS's various interventions to expand the donor pool.



The above graph shows the growth in the proportion of black donors, from 6% of the total in 2005 to almost 57% in 2025.



drive footprint was also progressively expanded to make blood donation accessible to potential donors, especially in predominantly black communities, thereby minimising the time required to donate. The graph above shows the outcomes of the many campaigns and donor recruitment initiatives over the past 20 years, resulting in a significantly larger and more diverse donor panel.



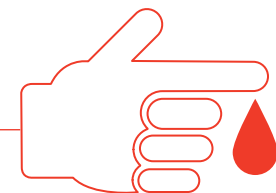
However, the ongoing strategic challenge for Ravi Reddy, Marion Vermeulen, Siemi Prithvi Raj and their leadership colleagues remained at SANBS. In one critical respect, the more things changed, the more they stayed the same.

What could be done?

What new ways of thinking and what paradigm shifts in the arts of influence and persuasion would propel a significant change in blood donations in South Africa, where the situation remained bleak: only 1% of the population were gift-givers of life?

only **1%**

of the population donate blood



In 2025

the company continued its public education campaigns

to dispel any myths that it is only motivated by money.

These campaigns emphasised that every donation is rigorously tested, securely stored and safely transported across South Africa.

They confirmed that while blood is not free, it is not for sale; SANBS's mandate is public stewardship, not profit; and all SANBS staff uphold ethical standards and provide quality service.



[#BloodMattersPodcast](#)

The evolving racial profile of blood donorship and the achievement of a fully representative staff profile are beautiful feathers in the SANBS cap.

Over the past quarter of a century, the company has undergone a remarkable transformation, now closely mirroring the demographics of South Africa's rainbow nation. SANBS serves as a shining example to other companies of successful transformation to meet the highest standards. The performance of the colourful company remains world-class, and in some respects, class-leading, with an enviable diversity in its staff.

As our story comes to a close,

it's important to acknowledge yet another outstanding contributor to SANBS's ongoing success.

Dawie van Vuuren

will turn 77 later in 2026, but his healthy appearance suggests a man in his mid-50s. Dawie is well on track to make his 408th blood donation, on his way to setting a new record.



**As a youngster,
I bled a lot,**

like spontaneous nose-bleeding. As a result of this condition, I wasn't allowed to play any sport at school or elsewhere. One day, when I was 18 years old, we were visiting my uncle in Steynsrus in the Free State when he jumped up and exclaimed, 'Come on, we're going to donate blood! That includes you, Dawie.' My uncle and aunt were regular blood donors. After giving my first pint, I felt better, healthier, more enthusiastic and livelier and resolved to continue donating for as long as I could," Dawie explains.

408th Blood Donation

Setting a New Record

Wherever his long life has taken Dawie, so too has his blood donation spree continued, including SANBS branches in Limpopo, Mpumalanga and Gauteng.

"Donate blood, one pint at a time – it's good for you," might be Dawie's personal motto, a hero who has helped to save countless, supporting SANBS fulfil its life-saving purpose.

It is the blood donors, the superstars such as Stephanus Janse van Rensburg and Dawie van Vuuren, first-time donors like Lwazi Mthembu, and every other single donor in South Africa, irrespective of their humble contribution, who are the real heroes of this story and to whom this book is devoted.

At the conclusion

of this **heroic** journey

it's apposite to give the last word to old-timer and blood transfusion stalwart Michael Lennards, who is due to retire in mid-2026. When asked about SANBS's future and the challenges it will face, Michael is forthright.



“
I worry about the government's capacity to pay for the service we deliver.
”

We need to strengthen our relations with provincial finance officials and those in National Treasury.

“Then there is the changing profile of employees, with more of them being youngsters. They're tied to their cell phones in a way that older people aren't. We do make mistakes – that's inevitable – and to minimise these, we have in place a policy restricting mobile phone use when on duty. This is something that youngsters can't understand. And they hate it when a veteran like me says words to the effect of, 'When I was on the bench ...,' rolling their eyes in disbelief. It's difficult to get through to them that the journey of blood involves real people, donors and recipients, and that they're not just working with nameless samples. Our work helps save the lives of people with their own life stories. This is what we need to inculcate in young newcomers.”

Michael further worries about persistent nursing shortages and that SANBS may lag in adopting artificial intelligence, but he's excited about the prospect of releasing the donor and doctor apps envisaged for the near future. Michael is most enthusiastic when thinking about the potential benefits of SANBS's focus on customer-centricity.

“Customer centricity will be the big game-changer,”
Michael concludes.

Today

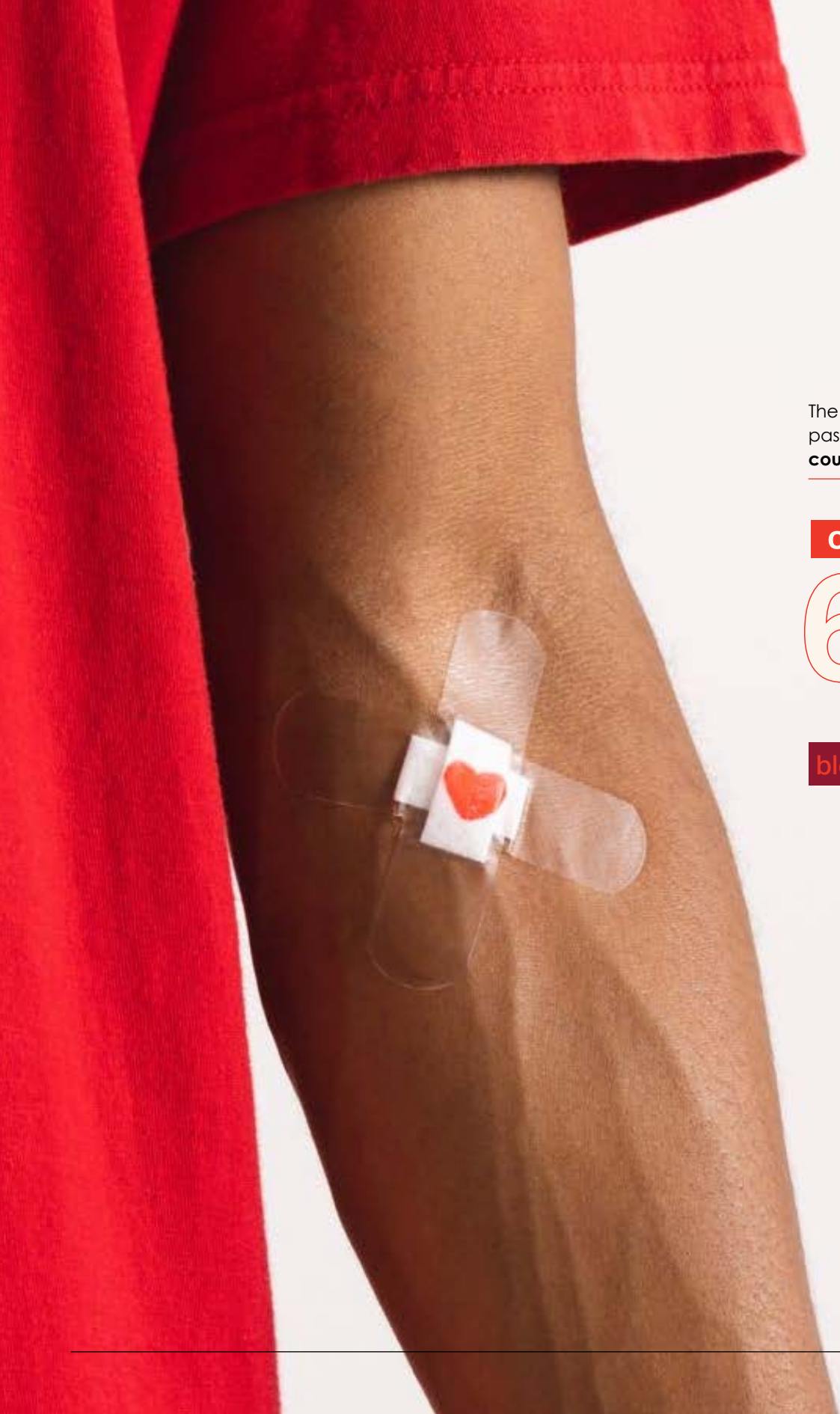
SANBS stands as a model of ethical service amidst widespread malfeasance and corruption in South Africa. In 2026, this national treasure continues to serve wholeheartedly to fulfil its life-saving purpose: ensuring access to safe blood for everyone, with honesty and compassion.



***For they are jolly
good fellows,***

For they are jolly good fellows,
For they are jolly good fellows,
And so say all of us,
So say all of us,
So say all of us.
For they are jolly good fellows,
For they are jolly good fellows,
For they are jolly good fellows,
And so say all of us.'

***And so say
all of us.'***



The blessed recipients of blood from the SANBS over the past 25 years can be grateful for a story that involves **countless heroes**

over

600,000

blood donors both

BIG

and small

and thousands of SANBS staff who have fulfilled the organisation's life-saving mandate.

THE SOUTH

AFRICAN

NATIONAL

BLOOD

SERVICE

