Because Human Is Humane: The Quiet Tension of Zimbabwe's Blood Donors
By Tanatsiwa Dambuza

A fuel coupon for a pint of blood looks like generosity on every side. It also raises a question about what safe giving costs and who pays for it in the end.

On the morning of Friday, 15 May, I rolled up my sleeve at a Redan service station in Avondale and gave a pint of my blood to a person I will never meet.

The blood I gave was type O, the most common group and, as it turned out, the one in shortest national supply. I do not know whose body it went into, and I never will. That is how the system is designed. It was stripped of my name, tested, separated into its components, and sent to a hospital somewhere in the country, where it may have reached a woman bleeding after childbirth, a child injured in a road accident, or a cancer patient whose body had stopped making what it needs. A single unit, separated into red cells, platelets and plasma, can help several patients at once. The recipient will never know me, and I will never know them.

This is philanthropy stripped to its purest form: you give part of yourself to someone you will never know, for a reason you will never learn, with no expectation of thanks. You do it, as one donor beside me put it, "because humans are humane." I had come to write about that purity. By the time I finished reporting, I found something more complicated.

The drive was run by the National Blood Service Zimbabwe (NBSZ), the country's sole supplier of blood for transfusion, in partnership with Redan Petroleum, a fuel retailer, against the backdrop of a chronically short national supply. Redan provided the venue, the logistics, and an incentive: every donor received a 5-litre fuel coupon. In a country where fuel is costly and often scarce, 5 litres is not trivial; at pump prices it is worth roughly a day's wage for many Zimbabweans. And it is the coupon that complicates the story.

To see why, you have to understand the principle every modern blood service rests on. Blood donation must be voluntary and unpaid. This is not fussiness; it is a lesson written in death. The WHO has held since a 1975 resolution that the safest blood comes from voluntary, unpaid donors, and the evidence is consistent: paid and family-replacement donors show markedly higher rates of transfusion-transmissible infections, including HIV and hepatitis. The idea is that a person who gives for a reward has an incentive to stay quiet about what should disqualify them. A person who gives only to help has no reason to hide anything.

So the coupon sits on a fault line. The incentive that helps fill an empty blood bank may threaten the safety of its contents. If you walk away with fuel in exchange for your pint, are you still a donor, or have you become a seller? I put a gentler version of that question to the people around me. I have changed their names.

Tendai, a teacher who has donated more than a dozen times, was clear the fuel had not brought him. "I gave my first blood at school, long before anyone offered me anything," he said. "My sister needed blood once, and it was there for her. The coupon is nice, but it is not the reason. If they stopped giving fuel tomorrow, I would still be here." He is the donor on whom every service is built, the regular giver who needs no inducement.

Rufaro, donating for the first time, was honest about the incentive's pull. "I saw the poster, and it said fuel," she admitted. "My brother needs fuel for his car. That is what made me come." Then she paused. "But now that I have done it, and they say one pint can save three lives, I think I would come again even without it." The incentive had recruited her; the act had converted her.

Not everyone goes in at all. Outside the station, I met Farai, a young man who told me he had never donated and never would. His reason was not the needle. It was the price he had seen on the other end. "My cousin needed blood at the hospital last year, and they told the family to pay. It was more than we had," he said. "And here they ask me to give mine for free so they can sell it to the next person's cousin. If my blood is so valuable, why is it free when it leaves me and expensive when it reaches someone else?" His question points to a second tension, which I will come back to.

The two organisations that run the drive each gave their account separately. I reached both by phone in the weeks after, not at the station on the day.

Brandon Tembo, who handles Redan's side of the partnership, was firm that the coupon is a token of appreciation, not a payment, a thank-you to people who often drive a long way to give. The last round of drives, he said, brought in about 2,000 donations. The donors who first came as newcomers are now mostly repeat donors, many of them women, returning every three months. He pointed to schools as one of NBSZ's biggest sources of blood, and to the holidays, when schools empty and stocks fall, as the windows Redan deliberately targets.

Asked what Redan gets from handing over more than 10,000 litres of fuel, he waved the idea away. "We are just playing our part in the community," he said. "We want to be part of saving lives. We do not even get anything out of it." His closing appeal was about attitude: he wanted to challenge the person who asks "Do I have to donate?," yet expects blood to be waiting the day a relative needs it. He also noted that donated blood undergoes a lengthy, costly process of testing and preservation, which leads us to the second tension.

In a separate phone interview, Lucy Marowa, the chief executive of NBSZ, was clear about the line the service walks. NBSZ is built on voluntary, non-remunerated donations, and it classifies the fuel coupon as a token of appreciation, not payment for blood. The coupon, she said, covers a donor's direct cost of reaching the site and traveling back, which sits within WHO guidance treating reasonable travel reimbursement and small recognition items as compatible with voluntary donation. The service also runs its own milestone scheme, which marks a donor's record from their first donation up to 250 with certificates, caps, and flasks, distinguishing it from the fuel token.

On safety, she was unequivocal: every donor is screened identically, regardless of site, donation count or how urgently blood is needed. "There are no shortcuts," she said. Her figures cut against the fear that incentives attract unsafe, one-off donors. Repeat donations at the Redan drives rose to 67.57 percent in 2025, up from 57.68 percent in 2023, and were above the service's 60 percent target. The partnership has grown from 1,912 units in 2023 to 8,163 in 2025. If it ended tomorrow, she said, the Redan sites could be kept as community collection points under the service's 4R strategy, recruitment, retention, realignment, and regularisation, with repeat-donor programmes such as Pledge 25 cushioning the loss.

Those numbers matter against the shortage. Zimbabwe needs about 315 units of blood a day, Marowa said, and aims for a five-day supply across all blood groups, a target it rarely meets consistently. When we spoke, group O, the most in-demand, stood at two and a half days' supply, compared with thirteen days for group A and eight for group B. The supply leans on the young: in 2025, schools and colleges provided 53 percent of all blood collected and the Pledge 25 Club provided a further 14 percent, with clinics, corporates, churches and communities making up the rest. Schools deliver large pools of low-risk young donors and build the habit early, which is why the holidays are the lean months.

Pledge 25 is Zimbabwe's own gift to the world's blood services. It emerged here in the 1990s, asking young people to give at least 25 safe donations before they turn 30 and keep going into adulthood, a model now adopted by at least 62 countries worldwide. Marowa credits its success to treating the young donor with a parent's care, cushioning families from transport and meal costs, and linking donation to leadership and healthy living.

On whether an incentive can grow too large to be safe, she offered a principle, not a number: the benefit should never become valuable enough that a person feels pressured to conceal something that could affect the safety of their blood. The strongest safeguard, she said, is not the size of the coupon but the combination of screening, testing, monitoring of donor-risk indicators, and transparency.

In June 2025, NBSZ found itself defending the price of blood against public anger. A pint sold to a private patient is capped at US$250, of which NBSZ says US$245 is the cost and US$5 the margin. The service says it recovers only what it spends, charging not for the blood but for the journey from vein to vein: testing, separation, storage, and distribution. Since 2018, the government has committed to covering that cost in

public hospitals, so that blood there is, in principle, free. Critics counter that processing should cost well below that figure. And as Farai's cousin found, there is a gap between policy and reality: at major referral hospitals, patients are sometimes told blood is unavailable and sent to buy it themselves. To honour its donors, NBSZ runs a Blood Components Beneficiary Policy, under which a person who has donated at least ten times, most recently within the past year, earns free blood for a parent, child, or spouse.

My own view, formed over that morning and the weeks of reporting that followed, is that both tensions deserve scrutiny, but neither is fatal. Each is a reason to watch the system closely, not to condemn it. The fear that the coupon could incentivize unsafe blood is reasonable in theory, but Marowa's numbers cut against it: the data show that the Redan donors are not opportunists; they are increasingly repeat givers. The coupon, on the evidence so far, recruits the right people. With that said, the strategy remains defensible only if the screening stays rigorous, and if the incentive never grows large enough that someone feels pressured to hide what they should disclose. The danger is not this Friday's drive. It is drift; the slow temptation to make the reward bigger than the gift.

The more difficult problem is a system that lets a freely given pint either reach a patient as a US$250 bill, or not reach them at all. This flaw in the system has quietly turned a gift into a commodity, giving Farai every reason to keep his sleeve rolled down.

And yet. I think of Rufaro, who came for fuel and left saying she would return for nothing. I think of Tendai, who would be there regardless. I think of the pint I gave, type O, somewhere in the country now, in a body I will never see, doing the one thing blood does: keep a human alive.

Because humans are humane. We serve communities we cannot see. The gift is real, even when it arrives with a coupon. The task is to keep it the kind of gift that asks for nothing and to make sure that what one stranger gives freely is not denied to another for failing to afford it.