Epidemiology and control of tuberculosis and sexually transmitted infections in Thyolo District, Malawi

Zachariah, R.

Citation for published version (APA):
ACKNOWLEDGEMENTS

It was last in 2003, while in a meeting in Naarden, Holland that Dr Jeroen van Gorkom, an old colleague and friend, working for the KNCV Tuberculosis Foundation asked me why I hadn't yet done a PhD and suggested that I contact Professor Martien Borgdorff. If not for his and Martiens encouraging remarks and the steps that followed, I would not have been on this path. My sincere gratitude to Jeroen and Martien for being the background behind the conception of this work.

The research studies presented in this thesis have been conducted during my work with Medecins Sans Frontieres-Luxembourg (MSF) in Thyolo district of Southern Malawi. The studies were part of operational research that was developed within the framework of the district health services of the Ministry of health of Malawi and the National TB Programme. I am thus grateful to my different work colleagues from MSF and the MOH at the time, but particularly the district health Officer, TB officers, nurses and support staff with whom I had a great time working with.

My gratitude to the program managers of the National Tuberculosis control of Malawi (Dr Felix Salaniponi, and John Kwanjana) and the National AIDS control program (Dr W.Nkhoma and Dr B.Mwale) for the excellent collaboration and encouragement that made a lot of the work in Thyolo possible.

My particular gratitude to Professor Tony Harries. I first met Tony as a teacher in 1983 in a dry, arid corner of Northern Nigeria where I was a medical student. On the tuberculosis ward of a public general hospital in the town of Maiduguri, he spent much time showing me how to critically examine the respiratory system. I remember once during a clinical round, I had forgotten my stethoscope and Tony telling me, if you do not have a stethoscope, then you must still try to examine your patient and make your conclusions. Put your ears closely against the chest and listen carefully my friend! he said. I did just that and eventually was able to make the same clinical diagnosis as those who had been using a stethoscope. Tony had shown me in a simple manner many years ago that when resources are lacking, one must learn to improvise and much can still be achieved.

Little did I know that 20 years on, I would bump into Tony in Malawi and he would teach me a similar lesson as regards program implementation, operational research and how to write and publish with limited resources. Tony has had a major influence on my interest in operational research and my current career shift in this direction. I owe an incredible lot of what I know and cherish today to this great teacher, colleague and friend.

My gratitude to Tony Read, Editor of the Canadian family practitioner who showed me the technical aspects and skills of academic writing while I was in Malawi.

I thank my wife Marie-Paule for the support and work she did with me on many of these studies and my kids for their great patience when I spent many hours behind the computer.

Finally, my very sincere gratitude to Professor Martien Borgdorff for having taken me on board as a PhD student, and for his regular supervision and guidance on the various aspects of
this thesis. Martien provided a critical eye on the different studies and has encouraged and guided me throughout the course of this work for which I will remain indebted. My gratitude also to Eva.Hartkamp and J.A Tuijp for all the background work and support.

May I finally assure the University of Amsterdam and the different, promoters and professors involved with this thesis, that I will endeavor to uphold the confidence they have bestowed in me through this work as well as the name of the University of Amsterdam through my future career and service.