

The VHC Experience: Helping Prevent Vertical Transmission of HIV in Tanzania's Pwani Region

Certified Nurse-Midwife Laura Fitzgerald traveled to Tanzania in December 2007, where she spent six months working with staff at Tumbi Hospital to help improve the day-to-day functioning of the hospital's programs to prevent mother-to-child transmission of HIV.

Columbia University's International Center for AIDS Care and Treatment Programs (ICAP) works with Tumbi Hospital in Tanzania's Pwani Region to strengthen its PMTCT services and Laura provided onsite technical support for those efforts.

Here, she shares some of her thoughts on the experience.

The Twinning Center's Volunteer Healthcare Corps program recruits long-term volunteers to provide technical assistance at PEPFAR-supported sites in Ethiopia, South Africa, and Tanzania. The VHC program in Tanzania is funded by CDC.

My first impression of Tumbi Hospital was that it was an extremely well-maintained, bustling, and attractive two-story structure nestled in a gorgeous expanse of trees and verdant, cultivated land in coastal Tanzania. In other words, it was completely different from the workplace I had envisioned when I signed up for six months with AIHA's Volunteer Healthcare Corps.

Two doctors, my supervisors from Columbia University's International Center for AIDS Care and Treatment Programs (ICAP), escorted me to the Reproductive and Child Health (RCH) ward where I would be working with Tumbi nurses to boost prevention-of-mother-to-child-transmission (PMTCT) of HIV programming.

They gave me directions: "First observe. Build relationships. Practice Swahili." Only after successfully passing through this initial 'orientation' phase, they said, would my Tanzanian coworkers take a young American nurse-midwife seriously.

On that first day, I was introduced to Margaret, also a nurse-midwife in her early 30s, who unofficially headed up PMTCT activities in the RCH ward. Dressed in a perfectly pressed light blue uniform, she held out a confident hand to me. Within the first hour, I had been invited to her village to share a meal with her family. Within the first week, I was chit-chatting in basic Swahili with a pleasant team of nurses. And, within the first month, I had figured out—with ICAP's help—how to use what I know to support Margaret and her team.

A few things became almost immediately apparent. Most obviously, I was no expert in HIV/AIDS. The men and women with whom I worked were the real experts.

Participating in counseling sessions with groups of pregnant women, running their rapid HIV tests, and observing nurse-client visits taught me a great deal—namely, that the provision of comprehensive PMTCT services overlaps multiple aspects of maternal and family healthcare.

To give Tanzanian women, their partners, and their children access to the full spectrum of requisite services was a daunting and overwhelming task.

Mother after mother talked about how difficult exclusive breastfeeding—which is an important tenet in reducing HIV transmission from mother to child in Tanzania, as well as other parts of the world—was in a society where mixed-feeding was the norm.

Other mothers, embarrassed and penitent, postponed follow-up visits because they

could not scrape together enough money for transportation. These missed visits meant missed medications. Missed medications meant more HIV-infected babies.

So, against this backdrop, I began to really understand what my colleagues were up against. We weren't aiming for perfection. Given the confounding factors presented by women's real lives, national PMTCT guidelines could never be implemented to the letter. We wanted to do the best we could with what we had.

During the six months that I was a grateful participant in Tumbi Hospital's PMTCT efforts, some exciting progress was made. Tumbi initiated Family Support Groups, a program intended to build a supportive community of HIV-positive pregnant women and to educate women and their families about adherence, positive living, and safe healthcare practices.

Margaret and I also conducted a thorough review of patient files to identify the more than 100 women and children deemed 'lost to follow up' from the RCH HIV/AIDS Care and Treatment clinic. Together, we developed a system to track these clients and link them back into care.



Laura Fitzgerald (center) enjoys a moment with nurse-midwife Margaret Mlolere and the children of another colleague at Tumbi Hospital, Tanzania.

Additionally, we systematically addressed one of the largest barriers to effective PMTCT: the consistent administration of prophylactic ARVs to HIV-positive pregnant women at each stage of care.

By the time of my departure, all staff members who cared for pregnant women at Tumbi Hospital were trained in the provision of the new, combined medication regime to prevent transmission of HIV from mother to child.

I have been back in the States for several months now and I think of the nurses I befriended and the women I cared for while I was living in Tanzania every day. It is impossible to know how much, if anything, I accomplished. What I do know is that the work that remains, the work that is done seven days a week with skill and dedication by a too-small band of dedicated healthcare workers, also defies quantification.

I was an American who knew how to collect data, organize trainings, write reports, and get the higher-ups to listen. And, at the end of the day, Tumbi healthcare workers and Tanzanian families need all hands on deck. They need each of us to do what we can.