

Optimizing PMTCT through community outreach

Mother-to-child transmission of HIV previously accounted for many new HIV infections. There was a simple solution to prevent this: a single dose of Nevirapine at the onset of labor. However, administered mostly through hospitals, the medication was out of reach for the majority of mothers delivering at home in rural areas. The Axios PMTCT program in Tanzania found a way to reach out to them and protect their children.



Above: Traditional birth attendants involved in the Axios project

Innovative interventions

In collaboration with the Government of Tanzania, Axios assisted the district councils in hard-to-reach Hai and Kilombero districts to design and implement an innovative Prevention of Mother-to-Child Transmission of HIV (PMTCT) program¹.

From the early stages, Axios was determined to go where the patients were and to design the program around people within their local communities. Two strategies were employed: (1) Decentralizing services to dispensaries in rural areas, and (2) Involving traditional birth attendants (TBAs) in PMTCT service delivery. TBAs in Tanzania are central to healthcare delivery; they conduct home deliveries, they are in contact with women and can therefore identify pregnancies, and they are accepted by the community.

Axios trained the TBAs to raise community awareness of PMTCT, refer pregnant women to the formal health system, and provide psychosocial and nutrition counseling to HIV positive pregnant women. HIV-positive women who lived far

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from health facilities were given a Nevirapine tablet during antenatal care and the TBAs were trained to remind the woman to take her tablet during labor. The next day TBAs would accompany the mother and baby to the health facility so that health center staff could administer the Nevirapine dose to the baby.

Successful outcomes

The number of women delivering in health facilities continuously increased throughout program implementation. TBAs encouraged mothers to test and deliver in health facilities. They also formed a social support group for the mothers who tested HIV positive. In the initial years of PMTCT in Tanzania, the Axios project in the two districts accounted for 80% of pregnant women tested for HIV.

Collaborative problem-solving

A program of this kind had not been conceived before, particularly for its involvement of often illiterate TBAs in PMTCT. Thus, throughout implementation, new challenges had to be addressed.

There was some resistance to the TBA in the health system based on fears that working with TBAs would encourage bad practice. Determined advocacy efforts by Axios at policy level clarified that the program did not promote TBA delivery, but rather strengthened links to the healthcare system. Axios also initiated local level steering committees, involving representatives from different government levels to win and ensure support.

Looking back with pride

In 2006 the program was handed over to the district health authorities in a smooth transition. The Ministry of Health has adopted TBA training guidelines, and the President of Tanzania publicly advocates the use of TBAs. In villages in Rungwe, a hard to reach rural district, tests show that infants born to HIV positive mothers who participated in the program are HIV negative. The program illustrates the benefits of innovative thinking and combining the resources of communities and health systems.