The HIV/AIDS Twinning Center's Volunteer Healthcare Corps

COMBATING HIV IN AFRICA . . . ONE PERSON AT A TIME

Stories From Volunteers on the Front Lines of the Fight Against HIV/AIDS





Acknowledgements

The American International Health Alliance, Inc. (AIHA) is a 501(c)(3) nonprofit corporation created by the United States Agency for International Development (USAID) and leading representatives of the US healthcare sector in 1992 to serve as the primary vehicle for mobilizing the volunteer spirit of American healthcare professionals to make significant contributions to efforts to strengthen health systems and increase human resources for health overseas through institutional partnerships.

AIHA's mission is to advance global health through volunteer-driven "twinning" partnerships that mobilize communities to better address ever-changing healthcare priorities while improving productivity and quality of care. Founded in 1992 by a consortium of American associations of healthcare providers and of health professions education, AIHA facilitates and manages twinning partnerships between institutions in the United States and their counterparts overseas. To date, AIHA has supported more than 150 partnerships linking American volunteers with communities, institutions, and colleagues in 33 countries in a concerted effort to improve healthcare services and delivery.

Operating with funding from USAID; the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services; the US Library of Congress; the Global Fund to Fight AIDS, Tuberculosis and Malaria; and other donors, AIHA's partnerships and programs represent one of the US health sector's most coordinated responses to global health concerns.

The contents are the responsibility of AIHA and do not necessarily reflect the views of PEPFAR, HRSA, or the United States Government.

Introduction

In late 2004, AIHA established the HRSA-funded HIV/AIDS Twinning Center to support PEPFAR objectives to build sustainable institutional and human resource capacity in target countries overseas. The Twinning Center focuses on strengthening national HIV/AIDS strategies through the creation of peer-to-peer, voluntary relationships between institutions that provide HIV/AIDS-related care and treatment services largely through professional exchanges, training, and technical assistance.

The Volunteer Healthcare Corps (VHC) is a distinct yet complementary component of the Twinning Center's institutional partnership program. It is designed to rapidly expand the pool of trained providers, managers, and allied health staff delivering quality healthcare services — including HIV/AIDS care to people living with HIV/AIDS — by providing opportunities for skilled professionals from various fields to serve the cause of global health by volunteering their time and expertise. Flexible and dynamic in nature, the VHC works to tailor assignments to the unique skill set of each volunteer, thereby maximizing the benefits on both sides.

Volunteers help increase human resources for health, scale up existing services, and jumpstart new projects through long-term placements at twinning partnership sites and other organizations that may or may not receive PEPFAR support. They become catalysts for sustainable change as they transfer knowledge and skills through joint operations with local counterparts. They also support the provision of healthcare services, spearhead educational campaigns, and offer onsite mentoring and technical assistance.

In addition to building the capacity of local communities, organizations, and institutions who are working to deliver effective and sustainable solutions to HIV/AIDS and other healthcare challenges in Africa, the VHC program also provides learning opportunities for the volunteer. Volunteers are able to get a better sense of the culture, as well as the issues that affect Africa's development, allowing them to return to their country of residence with a greater understanding of HIV/AIDS, public health, international development, and our global community.

Through the VHC, skilled volunteers help build sustainable capacity at their host site through long-term placements that range from three months to two years in duration. Our volunteers bring with them a significant amount of professional knowledge across a broad spectrum of health and allied disciplines. As of March 2011, we've placed a total of 87 volunteers in Botswana, Ethiopia, Mozambique, South Africa, and Tanzania. Together, these skilled individuals have contributed a remarkable total of 911 months of professional service — the equivalent of 76 years — toward building lasting capacity at their host organizations.

Since placing its first volunteers in September 2006, AIHA has developed a substantial amount of organizational knowledge and expertise at managing an effective volunteer recruitment and placement program. Recruiting, selecting, placing, and supporting volunteers is a challenging, complex, and time-consuming process. To facilitate this process, AIHA has developed comprehensive procedures and tools to ensure efficacious implementation of this unique initiative. These operational guidelines provide for volunteer safety and help ensure optimal satisfaction of both the volunteer and the host organization.

Currently, AIHA is working to increase the use of the VHC to directly support Twinning Center partnerships by providing ongoing technical assistance to host country partners between partnership exchanges.

The VHC is part of the Volunteers for Prosperity initiative (www.volunteersforprosperity.gov), which was created to enlist highly skilled Americans to advance global development goals through service abroad.

This booklet highlights the work of a handful of volunteers who have participated in the VHC program and is illustrative of the many other dedicated individuals who have voluntarily contributed their time and skills to the Twinning Center's efforts to combat the global HIV/AIDS pandemic.

Ethiopia

AIHA's Twinning Center launched the Ethiopia Diaspora Volunteer Program in September 2006, working with the Network of Ethiopian Professionals in the Diaspora (NEPID), which is managed by the nonprofit group Visions for Development, Inc.

Thanks to support from the American people through CDC/Ethiopia, this program identifies, recruits, and places Ethiopians in the Diaspora in volunteer assignments designed to build health system capacity in Ethiopia. The VHC taps into the Diaspora's shared culture, language, and motivation to meaningfully contribute to development efforts in their country of origin. Because of this, there is a strong potential for repatriation, which helps mitigate some of the negative effects of "brain drain."

With 47 volunteers placed as of March 2011, the Ethiopia Diaspora Volunteer Program clearly demonstrates that skilled members of a Diaspora community can make substantial contributions to development efforts in their countries of origin. To date, volunteers have been placed at 30 sites throughout the country. With an average assignment length of 14 months, these dedicated professionals have collectively contributed more than 602 months of service in Ethiopia.

By far the most robust country initiative of the VHC, the Ethiopia Diaspora Volunteer Program harnesses the knowledge and expertise of a broad range of health and allied professionals ranging from physicians, nurses, social workers, and clinical pharmacists to IT, Web development, and database management experts. Other professionals who have volunteered their time and effort to building Ethiopia's health system capacity include epidemiologists, psychologists, HIV nutritionists, and specialists in HIV and TB co-infection, quality improvement, health communications, youth prevention, program management, and palliative care.

"For me, volunteering to share my knowledge and expertise with my homeland was a moral obligation. It is the best way for an individual to make a real difference."

— Dr. Wubshet Mamo, VHC Ethiopia, pictured kneeling at center above with the lab support team he established during his volunteer assignment.

Microbiology Expert's Volunteer Efforts Help Build Training Capacity, Improve Quality of HIV Lab Services in Ethiopia

When Dr. Wubshet Mamo arrived in Addis Ababa in May 2007, the I-TECH HIV laboratory support project he traveled to Ethiopia to assist consisted of one lone technologist. By the time his year-long volunteer assignment reached the half-way mark in October of that year, the Clinical Laboratory Support Team Mamo helped establish boasted six dynamic staff members, including four regional coordinators, a senior coordinator, and Mamo himself, who served as the team's director.

Mamo was part of the HIV/AIDS Twinning Center's Volunteer Healthcare Corps (VHC), an initiative designed to place qualified individuals at organizations supported by PEPFAR that need the long-term, onsite technical assistance a volunteer can provide.

Although he left Ethiopia more than three decades ago, Mamo says that frequent visits to his homeland made him think that the country could benefit greatly from his knowledge and expertise. "Over the last few years, in particular, I came to realize that my experience could really bring about positive changes," he explains. "That's when I began looking for an opportunity to contribute in some way."

Working closely with Ethiopia's Ministry of Health and I-TECH, Mamo focused on building an expert team capable of supporting field-based clinical laboratory staff and providing mentorship and troubleshooting, which are major challenges in the delivery of effective laboratory services in hospitals and at the regional laboratories.

Thanks to Mamo's expertise as a microbiologist and laboratory specialist, the Support Team can now effectively provide teaching assistance and mentorship to sites in I-TECH's three target regions, which at that time included 42 hospitals, three regional laboratories, and numerous health centers that provide health support services — with a particular focus on antiretroviral therapy (ART) — to a population of 25 million people.

Mamo worked very hard to forge a strong relationship between the Lab Support Team and the regional health bureaus — something that did not previously exist. He collaborated with the Ethiopian Health and Nutrition Research Institute to adopt a national quality control program and strengthen the capacity development of quality control system implementation in all hospital and regional labs at I-TECH target sites. He also established a field-based laboratory support program, launched an ongoing process for upgrading the infrastructure all project labs, and initiated a lab quality assurance program.

In addition, Mamo helped staff at the Columbia University-ICAP site in Addis Ababa to launch a regional program that enables HIV diagnosis in infants younger than 18 months of age through molecular testing and DNA PCR tests.

“I could really see the changes I helped implement and yet I know that I can still contribute so much more. My goal was to ensure these changes are sustainable by focusing on training staff and strengthening lab infrastructure,” Mamo says.

Perhaps that is why he decided to stay on as director of the Clinical Laboratory Support Team after his 8-month volunteer assignment concluded in November 2007. “I saw so many possibilities and I wanted to take the opportunity to bring about more changes. I want to be part of a sustainable solution to some of my country’s most critical healthcare challenges,” he explains

“I believe that my volunteering was a self-motivated act based on my desire to share my knowledge and expertise for the betterment of my homeland,” Mamo concludes. “The VHC gave me the opportunity to play a part in strengthening and sustaining laboratory capacity not only to improve HIV care, but also the care and treatment of TB, Malaria, many other diseases that kill people in Ethiopia everyday. That is my real reward.”

Dr. Wubshet Mamo (standing) coaches a lab technician on DNA-PCR (polymerase chain reaction) for EID referral testing procedures at a regional referral laboratory. His VHC assignment led him to repatriate and he now serves as director of I-TECH’s Clinical Laboratory Support Team in Ethiopia.

"When you live abroad, you tend to complain a lot about Africa, but I didn't want to be negative and passive. I wanted to help change things from the inside."

— Fikir Zerai, VHC Ethiopia

Clinical Psychologist Helps Strengthen Pre-service Medical Education Programs in Ethiopia

When Fikir Zerai left Ethiopia for Lyons, France in 2001 to pursue a dual degree in anthropology and psychology, she wasn't sure where life would take her. After graduating in 2004, she traveled to Canada to begin a master's program in psychopathology and clinical psychology, returning to Lyon where she completed the degree in 2007.

In December of that year, she returned to Ethiopia. "I wanted to see how things were and maybe explore the possibility of staying if the right opportunity presented itself," she explains. That opportunity turned out to be an 11-month VHC placement with JHPIEGO-Ethiopia helping to strengthen pre-service training programs for nurses, midwives, and medical students.

Serving as a link between JHPIEGO staff and partners at the Addis Ababa University, Zerai provided technical assistance for the creation of an Educational Development Center.

"Basically, the Educational Development Center helps to institutionalize quality training programs and ensure that medical field graduates have adequate knowledge and skills, particularly in the area of HIV/AIDS," Zerai says. "Our overall goal was to make sure the university is preparing students to meet the healthcare needs of people today, not 20 years ago," she continues, noting that key elements of her work included helping professors adopta more interactive, engaging model of teaching.

"Being part of the process to strengthen pre-service education in Ethiopia was extremely rewarding," Zerai concludes. "I really felt like I made a lasting, positive contribution."

Information Technology Specialist Shares His Knowledge and Expertise to Strengthen Capacity of Two Ethiopian Organizations

"I always wanted to work in Ethiopia and thought the VHC would give me that opportunity," says Yohannes Getachew, an information technology specialist from Alexandria, Virginia. He left Ethiopia when he was 12 to attend school in Kenya, then attended university in the United States, where he has lived ever since.

The VHC put Getachew's information management and technology skills to good use, placing him with two PEPFAR-supported organizations in Addis Ababa that were looking to develop IT capacity. He arrived in his homeland in September 2006 and started working with staff at the Ethiopian Public Health Association (EPHA) to develop the organization's Web site. He also began working with staff at ALERT Clinic and their partners from Johns Hopkins University to enhance the facility's capacity to collect and analyze patient data.

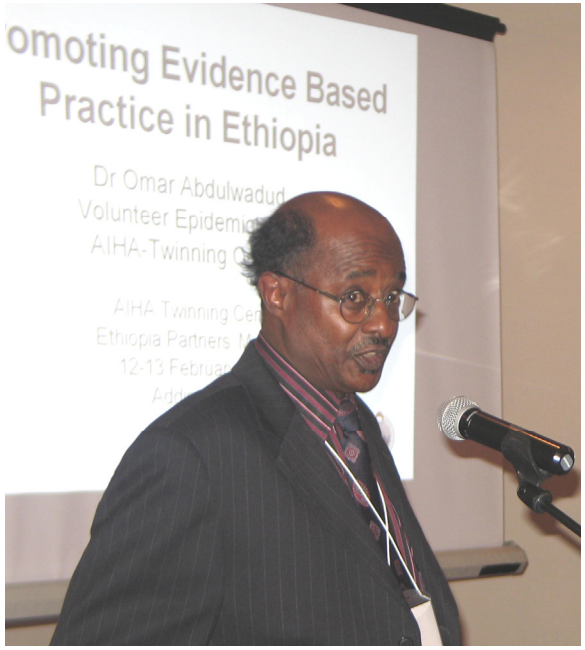
Getachew accomplished everything he set out to do during his 6-month assignment, despite some difficulties that are a fact of life in Ethiopia, such as poor Internet connectivity and frequent power outages.

"EPHA is entirely self-sufficient with regard to their Web site," Getachew reports, noting that he is particularly proud of training staff who had no Web design or HTML experience at all prior to his arrival. "Now they can update and maintain the site themselves," he says. The database project at ALERT Clinic was also successful, according to Getachew. "After implementation, clinic staff were able to generate reports that once took seven days in a matter of minutes," he explains.

The primary purpose of the database was to automate the monthly and cohort reports required by the Ministry of Health, but Getachew says the project yielded some unintended yet very positive byproducts. "Because the process necessitated a thorough audit of patient records, several hundred errors were caught and corrected," he explains.

"It is very satisfying to know that what seems like such a small effort to me is received with such great need and appreciation."

— Yohannes Getachew, VHC Ethiopia, pictured at center above assisting ALERT Clinic staff as they input patient records into a database designed to improve case management and reporting related to HIV patients.



Evidence-based medicine — the systematic application of best practices based on scientific research — helps improve quality of care and patient outcomes. Dr. Abdulwadud has a strong relationship with the Cochrane Centre in South Africa and he has dedicated a significant portion of his time promoting the practice in Africa, conducting workshops and collaborating with the Twinning Center to expand the practice through its Learning Resource Centers at partner sites in Ethiopia, Namibia, Nigeria, Tanzania, and Zambia.

Epidemiologist Helps Inform Healthcare Policies, Champions Broader Use of Evidence-based Medicine in Ethiopia

When Omar Abdulwadud left Ethiopia just before graduating from Gondar Public Health College in 1978, he had no way of knowing he would one day return to his homeland armed with the knowledge and skills to have a real impact on public health.

His first stop was Djibouti, where he spent 14 months as a refugee before winning a scholarship to the London School of Hygiene and Tropical Medicine where he earned his postgraduate degree in community health in developing countries. He then worked for six years as a public health specialist in Saudi Arabia before immigrating to Australia in 1991.

“My training in public health made it clear that so many devastating diseases are preventable,” Abdulwadud says. “I wanted to use my expertise to help — especially in developing countries where the need is greatest,” he continues, explaining that in 2000 he spent three months in Ethiopia volunteering in Harar. He then became a member of the Kentucky-based People 2 People, an international NGO that links Ethiopians in the Diaspora with opportunities to give back to their motherland. That’s how he learned about the VHC.

“My first assignment — from September 2008 through August 2009 — was working with the Columbia University International Center for AIDS Care and Treatment (ICAP) at their Eastern Regional Office in Dire Dawa,” Abdulwadud says. “I worked in the monitoring and evaluation section in regional health bureaus and developed a training curriculum on data analysis, scientific writing, and research methods for staff.”

In Dire Dawa, Abdulwadud assisted with an urban survey of some 45,000 households, working to verify and analyze the data collected then produce a report to inform healthcare policies and decision-making in the region. He also focused on health promotion and disease prevention in the region, delivering school and community-based lectures and developing an HIV prevention curriculum based on Islamic teachings and values that he

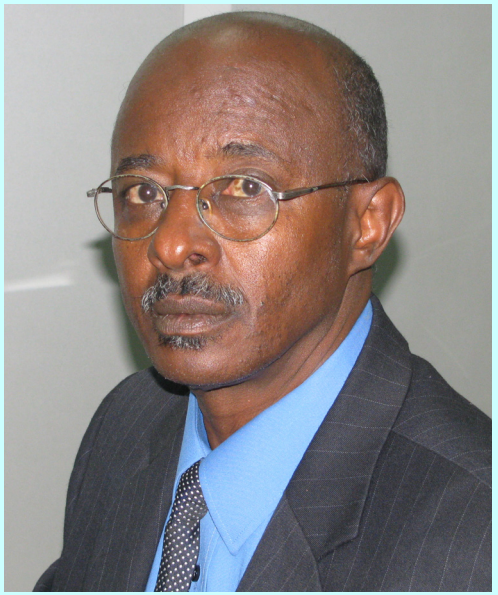
presented for use at local educational facilities. “After these presentations, so many of the students would approach me saying that no one had ever talked openly to them about HIV,” he says. “How can they prevent something they don’t even know about?”

When his assignment with ICAP concluded in August 2009, Abdulwadud accepted another placement — a 24-month stint working at the Federal Ministry of Health in Addis Ababa. Assigned to the Health Promotion and Disease Prevention Directorate, he has been working with staff to strengthen the Ministry’s capacity to track, monitor, analyze, evaluate, and report on diseases, treatment programs, and a plethora of other health-related issues. All the while, Abdulwadud has taken every opportunity to advocate for the use of evidence-based medicine as a way to improve clinical practices and patient outcomes.

“Evidence-based medicine improves the safety, efficacy, and efficiency of healthcare interventions because it is based on reliable and up-to-date clinical research,” Abdulwadud says. “Policymakers the world over are looking to this practice as a way to make the most rational use of scarce resources while at the same time improving patient outcomes,” he continues, explaining that the international nonprofit Cochrane Collaboration plays a leading role in promoting evidence-based medicine on a global level.

“Currently, though, I am the only Cochrane review author in Ethiopia and there are just a few institutions that support the dissemination of evidence-based practice,” he admits. That’s why he began working closely with the Twinning Center help train healthcare professionals, starting with those involved with partnership Learning Resource Centers (LRCs). In December 2010, he facilitated a workshop that was attended by more than 65 participants, including 41 from Ethiopia. He has also trained medical faculty and students at Addis Ababa University on evidence-based clinical practices.

“With rapid population growth and limited resources, the time is right to promote the use of high quality information to make evidence-based clinical decisions in Ethiopia,” he concludes. “I truly believe that Ethiopia will benefit by embracing the principles of evidence-based clinical practices.”



“With rapid population growth and limited resources, the time is right to promote the use of high quality information to make evidence-based clinical decisions in Ethiopia.”

— Dr. Omar Abdulwadud, VHC Ethiopia

"My desire to strengthen the Ministry's capacity to effectively use communication to achieve national health objectives — and the challenges that presented — is what kept me energized and motivated."

— Zenawit Melesse, VHC Ethiopia

Public Relations Expert Spearheads Ministry's Efforts to Better Communicate Health-related Messages to the People of Ethiopia

With her winning smile and laid back yet energetic demeanor, it's not difficult to see the Zenawit Melesse is a great communicator. She left Ethiopia more than 15 years ago to pursue a master's degree in information architecture in the UK then worked for the British Foreign Service for six years before moving to New York to work at the United Nations Public Information Department.

"I learned about the VHC in 2008 and met with the NEPID Director and the Minister of Health, who asked me to come to Addis as his communications advisor," Melesse recalls. She accepted the 12-month assignment, but wound up staying for more than two years.

"The Ministry is doing such great work, but I was completely shocked by the lack of information provided to the public," Melesse says. "There have been so many positive changes in healthcare as a result of both national and international efforts, but people didn't know about them because they were never shared," she continues, explaining that much of her first year was spent establishing the underlying systems, structures, and processes that now serve as the foundation of the Ministry's Public Relations and Health Communications Directorate.

Once that was accomplished, Melesse focused on training Ministry staff, as well as public health workers, health sciences students, journalists, and other key constituencies. She also contributed to national guidelines, manuals, and a broad range of internal and external communications materials and coordinated high-level visits from international policymakers.

"I love a challenge and recognize that what I am doing is just a drop in the ocean, but I also know that every contribution brings us one step closer to change," Melesse says. "I didn't come here to change the whole country, just to change the mindset of a handful of people and put in place systems that, in time, will grow and expand on their own."

Tanzania

The Twinning Center commenced VHC placements in Tanzania in mid-2007 in support of the Ministry of Health and Social Welfare's goal of rapidly expanding ART services.

With support from the American people through CDC/Tanzania, the VHC works to recruit skilled volunteers who can build both institutional and human resource capacity, largely by serving as clinical preceptors.

Starting in 2010, the VHC shifted focus toward placing more volunteers at Twinning Center partnership sites to better support health systems strengthening activities, including expanding human resources for health through pre- and in-service training programs.

As of March 2011, the VHC placed a total of 18 highly skilled professionals at 14 different sites throughout Tanzania. The average duration of volunteer assignments was 8.5 months. Collectively, these individuals have contributed a total of 157 months toward building the country's capacity to combat HIV/AIDS by mentoring staff; assisting with the provision of services as needed; and helping with program expansion, quality control, and other support tasks beneficial to their host institutions.

The professional profile of VHC volunteers placed in Tanzania ranges from physicians, nurses, and midwives to lab technicians, pharmacists, and PMTCT experts. Others were specialists in counseling and social support, HIV-related stigma, patient adherence, monitoring and evaluation, pediatrics, curriculum development, and in-service training.

"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."

— Laura Fitzgerald, VHC Tanzania

First Person Report: Nurse-Midwife Volunteers to Help Prevent Vertical Transmission of HIV in Tanzania's Pwani Region

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 the VHC.

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 these directions: "First observe. Build relationships. Practice Swahili." Only after successfully passing through an 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 into multiple aspects of maternal and family healthcare.

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. Missed visits meant missed medications. Missed medications meant more HIV-infected babies.

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 medication 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.

Additionally, we systematically addressed one of the largest barriers to effective PMTCT: the consistent administration of prophylactic ARV medication 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 some 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.

During her six-month volunteer assignment at Tumbi Hospital in Tanzania's Pwani Region, certified nurse-midwife Laura Fitzgerald worked to improve the day-to-day functioning of the hospital's PMTCT program.

"The opportunities I had to accompany providers on rounds were among my most important experiences, both professionally and personally. There, among the metal cots, with the sickest patients upon mattresses on the concrete floor, I got a clear sense of the context into which my work fit."

— Deborah Roseman, VHC Tanzania

First Person Report: Community-based HIV Program Manager Shares Lessons Learned from Mbeya, Tanzania

My three-month stay in Tanzania as a VHC volunteer was also my first trip to Africa. In many ways, I truly did not know what to expect. However, one of the primary outcomes of my experience this summer was exactly what I had expected: a different perspective on needs vs. wants, having vs. not having, and what constitutes barriers. I knew I would get a better sense of how lucky I am to have been born into a family and a country with vastly greater resources than are available to most people, but having expected to learn these lessons does not make the lessons less powerful. There is a difference in knowing, cognitively, that things are different elsewhere and in experiencing — or at least witnessing — that fact first-hand.

Many of the colorful details of my summer were genuinely unexpected, but generally I recall my time in Tanzania as a mosaic of interpersonal experiences and observations. The activities directly related to my volunteer assignment were challenging, engaging, and rewarding. Often, though, it was the peripheral experiences that left the biggest mark. The opportunities I had to accompany providers on ward rounds at Mbeya Referral Hospital were among my most important experiences in Tanzania, both professionally and personally. There, among the metal cots, with the sickest patients upon mattresses on the concrete floor, I got a clear sense of the context into which my work fit.

Each time I saw a woman of unknown HIV serostatus so ill and severely wasted she could no longer ignore her symptoms, both the crushing stigma of the disease and the gender inequities came into painfully crisp focus. When an intern asked my fellow volunteer what bypass surgery was, I was slapped with the reality of how few medical resources are available in Tanzania and how vastly different is the focus of medicine.

In the United States, issues like Do Not Resuscitate orders and the cost of end-of-life care are a function of the resources we have to extend life. Americans argue about the ethics of

taking someone off life support or performing heroic measures. In Tanzania, for the most part, these questions are moot. Death is a reality at all hospitals, of course, but in Tanzania, when I saw a sheet-wrapped body wheeled out of the ward on a gurney, it was hard not to wonder if the outcome would have been different elsewhere.

The things I saw at the hospital could at times be simultaneously sobering and inspiring. On a few occasions, I sat in with one of the doctors seeing patients at the HIV Care and Treatment Center (CTC). The most memorable patient for me was a girl of 10 who could pass for six. Her name was Gift, and she had lost both parents since she contracted HIV at birth. She now lives with her grandmother. Gift was dressed in her school uniform and spoke very softly, answering each of the doctor's questions in little more than a whisper. She had come alone to the CTC, along with her blue card (each CTC patient has one and is expected to bring it to each appointment), from about two miles away.

When I initially learned clients were required to retain their blue cards, I first thought that such a system in the United States would result in a large proportion of lost cards. Next, I wondered whether behavior aligns with expectations, or vice versa.

Yes, the thing I learned most in Tanzania is exactly that which I had expected to learn: everything is relative. There, two dollars is an unaffordable lunch, yet a four-mile-round-trip is a barrier to care that can be overcome by a tiny 10-year-old orphan, who also manages not to lose her blue card.

I am honored to have been able to contribute what I could in my short time as a volunteer in Tanzania and grateful for the opportunity to learn the lessons I will never forget.

Deborah Roseman, than an MPH student at Yale University, traveled to Tanzania in the summer of 2007 as one of the VHC's first placements in that country. Roseman, pictured here with group of young girls she met during a site visit to Kiwohede Youth Center in Mbeya, put her 12 years of experience working on community-based HIV/AIDS programs to good use at Mbeya Referral Hospital, which has been working with the US Military HIV Research Program through its PEPFAR-funded Walter Reed Program since 2004. She helped staff develop a strategic plan for the next three years and identify the resource capacity needs of Walter Reed grantees.

"Tanzanian Health professionals work in adverse conditions. They care for an enormous volume of patients and they all want to do a good job. The training taught them how to prioritize patients, which has improved the quality of care. When they see more patients getting better, this in turn helps boost their morale."

— Dr. Clare Sheahan, VHC Tanzania

Physician Volunteer Improves Pediatric Outpatient Care at Iringa Regional Hospital through Onsite Training and Mentoring

"The outpatient department is a very important part of the hospital," Dr. Clare Sheahan explains. "It's where many admitted patients receive their initial treatment plan. If a patient is seen on a Friday evening, it's possible that they will not be reviewed by a ward doctor for another two or three days. That's why it's so essential that the initial treatment plan is a good one," she stresses.

A UK native and no stranger to working in developing countries, Sheahan came to Tanzania with her husband, who works for an international NGO. Looking to put her skills to use, the pediatrician soon learned about the VHC and was quickly placed in a part-time volunteer assignment at Iringa Regional Hospital, a 365-bed referral facility serving roughly 1.5 million people in South-Central Tanzania.

Early in Sheahan's 30-month placement, staff voiced concerns about initial management of pediatric patients. "Direct observations of outpatient procedures and chart analysis of those admitted highlighted many problems, which I presented to hospital management. They requested help improving the quality of service, starting with a training course," she says.

Working closely with staff, Sheahan developed the curriculum. With a focus on sustainability, she facilitated three workshops, as well as two half-day sessions. "But the doctors and nurses from the pediatric and outpatient departments carried these out," she stresses. "All clinical staff who have regular contact with pediatric patients were trained in triage, urgent care, and management of common conditions according to WHO and Tanzanian guidelines," Sheahan reports, concluding, "This training was developed because of a need identified in the hospital itself; delivered by health professionals working in the hospital; and it reached all the health professionals, including the less senior grades. Many of the nurse attendants said it was the first training that they had received for years. They were excited by the learning and became more enthusiastic about delivering better care."

South Africa

In an effort to support the rapid expansion of ARV treatment services in South Africa, the Twinning Center began actively recruiting infectious disease specialists and other experts through the VHC in late 2007 and placed its first volunteers in 2008.

With the goal of increasing the institutional and human resource capacity of HIV care and treatment centers and other health-related institutions, the VHC places skilled professionals at organizations that may or may not receive PEPFAR support. There, they serve as onsite technical experts working closely with local staff to transfer knowledge and skills.

As of March 2011, the VHC placed a total of 15 highly skilled professionals at 16 different sites throughout South Africa thanks to the support of the American people through PEPFAR and CDC/South Africa. The average duration of volunteer assignments was 7.5 months.

With the dual goals of building institutional capacity to deliver and expand quality HIV treatment and care services and increasing staff competencies in HIV-related treatment and care, these individuals have collectively contributed a total of 111 months toward building the country's capacity to combat HIV/AIDS.

The professional profile of VHC volunteers placed in South Africa ranges from physicians, midwives, and social workers to specialists in data management, community-oriented primary care, health communications, organizational development, and monitoring and evaluation. Given the Twinning Center's new focus on supporting university-based clinical associates partnerships in South Africa, future plans include recruiting experienced physician assistants for volunteer placements at clinical training sites, particularly those in underserved rural areas of the country.

"The opportunities I had to accompany providers on rounds were among my most important experiences, both professionally and personally. There, among the metal cots, with the sickest patients upon mattresses on the concrete floor, I got a clear sense of the context into which my work fit."

— Caroline van der Werff, VHC South Africa

Volunteer Physician Helps Eastern Cape Hospital Increase ART Access through "Down Referral System"

Caroline van der Werff is a young Dutch physician with a passion for rural medicine. She spent nearly two years working at Canzibe Hospital in South Africa's former Transkei Region — 18 months of that as a VHC volunteer.

Located in Eastern Cape Province, near Nelson Mandela's home village, Canzibe primarily serves the Xhosa people who settled in the area. A missionary hospital until 1976 when it was taken over by the state, Canzibe is a 140-bed rural hospital serving a local population of approximately 70,000. Ten clinics situated in remote parts of the district refer their patients to the hospital for care beyond the scope of the rural health posts.

Canzibe faces all the usual challenges of recruiting and retaining healthcare professionals at a rural hospital, but they were also burdened with a bigger obstacle — the hospital did not have access to antiretrovirals. With the help of Transcape, a local nonprofit, the hospital devised a solution to treating people living with HIV/AIDS by establishing a make-shift — yet fully functioning ARV unit — effectively bypassing government bureaucracy and providing access to treatment to 10,000 people in need.

"Proper transport is a very important need in this region," van der Werff says, explaining, "The infrastructure is poor and people have to travel very far for care. To be able to make an impact with this HIV-program, it's necessary to do a lot of site visits."

When van der Werff first arrived at Canzibe in December 2007, she instituted a down referral system that has since enjoyed a 100 percent success rate. "The system features a strong patient education component, so individuals know to go to the clinic closest to their home for ART rather than spending their limited time, energy, and resources traveling on dirt roads just to get to the hospital each month," van der Werff explains. Additionally, she spent a significant amount of time training nurses in the surrounding clinics and also

conducted community training of home-based caregivers in collaboration with Transcape.

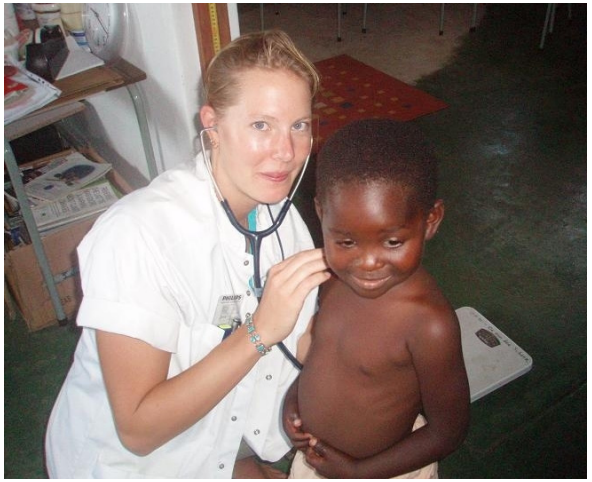
“The local language in this area is Xhosa and most patients are not able to speak fluent English. Because of this, every doctor works with a professional nurse who can translate for the patient and assist with procedures,” van der Werff reports, stressing how important it is to have well-trained nurses. “I spent a lot of time working with these nurses and training them on the most common diseases, clinical features, treatment, and procedures. Ward rounds presented an excellent opportunity for training them on special cases, as well as discussing medical, administrative, and coordination of care on a one-to-one basis.”

According to van der Werff, 800 patients were on ART as of July 2009. Her goal was to get 15 new patients on treatment each week of her assignment. She also worked to establish community support groups for people living with HIV. For those who are receiving care, it is clear that the volunteer’s efforts are paying off.

“I no longer have to travel long distances to the hospital and wait in long lines to get my medication. Instead, I can save money to buy food,” says ART patient Ntombixolo Majola*. “At my local clinic, I am attended to immediately. I used to be wary about going there for treatment because the neighbors might ask questions, but now I am just grateful for Dr. Caroline,” Majola explains.

“Coordinating the ARV down-referral initiative in the Ngqeleni area enabled me to see a big progress in the accessibility of ARVs for patients in this area,” van der Werff concludes. “But there are still new HIV patients being identified here, so the number of people needing these medicines will grow. That’s why it is very important that this initiative is sustained.”

** Name changed at the request of the patient.*



“I was confronted with the needs of people in this region every day, so I started to work closely with Transcape and the locals who were also involved with this organization. Because of that, I learned so much about the local culture. I became a member of Transcape’s Board of Directors in July 2009. It was a great opportunity for me to help them and the men, women, and children who live in this area.”

— Caroline van der Werff,
VHC South Africa

"Andrea has made a positive contribution to the AIDS Consortium and its affiliates. Our M&E Department is up and running thanks to her, which had a positive impact on a recent Oxfam-America evaluation."

— Denis Anthony, Monitoring and Evaluation Manager, AIDS Consortium, Johannesburg, South Africa.

Monitoring and Evaluation Specialist Helps Build Organizational Capacity at Two South African AIDS Service NGOs

From the moment Andrea Mayer arrived in South Africa, she had an agenda.

"I wanted to make sure that when I completed my assignments in South Africa both organizations I worked with were in different situation than they were before I joined them. I did not want this to be just a 'feel good' project," she explains.

A monitoring and evaluation expert with a Master's Degree in Public Administration and more than five years of experience designing and implementing projects, Mayer put her social science background to good use assisting both the AIDS Consortium in Johannesburg and The Networking HIV/AIDS Community of South Africa (NACOSA) in Cape Town during a year-long volunteer assignment that concluded in July 2010. She was placed by the VHC thanks to PEPFAR funding and the support of CDC/South Africa.

"At both organizations, we developed, conducted, analyzed, and reported on a survey of affiliates. This was a major success not only because we were able to roll it out quickly, but also gain valuable information about our constituents," Andrea explains.

"The surveys identified areas that needed more attention and enabled us to effectively show affiliates the value of monitoring and evaluation," she says. "They also showed these organizations that they are capable of conducting an annual survey."

Despite the fact that these two organizations are a thousand kilometers away from each other, Andrea was able to accomplish a lot in just under a year's time.

At the AIDS Consortium, she worked with staff to develop and conduct a pilot project that asked a small group of affiliates to report data, participate in its analysis, and its use for decision making. At NACOSA, she helped develop a monitoring and evaluation plan,

framework, and protocol as part of the Global Fund Round 9 grant program.

“Andrea has made a positive contribution to the AIDS Consortium and its affiliates,” acknowledges Denis Anthony, the organization’s Monitoring and Evaluation Manager. “Our M&E Department is up and running thanks to her, which had a positive impact on a recent Oxfam-America evaluation,” Anthony explains, noting that most staff and affiliates now produce qualitative reports for their partners and donors.

According to NACOSA Executive Director Dr. Maureen van Wyk, Andrea’s efforts “Helped us get a positive review from the Global Fund Local Fund Agent (LFA).”

Andrea sums up her VHC experience, saying, “I feel there are two critical factors that make some volunteer opportunities more positive than others. First, is the right level of support from the placement agency; second, it is the quality of the placement organization. I was lucky in both regards. I was fortunate to be placed in big cities and was able to avail myself of the existing opportunities and networks. Also, both organizations where I was placed had experience with international volunteers. They had a clear understanding of my role within the organization and were ready for capacity building.”

Although Andrea insists that she has done nothing special, the people she worked with all agree that she provides a perfect example of how one dedicated individual can make a real difference.

Andrea Mayer conducts a monitoring and evaluation workshop at the AIDS Consortium “Bua,” a regular gathering of the organization’s NGO members.

"My experience in Acornhoek was truly unforgettable and enabled me to help not only build the capacity of RADAR, but also to become more innovative, forward-thinking, and humble. RADAR was a perfect match for me. It took me out of my comfort zone and enabled me to make a real difference in a community with both a complicated history and a complex current reality."

— Shira Gitomer, VHC South Africa

Community-Oriented Primary Care Advisor Supports Home-based Care Study, Helps Build NGO Capacity in Rural South Africa

Situated in the Eastern part of the country where South Africa meets Mozambique and Swaziland, Mpumalanga Province is a largely rural mix of highlands and lowlands. The Rural AIDS and Development Action Research Program (RADAR) in Acornhoek was established more than a decade ago and, in collaboration with the University of Witwatersrand, has been conducting much-needed research projects in this underserved part of the country, where poorly funded NGOs often provide the bulk of care and support to children, the elderly, and people living with HIV, TB, or other ailments.

"The home-based caregivers working with local NGOs are dedicated, but there is a real lack of capacity. About 90 percent of them have not finished high school and since European Union funding for a local social development project ended in July 2009, they no longer receive stipends. Even so, they still provide care to children, the elderly, and other people in need, though, often bringing patients food at their own expense because without it, these individuals would go hungry," explains Shira Gitomer, who spent a year volunteering as a community-oriented primary care advisor at RADAR through the VHC.

"My main focus was to develop the Care in the Home Study, which examines the relationship between the community care worker, primary care giver, and clients, while at the same time investigating the quality of care provided in the Bushbuckridge Sub-district of Mpumalanga Province," Gitomer says, noting that the study also explores ways of improving care provided by community care workers. "Basically, it is designed to focus on the interactions of services, needs, and outcomes. The results will be used to inform decisions about capacity building and health system strengthening so as to better position home-based care for its anticipated role in relieving the overburdened formal healthcare system."

Given the complexity of the topic, Gitomer and her colleagues at RADAR broke the study into phases, beginning with a situational analysis during which she completed 42 interviews

with all home-based care NGOs in Bushbuckridge, as well as key policymakers at the local departments of health and social development. A database was designed to help manage the quantitative and qualitative information she collected.

“As the situational analysis became a longitudinal study, this database was continually updated to better track trends in home-based care and ensure the information initially collected was correct. We compiled this information and distributed it during a community meeting I organized in June 2010.” she says, noting that she provided ongoing training to empower RADAR staff throughout this process.

During the second phase, Gitomer worked with staff to develop criterion for selecting the nine home-based care organizations that would be the focus of the qualitative portion of the study. Three teams were established, each responsible for three different NGO. They were trained on qualitative research and interviewing techniques then commenced field work to collect profiles on all the community care workers at each NGO, she explains, noting that follow up interviews were done with 24 of the 84 community care workers surveyed.

After assisting with the first two phases of this important study, Gitomer passed the baton to a Dutch volunteer who will help RADAR complete the third and final phase.

“As a result of my time at RADAR, I learned to adapt rapidly to different situations and work effectively within different cultures,” Gitomer concludes. “I was able to think creatively and come up with new ideas and solutions to problems typically not encountered in developed nations. I also developed my leadership skills, enabling me to take responsibility for a group of people and manage their actions, eventually enabling them to lead on their own. Most importantly, I helped staff set obtainable goals for themselves along the way creating a positive environment for teamwork, self-discovery, and perseverance. I am so thankful for this opportunity, and for AIHA’s support throughout the process.”

“Given my temporary position, I made sure I was training and mentoring staff on topics such as interview techniques, data collection, and database management. I am confident that the staff at RADAR gained the skills they need to continue this project without me. I also provided bi-weekly lectures on community-oriented primary care and home-based care to 5th year medical students on rotation at the local hospital.”

— Shira Gitomer, VHC South Africa

Volunteer Healthcare Corps Country Snapshot: March 2011

COUNTRY	DATE OF PROGRAM INCEPTION	TOTAL VOLUNTEERS PLACED	TOTAL SERVICE MONTHS CONTRIBUTED	AVERAGE ASSIGNMENT (IN MONTHS)
Botswana	September 2009	4	32	8
Ethiopia	September 2006	47	602	14
Mozambique	February 2009	3	9	3
South Africa	February 2008	15	111	7.5
Tanzania	May 2007	18	157	8.5
Cumulative Totals		87	911	8.2

Botswana and Mozambique

In 2009, the Twinning Center launched pilot VHC programs in Botswana and Mozambique, largely to support capacity-building needs identified at Twinning Center partner institutions in both of these countries.

With the goal of increasing targeted institutional and human resource capacity at these sites, the VHC recruited skilled professionals who were willing to commit to a long-term placement as onsite technical experts.

As of March 2011, the VHC placed three medical doctors at St. Luke's HIV/AIDS Clinic and Training Center in Beira, Mozambique. Each doctor spent an average of three months serving as a clinical preceptor at the facility, which was opened in June 2009 by Twinning Center partners at Catholic University of Mozambique and the University of Pittsburgh. Together, with the support of the American people through PEPFAR and CDC/ Mozambique, they helped streamline care and treatment, as well as pre- and in-service training programs for medical students and healthcare providers in the country's Sofala Province.

In Botswana, four VHC volunteers collectively contributed a total of 32 months of service, helping to build organizational capacity at the Media Institute of Southern Africa, Tebelopele Voluntary Counseling and Testing, and the Botswana Christian AIDS Intervention Program. Their efforts were made possible by the American people with funding from PEPFAR and BOTUSA.

With an average length of assignment being eight months in duration, these dedicated volunteers helped increase staff competencies at partner institutions in Botswana's capital of Gaborone.

"Continuity of care should be a fundamental basis in dealing with patients who have a chronic condition such as HIV. What I have seen here reinforces the need for integrated management of care for people living with HIV."

— Dr. Kevyn Comstock, VHC Mozambique

American Physician Serves as Clinical Preceptor at Beira Clinic and Training Center in Mozambique

Thanks to the efforts of Twinning Center partners at Universidade Católica de Moçambique and the University of Pittsburgh — and funding from the American people through PEPFAR and CDC/Mozambique — residents in Mozambique's Sofala Province now have access to high quality primary care and HIV/AIDS services at St. Luke's Health Center, which opened its doors in Beira on June 17, 2009.

St. Luke's also serves as a clinical training site for medical students and other healthcare providers. VHC volunteer Dr. Kevyn Comstock was the first of three physicians who each spent three months in Beira supervising the provision of patient care and conducting both lectures and hands-on training with upper-level medical students.

"It was wonderful to work with the third and fourth year students in a clinical setting … helping them work through the clinical thinking process to come up with a differential diagnosis and treatment plan," Comstock says. "The patients, too, were wonderful and very understanding of the fact that St. Luke's is a learning environment and things take a bit longer. They seemed to recognize that they were involved in training future doctors for Mozambique," she explains.

"While St. Luke's is a primary care clinic, about 25 percent of the patients I saw were HIV-positive. It is so important to humanize HIV and to treat it as a chronic disease rather than to continue with the stigmatization that has existed for so long," Comstock points out, noting that that is just what St. Luke's is doing.

"The Mozambican curriculum is problem-based, so medical students are supposed to be responsible for their own learning. My role was to guide them and make sure they did not have incorrect information, rather than to interject too much," she concludes. "The responsibilities were great, but the experience was definitely worth it."

Data Review Specialist Helps Improve Monitoring and Reporting Capabilities at HIV Counseling and Testing NGO in Botswana

In Botswana, where the latest statistics put the estimated HIV prevalence rate among adults at nearly 25 percent, high quality voluntary counseling and testing services are beyond critical. Tebelopele VCT is an NGO based in the country's capital of Gaborone that operates VCT centers and mobile testing sites throughout Botswana, as well as other support services including post-test clubs and a referral system to ensure people know where to go to get HIV care and treatment.

VHC volunteer Lihn Diep spent a year working with Tebelopele's Monitoring and Evaluation Department, providing technical assistance to improve staff knowledge and organizational capacity of data management, quality, and reporting accuracy — all of which play a key role in Tebelopele's ability to meet funder requirements and secure future support.

"In support of Tebelopele's twinning partnership with Liverpool VCT in Kenya, my main activities focused on training staff on relevant data management software, including Access, Excel, and a new data application that Tebelopele would like all the centers to use moving forward, the Statistical Package for Social Science," Diep explains.

Through formal training workshops, as well as more informal on-the-job training activities, Diep worked with staff to upgrade their knowledge and skills. She also helped Tebelopele develop new standard operating procedures, implement quality assurance measures to better ensure accuracy in reporting, revised client intake forms and assisted with roll out to all centers, and spearheaded efforts to establish a text messaging referral tracking system in collaboration with a local nonprofit. Other accomplishments she achieved during her assignment included cleaning more than 600,000 data encounters logged from 2005 to 2009, recovering 26,805 data entries that had been corrupted during the input process, and developing a data dictionary to accompany the new intake forms.

VHC volunteer Lihn Diep during a training session for all receptionists, data entry clerks, and center coordinators at Tebelopele's 16 VCT centers.

The workshop was designed to increase the skill set of staff members at these centers as a way to help improve the quality of data they provide to the head office each month, while at the same time decreasing the amount of time spent generating these reports.

Professional Profile Overview of VHC Volunteers

PROFESSION	NUMBER OF VOLUNTEERS	SELECTED OUTCOMES
Clinician *physicians, nurses, midwives, medical school professors*	18	• Improved the management of HIV-infected patients admitted to hospital wards through service provider training, mentoring, supervision, and technical support • Increased access to ART at rural hospital by instituting a down-referral system
Pharmacist *clinical pharmacists, professors, lecturers*	5	• Trained master-level students in clinical toxicology, equipping them to advise policymakers, teach undergraduate students, and conduct research
Psycho-social Care Provider *psychiatrists, psychologists, counselors, social workers, palliative care specialists, trainers*	6	• Created a national curriculum on self-care and burnout prevention for caregivers • Trained healthcare providers working in HIV/AIDS care to reduce burnout
Laboratory Scientist *microbiologists, lab technicians, lab safety specialists*	5	• Improved HIV/AIDS diagnostic services at one of the country's regional hospital laboratories by mentoring lab personnel
Infection Control Specialist *program developers, PEP experts, IC advisors, lecturers*	3	• Developed and distributed National Laboratory Health and Safety Manual • Established a hospital infection control program • Delivered lectures to infectious disease residents on early lab diagnostic techniques related to opportunistic infections in HIV patients • Trained infectious disease nurses and paramedical staff on biosafety techniques
Organizational Development Specialist *Policy and planning experts, capacity building advisors, patient services and human resources specialists, management consultants, student and patient services managers, monitoring and evaluation and quality assurance experts*	31	• Supported leadership and management capacities of the Ministry of Health • Strengthened capacity of national sports organization to develop and implement HIV/AIDS awareness and prevention activities leading up to the 2010 FIFA World Cup
Allied Health Professionals *Nutritionists, epidemiologists, medical radiation physicists*	3	• Strengthened hospital capacity to provide effective radiotherapy services • Strengthened nutritional counseling and services capacities to improve HIV care
Communications Specialist *Health communications and marketing experts, advisors, public relations experts, journalists*	5	• Developed and implemented a highly visible integrated public relations and communications strategy to promote Ministry of Health programs and activities • Increased utilization of a national clinical warmline through targeted marketing
Information Technology Expert *web developers, database specialists, web content developers, data managers, ICT specialists, health informatics experts*	11	• Increased Ministry of Health's online presence • Developed capacity to provide IT services to HIV prevention and treatment programs at university hospitals and other health service providers in the country • Designed a prototype internet-based system of tracking hospital patients

Conclusion

The human resource challenges facing Sub-Saharan Africa in the wake of the AIDS pandemic have been immense. Through the VHC, the Twinning Center has created an opportunity for individuals to contribute to the global fight against HIV/AIDS. While the VHC is not the first program to mobilize volunteers — whether American, Africans in the Diaspora, or third country nationals — it has been successful in contributing to the achievement of the overall goals of the HRSA-supported HIV/AIDS Twinning Center Program, as well as PEPFAR's expanded objectives to build sustainable health system capacity in developing nations spanning the globe.

With a total of 87 volunteers placed to date, the VHC is looking to expand and replicate its successful models.

The program in Ethiopia is a robust example of how diasporas and governments can collaborated to build capacity within a country. Volunteers placed through this initiative have made significant impacts on systems, organizations, communities, and individuals alike. Their stories attest to both the tangible and intangible outcomes of a volunteer experience, which provides unique opportunities for professional growth for staff at the host site, as well as for the volunteers themselves. In several instances, these volunteers have been repatriated and are now helping to combat the significant problem of "brain drain" that has been so detrimental to Ethiopia's healthcare system.

Overall, the VHC is a powerful example of how skilled professionals can work together with countries in Africa, leveraging individual strengths to address critical challenges facing the developing world.

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