Zimbabwe Issue

Greetings, Fogarty Scholars!

In late October I attended the annual meeting of Fogarty Administrators, hosted this year by Baylor University in Houston, Texas. We had updates from the Fogarty International Center representatives, a talk by the Baylor PI, a problem-solving session, and time for informal networking.

As usual, my favorite portion of the program was the presentation given by a Fogarty-supported student. She talked about her research focus and expressed her gratitude for the funding that enabled her to come to the United States to continue her training. As she spoke of culture shock and homesickness, I was inspired — as always — by the dedication that you all demonstrate to the goals of adding to the body of AIDS/HIV research, easing suffering, and increasing the quality of life.

My best to all of you,
Roberta Myers,
Editor

Flag of Zimbabwe

— Feature Articles —

Current Students:
Agnes Chidanyika
Samuel Gavi

Recent Graduate:
Tondesayi Kufa, MD

Other Recently Graduated Zimbabweans:
Witness Moyo
Epi/Biostat MPH 2002

Rhoderick Machekano, MD
Epi MPH 2003, Biostat PhD 2006

Wonder Goredeema
Epi MS 2004

Knox Makumbe
Epi/Biostat MPH 2007

Sunrise in Matobo National Park
STUDENT PROFILE: Agnes Chidanyika

I was born and educated in Zimbabwe up to my A' Levels. After many years in the UK furthering my education and training, I wanted to go back home and contribute in the areas promoting good health for the population. In an effort to gain understanding into how the health sector and delivery system, I was attached to the Ministry of Health and Child Welfare at the Central Office (headquarters) for 18 months as a Research Assistant in the Health Policy, Planning and Development department. This gave me valuable exposure into how health policies were made in the health sector, how services were structured and delivered. The work involved interaction at the national level with the international community and the provincial and district levels to see how policies filtered to the grassroots and the effect on implementation. Although every government aims to provide access to healthcare equitably to its population, the insight to the challenges impeding the provision of adequate services brought me to appreciate the importance of organizational systems that aim for efficiency within a defined resource setting. The country faces a number of health, economic and development challenges and the impact of HIV/AIDS and other infectious diseases poses a major threat to some of the health gains the country had made in the last decades.

An interest in research and HIV/AIDS during my time with the Ministry of Health drove me to join UZ-UCSF which is a collaborative research organization between the University of Zimbabwe department of Obs & Gynae and UCSF. The organization has carried out a number of research studies in women's health specifically in the areas of HIV prevention and treatment. Clinical trials undertaken by the organization span from microbicide trials, community based interventions, therapeutic trials and cervical barrier methods.

I was involved in the MIRA study which was evaluating the effectiveness of the diaphragm against HIV/STI acquisition in women. Women being the most affected by HIV in most of sub-Saharan Africa, finding new methods that are women controlled will be important in curbing the rate of infection in this population group. Leading the team for the MIRA study at this site, I was able to see first hand the issues affecting women in HIV prevention and treatment as well as the devastation on the community. In implementing the protocol, recruitment and retention of study participants, data management and making that important link between research and practice and interventions that are relevant to the community were all very vital lessons that I learnt during this period.

The study faced many challenges due to the economic conditions prevailing in the country. Despite all this, the site had the best retention rate for the study (93%). Although the results of the trial were disappointing for the women involved (the trial showed that the diaphragm did not offer added protection against HIV/STI infection) seeing how Zimbabwean women and staff were interested and willing to take part in studies for the cause of finding alternative options to HIV prevention was very rewarding. I also realized my limitations in the field and wanted to get further training in epidemiology and biostatistics. The Fogarty program has awarded me that opportunity to gain indepth understanding and training that is very necessary and needed in research and will no doubt not only put me in a better position to make sense of research findings but also be able to stimulate research agenda from within the country for the benefit of my community. I am in the 2nd year of the MPH program and aim to continue my involvement in HIV/AIDS research in Zimbabwe on completion of the program in May 2009.

by Agnes Chidanyika, Epidemiology/Biostatistics MPH candidate

Victoria Falls

Zimbabwe
STUDENT PROFILE: Samuel Gavi

I grew up in Chitungwiza, a city located 25 kilometers outside Harare, Zimbabwe. This city has been tagged for many years as one of the 'ghetto' cities in Zimbabwe, and I have witnessed this firsthand. I recall that back in 1987 journalists of a local monthly magazine termed Chitungwiza, which had a mere population of 250,000 people, as an "overcrowded slum city." At that time, I took no notice of this statement, because it did not mean much to me, but now more than 20 years later I realize how true this was from a public health point of view.

The population of the city has now grown to well over 2 million inhabitants and somewhat exponential population growth still continues. As I was growing up, HIV/AIDS and tuberculosis were new diseases that were more of a myth than reality for us. At that time, gangsters were more popular than local politicians and teenagers rarely if ever engaged in drug and alcohol abuse. I look back at this time and realize that life was still ideal in spite of the hardships that people faced. Today, the town has a completely different face to it, just like many other cities in Zimbabwe, burdened by a multitude of social and health inequalities.

Witnessing this transition around me as I was growing up nurtured my interest to become a pharmacist, and I enrolled in the Pharmacy School at the University of Zimbabwe. After a two-year stint working for the Ministry of Health and Child Welfare (Gwanda Provincial Hospital), I returned to the University of Zimbabwe (UZ) to take up new responsibilities as a Clinical Research Pharmacist at the UZ-UCSF Collaborative Research program. At that time, I knew very little of the Fogarty AITRP; neither was I aware that this program would afford me the opportunity of a lifetime to fund my studies at this prestigious institution. My decision to pursue an MPH degree in Epidemiology/Biostatistics with the UC Berkeley SPH is one of the best decisions I have made. I have been fortunate enough to work with former UCB alumni in Zimbabwe who were also Fogarty Scholars, and I have realized the importance and level of impact the Fogarty training program has had on their careers.

As a pharmacist with specialist training in HIV pharmacotherapy, I will tailor my studies toward infectious diseases affecting developing countries, especially HIV/AIDS and other emerging and re-emerging diseases.

- by Samuel Gavi, Epidemiology/Biostatistics MPH candidate

Zimbabwean coat of arms

Zimbabwean Sable Antelope
Greetings from Zimbabwe!

It has been sixteen months since I left UC Berkeley and returned to Zimbabwe. I went to Berkeley on the Fogarty AITRP grant/ fellowship in 2006 and graduated in the class of 2007. The training I received at Berkeley was world class and the experience priceless. Unlike most people I have a constant reminder of the year that I spent at UC Berkeley- my daughter who will be seventeen months on December 2nd. I will always be grateful to the Fogarty AITRP for the opportunity to study public health at one of the best public health schools in the world.

(continued on page 4)

My daughter- Ropafadzo Hillary
Tendesayi Kuqa (continued from Page 3)

Since my return to Zimbabwe in July 2007, I have been teaching epidemiology at the University of Zimbabwe to undergraduate students in faculty of health sciences. In teaching my classes I make use of study materials that I brought back from Berkeley and draw a lot of my examples from my experiences in California. I enjoy teaching and mentoring students but the deteriorating economic and political situation in the country makes impossible to teach on a full-time basis. Teaching students who are so motivated in the face of enormous challenges (no money for transport, books and lunch) and an uncertain future (at least in the short-term) is a humbling experience. Every time I get up in front of the class I can't help thinking that the students are real victims of the situation in the country and that they deserve better.

Apart from teaching I also provide consultant services to the HIV/AIDS sector in the country. My area of interest is how to improve access to HIV prevention, care and treatment and integrating TB and HIV activities in the country. Since leaving Berkeley I have worked on some HIV/AIDS projects the major ones being:

- Evaluation and assessment of the Early Infant Diagnosis of Pilot Project. This involved assessing a pilot project using Dried Blood Spots for diagnosing HIV infection among HIV exposed babies at four pilot sites, identifying achievements, gaps, challenges and potential barriers to scale up.

- Study of the factors contributing to the decline in the uptake of paediatric ART at Zimbabwe National ART programme sites. This cross sectional study of eight conveniently selected ART sites offering paediatric ART.

I was planning to enrol for a PhD in Public Health at one of the South African universities and do the research in Zimbabwe. The proposed research project will be a stepped wedge cluster randomised control trial. The purpose of the project will be to determine the levels of TB infection control at HIV clinics in Zimbabwe and to correlate these levels with the prevalence of Latent TB Infection among health care workers at the clinics before and after implementing interventions to improve TB infection control practices. The nature of the interventions will include training in good TB infection control practice and improving natural lighting and ventilation at the clinics, shortages of supplies and laboratory equipment which make implementing a good TB infection control practices difficult. Another hurdle will be to get the project funded in the face of so many uncertainties.

Whatever the future holds for this country, I never stop praying and hoping for a new day when Zimbabwe will be in the news for the right reasons and this country will be known for the beautiful place that it is.

- by Tendesayi Kuqa, MPH 2007
Rhoderick Machekano (MPH 03, PhD 06), photo at left, is Assistant Professor of Medicine at Case Western Reserve University Medical School.

Knox Makumbe (MPH 07) is at the University of Zimbabwe.

Wonder Goredema (MS 04) is a Senior Program Associate for the RPM Plus Program in Arlington, Virginia, where he works on the antimicrobial resistance portfolio.

Witness Moyo (MPH 02) is in the Reproductive Health & HIV Research Unit, Department of Obstetrics and Gynecology, Witwatersrand University.

Catherine Hoyo (MPH 92) is Assistant Professor in Nursing and Medicine in the Department of Community and Family Medicine at Duke Global Health Institute.
Purnima Madhivanan (MPH 03, PhD 07) reports that the Public Health Research Institute and Prerana Women’s Health Initiative of Mysore, India has moved into new quarters with a new lab and training center; the website (www.sahaya.org/prerana) has been updated, so check it out. 100% of donations to Prerana go to the community—no overheads are taken.

Remember, the content of Berkeley’s AITRP News depends on you, so keep those e-mails coming! This issue has been a lot of fun to produce. Till next time . . .

Hello from the Division of Epidemiology: Left to right, Diane Hinkly, Ron Jeremicz, Art Reingold, Juanita Cook, Roberta Myers (Photo credit: Lorretta P. Morales)