

## The Sustainability of Public Health Interventions in Northern Tanzania

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Sustainability is a popular concept in international development, yet is rarely addressed in international health. After studying and working in public health, however, I began to think that excluding a long-term strategy for sustainability from program planning was risky, particularly as many health initiatives collapse once the donors leave.

I accompanied Dr. Alyson Young to Tanzania this summer, and started preliminary research with a pre-dissertation grant from the Center for African Studies. Tanzania attracts a lot of international aid, and their national health care system is populated by numerous facilities organized, operated and funded by international development organizations. With so much of the country's health care hinging on the continued funding and collaboration with outside donors, the pressure to scale-up the national system increases, especially in light of recent global economic crises.

One avenue to research sustainability in health care is to look at how individuals enrolled in health programs cope with the problems encountered when the program ends or they are unenrolled. I examined a prevention of mother-to-child transmission of HIV (PMTCT) program rolled out by a mission hospital in northern Tanzania. In this program, women and their infants receive more free services than other patients enrolled in highly active antiretroviral therapy (HAART), like food support, hospital transportation, and home-based care. After two years they are unenrolled, but still must cope with HIV and potentially care for a child with HIV. How these women cope with HIV after the program's end may illuminate cultural models of health, hierarchies of perceived risk and the structural constraints contributing to poor health outcomes that plague Sub-Saharan Africa.

This summer I interviewed health care workers, administrators, program planners and researchers, attended regional meetings for HIV+ people about living positively with HIV/AIDS, observed interviews with new mothers about their experiences in the



PMTCT program, and shadowed health workers and researchers to get a better idea of what a typical day on the job looks like. Through these interviews I began to see that some coping methods people adopt are determined by a combination of structural and socio-cultural factors: income and cost of care, distance from health facilities, access to transportation, trust in the quality of care and health care providers, perceptions of corruption, discrimination, stigma, and social network composition. I also learned that the hospital itself was grappling with a potential funding shortfall in the near future, and hospital administrators were working hard to figure out ways to maintain services. On both the individual level and the institutional level, patients and administrators will need to cope with a loss of support.

This pre-dissertation research was critical for me to better understand the scale of the problem of sustainability in Tanzania, and how it is understood, experienced, and planned for on multiple levels and by different people. I refined my ideas of how people may cope in creative ways and how institutions attempt to soften the blow of a potential loss of funding in the future. I will continue this research in the fall of 2010.

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