

# Out of the shadows: Working with **traditional** birth attendants

Catalysing local resources to reduce  
vertical transmission of HIV



Photo: Jeroen van Loon

# Engaging traditional birth attendants in the paediatric HIV response

**Children remain underserved in the global HIV response: in 2024, 44% of the estimated 1.4 million children living with HIV had no access to ART, only 47% were virally suppressed compared to 73% of adults, and an estimated 120,000 children acquired HIV through vertical transmission.**

To help close these gaps, Aidsfonds Paediatric HIV programme works with community-based service providers, including Traditional Birth Attendants (TBAs), who despite operating under bans in several African countries remain among the most knowledgeable, trusted and respected actors in their communities. Action for Community Care (ACC) in Tanzania, Coalition of Women Living With HIV and AIDS in Malawi (COWLHA), and Society for Family Health (SFH) in Nigeria have built on this foundation of trust to engage, train, and redefine the role of TBAs. Their work has shown that when equipped to work openly alongside the health system, TBAs played a crucial role in identifying pregnant women and children at risk of HIV, encouraging testing and treatment, supporting safe facility deliveries, and strengthening long-term retention on ART.

## TBA contribution to referrals, case identification, and treatment

In Nigeria, a 2022 evaluation of the Lafiyan Yara project assessed the effectiveness of four community referral models and found

that trained TBAs achieved the largest improvement in referral of women for HIV testing, and a combined approach proved the most effective overall.

### National recognition for TBAs in Nigeria

From 2019 to 2025, Society for Family Health (SFH) Nigeria worked with and trained TBAs to identify children at risk of HIV infection, and to reduce vertical transmission of HIV. They linked TBAs with community health workers as well as private pharmacists. SFH advocated to include TBAs in HIV care in Taraba state and ultimately convinced government stakeholders to include them in their HIV service programming. This led to national recognition of the important role of TBAs in reducing vertical transmission and their inclusion in national AIDS plans in Nigeria. As a result, TBAs have come out of the shadows and are now allowed to work openly under a revised remit. Today, TBAs in Nigeria officially support the triple elimination programme to reduce HIV, syphilis and hepatitis B/C.

Increase in referrals by type of community mobiliser at the start and at the end of the Lafiyan Yara project

Strategy / Worker Group	Start %	End %	Change
Trained traditional birth attendants	16.9%	87.7%	+70.8 pp
Village health workers	17.3%	79.7%	+62.4 pp
Patent and proprietary medicine vendors	25.9%	36.4%	+10.5 pp
Combined approach	9.3%	80.0%	+70.7 pp

In Malawi, a pilot project from June 2024 to August 2025 by COWLHA also found strong evidence of TBAs' contribution to HIV case identification and treatment through referral of pregnant women.

### Outcome of TBA referrals for the project by COWLHA

Indicator	Result
Women referred for facility delivery	268
Women tested HIV-positive	16
Women initiated on ART	16
HIV-free deliveries recorded	32

## Key Results working with TBAs (2024-2025)

- > A total of **196** TBAs were trained: **102** in Tanzania, **20** in Malawi, and **94** in Nigeria.
- > TBAs joined other community health service providers to provide home visits, health education, and linkages to HIV testing. Together they conducted **9,626** household visits (**1,193** in Tanzania and **8,433** in Malawi). In Nigeria TBAs organised Antenatal Care Clinics at their homes.
- > Joint efforts by TBAs, community health workers, and facility healthcare workers led to expanded outreach with **522** children and **656** women found to be positive through HIV testing, **1,055** children and **1,457** women supported to adhere to treatment and be retained in care. Viral suppression was achieved for **627** children across the programme and for **135** women in Nigeria, where data was available.

## Lessons learned

When asked, TBAs said, "We want to support women and reduce maternal death." This shared goal with community health workers, healthcare providers, local governments and Ministries of Health, can be built upon.

- > Fear of authorities remains a major barrier in countries where it is illegal to conduct home deliveries. Organisations must recognise this and allow TBAs adequate time to build trust with them and Ministries of Health through intentional and systemic mobilisation. TBAs who have been trained and redefined their roles can influence peers to do the same.
- > Working jointly with TBAs, community health workers and other health actors increases the identification of pregnant and breastfeeding women living with HIV and can prevent vertical transmission and/or ensure timely treatment of newborns living with HIV.
- > TBAs need structured support in the form of training, supervision, delivery kits, testing kits, promotional materials, and where possible, financial compensation to sustain their engagement and offset the loss of income from reduced home deliveries. It is important to incorporate sustainable mechanisms for compensation into programme planning and budgets.

**“If it weren't for me, she would have delivered at home. I accompanied her to the health facility when her labour started. She delivered safely there and we returned home with her new baby. I was able to follow up with her after delivery to see how the baby was doing and to make sure that she took him for [HIV] testing and a checkup.”**

Traditional birth attendant in Tanzania

## Way forward

The following recommendations, drawn from the experiences of TBAs and implementing organisations, are designed to guide organisations seeking to implement or strengthen programmes that involve working with TBAs.

- > **Develop clear agreements** on how to utilise the expertise and knowledge of TBAs to reduce vertical transmission, improve HIV testing, and contribute to improved treatment adherence for women and children so that there is consistency between different jurisdictions and regions.
- > **Conduct effective data collection and mapping** to track the work of TBAs and build evidence for their role and contribution to HIV care and treatment.
- > **Recognise and respect** the knowledge and expertise of TBAs, acknowledging their vital role alongside service providers and governments in improving the health and wellbeing of women and children and reducing HIV transmission.

**For more information on the organisations in this document, we kindly refer to their websites:**

[Aidsfonds](#)

[Action for Community Care \(ACC\)](#)

[Coalition of Women Living With HIV and AIDS \(COWLHA\)](#)

[Society for Family Health Nigeria \(SFH\)](#)

