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On Learning, Connecting, and Making a Lasting Impact

Three months ago, I completed a global health fellowship with the Centers for Disease Control and Prevention (CDC). I spent two years based at headquarters in Atlanta, Georgia (USA), with frequent international travel for site visits and meetings in Sub-Saharan Africa, Cambodia, Ukraine, and Kyrgyzstan. During my third and final year of my PHI/CDC Global Health Fellowship, I was re-located to South Africa.



“The best part of these three years and the numerous opportunities they furnished for my personal and professional development, was the time I spent with local people in the daily contexts. This was where I could interact with the most direct ways that global health work is impacting the world we all share, and where I could gain a deeper understanding on how to best contribute for positive results.”

I requested a transfer to a global location outside of the U.S., but South Africa wasn't strong on my radar, so the success of the assignment felt especially fortuitous. I was placed in the Laboratory Branch, which focuses on improving the quality of HIV Testing in South Africa, among other activities. I had not previously considered myself a laboratorian, though I had the educational and even work background to support the assignment. Still, this was a new focus for me. That being said, I did not need to become a new person or forgo the skill set I had developed in my more recent work, instead I incorporated these aspects of myself in the role and saw a mutual benefit (in myself and my work). Specifically, I brought a personal touch and bigger-picture mindset to the technical work of the Laboratory Branch.

I contributed my outgoing personality, flexibility and adaptability from extensive previous travels, to the main assignment of doing assessments at sites across two provinces in South Africa. I also benefitted enormously from the immense independence the nature of this work afforded me, including multi-week site visit trips,



With HIV Program Coordinators in the Mopani subdistrict, on post-Assessors' Training site visits, shadowing newly-certified assessors on trips to rural clinics to observe their field assessments of HIV Testers and provide feedback to improve their technique. (Limpopo, SA, April 2019)

with a rental car and our assessment tools, working through the checklists and talking with providers in rural areas.

“I sought out a career in global health because I love connecting with people across cultures, and I was able to flex that friendly muscle at each site I visited.”

These site visits are an essential part of the RTCQI program (Rapid Test Continuous Quality Improvement), which assesses HIV testing points for their quality of service delivery and allows for improvement plans to be based on these results. During these visits I chatted with staff, joked with them, heard their stories, and consulted with them amicably while still going through the long SPI-RT (“Stepwise Process for Improving the Quality of HIV Rapid Testing”) checklist. Building a rapport supported the work assignment, helping local providers open up to sharing the facts of their clinic operations and discussing realistic methods for improvement.

Most staff were very warm, though it is clear that all were very busy. Spending time with these testers and site managers gave me the kind of appreciation of their challenges that only personal experience could afford. It seemed simple that (for example) all HIV Testing Logbooks, once full, should be archived with a date, in a secure area. That is what the SPI-RT checklist asks, and I wouldn’t have imagined much could stand in the way of that. What I learned, as in many points on this checklist and other assessments which are designed far from the daily life at the facility, is that the reality is more complicated. Clinics without shelves, cabinets, or locks are not uncommon. “How can you expect me to make an archive when I don’t even have a shelf?” a Facility Manager once asked me. These issues are outside the scope of what I learned in public health school, so this real-life supplementation to that education, via problem-solving challenges and the local perspectives, has enormously expanded my abilities in this sector.

I was also assigned to customize an established National HIV Tester Certification program, for the South African context. This is a program made for international

application, based on World Health Organization (WHO) standards and formatted into a program for adoption by the CDC’s International Laboratory Branch. I acted as coordinator for this project, between CDC South Africa and Headquarters in Atlanta, and the provincial and National Health and Laboratory Services. I had an unconscious assumption that implementing an established program would be straightforward. Again – not so.



Participants observing an HIV Tester Assessment demonstration by a facilitator at the HIV Certification Assessors’ Training in Tzaneen, Limpopo, South Africa. (June 2019)

Most of our challenges came from trying to match a universal program to the local context, which was surprisingly complicated. Simple changes included refining the exam questions for the technical South African requirements, but more complicated aspects included considering developing training materials for assessors, and the written and spoken rhetoric for evaluating HIV testers, in a country with eleven official languages.

“Truly, the local context should always be at the forefront of any program, if it hopes to be successful, and I was able to see this first-hand.”

These and other challenges provided immense room for personal growth, because how else can we augment

our professional and personal skills for the better without facing new and complex situations? Besides what I learned from the local people, my CDC mentors and colleagues, and the work itself, I also deeply enjoyed just getting to be in beautiful South Africa, and the chance to make friends who incalculably enhanced my life through sharing their own.

I hope I made a lasting impact on the HIV epidemic, at least in the way I was critical and exacting, striving to improve projects in the short time I had, so that they could provide people with more accurate test results and better quality of care.

“I also know that, whatever my impact in South Africa, I will take this experiential learning on to my future opportunities to make a difference.”

One aspect of sustainability, which I learned to respect from my time in Peace Corps as well, is that a strong and customized foundation is necessary for a project to stick and objectives to be realized. I always remember a story I was told before I went to Peace Corps, about another volunteer who facilitated some fabulous agricultural programs for over a year, went on an extended home leave, and returned to see his shovel in the same spot he left it and all the successes gone from sight.

“I hope that, through learning from the people who our work is meant to serve, attempting to tailor a program for the context for which it is meant, and building relationships based on mutual respect and dedication, I did impact something that will last until it is no longer necessary, and not disappear with my departure.”

And I hope I continue to keep that long-term, sustainable perspective in mind, in all my future contributions to global health and international development.



Participants and facilitators after the certification ceremony, at the second HIV Tester Certification - Training of Assessors, in Tzaneen, Limpopo, South Africa (June 2019)

About Larisa Ozeryansky, MPH:

Larisa completed her fellowship in August 2019 and was the Recipient of the PHI/CDC Global Health Fellowship 2019 Lasting Impact Award. Larisa spent the first 2 years of her Global Health fellowship based in Atlanta, and the final year in South Africa. Currently, Larisa works as a Biologist for the International Laboratory Branch of CDC’s Center for Global Health.