HEALTH CARE PARTNERSHIPS PROGRAM
RUSSIAN FEDERATION

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FY 2005 ANNUAL REPORT

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List of Acronyms and Abbreviations

AIHA .... American International Health Alliance
ART .... Anti-Retroviral Treatment
ARV .... Anti-Retroviral Drugs
CPG .... Clinical Practice Guidelines
C&T .... Counseling and Testing
CQI .... Continuous Quality Improvement
EBP .... Evidenced-based Practice
FP/RH .... Family Planning/Reproductive Health
FXB .... Francois-Xavier Bagnoud Center, University of Medicine and Dentistry of New Jersey
HIRC .... Health Information Resource Center
HEP C .... Hepatitis C
LRC .... Learning Resource Center
M&E .... Monitoring and Evaluation
MCH .... Maternal and Child Health
MTCT .... Mother-to-Child Transmission of HIV
NGO .... Non-Governmental Organization
PHC .... Primary Health Care
PMTCT .... Prevention of Mother-to-Child Transmission of HIV
PLWHA .... People Living with HIV/AIDS
STD .... Sexually Transmitted Disease
TB .... Tuberculosis
TOT .... Training of Trainers
UNFPA .... United Nations Fund for Population Activities
USAID .... United States Agency for International Development
URC .... University Research Corporation
VCT .... Voluntary Counseling and Testing
WHO .... World Health Organization
WH .... Women's Health

I. Executive Summary

The Healthcare Partnerships Program of the American International Health Alliance (AIHA) in the Russian Federation supported seven partnerships and numerous trainings and conferences during fiscal year 2005 (October 1, 2004 to September 30, 2005). The program is designed to emphasize institutional and human capacity building in the areas of HIV/AIDS prevention, care, treatment and support and of family planning/reproductive health (FP/RH), and contributes to USAID/Russia's strategic objectives. AIHA's HIV/AIDS Prevention, Care, Treatment and Support program, involving five partnerships, is focused on creating comprehensive models of integrated care and treatment for people living with HIV/AIDS that can be replicated throughout the Russian Federation and supports the President's Emergency Plan for AIDS Relief. The two FP/RH partnerships are focused on increasing availability of and access to evidence-based FP/RH services at women's centers and primary care centers in targeted cities. AIHA works closely with the Russian Ministry of Health and Social Welfare to ensure that all programs are consistent with the Ministry's strategies and priorities and to keep them apprised of program outcomes.

This annual report seeks to capture the strides made during FY05, presenting both qualitative and quantitative results by program area. Among the key program accomplishments described in this report are the following:

HIV/AIDS Prevention, Care, Treatment, and Support

- To strengthen patient management/adherence, a total of 15 health professionals from partnership sites – in five "care teams" (comprised of a physician, nurse and a non-medical professional) – received training in antiretroviral therapy (ART) for adults and another four care teams were trained in pediatric ART.
- A standardized medical record review of HIV/AIDS care was conducted by the Saratov/Bemidji and Orenburg/New York partners to establish baseline data and to implement a monitoring and evaluation system integrated into a continuous quality improvement program. Preliminary analysis of results from a follow-up review conducted in Saratov showed increases in specialty care provided at the oblast AIDS Center and increases in screening at the primary care level.
- As a result of the Saratov/Bemidji partnership efforts aimed at improving patient access and retention, two case manager positions were established and funded by the municipality in the city of Engels. Both in Saratov and Orenburg, *prikazes (*regulatory orders) have been drafted to institute case management as a specialty.
- In Orenburg, the partners instituted a new patient intake protocol or "clinic" based on a model they observed in New York, and 28 healthcare professionals have been trained on the new model. They are also working to create two case management positions in order to improve coordination of care.
- Thirty-eight Russian partners participated in US exchange visits that included training and technical assistance on HIV/AIDS counseling and testing. Ninety-one healthcare professionals from Togliatti and 19 healthcare professionals from Saratov learned about motivational interviewing, a methodology used to engage and encourage people to take responsibility for their care.
- New guidelines for coordinating AIDS and TB services, including the creation of a TB specialist position to be located at the AIDS Center, were established by the Togliatti City Health Department.
- Samara Oblast continued to demonstrate effective implementation of PMTCT practices. Registration for antenatal care before 12 weeks increased 33 percentage points from FY03 (baseline) and the referral rate to NGOs for additional support and care increased from 0 to 95 percent during the same period.
- Significant progress was also made in Togliatti where availability of HIV tests before delivery increased by 18 percentage points and family planning and counseling increased by 48 percentage points and compared to FY03.
- AIHA assisted in the development of PMTCT strategies and health operational plans for the five targeted Russia regions. This included the promulgation of related *prikazes* in Togliatti.

- AIHA successfully completed translation, adaptation, and initial piloting of the Russian version of the WHO/CDC *PMTCT Generic Training Package.* These efforts were funded jointly by USAID/Russia and other AIHA funding sources.
- AIHA partners facilitated the creation of a Community Advisory Group in each of three cities on Sakhalin Island. These committees seek to engage key community stakeholders in improving community understanding and awareness about HIV/AIDS and its prevention.

Family Planning/Reproductive Health

- Representatives from the all the cities involved in the two FP/RH partnerships participated in a week-long training that focused on modern contraceptive methods, family planning and healthy pregnancies. As a result, partners reported the development of 45 educational/training materials focused on topics such as family planning, healthy pregnancy, and modern contraceptive methods.
- At the partnership sites, 195 healthcare professionals were trained on current reproductive health technologies. Ninety-eight family planning classes were offered; 267 adolescents attended.
- The Moscow-Dubna/La Crosse, Wisconsin partnership conducted knowledge and attitude surveys among 1,984 patients at targeted facilities. Results showed that overall, 92 percent of the women surveyed were satisfied with the amount of time provided by physicians and by their attitude. Overall, patients felt much better informed about health information than the healthcare providers believed their patients to be – 83 percent of the patients believed they knew enough about contraception, but only 26 percent of healthcare providers felt the patients were well informed.

Health Care Knowledge Resources

- AIHA established five new Learning Resource Centers (LRCs, also called HIV/AIDS Information Resource Centers) at partnership institutions. In addition, the establishment of eight satellite LRCs at various partnership institutions was a positive development as they significantly expand the ability of Russian health professionals to access up-to-date healthcare resources.
- Staffs of the resource centers received training on center management, information retrieval, information technology/Internet utilities, sustainability, and other topics during three training workshops. These staffs have, in turn, provided training to others.
- During FY05, 486 health professionals visited these LRCs, making 393 requests for health information. Cumulatively, these LRCs were open for nearly 3,000 hours providing access to the Internet; 141 health professionals were trained in how to utilize LRC resources independently.

While progress was made in achieving objectives, AIHA also faced a number of challenges to program implementation, the most significant of which were failure of regional and federal authorities to make ARV drugs available in sufficient quantities and extensive personnel changes at the local government level in two partnership locations causing significant delays in program implementation. These challenges are described further in the report, together with AIHA's efforts to seek solutions to overcome barriers wherever possible.

Continuing to reflect the voluntary nature of AIHA's partnership program, in-kind contributions by US partners during FY05 totaled an estimated $2,320,022.

Looking ahead to FY06, the five HIV/AIDS partnerships will continue to implement the models designed in FY05. AIHA will conduct numerous trainings in support of the partners' objectives and proceed with the replication of PMTCT in each partnership site. The Moscow-Dubna/LaCrosse partnership will focus on providing additional training and family planning informational materials; the Volgograd/Little Rock partnership graduates in October 2005.

II. Introduction

AIHA's current program in the Russian Federation was developed within the framework of a two-year extension to the CA# EE-A-00-98-00009-00 (April 1, 2004-Sept. 30, 2006; fiscal years 2005-2006) and reflects close collaboration with the US Agency for International Development (USAID). The HIV/AIDS program strategy, approved by USAID in 2004, is implemented in collaboration with the University Research Corporation's (URC) Quality Assurance Project. The goal of the program is to develop a model system of care, treatment, and support for people living with HIV/AIDS (PLWHA). In addition, USAID/Russia provided AIHA United Nations Fund for Population Activities (UNFPA) funding to increase access to family planning/reproductive health (FP/RH) services in two regions. Both the HIV/AIDS and FP/RH partnership programs support USAID/Moscow's strategic objective 3.2, *Use of Improved Health and Child Welfare Practices Increased,"* and are designed to emphasize institutional and human capacity building.

AIHA's HIV/AIDS Care, Treatment, and Support Partnership Program is comprised of four partnerships involving consortiums of HIV/AIDS providers. The four partnerships, with their lead partner institutions, are: 1) St. Petersburg and New Haven, Connecticut, pairing the St. Petersburg City AIDS Control Center with Yale University School of Medicine; 2) Saratov Oblast and Bemidji, Minnesota, twinning the Saratov AIDS Control Center with the Northern Rivers HIV/AIDS Consortium; 3) Orenburg and New York City, New York, linking the Orenburg AIDS Control Center with Elmhurst Hospital Center; and 4) Togliatti, Samara Oblast, and Providence, Rhode Island, pairing the Samara Oblast Ministry of Health and Togliatti City Health Department with the National Perinatal Information Center.

AIHA and the partners are collaborating with the University Research Corporation's (URC) Quality Assurance Project. As a result of strategic planning meetings jointly conducted by AIHA and URC, four priority areas to be addressed by both the AIHA and URC programs were identified by the partners. Teams in each of the Russia partnership sites for each of the four focus areas—patient management/adherence, patient access and retention, HIV/TB co-infection, and care coordination were formed. The teams, also known as "collaboratives," are responsible for program implementation and policy recommendations.

Another partnership, between Sakhalin and Houston, Texas, focuses primarily on HIV prevention and school-based health promotion under USAID/Russia's Far East strategic plan. Each of the five partnerships is also participating in AIHA's prevention of mother-to-child transmission of HIV (PMTCT) program originally developed in Odessa, Ukraine, and piloted in Samara in 2003; please see Section III-B, Prevention of Mother-to-Child Transmission, for additional information.

AIHA directly implements strategic activities such as training, workshops, and partnership conferences to support four over-arching partnership focus areas that were defined by the partners, URC, and AIHA during the January 2005 strategic planning meeting – Patient Management/Adherence, Patient Access and Retention, HIV/TB Co-Infection, and Care Coordination. In addition, AIHA supports activities related to information and communication technology to further increase the capacity of the Russian partnership institutions to address the program objectives.

Two additional partnerships – between Volgograd and Little Rock, Arkansas, and between Moscow Oblast-Dubna and World Services of LaCrosse, Wisconsin – focus their work on family planning/ reproductive health and are working with established women's consultation centers and primary healthcare centers to increase their capacity to address women's reproductive health concerns.

The report presents aggregated information and is organized into two main sections. The first contains narrative summaries of program accomplishments in HIV/AIDS prevention, care, treatment, and support; PMTCT; family planning/reproductive health; and healthcare knowledge resources. The second contains information about in-kind contributions by US partners and statistics about the number of person trips and

number of individuals benefiting from exchanges to the US, reflecting the centrality of in-kind contributions and exchange trips to AIHA's partnership model.

III. Summary of Program Accomplishments

A. HIV/AIDS PREVENTION, CARE, TREATMENT, AND SUPPORT

OVERALL GOALS:

The overall goals of the HIV/AIDS partnerships are: (a) to strengthen human and organizational capacity to develop replicable and integrated model of HIV/AIDS treatment, care, and support services based on international standards of care; (b) to strengthen community-based interest and organizational capacity in four cities on Sakhalin Island to improve HIV/AIDS, sexually transmitted diseases (STDs), and at-risk prevention programs in targeted schools and workplace settings.

CONTRIBUTION TO USAID STRATEGIC OBJECTIVES (SOS) AND INTERMEDIATE RESULTS (IRS):

AIHA's HIV/AIDS partnerships support USAID/Moscow's Strategic Objective 3.2 Use of Improved Health and Child Welfare Practices Increased and Intermediate Result (IR) 2: Improved Prevention and Control Practices Adopted to Reduce the Spread of HIV/AIDS, TB, and STDs. The partnerships more specifically address IR 3: Improved Enabling Environment, and IR 4: Increased Access to Safe and Acceptable Treatment, Care and Support Services.

RESULTS ACHIEVED:

A. 1. Patient Management/Adherence

- **Capacity building in quality ARV treatment:** As part of a scale-up effort initiated by AIHA through its collaboration with WHO on the Regional Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia, AIHA provided training to a total of five adult antiretroviral (ARV) care teams (15 health professionals in total) from St. Petersburg, Saratov, Togliatti, Orenburg, and Sakhalin. Training in teams consisting of a nurse, physician, and social worker is essential to breaking down barriers within the disciplines, to improving the quality of care provided, and to creating a more supportive environment for both patients and healthcare providers. The training objective, to create the human resource capacity necessary to provide HIV-infected individuals in targeted Russian oblasts with effective HIV/AIDS-related care and treatment, is an objective of the four HIV/AIDS care, treatment, and support partnerships. Although the incidence of HIV/AIDS is low in Sakhalin and the partnership focuses primarily on prevention, a care team from the Sakhalin Oblast AIDS Center was included in the training at the request of the Sakhalin Health Administration. AIHA also organized an introductory training on pediatric ART for four pediatric care teams from St. Petersburg, Orenburg, Samara, and Saratov (12 specialists in total). The trainers included faculty members from the Federal HIV Treatment Center for Children and Women in Ust Izhora, St. Petersburg, as part of AIHA's commitment to using Russian faculty whenever possible.

  The adult ARV training was augmented by additional mentoring and support on ARV management from US partners during exchanges; 15 Russian AIDS physicians and nurses received specific mentoring and training during their exchange visits to the US; social workers were not consistently included in the exchanges. Upon their return home, these participants trained an additional 72 healthcare providers at the AIDS Centers, including infectionists who provide primary healthcare to HIVAIDS patients.

- **Chart Audit:** A standardized medical record review of HIV/AIDS care was conducted by the Saratov/Bemidji partners. The audit was conducted to establish baseline data and to implement a

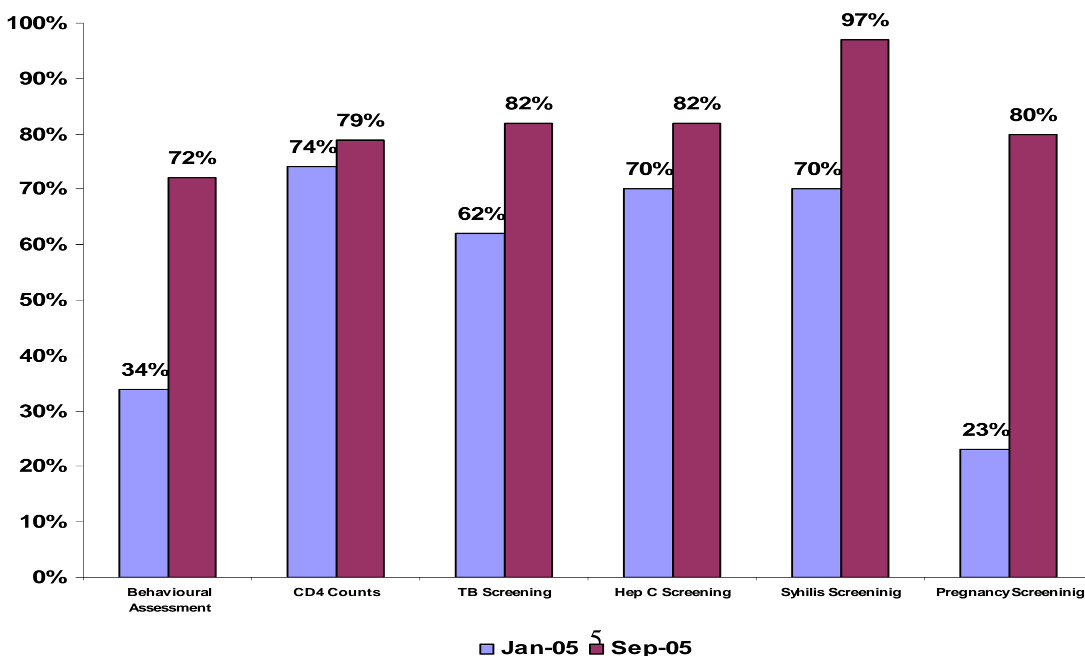
monitoring and evaluation system integrated into a continuous quality improvement (CQI) program. The chart audit form, drafted by a US physician partner from the Northern Rivers HIV/AIDS Consortium, was customized by Saratov physicians and AIHA to reflect community resources and priorities. The indicators selected are consistent with the Russian Federation and WHO standards of care. An electronic database (EpiInfo 6.04d) was used by the US partners for analysis and report generation and the US partners have begun to train their Saratov colleagues on the use of the EpiInfo software.

The audit assessed numerous clinical indicators including the following: most common exposure category; staging criteria (based on Russian Ministry of Health criteria); duration of HIV infection; antiretroviral therapy (ART) provision and compliance; CD4 counts measured in the past year; viral load testing; TB, Hepatitis C, and syphilis screening; pneumocystis prophylaxis; education on transmission risk reduction in the past six months; documented drug abuse, alcohol, and psychology assessments; pregnancy screening; and HIV specialist care at least once in the past year.

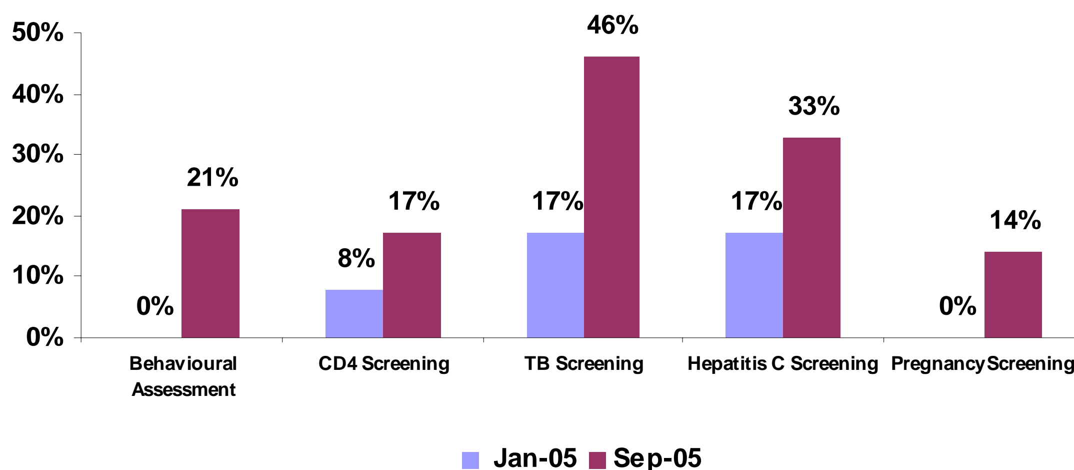
The Saratov partners conducted the chart audit twice – in January and September 2005 – using a random sample methodology. A total of 57 charts were reviewed from an Engels polyclinic that provides primary healthcare to PLWHA patients and from the Saratov AIDS Center; 357 people living with HIV/AIDS (PLWHA) from Engels are registered at the Saratov Oblast AIDS Center. In the baseline audit, men outnumbered women 58 percent to 42 percent, and most patients (71 percent) were over age 25 years. Injection drug use (IDU) was the most common exposure category (56 percent), followed by sexual transmission (39 percent). Demographics and staging in the follow up audit were similar to the baseline and consistent with epidemiologic data from the HIV center registry, suggesting a valid sample.

In comparison to the baseline audit, significant improvement in documentation of HIV care practices targeted for quality improvement were observed in the follow-up audit including: screening for tuberculosis (53 percent to 69 percent); PCP prophylaxis in patients with CD4 counts<200 (33 percent to 75 percent) documentation of transmission risk reduction education (59 percent to 72 percent); and assessing for pregnancy in women infected with HIV (20 percent to 63 percent). The September findings also demonstrated an increase in specialty care provided at the AIDS Center. The following graphs show selected comparisons; additional results can be found in Attachment I, a presentation given by the Saratov/Bemidji partners.

Specialty Care Provided by Saratov Oblast AIDS Center to PLWHA from Engels



Primary Health Care service in Engels, Saratov Oblast
more actively engaged in care for PLWHA

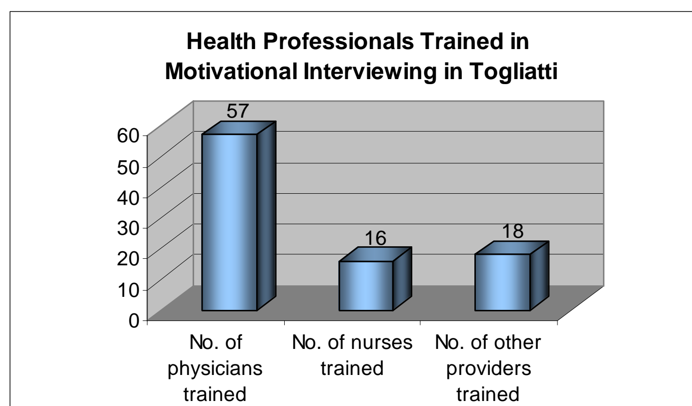


The September findings demonstrated an increase in the coverage and the number of services provided at the policlinic level. Added reported services are pregnancy screening for HIV positive women and behavioral assessment that includes psychosocial assessment as well as assessment on substance and alcohol abuse. There was also an increase in TB screening and referrals by the Engels polyclinic.

According to the analysis by the Bemidji partner, the data suggest that there is a trend for patients infected with HIV to seek care in the primary care setting, which is a pattern that is likely to continue as the burden of HIV increases. Accordingly, training of health professionals who routinely care for patients with HIV is still needed. At the same time, improved access and utilization of HIV specialty care is needed, especially among patients with advanced disease. As ART medications become more available, so will the need for training in appropriate utilization and monitoring of these medications.

A.2. Patient Access and Retention

- **Counseling and testing (C&T):** As part of the C&T effort, AIHA coordinates closely with Healthy Russia 2020, another USAID-supported program, to develop a cadre of instructors in C&T at its project sites. This collaboration minimizes duplication and maximizes resources. Within the framework of AIHA's partnership program, 38 Russian partners participated in US exchange visits that included training and technical assistance in HIV/AIDS counseling and testing (C&T). Ninety-one healthcare workers from Togliatti, including doctors, nurses, psychologists, and social workers, received basic information on motivational interviewing—a specific interviewing methodology used to engage and encourage people to take responsibility for their care and counseling from their Providence partners. Sixteen Saratov healthcare professionals received training on motivational interviewing and three infectionists received motivational interview training and additional mentoring during their exchange to Bemidji.



The Orenburg access and retention coordinating committee developed a pretest counseling survey which is intended to help health professionals to assess people's knowledge of HIV and to help patients assess their personal risk for HIV.

In St. Petersburg, partners developed a leaflet and booklet that identifies locally available services for patients who test positive; the material also includes educational messages about pre- and post-test counseling and testing.

- **Stigma reduction:** In Saratov and Orenburg, the US partners provided basic "HIV 101" training to primary care and non-specialty healthcare workers and social workers with the goal of raising knowledge and awareness about HIV and improving attitudes towards PLWHA (reducing stigma and discrimination). To date, 438 primary healthcare providers (369-Saratov; 53-Orenburg) have received this training.

  In conjunction with this effort, the Saratov and Orenburg partners conducted surveys on HIV knowledge and attitudes; the survey instrument was adapted from the US Centers for Disease Control and Prevention (CDC) *Handbook for Evaluating HIV Education* (2004). The knowledge survey is comprised of 25 questions on HIV transmission, infection, symptoms, diagnosis, and treatment, while the attitude survey is comprised of 12 questions on personal attitudes towards PLWHA. The Saratov partners used the combined survey as a pre-/post-test to evaluate the effectiveness of the "HIV 101" training. Their results showed overall improved knowledge of symptoms, infection, diagnosis, and treatment by between 2 and 25 percent per trainee. The Orenburg partners surveyed 109 healthcare workers on their knowledge and 87 healthcare workers on their attitudes.

  Preliminary results of the attitude survey, based on a sample of 47 out of 87 respondents, show that the majority of healthcare workers display non-discriminatory attitudes towards people with AIDS. Seventy percent of health professionals disagreed with the statement that people with AIDS should be legally separated from others in order to protect the public's health and the same percentage indicated they would not mind attending a meeting with someone who has AIDS. However, only 60 percent of respondents indicated that a person with AIDS should be allowed to work in restaurants or cafeterias, 26 percent disagreed and 15 percent were not sure; these findings may indicate a lack of knowledge or a lack of confidence in information about how the disease is transmitted. Regarding the work environment, although more than one-third of the health professionals (36 percent) would not mind having a co-worker with AIDS in their workplace, 23 percent are not certain how they would feel and 40 percent would not feel comfortable. A significant group of respondents (38 percent) indicated they would experience discomfort working directly with a person who has AIDS.

Analysis of results of 59 of the 109 respondents to the knowledge survey showed that the healthcare providers have overall a very good knowledge of accepted routes of HIV transmission (blood, sharing needles, perinatal, sexual). There is almost a universal understanding that a person can become infected with HIV by having unprotected sexual intercourse with someone who is infected with HIV (97 percent) and by sharing needles (90 percent). Of note however, 17 percent of the health workers surveyed disagreed and 10 percent were uncertain whether a person can become infected with HIV by sharing needles that have been used to inject steroids. This may indicate a misconception that only illicit drug users can transmit HIV to each other by sharing needles.

Please see Attachment II for more findings from the preliminary analysis of both surveys. The remainder of the survey results will be tallied and further analyzed by partners at the beginning of FY06.

- **Other Capacity Building:** The Orenburg partners instituted a new patient intake guideline or "clinic" based on a model they observed in New York. A team of healthcare providers, rather than just a physician as in Russia, interviews the patient. The healthcare providers develop a relationship through asking many questions about the patients needs including non-medical services as well as listening to the patient and any family members that accompany the patient. Twenty-eight healthcare professionals have been trained on the new model.

  Sixteen partners (six physicians, two nurses, and eight other providers) from St. Petersburg and Orenburg attended a four-day training on palliative care. The training was developed at the request of AIDS InfoShare, one of the NGOs in the GLOBUS consortium that received third-round funding from the Global Fund. An additional 87 participants attended the training conducted by four trainers.

A. 3. HIV/TB Co-infection

- AIHA coordinated the HIV/TB co-infection activities with URC and other national and donor organizations involved in HIV/TB programming, including the Russian Ministry of Health and Social Development and the World Health Organization. The partners included a TB prophylaxis and HIV/TB co-infection objective at three project sites – Togliatti, Orenburg, and Saratov. The US partners provided guidance on organizing both TB prevention and HIV/TB treatment activities, and 12 physicians and nurses from Saratov and Orenburg received training and attended medical rounds examining HIV/TB co-infected patients while in the US.

- One physician and one nurse from the Togliatti AIDS Center received formal training in TB screening and prophylactic treatment in HIV-positive patients. Together with their US partners, the Togliatti partners developed guidelines for TB screening and preventive treatment in HIV-positive patients, a patient log form, TB prevention guidance, and treatment adherence instructions. A regulatory order on coordinating AIDS and TB services was issued by the Togliatti City Health Department and as part of the order an infectious disease specialist (trained in TB through the partnership program) will implement a TB/HIV pilot at the Togliatti AIDS Center.

A. 4 Care Coordination

- **Coordinating Committees:** URC and AIHA established coordinating committees, often referred to as "collaboratives," at each partnership site; the committees serve as a forum for facilitating intersectoral collaboration and decision making. Each committee includes 15-17 members who represent institutions of the regional ministries of health and social development and active NGOs (including those composed of PLWHA); the committees are chaired by a deputy minister of health and social development. Members of the committees meet periodically and have the authority to decide or to influence decisions to support institutionalization of new practices. A number of regulatory decisions have been formulated by the committees and approved by health

and social sector authorities. Regulatory decisions include a *prikaz* (decree) on case management in Saratov (see case management, below) and the HIV/TB co-infection *prikaz* in Orenburg and Togliatti (see HIV/TB above).

- **Case management:** In order to provide access to social and healthcare services and to improve the coordination of care, three partnerships chose to adapt and develop a case management system utilizing models proven to be effective in the US. The Bemidji partners conducted a training on case management models and principles for 16 people including policymakers in Saratov Oblast. As a direct result of the partnership work two case manager positions were established in Engels and funded by the municipality. The municipality has also allocated office space for case-managers, which has been renovated and equipped by the partnership. Orenburg is working towards creating two case management positions after seeing the model in New York; a *prikaz* has been drafted. In addition, AIHA and Bemidji partners conducted an interregional training on case management for 33 people from the four partnership sites (including an additional 14 people from Saratov). Training support materials included position descriptions and an implementation methodology that could be adapted locally.

A. 5. HIV Prevention

- Partnership activities focused on identifying HIV/AIDS, STD, and at-risk prevention programs that could be implemented in targeted schools and community settings in Sakhalin. In the Korsakov district, school outreach programs for students and parents of Korsakov City high schools were conducted and a health fair was organized. The CDC Youth Risk Behavior Survey was modified to add HIV/AIDS-related questions adapted to the Russian context; the survey will be administered in FY06 and the results used to determine the priority risk reduction program(s) to be adapted and implemented.

- A Community Advisory Group (CAG) was established in each of three cities: Kholmsk, Okha, and Yuzhno-Sakhalinsk. The city of Korsakov is still in the process of identifying representatives to serve on its CAG. The objective of the CAGs is to improve community understanding and awareness about HIV/AIDS and the role of prevention and to increase communication between community organizations and citizens. CAG members include stakeholders from the public and private sectors of the community, city administration, and governmental institutions. In addition, AIHA established Learning Resource Centers in each of the communities to support CAG communication and citizen access to information; please see Section D, Healthcare Knowledge Resources, for additional information.

SUCCESS STORIES:

- The Orenburg AIDS Center has made steady progress in implementing the **care team model** introduced and mentored through AIHA trainings and partnership exchanges. In particular, doctors, nurses, and patients agree that the role of nurses in providing patient education and counseling has increased. "We have patients who come to us and they say, 'HIV is not curable, so why am I taking this medicine?'" Elmira, a nurse at the center, says. "And the nurses can explain, we can counsel that patient. That's something we credit our partnership with." Laura, another nurse, tells the story of a young woman who nodded, stoic, as the doctor talked her through her HIV diagnosis. "The moment the doctor left, the girl looked at me and she said, 'Talk to me,'" Laura recounts. The patient was more comfortable discussing her risk factors with a nurse than she had been with the doctor. "Every nurse has a story like that," she says, stressing that until recently, nurses had not been empowered to provide this type of patient support. "Before only the infectionists did counseling, but now we're considered specialists too."

- Partnership activities have been effective at **reducing fear and stigma** that exist even among policymakers and physicians responsible for the care delivered to HIV/AIDS patients. A doctor from the Togliatti partnership exhibited enthusiasm and dedication throughout her exchange to Providence. There was no indication that she was uncomfortable treating HIV. Yet, on the last

day of the exchange in a review of important "learning moments," she spoke passionately about site visits in which she had observed HIV-positive children playing with uninfected children and families working together in substance abuse programs for HIV-positive youth. She confessed that prior to this experience, and despite her medical understanding of HIV, she would never have allowed her own child to go to school with an HIV-positive child. But the exchange had changed that, and she now spoke eloquently of the importance of normalizing the lives of HIV-positive children and their families.

A policymaker from Orenburg underwent an even more dramatic transformation in the two weeks he spent at Elmhurst Hospital, a large metropolitan hospital and clinic serving HIV/AIDS patients. In the first week, he continuously asked about infection rates among the hospital's patients and expressed concern that HIV could be transmitted in many ways that were being kept "secret." As a result, he wouldn't touch things or people and was very uncomfortable in a meeting with PLWHA who were part of the hospital advisory board. His comments and actions clearly indicated how fearful he was, but his willingness to ask questions provided valuable learning opportunities. As he observed his American colleagues interacting with PLWHA and learned that many of the staff members he had been meeting with all week were themselves HIV-positive, this fear began to melt away. By the time he left to return to Russia, he was hugging those same PLWHA. He has since become a vocal advocate for change in care in his city.

While these two cases represent some of the more substantial individual changes, they are by no means unique. AIHA staff members and US partners have observed reduced levels of stigma and fear among many Russian partners. These changes are important not just on a personal level for the individuals involved and the PLWHA with whom they interact, but because partners serve as important change agents within their institutions. By modeling appropriate attitudes, they further contribute to reductions in stigma and to better care environments for PLWHA.

- One of the first clients referred to one of two **newly established case managers** in Engels had first learned she was HIV-positive three years earlier but after an initial negative experience at the AIDS Center had never returned. The client could not recall ever having had a confirmation test. She had been imprisoned briefly since her diagnosis, and prisoners are routinely tested for HIV, yet she did not appear on the AIDS Center's registry of infected persons, making her ineligible for the few services offered to HIV-positive persons. Registration is also a prerequisite for receiving ARV drugs – when they become necessary and available. The case manager therefore counseled the client to seek re-testing in order to get registered. Despite expressing an immediate need for support services – the client was struggling to keep her job in part due to her HIV status – her previous experience with the AIDS Center caused the client to hesitate. The case manager worked with the client to convince her of the importance of the test and she returned to the AIDS Center for testing. Two weeks later her results came back negative. While this was good news for the client, it came only after three years of unnecessary suffering. The client's experience with medical services in that time had been alienating and the prison system had failed to even inform her of the results of her HIV test. Her case speaks to the important need for patient advocacy and support that the case managers at Saratov and Orenburg will help meet.

PRIMARY IMPLEMENTATION CHALLENGES:

Although the foundation for an integrated model of HIV/AIDS care, treatment, and support was created during the first full year of the partnership program, numerous challenges remain for AIHA and the partners. Most of the challenges are common to all the partnership sites including the following: 1) failure of regional and federal authorities to make ARV drugs available in sufficient quantities and to create a legislative environment that promotes ART access for marginalized groups; 2) concentration of USAID-funded and other donor organizations in the same geographic and program areas creating a significant burden for the targeted institutions and healthcare providers to satisfy the demands of each project; 3) lack of national protocols on HIV/AIDS treatment (ART, HIV/TB, TB prophylaxis, palliative care, PMTCT, etc.) and mixed acceptance of internationally accepted guidelines hindering strategic

planning and willingness to implement care and treatment practices; 4) extensive management and coordination required to avoid duplication and to ensure information sharing among the numerous organizations working to address issues related to HIV/AIDS; and 5) the project's first year coinciding with governmental administrative reform which separated federal and regional authority functions. This separation often created uncertainty about the scope of responsibility at different levels of the government and jeopardized commitments previously made by regional authorities to the partnership program objectives.

AIHA continues to keep the minister of health and social development advised of the partnership program objectives and activities and to provide support to ministry work groups and conferences as requested. AIHA works closely with other donor organizations and WHO to coordinate program efforts, to minimize duplication of efforts including the translation of materials, and to offer technical support as appropriate. Please see Collaboration with Other Programs, below, for additional information.

In addition to the national and regional shared challenges, each partnership site has specific implementation challenges as well. Personnel change at the Togliatti City Healthcare Administration has hindered the commitment to, and development of, the partnership activities. The memorandum of understanding between Samara Oblast, Providence, and AIHA has not proven sufficient for the Togliatti City Municipal administration to implement the program on a local level. The St. Petersburg partners have extensive commitments to numerous international and national projects and these have limited their availability for partnership activities and exchanges. The Yale partners also have numerous commitments and an essential partnership training originally scheduled for mid-FY05 was postponed to FY06. Significant personnel changes in the partnership and community leadership in the four targeted Sakhalin communities has hindered the commitment to, and development of, partnership activities including an exchange of Sakhalin VIPs that has been rescheduled three times and still has not occurred.

Personal security during travel concerned both the Russian and US partners in the wake of multiple terrorist attacks in Russia, primarily in and near Moscow where almost all partners transit through on travel. At least two US to Russia exchanges were postponed as a result.

AIHA/Moscow works closely with the local and regional administrations and the partner coordinators to address the resource constraints and challenges the partners encounter. Field coordinators in each partnership location also provide additional support to the partners to increase effective communication and coordination of activities to reduce the logistical burdens of the Russian partner coordinators. AIHA/DC works closely with the US partner coordinators to provide information, assist with communication, and to guide strategies to address barriers.

<u>Collaboration with Other Programs</u>:

AIHA coordinates its activities with other organizations working on HIV/AIDS in the Russian Federation including PSI, Healthy Russia, CDC, FHI, MEASURE, Barents HIV/AIDS Program, AFEW, JSI-WIN, IREX, TPAA, Glazer Foundation, UNICEF, CIDA and others. AIHA also works closely with other donor organizations including WHO, UNAIDS, and GFATM to seek positive common solutions to address the lack of resources and other challenges identified above and to increase the opportunity for program sustainability. Many of these organizations participated in an AIHA-URC three-day strategic planning meeting held in St. Petersburg in January 2005 where the coordination of HIV/AIDS activities to maximize resources and reduce duplication was discussed.

AIHA and other organizations jointly coordinated training and programming, including the following:

Healthy Russia 2020: Healthy Russia organized and conducted a training-of-trainers on counseling and testing for piloted territories. AIHA has selected and supported the participation of 4 partners from Saratov and Togliatti.

UNICEF: AIHA provides training curricula and trainers for the UNICEF PMTCT program.

URC: AIHA is working closely with URC to create a collaborative model drawing upon the strengths and resources of both agencies to address HIV/AIDS care, treatment, and support in the framework of the partnerships activities.

PSI: Several representatives participated in the case management training organized by AIHA to better understand the model.

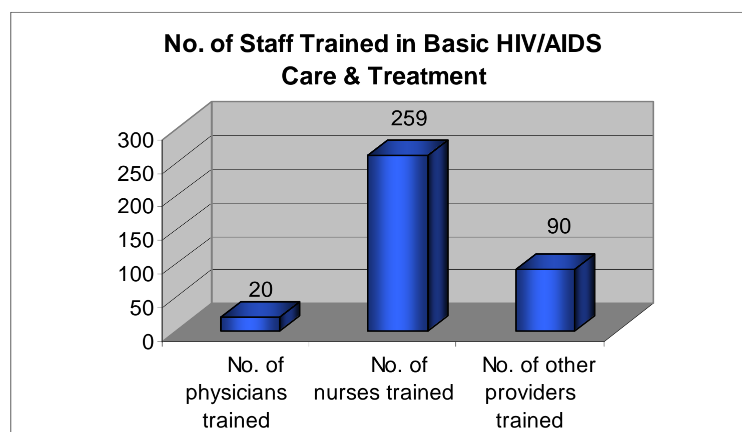
UNANTICIPATED ACCOMPLISHMENTS:

The Orenburg partners created a four-sided agreement among the oblast health administration, the oblast social services administration, the "Treatment, care and support for PLWHA" Project, and NGOs to provide a legal framework for partnership collaboration and implementation. This agreement established a firm commitment to address the challenges of providing care and services to PLWHA together.

In Engels a *prikaz* was issued mandating that each polyclinic assign a physician and a nurse to conduct medical examinations of HIV-positive patients in an effort to increase access to health care for persons who are HIV-positive and who have sometimes been denied services on that basis.

Medical students from Mt. Sinai School of Medicine and students conducting their medical residency at Elmhurst Hospital became so enthusiastic about the partnership program and their time spent with the Orenburg partners that they started a collaborative program between the medical students at Mt. Sinai and the Orenburg Medical University. The students discuss HIV/AIDS, medical concerns, and ways to improve the medical curricula of the HIV/AIDS related courses at each of their medical schools. The rector of the Orenburg Medical School approved the collaboration and a forum for discussion on more specific activities such as curriculum development is planned on the first exchange to Orenburg in FY06. The faculty and the chair of clinical psychology of Orenburg Medical University have mentioned that counseling and social support for HIV/AIDS are specific areas of interest to be considered for curricula development. The chair of the department of infectious disease has also expressed interest in further collaboration with the students and Elmhurst Hospital. Training of up and coming Russian physicians will contribute to the sustainability of the system the partners are trying to create.

The Saratov partners from the AIDS Center conducted the "HIV 101" course in Basic HIV/AIDS Care and Treatment for 369 physicians, nurses, and social workers as part of postgraduate continuing education. This accomplishment highly exceeded the partnership workplan expectations of training 50 healthcare professionals. The graph below shows the breakdown of trainees by profession:



The physician from Bemidji who led the development of the chart audit was invited to present at the Russian conference, *Organizing Surveillance and Prevention of HIV Infection*, to be held in Suzdal in October.

Outlook for FY06:

AIHA and the partners will continue their collaboration with URC to advance the objectives related to each of the four focus areas – patient management/adherence, patient access and retention, HIV/TB co-infection, and care coordination. Joint trainings and meetings will be conducted as appropriate and will be scheduled to include US partners if possible. The partners will continue to focus their work around these four broad areas as well as on specific objectives as identified in their FY06 workplans. For example, the counseling and testing leaflet developed by the St. Petersburg partners will be adapted and replicated in each of the partnership locations.

The partners will be encouraged to develop abstracts on their work for submission to the *Russian Federation AIDS Conference* to be held in May in Moscow and the *XVI International AIDS Conference* to be held in Toronto in August 2006. Limited participation at both conferences will be supported for Russian and US partner presenters and coordinators; a partnership regional meeting will be planned to coincide with the Russian conference to maximize program resources.

AIHA will focus on monitoring and improving data collection. The Saratov/Bemidji partners will conduct training on the use of the chart audit for representatives from the other three HIV/AIDS partnership sites and each partnership will be expected to conduct an audit and to utilize this methodology to monitor quality improvement. The partners will be encouraged to share other surveys and instruments they develop to increase the capacity of each partnership to obtain useful information and to reduce duplication of effort.

B. PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF HIV

Overall Goals:

The goals of AIHA's PMTCT program are to improve systems of referral, treatment, and counseling for HIV-infected pregnant women, as well as follow-up care for their babies and partners, and to decrease occupational exposure of healthcare workers by implementing infection control procedures for medical personnel at the participating institutions.

Contribution to USAID SOs and IRs:

AIHA's PMTCT program supports USAID/Moscow's Strategic Objective, *Use of Improved Health and Child Welfare Practices Increase;* Intermediate Result 2: *Improved prevention and control practices adopted to reduce the spread of HIV/AIDS, TB, and STDs;* and Intermediate Result 4: *Increased access to safe and acceptable treatment, care, and support services.*

Results Achieved:

- **Curriculum and capacity development:** In FY05 AIHA successfully completed translation, adaptation, and initial piloting of the Russian version of the WHO/CDC *PMTCT Generic Training Package* (referred to in previous reports as the PMTCT generic curriculum). With co-funding from UNICEF, AIHA initiated a wide-scale training for 157 healthcare providers from Russia, Kazakhstan, and Ukraine. During the same period AIHA assisted in the development of PMTCT strategies and health operational plans for the five Russia regions in which it operates HIV/AIDS partnerships. This included the promulgation of related *prikazes* in Togliatti.

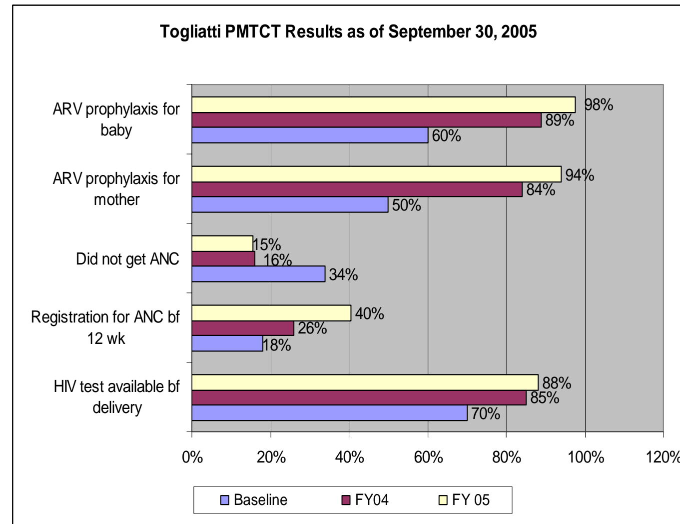
  AIHA conducted a training-of-trainers on the WHO/CDC PMTCT training curriculum in March for 12 healthcare professionals; faculty from Russia, Ukraine, and Europe led the training. The trainers are expected to train other professionals on the curriculum.

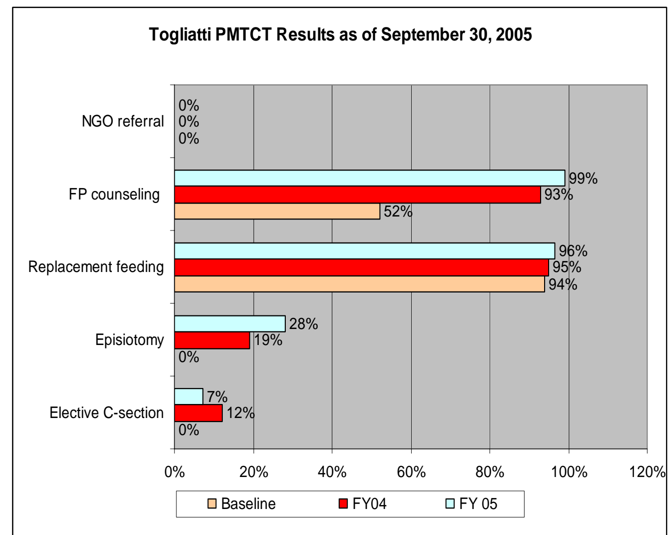
- **Pilot project initiation:** In FY05 AIHA conducted a three-day workshop on PMTCT for 23 policymakers from Saratov, St. Petersburg, Orenburg, Togliatti, and Samara. The workshop objective was to increase policymakers' knowledge about methods to address PMTCT, to provide

information on AIHA replication projects in Samara and Togliatti, and to establish a starting point for discussion of PMTCT replication in their regions.

A PMTCT pilot was initially established in one Togliatti maternity home and expanded to include all the institutions involved in pre-, intra- and postnatal services in Togliatti. This PMTCT pilot mirrors the program in Samara and supports AIHA's plan to replicate the model elsewhere in Russia. To support monitoring of the PMTCT programs in both Samara and Togliatti (and future replication sites), the original database that was developed for the Odessa PMTCT project was updated and adapted for the Russia healthcare system. The database was tested in Togliatti and data for 2005 has been entered for the Togliatti pilot hospital. Instituting the database in other partner PMTCT replication sites is anticipated in FY06.

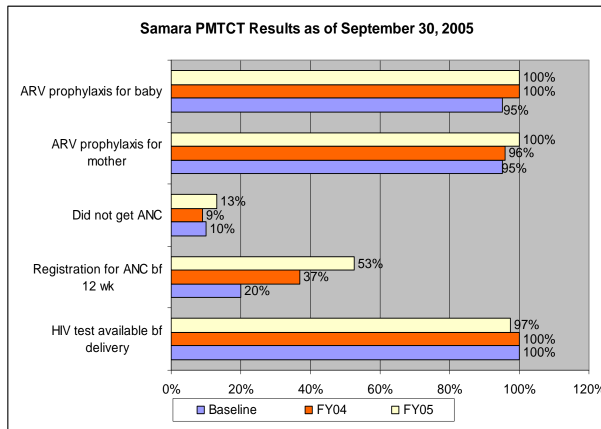
- **Clinical results to date:** Significant progress in establishing an effective PMTCT program in Togliatti was made in 2005. As shown in the graphs (right), improvement on most of the indicators occurred. HIV testing of mothers before delivery increased from the baseline by 18 percentage points; ARV prophylaxis for both the mother and the baby improved from baseline by 44 and 38 points respectively; and family planning and counseling increased by 48 percentage points from the time of the project initiation. Togliatti also reported a steady increase in replacement feeding practice, reaching 96% by the end of FY05; increase in the number of episiotomies (by 28 points since the beginning of the project); and increase in registrations for antenatal care before 12 weeks (22 points versus baseline). The percent of C-sections decreased by 5 points compared to FY04, however, with no clear explanation, and referrals to NGOs still are not occurring.

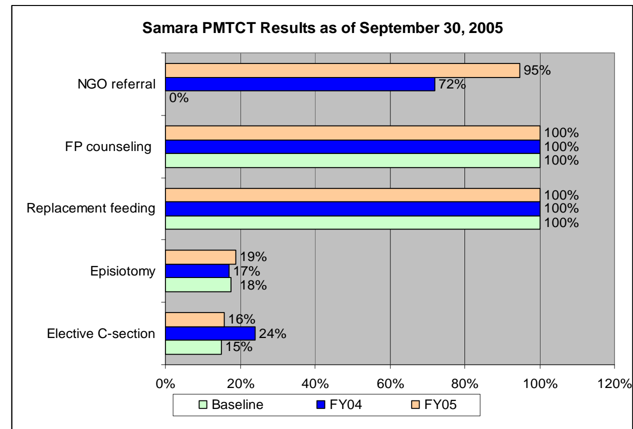




The Samara Oblast continues to demonstrate effective implementation of PMTCT practices, as shown in the graphs below. Registration for ante-natal care before 12 weeks increased by 33 percentage points comparing to baseline (and 16 points compared to FY04); the referral rate to NGOs increased from zero at the beginning of the project to 95%; and ARV prophylaxis for mothers reached 100%. Counseling on family planning, replacement feeding practice, and ARV prophylaxis for babies continues at 100%. Because one woman did not receive an HIV test prior to delivery (she arrived at the maternity house in labor), the percent of HIV test results available decreased by 3 points in Samara. Similar to Togliatti, C-sections decreased by 8 percentage points compared to FY04; AIHA has contacted the Samara Health Administration to determine if there has been a change in regulation or availability of necessary drugs that would account for this decrease. The Samara PMTCT program does not

encompass women's consultation clinics where much antenatal care (ANC) is provided. The increase in women who did not receive ANC suggests that the consultation clinics should be brought into the program in the future.





PRIMARY IMPLEMENTATION CHALLENGES:

A small number of quality trainers emerged from the training-of-trainers on the WHO/CDC PMTCT training curriculum (only 5 of the 12 trained during the TOT in March). In addition, the trainers were unable to be excused from their full time jobs and risked losing their jobs if absent to conduct training. As a result the scheduled trainings for FY05 for the other four regions was postponed to FY06. AIHA plans to conduct a Russian TOT in December 2005 to train more trainers who will be able to conduct the training for all partnership regions.

COLLABORATION WITH OTHER PROGRAMS:

In collaboration with WHO and Francois-Xavier Bagnoud Center, University of Medicine and Dentistry of New Jersey (FXB), AIHA conducted a facilitator orientation (training-of-trainers) and pilot workshop in St. Petersburg using the WHO/CDC PMTCT training curriculum. These had as respective secondary goals: 1) to familiarize a group of master trainers who work within Eurasia with the materials in the adapted training package and with the role of the facilitator in presenting the material; and 2) to improve the PMTCT knowledge of senior health professionals in Eurasia. Four faculty and 11 participants from St. Petersburg and Samara were among those who attended. Of the four Russian faculty, two were from the Medical Academy of Postgraduate Studies in St. Petersburg and two were physicians at the Samara Municipal Hospital.

AIHA collaborated with UNICEF throughout FY05. AIHA delivered PMTCT trainings in Chelyabinsk, Orenburg and Magnitogorsk funded by UNICEF; faculty members from Odessa, Samara, and St. Petersburg, who had been developed through AIHA's PMTCT initiative, taught the courses. A hundred and fourteen healthcare providers were trained. The curriculum and some training materials were provided by AIHA's WHO-funded project, the Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia, and utilized the Russian version of the WHO/CDC training curriculum.

OUTLOOK FOR FY06:

A replicable model for PMTCT in the Russian Federation has been established in both Samara and Togliatti. Policymakers from Saratov, Orenburg, and St. Petersburg were introduced to the model in FY05 and AIHA will seek their commitment to replicate the model in each of their regions in FY06. AIHA will conduct strategic planning meetings with health and social care agencies in each of the three regions to determine organizational and training needs to support replication. The meetings will include healthcare workers and other professionals from maternity hospitals, affiliated women consultation clinics, gynecological hospital departments, pediatric referral outpatient and inpatient institutions, social care institutions, and NGOs. Institutional coordination and information exchange among institutions in providing care to HIV-positive pregnant women and follow-up care

for mothers and their babies will be discussed. In addition, the Russian-adapted PMTCT database referred to in Section B, Prevention of Mother-to-Child Transmission, will be presented at the meeting. MOH has plans to develop a national database and AIHA is working with the MOH to identify the most appropriate database to be used for country scale up.

The implementation of the CDC/WHO *PMTCT Generic Training Package* will also remain a focus of AIHA's in FY06. A TOT co-sponsored by UNICEF and conducted in close collaboration with the MOH will train 20 new instructors. An expert in adult learning and an expert in PMTCT will lead the TOT to increase the skills of the trainers. The trainers will then conduct training for their colleagues.

C. FAMILY PLANNING/REPRODUCTIVE HEALTH PARTNERSHIPS

OVERALL GOAL:

The overall goal of the family planning/reproductive (FP/RH) health partnerships is to improve family planning and reproductive health among the targeted populations by increasing availability of and access to evidence-based FP/RH services at women's centers and primary care centers.

CONTRIBUTION TO USAID SOS AND IRS:

The FP/RH partnerships support USAID's Strategic Objective 3.2, *Use of Improved Health and Child Welfare Practices Increased;* IR 1.1: *Use of evidence-based practices in women/infant's health increased*, and indicator 1.1.1: *Number of health facilities implementing evidence-based maternal and child health care practices*. Specifically, the partnerships contribute to USAID's objectives of increasing access to family planning services and increasing contraceptive use among women of reproductive age.

RESULTS ACHIEVED:

C.1. Moscow-Dubna/La Crosse, Wisconsin

Objective 1: To expand the availability of the evidence-based family planning/reproductive health services to women's centers and primary healthcare facilities in Dubna, Mytishchi, Ramenskoe, and Voskresensk

There are four city pilot sites, two of the sites (Voskresenskoe and Ramenskoe) have satellites, thus the total number of women's centers is six. There are no primary care facilities offering RH/FP in the partner cities because of current regulations regarding what services the primary care facilities are or are not to provide. Nevertheless, the general practitioners from local polyclinics became members of work groups in the pilot sites and are interested to be involved in project activities. Additionally, two of the rural sites in Voskresensk rayon would like to have their primary care physicians and feldshers receive training in RH/FP in 2006.

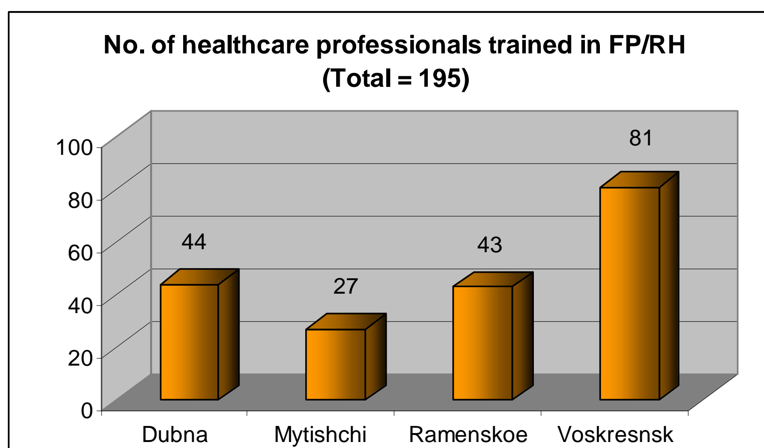
The Dubna "initiative team," responsible for monitoring progress created data forms and started data collection in January 2005. Data on the number of patient visits, number of deliveries, number of prenatal classes offered, and number of women attending prenatal classes for the four FP/RH program cities is reflected below for the period from January through September 2005. Data is collected on contraceptive use (disaggregated by 10 types of contraceptives), but due to reporting errors these data are not provided in this annual report. The partners are aware of the reporting problem and have begun to correct the problem.

Indicator	Dubna	Mytishchi	Ramenskoe	Voskresnsk	Total
No. of patient visits at women's consultation center*	11,942	68,347	35,883	82,169	198,341
No. of prenatal classes offered	39	138	38	99	314

No. of participants in prenatal classes	279	1,860	904	2,034	5,077
No. of abortions	187	160	440	167	954

*a definition for a "patient visit" was not clearly articulated to specify first-time visits, thus the number of patient visits is less than the total number patients seen

Beginning in June 2005 the partners began to collect data on the specific workplan indicators. The next chart provides information by city on the specific number of healthcare professionals trained in FP/RH between June and September 2005.



Objective 2: To increase exposure of the general public in Dubna, Mytischi, Ramenskoe, and Voskresensk to useful and accurate information on FP/RH

Representatives of all Russian reproductive health partner cities participated in a week-long training conference in Dubna that focused on modern contraceptive methods, family planning, healthy pregnancies, and breastfeeding. As a result of this conference, training materials focused on topics such as family planning, the importance of regular check-ups during pregnancy, healthy diet, and modern contraceptive methods were developed in each of the four partner sites. The materials will be provided to the public.

In Mytischi, the head of the neonatologoy unit at the Mytischy Maternity Hospital wrote an article on breastfeeding which was published locally. An additional 12 articles on reproductive health including information about preventative measures to avoid cervical cancer, breast cancer, HIV/AIDS, and unwanted pregnancy were written and published in local media by partners. The fifth annual Health Day took place in Dubna and centered on informing the public about sexually transmitted diseases.

The chart below provides output information related to this objective by partner site (collected June-September 2005).

	Dubna	Mytishchi	Ramenskoe	Voskresnsk	Total
No. of health education materials developed	13	13	5	14	45
No. of media releases developed	5	6	5	7	23
No. of FP/RH education classes offered	20	46	14	18	98
No. of teens participating in family planning classes	35	108	39	85	267
No. of community members receiving education on FP/RH	748*	1,255	722	693	3,418

*includes the estimated 500 participants of the Health Day

A folder with informational materials on family planning was printed and 500 copies were distributed to each pilot site. The information kit comprises contact information on local women's centers and visiting hours, leaflets on breastfeeding, and post abortion contraception, brochures on pregnancy and prenatal classes offered by local women's centers. This information kit will be offered to women of reproductive age by professionals in local women's centers and primary care facilities.

The foundation "Healthy Russia" provided the Dubna office with nine types of training materials which were shared with all the reproductive health cities during a September conference. Materials included demographic reports, films, training aids, materials such as cue-cards for medical providers, and brochures. An online contact list was created and to facilitate online discussions and to encourage the partner cities to connect via computer.

AIHA established Learning Resource Centers in the pilot institutions in all four cities. The LRCs assure health professionals access to evidence-based resources and facilitate communication with local and international specialists (please see Section D, Healthcare Knowledge Resources, for more information). Two Dubna representatives also attended a regional workshop on evidence-based medicine organized by AIHA. The Dubna professionals are currently distributing evidence-based medicine study cases to professionals in other cities in order to motivate and train practicing physicians on using evidence-based medical resources.

Objective 3: To improve the quality of reproductive health services in women's and primary care centers in the cities of Dubna, Mytischi, Ramenskoe, and Voskresensk

Eight clinical practice guidelines (CPGs) were finalized by the partners and approved by the Moscow Oblast minister of health. The process of CPG development and adaptation afforded the healthcare providers and administrators involved the opportunity to develop new skills applicable to all areas of medicine and health education. The CPGs which focus on contraceptive use are part of a continuous quality improvement effort to improve clinical practice and service delivery systems.

The partners also conducted a patient satisfaction survey at the women's consultation clinics in each of the four cities. A total of 1,984 patients responded to the survey. Overall, 92 percent of the women were satisfied with the time provided by the physician and his/her attitude, but only 75 percent were satisfied by the attitude presented by the receptionist. Patients were less satisfied with the waiting time to see a physician (only 58 percent rated waiting time as good or excellent).

Medical workers were also surveyed on some of the same questions asked of patients as well as questions specific to their work conditions; 360 healthcare providers responded. The responses on several of the questions asked of both groups provided interesting results. Overall, patients felt much better informed about health information than the healthcare providers believed their patients to be. For example, 83 percent of the patients believed they knew enough about contraception, but only 26 percent of healthcare providers thought the patients were well informed on this topic. Likewise, 75 percent of the patients felt they were well informed about the potential harm of abortions; only 44 percent of the healthcare providers believed the same. Another important finding was that less than one fifth of the healthcare providers accepted/liked the current system of health services (19 percent) or felt their health administrators asked their opinion (17 percent). In response to these findings the partners work on increasing the role of midwives and nurses in the women's centers and primary care sector in providing counseling and information of new methods of contraception. In addition, during the partnership exchange visit in September the US partners conducted plenary sessions and group discussions on client-oriented care in each of the four sites. Please see Attachment III for a presentation on the surveys conducted by one of the Russian partners.

A second round of the surveys will be done near the close of the project to determine if patient and provider satisfaction have improved.

<u>C.2. Volgograd/Little Rock, Arkansas</u>

Objective 1: To increase the availability of evidence-based FP/RH practices and information at targeted primary care facilities in Volgograd and Volzhskiy

A total of five Russian physicians including OB/Gyn specialists were introduced to maternity and gynecological care as practiced at University of Arkansas Medical Sciences (UAMS), including participation in obstetrics and gynecology grand rounds during an exchange to the US. The specialists specifically had the opportunity to observe e family planning clinics in rural and urban settings, the labor and delivery department, the high-risk obstetrical clinic (including observation of laser and laparoscopy procedures for endometritis and hysteroscopy), the women's oncology clinic, and the UAMS telemedicine clinic. They also were presented with new research technologies for breast cancer treatment. As a result of their exchanges, the specialists shared what they had learned with their colleagues.

The partners conducted two teleconferences attended by more than 160 participants (total) from the medical school and the primary healthcare clinics in Volgograd and Volzhskiy. The information provided during the teleconferences included new FP/RH practices, contraceptive methods, and a discussion on the importance of patient education.

Objective 2: To increase exposure of the general public in Volgograd and Volzhskiy to accurate and useful information on FP/RH

US partners provided family planning materials that could be adapted and translated into Russian to supplement existing Russian materials. Volgograd physicians and nurses were trained on an abstinence-based teen pregnancy prevention model developed by one of the Arkansas education departments in collaboration with a medical clinic.

<u>PRIMARY IMPLEMENTATION CHALLENGES</u>:

The Dubna/La Crosse partners are aware of the lack of counseling provided by local physicians despite its importance to patient education. One reason may be the lack of time physicians are allowed for patient visits (15 minutes), a problem reported at all of the pilot sites. Activities next year will focus on counseling, patient education, and increasing the role of midwifes in counseling and providing information on new methods of contraception.

The progress of primary healthcare reform varies from region to region. Activities undertaken by project professionals in Dubna, Mytischi, Ramenskoe, and Voskresensk have also focused on including family doctors in meetings with the partners and work groups in an effort to raise awareness and incentive among these doctors to provide information on contraceptives to their patients. The success of this specific initiative under the RH/FP program varied at the four project sites. The main barrier identified by project professionals was a lack of support among health officials in some cities to the primary care reform. The RH/FP program activities for next year will include training for primary care specialists to help encourage discussion of contraceptives as part of the physician's practice at the primary care level.

As stated previously, personal security during travel concerned both the Russian and US partners in the wake of multiple terrorist attacks in Russia; the postponement of the first Little Rock to Volgograd exchange delayed partner planning and activity significantly. The sudden onset of a debilitating medical condition for two of the lead Little Rock partners further hindered partner progress.

<u>COLLABORATION WITH OTHER PROGRAMS</u>:

AIHA and the partners collaborate with other USAID-funded organizations working on FP/RH in the Russian Federation, including JSI and Healthy Russia 2020 (HR2020), and with pharmaceutical companies when possible. In addition, activities are coordinated with the Moscow Oblast Research

Institute of Obstetrics and Gynecology (MORIOG), the Moscow Oblast Ministry of Health, and regional and city departments of health.

Jointly coordinated training and programming in FY05 included the following:

JSI: Copies of the JSI breastfeeding booklet and electronic files of reproductive health patient education materials were distributed to all sites and are being shared with patients. The partners are printing appropriate brochures and provider cue cards for distribution to all sites. JSI agreed to share the material that is currently under development when it is completed.

HR2020: AIHA and the partners requested permission to use relevant materials and HR2020 provided information and video materials recently developed. Two films were shared with the project sites; one film focuses on family planning and the other on contraceptives. A trainer booklet to accompany the films was also provided to each site.

Gideon Pharmaceutical: Booklets that include relevant FP/RH information without promoting any products made by the company were distributed to all sites. One such booklet is titled "Rehabilitation after Abortion."

MORIOG: Qualified professionals from MORIOG are taking an active part in the workshops and provide the partners with their expertise regarding material development.

Moscow Oblast MOH: The MOH supports the Dubna/La Crosse partnership program in the four project sites and provides information assistance to the Dubna initiative team.

Regional/city departments of health: The Dubna initiative team shared the results of the health fair held in Dubna in August. Consequently, the Mytischi health authorities expressed their interest in conducting a similar activity next year in Mytischi.

UNANTICIPATED ACCOMPLISHMENTS:

The first Moscow-Dubna/La Crosse partnership conference was organized in February 2005. Discussions between specialists during this event generated the idea of developing CPGs for OB/Gyns working in ambulatory services and for primary care professionals. Eight CPGs were developed by the partners and approved by the MOH of Moscow Oblast. The Dubna partners decided to implement guidelines at the primary care level on use of hormonal contraception by injecting drug users. The Moscow Oblast MOH described the guidelines as documents of high-quality content that they themselves may use as models for future guideline development.

The Russian Federation Ministry of Health and Social Development, Department of Medical and Social Care for Family, Mother, and Child officially recognized the work of the Moscow-Dubna/La Crosse partnership by issuing a letter of support and praise to the partners and USAID/Moscow. Such recognition will increase the authority of the Russian partner institutions in the eyes of other institutions and increase the likelihood of continued program implementation.

In some of the pilot sites (e.g. Mytischi, Voskresensk) professionals from women's centers are also involved in teaching health education in high schools. These education programs were initiated and promoted by the cities' local administration. As a result of partnership activities in the region, the project specialists, that are also teaching in schools, have introduced information on family planning and new methods of contraception in the health education classes where appropriate (e.g. 10-11th classes of the high school). A subjective opinion expressed by professionals in Voskresensk highlighted an increase of adolescents' visits to the women's center seeking for information and counseling on new methods of contraception during the last year (since the partnership project started its activities in the region).

Outlook for FY06:

The Moscow-Dubna/La Crosse partners will continue to work to expand the availability of evidence-based FP/RH services in women's centers in Dubna, Mytischi, Ramenskoe and Voskresensk, as well as in select rural areas. Additional primary care physicians, feldshers, and midwives will be trained in FP/RH procedures and will be authorized to incorporate contraceptive clinical practice guidelines in their practices. A CPG monitoring tool will be developed and implemented at all sites and data analysis of this information will be utilized to track the impact on contraceptive use and abortion rates. In order to increase exposure of the general public to useful and accurate information of FP/RH services, health fairs, educational materials, and community trainings will continue to be implemented.

The Volgograd/Little Rock partnership graduated on Oct.12, 2005. Please see the partnership close-out report, Attachment IV.

D. HEALTH CARE KNOWLEDGE RESOURCES

Overall Goal:

The overall goal of AIHA's Learning Resource Center (LRC) project is to promote improved healthcare practices through increased access to, use of, and understanding of available knowledge resources. Partnership LRCs support improvements in healthcare practices and behaviors by (1) increasing access to health information and (2) providing health professionals with the skills and tools to critically appraise and apply information in practical settings. In the Russian Federation, the LRC model has been adapted to address the specific information needs of the five HIV/AIDS partnerships, which are centered around city and regional HIV/AIDS centers and the communities they serve.

Results Achieved:

In 2005, AIHA established five Learning Resource Centers (also referred to as HIV/AIDS Information Resource Centers) at new partnership institutions in Orenburg, Saratov, St. Petersburg, Togliatti, and Yuzhno-Sakhalinsk. Additionally, to support information sharing and stakeholder capacity in the Sakhalin Oblast, the US partners from Houston established three satellite LRCs in the cities of Kholmsk, Okha, and Yuzhno-Sakhalinsk. Two minimally equipped satellite LRCs were also established at healthcare facilities in Togliatti and St. Petersburg. In support of the reproductive health partnership, one primary LRC and three satellite LRCs are functioning in the cities of Dubna, Mytischi, Ramenskoe, and Voskresensk in the Moscow region. The staffs of the four HIV/AIDS Information Resource Centers, Sakhalin satellite LRCs, and the Dubna LRC received training on LRC management, information retrieval, critical appraisal skills, information technology/Internet utilities, sustainability, and other topics during three training workshops. These staffs have, in turn, provided training to staff members of other satellite LRCs with they are affiliated.

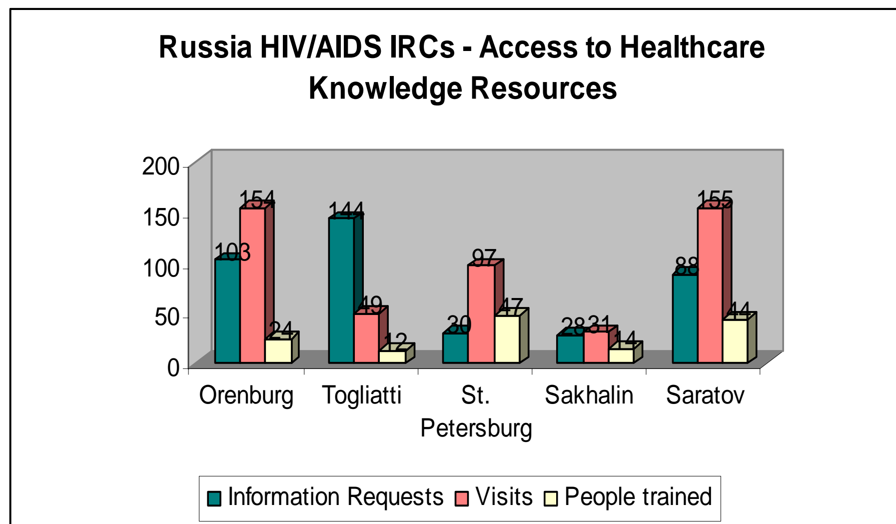
Russian LRCs showcased their experiences and best practices in the areas of information access, community outreach, sustainability, and evidence-based practice at the LRC dissemination conference, *Use of Information and Communication Technologies in Health Care: Models of Best Practice from AIHA Partnerships in the NIS and CEE*, held in Almaty, Kazakhstan, Sept. 12-13, 2005. The staffs of the HIV/AIDS Information Resource Centers also participated in a special breakout session in which they discussed common issues including a telemedicine network and the development of an online community to share information, resources, and experiences related to HIV/AIDS.

Objective 1: Increase access to up-to-date healthcare knowledge resources

The five new LRCs provide access to healthcare knowledge resources to the community of over 500 health professionals. Cumulatively, these LRCs were open for nearly 3,000 hours, providing access to the Internet, books, CD-ROMs, and other resources. During FY05, 486 health professionals visited these LRCs, making 393 requests for health information. These requests most often related to clinical practice, healthcare regulations, patient education, and health policy. In addition to providing access through information requests, LRC staff members offer training to help health professionals develop

skills to utilize LRC resources independently. In FY05, Russian LRCs provided training to 141 health professionals. These trainings variously covered basic computer skills, Internet and medical searching techniques, and use of e-mail and standard Microsoft package products such as Word, Excel, and Power Point.

Access indicators such as the number of information requests, visits, and people trained for each of the five primary LRCs are provided below. These data show that LRCs are responding to a high volume of information requests and have opened their doors to many users. After receiving training at AIHA workshops, LRC staff members began to provide training to physicians, nurses, and other healthcare professionals at their institutions. It is anticipated that these indicators will continue to increase as LRCs organize open house events, conduct regular outreach activities, and provide training based on new skills they had learned at AIHA workshops. Comparatively low numbers for the Sakhalin LRC are related to the fact that this LRC was not established until June 2005. The St. Petersburg LRC experienced staff turnover between January and June 2005, which is also reflected by reduced activity data.



In addition to supporting health information needs of the primary user audience—health professionals who come to the LRCs—the LRC staff have reached out to a wider population, bringing up-to-date health information to outside health professionals and the public. In Togliatti, the LRC staff helped to organize a city-wide workshop for nurses on pre- and post-testing counseling and quality of life issues for HIV/AIDS patients. The Saratov LRC staff developed a CD-ROM with HIV/AIDS information for the medical service of the regional correctional system. The disk contained healthcare regulations on HIV prevention; latest epidemiological data on the HIV/AIDS situation in Saratov, Russia, and worldwide; links to key HIV/AIDS Web sites; lecture material; and educational brochures for the prisoners on HIV/AIDS and associated infections. Educational materials provided by the LRC staff are also being audio recorded to play over the radio at the regional correctional facilities.

Saratov LRC staff are actively working with local adolescents on HIV/AIDS prevention and drug abuse. They developed surveys, information sheets, brochures, and posters as well as provided training for volunteers in preparation for the summer health promotion campaign. As part of this campaign, the trainers made 19 trips to 47 summer camps, presenting information on HIV/AIDS to 1,333 adolescents. They handed out 1,470 pieces of educational materials. With the help of the LRC, the staff of the Saratov HIV/AIDS Center were able to survey twice as many adolescents as during the previous summer, and disseminated twice as much educational information on HIV/AIDS.

Objective 2: Increase promotion of evidence-based practice

Through the LRC program, AIHA consistently strives to promote the ideas and principles of evidence-based practice (EBP) at both the individual practitioner and the broader institutional level.

Because of the broad range of institutions involved in the partnership program and variations in practice among regional and national health administrations, these promotion efforts have largely been non-prescriptive, i.e., rather than advocating particular institutional quality assurance processes, AIHA has tried to instill the EBP philosophy into existing processes and practices. AIHA measures the success of these efforts by determining whether staff at partner institutions are able to demonstrate their understanding of EBP methodologies and whether quality review processes that embody these principles exist or are being developed within the institutions.

The initial step toward increased promotion of EBP at partnership institutions is EBP principles and critical appraisal training for the LRC staff. In Russia, 14 LRC staff members—EBP Specialists and Information Coordinators—received training on the five steps of EBP methodology and information retrieval at three LRC workshops that took place in FY2005. Additionally, LRC staff from each of the main LRCs as well as four other health professionals from current partnership institutions took part in the Introduction to Evidence-Based Practice distance learning course offered by AIHA in November 2004 and March 2005.

Objective 3: Sustain access to knowledge resources independent of AIHA funding
Sustainability of the LRC services and functions after AIHA funding ends is a long-term goal of the LRC project. To this end, AIHA began to provide training on various aspects of sustainability, such as budget development, marketing, cost-recovery, and grant writing, during the first training workshops for new LRCs. In Russia, 19 LRC staff members received training on sustainability and grant writing during the three training workshops held in FY05.

There is an expectation that many of the recently established LRCs will sustain Internet connectivity and other LRC functions after the discontinuation of AIHA funding based on the high sustainability rates of previously established Russian LRCs. Twelve out of 14 previously established LRCs, or 86%, are continuing to maintain Internet connectivity on their own. In addition, 43 percent have at some point during the course of the project received grants supporting Internet connectivity or other resources that enhance the capabilities of the LRCs. These developments provide a positive outlook for the future of newly established LRCs in Russia.

PRIMARY IMPLEMENTATION CHALLENGES:

The new model that has been developed for the management of the HIV/AIDS partnerships in Russia involves close coordination and physical proximity of the LRC staff with the Field Coordinators, as well as with representatives of other international projects such as Globus and UNICEF. The sharing of the LRC space and equipment in certain cases has limited the ability of the LRCs to provide access and resources to staff of their institutions. To resolve this and to improve the accessibility of the LRCs for staff, AIHA is currently looking into the possibility of having some of the LRCs find new spaces within their institutions and/or having AIHA to provide one or two additional computers.

UNANTICIPATED ACCOMPLISHMENTS:

The establishment of satellite LRCs at various partnership institutions has been an unanticipated but much welcomed development for the LRC project. The creation of eight satellite LRCs significantly expands the ability of Russian health professionals to access up-to-date healthcare resources and improves their capacity for practice improvements. This replication also speaks for the adaptability and the scalability of the LRC model and underscores the need for the LRC capacity by healthcare institutions. Virtually all healthcare organizations involved in the current Russian partnerships, sometimes up to 10 or 15 in each region, have expressed the desire to establish satellite LRCs for their healthcare professionals.

OUTLOOK FOR FY06:

In FY06, each LRC will hold an "Open House" event. The Open House seeks to raise awareness of the LRC's resources and capabilities among primary and secondary user audiences as well as among local authorities (to encourage their support for the LRC's future sustainability) and other health and social institutions in the region (to promote replication).

Each LRC will also: 1) conduct a follow-up self-assessment examining institutional standards and processes for reviewing and monitoring standards of clinical care, treatment and support services; 2) work with selected groups of staff to complete a review of medical information resources focusing on specific, self-selected clinical or support services topics; 3) develop a strategic plan to address the long-term sustainability and growth of the resource center and its various functions and capabilities; 4) continue to develop Web sites that serve as an on-line HIV/AIDS care, treatment and support for the communities they serve; and 5) continue to support local medical and social service organizations in their communities—in some cases, by replicating the resource center model at other local institutions. Some partnerships may support regional training workshops or conferences as part of these replication efforts.

It is anticipated that in FY2006 LRC staff will begin to provide initial EBP training to health professionals at their institutions and explore ways to incorporate evidence-based literature reviews and the use of EBP methodology into existing institutional processes and practices. In the following years, LRC staff will be developing strategic business plans that outline LRC development directions and sustainability approaches for the future.

LRCs often plant a variety of "seeds" within partner institutions, helping to foster the growth of IT infrastructure, improved management information systems, and telemedicine capabilities. As an advanced activity, the development of IT tools and applications is anticipated to take place during the second and third years of the LRC project, after sufficient skill base and technological infrastructure have been put in place. Preliminarily, the LRC computers have been connected into local area networks. Several partnership organizations are making plans to connect LRC equipment to institutional computer networks, expanding the capability to share data and resources among many users. Additionally, following AIHA training workshop in September 2005, LRCs will begin creating Web sites for their institutions. It is anticipated that in the following years the LRCs will be able to facilitate the development of databases for their institutions' patient record, financial/accounting, and reporting systems.

IV. Year in Numbers

In-Kind Data:

In-kind contributions by US partners is one of the hallmarks of the AIHA partnership program. The following table provides the contributions (in the form of professional time, goods, materials and services) by partnership. The total figure for Russia below does not include in-kind contributions generated for AIHA cross-partnership programs, trainings, and conferences in Russia. The total in-kind contribution made by US partners and their sponsors working in AIHA's Russia program is estimated at over $$2,320,022 for FY05.

US PARTNER IN-KIND CONTRIBUTIONS ($)	
Partnership	**FY05 Contribution**
Sakhalin/Houston	$164,161
Orenburg/Elmhurst	$415,475
Saratov/Bemidji	$379,152
St. Petersburg/New Haven	$321,830
Togliatti/Providence	$323,690
Volgograd/Little Rock	$81,834
Moscow-Dubna/Wisconsin	$633,880
Total	**$2,320,022**

Travel Data:

The data table below provides an overview of the level of partnership activity, as measured by the number of person trips in each direction (to the US and to Russia). The number of individual Russian partner beneficiaries has been omitted from the chart because no exchanges included duplicate Russian participants. However, the number of US "beneficiaries" is included in the second chart to provide the unduplicated number of individual US person trips.

PARTNERSHIP EXCHANGES (# OF PERSON TRIPS) TO THE USA	
Partnership	**FY05**
Moscow-Dubna/Wisconsin	**18**
Orenburg/Elmhurst	**10**
Sakhalin/Houston	**4**
Togliatti/Providence	**9**
Saratov/Bemidji	**8**
St. Petersburg/ New Haven	**10**
Volgograd/Little Rock	**5**
TOTAL	**64**

PARTNERSHIP EXCHANGES (# OF PERSON TRIPS) TO RUSSIA		INDIVIDUAL US PARTNER BENEFICIARIES
Partnership	**FY05**	**# of Individuals Traveled in FY05**
Moscow-Dubna/Wisconsin	**16**	**7**
Orenburg/Elmhurst	**15**	**7**
Sakhalin/Houston	**7**	**4**
Samara/Providence	**11**	**7**
Saratov/Bemidji	**15**	**10**
St. Petersburg/New Haven	**9**	**4**
Volgograd/Little Rock	**3**	**3**
TOTAL	**76**	**TOTAL 42**

The data table below provides an overview of the level of project activity, as measured by the number of person trips to various trainings and meetings within Russia. The second column provides the unduplicated number of individual Russian "beneficiaries" of trainings/meetings, as person trips may include multiple trips made by the same person.

# of person trips within Russia	# of individuals traveled in FY05 within Russia
185	150

Other Statistics:

Additional data related to HIV/TB:

	St. Petersburg/New Haven	**Saratov/Bemidji**
# of physicians trained in TB/HIV co-infection	1	3
	Togliatti/Providence	
Total # of health providers trained to provide TB prophylaxis	**4**	
# of physicians trained	1	
# of nurses trained	3	

Additional data related to Coordination of Care:

	Orenburg/Elmhurst	Saratov/Bemidji
# of mental health/social workers trained by trainers in psychosocial assessment of PLWHA	39	0
# of staff trained in case management	16	30
	Samara/Providence	
# of case managers trained to provide case manager services	3	

Data related to Access and Retention:

	Saratov/Bemidji	Orenburg/Elmhurst
# of staff trained as trainers in basic HIV/AIDS care and treatment (HIV/AIDS 101)	16	53
# of physicians trained	10	0
# of nurses trained	3	18
# of other providers trained	3	35
	St. Petersburg/ New Haven	
# of focus group discussions conducted	2	

V. Attachments

Attachment I: Chart audit presentation given by the Saratov/Bemidji partners
Attachment II: Preliminary Results from the Orenburg Knowledge and Attitude Survey
Attachment III: Results of patient and healthcare provider survey, a Moscow-Dubna/LaCrosse presentation
Attachment IV: Volgograd/Little Rock close out report