

## Assessing 13 Years of Collaboration, Caucasus Partnership Conference Demonstrates AIHA's Leading Role in Healthcare Reform in the Region

*Editor's Note: The countries of Armenia, Azerbaijan, and Georgia share not only the same geopolitical location but also many similar social and economic challenges. In healthcare, these challenges include cardiovascular diseases as the number one killer of the population, rising rates of TB, HIV/AIDS, and other infectious diseases, and high infant and maternal mortality.*

*Therefore, AIHA's cross-cutting initiatives in the region have been specifically designed to develop meaningful solutions to these problems and address the healthcare reform priorities of the Caucasus nations. In the early 1990s, the first round of these initiatives focused on neonatal resuscitation, reproductive health, emergency medical services, infection control, nursing leadership, healthcare management, and information technology. By the end of that decade, as the success of these programs was recognized, new initiatives based on the primary care partnership model were created to further enhance health reforms in the region.*

More than 70 members of AIHA's current and graduated partnerships from Armenia, Azerbaijan, and Georgia gathered October 18-19 in Tbilisi, Georgia, to participate in a conference that marked the 13th anniversary of AIHA's activities in the Caucasus region.



US Ambassador to Georgia John Tefft (second from left) welcomes conference participants while Georgia's Minister of Labor, Health, and Social Affairs Vladimir Chipashvili, past chairman of AIHA's Board of Directors Larry S. Gage, and Robert O'Donovan, regional director of the Eurasia Foundation's South Caucasus Cooperation Program, look on. (Photo: Vira Illiash)

The meeting provided a forum for sharing lessons learned, disseminating successful approaches to improving the quality of healthcare services in these countries, and discussing ideas of future cooperation with national—as well as international—healthcare communities. The delegates also provided reports to USAID, other international donors and implementing agencies, national health ministries, and local governments about the progress and impact that AIHA's programs have made in the Caucasus for more than a decade.

At the event, US Ambassador to Georgia John Tefft, Georgia's Minister of Labor, Health, and Social Affairs Vladimir Chipashvili, Head of the Department of Medical and Preventive Services of the Ministry of Health of Azerbaijan Amiran Gurbanov, and Deputy Minister of Health of Armenia Tatul Hakobyan presented welcoming remarks. George Mataradze, health management specialist at USAID/Tbilisi, Larry S. Gage, past chairman of AIHA's Board of Directors, AIHA Executive Director James P. Smith, and Robert O'Donovan, regional director of the Eurasia

Foundation South Caucasus Cooperation Program, were some of the key-note speakers. First Lady of Georgia, Mrs. Sandra Roelofs was present as an honorable guest.

In their presentations, the healthcare leaders of the three countries acknowledged the critical impact AIHA programs have had on bringing about positive changes and accelerating nationwide healthcare reforms. In particular, the Georgian Minister of Health indicated that over the period of 13 years as many as nine partnership projects were implemented in Georgia alone, through which thousands of healthcare professionals received training in such priority areas as primary healthcare, women's health, nursing, hospital administration, health management, emergency medical services, and infection control.

"For us "13" is a lucky number because these 13 years have brought about extremely effective changes. AIHA came to Georgia at the time when the country's healthcare system was experiencing severe economic and political distress. The partnership programs not only helped us build up substantial intellectual capacity, but also streamlined our infrastructure making it more responsive to the healthcare needs of our people. AIHA's training programs provided a strong impetus to the ongoing capacity-building process and enhanced institutional changes in the country's healthcare system," Vladimir Chipashvili told participants.



James P. Smith discusses some of the accomplishments of AIHA's partnership programs in Caucasus Region. On his left, Gegi Mataradze, a project management specialist with USAID/Caucasus's Health and Social Development Office, looks on. (Photo: Vira Illiash)

In his overview of AIHA programs in Caucasus, Smith indicated that for the past 13 years the region has received in excess of \$26 million worth of contributed professional time, donated supplies, equipment, and monetary grants from participating private American institutions and health professionals, which significantly complemented a very generous USAID contribution. "This unique public-private partnership is a hallmark of the partnership program; it helped our colleagues in Armenia, Azerbaijan, and Georgia mobilize their scarce resources and created a tremendous investment in healthcare reform in the region," he emphasized.

### *Common Challenges, Common Goals*

The plenary sessions focused on such key healthcare issues as primary healthcare reform, healthcare management and financing, and community health. Current and former partners

had a chance to discuss their accomplishments and the many positive outcomes of cross-partnership collaboration, as well as the role USAID and AIHA have played—and continue to play—in assisting Armenia, Azerbaijan, and Georgia with their health-sector reforms. The conference also featured break-out sessions where the delegates concentrated on specifics of primary care and community health reform implementation and other salient topics such as continuous quality improvement, nursing development, emergency medical services, and reproductive health.

### *Azeri Program Creates a Comprehensive Model of Healthcare Delivery*

Primary care is a framework that allows both past and ongoing AIHA initiatives such as nursing reform, women's wellness programs, and emergency medical services to be integrated to promote meaningful health reform. The partnership program in Azerbaijan started later than in the other two countries of the region but, nevertheless, it is a good example of what can be accomplished in terms of sustainable impact in a five-year period.

According to Saadat Mahmudova, coordinator with the National Office on Family Medicine and head of the Family Medicine Chair of Azerbaijan State Institute of Postgraduate Medical Education, AIHA partnership programs have played a critical role in introducing new and highly successful primary healthcare (PHC) models to the country and in creating conditions favorable to the emergence of the profession of family doctor.



Azeri partners during the plenary session. (Photo: Vira Illiash)

In her presentation she emphasized the role of three AIHA PHC partnerships and several cross-partnership initiatives that have provided advanced training in various aspects of primary care to a large number of nurses and physicians from Baku. A good example is the Baku/Portland partnership, which created a highly successful Primary Healthcare Center—a community-based health education and resource center that supports the operation of programs on women's health, addictions among youth, asthma, and mental health. The center now serves as a clinical training site for the newly-created Family Medicine Chair of the State Medical University and a similar department of the State Institute of Postgraduate Medical Education established with the support of the US partners. The latter also helped develop a three-month training curriculum introduced in both educational institutions. To date, more than 500 physicians and 20 nurses have become certified as family

medicine practitioners. To replicate the success of the PHC center, its model has already been disseminated in five pilot regions of Azerbaijan.



Saadat Mahmudova speaks about AIHA's contribution into PHC reform in Azerbaijan as Julie Giorgadze, outreach and development coordinator of the Eurasia Foundation's South Caucasus Cooperation Program, looks on. (Photo: Vira Illiash)

The conference highlighted the lead role partnerships have taken in disseminating and implementing evidence-based treatment protocols, quality improvement programs, and clinical practice guidelines (CPGs) both in the capital city and nearby regions. As a result, primary healthcare partners have reported a 19 percent increase in the early detection of preventable health conditions. In addition, the introduction of CPGs at several member institutions of the Baku/Richmond partnership that serve not only the population of Binagadi District, but also some 33,000 refugees or internally displaced persons (IDPs), has resulted in improved asthma management outcomes in 70

percent of patients diagnosed with the condition. These institutions also reported a drastic decline in the number of arterial hypertension and gastric and duodenal ulcer-related hospitalizations, as well as a decline in childbirth-related complications.

Kamal Hajiyev, a consultant with the Pediatric Medical Rehabilitation Center in Baku, presented an excellent example of successful bronchial asthma CPG implementation at his institution, where the number of ambulance calls about the condition plummeted from 80 to 20 percent, while the number of hospitalizations decreased by 30 percent. Hajiyev acknowledged a notable improvement in the overall performance of physicians and nurses and their willingness to advance their skills by learning new treatment protocols.

AIHA's partnership between "Mir Kasimov" Republican Clinical Hospital in Baku and Baylor College of Medicine in Houston, Texas, has also made great strides in improving access to high-quality clinical services and health education programs, particularly for the more than 20,000 IDPs and refugees served by Mir Kasimov and Sabirabad Rayon Hospital. The Baku/Houston partners established a Women's Wellness Center (WWC) and a Neonatal Resuscitation Training Center (NRTC) at each hospital, thereby facilitating many positive changes in maternal and child health indicators. Reproductive health screening services such as Pap smears, diagnostic coloscopy, and ultrasound—coupled with state-of-the-art equipment provided by the US partners and the advanced staff training that occurred because of the partnership—have

resulted in a 50 percent reduction in neonatal mortality. Partners also produced Azeri-language patient education materials on topics such as monthly breast self examinations , Healthy Baby, WIC Program, Pap Smear education materials for women, Taking Control of your pain, which have been distributed in three IDP/refugee camps. Additionally, Learning Resource Centers established by partners at each facility enable clinicians to access the most up-to-date clinical research and consult on difficult cases.

When commenting on the program of the Ganja/Livermore PHC partnership, Jeyhoun Mamedov, AIHA country coordinator for Azerbaijan, emphasized that the majority of the programs developed in Azerbaijan are based on the principles of diverse citizen participation, community investment, and local "ownership" of the programs. The US partners trained their Azeri counterparts in skills-sharing techniques and improved methods of directing interests and managing resources in the communities. Speaking about the role of community in improving health, partnership information coordinator Lala Ahmadova provided a good example of how the operation of the Community Health Advisory Board (CAB) in the city of Ganja "brings the partnership resources closer to the population." Regular CAB meetings of participating local health officials, government leaders, and community representatives allow the partners to better meet

healthcare needs in the city and generate support for the PHC initiative. (For more information on the Ganja/Livermore programs, please see: ["Ganja/Livermore Partnership Introduces High-Quality Neonatal Resuscitation Services and Community Health Advisory Board"](#))



Lala Ahmadova, information coordinator of the Ganja/Livermore partnership, speaks about CAB's role in improving health of the community. Larisa Muradyan, coordinator at Armavir Regional Healthcare and Social Services Department and deputy governor of the Armavir Region, and Vakhtang Barbakadze, head of the Department of Internal Medicine at the National Institute of Therapy, also participated in the panel discussion. (Photo: Vira Illiash)

### *Armenian Programs Demonstrate Effective Capacity-building Efforts and Sustainable Initiatives*

While the programs in Azerbaijan are the most recent, Armenia is one of the first countries of the former Soviet Union to have collaborated with AIHA beginning in 1992. The country has also been among the first to participate in many AIHA-sponsored regional initiatives and cross-partnership programs. The first WWC and the first Emergency Medical Services Training Center (EMSTC) were established in Armenia. Building on the success of the EMSTC, a network of

regional nuclear disaster preparedness centers was established by the recently graduated Armavir/Galveston partnership. Similarly, due to the efforts of the Yerevan/Boston partners, emergency care is now part of the postgraduate education of medical professionals, including primary healthcare practitioners. The training module has been disseminated throughout the country as part of the capacity-building efforts of the Department of Emergency Care established with the partnership support at the National Healthcare Institute.

The innovative programs implemented in Armenia have also resulted in the development of models for comprehensive diagnostic and treatment services for women. With the first WWC center opened in 1992 under the aegis of the Yerevan/Los Angeles partnership, the women's health component has been introduced at almost all partnership institutions leading to increased patient satisfaction and improved health outcomes for women.



Ruzanna Yuzbashyan, head of the Primary Healthcare Department at the Armenian Ministry of Health, describes AIHA's contributions to sustaining PHC reform in Armenia, while Larry S. Gage, past chairman of AIHA's Board of Directors, looks on. (Photo: Vira Illiash)

Sonya Aroustamyan, Director of Vanadzor Polyclinic No.4 presented a great example of successful cross-partnership collaboration during her talk about how the staff of the Erebuni WWC, which was opened through the Yerevan/Los Angeles partnership in 1992, assisted the staff of Vanadzor Polyclinic No. 5 (Lori/Milwaukee partnership) to develop women's health services for the rural population. These services, including Pap smears, clinical breast exams, contraception counseling, and STD diagnosis and treatment, are now being rolled out in northern Armenia through a reproductive health NOVA project supported by USAID.

As highlighted during the conference, the introduction of AIHA's women's health programs in Armenia has resulted in the 25 percent decrease in the abortion rate at the partnership institutions and a significant increase in early-stage breast and cervical cancer detection. For example, the mammography and wellness center opened by the Yerevan/Washington, DC, partnership has greatly advanced screening and diagnostic capabilities. Its state-of-the art laboratory performs on-site mammograms and blind biopsy procedures and offers skills-based training to local clinicians. As a result, approximately 20,000 patients have been examined over the four years of the partnership program. More than 1,800 cases of breast and cervical cancer were detected at early stages, which has in turn led to decreased mortality rates.

In keeping with AIHA's efforts to develop the nursing profession as one of the focus areas of primary healthcare reform, Armenia has also taken the lead in creating the first regional baccalaureate program and establishing quality improvement programs in nursing at Yerevan's two major hospitals-Erebuni Medical Center and St. Grigor Medical Center. Both institutions were recognized as Magnet centers of excellence in nursing. (For more information about the nursing excellence program, please see: ["Four AIHA Partnerships Receive International Award for Excellence in Nursing"](#)).

Alina Kushkyan, director of Erebuni Medical College (EMC), described the Yerevan/Los Angeles partnership's efforts to develop a four-year bachelor's program in nursing, which was recognized by the Armenian Ministry of Health. Since 1999, 118 students have graduated from this program and received diplomas. Moreover, seven of those college graduates underwent further training to become the first nursing faculty. Before that, nurses were trained exclusively by physicians. Kushkyan also noted that the nursing college graduates are in great demand with various medical institutions in Armenia as well as with international organizations working in the region.



Looking at some recent examples of how the partnership programs in Armenia have contributed to capacity-building efforts, the Armenian partnership representatives briefed the audience on new PHC training programs focusing on continuous education for family physicians and nurses. Larisa Muradyan, coordinator at Armavir Regional Healthcare and Social Services Department and deputy governor of the Armavir Region, provided an account of the local government's role in sustaining community initiatives in the Armavir region with the population of some 276,000.

Ruzanna Ginosyan, chief nurse at St. Grigor Lusavorich Medical Center in Yerevan, reports on some of the many achievements AIHA partners in the region have made in the field of nursing. (Photo: Vira Illiash)

Between 2000 and 2002, 11 physicians and nine nurses completed train-the-trainers courses in the United States and have become the faculty at the partnership-established Armavir Training Center, which subsequently provided hands-on training to 183 physicians, 352 nurses, and 15 additional instructors. Course topics at the center include cardiovascular disease, breast cancer, diabetes, disaster preparedness, asthma, and respiratory and GI infections with an emphasis on pediatric care. A survey conducted by the partners revealed that more than 70 percent of respondents felt that the services in the Armavir polyclinic had improved since the

partnership was established and the majority felt that services at the polyclinic were better than at the other government-run healthcare facilities.

Nationwide, partnership programs introduced in different regions of Armenia built a foundation for the scale-up phase in primary healthcare reform. Ruzanna Yuzbashyan, head of the Primary Healthcare Department at the Armenian Ministry of Health, covered this topic in her presentation. Particularly, the departments of Family Medicine and Family Nursing were established at the National Institute of Healthcare, State Medical University, and Yerevan Medical College.

The government also decided to expand the model developed by the three partnership-sponsored primary healthcare centers to 12 other medical facilities. She spoke about the importance of continuing the comprehensive PHC training program, which includes a health services management component, designed by the recently graduated Yerevan/Birmingham partnership and later offered by the American University of Armenia. Health management and administration have also been introduced through a series of training modules at the School of Healthcare Management. The school was established by the partnership to prepare professional healthcare administrators capable of leading the health system reform effort in Armenia.

### *AIHA Programs in Georgia Generate Steady Progress on All Fronts*

The role of the community has been a key aspect of all AIHA programs in Georgia as partners worked together to build healthier communities, engaging and mobilizing other stakeholders in the process. Working with individual institutions, the partnership programs placed particular emphasis on responding to the various healthcare reform needs of the country. In the mid-1990s, primary healthcare began to emerge as a primary focus.

In support of the national strategy to build a cadre of family medicine healthcare professionals, the specialists from now-graduated Mtskheta/Milwaukee partnership worked closely with the Georgian Ministry of Health and Social Affairs and the greater donor community to create the first Family Medicine Practical Center outside of Tbilisi.



Ketevan Loria (far left), Mary Anderson, nursing consultant with World Services of La Crosse; Alina Kushkyan, director of Erebuni Medical College, and Jessica Jordan, nursing director at Valley Care Health System in Livermore, California, participate in a break-out session on quality outcomes in nursing. (Photo: Vira Illiash)

Previously, five of such centers were created in the capital city under a World Bank grant and were providing training for local family medicine specialists.

Speaking at the conference, the center's director Ketevan Loria emphasized that the faculty of the center was comprised not only of physicians but also of nurses who completed an intensive six-week family health nurse training program at Marquette University College of Nursing. This specialized training program was based on the WHO primary healthcare curriculum and tailored to the needs of the Mtskheta community. The nursing curriculum contains 18 modules covering topics ranging from management and leadership skills to care for terminally ill patients, management of chronic diseases, women's health issues, and disease prevention, among other things. In her presentation, Loria explained that the physician and nursing staff at the center are now retraining specialists from adjacent areas, thus enhancing the skills of rural family medicine specialists and replicating a successful clinical and training center model throughout the region.



Nurses from rural areas in Georgia's Shida Kartli Region attend a training session at the Family Medicine Practical Center in Mtskheta. (Photo: Vira Illiash)

Georgia. According to official data, 35 percent of the country's healthcare expenses are directed toward the treatment of arterial hypertension and its complications. All PHC partnerships have been able to implement effective methods of addressing chronic diseases through the their projects.

The Mtskheta/Milwaukee partnership, for example, developed a successful healthy heart program by closely monitoring blood pressure of some 500 patients for 3.5 years. When presenting the program and its outcomes, Vakhtang Barbakadze, head of the Department of Internal Medicine at the National Institute of Therapy, noted that active antihypertensive treatment based on standardized methods, continuous training of medical professionals, free provision of medications to patients, and their continuous observation yielded a 33-point

Built upon the experience of Mtskheta/Milwaukee partnership, two new PHC training centers have been established by two current community-based partnerships: Gori/Milwaukee and Gori/La Crosse. These centers will be used for regional training and retraining purposes and will fill the capacity-building needs in these two regions.

As is the case with the other two countries in Caucasus, chronic cardiovascular disease is the primary cause of morbidity and mortality in

decrease in systolic blood pressure and a 14-point drop in diastolic pressure in participating patients. According to Barbakadze, such results give partners hope that in the next two years they will be able to potentially decrease the stroke rate by 40 percent, congestive heart failure by 50 percent, and total mortality rate by more than 20 percent. He also noted that the program had already been replicated in two other districts of the Shida Kartli region—Kareli and Gori.

Reflecting on the numerous achievements of the graduated partnerships, the WWCs established in Tbilisi and Kutaisi exemplify the sustainability of AIHA programs. Each of them continues to provide a comprehensive range of clinical services in ambulatory settings as well as a wide variety of health promotion, disease prevention, and educational programs.



Natela Partskhatadze, nursing program coordinator at the Georgian NGO Partners for Health NGO—which was established through the Tbilisi/Atlanta partnership—discusses continuing education and its role in improving hospital nursing practices. (Photo: Vira Illiash)

The development of EMS, NRP and Infection Control training centers has been a key aspect of the region's programmatic strategy for replicating and scaling up the new services introduced by individual partnerships. These centers have been officially designated by the ministries of health as preeminent institutions for postgraduate and continuing education. In addition to these training centers, four Nursing Resource Centers have been established to support advanced nursing training and education.

Conference speakers clearly indicated that evidence-based medicine has been an important area of focus for many partnerships. For this purpose, 10 Learning Resource Centers (LRCs) have been established to provide technological and information support in medical research for evidenced-based practices. The Georgian National Information Center, which coordinates these centers, has developed 18 clinical practice and quality management guidelines in collaboration with Atlanta/Tbilisi partnership. These guidelines have been disseminated to a number of the nation's medical institutions.

The lessons learned by the Tbilisi/Atlanta partnership in the practical application of various innovative programs in Georgia were discussed at virtually every conference session. For instance, the partnership ushered in significant sustainable improvements in hospital

administration, nursing services, and the quality of care at the two leading hospitals in Tbilisi—Gudushauri National Medical Center and Iashvili Central Children's Hospital.

Recognizing the vital role nurses play in today's hospitals, the US and Georgian partners developed a clinical curriculum which consists of 27 nurse training modules previously used at the Tbilisi partnership hospitals. Upon completion of the training, the hospitals have been able to introduce a number of new nursing services. More than 200 healthcare professionals went through these nursing education programs with the laudable result being vastly improved skills among hospital nursing administrators and clinical care nurses. (For more information about the project, please see: ["Tbilisi/Atlanta Partnership Lays Foundation for Nursing Baccalaureate Program in Georgia"](#))

The Tbilisi/Atlanta partnership has also been especially effective in streamlining administrative and management functions at partnership hospitals. Some 16 CPGs and continuing professional education programs have been created through the efforts of this partnership, resulting in the introduction of countless improvements and cost-saving policies for prescription drug use at the two hospitals.

The partnership's accomplishments are also highly visible. The opening of the region's first model Emergency Pediatric Center at the Iashvili Central Children's Hospital resulted not only in a 100 percent increase in patient visits, but a decrease in hospitalization rate from 91 to 44



Irakli Sasania, executive director of Iashvili Children's Hospital in Tbilisi, speaks about the processes involved with establishing a modern emergency room, noting how the unit has helped the hospital achieve better patient outcomes. (Photo: Vira Illiash)

percent. It allowed for a reduction of the average length of hospital stay from 12 to 7.2 days, which resulted in a corresponding decline in the rate of nosocomial infections. (For more information about the emergency room, please see: ["Emergency Pediatric Center at Iashvili Children's Central Hospital in Tbilisi Saves Lives, Greatly Improves Pediatric Services "](#)) And, at Gudushauri National

Medical Center, they have been able to increase the occupancy rate from 54 percent in 2003 to 68 percent in 2005. The increased revenues have helped hospital to achieve critically needed financial stability.

In response to the efforts of the national governments to strengthen systems and address emergency healthcare priorities such as HIV/AIDS and TB, the partnership programs have also become engaged in developing effective capacity-building mechanisms.

The modern blood bank established by the Tbilisi/San Francisco partnership has recently taken a lead in the Georgian government's effort to ensure the nation's blood supply is safe. With support from the Global Fund to fight AIDS, Tuberculosis and Malaria, the blood bank is serving as a model for the creation of a comprehensive nationwide supply system rooted in the practice of voluntary donor recruitment. (For more information about the project, please see: ["Voluntary Blood Bank in Georgia Gains National Recognition for Its Safety Record, Serves as Replication Model for Rest of Country"](#)).

In addition, AIHA works closely with WHO, UNICEF, and the National AIDS Centers in Azerbaijan and Georgia to assist national governments in developing effective systems to ensure the prevention of mother-to-child transmission of HIV. AIHA and UNICEF are also engaged in facilitating the development of national PMTCT strategies in these countries. Together they offered workshops, training courses, and executive study tours to improve knowledge and skills and draw upon the successes of earlier PMTCT programs.

In response to the increasing rates of HIV/AIDS and tuberculosis throughout the region, conference sessions also included presentations about AIHA's projects aimed to control these infections in countries with high prevalence, such as Moldova and Russia. In a similar vein, representatives of other international and local organizations, such as WHO, USAID, the Eurasia Foundation, CoReform Project, and John Snow International, among others, presented overviews of their programs in the region and discussed ideas for further cooperation in addressing health needs in the Caucasus region.

Speaking at the conference, AIHA Executive Director James P. Smith acknowledged the important role of USAID, WHO, and many other international partners in assuring the success of the programs in the

Caucasus region. "Working closely with the ministries of health in these three countries, we've been able to optimize the coordination of our partnerships to better respond to the national health reform needs. We are very pleased to be able to report on the many successful



AIHA Regional Director for Russia Arsen Kubataev (center) highlights partnership efforts to engage PHC service providers in HIV/AIDS prevention and care programs. Mamuka Jibuti, head of the Public Health Services Management Department at the State Medical Academy in Tbilisi, and Amiran Gamkrelidze, WHO country advisor on HIV/AIDS, also presented during this session. (Photo: Vira Illiash)

examples of how this cooperation has helped to harness resources and build sustainable capacity."

Despite the progress partnerships have made in capacity-building and improving healthcare services, Smith expressed concern that the healthcare providers in the Caucasus nations—and the rest of the former Soviet Union—still face many challenges, including ensuring that the achievements already made remain both sustainable and replicable. In this regard, he noted that the national and regional impact that they are demonstrating and their further success will depend on the healthcare leaders and government support of these initiatives.

"I hope that this conference has provided you with knowledge and some ideas on how to sustain community projects through local funding. The fact that your efforts have been replicated and scaled up already reflects their success. Another measure of this success will be your future ability to build upon the partnership experience to meet many of the challenges that we will face in the upcoming years—challenges such as TB, HIV/AIDS, drug and substance abuse, and the behavioral and lifestyle issues that contribute to the burden of chronic conditions such as hypertension, cardiovascular diseases, diabetes, and asthma. Based on the experience of the partners that graduated five years ago, I believe that the work the current partnerships are doing will equip you well to meet whatever challenges the future may bring," Smith concluded.

Addressing conference participants, US Ambassador to Georgia John Tefft appealed to the leaders of all three countries to concentrate attention on the healthcare needs of their citizens and increase their investments in the health sector. "As we all know, the health of any society is a necessary precondition for economic growth and social transition. Yet communities need more resources devoted to healthcare in order to become healthier," Tefft said, underscoring WHO research indicating that if a country dedicates one percent of its GDP to improve its healthcare, poverty and infant mortality rates improve by a corresponding one percent. "This is clearly a compelling argument for governments to increase their health spending," he noted, adding that the American people and international donors can always provide technical assistance and resources, but they can not define policies or make any decisions about healthcare services—that responsibility lies with the countries themselves.

*Published in the February 2006 edition of "Connections," a newsletter highlighting the American International Health Alliance's development programs in the EECA Region.*