

## AIHA Shares Comprehensive Approaches for Treatment and Care of People Living with HIV/AIDS at Suzdal Conference

Russia's annual conference on HIV surveillance and prevention activities, held last October in Suzdal, was very different from earlier meetings. Just before the event, Russian President Vladimir Putin publicly acknowledged that HIV/AIDS is a danger to Russia, pledging the government's determination to fight the disease. The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) had allocated two grants to Russia totaling more than \$200 million to develop a comprehensive program to provide HIV treatment and care. And, the availability of funding meant that conference participants representing the plethora of agencies and organizations working in the field of HIV/AIDS in Russia were faced for the first time not with the quandary of where to get money for their programs, but how to make this new influx of funds work for the benefit of Russia's estimated 1 million citizens living with the virus.

"Russia's measures against the HIV/AIDS epidemic are far behind the rate at which the situation is actually deteriorating," Gennadiy Onishchenko, head of the Federal Center for Consumer Rights Protection and Human Welfare, said at the opening of the conference. Citing his concerns about the country's lack of transparent mechanisms for screening members of marginalized groups for HIV, as well as general deficiencies in the organization of treatment and care, follow-up monitoring, and effective prevention, Onishchenko told participants. "We have to revise our principles, attitudes, and the way our work is organized," adding that AIDS Centers should become the uniting and guiding force in the network of primary care services for HIV-positive people.



Gennadiy Onishchenko (middle) leads a panel devoted to the improvement of present system of HIV/AIDS response in Russia. (Photo:Vira Illiash)

Citing official statistics that put the number of people currently registered with HIV at more than 330,000, Onishchenko stressed that these numbers fail to give a true picture of the country's epidemic. Backing up this claim, he noted that while injection drug use is the major transmission route accounting for 70 percent of all HIV cases, only 10 percent of injection drug users (IDUs) undergo testing for HIV. Additionally, the drug abuse rate in Russia has increased by 60 percent in the past five years alone.

This begs the question, Onishchenko said, of whether or not the majority of HIV cases have gone undiagnosed. The situation is further aggravated by the fact that 60 percent of HIV-infected IDUs who need treatment do not seek medical attention because they do not know that treatment is available or they are hesitant to enter the healthcare system because of stigma.

Previously, Russian HIV programs were severely under-funded and a specific amount of the total funding had to be dedicated to the purchase of antiretroviral (ARV) drugs. "Now that Russia is going to receive the necessary drugs, there is an acute need to train qualified staff who can effectively provide care and support for patients who need antiretroviral therapy," Onishchenko stressed, pointing out that according to preliminary federal data there are already more than 18,000 such patients.

### *AIHA Offers an Effective Model of Care for People Living with HIV/AIDS*

Along with Russian HIV/AIDS specialists, the conference also welcomed representatives of international groups, such as the World Health Organization (WHO), the Global Fund, the Globus Project, the International Bank for Reconstruction and Development, UNAIDS, UNICEF, the Johns Hopkins Institute, John Snow, Inc., AIHA, and various others. Each of the organizations presented their own programs aimed at improving the HIV/AIDS situation in Russia.



Victor Boguslavsky highlights some of the accomplishments achieved during the first year of the joint AIHA-URC project. (Photo: Vira Illiash)

international standards," Victor Boguslavsky, head of URC's representative office, explained during his presentation of the project.

Among the presentations was a joint project of AIHA and University Research Co. LLC (URC) on Treatment, Care, and Support for HIV/AIDS Patients, which highlighted the results partners have achieved during the first year of their cooperation. This project is a response to Russia's need to improve its system of care for HIV-infected individuals.

"Understanding that everybody is unhappy with the existing system, we joined efforts to shape a progressive model of HIV/AIDS care, based on

For this purpose, AIHA and URC conducted a joint study of the system of services available to HIV-positive people from the first moment they come in contact with the system. The study was carried out under the auspices of healthcare institutions belonging to AIHA partnerships in four Russian regions: Orenburg, Samara, Saratov, and St. Petersburg.

In addition to regional AIDS Centers, the project also involves a number of institutions located in these regions, including outpatient clinics, narcology centers, and tuberculosis clinics. Four major areas were singled out for strengthening and further development—access to care and patient retention, diagnosis and treatment of co-infections such as HIV and tuberculosis, clinical care management, and coordination of care among institutions providing various services to patients.

As an alternative method of improving care for people living with HIV/AIDS, multidisciplinary teams made up of representatives from all the institutions involved in implementing the four components of the program have been organized. Speaking at the conference about the efficacy of such approach in Orenburg, Sergey Mikhailov, deputy head physician of the Orenburg Oblast AIDS Center emphasized that the method in combination with the appropriate training of medical and social service specialists helped to build more effective system of support and care for PLWHA.

The same principles are used by American colleagues who have been working with the Russian AIDS Centers through the AIHA partnership programs and sharing their own extensive experience with solving the medical and social problems faced by HIV-positive patients. They also suggested that their Russian colleagues employ another important means for providing better care to HIV-positive people, namely coordinating committees.

As Boguslavsky explained, a coordinating committee is a forum for the heads of healthcare institutions and local authorities to meet regularly with representatives of the multidisciplinary teams and people living with HIV/AIDS to make decisions based on practical healthcare needs. "This kind of alliance is an effective way to adopt the measures needed for introducing new services, drawing up new legislative orders, and developing local HIV/AIDS policies," he stated.

Despite the fact that the new forms of organizing the work were introduced in the partnership institutions less than a year ago, the concrete results obtained demonstrate that they are indeed effective.

For instance, with the involvement of the multidisciplinary teams, the percentage of patients retained in the healthcare network has increased considerably. As Boguslavsky explained, this is because a patient seeking help at an AIDS Center can obtain comprehensive information on where and how to find the medical and social services he or she needs. At the same time, confidentiality rules are observed because the exchange of information occurs only between key staff members at the organizations thereby helping the patient obtain needed care.



Sergey Mikhailov and his Russian colleagues at one of the plenary sessions. (Photo:Vira Illiash)

As an example of successful cooperation between the coordinating committees and healthcare system workers, Boguslavsky pointed to programs promoting better tuberculosis screening for HIV/AIDS patients. Because this procedure has been neglected in the past, Russia now faces a problem with mortality from TB among HIV-positive people. Thanks to work done by the coordinating committees, assistance from American experts, and the involvement of leading TB specialists from the Federal Center dealing with co-infections, however, a set of documents was developed to provide for better TB prevention and detection among HIV-infected patients. After the introduction of this program at partner institutions, the detection rate for this pathology increased significantly.

For example, while the city of Engels in the Saratov Region had only 52 percent of its tuberculosis cases detected in 2004, in the first three quarters of 2005 this rate rose to 67 percent for men and 77 percent for women. In addition, the involvement of the Saratov Department of Health and Social Welfare in the Saratov/Bemidji (Minnesota) partnership contributed to the introduction of preventive treatment for TB, increased availability of beds for patients with coinfections, and recruitment of healthcare professionals at the primary level in the process of screening for TB in HIV-infected individuals. Such programs were also implemented at outpatient clinics in the Krasnogvardeysky District of St. Petersburg, Togliatti, and Orenburg Oblast.

Boguslavsky noted that these results show how cooperation between institutions—and the participation of healthcare administrators in the process—not only facilitates the work of the healthcare professionals and improves the health of the patients, but also creates opportunities to continuously improve HIV/AIDS-related care within the healthcare system.

### *Case Management and Training of Specialists Provide a Basis for Establishing a Stable Support System for HIV/AIDS Patients*

AIHA Regional Director for Russia Arsen Kubataev shared important elements of the joint AIHA/URC project, including case management and clinical aspects of patient care. Kubataev stressed that a great advantage of the new practices that have been implemented in four Russian regions is the chance to have professional exchanges. During these exchanges, Russian specialists can see with their own eyes how HIV/AIDS care is organized in the United States. Case management is an aspect of this system that the Russian partners decided to borrow from their American colleagues. Under this system, each patient has his or her own case manager who can organize and help arrange for additional services the patient might need, thereby ensuring continuity of care.



Arsen Kubataev speaks about the efficacy of case management. (Photo: Vira Illiash)

According to Kubataev, this practice has made the most progress in Engels, a city in the Saratov Oblast. There, two case managers are now working at the narcology clinic housed at the Practical Psychology Center. City authorities provide funding to cover the salaries for the case managers and AIHA, in turn, held a training course for these specialists and the American partners from Bemidji provided them with equipment. In addition, the partners worked together to adapt and translate various forms that help case managers easily assess a patient's records to determine his or her health condition and needs.

Partners also created a register of all the social and medical services in Engels and held meetings with staff from these institutions in order to ensure their support. Now the partners report, all social, employment, and document issues that patients face can be quickly resolved. Medical problems can also be addressed efficiently. What is particularly impressive is the fact that all of these changes have occurred in a city where, until recently, HIV-positive patients were unable to receive qualified medical assistance at any city clinic other than the AIDS Center.

Kubataev pointed out that the early and dramatic success of the case management system in the Saratov Oblast has led to efforts to implement the process in other regions where partnerships are active. An official decision to introduce the position of case manager in the Orenburg Region has already been made and similar work is under way in St. Petersburg and Samara.

"This system helps a patient find his way through the complicated structure of multiple organizations and promotes patient retention in the HIV care network. In addition, it contributes to reducing the lack of communication among the organizations concerned," Kubataev stressed, while drawing participants' attention to this fairly simple, yet demonstrably effective, approach to organizing comprehensive care for people living with HIV/AIDS.

Kubataev said that another important priority in AIHA's efforts in the pilot regions is to upgrade the clinical skills and knowledge of medical and social workers with respect to treatment and care for HIV-infected people. This kind of education is especially urgent, he stressed, now that Russia will soon receive mass deliveries of antiretroviral drugs from the Global Fund. The effort is drawing on the human resources of the Regional Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia, which was opened by the AIHA in 2004 to train personnel in the specialized skills needed to combat the epidemic.

According to Kubataev, the Knowledge Hub uses a multidisciplinary approach for training because, to be effective, HIV/AIDS-related care must involve various specialists who work together as a cohesive team. In addition, training courses stress the acquisition of practical skills through hands-on sessions at outpatient clinics, where the trainees can observe real patients, discuss clinical cases with their teachers, and tackle case studies. Following these training courses, teachers conduct practical workshops at partner institutions where they supervise teams involved in clinical patient care.



At AIHA's booth, Ihor Perehinets, program coordinator for Russia, distributes various publications and information materials on HIV/AIDS. (Photo: Stela Bivol)

At the present time, each of the pilot territories has two trained Regional AIDS Center teams. One team specializes in pediatric care, while the other handles adults. Kubataev noted that plans already being implemented envisage the training of clinicians working in primary care, substance abuse, and tuberculosis, as well as counselors and allied care providers at other

organizations involved in care for HIV-infected individuals. To this end, special education will be provided for teachers, who can then run continuous training courses in each of the pilot regions.

### *Prevention of Mother-to-Child Transmission: The Key to a Healthy Future for Russia*

In a separate presentation, Kubataev also discussed AIHA's project for the prevention of mother-to-child transmission (PMTCT) of HIV. Launched in 2004, this project is a joint effort with WHO and the US Centers for Disease Control and Prevention (CDC) that has resulted in the adaptation of WHO/CDC guidelines for preventing vertical transmission for conditions in the former Soviet Union. Implementation of the project began at the Samara Perinatal Center, which will serve as a training base for the project in Russia. Specialists from this center were trained as teachers and have been conducting courses, in cooperation with UNICEF experts, in Chelyabinsk, Magnitogorsk, Novotroitsk, and Orenburg for the past ten months.



"This is a multifaceted project that includes HIV prevention at all levels, ranging from work with reproductive-age women, prevention of unwanted pregnancies in HIV-positive women, and medical intervention during pregnancy and delivery, as well as preventive measures for children who have experienced perinatal exposure to HIV," Kubataev explained.

Arsen Kubataev explains the principles of AIHA's HIV/AIDS database. After his presentation many healthcare specialists expressed the willingness to use such a tool at their own institutions. (Photo: Vira Illiash)

To monitor how well the various aspects of the project are being implemented, AIHA created a software database to track HIV-infected women and their children. Since the autumn of 2003 this system has been undergoing testing in Togliatti, a city in Samara Oblast with one of the highest HIV rates in Russia. Statistics show that 3,000 of the city's 200,000 reproductive-age women have HIV. Since the beginning of the HIV/AIDS epidemic in Russia, Togliatti has seen 853 children born with perinatal exposure to HIV.

Demonstrating the database to participants, Kubataev stressed that it contains information on 11 different topics. Among the major components, the availability of pre- and post-test counseling during prenatal care, the use of preventive drugs, and the occurrence of complications and surgical interventions during delivery, as well as whether or not mothers

were counseled on taking preventive medicines and on child care, breastfeeding, and family planning in the postpartum period.

The database is physically located in the Togliatti AIDS Center, and the data are collected at all of the institutions that provide care or services to HIV-infected women and their children, including women's clinics, inpatient gynecological facilities, the obstetric departments of general hospitals and pediatric outpatient clinics. To collect data pertaining to all HIV-positive women's pregnancies and deliveries, project administrators developed loose-leaf inserts for the medical record cards, which are filled out during registration at the women's clinic. Kubataev explained that the inserts are easy to fill out, requiring just checking 'yes' or 'no' in the appropriate boxes. If the pregnancy is terminated, the document is supplemented with the records from the hospital gynecological unit. If the woman decides to carry the pregnancy to term, information is collected on the preventive measures applied during delivery at the obstetric department of a general hospital. All of these data points are subsequently assembled at the AIDS Center where staff members regularly meet with outpatient clinic pediatricians and monitor the records of check-ups done on children born to HIV-infected mothers.

"The forms we developed help analyze what measures have been implemented to prevent mother-to-child transmission, as well as monitor the dynamics of the periodic check-up records of children born to HIV-infected mothers," Kubataev continued. In this connection, he pointed out that the system contains the personal details of the women and their children, making it much easier to search for a patient if the healthcare professionals lose track of her. At the same time, the system is in strict compliance with confidentiality laws. This means that each surname is assigned an appropriate code, so that only a properly authorized staff member may find out the details of the person's identity and address.

In conclusion, Kubataev stressed that the database is a tool not only for assessing the quality of services, but also for identifying patient needs. It also helps healthcare workers improve a quality assurance system to monitor the medical care they provide and observing the results of their work. This, in turn, creates opportunities to further improve the support system for HIV-positive women and their children.

### *Clinical Audit: A Simple Tool for Making Big Changes*

Another practice that has the potential to improve the quality of clinical measures was presented at the conference by Steve Rith-Najarian, a member of the Saratov/Bemidji partnership. Rith-Najarian described the practice of clinical audit, which is widely used in the United States to assess changes in clinical practices. In late 2004, this practice was introduced

in Saratov and Engels and using an audit form developed by Dr. Rith-Najarian and modified by the Saratov partners and AIHA. For instance, it records how many patients with CD-4 counts less than 200 are receiving ARV therapy or how many HIV-infected patients have been screened for TB. The forms, along with instructions on how to fill them out, were distributed to healthcare institutions involved in caring for HIV/AIDS patients in both cities.



Steve Rith-Najarian speaks about the value of using clinical audits as an effective tool for medical service improvements. (Photo: Vira Illiash)

In January 2005, the collected data were entered into a special CDC-developed database called EpiInfo to be analyzed. This baseline audit helped partners identify clinical areas that needed improvement according to Rith-Najarian.

"The audit gave us a clearer picture of what needs improving and what the healthcare system's priorities are. We made our recommendations and shared them with head physicians of all the AIDS centers and TB clinics in Saratov and Engels, so they could put them into practice," Rith-Najarian said, emphasizing that the partners were pleasantly surprised with the results when they did a follow-up audit in October 2005.

"All priority areas showed signs of improvement," he noted, "So, areas that we had hoped would improve did improve and the audit was able to provide us with this feedback."

The key thread that tied together the various presentations showcasing AIHA's HIV/AIDS projects in Russia was the notion that when launching a project that has such far-reaching potential, one must think first and foremost about the details. Following this ancient wisdom may help Russian specialists build an efficient support system for its citizens living with HIV, a system that would surely be welcomed by patients, their families, and the country's future generations.