

Mobilizing Communities to Address the Challenges Presented by the HIV/AIDS Epidemic in Russia

CLDP Participants Apply Lessons Learned in America to Fight HIV/AIDS in Their Home Communities

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Elena Shnirina's hometown—the Southern Russian industrial city of Togliatti—is, like many other cities throughout Russia, fighting a battle against HIV/AIDS. More than 700,000 people live in Togliatti, of which 430,000 reside in the Avtozavodsky rayon, says Shnirina, director of the Center for Social Assistance in Avtozavodsky. Over 10,000 people living in the rayon are infected with HIV; the majority of them are injecting drug users (IDUs).

These statistics mirror a trend throughout Eastern Europe and Eurasia. According to WHO and UNAIDS, approximately 1.5 million people are infected with HIV in the region;¹ the majority of these cases are reported in young people, chiefly IDUs. In Tajikistan, for example, 89 percent of all HIV/AIDS cases are IDUs.²

In September of 2002, Shnirina was one of nine healthcare providers, civil administrators, elected representatives, and teachers from Togliatti to participate in AIHA's Community Leadership Development Program (CLDP), funded by the Open World Leadership Center at the US Library of Congress. The Togliatti representatives were among approxi-

mately 200 Russian healthcare professionals and civic leaders to participate in the program in 2002; in 2003, 60 representatives from Russia and 15 from Uzbekistan participated in the program;

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75 representatives from Russia and 15 from Uzbekistan are scheduled to participate in the program in late 2004. As part of the program, participants live as temporary Americans with host families in various parts of the United States.

The primary goal of AIHA's program is to help civic, political, and healthcare leaders from Eastern Europe and Eurasia find viable solutions to health-related challenges through community mobilization approaches and community-based initiatives. After receiving intensive training in mobilization strategies in Moscow, program participants travel to the United States to learn firsthand how American communities address local health issues. After ten days in their host communities, during which they visit hospitals, schools, departments of social services, city council meetings, substance abuse centers, volunteer organizations, and other relevant groups—as well as attend homecoming parades, football games, potluck suppers, and church services—participants meet for two days in Washington, DC, where they work through a team-building and planning process that helps them identify health-related priorities in their home communities and the stakeholders who can play a role in addressing these issues. Participants also develop action plans for implementing projects that will improve community health and promote healthy public policies. The idea is for participants not to replicate the US programs, but to take elements from the programs and

adapt them to their own specific needs. The action plans developed by CLDP participants focus on how to involve local public, private, and voluntary agencies and organizations in healthcare initiatives.

Over the past two years, participants have focused on a number of healthcare issues ranging from combating drug abuse and alcoholism to improving the health of children and families. Given the escalation of HIV/AIDS in Eastern Europe and Eurasia, it is not surprising that some have chosen to focus on combating this disease. This article looks at three individuals who participated in the CLDP and how they used what they learned in the United States to develop programs aimed at fighting the HIV/AIDS crisis in their home communities.

Focusing on Families and Teens

The Center for Social Assistance where Elena Shnirina works provides psychological assistance to the Avtozavodsky community and works with families to promote “healthy lifestyles.” As part of this effort, the Center educates families on topics such as family planning, reproductive health, HIV/AIDS and other diseases, the dangers of alcoholism and drug abuse, and the prevention of child abuse and neglect. “For the Russian people, the family is a symbol of security and it is the family who helps build morals and values,” Shnirina says. “That’s why we are working with families to promote healthy lifestyles.”

To Shnirina, stressing the importance of family and educating the individual members of a family—especially teenagers and younger children—is vital to reducing the rate of drug abuse and disease within the community. Shnirina and her colleagues have developed programs aimed directly at working with and educating teens in

large part because a wave of drug abuse has increased the spread of HIV infection among Russia’s youth.³ Speaking about this correlation, Shnirina says, “We believe that involving youth in an active social life and using their high potential in all areas of life will automatically take them far from drugs, will reshape their mental attitude, and help build a healthy lifestyle.” But, obviously, this alone cannot keep them from drugs. Shnirina and Center staff hope that involving the community in their education efforts will provide an added boost.

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Shnirina says that the most valuable lesson learned during her stay in Newton, Iowa, was that various groups—from volunteers and religious organizations to healthcare institutions—can all take part in efforts to promote a healthy community. This lesson has helped the Center to develop effective community programs. Particularly impressed with how US church communities assist families in need, upon their return, Shnirina and her col-

leagues instituted a similar program at the Center, establishing council to collect monetary donations from the community. Thanks to these donations, there is a constant reserve fund to help needy families, such as those suffering from HIV/AIDS, buy food or pay urgent bills. The council determines which families need assistance on a case-by-case basis. Also drawing on observations made in the United States, the Center for Social Assistance has instituted an area where teens from the community can gather on a regular basis to socialize and participate in classes on various health topics. The Center reaches out to local schools, medical institutions, law-enforcement agencies, and youth organizations to hold “working meetings” throughout the year to tackle various problems, such as teenage drug abuse and alcoholism. At these meetings, individuals from different populations within the community share their thoughts and develop specific plans to address identified problems.

Increasing community collaboration for existing programs is another goal of the Center. An example of one such accomplishment is a long-term, youth-focused healthy community plan, “Caring Parents,” developed by staff after Shnirina’s return from the exchange. The program, which places an emphasis on drug abuse and HIV/AIDS prevention, is directed at educating community youth. To accomplish this, Togliatti teachers were trained by the Center’s social workers and psychologists to conduct classes at local schools on addiction and HIV/AIDS prevention.

While listing all her successes, Shnirina says that she is still not completely satisfied with the level of community involvement in these and other programs,

explaining that she would like to see the type of community involvement she observed in Iowa. “Unfortunately, our participation rate is not as high as we would like it to be, but a system of support is being built and we are making progress.” Recently, Shnirina and her colleagues worked with a local radio station to promote their projects on the air. They also plan to survey the community to find out what it would like in terms of health education. With this type of information, the Center hopes to increase community involvement in programs and tailor programs to the community’s needs.

Involving the Community

The level of community participation in healthcare initiatives is also what impressed Alexander Chernov the most about the United States. Chernov, who is chief physician at the Tomsk Oblast Center for AIDS and Other Infectious Disease Treatment and Prevention, stayed with a host family in Duluth, Minnesota, and observed programs designed to prevent drug abuse and HIV infection.

“Before making the trip to the United States I had a very superficial knowledge of the American healthcare system,” he says. Participation in the program allowed Chernov to learn more about the US healthcare system and to observe its strengths, one of which he says is “efficient and functional” specialized care tailored to specific groups of the population such as a rehabilitation center for drug addicts in Duluth.

In addition to learning about the healthcare system, Chernov was able to observe other public service functions in Duluth. “I liked the participation of religious organizations and individual citizens in the development of city life, and I enjoyed

visiting and meeting the Duluth police department,” he recounts. Chernov says that while meeting with the police department he was particularly interested in the drug prevention programs they implemented at local schools. Observing that the police and the community as a whole take a proactive stance against drug use, he talks about how he “visited two department [within the police force], one that focuses on preventing the spread of drugs and another in charge of working with teenagers and children to pre-

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vent drug abuse.” Chernov would like to see similar programs that involve police in educating youth about drug abuse implemented in Tomsk because he feels that the police could have a greater positive influence on teenagers—more so than their teachers, parents, or peers.

Because Chernov is an HIV/AIDS specialist, he was especially interested in ways to boost HIV/AIDS prevention programs back at home. The population of

Tomsk Oblast is more than 1 million, with approximately half that number living in the namesake city. According to Chernov, as of late December 2003, 852 cases of HIV/AIDS have been registered in Tomsk. While this statistic indicates that the occurrence of HIV infection in the city is relatively low, Chernov explains that HIV/AIDS prevention programs are critical at this stage of the epidemic to stop the spread of the disease.

Chernov’s participation in the CLDP inspired him to help create two new programs aimed at stopping the disease. Both are related to his role as secretary of an intersectoral committee to combat AIDS that is headed by the deputy governor for social policy of the Tomsk Oblast administration. With Chernov’s help, the committee plans to implement HIV/AIDS prevention programs in educational institutions—including universities—within the oblast. The committee also plans to establish rehabilitation programs for children born to HIV-positive parents, so that they are not abandoned, but placed in adoptive families.

Similar to the model he observed in Duluth, Chernov would like to involve individual citizens, religious communities, and the local government in these programs. “The [CLDP] trip showed me how such programs are implemented with the support of both civil society and, above all, local government. This is what Russia currently lacks.” Chernov would like Russia to encourage citizens to become involved in public health initiatives. “It is important to create an atmosphere in which individual citizens’ initiatives can be heard and developed.”

Targeting Those at Risk

Andrei Bikov, chief of the Samara Oblast

AIDS Prevention Center, returned home from his exchange in late December 2003, and has since brainstormed ways to use information he gathered in Burlington, Iowa. One of his top priorities is to develop programs to educate youth and other at-risk groups on HIV/AIDS prevention.

“Currently a number of different groups in Samara are at risk for contracting HIV,” Bikov explains. “The Samara Oblast is one of the territories in Russia most affected by the virus. The Oblast’s population is 3.25 million people of whom 20,700 are HIV-infected. About 90 percent of those infected are drug addicts, however over the last year the number of persons infected through sexual contact has increased significantly, especially among women,” Bikov says, citing a trend that is occurring throughout Eurasia. “There is a high rate of HIV among women of reproductive age and the number of children born from HIV-positive mothers has also increased rapidly.”

“With this rapid increase,” Bikov says “my primary goal is obviously to decrease the spread of HIV infection among Samara’s population.” To do this, he plans to develop a multifaceted program on HIV prevention that involves volunteers in the effort to educate students. His goal is similar to that of Shnirina’s and Chernov’s: to bring various parts of the community together—professionals in the field, teachers at the local schools, and community leaders—in this overall HIV education effort. Specific plans for the program include developing, printing, and disseminating informational booklets on HIV prevention and drug abuse; conducting lectures in education institutions for both students and parents; and holding educational workshops on HIV/AIDS for school teachers.

Additional Strategies

Bikov won’t be alone in his efforts to educate the people of Samara. In 2002, another delegation from the oblast participated in a CLDP exchange in Keosauqua, Iowa. Since returning home, the participants have successfully implemented three healthy lifestyles awareness and training programs among children and youth in the city. “Take it With You!” has conducted 20 HIV-prevention trainings at local schools in cooperation with the Center for Social Development and Information Foundation.

Participants from the town of Novokuibyshevsk in the Samara oblast who visited Iowa in 2002 formed an intersectoral committee to develop a long-term healthy communities program headed by the deputy mayor.

CLDP participants from other cities and oblasts have also made valuable strides in Russia’s fight to combat the spread of HIV/AIDS. For example, participants from the town of Novokuibyshevsk in the Samara oblast who visited Iowa in 2002 formed an intersectoral committee to de-

velop a long-term healthy communities program headed by the deputy mayor. The committee developed programs on prevention of HIV/AIDS infection and drug abuse in youth and has made significant progress in integrating its work with local agencies and non-governmental organizations into established HIV and drug abuse prevention programs. Achievements to date include the distribution of 3,000 booklets on HIV prevention and training city teachers, school staff, and volunteers in HIV prevention.

Due to the nature of the HIV/AIDS epidemic in Eurasia, major challenges remain and much more needs to be done. Injection drug use runs rampant; the region is rebuilding its healthcare system and is still undergoing economic and social changes related to the collapse of the Soviet Union; a potent stigma is associated with HIV/AIDS and those who have it; and misinformation about the disease is overwhelming. But not everything in Russia is bleak, as witnessed by the community-based initiatives being carried out by CLDP participants. Many participating communities have incorporated HIV/AIDS initiatives into their overall action plans for promoting healthy lifestyles and, more than likely, future participants will do the same. ■

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