

# AIHA: A Partnership of Partnerships

## Building Partnerships

From Kazakstan to Ukraine to Albania, American International Health Alliance (AIHA) partners in the New Independent States (NIS) of the former Soviet Union and Central and Eastern Europe (CEE) are pioneering sweeping changes in health and health care delivery:

- A collaborative diabetes education program created by doctors and nurses in Dubna, Russia and LaCrosse, Wisconsin, has taught more than 1,000 diabetics in Dubna how to manage their disease. In the process, hospitalizations and insulin dose levels have dropped substantially, and the program has been replicated at five other sites in the Moscow region.
- In Tashkent, Uzbekistan, a new neonatal intensive care unit at Second State Medical Institute-- staffed by physicians trained at the hospital of the University of Illinois Medical Center in Chicago--has contributed to a steady decline in the number of infant deaths.
- Women of all ages now have expanded access to badly needed services like family planning, perinatal care and screening and prevention of cancer and sexually transmitted diseases. A series of Women's Wellness and Breast Care Centers is providing a multidisciplinary approach to primary care, health promotion and disease prevention for women, utilizing obstetrician/gynecologists, family practitioners, midwives, nurses, psychologists and health educators.
- In the towns of Petrzalka and Turcianske Teplice, Slovakia, members of the community--from teachers to clergy to government officials--have come together to assess health problems and reach consensus on solutions. Healthy communities partners have successfully raised funds for an ambulance, established a town Health Advisory and Education Center, and instituted monthly anti-drug forums to give parents and teenagers a venue to discuss rising drug use and ways to prevent it.

As these and many other examples demonstrate, AIHA's network of partnerships--forged between hospitals, communities and universities in the United States and those in the NIS and CEE--has helped health care professionals bridge oceans to address common health care issues and concerns. Established in 1992 by leading US health care organizations as the primary vehicle through which America's health care professionals could respond to requests for assistance in the NIS and CEE, AIHA has supported almost 50 partnerships in 20 countries under cooperative agreements with the US Agency for International Development (USAID).

The partnerships allow American health care institutions to assist their counterparts in newly democratic countries, where a history of insufficient investment, centralized bureaucracies and a lack of up-to-date training and information for health care professionals has resulted in levels of productivity and health far below those of other industrialized nations. Partners work together to develop practical, sustainable solutions to such problems as decreasing life expectancy, increasing infant mortality and inefficient health care systems.

In fact, the partnership model pioneered by AIHA has been so successful, USAID is now incorporating it in a range of other social issues and environmental projects across the region.

## Sharing Solutions to Health Care Challenges

To meet the most important health care needs in the NIS and CEE, the partnership program has addressed six key elements embodied in USAID's strategic objectives: (1) a reorientation toward primary care; (2) a closer alignment of personal health and public health efforts; (3) the development of competencies in and applications of methodologies for a) care management and b) resource management; (4) an increase in the quality and availability of

information for decision-making; and (5) the promotion of democratic values and expansion of civil society.

The success of the AIHA partnership program rests in large part on the voluntary efforts of many individuals and donations from numerous institutions in the US. These public-private partnerships have resulted in a tremendous commitment from non-governmental sources, leveraging \$115 million in in-kind contributions--including more than 140,000 volunteer person days--since the program's inception. US companies like Eli Lilly and ServiceMaster have donated \$14 million in medical and educational supplies and equipment to partner institutions throughout the NIS and CEE.

AIHA itself is an active "partner" in every partnership, promoting volunteerism and community-based linkages, providing key support services that enable the partners to bring their resources to bear more effectively and get the most out of their efforts, identifying and securing significant additional voluntary services from AIHA's own strategic partners, and providing a framework for collaboration within a larger international and policy context.

Within this model, AIHA is able to work closely with other US government and international agencies working in the NIS and CEE, as well as with health ministries in each country. For example, partnerships and AIHA regional offices have worked closely with the US Department of State in Georgia, Kyrgyzstan, Kazakstan, Russia, Moldova and Belarus to help effectively distribute surplus supplies and equipment from the Department of Defense. The US Department of Health and Human Services and the US Centers for Disease Control and Prevention have co-sponsored a number of AIHA workshops and conferences, and the World Bank and the World Health Organization continue to serve as collaborating partners on several initiatives.

Additionally, AIHA helps to organize partner interaction and promote opportunities to share success stories across international boundaries through a robust schedule of conferences and workshops; more than 100 such events were held in NIS and CEE during the program's first six years, involving more than 5,000 participants.

As a direct result of partnership activity, progress has been made on a number of fronts: Virtually all partnerships have reported improved productivity, from shorter hospital stays for patients to increases in outpatient services to overall increases in the number of patients being treated.

The partnership model also greatly benefits US health care institutions and health professionals by providing a global perspective, an opportunity to build bridges within their own communities, and critical insights into the solution of health care issues back home. For example, partners in St. Louis, Missouri now use hospice skills to care for patients and family members in the intensive care unit after watching their Latvian counterparts apply hospice care in a similar environment. And partnership advances in infection control in Almaty, Kazakstan have inspired eight competing institutions in Tucson, Arizona to join forces to strengthen infection control practices at their own hospitals. As a result of its work with AIHA, the University of Arizona Health Sciences Center in Tucson has implemented WHONET--a World Health Organization (WHO) database system that enables global surveillance of bacterial resistance to antimicrobial agents.

An emphasis on long-term, community-based institutional relationships--involving hospitals and other health care providers, local and state health departments, schools of the health professions, and non-governmental and community organizations--has enhanced the sustainability of partner achievements. A healthy communities partnership joining Constanta, Romania with Louisville, Kentucky is representative of this approach. In an effort to address women's health needs in Romania, Humana (a large managed care company based in Louisville), the University of Louisville and the Humana Foundation have teamed up with the

Jefferson County Health Department and several non-governmental organizations in Louisville to provide expert technical assistance.

### **Communications and Information Resources**

AIHA's Technology and Information Resources staff have introduced a variety of new technologies to partners, from videoconferencing to the Internet. Through the Learning Resource Center project--which provides access to several CD-ROM and on-line databases--many partners are learning how to use evidence-based practice approaches to promote informed clinical decision-making.

A bilingual World Wide Web site (<http://www.aiha.com>) includes news, a schedule of workshops and conferences, a library of translated educational materials in a variety of languages, and links to numerous other medical and international sites.

AIHA's journal, *CommonHealth*, keeps health care practitioners and Health Ministry officials informed about partner activities, AIHA news and advances in health care throughout the NIS and CEE. Each issue focuses on a theme; recent issues have looked at infection control/infectious disease and health care for the elderly. *CommonHealth* is published in both English and Russian.

An on-line newsletter, *Connections*, updates partners on the latest news and activities. Published monthly in English and Russian, the newsletter is available through AIHA's World Wide Web site and in hard copy at each partner hospital.

### **Looking to the Future**

As a second round of NIS partnerships begins in 1999 under a new cooperative agreement with USAID, AIHA will work with USAID missions throughout the region to help attain the agency's goals of developing community-based programs that help build democracies in the region. An increased emphasis will be placed on changes that directly improve health for the average citizen, through, for example, improving delivery of primary care. And new partnerships will continue to expand beyond the basic hospital-to-hospital model developed by AIHA in 1992, to include professional associations, schools of health professions and non-governmental organizations in addition to health care providers.

Institutions and organizations interested in establishing a partnership through AIHA must: demonstrate a substantial voluntary commitment to a partnership through a significant contribution of resources, actively involve the local community in the partnership and adhere to AIHA's rigorous objective-setting and results-oriented approach. This approach requires working within the overall coordination and guidance of AIHA and its designated program coordinator; developing demonstration-type interventions with significant training components and a capacity for replication; establishing mechanisms for the dissemination of partnership successes; and participating in regular program evaluations to assess partnership progress and achievements.

Into the 21st century, the partnership program will foster a growing cooperation and communication among those who come together across disciplines, across borders and across oceans to help build a powerful, interlinked program. Through its partnership of partnerships, AIHA creates new links between communities, peers, patients and, ultimately, a healthy future.