

# Connections

---

## April-May 2005

For more information about any of the stories found in this issue please contact [webmaster@aiha.com](mailto:webmaster@aiha.com)

### Partner News

- Renovated Tuberculosis Reference Laboratories Reopen in Moldova
- Ukrainian Specialists Gain Knowledge to Provide Effective Treatment and Care to PLWHA
- Tbilisi Workshop Provides PHC Partners with the Tools to Improve Clinical Management Skills

### Regional News

- Russia Counts on Help from Pharmaceutical Companies to Improve Access to HIV/AIDS Medications
- New Project to Control HIV/AIDS Launches in Uzbekistan
- Treatment of Depression Can Increase Adherence to ART

### Workshops, Conferences, Opportunities and Grants

- World AIDS Orphans' Day
- International AIDS Candlelight Memorial Campaign
- Conference on Rare Diseases and Orphan Drugs in Eastern European Countries
- 2005 Annual Global Health Council Conference
- 4th Congress of the World Society for Pediatric Infectious Diseases

### Features

- St. Petersburg Conference Encourages Creation of Effective Russian National Model on HIV/AIDS Treatment and Care

## Partner News



### **Renovated Tuberculosis Reference Laboratories Reopen in Moldova**

Under a brilliant sun that foreshadowed the approaching spring in Moldova, three tuberculosis reference laboratories recently reopened after extensive renovations. Three days of celebration and ceremony began with James P. Smith, executive director of AIHA, and Andrei Crusinschi, councilor to the Minister of Health of Moldova, cutting the ribbon at the Vorniceni Regional

Reference Laboratory on the morning of March 24, World Stop TB Day.

Numerous celebrants representing USAID, local government, and TB and primary healthcare services were greeted with traditional bread, salt, and wine as they entered the facility. Viorel Soltan—director of AIHA's USAID-funded Strengthening Tuberculosis Control in Moldova Project, which supports WHO's recommended Directly Observed Treatment-Short Course (DOTS) strategy for TB control—lauded the commitment the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the State Medical and Pharmaceutical University (SMPU), the construction firm Arhiconi-Grup, and many other enterprises made to the collaborative efforts to build national capacity to combat tuberculosis.



**AIHA Executive Director James P. Smith and Andrei Crusinschi, councilor to the Minister of Health of Moldova, mark the opening of the newly renovated Vorniceni Regional Reference Laboratory during a ribbon-cutting ceremony on World Stop TB Day.**  
(Photo: Carole Zimmerman.)

The joy and gratitude evident in the line of Vorniceni's laboratory staff filled the crisp, pine-scented air as they beamed in their starched, white uniforms. Their working conditions were being transformed from the unsafe, open benches previously used for performing cultures to modern, ventilated units designed in accordance with international infection control standards and equipped with rapid diagnostic capacity. At this reference laboratory adjacent to an abandoned TB sanatorium and hospital built by Queen Marie of Romania in the early 20th century, Professor Antonino Catanzaro of the University of California at San Diego noted, "it is appropriate to celebrate the day when Robert Koch presented the results of his discovery in 1882 that TB is caused by *Mycobacterium tuberculosis*, designated as World TB Day, with the opening of this lab."



**Staff of the Regional Reference Laboratory in Vorniceni gather for the ribbon-cutting ceremony.** (Photo: Carole Zimmerman.)

A similar line of white-robed laboratory staff greeted US Ambassador to Moldova Heather M. Hodges and Gheorghe Turcanu, Moldova's prime vice minister of health, later that afternoon at the National Reference Laboratory in Chisinau. Before cutting the ribbon and touring the facility, they commented on the enormous difference the lab will make in efforts to control TB in Moldova and the continuing cooperation between the two governments in improving healthcare in Moldova.

Maria Kirova, portfolio manager of the Global Fund, spoke of the organization's close collaboration with the project and the provision of equipment for increasing the accuracy and speed of culture and drug sensitivity testing of specimens.

Valeriu Crudu, AIHA laboratory and surveillance specialist, said that Moldova now

has a comprehensive network of laboratory services covering microscopy, culture, and drug sensitivity testing, as well as quality control and two-way feedback between the periphery and center. He said he was delighted to report that Moldova could now conduct complete microbiological testing for all TB patients and assure the safety of laboratory physicians and technicians. As visitors went from room to room, the staff proudly showed off the new equipment and explained the ventilation and set-up of work stations.

On the following day, 160 participants attended a conference at the SMPU titled *The Crucial Role of the Primary Healthcare Providers in the Prevention and Treatment of TB*. The panelists and attendees were a testament to the breadth of institutions dedicated to strengthening TB control in this nation of 4.4 million. Addressing SMPU Rector Ion Ababii, Smith said that "the University is a key partner in implementing TB control strategies and I would like to thank [both him] and the University for the long and productive period of cooperation with AIHA."

Conference participants included representatives from AIHA, WHO, the Global Fund, Caritas Luxembourg, the Penitentiary Department, and the Ministry of Health, as well as professors of phthisiopneumology and family medicine, phthisiopneumologists, primary healthcare practitioners from municipalities and rayons throughout Moldova, and phthisiopneumologists from the Clinical Hospital of Pneumology in Iasi, Romania, and the State Center of Tuberculosis and Lung Diseases of Latvia (SCTLD). Prime Vice Minister Gheorghe Turcanu noted the important role of primary healthcare providers as gatekeepers in TB control, saying, "the best investment in primary care is the personnel."

There were lively exchanges among participants on the evolving roles of primary healthcare providers and phthisiopneumologists in Moldova and the meshing of new responsibilities with changing financing systems for healthcare services. The practitioners in the audience spoke fervently of being overburdened with large patient caseloads, the inadequacy of their salaries, and the lack of budgetary authority within the TB service structure. Addressing the high default rate, Traian Mihaescu of Romania and AIHA's Viorel Soltan noted that patients and practitioners both have responsibilities and practitioners must be advocates for patients.

There were presentations and discussions on the implementation of DOTS, the TB public awareness campaign, and the causes and prevalence of multi-drug resistant TB (MDR-TB). Panelists noted that without the enhanced diagnostic capabilities of the renovated laboratories, Moldova would not have received approval from WHO's Green Light Committee to access second-line anti-TB drugs at concessionary prices and technical assistance in treatment planning for MDR-TB



**US Ambassador Heather M. Hodges and Prime Vice Minister of Health Gheorghe Turcanu shake hands following the ribbon cutting at the National TB Reference Laboratory in Chisinau.** (Photo: Dmitrii Volkov.)

patients.

Vaira Leimane, director of the WHO Collaborating Center for Research and Training in Management of MDR-TB at the SCTLTD in Latvia, stressed the importance of good quality labs and team work in case management. She said that practical training is critical, quoting from a Confucian saying, "What I heard, I forgot; what I saw, I remembered; and what I did, I understood." The SCTLTD trained laboratory, primary healthcare, and TB practitioners from Moldova, teaching trainers adult learning techniques and how to best implement revised methods (see ["Series of Trainings Enhance Capacity of Healthcare Practitioners to Control TB in Moldova"](#) ).

One of the primary healthcare trainers, Ludmila Balteanu of SMPU, said that assessment of the diagnostic skills of trainees revealed an increase of 20 percent upon completion of the course. She reaffirmed the remarks of AIHA Senior Health Communications Specialist Irina Zatusovski that more TB patients were seeking services after the public awareness campaign was launched in January (see ["AIHA Launches National Anti-TB Awareness Campaign in Moldova"](#) ).



**Culture method room in the newly-opened National TB Reference Laboratory in Chisinau.**  
(Photo: Dmitrii Volkov.)

The slogan on the USAID banner draping the stage, "From the American people," took on a poignant meaning when the Regional Reference Laboratory in Balti was opened on March 26, the third and final day of festivities. Iurie Sestacov, chief of the laboratory, noted that "it is ordinary taxpayers whose financial support brought us to this day and we express our gratitude to the American people." His genuine enthusiasm at the momentous occasion overflowing, he continued, "When we heard that our lab was to be included, we thought it was too good to be

true...the change is so great that you have to see it to believe it."

AIHA Senior Program Officer Laura Faulconer thanked the vice prime minister of health for his commitment to the project and recognized the Balti vice mayor and local officials for their contributions to the lab renovation. Hospital and TB dispensary directors expressed their confidence that the staff would now be able to detect TB earlier and, at the same time, be protected while performing their duties. Vasile Zlepca of SPMU noted that the training rooms would allow for continuing education and the improved facilities meant greater responsibility for staff for the entire north of the country. Raisa Barbuta, the head of the TB dispensary, expressed her appreciation for the excellent public awareness and patient education materials produced under the project. She noted, "It is possible to find all questions necessary for the general public, all symptoms, where to go for consultation...it is the first booklet of its kind for TB patients and their relatives in the Republic of Moldova and the fact that it is in both Romanian and Russian is very important."

Over the course of the three days, several speakers remarked on the beautiful, sunny weather that shown down on the celebrations like a positive sign from above. Speaking in English, Stanislav Strisca, a student at the Medical College of Balti, welcomed the guests along with the sunshine and warm hospitality, saying, "It is important for our medical college to have this good lab for practical training...it will help us to increase our knowledge of TB." SCTLD Director Janis Leimans noted that "today we are opening the third laboratory and God prefers things in three, like the Holy Trinity." At each lab opening, Leimans conveyed the greetings of phthisiopneumology colleagues from Riga and graciously presented the lab directors with a souvenir mug from Riga, reserving the largest one for the National Reference Laboratory because it has the largest staff.



**After the opening of the Chisinau TB Reference Laboratory, Viorel Soltan briefs journalists about its role in controlling TB in Moldova.** (Photo: Carole Zimmerman.)

In the Moldovan tradition, congratulations and praise were offered many times during the three days and the warm collegiality was evident. There was special recognition of the extraordinary AIHA staff who had achieved so much in the 18 months the project had been operating. The American government and people, the Global Fund, the Ministry of Health, local government, the contractors, and laboratory staff were all thanked profusely for their roles in bringing to fruition the ambitious goal of renovating and equipping the three reference laboratories. Laboratory directors and staff remarked on the safer working conditions, the training that is now available, and their enhanced ability in diagnostics. And, most of all, the speakers remembered those suffering with TB who are being helped by the improved diagnosis and treatment made possible through the project.

*—by Asma Khalid Henry, AIHA consultant*



## **Ukrainian Specialists Gain Knowledge to Provide Effective Treatment and Care to PLWHA**



**Svetlana Antoniak addresses the**

"For HIV-infected people, antiretroviral therapy (ART) means life. When they choose this pathway, patients are placing their hopes in our support and care. They believe that only with this support and care will they live to see the future and survive until a cure is found. The knowledge we have can help justify their hopes, but only if we do everything in our power to gain a thorough understanding of all the ins and outs of prescribing antiretroviral (ARV) medications and providing treatment, care, and support to patients receiving ART." With those remarks Svetlana Antonyak, head of the AIDS Unit at the Infectious Diseases Hospital associated with the L.V. Gromashevsky Epidemiology and Infectious Diseases Research Institute (EIDRI) and instructor at the Regional Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia, opened a series of ART workshops on antiretroviral therapy (ART), sponsored by the Knowledge Hub in Kiev this past February.

**trainings in Kiev while Ludmila Storozhuk, infectious disease physician at the Ukrainian National AIDS Center, looks on.** (Photo: Vira Illiash.)

More than 80 representatives from centers for AIDS prevention and treatment (AIDS Centers) in 15 oblasts of Ukraine came to the capital to improve their knowledge of providing ART to adults and adolescents. The lack of knowledge in this area is due to the fact that treatment with antiretroviral (ARV) drugs was introduced in Ukrainian clinical practice on a large scale only in August 2004 thanks to financial grants from the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

Because ART is very complex and requires an individual approach for each patient, this life-saving treatment cannot succeed through the efforts of physicians alone. For that reason, nurses and social workers—whose assistance with ensuring patient adherence to ART, as well as with providing psycho-social support—attended the workshops alongside doctors. Representing each of these professions, Ukrainian, German, and American specialists with substantial teaching and clinical experience in providing treatment, care, and support for people living with HIV/AIDS served as faculty for the trainings.

### ***In-depth Training Brings Better Understanding and Perfects Existing Skills in ART***

The advanced workshop on ART for adults and adolescents was the first in a series of workshops, which took place in February under the auspices of the Knowledge Hub. It was designed to provide in-depth ART knowledge to HIV/AIDS care-professionals from the six Ukrainian regions facing the highest HIV incidence and where ARVs have already been introduced on a large scale. These regions are Donetsk, Dnipropetrovsk, Kiev, Nikolayev, Odessa and Zaporozhye oblasts, along with the city of Simferopol in the Crimean Republic.



**German trainer Christine Trader and Tatiana Suprunenko, a Ukrainian infectious disease physician of AIDS Unit at the Kiev Infectious Diseases Hospital, discuss a case study of tuberculosis in HIV patient during the advanced ART training in Kiev while Vitaliy Tikhonuk (far right) translates.** (Photo: Vira Illiash.)

Workshop participant Oksana Golub, an infectious diseases specialist at the Kiev AIDS Center, says that the workshop is the third training session held for specialists from these regions by the Knowledge Hub. The initial workshops, which provided local specialists with basic knowledge about prescribing and treating with ARV, took place in June 2004 shortly before the first ART medications arrived in Ukraine.

"At the earlier workshops, we studied general questions related to counseling, treatment regimens, and ART adherence. This latest training session provided more in-depth clinical analysis of HIV and TB co-infections, as well as differential

diagnostics of conditions related to ART side effects," Golub explained.

Instructors gave detailed presentations on cases of TB, hepatitis, respiratory infections, gastrointestinal and skin problems, and neurological disorders—all common problems encountered most frequently in the daily practice of doctors caring for patients on ART, Golub continued, stating, "Our foreign colleagues showed us that 'clinical work' is not some vague notion. In each case, there are ways to treat the individual's problems and give him or her hope of survival. It was very important for me as a clinician to hear this because we don't yet have the depth of experience that they do in Europe or America."

Learning from the experience of other clinicians who have already faced similar situations, Golub stressed, is a much better option than using patients who may already be in the terminal stages of their disease to master the finer points of HIV-related clinical care. "In August we prescribed ART for everybody who was still alive at that time, but so many of our patients did not live long enough to get it! Knowing that ARV medications were on the way, we gave them the best support we could, nevertheless people literally faded away before our eyes. That's why we can't allow any mistakes with those who are left," she said, noting that the Kiev AIDS Center has 1,662 patients registered for follow-up care. Approximately 140 of them are currently receiving ART, and another 60 are expected to start treatment in the near future.

Adherence to ART, switching treatment regimens, and the development of drug resistance were also identified by participants as the most pressing problems they deal with on a day-to-day basis. American instructors John Marangio, care manager at AIDS Healthcare Foundation/Positive Healthcare, and Carlos Cordero, a counselor with Doctors Without Borders, provided a great deal of practical advice to workshop participants, particularly the nurses and social workers, who are often in closest contact with the patients and are the first to find out about problems that come up.



**Grigory Naumovets, ICT coordinator of AIHA's Regional Office in Ukraine, plays the role of virus while Carlos Cordero demonstrates how ARV therapy in combination with humour can help patients subdue both the virus and dismal thoughts about it. Olga Nikolayenko (far left) translates.** (Photo: Vira Illiash.)

Cordero has been taking ARV drugs for nine years, so he has experienced the side effects of the therapy first-hand and has survived many coinfections, including malignancies. Because of his strong will and desire to live a full life, he has developed his own philosophy of managing life on ART. Its main principles are a healthy diet, regular physical exercise, and a psychological attitude towards his medications, which he looks at like vitamins.

Advising workshop participants on how to promote patient adherence to ART, Cordero stressed that during counseling sessions specialists should make every effort to help the patient learn everything he can about his disease, the medicines he takes, and the social and psychological support services that are available. Counselors should know all about the patient's life, his habits, and activities. Only on this basis is it possible to select a convenient schedule for him to take the drugs and to promote adherence of the highest possible level, which Cordero said needs to be at least 95 percent to prevent drug resistance from developing.



**John Marangio gives nurses some practical ideas for promotion of ART adherence in HIV-positive patients.** (Photo: Vira Illiash.)

Marangio noted that adherence also depends on the patient's receiving consistent information from his doctor, nurse, and social worker. It is therefore important for these specialists to work together and give the patient only concerted advice. "There is nothing worse than losing a patient's trust at this stage," Marangio stressed, noting that all the Ukrainian team members must work together very closely to avoid this.

In view of the fact that the majority of Ukrainians who need ART are active injecting drug users (IDUs), the development of a drug-taking regimen and adherence support for this group of patients was a separate workshop topic. In addition to looking at basic principles and approaches to working with this group of people to improve their adherence,

workshop participants discussed the incorporation of drug replacement therapy programs when administering ART. This alternative solution has produced good results in other countries. Access to replacement therapy remains very limited in Ukraine, although the introduction of such programs on a large scale is under discussion in the government.

German doctors Christoph Weber and Christine Trader from the AIDS Clinic in Berlin joined Svetlana Antonyak and Alexander Telnov, project physician at Medecins sans Frontieres' office in Odessa, in presenting a detailed analysis of criteria for changing drug regimens using specific case studies. While the doctors concentrated on the clinical aspects of these issues, the nurses and social workers looked at them from the standpoint of their own role in working with patients. The ability to deal correctly with regimen-change issues stood out as an important one for these specialists because in practice they are the ones patients turn to first with complaints about various side effects or to seek help on switching to another regimen. In this connection, Cordero warned the social workers and nurses against giving patients any advice on matters that fall within the doctors' purview. Instead, he offered a number of recommendations on how social workers and nurses can help patients better adapt to their regimens.

This solution is of some urgency because only a limited number of ART regimens are currently offered in Ukraine. "By changing regimens, the patient narrows his range of treatment options," explained Cordero, stressing that when these drugs are prescribed it is important for the doctor, nurse, and social worker to collaborate, so that they can help patients understand the possible side effects and be ready for them. "Before changing a patient's treatment regimen you have to help him change himself. Our job is not to prevent the patient from encountering problems, but to help him deal with them," he said, stressing that his own experience has convinced him this is the appropriate approach.



**Representatives of non-governmental organizations from Kiev and Odessa practice their ART adherence counseling skills while Carlos Cordero offers advice and support.** (Photo: Vira Illiash.)

"All the questions we felt unsure about were laid out at this workshop in a highly organized way like mathematical equations," noted Natalya Gamova, an infectious diseases physician from the Mariupol city AIDS Center in the Zaporozhye Oblast. She also stressed that before this workshop she and her colleagues did not always know about the difficulties that may come up when caring for a patient who is receiving ART, although what they had learned last June made it possible for them to put more than 120 people on the therapy, 90 percent of whom noticed some improvement in their health just three weeks after beginning treatment. "This time, all the basic lines of work and the finer points of diagnosing opportunistic infections and side effects, and providing treatment, and support were defined. And that's what is most important for us at this stage of things," Gamova noted with satisfaction expressing hope of being able to continue to be educated on ART under the auspices of the Knowledge Hub.

### ***Introductory Workshops Provide Basic ART Knowledge***

After the advanced workshop on ART, new teams arrived in Kiev to master the fundamentals of ART. The teams came from regional AIDS centers in regions that are still waiting for their first deliveries of ARV drugs: Ivano-Frankovsk, Kharkov, Kherson, Luhansk, Poltava, Vinnytsya, Zaporozhzhya, and oblasts, along with the city of Sevastopol.

During two five-day cycles, doctors, nurses, and social workers had the opportunity to familiarize themselves in detail with WHO and national protocols for HIV/AIDS treatment, care, and support strategies, as well as the basic elements of laboratory services and existing ARV drugs, including their pharmacotherapeutic action and possible side effects. In addition, the workshops particularly focused on the team approach to providing care and treatment. In this connection, the roles and responsibilities of doctors, nurses, and social workers were studied separately. There was special emphasis on the development of counseling skills for various groups of patients, including IDUs, people suffering from TB, HIV-positive pregnant women, and healthcare workers who may have had professional exposure to virus.



**Yaroslava Lopatina, (in white uniform) an infectious disease physician in AIDS Unit at the Kiev Infectious Diseases Hospital who served as a trainer during the workshop, and the representatives of different Ukrainian oblasts listen to the introductory session of ART basics. (Photo: Vira Illiash.)**

The instruction format was interactive and participants had the opportunity not only to explore theoretical questions in depth, but also to practice their clinical skills. Guided by American, German, and Ukrainian instructors, the group worked with patients from EIDRI's AIDS Unit to hone the counseling skills needed for promoting therapy adherence with various types of patients, and analyzed case studies for prescribing ART based on the clinical data of these patients.

"Because we are still waiting for ARV drugs to arrive, this training is very timely and appropriate for us," noted Ilyana Mamysh, a psychologist from the Zaporozhye regional AIDS Center. "It is important for us to learn the correct way of organizing an effective care model for the people who will be receiving ART. Now we'll be going home with new ideas and knowledge that will help us to coordinate our efforts in the right way and prepare our patients for treatment," Mamysh emphasized.

### ***Management Training is the Key to Creating an Effective Care System for PLWHA***



**Mihran Nazaretian, director, School of Health Care Management and Administration, American University of Armenia, provides an overview of basic management principles.** (Photo: Vira Illiash.)

The last workshop in the February series dealt with management basics. In attendance were administrators from regional and municipal AIDS Centers in the regions of Ukraine where ART is already in use on a large scale. During this five-day course, the Ukrainian specialists had an opportunity to study in detail the principles and techniques that are the key to organizing an effective care system for people living with HIV/AIDS.

Among the topics presented were the role of administrators in the management system used for the AIDS centers, material and information resource management, the principles of successful personnel policy, tools for quality improvement, and ways to monitor the performance of the centers, as well as several other important topics. Mastering them

will help the administrators to make the best use of the existing capabilities of the AIDS Centers have, and to develop them.

Participants in the workshop testified that everything they learned during the lectures and practical training sessions was unique. This is because no other healthcare management program in the country includes guidelines for organizing and managing a care system for people living with HIV/AIDS through the AIDS centers.



## **Tbilisi Workshop Provides PHC Partners with the Tools to Improve Clinical Management Skills**

Developing the management skills of health administrators from Azeri and Georgian institutions involved in AIHA's primary healthcare (PHC) partnerships was the purpose of a Health Management Workshop held February 15-18 in Tbilisi, Georgia.

Designed to help partners make better use of their material and human resources, provide the best care possible, and improve patient outcomes, the workshop sessions familiarized participants with a comprehensive set of management principles and practices used internationally and nationally in running successful PHC clinics.

Attended by some 25 representatives from partnership sites in Ganja, Gori, Guria, and Tbilisi, the four-day event covered key management techniques pertaining to strategic planning and decision-making, financial management,



**Otar Gerzmava, director of the Center for Continuing Medical Education at the NIHSS, speaks about principles of successful cooperation between nurses and physicians.** (Photo: Lela Kvachantiradze.)

team work, and monitoring and evaluation of healthcare programs. Workshop sessions were conducted by Georgian faculty from the National Institute of Health and Social Science who received health management training through their involvement in the now graduated Tbilisi/Scranton partnership. The faculty have been actively engaged in building a cadre of professional health managers in Georgia.

When commenting on the important role health administrators play in improving primary healthcare delivery, workshop trainer Otar Vasadze noted that the majority of health problems dealt with at the primary care level do not require complicated and expensive treatment. Instead, the focus of primary care should be on patient education and the prevention of major diseases, he said, explaining, "Creating an environment of social and psychological support for patients in primary healthcare settings should help expedite patients' recovery more effectively than clinical improvements alone."



**Partners from Azeri and Georgian institutions listen to a presentation devoted to quality assurance in PHC settings.** (Photo: Lela Kvachantiradze.)

Through presentations and discussion forums, participants learned how to effectively apply strategic planning principles to such health-related indicators as quality of life, social and economic status of the local population, and environmental data. In addition, they were introduced to innovative team-building strategies, conflict resolution approaches, and the basics of establishing a successful relationship between healthcare providers and patients. Other topics covered at the workshop included international legislative experience in licensing healthcare providers, sources of funding in

healthcare, quality assurance, rational use of pharmaceuticals, and information management at the PHC setting.

The presentations were followed by small-group discussions and brainstorming exercises in which the four partnership teams practiced various management skills and techniques. As a result of these sessions, the teams came up with business plans that identified actions to introduce administrative changes and improve the quality of care at their own centers. In the end, participants expressed their gratitude and appreciation of the knowledge and skills they gained through the workshop, proclaiming their resolve to apply new managerial techniques and implement the business plans in their respective institutions upon return.

## Regional News

## **Improve Access to HIV/AIDS Medications**

"The growth of AIDS has gone beyond being a medical problem, posing a threat to strategic, social and economic security of Russia," Russia's Deputy Prime Minister Alexander Zhukov said at a recent meeting in Moscow devoted to the country's HIV/AIDS problem, the *Associated Press* (AP) reports.

During the meeting, high-level Russian officials discussed ways to decrease the cost of antiretroviral treatment, which is currently tantamount to \$10,000 per year per person and Russia's Health Minister Mikhail Zurabov announced that the nation has reached agreements with top international pharmaceutical companies to reduce the current price of HIV medicines seven-fold, according to the *AP* article.

Commenting on the important role that national pharmaceutical companies can play in helping Russia to improve access to treatment, Zhukov encouraged government and business sectors to combine forces and help the country to become a leader in the production of antiretroviral medication and development of an HIV vaccine. He also explained that drug companies can sponsor prevention and education activities to help erase the stigma and discrimination people living with HIV/AIDS face, thereby encouraging them to access care and treatment services, reports *RIA Novosti*.

National and international experts believe that Russia currently is home to one million people living with HIV/AIDS. If no action is taken, many of these people will die by 2008, according to experts' prognosis, says *AP*. "By openly discussing HIV/AIDS-related issues in Russia, the country's government wants to demonstrate that it understands the scale and importance of this problem and realizes the need to prevent uncontrolled development of the epidemic," Zhukov underscored as he addressed a group of journalists at the Moscow meeting.

## **New Project to Control HIV/AIDS Launches in Uzbekistan**

The United States Agency for International Development (USAID) recently launched a new HIV/AIDS control project in Uzbekistan to help the country improve its ability to address its growing epidemic.

A five-year, \$13 million project called CAPACITY will enhance the technical capabilities of Uzbekistan to build large-scale responses to HIV/AIDS and to develop local institutions and networks that can manage comprehensive HIV/AIDS control programs, according to a [press-release](#) issued by the US Embassy in Uzbekistan on March 29.

Although the total number of HIV/AIDS cases in Uzbekistan is comparatively low, the virus is spreading at a rapid pace. Nevertheless, HIV-infected citizens—especially those from vulnerable groups—do not have sufficient access to basic prevention, treatment, care, and support services. CAPACITY will collaborate with Uzbek institutions and international donors to help bridge this gap.

According to the release, the project will focus on HIV/AIDS prevention in targeted groups, including injection drug users, commercial sex workers, and

vulnerable youth. In addition, the project will promote voluntary counseling and testing, improve access to antiretroviral treatment, raise public awareness about the link between HIV/AIDS and tuberculosis, and develop models to advance the integration of HIV/AIDS control efforts with ongoing health reform activities currently under way in Uzbekistan.

## **Treatment of Depression Can Increase Adherence to ART**

Prompt diagnosis and treatment of depressive disorders in HIV-positive individuals may improve patient adherence to antiretroviral therapy, thereby improving outcomes and increasing their chance of survival, according to a study conducted by researchers from the Denver Public Health Center (PHC) in Colorado.

A recent *Reuters Health* report detailed the study, which followed the cases of some 1,713 patients treated in local public health clinics between 1997 and 2001. Using data from the patients' medical and pharmacy records, the researchers were able to determine that 976 of these HIV-positive individuals were diagnosed with depression, yet only half of them took antidepressants to cope with this problem.

Looking at this data more closely, Denver's scholars found an interesting pattern that showed that patients who were adherent to their antidepressant prescriptions were also more apt to maintain their HIV regimen. Thus, two-thirds of the patients on anti-depression treatment were adherent to antiretroviral therapy while only 31 percent of those who did not take any treatment were compliant with ART.

Although researchers acknowledge that such consistency can be associated with certain individuals' natural tendency to follow their prescribed care, at the same time, they explained that increased adherence to ART can likely be attributed to improvements in the mental health status of those patients who chose to treat depression.

"It's known that treating depressed patients—HIV-positive or not—can improve their emotional and physical health, as well as how they view their quality of life," notes study co-author Arthur J. Davidson of Denver CPH. Although, according to him, more research will be needed to confirm the correlation between depression therapy and adherence to ART, Davidson recommends screening all HIV-positive patients for this illness. "The study provided a reason to believe that the benefit came from addressing patients' depression," he concluded.

For more detailed information about the study, please see the [\*Journal of Acquired Immune Deficiency Syndrome\*](#).

## **Workshops, Conferences, Opportunities and Grants**

### **World AIDS Orphans' Day**

HIV/AIDS has already created more than 15 million orphans and, every 15 seconds, the virus kills another child's mother or father. To bring attention to the plight of children orphaned by AIDS, the Francois-Xavier Bagnoud Association (FXB) is spearheading World AIDS Orphans Day. The goal of this global event is to place the needs of the most vulnerable and helpless children higher on the agenda of individuals and governments alike in a concerted effort to provide these children with the resources they need to survive, including sustainable programs on their fosterage, education, and integration into civil society. This year, World AIDS Orphans' Day will be commemorated on May 7. More detailed information about the event can be found at: [www.worldorphansday.org/](http://www.worldorphansday.org/)

### **International AIDS Candlelight Memorial Campaign**

On Sunday, May 15, thousands of communities in more than 90 countries throughout the world will come together in solidarity to light candles in remembrance of those who have been affected by HIV/AIDS. The campaign, which was initiated by the Global Health Council (GHC), is aimed to encourage communities and individuals around the globe to become more involved with HIV/AIDS-related work through participation in a worldwide memorial. All registered communities that want to effectively organize a campaign will be provided with all necessary tools and support from GHC. For more details, please visit: [www.candlelightmemorial.org/](http://www.candlelightmemorial.org/)

### **Conference on Rare Diseases and Orphan Drugs in Eastern European Countries**

This conference will provide a forum for key healthcare policymakers, medical professionals, patient associations, and health industry representatives from the countries of Eastern Europe to discuss ways of effectively addressing medical issues related to patients with rare diseases and orphan drugs research—two topics that have been overlooked by local healthcare systems. The conference will take place on May 27 in Plovdiv, Bulgaria, under the support of the Bulgarian Ministry of Health and the Mayor of Plovdiv. Free deadline registration for this conference is May 1, 2005. For more information, please visit:

[conf2005.raredis.org](http://conf2005.raredis.org)

### **2005 Annual Global Health Council Conference**

"Health Systems: Putting Pieces Together" will be the theme of this year's annual meeting of the Global Health Council, which will be held on May 31-June 3, 2005, in Washington, DC. The conference will explore concerns that cut across all the priority issues of global health, including diseases that affect children and young people, women's reproductive health, HIV/AIDS and other infectious diseases, and many other threats to global health. Recognizing the critical role healthcare systems play in improving the lives of millions of people in limited-resource settings, conference sessions pay particular attention to successful programs and policies that can help bring fundamental change to the health systems of the world's poorest nations. For additional information, please go to:

[www.globalhealth.org/conference/](http://www.globalhealth.org/conference/)

### **4th Congress of the World Society for Pediatric Infectious Diseases**

This congress will gather healthcare specialists from all continents of the globe to share information, experience, and best practices in the prevention and treatment of infectious disease in children. The event will be held in Warsaw, Poland, September 1-4, 2005. For more information, please, visit:

## Features

### St. Petersburg Conference Encourages Creation of Effective Russian National Model on HIV/AIDS Treatment and Care

The HIV/AIDS epidemic broke out in Russia at the very end of the last century and has already taken the lives of more than 7,000 citizens of that country. Counting only the officially registered cases, another 300,000 are living with HIV/AIDS, but UNAIDS data indicate that the real number of people infected is four times higher than that or roughly the equivalent of one percent of the entire population.

Parenteral transmission among Russia's more than three million IDUs has thus far been the primary force driving the nation's skyrocketing epidemic. The economic instability, unemployment, and social inequality that struck Russia after the collapse of the Soviet Union set the stage for the narcotics trade to take off. The opening of borders made cheap heroin imported from Central Asia and Afghanistan available for use on a large scale. Unsuccessful efforts to stop the drug trade, the deterioration of healthcare services, and a tendency not to publicize HIV/AIDS problems further aggravated the situation. Now, the epidemic has broken out of traditional high-risk groups and is spreading among the population through heterosexual contact. National experts label the situation "dangerously explosive" because it is raging out of control, like a snowball rolling ever faster down a steep slope gathering new victims along the way and leaving the devastation of unresolved problems related to care and prevention in its wake.



"AIDS is insatiable," says a poster on the wall at the St. Petersburg AIDS Center. (Photo: Vira Illiash.)



**One of the many HIV-positive Russians who seek support and treatment in country's AIDS centers.** (Photo: Vira Illiash.)

How to better respond to Russia's urgent need to build an effective national model of HIV/AIDS treatment, care, and support by combining the capabilities of the national and international organizations and programs that are working on HIV in Russia was discussed at a three-day conference AIHA and University Research Company (URC) recently conducted in St. Petersburg. Conference sessions highlighted HIV/AIDS treatment, care, and support partnerships created by AIHA's in those five regions of Russia that are potentially the most problematic from an epidemiological standpoint—Orenburg, St. Petersburg, Samara, Saratov, and Sakhalin Island. In addition, conference reports included a presentation of URC's Quality Assurance project activities and other USAID-sponsored activities focusing on providing services to people living with HIV/AIDS (PLWHA) and those at risk of contracting

the disease in the five territories. American and Russian healthcare administrators, clinicians, epidemiologists, and social workers, narcologists took part in the meeting, along with leading officials of the Russian Federation's healthcare system; experts from WHO, UNAIDS, and UNICEF; and representatives of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the US Department of Health and Human Services, USAID, and other international organizations.

### ***Review of the HIV/AIDS Response System in the Russian Federation***

During the conference, international and national experts reported on the programs and objectives their organizations are supporting in Russia. They also analyzed current world practice in the areas of care, treatment, and support for PLWHA, discussed the present status and problems of this field within five oblasts in Russia, and brainstormed on ways to create a comprehensive model of integrated services for PLWHA in these target regions.

"The participation of government and private sector leaders in this conference reflects a growing recognition of the battle against AIDS in Russia," said Janina Jaruzelski, deputy director of the USAID mission in the Russian Federation, in her opening remarks. It is important, she noted, that AIHA's five HIV/AIDS partnerships have been created and are already beginning to work in Russia's worst hot spots. She expressed hope that these pilot projects will assist Russian specialists in developing an integrated model for the care and treatment of PLWHA.



**Srdan Matic, regional adviser for STIs and HIV/AIDS at WHO/Europe, presents the Global Model for the Treatment and Care of People Living with HIV/AIDS.** (Photo: Vira Illiash.)

According to WHO, access to antiretroviral therapy (ART) remains limited in Russia—a fact that could become a key contributor the country's growing economic and demographic crises because almost all citizens infected with the virus are of

reproductive age. Epidemiologists forecast that if no effective action is taken, as many as 400,000 people in Russia will need ART and other appropriate medical care for chronic disease management by the year 2010.

"It is important to offer people treatment, but it is even more important to support their ability to receive therapy for a prolonged period of time," urged Srdan Matic, regional adviser for STIs and HIV/AIDS at WHO/Europe discussing the Global Model for the Treatment and Care of People Living with HIV/AIDS, which calls for equal access to effective prevention services, treatment, and care—including ART—for all PLWHA.

Thanks in part to the substantial financial aid and technical assistance it has recently received from various international donors, Russia currently has sufficient capabilities and resources to step up efforts to confront the HIV/AIDS epidemic and provide care and treatment. However, the country lacks a single national coordinating agency that could help ensure the effective cooperation of local and regional governments, healthcare facilities, and international programs involved with HIV/AIDS, according to Marina Semenchenko, UNAIDS program adviser in the Russian Federation.

During her presentation, Semenchenko focused on three key principles widely used in international practice to organize agencies to deliver large-scale and effective action against the HIV/AIDS epidemic. To coordinate the actions of all partners involved, she said, it is necessary first and foremost to precisely define each one's framework of action. Next, a national coordinating agency with broad authority over diverse sectors must be created. Thirdly, it is important to develop and implement a unified system for monitoring and evaluating HIV and AIDS diagnostics and treatment. To date, Russia lacks such a system, making it difficult to determine the actual number of PLWHA and who among them needs ART.

Upon hearing that UNAIDS—with the financial support of 10 international donor organizations, including WHO, UNICEF, and UNESCO—is in the process of introducing this triad of principles throughout Russia, conference participants expressed the unanimous opinion that coordinating both financing and the efforts of various organizations working to combat HIV/AIDS will be possible on a regional as well as a national level.

During his presentation, Alexander Goliusov, chief of the HIV/AIDS Surveillance Department of the Russian Federation Federal Service for the Protection of Consumer Rights and Human Welfare, expressed his conviction that the care coordination system in the regions must be overhauled. "Russia has an entire network of Centers for AIDS Prevention and Treatment (CAPT) that provide care for all the HIV patients. Our job is to change how these facilities function," he said.

*Development of Skillful Cadre Is a Pledge for Effective Response to Epidemic*  
Citing several important reasons to back up his call to action, Goliusov said, "These centers were founded when the incidence of HIV infection in Russia was comparatively low, but now that the situation has fundamentally changed they are unable to provide competent and timely care for everyone who needs it. At this stage, the AIDS centers should be handling only those patients who live an

easily manageable distance from them. In all other cases, treatment and follow-up care for HIV-positive patients should be the responsibility of infectious disease hospitals and epidemiologists working in the regions." Goliusov went on to say that the regional AIDS centers must assume a higher level of responsibility and begin to function as the main coordinating agencies in the localities by taking up



**Alexander Goliusov stresses the urgency of revising the current system of HIV/AIDS services in Russia while Oleg Yurin and Olga Frolova, director of the TB Care Center for HIV Patients, look on.** (Photo: Vira Illiash.)</FONT>

the task of training skilled specialists who are sorely lacking at the present time.

Oleg Yurin, chief specialist at the Russian Federal Scientific and Methodological Center for AIDS Prevention and Treatment (FSM CAPT), discussed this dearth of trained specialists in his presentation, noting that healthcare practitioners must have direct experience treating patients during all stages of HIV disease and AIDS if the country is to build its human resource capacity to effectively meet the epidemic's needs in the future.

"This is an acute problem because most of our patients contracted HIV in 1997-2000 and are still in the early stages of the disease. Therefore, many AIDS center

specialists have the skills to treat only the disease's less severe forms. That situation is going to change and all too soon doctors will confront the many advanced clinical presentations of the virus. Yet only in Moscow and St. Petersburg do physicians have the skills to treat seriously ill AIDS patients," he acknowledged.

In addition to medical professionals, Russia also must train personnel to provide psycho-social counseling and guidance for PLWHA, Yurin noted, saying "HIV is a complex and multifaceted problem and it is impossible to provide treatment and care without the help of mental and behavioral health specialists." The chief specialist from FSM CAPT went on to point out that the type of patients at the AIDS centers is already changing. Early in the country's epidemic, people who contracted HIV were mainly members of risk groups, especially IDUs. Today, however, women who contracted HIV through sexual contact account for nearly half of all newly diagnosed patients in some regions. The majority of them are of childbearing age, which increases the likelihood that incidence of HIV among children will rise in the future.

#### *Children and Their Families Are in Need of Comprehensive Model of Care*

Worldwide, six percent of all people living with HIV are children and this figure is reflected by Russia's official statistics, with one qualification, according to Tigran Yepoian, HIV/AIDS Project Coordinator for UNICEF.

Telling participants that the Russian statistics include children who had perinatal contact with HIV, but whose immune status has not yet been determined, Yepoian said, "The Russian Law on HIV Infection identifies children as a special priority category, meaning that the federal budget assigns funding for the prevention of mother-to-child transmission of the virus, as well as for prevention and treatment of HIV in children. But this is not always done on a scale adequate to the problem." In particular, the UNICEF representative noted, Russia lacks a comprehensive infrastructure for pediatric care that weaves together treatment, prevention, care, education, and access to social support. This type of integrated system, he stressed, needs to be developed at primary medical institutions. "It presents a real difficulty if people have to travel across an entire region, sometimes 300 kilometers or more, to see a doctor. That's why it is very important for mothers and children to be able to get care close to where they live."



**Tigran Yepoian calls for the creation of a comprehensive model of care for HIV-infected children and their families while Viktor Boguslavsky, head of URC Representative Office, Srđan Matic, Marina Semenchenko, and Alexey Bobrik, deputy project director of the Open Institute of Public Health, look on.** (Photo: Vira Illiash.)

Yepoian also drew conference participants' attention to the need to create a model for providing comprehensive medical, psychological, and social services for the entire family of an HIV-infected child. "We cannot treat or monitor only the child, ignoring other family members. Care has to be aimed at the entire family because the child's quality of life depends on this," he stressed.

#### *Revision of Russian Legislation Can Help Broaden Access to ART*

The question of how to improve quality of life for adult patients was also discussed at the meeting. There was a consensus that it is not really possible to accomplish this without offering ART, although everyone also acknowledged that there are insufficient resources for such treatment to be provided universally. According to the Russian Federal AIDS Center data, approximately 20,000-25,000 Russians need ART, but fewer than 25 percent of them are receiving it so far. Goliusov said that the problem stems from shortcomings in Russian laws, which do not specifically entitle HIV-infected people to federal benefits. "This group of patients was not included in Federal Law 122, which provides a supplementary prescription drug benefit, so their only chance at receiving this expensive therapy is if their regional government has the funds for it."

Goliusov also noted that there is a huge problem with access to ART in Russian prisons where the number of HIV-infected individuals has quadrupled during the past five years. Despite the fact that more than 46,000 inmates of the penitentiary system are living with the virus, the Directorate for Sentence Enforcement has not one kopeck in its budget to pay for expensive antiretroviral medications. Instead, all HIV-infected prisoners who need treatment are automatically put under a special federal program, which can only provide treatment for a maximum of 1,000 people.

Experts are of the opinion that the shortage of antiretroviral drugs in Russia has to do with the high cost of the medications. Therapy for one person costs the government \$5,000-8,000 each year. The prices are driven upward because, in addition to using two domestically produced medications, Russia relies heavily on foreign-produced brand name drugs developed by major pharmaceutical companies. If the country were to follow the example of many other nations and switch to generic drugs, the same course of treatment would cost 30 times less—\$200-300 for one year.

*Programs on Harm Reduction—a Way to Develop Adherence in IDUs*

Because the majority of Russians who presently need ART are active IDUs, conference participants noted the importance of developing harm-reduction programs. Such programs already exist in 43 of Russia's regions with sponsorship from international organizations and local governments. One such organization is the Open Institute for Public Health (OIPH). Deputy Project Director Alexei Bobrik told participants about OIPH's Globus Program, which addresses these concerns by stressing the development of therapy adherence in the most vulnerable populations. Russian specialists find this program particularly appropriate to their circumstances because it includes a multi-component system of healthcare, counseling, and psychological services for patients who are beginning ART. Counselors from the relevant risk groups are recruited to the program and, using the principle of peer counseling, they make regular home visits to IDUs and work closely with a team of specialists from the AIDS center to help them fine-tune an ART regimen that meets the needs of each individual patient.

*Creation of Comprehensive TB Services*

Tuberculosis in IDUs living with HIV is one of the most urgent problems facing the Russian healthcare system at the present time, according to Olga Frolova, director of the Tuberculosis Care Center (TCC) for HIV Patients, which operates under the aegis of the Russian Ministry of Health and Social Development. The Center's data show that more than 80 percent of IDUs have TB in the early stages of their HIV-infection, although clinical TB symptoms are more often associated with the later stages of HIV/AIDS. Frolova noted that a majority of Russian IDUs already have TB before they contract HIV and, as a result of the short-term, transitory immune system deficiency typical of the early stages of HIV, they experience exacerbated TB processes and symptoms. This connection, Frolova stressed, underscores the importance of establishing prevention programs against this co-morbidity for people in high-risk groups.

The chief specialist from the TCC reported that tuberculosis can be diagnosed in more than 50 percent of patients with advanced stages of HIV-infection. "Considering the rate HIV-infection spreads and the development of immune deficiency it causes, the incidence of TB may double in the near future," Frolova concluded. The situation is compounded by the fact that TB diagnosis often occurs in the late stages of HIV-infection when traditional diagnostic methods do not work. Therefore new algorithms need to be developed for diagnosing TB in patients with advanced HIV/AIDS.

Another important area where Frolova urged participants to concentrate their efforts is the creation of a tuberculosis screening system for HIV patients, which will make it possible to minimize this group's contacts with people who have TB.

One way to accomplish this might be to set up reference diagnostic offices at specialized TB care institutions to provide services exclusively to immune-deficient patients.

### *Stigma and Discrimination—a Barrier to Effective Care Provision*

Conference participants also defined stigmatization and discrimination against PLWHA at healthcare institutions as a separate area of concern. Many speakers expressed the opinion that some healthcare workers adopt a negative attitude toward these patients, thus creating a situation in which many people fear to seek medical attention until they are in advanced or even terminal stages of the disease.

### ***Taking a Long, Hard Look at Existing HIV/AIDS Care Systems in Priority Regions***

After reviewing the "hot spots" of the HIV/AIDS situation in the Russian Federation, the conference participants went on to consider systems for providing care to PLWHA in the parts of Russia where partnerships to combat the virus are being developed between American and Russian healthcare institutions. URC staff members shared the results of a preliminary analysis to determine the current state of existing care, treatment, and support services for PLWHA they conducted in late 2004 at healthcare institutions in Orenburg, Samara, Saratov, and St. Petersburg.

Although the research showed that the epidemiological situation in Orenburg, Samara, and St. Petersburg is the least favorable with more than 0.5 percent of the population officially registered as HIV-positive, three basic problems related to the organization of healthcare services for PLWHA emerged in all the pilot regions, according to URC quality consultants Olga Chernobrovkina and Andrei Ilchenko.

First, the study revealed that policies related to pre- and post-test counseling are underdeveloped in the regions, primarily due to a lack of trained specialists. Because of this, the motivation for people to get tested remains low and few if any efforts are being made to encourage the general public—or even members of high-risk groups—to look into their HIV status. And, even if a patient does decide to get tested, he or she must obtain a referral from an infectious disease physician, which experts see as an additional impediment at this point. Another problem with the existing testing system is the time it takes to process the samples. Laboratories capable of processing HIV tests are mostly situated in remote locations, so it often takes between 10 and 30 days for the results to be determined. This means that if people come to a healthcare institution for treatment of an existing condition and are tested for HIV at that time, chances are good that they will have been discharged before the results come in. Furthermore, if a patient has already completed his or her treatment when the results are returned, the test results are archived by the healthcare institutions



**Shelf after shelf at the St. Petersburg AIDS Center hold the medical histories of HIV-positive patients registered at the facility. (Photo: Vira Illiash.)**

and the patient is almost never notified of the results. If he or she is still receiving treatment and a positive test result comes back, the patient is referred to the local AIDS center for follow-up care, but the research showed that the specialist who provides the referral never knows whether the patient actually went to the center or not.



**A nurse at the St. Petersburg AIDS Center draws blood for a patient's HIV test.** (Photo: Vira Illiash.)

A second problem identified by URC experts is the organization of follow-up care. According to data collected for the analysis, it takes from seven to 45 days for patients to be registered with the AIDS center and receive an initial check-up and they have to wait just as long for most of their follow-up appointments. If an HIV-infected patient works, such time constraints are likely to be unacceptable, particularly because there is no mandated provision for taking a leave of absence in such cases. The result is that many patients are simply "lost" during this stage because some of them are not capable to justify their absence at work, while others just cannot afford to spend such a long period of time on regular check-ups.

The actual provision of ART represents the third key problem. First, the supply of ARV medications at healthcare institutions in these regions is irregular at best. Moreover, sources of financing for the prevention and treatment of opportunistic infections are not at all clearly defined and patients very often have to raise money for these drugs themselves. And, the existing system for dispensing antiretrovirals requires patients to make frequent visits to their regional AIDS center, which represents a considerable burden given the time and expense they must incur when traveling to these distant locations. These factors all combine to limit adherence to life-extending treatment.

Additionally, the clinical care system for administering ART has an array of other problems. According to the research, laboratory evaluations of the effectiveness of ARVs are conducted differently in each pilot region. For example, not all of the healthcare institutions that provide care to PLWHA have the equipment necessary to determine CD-4 counts. Also, the criteria used to gauge a patient's readiness to undergo ART and methods of monitoring the effectiveness of treatment are not clearly defined. Compliance with recommendations and the drug regimen are evaluated solely based on patient feedback



**A lab worker determines CD4 counts.** (Photo: Vira Illiash.)

so, if an individual stops treatment and follow-up care, the system loses track of him. This unfavorable situation, experts say, is tied to the inadequate involvement of psycho-social support services in the overall system of clinical

care for PLWHA.

The data presented at the conference show that social and legal support is by and large not designed to address the specific needs of HIV-infected citizens and that such services are available in the pilot areas only when a patient actively seeks them out. One reason for this, according to the study, is that although all the target regions have a developed social support network for the general population—including municipal and district social services—social workers are poorly trained in HIV/AIDS-related issues, especially when it comes to helping overcome the stigma attached to this illness. The reality is that PLWHA can receive psychological services and social support from non-governmental organizations, rehabilitation centers, and psychologists working at the AIDS centers, yet most patients remain unaware that opportunities to receive such care exist and end up suffering through their problems and pain, alone and unaided by the system, Ilchenko explained.

### ***Partnerships for Life***

Arsen Kubataev, AIHA regional director for the Russian Federation, noted that the results of the URC study will be used by members of AIHA's recently established HIV/AIDS partnerships in the country. Explaining that the pilot sites were chosen based on the readiness of local and regional healthcare officials to take on the development of comprehensive programs for the treatment, care, and support of PLWHA, Kubataev said the partners are now in the process of defining their priority goals and developing strategies for implementing an effective model of care that can be replicated in other regions throughout the country. Another important condition for participation was the ability of regional healthcare leaders to ensure an adequate supply of the ARV drugs needed to provide the type of care the model calls for. Because approximately 70 percent of all HIV-infected persons in Russia are IDUs, the US healthcare institutions selected to participate in the partnerships all have extensive experience in providing care and support for high-risk groups. Kubataev said that another important criterion for the American partners was a professional staff with both extensive knowledge of HIV/AIDS-related care and support and the dedication required to volunteer their time and energy to provide technical assistance to the partnership program on an ongoing basis.



**Arsen Kubataev presents an overview of the AIHA/URC Project.** (Photo: Vira Illiash.)

The AIHA regional director reported that Learning Resource Centers have been opened at each pilot institution in Russia to ensure timely and effective communication between the Russian and American partners. These Centers are equipped with computers that have Internet access and key staff members have undergone training in information technologies and evidence-based medicine. In turn, these individuals will act as the Centers' information coordinators, teaching other healthcare professionals to use information and communications technology to better provide effective care and treatment to HIV-infected patients.

"Because the partnerships were established in the summer of 2004, their participants have already had a chance to discuss the actual model they will develop using the resources at their disposal," Kubataev said, introducing the representatives from each of the alliances who would present their work to conference participants. He expressed the hope that, as they shared this information, the partners would define common areas for their programs and explore possibilities for continued collaboration with each other and with other organizations that have experience dealing with the objectives that are urgent for these regions.

### ***St. Petersburg/New Haven to Set Up Information Exchange through PLWHA Services Network***

"To improve the system for delivering comprehensive care to PLWHA, our first task is to break down their mistrust of the system," stated Krystn Wagner, assistant professor at Yale University School of Medicine and coordinator of the St. Petersburg/New Haven partnership. Working closely with specialists from the municipal Center for AIDS Prevention and Treatment (CAPT), the American partners intend to establish a model that can provide convenient and uninterrupted care for HIV-infected patients at all stages. "Access to ART is certainly a very important condition for improving our patients' quality of life, but it is also important not to forget that counseling and social and psychological support are no less important for these people," said Wagner, noting that the partners will work to develop interaction between healthcare and social services systems in St. Petersburg's Krasnogvardeisky District, which has the highest incidence of HIV/AIDS in the city.



**Krystn Wagner, Alexandr Volgin, representative of Fund "Candle," Larisa Solovyova, deputy director of the Healthcare Department at Krasnogvardeisky District Administration, and Marina Gorodnova chief of the St. Petersburg Youth Rehabilitation Center #1, listen to Robert Heimer, associate professor at Yale University School of Medicine's Department of Epidemiology and Public Health, as they discuss the partnership's workplan for 2005. (Photo: Vira Illiash.)**

Wagner went on to say that the partners will begin their work by training practitioners, focusing particularly on infectious disease specialists, psychologists, nurses, and social workers. In addition, because the majority of St. Petersburg's HIV-infected patients have a drug dependency problem, American narcotics and addiction experts will be brought into the work. To this end, staff from the Yale-New Haven AIDS Care Clinic, which has 20 years of experience caring for HIV-infected patients with drug use issues, will play an integral part in the program.

According to their work plan, the partners will adopt the "train-the-trainer" methodology to create a core group of practitioners in St. Petersburg who, in addition to providing hands-on HIV/AIDS care to patients, will also pass on their knowledge and skills to other clinicians and care providers thereby extending the reach of the partnership well beyond its original members. Talking about this, Wagner

stressed the importance of beginning with the basics.

"The conference participants have already discussed the issue of stigmatization

of HIV-infected patients in healthcare institutions and it seems to me that the negative attitude of healthcare personnel, especially at non-specialized institutions, is due to their lack of knowledge about how HIV is transmitted," Wagner said, adding that instruction in basic information about HIV disease, as well as patient counseling skills, will help to eliminate this problem. Such instruction will also promote healthcare workers' desire and readiness to provide high-quality care to PLWHA. "How effective the services are depends first and foremost on doctor-patient relations. If the patient feels comfortable and is treated with respect and understanding, he himself will seek out opportunities to meet [with his care-providers] and the problem of 'losing' patients will disappear," she concluded, citing her own many years of experience treating HIV-infected patients as proof of her assertion.

Continuing on the topic, Larisa Solovyova, deputy director of healthcare department for the Krasnogvardeisky District Administration, noted that the partners plan to address the problem of "lost" patients by setting up a system of referrals between the district's healthcare institutions and the AIDS Center. The fact that there is no such system at the present time is, according to Solovyova, the result of an underdeveloped legal basis for HIV/AIDS-related issues. In particular, she referred to the article on Medical Confidentiality in the Law on Protection of the Health of Citizens of the Russian Federation, which prohibits the release of information about a patient's illness to any parties other than interrogation and investigative agencies and prosecutors. Explaining that medical institutions do not have the right to exchange such information, she noted that HIV cases are registered only quantitatively for purposes of statistics collection and no personal information about the patient is transmitted to any other place. This policy has several negative consequences. For example, if an HIV-infected patient is hospitalized and does not mention his status, doctors do not use any special procedures when treating him. This threatens the patient's health and puts healthcare personnel in danger of infection, especially if surgery is involved, Solovyova stated "On the other hand, many people simply do not want to know their HIV status and come in for testing only when they are already very sick," she says, underscoring that if the partners can open a dialogue among PLWHA, healthcare specialists, and social workers, HIV will likely be diagnosed and treated in a more timely fashion and the prognosis for the health of these patients will be more favorable.

The Russian partners want to address this problem by adopting the experience of their American colleagues, whose system of continuity of medical care has been working to the benefit of patients for many years despite similar legal conditions. "In the United States, a patient's HIV-positive status or his alcohol or drug addiction is revealed only to those specialists who need to know this in order to provide high-quality medical care to him. Each patient understands this and gives his written consent," Wagner explained. The Russian partners expressed the hope that, with time, a similar system will work in their country.

### ***Togliatti/Providence Counts on Educational Programs and Greater Role for CAPT***

"Our Russian colleagues were disappointed when we told them that our partnership will chiefly focus on developing educational programs and training personnel," said Wendy Guida, administrator of the National Perinatal Information Center in Rhode Island and coordinator of the Togliatti/Providence

partnership.

In her view, this is not surprising because the Russian partners from the Togliatti CAPT do not yet have the equipment needed for evaluating CD-4 counts, and, without it, they cannot determine the indications for prescribing ART or monitor the effectiveness of therapy. Medicines are also in short supply. "Nonetheless, the Russian partners were able to see during our very first meetings what a big difference knowledge and the desire of professionals to change the quality of life for HIV-infected people can make. Especially, when you take into account the fact that these efforts do not require great financial resources," Guida noted.



**Wendy Guida and Nancy Paull (center, seated) with their Russian partners Elvira Zhukova, Svetlana Garshina, Tatiana Filippova, Viktor Karavashkin, and Larisa Mikhaylova. (Photo: Vira Illiash.)**

"I have to agree," acknowledged Tatyana Filippova, chief pediatric and obstetrics at the Togliatti Health Department. "During our recent trip to the United States, my colleagues from the CAPT and I visited several partner institutions and were really struck by the effectiveness of their HIV/AIDS programs." In particular Filippova mentioned that the Russian specialists were impressed with SSTAR, Inc.'s "Project Aware," which is part of the partnership. This project uses social workers as case managers to help members of high-risk groups effectively access the services they need. The case manager assists each patient on an individual basis to help him or her deal with different problems and concerns. This kind of cooperation aims to provide the patient unimpeded access to treatment.

SSTAR Executive Director Nancy Paul presented Project Aware's work at the conference. She reported on a recent study showing that after 12 months of operation in the United States, 34 percent of all patients felt noticeably better while 40 percent had reduced their consumption of alcohol and narcotics. In addition, the percentage of clients who said they had gotten a job rose by 41 percent.

"Of course we can't immediately recreate the SSTAR center in Togliatti, but we can organize an integrated patient care system," Filippova said, emphasizing that in the partners' view this work has to start with teaching counseling skills to the Russian specialists. "Pre- and post-test counseling is done in Togliatti, but so far the quality of this counseling leaves much to be desired," she confessed, explaining that counseling is currently provided by doctors who are allotted only 12 minutes per patient appointment despite the fact that high-quality counseling is known to help guarantee patient retention and compliance. In this connection, Guida said the American partners will conduct several seminars for nurses and social workers from various institutions involved in the care network for PLWHA. As a result, more HIV-positive patients will be able to use medical and social services.

During the discussion, the partners said they are already setting up a system of interaction among all the relevant service providers, including the municipal

CAPT, narcology and TB dispensaries, women's clinics, obstetric hospital, and the Support Service Center for Family and Children. Guida went on to enumerate their plans for the Center, saying, "This institution is serving as the basis for the creation of a unique social support system aimed at improving the health and quality of life for women, their children, and their families. The Center's is staffed with highly trained specialists who are helping to develop targeted programs. Unfortunately, however, none of these programs provide support to families affected by HIV," said Guida, noting that the partners will help to create such programs. "We want to raise Center staffers' knowledge level about the needs of PLWHA, as well as to help them create programs to combat stigmatization and address the social and psychological concerns of these people."



**During the partnership meeting, David E. Gagnon, president of National Perinatal Information Center, provides ideas for further developing successful partnership programs. Nancy Paull, Josiah Rich, associate professor of medicine and community health at Brown Medical School, and Elvira Zhukova, deputy director of Healthcare Department, Togliatti City Administration, look on. (Photo: Vira Illiash.)**

Another important area of cooperation among the partners will focus on integrating a tuberculosis prevention program into the Togliatti AIDS Center's work. "It is well known that TB can pose a greater threat to the lives of patients with advanced HIV-infection than AIDS does. Therefore prevention of this co-morbidity is very urgent, especially because the drugs needed for this are significantly cheaper than the medicines used to treat TB," Guida said. Outlining plans for this program, the partnership coordinator explained that the pilot project will involve 50 PLWHA who do not have TB. After receiving training through the partnership, several teams of doctors and nurses will work with this group to disseminate information about the risk of contracting TB, stressing the

importance of preventing the disease. "If the patients know they can avoid this disease, they will begin to be attracted to the program and to visit the AIDS center to get this help. Once they come, they'll find out about other services," Guida said, acknowledging that the partners hope in this way to increase the authority of the AIDS Center and make it an attractive source of services for PLWHA.

Guida reported that the TB prevention program has already received support from the Samara Region Ministry of Health resulting in the allocation of government funds for the purchase of the needed medicines. Talks on cooperation in the area of developing social programs for PLWHA are under way with non-governmental organizations currently working in Togliatti.

### ***Partners from Bemidji to Create Training Program for Skilled Personnel in Saratov***

Staff members at the regional CAPT and the healthcare and social welfare system in the city of Engels have set the objective of developing the skilled personnel and organizational structure needed to provide comprehensive services to the HIV-infected population of the Saratov Oblast. Their American partners from the Northern Rivers HIV/AIDS Consortium of Bemidji, Minnesota, are joining them in

this work.

"By offering our Russian partners the knowledge and experience we have, we want to make their job easier," said partnership coordinator Mary Thompson, stressing the fact that the HIV/AIDS epidemic began in the United States long before it threw Russia into turmoil. As a result, American healthcare systems have amassed more experience treating the virus and providing support for PLWHA. What's more, Thompson noted, the partnership has recruited a wide variety of organizations that provide care to quite diverse groups in the population. The Rural AIDS Action Network, for example, works with PLWHA in the remote farming regions of Minnesota. Meanwhile another member of the consortium, New York City's Metropolitan Hospital Center, offers services to different risk groups, including IDUs, commercial sex workers, and men who have sex with men in the city with the highest number of HIV cases in the United States.



**Mary Thompson, Steve Rith-Najarian, and Lyubov Potyomina, chief physician of Saratov AIDS Center, exchange ideas during one of the conference's sessions.**  
(Photo: Vira Illiash.)

According to Thompson, the Russian partners recently had an opportunity to visit these healthcare institutions, as well as other consortium member organizations, to see firsthand their HIV/AIDS treatment and care programs. During a recent exchange in the United States, the Saratov partners were convinced that effective medical care for PLWHA depends not on physicians alone, but also on people from the social services. Therefore it would be a mistake to underestimate the important role nurses and social workers play in HIV/AIDS care. For this reason, Thompson reported, the initial development phase of the partnership project includes providing case management training to 15 representatives from the social and psychiatric services professions. In addition, a series of workshops is planned during which American specialists will share their knowledge in the areas of pre- and post-test counseling and occupational safety measures during clinical contact with patients. They will also concentrate on the basics of prescribing and administering ART. In this way, the partners say they hope to improve the quality of healthcare services for PLWHA in the region, expand access to ART, and increase the motivation of these patients to get treatment. And, to help ensure quality control in the treatment of HIV-infected patients in the Saratov Oblast, the partners will create a system of continuous monitoring involving all specialists providing care to PLWHA.



**Linda Brandt, executive director of Rural AIDS Action Network (far right), and Russian partners Tatiana Morozova, chief physician of Saratov Oblast TB Dispensary, and Olga Frolova, head director of the TB Care Center for HIV Patients, discuss the partnership workplan, while Nina Kazakh (in the middle) translates. (Photo: Vira Illiash.)**

The Saratov/Bemidji partners will also focus on developing among practitioners the specialized knowledge and skills needed to provide care for HIV-infected patients who suffer from tuberculosis. Of the HIV cases reported in Saratov, only six percent have been diagnosed with concomitant TB, but the partners say this is reason enough to act because it has been shown in practice that PLWHA have an elevated risk of contracting TB.

Steve Rith-Najarian, a medical doctor and quality improvement expert from North Country Health Services, reported in his presentation that the partners plan to

teach the region's pulmonologists methods for treating TB in patients with HIV/AIDS. In his view, this will make it easier to provide care to PLWHA because they will be able to receive treatment where they live. In addition, Rith-Najarian noted the importance of developing TB prevention programs, which represents another topic the partners hope to address through their collaboration.

### ***Orenburg/New York Partners Will Establish Effective Care System for Adults and Children***

Prevention of vertical transmission of HIV and the improvement of care for HIV-infected women and children define one of the priority areas partners from the Orenburg regional CAPT and Elmhurst Hospital Center in New York said they plan to focus on. According to Vladimir Gerasimov, CAPT's chief physician, the "feminization" of the epidemic in the region underscores the changing face of HIV/AIDS in Orenburg and throughout Russia. In the past, HIV transmission occurred mainly among IDUs and was driven by the widespread consumption of heroin that has long been the unfortunate byproduct of the region's proximity to Kazakhstan and the fact that the Russian-Kazakh border has been a narcotics transshipment route for many years. "Now the epidemic has broken out of the traditional risk groups and threatens all the inhabitants of the region," Gerasimov said, noting that approximately one percent of the population carries the virus. Nearly five percent of these people are children born to HIV-infected mothers, which makes addressing the unique needs women and children all the more urgent.

"If we fail to devote adequate attention to training personnel to prevent mother-to-child transmission of the virus, the number of HIV-infected children will rise relentlessly. And, as experience shows, quite often their parents will reject them," Gerasimov stressed, pointing out that a fairly large number of children with this diagnosis are already living in the region's orphanages and that there are a number of difficulties with integrating these children into the public education system. "We can't put them on a reservation. They need to develop like any other children, but the public network is not yet adapted for their needs and is not prepared to provide them a full-fledged chance to grow and thrive." Gerasimov expressed great hopes in this regard for help from his American colleagues whose system of interaction among medical, social, and educational services is well-established and finely tuned.



**Joseph Masci and Vladimir Gerasimov shake hands following the signing ceremony of the partnership's MOU, which took place during the conference.** (Photo: Vira Illiash.)

US partnership coordinator Joseph Masci, who founded Elmhurst Hospital Center's AIDS program in 1985, emphasized that the American specialists are prepared to share their strategies for developing an integrated network to provide care to both adults and children. Noting that he sees this as a very important goal for the partners, he explained, "Only a system based on close collaboration among all the services providing care to PLWHA can hold a patient in the system and give him support." Without this, he continued, the mortality rate will inevitably rise. This is especially the case in Orenburg because the majority of HIV-infected people there are IDUs who, as a rule, do not apply to the CAPT for services.

"To change the system, though, we also have to change the approaches and practices used in providing care at all stages," Masci said. For this purpose, the partners will hold training workshops with doctors, nurses, and social workers on all of the topics in multidisciplinary care, from counseling and testing and treatment and adherence to the various aspects of care and support. In addition, during exchanges with their partners the Russian specialists will get to know the latest methods for treating co-infections and preventing vertical transmission, as well as American techniques for infection control.

Reporting on the steps the partners have decided to take toward building the interaction system in the region, Masci explained that a meeting will be held at CAPT to bring in representatives from narcology and TB clinics, as well as the region's obstetric, pediatric, and social service institutions. "At this conference the partners will discuss and work out a unified system of information exchange in order to make the 'lost' patient easy to locate," he underscored.

In addition, as was noted by Masci's Russian colleague Gerasimov, the partners also want to secure the cooperation of people from the media in a joint effort to educate and inform the public about HIV/AIDS. Stressing the fact that Orenburg

Oblast is one of Russia's largest regions, encompassing some 124,000 square kilometers and populated by more than two million people, Gerasimov explained that the distance between regional and district centers is sometimes greater than 600 kilometers. "Getting radio, TV, and the press involved will help us inform broader layers of the population about prevention measures, as well as the services we can offer in the area of treatment and support for PLWHA," he summed up.

### ***Sakhalin/Houston Partnership Will Focus on HIV Prevention***

"If you think of the other regions of Russia that are participating in partnerships as experiencing a fire, you'd have to say that, so far, we're only smoldering," Vyacheslav Penkovsky said, vividly describing the epidemic on Sakhalin Island. The first deputy chief of the Sakhalin Oblast Health Department explained that local healthcare professionals fear the outbreak of a full-fledged fire despite the current low level of HIV there. That is why they happily accepted AIHA's proposal to develop HIV/AIDS prevention programs. USAID has allocated additional financial support for this purpose to the AIHA partnership—a primary healthcare partnership between the Sakhalin Oblast Health Department, the Korsakov Central Rayon Hospital, and the Baylor College of Medicine in Houston—already functioning on the island.



**Gina Cruse, partnership M&E coordinator, Susan Miller, associate professor and director of International Medicine at Baylor College of Medicine, and Vyacheslav Penkovsky discuss the partnership workplan while Igor Kelmanson translates.** (Photo: Vira Illiash.)

In the course of their bilateral cooperation to date, the partners have achieved significant success in developing disease prevention programs and have contributed to improving the health of young people by teaching them about the consequences of risky behavior. Now they intend to unite their efforts and resources with those of the Sakhalin regional AIDS center and other local organizations and societies and to concentrate on preventing the spread of HIV/AIDS and other sexually transmitted infections among youth and other risk groups.

Penkovsky reported that the partnership would operate in four areas of Sakhalin Island—the cities of Kholmsk, Korsakov, Okha, and Yuzhno-Sakhalinsk—that were chosen for their potential role in the development of the epidemic in the region. "All four of these cities are involved in rapidly developing oil and natural gas projects, which attract thousands of seasonal workers from different countries and continents," he said, explaining that such a situation requires heightened preparedness for increased instances of risky behaviors, including alcohol and drug abuse, as well as the spread of sexually transmitted diseases. The partners believe this may lead to a rise in the number of HIV cases. With this in mind, the partnership plans to develop its work in two areas: HIV prevention and the treatment and support of PLWHA.

Armin Weinberg, professor at Baylor College of Medicine's Chronic Disease Prevention and Control Research Center, reported to the conference audience that the partners will recruit personnel from all interested businesses and organizations to create the most effective possible response system. He said that this would involve not only healthcare and public entities working with HIV/AIDS, but also the media, religious organizations, schoolteachers, and management personnel from industry. Weinberg stressed that the regional AIDS center would coordinate this collaboration.



**Vyacheslav Penkovsky, Laura Faulconer, AIHA's program officer for Russia, and Armin Weinberg pause for a photo after the partnership's MOU signing ceremony.** (Photo: Vira Illiash.)

To determine the level of knowledge about HIV/AIDS and how the infection is spread, the partners plan to conduct surveys of university students, pregnant women, and healthcare workers from a number of local enterprises. The survey data will be the basis for creating educational programs aimed at high school students and young workers. In addition, the partners will train medical specialists from various healthcare institutions in the four areas, as well as staff from local public organizations and social services, in new approaches to the development and introduction of prevention programs and methods of treatment and support for PLWHA.

### ***Determining Common Directions and Developing a Realistic Model***

The overview of problem areas and priority goals given by the partnerships made it possible for conference participants to identify the basic programmatic directions that are of greatest importance for each region. In their opinion, building a firm foundation for an effective model of care for PLWHA requires, first and foremost, defining strategies and tactics to address such vitally important goals as:

- Coordinating assistance to PLWHA and their families;
- Ensuring accessibility of this care in order to keep patients in the network;
- Defining clinical aspects and developing adherence to treatment; and
- Preventing and managing HIV-infection and TB.

Breaking up into working groups, the Russian and international specialists developed organizational plans for meeting each of these goals, noting that these strategies will help shape the right kind of policy for the treatment, care, and support of PLWHA in the priority areas of Russia.

"Today we have taken a step toward reorganizing Russia's current system of treatment, care, and support for PLWHA," said Anna Korotkova, deputy director of the Public Health Center at the Russian Federation Ministry of Health and Social Development, commenting on the results of the working groups. "We have developed new work algorithms for every level, for every service, and for every organization that needs to be part of the system of care for people infected with HIV. If the solutions we have found are set down on paper, upheld by the regional governments, and implemented, we will be able to solve the problems we have gathered here to address."

*—Unless otherwise noted, all stories in this issue are written by AIHA Staff Writer Vira Illiash who is based in Kiev, Ukraine.*