

# Connections

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## February 2004

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## Partner News



### **Odessa Seminar Gathers Ukrainian Policy Makers to Discuss Effective Programs in HIV/AIDS Prevention**

The world community is concerned about the HIV epidemic raging in Ukraine, but it would seem that Ukrainians themselves are not yet ready to take that concern to heart. Few people in the country realize the magnitude of the unfolding

tragedy, according to a recent survey conducted by the BBC. Ukrainians appear to think that the problem either doesn't exist or doesn't affect them personally. This attitude makes it difficult to assure a "safe tomorrow," much less secure a longer-term future free of ruined lives and premature deaths caused by the infection.

Yet everyday, HIV makes its way, unhindered, toward the youth of Ukraine. According to recent statistics, they fall victim to the virus due to an irresponsible attitude toward themselves and their own health either because they don't know or don't practice the most elementary preventive measures. The latest Ukrainian Ministry of Health figures show rapid increases in the number of infected adolescents, as well as the number of cases of sexual transmission of HIV, which in 2001 increased by 50 percent in comparison to 1996. That report also indicates that HIV/AIDS is no longer a disease of drug addicts and sex workers, but has imperceptibly taken root in the fertile soil of the general population. Mother-to-child transmission (MTCT) of HIV is another significant problem in the country, affecting 11 percent of the children born to HIV-infected mothers in Ukraine. In the United States, for comparison, the MTCT rate is only 2 percent.



**Violetta Barakina, head of the Cherkassy Family Planning Center, and Olga Vakulyuk, director of the Cherkassy Oblast AIDS Center, discussing strengths and weaknesses of PMTCT programs in their region. (Photo: Elena Voskresenskaya)**

At the same time, HIV/AIDS prevalence rates and treatment protocols are poorly defined for healthcare workers who are better informed than anyone else about critical HIV statistics. "Even healthcare workers whose professional duties bring them into contact with HIV-infected persons are not always able to provide specialized care for them," says Svetlana Posokhova, deputy chief of obstetrics and gynecology at the Odessa Oblast Clinical Hospital (OOCH) and director of the Southern Ukraine AIDS Education Center (SUAEC). According to Posokhova, the reason is not merely limited medical supplies for treating such patients or a shortage or complete lack of antiretroviral medications, but that these specialists have an insufficient level of psychological and professional training to address a complex problem like HIV.

In late December 2003, a seminar—"Organization of Effective Programs for the Prevention of Mother-to-Child Transmission (PMTCT) of HIV"—was conducted in Odessa by specialists at SUAEC. The event, which was held at the behest of the Ukrainian Ministry of Health and with financial and programmatic support from AIHA, offered a specific strategy for addressing HIV-related challenges. Among the participants were directors of regional AIDS prevention and treatment centers, chief obstetrician/gynecologists and physicians from obstetric hospitals in six of the Ukrainian oblasts most vulnerable to HIV—Cherkassy, Donetsk, Dnipropetrovsk, Kherson, Kiev, Nikolaev—and the city of Sevastopol.

#### ***OOCH Model—An Example of Integrating Systems for HIV Services Provision***

Attendees learned about the PMTCT program model implemented in 2001 at OUCH. To date, this model has proven irrefutably effective, reducing the vertical transmission rate by 75 percent.

The model is based not only on preventive measures taken during pregnancy and

delivery, but also focuses on preventing transmission of the infection by educating women of reproductive age about HIV and, in particular, instructing HIV-infected women about family planning. In addition, the PMTCT program provides for voluntary HIV counseling and testing of pregnant women. If infection is found, the program assures additional care, antiretroviral drugs for the prevention of vertical transmission, and—equally important—psychological and social service support for HIV-infected mothers during the prenatal period and after delivery.

"This is the optimal approach when resources are limited," says Posokhova. "It also helps medical personnel overcome prejudices about HIV-infection and, significantly, lets both the healthcare workers and their patients learn more about HIV/AIDS, the nature and symptoms of the infection, and preventive measures that must be taken. This knowledge is of undeniable value in a situation where understanding the problem and knowing how to combat it are the forces that can stop the infection's further."

Another unique feature of the OCH model is that it exemplifies an integrated system for providing services. Within the antenatal clinic at this institution, HIV-infected pregnant women are identified and referred to the Odessa AIDS Center for counseling and care by an infectious disease specialist. And a pregnant woman's connection with OCH does not end at that point. On the contrary, after receiving appropriate counseling on a course of treatment, women return to the hospital to receive full-fledged antenatal counseling and care, antiretroviral therapy, and advice on the most prudent choice of delivery method, which altogether—in 93-95 percent of the cases—prevents vertical transmission. After delivery, follow-up care and support for HIV-positive women and their children are handed over to specialists at the Satellite Clinic, which opened at OCH in 2002 with support from AIHA. This clinic is a unique model, providing comprehensive care for HIV-infected women, their children and their families, including counseling from various specialists, among them psychologists.

### ***Looking for Solutions to Effectively Prevent MTCT in Ukraine***

After being briefed on the Odessa model and seeing its components in action, seminar participants discussed how to organize this model in their own oblasts. Even though a National Program for PMTCT is in effect in every Ukrainian oblast—with the exception of Odessa—the program does not have an integrated system for providing specialized care to HIV-positive women of reproductive age, which would include the much-needed full spectrum of comprehensive services.



**Viktor Malyuk, representative of the Nikolaev Oblast Health Administration presenting a situational analysis of PMTCT in his oblast to the group.** (Photo: Elena Voskresenskaya)

Comparing notes on what stands in the way of successful implementation of the PMTCT model in their oblasts, the Ukrainian specialists singled out several basic concerns for all. First and foremost is the lack of necessary training for healthcare workers in the area of pre- and post-test counseling, which, in turn, works against timely detection of the infection and makes it more difficult to prevent vertical transmission at the prenatal stage. In addition, OB/GYNs are insufficiently trained in providing MTCT preventive care in the antenatal period, as well as during delivery. Laboratory

services also need to be expanded dramatically. Laboratories often experience shortages of reagents, as well as have insufficient numbers of specialists who can determine the immune status and viral load of HIV-positive patients.

During the seminar, participants were able to see from the experience of the Odessa model how important it is for effective treatment of HIV-positive patients to have well-organized communication among medical facilities, social service providers, and public organizations. It takes a joint effort by all to provide full-fledged comprehensive care for HIV-infected mothers and their families.

"We hope that the findings of this seminar will help the Ukrainian Ministry of Health, AIHA, and other international and public organizations that are battling HIV in Ukraine to direct their resources, first and foremost, toward solving the problems that are the highest priority for Ukraine at the present time," explains Posokhova. "The results of our work may also be useful in developing the new National MTCT Program, which the Ministry of Health plans to issue in 2005."

"Besides healthcare institutions, the Ministry of Health plans to involve the Ministry of Education and various social service and public organizations in its deliberations about the National Program. Therefore there is some hope of success," Posokhova says, emphasizing the importance in tackling the problem together and organizing continuous training for healthcare and social service workers, so that they, in turn, can teach HIV/AIDS prevention to the population. "After all, it's well known that knowledge is power. We have to concentrate our common efforts on that truth."



### **PHC Providers Learn How to Address Psychological Problems of Youth Using Kharkiv/La Crosse Experience**

Birds fly in a "V" formation because it's efficient: the wing movement of a preceding bird creates an uplift that helps carry the bird flying behind it forward, thereby preserving energy. By flying in flocks, birds can travel distances 71 percent greater than those they are able to cover when flying alone. Metaphorically, this concept can be applied to human beings as well.

"People who share a common direction and a sense of community can get where they are heading quicker and easier when they are traveling on the thrust of one another," said Anna Lobunets, director of the Kharkiv Student Counseling Center (SCC), when explaining the center's philosophy to the participants of the SCC Dissemination Conference.

The conference, held in Kharkiv, Ukraine, January 27 and 28, and conducted under the auspices of the Kharkiv/La-Crosse partnership, served as a vehicle for sharing Kharkiv's experience addressing behavioral health issues with other AIHA primary healthcare (PHC) partners working in Ukraine and Moldova.



**Staff of the Student Counseling Center describe the importance of adopting a team approach when addressing psychological needs of students.** (Photo: Ella Kocharyan)

The SCC was opened in 2002 at the Kharkiv Oblast Student Hospital (KOSH) within the Kharkiv/La Crosse Community PHC partnership program. Because KOSH provides medical services to more than 80,000 young people from 22 universities and colleges located in the Kharkiv oblast, attending to students'

health needs has been one of the partnership's priorities since its inception. Behavioral health problems are the third most common chronic condition prevalent among the student population. According to statistical data obtained from KOSH, 85 out of every 1,000 young people suffer from psychological disorders. (For more information about SCC, please see: ["Psychological Counseling Helps Kharkiv Students to Support Each Other in Obtaining Positive Outlook"](#))

According to Maya Fomina, KOSH's deputy physician, who presented a snapshot of SCC's history to conference participants, "Before the partnership with La Crosse, the hospital staff had not been very successful in addressing the behavioral health problems of students due to a lack of government funding and a shortage of human resources. The collaboration with our La Crosse partners gave us a chance not only to receive the funding necessary for establishing the SCC and training medical personnel in behavioral health issues, but also to convinced the Ukrainian Ministry of Health to allocate additional funds for hiring healthcare providers with different specialties to better address the psychological needs of students."

At present, the center is staffed by a social worker, several nurses and psychiatrists, and two counselors, as well as experts specializing in substance abuse, sex education, and STIs. Fomina emphasizes, "It is a significant progress in comparison to the range of psychological services provided in KOSH before 2002."

In addition to the history and structure of the SCC, the conference also focused on issues related to basic psychological problems among young people, as well as on tools for their screening, prevention, and management. As was highlighted by SCC Psychologist Vladimir Korostin, the disorders that pose a significant health threat to many students stem from difficulties in communicating with contemporaries, domestic violence, schoolwork overload, and sex-related problems. His colleague, Elena Kushnirskaya, adds that a large number of psychological disorders are seen in first and second year students. "These are the young people who take their first steps into the adult world after being attended to by their parents for many years, and very often they do not know how to deal with any problem-be it social, financial, or sexual."

Explaining further, Kushnirskaya says that "Depending on the type of concerns and the psychological condition of a patient, [the Center uses] different approaches, including audio and video therapies, among others." But, she says "the most effective therapy is an individual psychological session, where the physician's ability

to listen helps more than extensive therapy. After the effects of a stress are alleviated, we work to change the patient's view of the situation by switching their attention to something else."

According to Kushnirskaya, the Psychological Club, which exists at the Center and is managed by student volunteers, also serves as a tool for addressing the behavioral problems of the youth. The weekly sessions of the Club allow young people to share their concerns and find mutual solutions to their problems. "The use of these approaches, either in conjunction with each other or alone, allows us to manage the psychological problems of our patients in 90 percent of the cases," emphasizes Kushnirskaya.

According to the Director Lobunets, the successful treatment of behavioral disorders in students is the result of effective team work. "All our staff members are partners united by a common goal. Our cooperation starts at the registration desk, where a nurse initially screens a patient who comes in for assistance. By using a triage methodology, we make a preliminary evaluation of the patients' condition and assess the acuteness of care they need, as well as determine what type of specialist they should be referred to. This approach allows us to see a greater number of students without compromising the quality and effectiveness of our assistance."

It was stressed at the conference that, in addition to the medical personnel who provide the triage, counseling, and treatment services, the social worker is also an integral part of the team. She conducts different surveys and offers patient education classes, with topics ranging from healthy lifestyles, substance abuse, smoking cessation, and reproductive health to crisis intervention and stress management.

The SCC's staff also engage in outreach activities, including health fairs and healthy lifestyles campaigns, that increase the awareness of students from Kharkiv colleges and universities about risky behaviors and promote services offered at the Center.

According to Lobunets, all the techniques used by SCC to address psychological problems were initially introduced by their US partners from La Crosse. "It was very important for us to receive necessary training and to learn about new treatment methods, which are unique for Ukraine and which enabled us to support and help our patients. So, we can say that by receiving support we learned how to support others," she says with a smile.

The conference concluded with a discussion of possible ways to integrate the SCC model into a primary healthcare settings. Many of the participants commented on the necessity of addressing mental health issues in their communities, while representatives from the Uzhgorod and Chisinau PHC clinics based at Medical Universities expressed their willingness to replicate the model at their home institutions.



### **Bridging the Balkans: Tirana/Bucharest Partnership Demonstrates Success of Cross-regional Collaboration**

Building the capacity of primary healthcare practitioners to develop and deliver health management training courses is the main focus of the Tirana/Bucharest partnership, where the mentoring role is held by the Romanian counterparts. "By bringing together two Eastern European partners, AIHA supported a new type of

collaboration, one in which knowledge gained within former partnerships with US specialists is disseminated, not only in the country, but also throughout the region," said Daniela Valceanu, director of the Romanian National Institute for Health Research and Development (NIHRD) during the Tirana/Bucharest Partnership Dissemination Conference.

The event, held in Tirana, Albania, on January 23, provided a summation of the partnership cooperation, which started in 2001. Three years of achievements were shared with policymakers from the Tirana Regional Authority, Institute of Public Health, Institute of Health Insurance, and Faculty of Medicine, as well as Public Health Directory officials from 11 Albanian regions. Representatives from WHO, World Bank, UNICEF, Swiss Development Fund, SOROS Foundation, PHR plus, and University Research Co. also attended the event.

"There are a lot of similarities between the healthcare systems in Romania and Albania," said Valceanu, explaining that both former social bloc countries are going through healthcare reform that requires an infusion of modern methods and effective strategies, specifically in the areas of public health and health management. This is especially true, she continued, since both countries are transitioning toward a family medicine approach to care.



**The Albanian health management faculty trained by Romanian counterparts gathered for a group photo.** (Photo: courtesy of Daniela Valceanu)

Health management education was a major component of the now-graduated Bucharest/Illinois partnership and is a focus of the current Bucharest/Lexington partnership with NIHRD. According to Valceanu, the skills built within these partnerships have helped Romanians to develop sufficient expertise in the subject of health management education and thus allowed them to disseminate their experiences to their Albanian partners. "Working with partners from Tirana we did not have to reinvent the wheel," explained Valceanu. "We just adapted our own experience to their needs."

Using a train-the-trainer approach, the Bucharest partners strengthened the capacity of 14 Albanian instructors in the areas of adult learning methodology, health services management, and health promotion techniques. The Romanian partners also developed a manual and facilitator's guide for training general practitioners in health services management. These tools have already been used by the Tirana trainers to improve the management skills of 80 primary healthcare providers in Berat, Lezha, and Tirana.

Including the health management curriculum in the continuing medical education system is something that the Tirana partners have discussed with the Albanian Ministry of Health, the Medical School at the University Hospital Center in Tirana, and the Order of Physicians. As was reported at the conference, these organizations have expressed their willingness to collaborate in developing and adapting this curriculum in Albania, which would assure replication and sustainability of the partnership efforts on a national level.

"Working together with the Romanian partners, we were able to find alternative solutions to our problems," says Silva Bino, director of the Institute of Public Health. According to Bino, the Albanians benefited greatly from the Romanians' expertise and now both partners want to explore mutual efforts in disseminating their experiences in Kosovo. "Our partnership has proven that cross-regional collaboration can be a success and we would like to share it with our other neighbors," she concludes.

## Regional News

### **Lucrative Networks in Eastern Europe Continue to Thrive on Human Trafficking**

Human trafficking is on the rise in the Balkans, reports *UN Wire*. Approximately 200,000 women and children destined for sexual exploitation have been illegally traded through "Balkan criminal networks" over the past few years.

According to *UN Wire*, international efforts to stop trafficking in and through Southeastern Europe are ineffective. Despite the fact that several transit routes have been blocked by police and border patrols, there has been no decline in the illegal trade and traffickers have quickly found other methods for moving persons to European Union (EU) countries, particularly via airline travel.

*The Financial Times* attributes the situation to liberalized visa arrangements within the EU for the citizens of Bulgaria, Moldova, and Romania. This allows trafficked women and children to be easily taken across borders, but not easily tracked because they have legal documents.

Human trafficking also continues to be an acute problem in Ukraine and Russia, says *Johnson's Russia List* (JRL). These two countries are considered to be major suppliers of "human export."

In response to the problem, the Ukrainian government has adopted and added a new law to the Ukrainian Criminal Code against human trafficking. The government also attempted to implement an anti-trafficking program, which failed due to lack of funding.

As was stressed by Ukrainian and Russian researchers during a briefing on *Radio Free Europe/Radio Liberty*, these two countries need the financial support and expertise of foreign governments and international organizations to effectively resolve the issue.

In an effort to coordinate international cooperation to combat human trade in Russia, the first Russian Assembly of Non-governmental Organizations Against Human Trafficking gathered in Moscow in January 27, 2004, reports *Rosbalt*. During the opening session, US Secretary of State Colin Powell proposed that Russia and the United States collaborate in the fight against human trafficking. He called for the creation of international legislation in protecting human rights and commented on ongoing efforts, saying that, "This assembly is an important step towards solving the problem of slavery in Russia."

### **Seasonal Outbreak of Meningitis Strikes Kyrgyz Children**

As reported by *IRIN*, an outbreak of meningitis infection has been registered in Bishkek, Kyrgyzstan. In 2003, the number of cases doubled from the previous year, affecting 160 people, 61 percent of whom are children.

According to local health officials, children under seven years of age are the most vulnerable segment of the population. Within the past two months, the disease has taken the lives of three children, one of whom died because her parents were trying to treat the child at home. According to Inna Chernova, chief specialist for the Epidemiological Inspection Department at the Kyrgyz Health Ministry, " People don't visit doctors because they think they will need to buy medicines, however, in accordance with the Kyrgyz legislation, meningitis is treated for free."

According to the World Health Organization, meningitis is a contagious bacterial infection spread through the respiratory droplets of infected individuals. It is an extremely dangerous disease because the onset of symptoms is sudden and death can follow within a few hours. The 10-15 percent of people who survive the infection suffer from persistent neurological defects, including hearing loss, speech disorders, mental retardation, and paralysis.

To prevent regular seasonal outbreaks of the meningitis infection, the Kyrgyz government has to take appropriate measures. First of all, Kyrgyz health officials and medical professionals should develop patient education programs to inform people about symptoms and encourage them to receive specialized, free-of-charge care, *IRIN* concludes.

### **Russia Faces Dramatic Increase in Psychiatric Disorders**

Approximately 14 million people in Russia need psychiatric assistance and 3.8 million of the country's population have serious mental disorders according to a recent survey conducted by Russian NGOs, specifically the Civil Society Foundation, the Center for the Development of Democracy and Human Rights, and the Moscow Helsinki Group.

Citing the figures and analysis promulgated by the survey, *Johnson's Russia List* (JRL) reports that the problem continues to grow because many Russian citizens simply do not have access to psychiatric assistance. Over the past decade, the number of people who have become disabled as a result of psychiatric disorders has risen by 50 percent. According to experts, such consequences are the result of several factors. One reason cited is that Russia has a high number of regions with low population density and poor transportation networks making it difficult for people, especially those from rural areas, to reach specialized care. Another is that psychiatric clinics receive only 50 percent of the government funding to which they are entitled. This impedes the development of a psychiatric services infrastructure and the quality of care provided.

Experts cited in the article say that the situation is getting worse and the implementation of a state program aimed at making psychiatric assistance available by opening psychiatric offices in polyclinics and hospitals shows little progress.

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

**4th Annual International Public Health Summer Institute Offers Intensive**

### **Training Opportunities**

The International Public Health Summer Institute at the University of Alabama Birmingham will provide intensive training courses to public health practitioners, academicians, and students from around the world who want to upgrade their skills in modern public health research, leadership, and management in public health, management, and control of HIV/AIDS, STIS, and tuberculosis. The training runs July 6-Aug. 6, 2004. For more information, visit: [www.uab.edu/sparkmancenter](http://www.uab.edu/sparkmancenter)

### **International Harm Reduction Development Program (IHRD) Offers Grants to NGOs and Governmental Agencies**

In partnership with Open Society/Soros Foundations in Eastern Europe and Central Asia, IHRD administers a grant program to support the efforts of non-governmental organizations (NGOs) and governmental agencies that provide harm reduction services to drug users and work to oppose policies that rely too heavily on police and prisons to the detriment of health and human rights concerns. For additional information about the program and application process, visit:

[www.soros.org/grants/application/grant\\_apply\\_step\\_5\\_view?focus\\_area\\_code=advocacy&x=72&y=8](http://www.soros.org/grants/application/grant_apply_step_5_view?focus_area_code=advocacy&x=72&y=8)

### **International Conference on Emerging Infectious Diseases**

The National Center for Infectious Diseases, Centers for Disease Control and Prevention are organizing a conference that will bring together public health professionals to encourage the exchange of scientific and public health information on global emerging infectious disease issues. Major topics include prevention and control of emerging infectious diseases; current work on surveillance, epidemiology, research, communication, and training; and bioterrorism, both within the United States and abroad. The conference will be held in Atlanta, Georgia, on Feb. 29-March 3, 2004. For more information, please go to: [www.cdc.gov/iceid](http://www.cdc.gov/iceid)

### **PADA National Anxiety Disorders Conference**

Panic and Anxiety Disorders Assistance (PADA) is organizing the National Anxiety Disorders Conference to be held in Melbourne, Australia, March 26-27, 2004. The event will focus on the issues of recovery, risks, and resources for people with anxiety disorders. For more information, see: [www.pada.org.au](http://www.pada.org.au)

### **Emergency Medicine Exhibit**

The 5th International Emergency Medicine Exhibit will be held in St. Petersburg, Russia, June 1-3, 2004. Companies from Eurasia will showcase materials and supplies related to responding to medical emergencies. For additional information, visit: [www.primexpo.ru/emergency/eng/special\\_events.shtml](http://www.primexpo.ru/emergency/eng/special_events.shtml)

### **WONCA Europe Regional Conference: Quality in Practice**

Sponsored by the World Organization of Family Doctors, this conference will be held in Amsterdam, Netherlands, June 1-4, 2004. It will gather more than 2,000 general practitioners from throughout the world to discuss the implementation of quality improvement (QI) in daily practice, share their views and experiences, and learn about new QI measures that can be implemented in their own institutions. For more information, visit: [www.wonca-europe2004.com/](http://www.wonca-europe2004.com/)

### **World Congress on Gastrointestinal Cancer**

The 2004 World Congress on Gastrointestinal Cancer will be held in Barcelona, Spain, June 16-19, 2004. At the congress, specialists in cancer research, leading oncologists, and practicing clinicians will review the state of the art and share the newest information on the management of gastrointestinal cancer. For additional information, see: [www.piccongress.com/picc/wgic04.html](http://www.piccongress.com/picc/wgic04.html)

## Features

### **Teamwork, Specialized Training Are Key Elements of New HIV/AIDS Treatment Programs Being Developed in Eurasia**

*By Kathryn Utan*

Working together to provide the best healthcare services possible to people in Central Europe and Eurasia has been the underlying goal of AIHA twinning programs since the organization was founded more than a decade ago. As countries in the region try to cope with one of the fastest growing rates of new HIV infections in the world, the concept of collaboration and teamwork is now more important than ever before—especially as these nations strive to develop accessible, comprehensive treatment programs for people living with HIV/AIDS (PLWHA).

While institutional capacity is the foundation of any effective HIV/AIDS program, it is the knowledge and skills of individual care providers that shore up this foundation, making a program not only successful, but also sustainable. Building a cadre of experienced healthcare practitioners who can work in concert with local and national governments, healthcare facilities, non-governmental organizations, international donor agencies, and other community stakeholders to create a strong clinical and social support network for PLWHA is the objective of a new collaboration between AIHA and the Los Angeles-based AIDS Healthcare Foundation ([AHF](#)).



AIHA kicked off this new alliance with AHF December 1-8, 2003, by co-sponsoring an "Anti-retroviral Therapy Training Workshop" in Odessa, Ukraine. The event brought together some 20 clinicians and social workers from Odessa and Kiev, as well as officials from Ukraine's Ministry of Health, to discuss WHO protocols for providing care and treatment to the estimated 1.2 million HIV-infected people in the region.

Representatives from the Kiev Medical Academy of Postgraduate Education and the All-Ukrainian Network of People Living with HIV/AIDS also participated in the training.

This was also the first training hosted under the aegis of the newly established WHO [Regional Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia](#), which has been created to focus first on strengthening capacity in Ukraine—the country in the region that has been hardest hit by the epidemic—then to quickly expand its efforts by providing training and technical support to the other countries in Eurasia facing similar challenges in caring for HIV-infected individuals.

To fully comprehend the importance of this workshop and other training sessions that help build capacity in the region, it is important to understand the severe lack of human and financial resources these countries face as they work to develop and implement HIV/AIDS care and treatment programs.

#### ***The First Step in Finding a Workable Solution: Understanding Existing Problems***

While the initial impulse of care providers and international donor organizations working in Ukraine and other countries in the region may be to charge headlong into the very real struggle to provide anti-retroviral therapy (ART)—or, in fact, whatever

type of care is feasible—to HIV-positive people, the problem of providing care is more complex than simply distributing anti-retrovirals (ARVs). It is a dilemma that necessitates a thorough appreciation of the situation as it actually is, not how people might wish it to be. By understanding conditions as they really are, a multidisciplinary team that is well-suited to provide comprehensive care can be efficiently assembled and trained.

Ukraine—like most other countries—has an overburdened health system with many competing priorities. Consequently, insufficient financing is a major impediment to providing adequate treatment services for PLWHA, according to Svetlana Antoniak, a Ukrainian HIV specialist from Lavra Clinic at the Institute of Epidemiology and Infectious Diseases in Kiev and one of the trainers at the ART Workshop in Odessa.

"Since Ukraine's first case of HIV was identified in Odessa in 1987, the government has made prevention issues a priority, while at the same time virtually ignoring treatment programs," Antoniak explains. "A National AIDS Committee was formed and funded in the early 1990s, but they continued to focus on prevention efforts, including testing, patient education, and assuring the safety of blood supplies. It was not until 2000 that treatment costs were included in the state budget for our national HIV/AIDS program," she points out, noting that even then funds were not allocated for HIV treatment specifically, rather became part of the health budget allotted for general care and treatment purposes.

Another main obstacle impeding the implementation of programs to effectively administer ART in Ukraine is a wholesale lack of targeted education for HIV/AIDS practitioners, Antoniak continues. "Ideally, both theoretical and practical HIV/AIDS-related training should be provided at medical universities, but at this time no such medical specialty exists in Ukraine, thus schools have no dedicated HIV/AIDS departments that can provide students with access to education or patients," she explains. And, even if such a specialization was available, anti-retroviral medicines are not, making training new personnel virtually impossible under current circumstances. "In addition, there are no post-graduate or continuing education classes for clinicians who are already treating HIV/AIDS patients," Antoniak says, noting that this makes targeted training a crucial first step in developing a core group of healthcare providers with the knowledge and skills to effectively treat HIV-infected individuals.



**Clinicians participating in the training observed patient interviews, reviewing x-rays and other medical information to determine on a case-by-case basis if individuals were appropriate candidates for anti-retroviral therapy.** (Photo: Kathryn Utan)



**AHF physician Michele Babaie (center) conducts a patient interview while workshop participants look on.**  
(Photo: Kathryn Utan)

This combination of factors, Antoniak stresses, is a clear indication that the government is not paying enough attention to the HIV epidemic itself or to its citizens who are living with the disease. Her assertion is reinforced by the [Global Fund's recent decision](#) to temporarily withdraw its support from the three principal recipients of its grants in Ukraine, one of which is the nation's Ministry of Health. The Global Fund cited the Ministry's inability to scale up treatment programs in a timely

manner, increasing the number of people receiving ART from fewer than 100 to 4,000 as a key factor in this decision. There is a direct correlation between this inability and the need to develop a well-trained cadre of healthcare practitioners who are experienced in providing HIV-related care.

Helping Ukraine begin to train members of this specialized workforce was the purpose of the December workshop and is also the goal of others that are planned for the future. Topics covered during the event included ART, common opportunistic infections, palliative care, post exposure prophylaxis, and prevention of mother-to-child transmission (PMTCT) of HIV, as well as WHO and Ukrainian Ministry of Health requirements for monitoring and evaluating ART. The training concluded with practical sessions conducted at the Odessa Women's Wellness Center and the Odessa Satellite Clinic—both located at the Odessa Oblast Hospital. During these sessions, participants had the opportunity to meet with HIV-positive people, obtain their medical histories, and conduct physical examinations to determine each patient's present condition and their suitability to be among the first to receive ART as soon as it becomes available in Ukraine.

#### ***Building Capacity Requires Building a Multidisciplinary Team***

An underlying goal of the training was to give participants the knowledge and skills they need to help create a comprehensive HIV/AIDS treatment program. One of the most challenging tasks associated with effectively providing care to HIV-infected people in the nations of the former Soviet Union is overcoming a health system that for decades was based on strict compartmentalization of care. Under this paradigm, mental health and social support services systems were not integrated with medical care. But, according to Antoniak and the two American HIV/AIDS specialists from AHF—Michele Babaie, a physician at AHF/Whittier Healthcare Center in California, and Richard Gettings, a registered nurse and regional supervisor of AHF/Positive Healthcare Florida—who also served as trainers at the December workshop, HIV-related care requires a more holistic approach.

Stressing the important role this workshop and others like it play in training healthcare providers in the particular nuances of HIV-related care, Babaie—who manages a case load of some 400 HIV-positive patients at AHF's Whittier Healthcare Center in California—explains, "Services for HIV/AIDS patients need to be integrated physically, organizationally, and philosophically. For this to happen, physicians need to first understand this [holistic] model of care and believe in its validity. Multidisciplinary training sessions can serve as a helpful first step in this process. Additionally, having 'centers of excellence' where such a model is adopted and could then be used to train other centers would be useful. The Lavra Clinic, for example, is already adopting this model with quite a bit of success."



**Richard Gettings of AHF/Positive Healthcare Florida discusses how WHO clinical guidelines might be adapted to better suit the specific conditions in Ukraine with workshop participants.** (Photo: Kathryn Utan)

All three trainers agree that adopting a multidisciplinary team approach is critical to the success of the country's fledgling treatment and care program. "As trainers, we not only have to sell the idea of a team approach, we have to show the care providers how it can work and how to create it," says Gettings, a registered nurse with more than 10 years of clinical experience providing HIV/AIDS care. "Training nurses and social workers to address particular areas of care will allow physicians to focus on things that only a doctor should be doing, such as deciding what drugs are used in a patient's therapy regimen," he explains.

"Nurses in particular can be trained to assess adherence and to work individually with patients on managing symptoms and side effects," Gettings says. "If a patient history form were created, for example, many of the mundane questions required for a complete medical history could be asked by a nurse before the patient ever sees a physician. This would eliminate that step for the doctor, freeing him or her to spend more time on the physical exam and planning the most appropriate course of treatment," he continues, noting that social workers can be trained to do most of the prevention and testing work, as well as to assist with the management of side effects.



**Michele Babaie (bottom left) moderates a group discussion about WHO's protocols for HIV/AIDS treatment and care in the region.**  
(Photo: Kathryn Utan)

Babaie concurs with this opinion, adding, "It is important both to involve more non-physicians in treatment plans and to integrate other subspecialties of medicine, such as tuberculosis, hepatitis, and sexually transmitted infections, into the comprehensive care of an HIV-positive patient. Mental health and substance abuse treatment also need to be de-stigmatized and incorporated into the overall care plan."

Implementing this methodology, however, is not without significant challenges, Antoniak points out. "I believe adopting a multidisciplinary team approach to HIV/AIDS care is the only chance we have to ensure the success of our treatment program, but we face a great lack of nursing personnel and social workers and there is no money in the budget to fill in this gap. Instead, we will need to turn to non-governmental

organizations and the international donor community for support."

Explaining that the workshop was an important learning experience for the Ukrainian care providers because it combined both theoretical and practical training sessions, Antoniak continues, "The format of the training was wonderful; participants had the chance to learn about the experiences of US HIV/AIDS specialists, see patients, and discuss different treatment approaches, as well as to compare our national standards to those advocated by WHO. It was a good example of how the educational process related to HIV/AIDS should be performed and I think it was a concrete practical step towards improvement of care."

Summing up the experience from her point of view, Babaie concludes, "It was very humbling to be able to interact with intelligent, dedicated healthcare providers who were so grateful for the knowledge and clinical experience that I have obtained simply by being fortunate enough to practice HIV medicine in a resource-rich environment. I could sense their frustration at not being able to provide the best level of care possible to their patients due to a lack of resources. It must be extremely frustrating and demoralizing, and I feel extremely privileged to not have to deal with the same obstacles in my own practice."

*—DC-based Kathryn Utan is an AIHA staff writer.*

## **Virtual Help Overcomes 2000 Kilometers to Achieve Best Results: Peer-education Experience within Kurgan and Ashgabat LRCs**

*By Vira Illiash*

In the early 20th century a man was born, who in the 1960s envisioned the emergence of a global communications system beyond the comprehension of most of the world's population—at least until the past decade, when his supposition, first put forth as the "global village" model, later became known as the World Wide Web.

That man, Canadian sociologist Marshall McLuhan, wrote that the technological revolution would create a mass communications model that would enable people to be better informed about what was happening in other countries than they were about what was happening on the next city block. While McLuhan's progressive ideas were mind-boggling when they first came out, as information technologies have developed they have become commonplace tools without which today's world would be unable to satisfy the daily information needs of people in every walk of life.

### ***Internet, Learning Resource Center Project Facilitate Access to Scientific Research***

The appearance of the global Internet coincided with a difficult period of transition in the nations of the former USSR. The collapse of the economy and decentralization of production caused by the break-up of the Soviet Union brought publishing houses to a standstill, while libraries found themselves in total information isolation, having lost their financial ability to purchase monographs and periodicals abroad.

The already scarce access of to up-to-date information from foreign countries, which libraries had previously made available to Soviet specialists in various areas of science and culture, was shut off, creating an information vacuum. The effect was particularly detrimental to extremely important branches of science and practice, such as medicine.



**Sergei Kosintsev conducts practical training for information coordinators and physicians from different partnership institutions in Ashgabat.**  
(Photo: Mekhri Nedirova)

"To improve the situation and help healthcare workers gain access to the latest scientific data in their practice area, AIHA established a program to provide its Eurasian partners with the opportunity to acquire the latest information over the Internet," says Irina Carnevale, AIHA information and communication technology (ICT) associate. "This ongoing program involves minimal expenditure and results in a great quantity of excellent quality information."

Since 1995, AIHA has provided financial and programmatic support for its participating partner organizations to open more than 140 Learning Resource Centers (LRCs). These Centers give thousands of healthcare workers the opportunity to search for current medical information. Each LRC has Internet access, as well as its own electronic database for, and reference guides on, using the principles of evidence-based medicine. The powerful information resources of the Centers also make it possible to conduct teleconsultations, which is a valuable tool for arriving at the most effective medical decisions, thereby improving the quality of care for patients.

### ***Information Coordinators Usher in the Technological Revolution While Broadening Their Personal Outlook***

LRCs are headed by information coordinators trained in ICT. This ICT expertise gives their medical colleagues expanded possibilities for finding the professional reference materials they need, as well as allows them to conduct distance consultations on patient diagnostics and treatment. In addition to doing searches for colleagues, information coordinators also train healthcare personnel on using the resources of the Centers, which helps put up-to-date scientific knowledge into everyday practice.

"Mastering computer technologies has become a matter of survival, so, of course, being the provider of this information brings with it prestige and responsibility, at the same time that it is useful and an altogether pleasant job to have," says Sergei Kosintsev, information coordinator for the Kurgan-Schuche/Appleton partnership. An engineer-programmer by training, Kosintsev has headed the Automated Management Systems Department at the Kurgan Maternity House since 1990, providing support for its local computer network. Since the formation of the partnership in 1999, he has successfully combined his regular duties with those of information coordinator. And, although he says his workload has not diminished, Kosintsev is absorbed in the new opportunities that have opened up and is not complaining. "An information coordinator's life is far from boring because he's the person, in effect, making the technological revolution. In addition, he has many opportunities to broaden his own outlook: meeting new people and learning about different cultures and technologies. I've been curious since childhood," he says with a laugh. "The range of people I'm in contact with has expanded by several orders of magnitude—and not just virtual contact, but personal contact, which is more efficient and more fun."

### **Transcending "Virtual" Boundaries, Russian Information Coordinator Provides Face-to-face Training for Colleagues in Turkmenistan**

As an ICT professional, Kosintsev teaches the secrets of computer technology to members of the staff at the facility where he works, as well as to healthcare specialists from other clinics in the city. In practice, however, Kosintsev helps more people than just those in his own geographical area. He actively corresponds with the information coordinators from other AIHA partnerships. Most of the people filling this function are physicians without an engineering or computer-related background, so Kosintsev often helps them find the most effective solutions to the day-to-day technical problems they encounter at the LRC.

At the end of November 2003, Kosintsev's role as a virtual tutor took him well beyond the boundaries of Russia. He was invited to Turkmenistan to conduct an ICT training seminar for information coordinators from Ashgabat, Turkmenistan. Carnevale points out that his visit was somewhat out of the ordinary because it is usually AIHA staff who conduct seminars of this sort, while information coordinators, as a rule, help each other virtually. Face-to-face mutual assistance typically happens only in cases where representatives of different partnerships live in the same city. This time, however, cooperation among regions was involved.

"Because it's so difficult for citizens of Turkmenistan to travel outside of their own country, practically none of the information coordinators there has attended any of the seminars AIHA staff have conducted during the past eight years," explains Carnevale. "On one occasion, Sergei responded to a request for help from the information coordinator at the Primary Care Training Center (PCTC) in Ashgabat, which had been posted on the LRC e-mail list, and he has been helping them regularly ever since. But, sometimes it's difficult to work on technical problems with virtual contact alone, especially when essential technical knowledge and skills are lacking. Therefore, our Ashgabat partners asked Sergei to come and give a seminar for the information coordinators of the three AIHA partnerships in that city."

"ICT training courses are something I'm used to running," says Kosintsev. "And, since I had been in constant contact with Ashgabat, I was up to date on all their problems, as well as with the knowledge level of the audience I would be addressing. For that reason, I had no trouble preparing the seminar. But there was very little time—barely a week—so I tried, first and foremost, to train my colleagues on things that would provide a foundation for further self-education. And, naturally, with

continuing distance guidance from me."

### ***ICT Training Brings New Knowledge, Strengthens Cross-partnership Relations***

The training session was held for the entire staff of the PCTC, the institution involved with AIHA's Ashgabat/North Dakota partnership, as well as for information coordinators from the Ashgabat/Richmond and Ashgabat/Cleveland partnerships.

Seminar participants worked through problems related to e-mail, mail servers, and mail agents-how to set them up, encoding and attachments, and creation of individual e-mail addresses; how to archive files and compress graphic images; recording information on CD-ROM; and working in Microsoft Word and Excel. In addition, they received detailed information on Internet search strategies, methods for evaluating and saving what they find, and downloading files and sites. They learned to create and give presentations in Microsoft Power Point and work with dictionaries and electronic translation programs, as well as to install and configure related-software, work with a file system, and organize disk structure. They also received advice on correct computer maintenance and use practices.

"Sergei is a wonderful teacher. He knows exactly what needs to be mastered in order to work as efficiently as possible, waste little time, and achieve the desired results," says Maral Arjanova, information coordinator of the Ashgabat/North Dakota partnership and a family doctor at the Health House #1 based at the Ashgabat PCTC's. "Our facility serves a population of 83,000, so it is extremely important for us to be able to make proper use of the information resources AIHA has provided. That way we can give high-quality advice and methodological guidance to the city's healthcare workers, thereby improving the quality of the services they offer patients," Arjanova explains.

Arjanova says the seminar enabled her to clarify how to search for information quickly, handle the material found in a proper way, and compose and set up a presentation. "Those are the aspects of the training that it was most important for me to master because, as an information coordinator, I have to give healthcare professionals new information on diagnostics and treating emerging diseases and inform them about new scientific discoveries in medicine in a way that will engage their attention and have the maximum possible lasting effect. In the course of Sergei's seminar, a huge number of questions came up, for which it was possible to get answers right away. That, of course, made our training extraordinarily productive."



**Maral Arjanova (far left) and Bahar Agayeva browse the Internet practicing search methods they learned during the workshop.** (Photo: Mekhri Nedirova)

By their own accounts, the seminar was just as useful for Davud Tachmamedov, information coordinator of the Ashgabat/Richmond partnership, based at the Tiz Komek Medical Center, and his colleague Bahar Agayeva, who works at the Niyazov Medical Consultative Center and with the Ashgabat/Cleveland partnership.

"I really like the responsibilities of being an information coordinator. For me, this is not just work," confesses Tachmamedov. "Despite the fact that I myself am not bad

at technical problems and I provide our healthcare personnel with the latest information and train our people to use computers, I learned a lot during the November seminar. It was also very valuable to meet and talk with an interesting person like Sergei. He's a professional who knows his business. We have become fast friends and, of course, will continue to work together. But now, I think our collaboration will be even more effective."

"Because I took on the duties of information coordinator relatively recently, in 2002, it was very interesting for me to find out about the work of the LRC in Kurgan," says Agayeva, who works at Turkmenistan's largest diagnostic and treatment center, where as many as 90,000 patients come for care each year. In her words, the seminar was pivotal. "It gave me not only the opportunity to gain new knowledge about ICT, but also a chance to help build relations and exchange experiences with people from different countries."

For his part, Kosintsev believes that any and all contacts among LRC staff unleash a fresh torrent of enthusiasm, spark a great number of new ideas, and foster an explosion of activity within the partnerships. "I think that information technology ought to play the role of a motor for the partnership program, and the Learning Resource Centers the role of coordination. That is why I strongly welcome any events in which the information coordinators participate," he says.

"After this seminar, it will be much easier to consult with my Ashgabat colleagues via e-mail on their current problems because I now have a personal feel for their situation. At the same time, I not only briefed them on my experience in organizing the LRC at the Kurgan Maternity House, I was also able to pick up, firsthand, quite a number of valuable nuances regarding how the Ashgabat centers work, which I shall try to adapt and implement at home," Kosintsev continues. "So, the benefits were enormous and the development of this kind of exchange of experience should be welcomed and replicated. If the possibility of another such seminar should come up, I would do it with pleasure. And, I'm sure—beyond a doubt—that its impact would be even greater."

For detailed information about the LRC project, visit:  
[www.aiha.com/index.jsp?sid=1&id=1280&pid=4739](http://www.aiha.com/index.jsp?sid=1&id=1280&pid=4739)

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