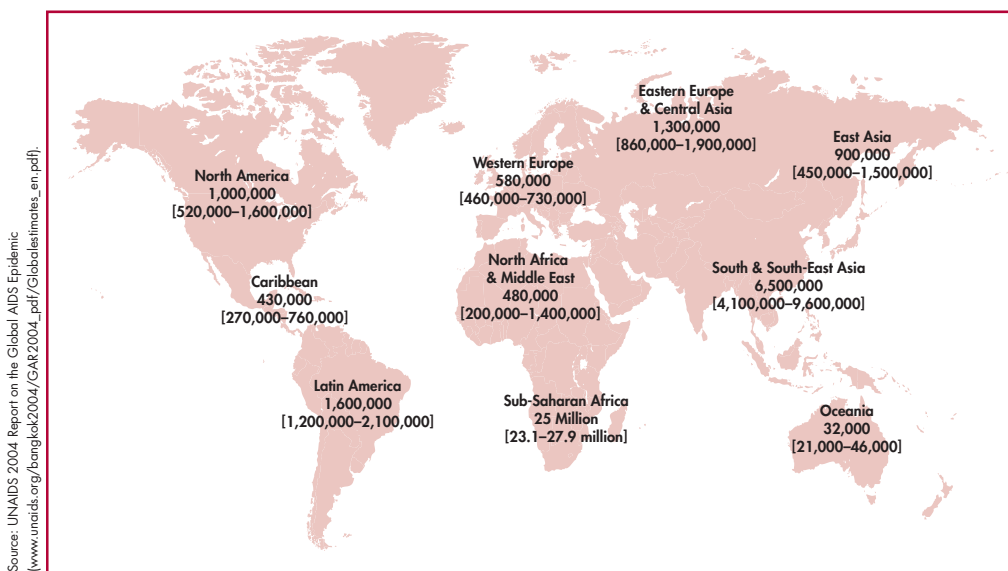




# Building Capacity to Effectively Address Eurasia's Growing HIV/AIDS Epidemic

BY KATHRYN UTAN

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**Figure 1:** Global Estimates of HIV and AIDS at the End of 2003. According to the UNAIDS 2004 Report on the Global AIDS Epidemic, which was released at the XV International AIDS Conference in Bangkok, the HIV/AIDS pandemic represents an unprecedented threat to human development and shows no sign of abating. Infection rates are still on the rise in many countries throughout sub-Saharan Africa and are virtually skyrocketing out of control in Eastern Europe and Asia. Effectively addressing the virus requires long-term commitment and action at international, national, community, and grassroots levels. Numbers in brackets represent the range of estimated infection rates.

The HIV/AIDS epidemic may have emerged more than 10 years later in the countries of the former Soviet Union than it did in many other regions, but there is no doubt that the deadly virus is now firmly entrenched in Eurasia (see Fig. 1). Immersed in more than a decade of difficult social, political, and economic transitions, countries in the region are ill-prepared to face one of the fastest growing rates of new HIV infections in the world.

In Eurasia, a majority of healthcare professionals lack the specialized skills necessary to provide comprehensive care and treatment to people living with HIV/AIDS (PLWHA). Medical universities have not yet implemented the HIV-related curricula and training programs necessary to prepare new clinicians to meet the needs of the region's swiftly growing numbers of HIV-infected individuals. Healthcare systems are, by and large, very fragmented, making it difficult for HIV-positive people to access the many medical, psychological, and social services that

are essential for maintaining their health. Governments are struggling to enact and fund legislation that facilitates the flow of life-saving medication and streamlines both treatment protocols and didactic processes. Non-governmental organizations (NGOs) lack adequate resources to fill the overwhelming need for peer counseling, education, outreach, and other vital social support services for those who have contracted HIV. And, the general public remains uninformed and ambivalent about HIV. Most people—even those whose actions put them at risk—are convinced that AIDS is a disease that can only affect “others,” a deadly, disastrous

myth that contributes not only to the stigmatization of people living with the virus, but also to its further spread.

The challenges facing countries in Eurasia as they struggle to provide care and treatment to PLWHA are formidable. There are also many strengths that constitute a firm foundation on which effective, comprehensive programs can be built. The region is home to many well-educated and highly-skilled healthcare professionals who are dedicated to alleviating the suffering of HIV-infected individuals and preventing the disease from claiming more lives. The population at large is educated and becoming increasingly aware of the need to take responsibility for their own well-being. In general, the region has a highly-developed infrastructure that includes buildings, equipment, utilities, and transportation systems that make working in these environments much easier than in many other parts of the world. Overall, food is clean, safe, and readily available, so most people are well-nourished. And, there exists both a strong, traditional family structure and the tendency

to live close to one's relatives, which often leads to an extensive network of care and support. But, harnessing these existing strengths to overcome the many barriers that stand in the way of providing high-quality care—including antiretroviral therapy (ART)—is a regional problem that requires not only a regional solution, but also the coordinated assistance of international experts who have amassed a wealth of invaluable experience over the past two decades.

## Building a Foundation for HIV/AIDS Care, Treatment, and Support

Although institutional capacity is the foundation of any effective HIV/AIDS program, it is the knowledge and skills of individual care providers that serve as the cornerstones of this foundation, making a program not only successful, but also sustainable (see “Absorptive Capacity: A Prerequisite for Care or an Excuse for Inaction?” on page 15). Building a cadre of experienced healthcare practitioners who can work in concert with local and national governments, healthcare facilities, NGOs, international donor agencies, and other community stakeholders to create a strong clinical and social support network for PLWHA is critical as the countries of Eurasia try to cope with one of the fastest growing rates of new HIV infections in the world.

### The First Step in Finding a

### Workable Solution:

### Understanding Existing Problems

To fully comprehend the importance of building capacity in the region, it is critical 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.

Although the initial impulse of care providers and international donor agencies working in the region may be to charge headlong into the very real struggle to pro-

vide ART—or, in fact, whatever type of treatment is feasible—to HIV-positive people, the problem of providing care is more complex than simply distributing medication. Creating an effective delivery mechanism for HIV-related treatment and care in Eurasia 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 the conditions as they really are, a multidisciplinary team that is capable of providing comprehensive care can be efficiently assembled and trained.

The situation in Ukraine—the country with the highest rate of HIV infections in Eurasia—is representative of the region as a whole (see Fig. 2). With an overburdened health system that has many competing priorities, insufficient financing is a major impediment to providing

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Country	Estimate	[low estimate–high estimate]	Estimate	[low estimate–high estimate]
<b>Eastern Europe &amp; Central Asia</b>	<b>1,300,000</b>	<b>[860,000–1,900,000]</b>	<b>890,000</b>	<b>[570,000–1,300,000]</b>
Armenia	2,600	[1,200–4,300]	2,000	[990–3,400]
Azerbaijan	1,400	[500–2,800]	—	—
Belarus	—	[12,000–42,000]	—	[10,000–39,000]
Bosnia and Herzegovina	900	[300–1,800]	—	—
Bulgaria	<500	[<1,000]	—	—
Croatia	<200	[<400]	—	—
Czech Republic	2,500	[800–4,900]	2,100	[750–4,700]
Estonia	7,800	[2,600–15,000]	5,100	[1,700–10,000]
Georgia	3,000	[2,000–12,000]	1,500	[660–4,000]
Hungary	2,800	[900–5,500]	—	—
Kazakhstan	16,500	[5,800–35,000]	10,400	[5,000–30,000]
Kyrgyzstan	3,900	[1,500–8,000]	1,500	[700–4,000]
Latvia	7,600	[3,700–12,000]	6,000	[2,900–9,800]
Lithuania	1,300	[400–2,600]	1,100	[400–2,200]
Poland	14,000	[6,900–23,000]	—	—
Republic of Moldova	5,500	[2,700–9,000]	—	—
Romania	6,500	[4,800–8,900]	4,000	[4,000–4,000]
Russian Federation	860,000	[420,000–1,400,000]	530,000	[260,000–870,000]
Slovakia	<200	[<400]	—	—
Tajikistan	<200	[<400]	—	—
Turkmenistan	<200	[<400]	—	—
Ukraine	360,000	[180,000–590,000]	300,000	[150,000–490,000]
Uzbekistan	11,000	[4,900–30,000]	3,000	[1,900–12,000]

**Figure 2:** Estimated number of people living with HIV/AIDS in selected Eurasian countries. While the actual numbers of HIV/AIDS cases in the countries of the former Soviet Union pale in comparison to those in sub-Saharan Africa and even Southeast Asia, the region is home to one of the fastest growing rates of new infections in the entire world. In Russia, for example, the number of new infections reported increased by more than 62 percent between 2001 and 2003 and, in Uzbekistan, new cases increased by more than 266 percent during the same time period. Because they lack access to adequate treatment and care, including ARVs, many people infected during the early stages of the epidemic in these countries have already lost their battle with the virus. Even as governments and the international donor community belatedly rush to implement treatment and prevention programs in the hope of dousing the glowing embers of the epidemic before it devours millions in its raging flames, more and more lives are slipping through the cracks.

Source: UNAIDS 2004 Report on the Global AIDS Epidemic [www.unaids.org/bangkok2004/GA2004.pdf/Globalestimates\_en.pdf].



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adequate treatment services for PLWHA, according to Svetlana Antoniak, an HIV/AIDS specialist and trainer from Lavra Clinic at Kiev's Institute of Epidemiology and Infectious Diseases.

"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. And, it was not until 2000 that treatment costs were even included in the state budget for the national HIV/AIDS program," she points out, noting that even then funds were not allocated for HIV treatment specifically, but rather became part of the health budget allotted for general care and treatment purposes.

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

This combination of factors, Antoniak stresses, is a clear indication that the government has not been paying enough attention to the HIV epidemic itself nor to its citizens who are living with the disease. Her assertion is reinforced by the Global Fund's decision in January 2004 to temporarily withdraw its support from the three principal recipients of its grants in Ukraine. The Global Fund cited Ukraine's inability to scale up treatment programs in a timely manner—namely by failing to meet the initial target of increasing the number of people receiving ART from fewer than 100 to 4,000—as a key factor in this decision. A direct correlation exists between this inability and the

need to develop a well-trained cadre of healthcare practitioners who are experienced in providing HIV-related care.

Elena Wagner, director of the Treatment-related Procurement and Supply Management Unit at the Kiev office of the International HIV/AIDS Alliance—the organization that succeeded the previous grantees as sole principle recipient of the Global Fund award in Ukraine—agrees that both inadequate health system capacity and lack of political will represent major challenges in the region's struggle to come to terms with its exploding HIV epidemic. Lack of experience, poor organizational infrastructure, an underdeveloped civil sector, and inadequate funding for health-care development in virtually all of the countries of Eurasia threaten to squelch fledgling efforts to provide care, treatment, and social support to PLWHA. "This disease is a problem that must be taken seriously at all levels of society. Governments need to learn best practices for care and prevention and share them with due diligence. Countries need to create public-private partnerships to ensure the implementation of a comprehensive approach to both combating the epidemic and providing treatment and other necessary services to PLWHA. The high cost of treatment—a problem that is exacerbated by the absence of generic drugs and the limited formulary of government-approved ARVs—must be brought down to a more reasonable level. All these things must be done immediately if we are to strengthen national capacity to control HIV/AIDS," Wagner stresses.

According to WHO/Europe Medical Officer Irina Eramova, the fact that the region's epidemic is primarily driven by injecting drug use has thus far served to heighten government and public ambivalence about tackling HIV/AIDS head-on. "The dual burden of stigma and discrimination that accompanies both drug addiction and HIV severely limits the ability of people with either problem to access appropriate care," she says, explaining that a dearth of substitution therapy and harm reduction programs—two common points from which drug users can enter treatment and support programs—further isolates an already marginalized segment of the population. "Because the actual number of HIV-infected people in Eurasia is still relatively low and concentrated in high-risk groups such as injecting drug users (IDUs), commercial sex workers, and men who have sex with men, targeted interventions should be one of the top priorities for countries in the region. For this to happen, political commitment to developing—and properly funding—a comprehensive HIV/AIDS strategy is key."

### **Coordinating Efforts and Implementing a Multidisciplinary Team Approach**

Although the need to build cohesive regional capacity to provide HIV/AIDS-related care and treatment is readily apparent, many of the national and international organizations that currently provide clinical or social service training have long been working independently of one another. This lack of harmonization often results in inefficient use of limited resources and unnecessary duplication of effort. Eliminating waste by coordinating the work of multiple stakeholders and ensuring that all parties are working toward a common goal is a critical precursor to developing a comprehensive network of care, support, and prevention.

To be sure, providing HIV/AIDS-related care and treatment—especially ART—is no simple task. The very nature of the therapy requires not only an ongoing, long-term relationship between care-givers and patients, but also a strong commitment from both sides. Difficult under even the best possible conditions, adherence to the proscribed ARV regimen—it is critical that medications be taken in specific combinations at specific times each day—and lifestyle changes that are necessary for effective management of the virus are often further complicated by a patient's socio-economic situation, mental health, and behavior choices.

While providing healthcare workers and allied professionals with training and standardized guidelines on key topics is a prerequisite to care, one of the most challenging tasks associated with this effort is overcoming a health system based for decades on strict compartmentalization of services. Under the old Soviet paradigm, mental health and social support services were entirely separate from medical care, but, according to Antoniak and two American HIV/AIDS specialists from AIDS Healthcare Foundation (AHF) who have traveled to Ukraine to conduct ARV trainings—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—HIV-related care requires a more holistic approach.

“Services for HIV/AIDS patients need to be integrated physically, organizationally, and philosophically. For this to happen, physicians need to fully understand this holistic model of care and believe in its validity. Multidisciplinary training sessions can serve as a helpful first step in this process,” explains Babaie, who manages a case load of some 400 HIV-positive patients at her practice in California. “Having ‘centers of excellence’ where a team approach is adopted and can then be used to train staff

at other clinics is extremely useful. The Lavra Clinic, for example, is already adopting this methodology with quite a bit of success.”

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, who has more than 10 years of clinical experience providing HIV/AIDS care. “Training nurses and social workers to address particular areas of care will free up physicians' time and allow them to focus on things that only a doctor should be doing, such as deciding what drugs to use in a patient's therapy regimen,” he explains, noting that nurses in particular can be trained to assess adherence and to work individually with patients on managing symptoms and side effects. “If a patient history form similar to what is commonly used in the United States 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,” Gettings continues, pointing out 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.

Babaie concurs, adding, “It is important 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 process. 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 lack of nurses and social workers, and there is no money in the budget to fill in this gap. Instead, we will need to turn to NGOs and the international donor community for training and other forms of support.” ■

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