

Connections

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Partner News

- Gjakova/Hanover Partners Commence Activity with First Exchange
- Council of Rectors and Others Convene to Discuss Medical Education in CAR
- PMTCT Workshop Encourages Kazakh Clinicians to Collaborate Against HIV/AIDS: Teaches Testing and Counseling

Regional News

- Untreatable TB Epidemic Facing Russia if Appropriate Actions Are Not Taken
- Russia Observes 800 Percent Increase of Drug Use in Past Decade

Workshops, Conferences, Opportunities and Grants

- Global Fund Calls for Fourth Round of Proposals: Deadline April 5th
- Funding Opportunities To Stop MTCT
- 2nd NCBDDD Conference on Birth Defects and Developmental Disabilities
- "US-Russian Nurses: Bridging Cultures to Enhance Health Care" Conference
- Seventh International Congress on HIV Drug Therapy

Features

- Partners Establish New Facility to Improve Dental Health of Disabled Children
- The Standardized Patient: An Effective Teaching and Assessment Methodology to Solve Practical Training Problems in Ukraine
- Regional Knowledge Hub for Care and Treatment of HIV/AIDS Opens to Scale-up HIV Response in Eurasia: A Week of Events

Partner News



Gjakova/Hanover Partners Commence Activity with First Exchange

AIHA's new Hanover/Gjakova partners initiated their work with the partnership's first exchange, March 2-16. While in Kosovo, US partners from Dartmouth Medical School and their counterparts at the Gjakova Family Medicine Center discussed the implementation of reproductive health services at the primary care level, conducted a SWOT analysis, and defined the partnership's overall goal and main objectives.

"The focus of the partnership was resoundingly voted to be antenatal care," Dartmouth Medical School Project Director Cristina Hammond explains. Their overall goal is to improve the health of mothers and babies in the municipality of Gjakova. To achieve that goal, partners established the following objectives: instituting high-quality antenatal care services at the family medicine centers; promoting knowledge and acceptance about those services; ensuring the quality of the services is sustainable; and developing strategic alliances with the key stakeholders implementing family medicine.



Partners from Gjakova and Hanover pause for a picture during their first in-person meeting.
(Photo: Violeta Shala)

One way that partners hope to achieve their objectives is through collaboration with staff of the Gjilan Main Family Medicine Center, which is also partnered with Dartmouth Medical School through the Gjilan/Hanover primary healthcare partnership, initiated in 2001. Representatives of the Gjilan Main Family Medicine Center will serve as trainers for the Gjakova partners, and their center will serve as a model for the new partnership site. During the March exchange, two physicians and two nurses from Gjilan shared their partnership experiences with colleagues in Gjakova, and the partners defined the role Gjilan Main Family Medicine Center staff can play as advisors and supporters.



Basri Komoni, Don Kollisch, family physician at Dartmouth—Hitchcock Medical Center, and Ahmet Asllani, chief of OB-GYN of Gjakova Regional Hospital.
(Photo: Ramadan Gjekaj)

"The Gjakova partners will gain much from the insights and experiences that the Gjilan partners can bring to this new partnership," Hammond explains. "For example, some of the training and performance materials and systems can be directly transferred from Gjilan to Gjakova. We plan to develop and promote this in-country partnership cooperation as a powerful dissemination method."

Hammond points out some distinctions between the two partnerships. The Gjakova reproductive healthcare partnership has a narrower scope than that of Gjilan, which focused on the more general field of primary care. Also, the physical infrastructure of the facilities in Gjakova are more advanced than those in Gjilan. However, Hammond says the

partners are similar in their "incredible enthusiasm for cooperative learning, their honest desire for and openness toward change, and their gracious hospitality." During the exchange, partners also met with Urim Ahmeti, USAID grants manager for Kosovo, primary health stakeholders at the national level, and health leaders in the Gjakova municipality.

—by Victoria Merkel, AIHA publications assistant



Council of Rectors and Others Convene to Discuss Medical Education in CAR

Healthcare providers, policymakers, and medical education leaders convened in Tashkent, February 23-27, to discuss a new region-wide partnership aimed at optimizing medical education in the Central Asian Republics (CAR). The partnership is between a US consortium headed by the University of South Florida Health Sciences Center and six medical schools in CAR. During the five-day conference, more than 70 participants shared ideas on training priorities for their countries, as well as their vision for the new CAR Regional Medical Education Partnership (RMEP).



At a working group discussion on February 23, rectors of new partnership medical schools discuss their vision with Emery Wilson, dean and associate vice president of the University of Kentucky College of Medicine; Jonas Harry, special consultant to the dean at the University of Missouri—Kansas City School of Medicine; and Kathleen Conaboy, US coordinator for CAR COR and RMEP, and associate vice president of organizational development at the University of South Florida Health Sciences Center. (Photo: Pavel Gulyaev)

The meeting commenced with a plenary discussion on the work of non-government organizations and the current status of medical education in the Central Asian countries. Participants then toured Tashkent State Medical Institutes I and II for a firsthand look at healthcare training as it exists today. As they move forward, partners hope to optimize education through innovative methods of pedagogy—small group settings, mentoring, evidence-based practice, and the use of modern educational technology—with the ultimate goal of developing a regional accreditation system.

For this collaboration, "AIHA is currently matching the University of South Florida Health Sciences Center and its consortium with medical education institutions in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan. Based upon a new memorandum of understanding

just signed with the Ministry of Health of Turkmenistan, we hope that the Turkmen State Medical Institute will also become a member of the partnership," says Fran Jaeger, AIHA program officer for CAR.



During an Executive Committee meeting on

The Central Asian schools involved in the partnership are the Kazakh State Medical Academy (Astana city), West Kazakhstan State Medical Academy (Aktobe city), the Kyrgyz State Medical Academy (Bishkek city), the Medical Department of the Osh State University (Osh city), and the First and Second Tashkent State Medical Institutes in Uzbekistan. The consortium is headed by the University of South Florida in cooperation with Association of American Medical Colleges, the Liaison Committee on Medical Education, the Educational Commission for Foreign Medical Graduates, and the University of Nevada/Reno.

February 25, CAR COR Executive Committee members and RMEP rectors, who are also members of CAR COR, discuss the priorities of the partnership and RMEP's relationship to CAR COR. (Photo: Pavel Gulyaev)

During the February meeting, participants divided into focus groups to discuss clinical training and issues related to teaching methodology, as well as more specific points they hope to address through the partnership collaboration. Topics related to admissions, academics, student affairs, administration, and business and planning were talked about in detail. One of the concerns raised was the challenge of encouraging students from rural areas to attend medical school and then return to their home area to better serve rural populations.

CAR COR was established in October 2000 on the initiative of the CAR rectors and USAID through AIHA and Abt Associates Inc. The goal of CAR COR is to bring medical education in CAR up to international standards. Approximately 30 Central Asian medical schools and university medical departments are members of CAR COR, which functions with the support of AIHA and ZdravPlus, sponsored by USAID. The RMEP was organized to extend the work of COR and involves the lead institution or institutions in each country. RMEP's main activities will be the creation of professional peer groups and a virtual learning center to aid in the realization of the objectives defined by CAR COR.



Talgat Muminov, co-chair of CAR COR and rector of the Kazakh National Medical University in Almaty addresses a joint meeting of rectors and ministry of health education officials. (Photo: Pavel Gulyaev)



Byashim Sopyev, first deputy minister of health of Turkmenistan, and James Smith at the conclusion of discussions about collaboration between AIHA and

the Ministry of Health of Turkmenistan
(Photo: Zhamilya Nugmanova)

Members of the Bishkek,
Kyrgyzstan/Tampa, Florida and Reno,
Nevada partnership planned the

conference, made possible with financial support provided by USAID through AIHA, ZdravPlus, and the Academy for Educational Development (AED). Among the participants were Jon Purnell, US ambassador to Uzbekistan; Jennifer Adams, director of USAID's CAR Health and Education Office; and James P. Smith, executive director of AIHA.

When he addressed the group, Smith stated his hope that the new partnership can provide a framework that will serve as a catalyst for broader and more systematic and effective collaboration between CAR and the international donor community.

"The importance of [a quality medical education] to the future of health system and financing reform, as well as to meeting the many new threats that we face—including HIV/AIDS, TB, Malaria, and drug abuse—in each of the participating countries cannot be overstated," he said. "As reflected in the agenda of the WHO annual consultative meetings in Geneva late last year, the lack of human resource and organizational capacity is being increasingly recognized globally as the most serious and delimiting factor in responding to the myriad of health crises we face."

—by Victoria Merkel, AIHA publications assistant



PMTCT Workshop Encourages Kazakh Clinicians to Collaborate Against HIV/AIDS: Teaches Testing and Counseling

It is estimated that more than 2,000 infants worldwide become infected with HIV each day. In 90 percent of the cases, the infection is transferred in late pregnancy or during birth. The majority of those infections occur in countries where resources for prevention of mother-to-child transmission (PMTCT) of HIV are limited. Successful treatment strategies to prevent MTCT coupled with resources to deliver treatment can significantly decrease the rate of vertical transmission and prevent the needless infection of hundreds of infants each year.

In an effort to assist the Central Asian Republics (CAR) respond to growing HIV/AIDS incidence rates, AIHA conducted a needs assessment survey in Kazakhstan in November 2003 (see "Assessment Survey Reveals Need for PMTCT in Kazakhstan; Sites Chosen for Pilot Program"). The survey reveals that the existing Kazakh system of prenatal healthcare delivery is currently unable to effectively address and contain one of the prevailing causes of the spread of HIV, namely mother-to-child transmission of the infection. The assessment determined that to bring the capacity of the system up to an acceptable level, one necessary step is the implementation of a full-scale training program that teaches counseling techniques to various categories of medical personnel working at obstetrical institutions and AIDS centers. Such a program would help to ensure the establishment of an effective identification system, as well as continuity of care for HIV-positive pregnant women.

Based on the assessment, Karaganda, Pavlodar, and Temirtau—cities in Kazakhstan that report significant numbers of HIV-infected individuals among their citizens—have been chosen by USAID and AIHA as the first pilot sites for

replication of the Odessa Prevention of Mother-to-Child Transmission (PMTCT) Model, which was implemented at the Odessa Oblast Hospital (OOH) in 2001 and has resulted in a 75 percent decrease in HIV-positive babies born to infected mothers over a two-year period (see "Odessa PMTCT Project Helps HIV-positive Women Have Healthy Babies, Leads to Creation of Community-based Follow-up Care Clinic and Regional Training Center").

To give Kazakh medical professionals the knowledge and skills they need to create a comprehensive HIV-prevention program in their country, AIHA sponsored a three-day HIV Testing and Counseling (T&C) workshop. Held March 10-12, 2004 in Kiev, the workshop brought together 15 OB/GYNs, epidemiologists, and non-government organization (NGO) representatives from Karaganda, Pavlodar, and Temirtau to discuss the World Health Organization's (WHO) T&C protocols for preventing MTCT of HIV.

The training was conducted by faculty from the Southern Ukraine AIDS Education Center (SUAEC)—opened with the support of AIHA in Odessa last year—along with an instructor from the Kiev Medical Academy of Post-graduate Education and two representatives from the All-Ukrainian Network of People Living with HIV/AIDS NGO.

Topics covered during the workshop included pre- and post-testing principles and strategies, counseling various population groups, and methods of preventing the stigmatization of HIV-positive individuals, along with discussions of clinical issues that address MTCT during and after pregnancy and family planning methods for HIV-infected patients. Stressing the importance of coordinating efforts between healthcare institutions and NGOs in the early identification, referral, treatment, and follow-up care of HIV-positive women, the workshop encouraged the obstetricians participating in the event to cooperate with local NGOs and regional AIDS Centers to address MTCT in their cities.

Gulnara Omarova, chief OB/GYN of the Oblast Health Administration in Karaganda, says the workshop was an important learning experience and clearly defined up-to-date approaches of addressing the problem of MTCT. She also indicates that the Kiev training helped to build the foundation for a tripartite union among the representatives of obstetrical institutions, AIDS centers, and NGOs from Kazakhstan who attended the event. "[While in Kiev,] all of us have learned that together we are a powerful team, capable of ensuring the success of the program, and we have already outlined steps for our further cooperation."

Ayman Belguzhanova, head of the AIDS Prevention Department at the Karaganda Oblast AIDS Center, agrees that coordinating the interaction of the various organizations that care for HIV/AIDS-infected individuals is crucial to fighting the disease. She also emphasizes the fact that even though she and her colleagues are facing 35 percent of all HIV/AIDS cases in Kazakhstan, Karaganda Oblast epidemiologists have very limited information about how to effectively approach the problems facing people living with virus—not only in terms of their health, but in terms of their social interactions, as well. Such a situation, notes Belguzhanova, "impedes effective prevention and treatment, and generates more stigma around HIV/AIDS."

Sholpan Baymurzina and Ayman Belguzhanova learn about the monitoring and evaluation of MTCT testing and counseling services. (Photo: Vira Illiash)

According to Belguzhanova, the workshop provided valuable, practical experience about how to counsel HIV-positive individuals, as well as a better understanding of the type of clinical and social support required to satisfy the needs of this vulnerable population. "This experience is especially timely because we are facing a situation where we have already registered 53 babies born to HIV-positive mothers and are currently overseeing the pregnancies of more HIV-infected women," she says.

"Ukraine's experience in preventing mother-to-child transmission is invaluable to us not only in terms of its clinical aspects, but also in terms of educating our patients and increasing public awareness about the problem—not to mention the fact that our Ukrainian colleagues have clearly demonstrated from their own experience that it is possible to contain vertical transmission," says Sholpan Baymurzina, head physician of the AIDS Center in Temirtau—the city with the highest incidence of HIV/AIDS in CAR. "We are leaving Kiev equipped with enough knowledge to begin integrating the Ukrainian PMTCT model in our country."

To further address the needs of Kazakh healthcare providers in their efforts to create the human resource capacity to assure prevention of MTCT in their country, SUAEC will host four more AIHA-sponsored workshops and follow up training dedicated to the prevention of vertical transmission. These workshops, to be held in April, will be attended by OB/GYNs and pediatricians from Kazakhstan willing to join in the battle against HIV/AIDS.

Regional News

Untreatable TB Epidemic Facing Russia if Appropriate Actions Are Not Taken

According to a report issued by *Reuters*, tuberculosis (TB) in Russia is now mutating into terrifying new forms that even the most powerful new medicines can not kill. The disease is affecting the country's most vulnerable groups—prisoners and the homeless. One person out of every 10 in these groups has an untreatable form of TB.

Russia's top TB expert, Mikhail Perelman, thinks that the problem is 85 percent social and only 15 percent medical. "People need good living conditions, to be well fed, and to work," he says.

WHO estimates that TB in Russia has risen threefold since 1991, and predicts

an epidemic among HIV-positive Russians whose immune system is compromised by the virus that causes AIDS. WHO figures put TB prevalence in Russia at 134 cases per 100,000, compared with 6 per 100,000 in Norway, 12 per 100,000 in Britain, and 5 per 100,000 in the United States, says *Reuters*. As cited by *Reuters*, some doctors think Russian medical authorities have not only been slow in fighting the epidemic, but that action has been so inappropriate as to be harmful.

The news agency's report attributes the rising problem to the focus put on the cumbersome mass tests that anti-TB program used in the former Soviet Union to catch the disease at an early stage. When administrating the testing, medical authorities only focused on test results and overlooked the importance of making sure that sick patients received appropriate treatment and recovered fully, thereby letting the epidemic explode and mutate.

According to medical experts, multi-drug-resistant (MDR) TB is often caused by not ensuring that patients finish a course of treatment. MDR TB can only be subdued with expensive modern drugs, which need to be used for longer period of time, are less effective, and have more harmful side effects than traditional treatment.

In addition, Russia is now using these modern drugs incorrectly, further allowing the disease to mutate and survive. "There is already a massive supply of second-line drugs being administered, but without clear guidelines explaining how to use them efficiently. This is absolutely criminal," says Andrei Slavutsky a representative of Medecins Sans Frontieres (Doctors Without Borders) in the *Reuters's* article. According to him, the use of second-line drugs in this situation will stimulate the creation and spread of a super-resistance TB strain, creating even larger problems.

Russia Observes 800 Percent Increase of Drug Use in Past Decade

According to official statistics, Russia has more than 4 million drug addicts and their number continues to grow. For the last decade, the number of people using drugs has increased by 800 percent. These statements were made by Lieutenant General Aleksandr Mikhailov, deputy chairman of the State Narcotics Control Commission, at a recent press-conference, reports *Rosbalt News Agency*.

"The gloomy prediction of our own and foreign colleagues is for Russia to have 35-37 million addicts by 2014, if the State Narcotics Control Commission—and, what is even more important, our society—does not break the back of the situation and manage to impede the distribution of drugs," says Mikhailov. "[The Control Commission has] been in existence only six months and our staff is only 86 percent in place, but we have seized more than 11 tones of various drugs during this period," he said, emphasizing the gravity of the situation.

Workshops, Conferences, Opportunities and Grants

Global Fund Calls for Fourth Round of Proposals: Deadline April 5th

The Global Fund to Fight AIDS, Tuberculosis, and Malaria announced a call for a new round of grant proposals. The grants will fund private sector companies and non-governmental organizations working to expand their efforts to one of these three diseases. For more information about the program and application process, see: www.theglobalfund.org/en/apply/call/

Funding Opportunities To Stop MTCT

The Elizabeth Glaser Pediatric AIDS Foundation invites international organizations to apply for funds to implement programs to prevent mother-to-child transmission (MTCT) of HIV in their countries through its specially designated Call To Action Project. Funds are provided for community mobilization education, training of healthcare workers, HIV counseling and testing, antiretrovirals to prevent MTCT, diagnosis of HIV in children, and infant-feeding education. For more information, visit: www.pedaids.org/fs_grant_apps.html

2nd NCBDDD Conference on Birth Defects and Developmental Disabilities

The National Center on Birth Defects and Developmental Disabilities (NCBDDD), in cooperation with the Centers for Disease Control and Prevention, will sponsor "Navigating Our Future: Aligning Strategies and Science." The conference will take place in Washington, DC, July 26-28, 2004, and will focus on issues of early identification of genetic problems, preventing birth defects, and developmental disabilities. For more information, please see: www.cdc.gov/NCBDDD/conference.htm

"US-Russian Nurses: Bridging Cultures to Enhance Health Care" Conference

On August 1-16, the Russian Nursing Association and the Sechenov Moscow Medical Academy, in cooperation with the Providence Portland Medical Center, Beta Psi Chapter, and Sigma Theta Tau International will hold its fifth US-Russian Nursing Conference. For more information, visit: www.us-russiannurses.com

Seventh International Congress on HIV Drug Therapy

The International AIDS Society, the Academic Medical Centre of Amsterdam University, and University College London will sponsor the Seventh International Congress on Drug Therapy in HIV Infection, in Glasgow, UK, November 14-18. Delegates will be given the opportunity to discuss the key challenges currently facing physicians and patients. Clinicians and researchers are expected to attend this conference, which will offer keynote lectures, plenary presentations, satellite symposia, free papers, and poster sessions. For more information, visit: www.hiv7.com/frames.htm.

Features

Partners Establish New Facility to Improve Dental Health of Disabled Children

That the maintenance of a well-cared for oral cavity contributes to general well-being has become a modern medical axiom of sorts. Stressing the importance of instilling this principle in children from an early age, on March 19, Ivan Chohey, director of the Uzhgorod University Family Medicine Training

Clinic (UFMTC), announced the establishment of a dental facility within the UFMTC to treat disabled children. The facility was established by Uzhgorod/Corvallis partners and builds on the work previously done at two dental facilities in Velyky Berezny.

The pediatric dental facility will provide services to more than 100 disabled children living at the Chaslivtsi Orphanage through the Corvallis Sister Cities Association's award-winning "TOUCH" Project. An additional 150 children, who participate in programs offered by the Medical-Social Rehabilitation Center for Disabled Children—another highly respected Sister Cities project—will also receive care at the new pediatric facility.



Ludmila Korolchuk, deputy head of the Transcarpathian Oblast Health Administration, William Paul, and Vladimir Slivka, rector of the Uzhgorod National University participate in the ribbon-cutting ceremony during the opening of the dental clinics. (Photo: Vira Illiash)

The opening of these new, technologically-advanced facilities, is the result of collaborative efforts on the part of many organizations and individuals who donated their time, expertise, funding, equipment, and technical support to this \$90,000 project. Funding organizations include Rotary International, the Corvallis (Oregon) Rotary Club, the Uzhgorod Rotary Club, the Oregon-based Austin Dental Equipment Company (ADEC), and the Washington-based Burkhart Dental Supply Company, as well as AIHA and USAID.

Project for Improving Pediatric Dental Care Starts in Velyky Berezny

The history of the dental project in Transcarpathian Oblast is closely connected with the name of AIHA's Uzhgorod/Corvallis partnership Dental Project Team Leader Bill Paul and begins four years ago with the refurbishment of two dental facilities in the village of Velyky Berezny. "When I retired after 44 years from my career as a dentist, I decided to dedicate myself to volunteer work, hoping that I could still be of help to others," says Paul, remembering how in 1999 he got involved with the Uzhgorod/Corvallis partnership program. "The work of the partnership was exactly what I was looking for because, through their program, I was able to help children."

The first seeds of a dental care project were sown in Transcarpathian Oblast after Paul's initial visit to the Central Regional Hospital (CRH) in Velyky Berezny. There he discovered that dental care did not include dental health education or fluoride intervention to prevent caries, a problem that effected most children in the area. In addition, his assessment revealed a critical need for modern dental equipment, supplies, and medications.



Oral hygiene supplies and toys are also available at the clinic that serves the disabled children. (Photo: Vira Illiash)

A year later, thanks to the efforts of Paul and other members of the partnership, a well-equipped dental facility re-opened within the Velyky Berezny Family Medicine Clinic (FMC), which had been established under the Uzhgorod/Corvallis partnership in December of 2000 and at CRH. The same year, partners initiated a fluoride rinse program aimed at preventing pediatric caries. To date, their efforts have resulted in a marked decrease among 700 of the local schoolchildren.

With equipment and supplies provided by Corvallis counterparts, a second

dental clinic was established at the local school to ensure continuing quality dental treatment for all school-aged children in the village.

"It was such a big help for us," reminisces Bogdania Mykyta, director of the Velyky Berezny FMC, about the establishment of the school-based clinic. "We started to provide consistent monitoring and treatment of dental problems without bringing children to the FMC, where they'd always been reluctant to go to." She smiles, explaining that for the majority of the local children, a visit to the dentist was associated with an old, loud, dental drill, which had been used at the village clinic for years. "Now, because the dentist and nurse are based at the school and interact with the children every day—conducting prevention programs and providing quality treatment with new modern equipment—the children's fears and prejudices are gone. In fact," she continues, "the children are beginning to feel responsible for their own oral health and are personally involved in the program because they can see its benefits for themselves."

Donors' Good Will Helps Open Additional Dental Facility in Uzhgorod

Characterizing the opening of the UFMTC dental facility as another step in addressing dental health in the area, Paul says that the Corvallis Sister Cities Association's award-winning "TOUCH" Project initially suggested the idea. The TOUCH Project provides technical and financial assistance to the Chaslivtsi Orphanage and works to improve the environmental conditions of the facility. The Medical-Social Rehabilitation Center for Disabled Children is another highly-respected Corvallis Sister Cities project.

"We learned that there were no dental prevention or care programs provided for the children at the orphanage and decided to help," says Paul. "When the UFMTC was opened in 2002, we made the dental facility for orphans and disabled children a part of the deal."

Two local dentists—Vasyl Krulyk and Mykhailo Yakym—will oversee the administration and provision of care at the new facility, which will also serve as a dental training site for practitioners in the Trans Carpathian Oblast.

Establishing the facility was a truly collaborative effort. Paul worked hard in Corvallis to convince local private organizations and dental equipment manufacturers to contribute to the project, while the Uzhgorod partners

focused their efforts on renovating the facilities and recruiting staff.



William Paul and Scott Lahey at the new UFMTC dental facility. (Photo: Vira Illiash)

At present, the dental facility is staffed by one dentist and one dental assistant, who are working with brand new, cutting-edge dental equipment donated by project contributors and installed by one of the project volunteers, Scott Lahey. Lahey, a dental equipment technician at Burkhart Dental Company, spent two weeks of his vacation setting up the facility in Uzhgorod. According to Paul, the project wouldn't have been a success without Lahey's expertise "He contributed a great deal of his own time and effort to select, order, ship, and install the equipment, which is a profession in itself," stresses Paul.

While Lahey was working on the technical issues, Paul conducted a series of clinical trainings to teach staff how to use the new equipment. He also briefed Ukrainian dentists on dental care techniques that have proven effective in the United States. In addition, Paul visited the Chaslivtsi Orphanage and held a one day workshop specifically designed to train its personnel on how to effectively implement a dental health education and fluoride intervention program. While there, he supplied them with the necessary equipment and medications.

Mikhail Pogushko, director of the Chaslivtsi Orphanage, calls the dental health project "a timely solution for ensuring continuous dental care for the orphanage's residents." He explains that while all of the children undergo a twice yearly routine dental check-up, prevention of caries and dental treatment were nonexistent due to insufficient funding.

An assessment of the orphans made by Paul indicates that the facility's dentists will have a full-capacity workload for more than a year, treating the tooth problems of some 110 patients. "After the majority of the children from Chaslivtsi and the Rehabilitation Center are treated for their dental maladies, we are planning to make these services available to others unfortunate children in the Uzhgorod region," says Chohey. He also notes that the partners' long-term plans include using the facility to provide dental education and treatment to family medicine students who are unable to afford dental care. "By serving this category of patients we hope to 'kill two birds with one stone,' so to speak—to improve the oral health of medical students, while at the same time teaching them the importance of prevention," he explains.



After the opening ceremony Mikhail Pogushko, William Paul, Katerina Bezilia, translator, and Vasyl Krulyk, a dentist who will provide care to children from the orphanage discuss terms and schedule for upcoming dental check-ups and treatment. (Photo: Vira Illiash)

Talking about the experience gained from participating in the project, the partners confess that for all of them it's been especially rewarding knowing that this facility is going to be used primarily to help unfortunate children. "The way a society treats children, in many respects determines its future," says Chopey, expressing his hope that the facility will contribute to the well-being of the young generation and thus the future of Ukraine.

The Standardized Patient: An Effective Teaching and Assessment Methodology to Solve Practical Training Problems in Ukraine

The purpose of medical education is to impart to the students the most valuable of skills—that of making the correct diagnosis. It is a task far from ordinary, not only because it requires the ability to recognize thousands of illnesses, but because it also depends on the knowledge of human nature, as one and the same illness can present differently in different patients.

For many years in US medical schools, seeing a particular type of patient and getting practical experience in how to diagnose a "peculiar" set of symptoms "was a matter of hit or miss," says David Barclay, associate professor in the Department of Family and Community Medicine at Temple University's School of Medicine in Philadelphia. A 1988 medical school graduate, Barclay remembers that during his years at university, obtaining clinical skills was quite a challenge, directly dependent on the availability of certain types of patients. "If they presented at a clinic on the day and time that you were working, then you'd have the experience [of treating them], if they didn't—you wouldn't," he explains.

Until the late 1990s, almost all medical schools in the United States relied solely on paper-based examination that only evaluated the cognitive knowledge of medical students, leaving behind assessment of their clinical skills—skills imperative to the successful treatment of patients. To address this deficiency, the "standardized patient" methodology was introduced in the United States in the early 1990s. Its goal was to fill in the gap that existed in medical education between theoretical knowledge and its practical application. In 1998, the Objective Structured Clinical Examination (OSCE)—a test to assess the practical skills of future medical professionals using the standardized patient approach—was formally adopted by the Educational Commission on Foreign Medical Graduates, the agency that certifies foreign medical graduates to enter US medical residency programs.

The standardized patient methodology helps develop the clinical skills of medical students by having individuals pose as patients and simulate different medical conditions. These "patients"—trained to present with specific symptoms—are examined and diagnosed by medical students and residents. Barclay says that by incorporating this methodology into their curricula, medical schools were able to "procure" for their students as many patients as needed to meet learning objectives. Presently, two thirds of US medical schools use standardized patients to teach students. Temple University alone has a team of 130 individuals who can become "standardized patients" for training purposes.



Family medicine resident physicians Alexey Gluschenko and Victor Brukarskiy, respectively, perform the role of patient and doctor in a case where the patient is presenting with gonorrhoea exposure.
(Photo: Vira Illiash)

Clinical Skills Building in Ukraine Calls for Improvements

As Ukrainian and other NIS healthcare systems move toward a market economy, more and more clinics and hospitals are being privatized, while the majority of medical schools still remain public. These public institutions do not have clinics of their own and have to use other establishments as "training grounds" for their students. Some fear that this uncertain arrangement may result in a situation where privately-owned clinics and hospitals become reluctant to "lend" their patients to medical schools.

According to Ivano-Frankovsk Medical Academy of Post-graduate Education (IFMAPE) Vice Rector Lubomyr Glushko, "With all these changes, it is very likely that in the near future we will have to move away from traditional approaches of using real patients and will have to find new approaches to address the clinical skills-building needs of our students." His colleague Svetlana Daniluk, associate professor in the Family Medicine Department at Kiev Medical Academy of Post-graduate Education (KMAPE), thinks that the Ukrainian system of medical education presently faces the same challenges as the United States did several years ago. "The paper-based and electronic exams we use are not effective in assessing the practical skills of our students," she explains, "as they force the students to memorize tons of theoretical material, but do not necessarily guarantee that the young practitioners will be able to apply their knowledge in practice."

Standardized Patient Methodology: Possible Solution for Ukraine?

The challenges facing the medical education systems in Ukraine and the United States, as well as Temple University's experience with incorporating standardized patients into their educational curriculum, were shared with more than 100 health professionals and medical faculty from Ukraine during the Dissemination Conference on Standardized Patient Methodology, conducted under the auspices of AIHA's Kiev/Philadelphia partnership and held on March 11, 2004. US faculty from Temple University and Ukrainian counterparts from KMAPE and the Family Practice Center (FPC)—who had been familiarized with the methodology during partnership exchange visits—organized the event to demonstrate that the standardized patient approach, if

adopted by Ukrainian medical schools, can offer a viable solution to the nation's practical training problems.

With this objective in mind, each of the presenters spoke about the standard patient method from a different perspective in order to provide the audience with a deeper understanding of this teaching tool.

Barclay, who uses standardized patients to teach students, explained the approach itself in detail, as well as its methodological implications. "The strength of the method is in that standardized patients are not real patients. This creates a low—stress learning environment and allows us to use the same patients repeatedly, in standardized situations, making adjustments only for different levels of learners," he said. According to Barclay, 90 percent of the illnesses that a family physician sees on a daily basis can be simulated by the standardized patients who undergo special training to be able to evaluate a student's clinical and communication skills, as well as their levels of professionalism and language proficiency. Among other advantages of the method, Barclay noted that faculty can introduce new types of diseases as they become needed for training purposes.

The practical aspects of training a standardized patient was highlighted by Lisa Norton, who works at Temple as a "patient." Norton shared her experience of performing the roles of sick patients over eight years, during which time she participated in 80-90 different cases. "I have had the chance to impersonate a man, an adolescent, and a woman," she said, explaining that one standardized patient can portray a wide range of patients.



Family Medicine Resident Physician Oksana Novakovskaya provides counseling to a patient experiencing psychiatric disorders played by Olga Voytova, a nurse at the FMC.
(Photo: Vira Illiash)

"It is not as easy as it appears from the first glance," Norton continued, talking about the training a

standardized patient must undergo. Not only must these "patients" learn their parts, but they also need to understand all aspects of the case and know all the symptoms of a particular illness—including all of its manifestations—not to mention also being good actors and enduring up to 8 hours of rehearsing per case. Standardized patients learn theater vocabulary and skills assessment techniques as their job is not limited only to impersonating patients, but incorporates rating students and providing feedback on their interaction skills. During the OSCE they must also assess a resident's clinical skills.

The value of OSCE was discussed separately at the conference, where participants had the opportunity to watch a video demonstrating the process US residency students go through to prepare for and take the OSCE. Stephen Permut, chair of Temple's Department of Family and Community Medicine, emphasized that unlike a paper-based exam that only tests the "book" knowledge of a student, the OSCE evaluates his or her practical abilities, including doctor-patient relations and skills related to recording and reporting a patient's history and the examination's findings. As such, OSCE also addresses concerns about patient safety.

Two Kiev specialists trained at Temple as standardized patient trainers—Daniluk and Stepan Mayilo, a family physician at the Family Practice Center (FPC), which was opened within the AIHA partnership to serve as a training unit for KMAPE students specializing in primary care—discussed the introduction of standardized patients in Ukraine. They shared their own experience in training standardized patients from among KMAPE residents and the FPC nursing staff. Both told conference participants that they are satisfied with the results of their work.

According to Daniluk, using residents as standardized patients is cost-effective—an important factor for medical schools that cannot afford the expense of hiring professional "patients." In addition, because the residents act as doctors and patients interchangeably, they get to practice their clinical and communication skills on one hand and learn to feel empathy for patients suffering from illnesses on the other. Feedback residents get from one another regarding their clinical performance is also important. Moreover, simulations allow instructors to teach the trainees how to correct clinical errors before they start working with real patients, "which is a unique opportunity" said Daniluk. To demonstrate their method in action, Mayilo and Daniluk asked three family medicine residents and a nurse from FMC to present two clinical cases to the audience.

There are 2,700 family physicians presently working in Ukraine and the country is in need of 18,000 more. The strong clinical skills of these specialists are imperative to assuring the quality of health care, said Vice Rector of IFMAPE Glushko. Vowing to work on the establishment of the standardized patient approach Glushko asserted that "This methodology can be an effective tool in teaching and assessing the clinical skills of Ukrainian family practice residents. What we learned here today is realistic to achieve, is essential for our training process, and . . . deserves replication."

Regional Knowledge Hub for Care and Treatment of HIV/AIDS Opens to Scale-up HIV Response in Eurasia: Series of Events

Ukraine is experiencing one of the fastest growing incidence rates of HIV/AIDS in the world, let alone in Eastern Europe. According to UNAIDS, the dramatic spread of HIV in this country has already reached 500,000 citizens, or approximately one percent of the total population. At the same time, Ukrainian Ministry of Health officials say that only 137 Ukrainians living with AIDS are currently receiving antiretroviral treatment, while thousands more have been diagnosed with the disease and need immediate medical assistance and care.



The ribbon commemorating the official opening of the Knowledge Hub is cut by Peter Weis, scientist in the HIV/AIDS Care and Support Department at WHO/Geneva; Michael Adelhardt, head of the Initiatives Support Project, GTZ; James Smith; and Vladimir Zagorodniy, deputy minister, Ministry of Health of Ukraine. (Photo: Vira Illiash)

To address this public health emergency and to strengthen the region's ability to scale-up its response to HIV—especially access to care and treatment—AIHA, within the framework of the WHO project "Capability Strengthening for Improved Utilization of Financial Resources to Fight HIV/AIDS" established the Regional Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia. The WHO project is funded by a grant from *Deutsche Gesellschaft für Technische Zusammenarbeit* (GTZ), an international cooperative enterprise for sustainable development based in Germany. Officially opened in Kiev on March 10, with its office located at the Kiev Medical Academy of Post-

Graduate Medical Education, the Knowledge Hub is working to bring together a community of global and regional experts on HIV/AIDS and patients living with the disease. It is currently putting in place formal memorandums of understanding with its numerous global, regional, and national strategic partners as it strives to provide a wide range of networking and information exchange opportunities; serve as an organizing point for providing treatment and care throughout the region; and promote systems reform and absorptive capacity.

According to James P. Smith, executive director of AIHA, "One of the immediate priorities of the Knowledge Hub is to foster the development of standards for training care providers in the provision of antiretroviral therapies (ART) and to develop curricula that will ensure systematic capacity building for the initiation and scale up of high quality ART in Ukraine and other countries in Eurasia." Speaking about the Knowledge Hub as a coordinating mechanism that will draw on the strengths and expertise of many international and local organizations and institutions to combat AIDS, Smith emphasizes that through the collaborative efforts of its strategic partners, the Knowledge Hub intends to establish links between institutions and individuals involved in HIV/AIDS care, and to strengthen the capacity of the regional health systems and its care givers, including non-health professionals.

From March 9-11, 2004, the Knowledge Hub convened a series of working meetings to define and plan the Hub's overall human and organizational capacity-building strategy, with special attention given to a high-quality ART initiative. Participants included officials from WHO, GTZ, UNAIDS, UNDP, and UNICEF, along with German and American leaders in the areas of AIDS education and training; Ukrainian counterparts, implementing partners, and key NGO staff; and senior HIV/AIDS policy makers from Georgia and Kazakhstan.

Eurasian Review Committee Meeting—Starting Point for Use of Two of Leading Textbooks

One of the main functions of the Knowledge Hub is both the adaptation of

standard guides and best practice materials to local conditions and the facilitation of access to these materials. On March 9, AIHA chaired a Eurasian Review Committee meeting, which brought together HIV/AIDS care and treatment specialists or their representatives from Georgia, Kazakhstan, Russia, and Ukraine. The goal of the meeting was to introduce the Russian translation of two comprehensive books on HIV/AIDS treatment—[2003 Medical Management of HIV Infection](#) by John G. Bartlett and Joel E. Gallant and [HIV Medicine 2003](#) edited by Christian Hoffmann and Bernd Sebastian Kamps—widely used in Europe and the United States and to get feedback from this Committee on the relevance and cultural compliance of these documents with resources and services available in the Eurasia.

With the input of Committee members, during the meeting the Knowledge Hub was able to develop introductions to the Russian-language versions of these important clinical manuals. According to Smith, these documents should be available by the end of April, as will be Russian translations of additional clinical modules, particularly those developed by the International Association of Physicians in AIDS Care (IAPAC), one of the Knowledge Hub's strategic partners.

These and many other protocols and guidelines are available on the Knowledge Hub's Web site (www.aidsknowledgehub.org). While the official launch of the site occurred during this meeting, an enhanced version will be unveiled in summer 2004 and will include discussion forums, mailing lists, and an expanded catalog of multilingual documents.

International Donors and Implementing Partners Meet to Explore Educational HIV/AIDS Needs

It is apparent that the need to build HIV/AIDS care and treatment capacity is urgent in Ukraine and the rest of the region.



Vladislav Malanchuk, an official from the Ukrainian Presidential Administration, James Smith, and Michael Adelhardt listen to remarks by Vladimir Voronenko, KMAPE rector, during the Knowledge Hub plenary session. (Photo: Vira Illiash)

Currently many international and national organizations are providing training on different medical and non-medical components related to HIV/AIDS care and treatment, however there is limited coordination between these training providers, for example in terms of the training curriculum, participants, faculty, and schedules they offer.

The development of an overall educational strategy to meet the challenges of providing care and treatment to people living with HIV/AIDS in Eurasia was a main focus of a roundtable meeting

attended by 40 international donors and implementing partners on March 10, under the aegis of the Knowledge Hub. This highly interactive discussion forum presented an opportunity for participants to bring to the table their own human resource and organizational capacity-building initiatives and to begin developing a coordinated response to the problem that is timely, effective, comprehensive, and makes the best use of limited resources.

After an overview provided by participating organizations about their current activities and trainings previously conducted in Ukraine, attendees divided into six breakout groups according to their area of expertise:

- HIV testing and counseling;
- ART for adults and adolescents;
- opportunistic infection (OI) management, HIV/TB co-infection, and palliative care;
- PMTCT-plus, pediatric ART, and ART for pregnant women;
- outreach, care, and support for vulnerable populations and advocacy issues; and
- logistics, management, and monitoring and evaluation.

During these concurrent sessions, each group discussed available trainings, further educational needs, and coordination of communication between involved parties that could help to achieve an effective, integrated approach. The potential role of the Knowledge Hub in providing assistance was also addressed.

Plan for Scaling up Access to ART

The working group gathered again the following day discuss how to provide quality AIDS treatment and what training methodology to use to ensure the desired quality of care. During deliberations facilitated by Jose Zuniga, president and CEO of IAPAC, participants reached a consensus on a comprehensive training strategy and implementation schedule that addresses the allocation of human resources, standardized training, and the organizational capacity needed to implement the broad scale-up of quality ART.

Summarizing the discussion, Zuniga noted that one of the important tasks for the working group was to identify core teams of specialists to administer ART in Eurasian settings. "We all agreed today that treatment should be provided by multi-disciplinary teams comprised of an infectious disease specialist, nurses, social worker, patient counselors, lab technicians, and an administrator, with the physician who initiates and manages ART performing a leading role." Zuniga also summarized the previous day's meeting by pointing out that the participants had decided upon the specific roles of each member of the care team. Using this as a starting point, attendees discussed the necessity of additional trainings for social workers, counselors, and nurses focused on providing psycho-social support and coordination of these services with NGOs.



Jose Zuniga, president and CEO of IAPAC, moderates the discussion on the human resource and organizational capacity needed to implement a broad scale-up of quality ART. (Photo: Vira Illiash)

"During the meeting, the working group wrestled with the question of developing training standards for the HIV/AIDS specialists and care teams," says Alla Scherbinskaya, director of the (Ukrainian) National AIDS Prevention Center, explaining that scaling up the initiation of ART requires a clear

understanding of the type of education HIV/AIDS professionals need in order to administer effective treatment and care. "On the one hand, the group tried to come up with an educational strategy we can rely on to rapidly provide HIV/AIDS teams with the skills they need to start implementing ART and, on the other, the group needed to consider the mechanism that will maintain the process of continuing education programs so that these specialists continue to stay on top of HIV-related literature and provide high-quality care over the longer term."

The working group decided that the training curriculum for care team members should include a five-day course followed immediately by in-service mentoring provided by experienced practitioners, who would oversee the team as it begins providing ART to the initial cohort of patients. It is expected that a trained team will be able to start providing therapy for up to 100 patients within 2-3 months after their initial training, assuming the availability of ARV drugs. Further mentoring will occur at regular intervals over the first 3-6 months as the care team acquires more patients and will encounter situations that may require the advice of experienced experts.

"Keeping all this in mind, there was consensus that the optimal solution would be to train six teams at a time," says Scherbinskaya, noting that if supported by complementary organizational decisions and pharmaceutical resource availability, the training strategy would allow Ukraine to initiate ART for approximately 2,000 people living with HIV/AIDS within six months of the program's start-up. They plan to begin this work in five critical Ukrainian oblasts and the city of Kiev.

Speaking about the training strategy for the initiation and scale-up of HIV/AIDS treatment in Ukraine, AIHA's Executive Director outlined the key components of the "feasible, but aggressive" implementation plan that was drafted by the working group, then presented to and approved for the country by decision makers from Ukraine. Components of the plan include initial training, which will take place at the National AIDS Clinic at Lavra, an affiliate of the Scientific and Research Institute of Epidemiology and Infectious Diseases in Kiev. This training will encompass didactic and clinical sessions. During the clinical part of the training, American, European, and Ukrainian expert faculty—together with participants—will initiate ART for a small group of patients thereby allowing trainees to learn patient selection, counseling, and initiation skills first-hand. The teaching methodology will be based on interactive approaches according to principles of adult learning. Faculty will incorporate evaluation techniques into the training sessions, including pre- and post-course evaluations of knowledge and skills. Each team of trainers will include an experienced HIV/AIDS physician, nurse and another care-giver or counselor with training experience.



Svetlana Antoniuk (center), an HIV/AIDS specialist at the Lavra National AIDS Clinic presents her thoughts on the training curriculum, while working group members Sergei Dvoryak, UNDP program HIV/AIDS adviser on treatment and care, and Irina Dzyublik, head of the Virology Department, KMAPE look on. (Photo: Vira Illiash)

Immediately following the five-day training, international and national faculty—together with key Knowledge Hub strategic—partners will provide two days of on-site mentoring for each trained team in each of the five oblasts and the city of Kiev. During the mentoring phase, 10 patients will begin ART and the team will help ensure a quality start to the program. During subsequent visits—which will take place at 30 and 60 day intervals—mentors will provide support for all the teams trained in the oblast to ensure regular follow-up. In addition, during the visits, faculty will facilitate working group meetings of teams to

discuss lessons learned. Based on their observations during the site visits, faculty will also make recommendations about current providers who could potentially serve as national faculty for ART courses, in what is termed a "cascade of trainings."

Training materials used by the Knowledge Hub will be consistent with the recommendations of the March 9-12 meetings, the latest regional WHO protocols for ART, National ART protocols, and updated evidence-based information.

In addition to the initiation of ART trainings, the Knowledge Hub and its strategic partners will conduct a series of trainings to develop a cadre of counselors to support emergency ART scale up at the community and individual level.

At the end of the initial six month human capacity-building period, outcomes will be carefully analyzed and evaluated to address challenges that may require more emphasis during the training process such as adherence, providing ART to injecting drug users in absence of methadone maintenance therapy, and HIV/TB co-infection issues, among others as Smith explains, "The second six months of the plan, which will allow us to support the rapid scale up of ART for the next 2,000 patients, will be based on this evaluation, practical assessments, and the utilization of the lessons we learn during the initial trainings."

"The Knowledge Hub is taking the initial steps, but obviously it is the work of the Ukrainians that will ultimately allow the successful and compliant delivery of ART," says Smith. Emphasizing that in Ukraine the vast majority of people living with HIV are vulnerable, stigmatized, and marginalized, he underscores the urgency and importance of providing them with access to care and treatment.

"We are all working hard to make the Knowledge Hub and its strategic partners responsive to the immediate set of problems currently facing people living with HIV/AIDS," he says, concluding that "We need to address the situation in Ukraine as fast as we can, and to assure the replication of satellite centers in other Eurasia countries with burgeoning HIV/AIDS epidemics. We

hope that by coordinating the efforts of many international and local organizations—as well as by providing skills-based trainings and access to vital care and treatment information—the Knowledge Hub can take a leading role in providing an immediate and effective response to this unprecedented public health emergency."

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