

April 2006

For more information about any of the stories found in this issue please contact webmaster@aiha.com

Partner News

- AIHA Project Helps Ukraine Implement Effective Measures to Prevent Vertical Transmission of HIV
- CID Project Helps Russian Cities Learn More about Life-Saving Emergency Care Techniques

Regional News

- Human Rights Abuses Threaten to Undermine Ukrainian Anti-AIDS Efforts
- Smoking Deaths Expected to Double by 2020, WHO Seeks to Ramp Up Global Tobacco Control Efforts
- "Mining" In Radioactive Waste Dumps May Cause Cancer

Workshops, Conferences, Opportunities and Grants

- European Congress on Epidemiology and Healthcare Practice 2006
- Geneva Forum 2006: Towards Global Access to Health
- The 2006 World Congress of Cardiology

Features

- Skills-based Training for Medical Professionals Offers Prospect of a Brighter Future to Ukrainians Living with HIV/AIDS
- Using Information and Communication Technology to Improve Medical Care



Partner News

AIHA Project Helps Ukraine Implement Effective Measures to Prevent Vertical Transmission of HIV

Skyrocketing rates of new HIV infections among women in their reproductive years is an ominous predictor of increased cases of HIV/AIDS among infants and children in Ukraine, Alla Scherbinskaya, head of the Ukrainian National AIDS Center (UNAC), told participants at a pediatric AIDS strategy meeting held in the nation's capital of Kiev on February 28.

"Ukraine is in dire need of effective methods of preventing pediatric HIV cases," Scherbinskaya said, explaining that women of childbearing age account for almost 42 percent of the nation's reported cases of HIV infection. "Our country is currently home to more than 10,000 children born to HIV-positive mothers and that number keeps growing. Integration of prevention services at all levels of care is the only effective solution to the problem and only the collective efforts of national and international stakeholders can bring us one step closer to our goal," she asserted.

The one-day event, which was hosted by the American International Health Alliance (AIHA) provided an opportunity to showcase the progress made during the first year of its USAID-funded project for the prevention of mother-to-child transmission (PMTCT) of HIV. Together with the Ministry of Health, oblast health administrations and implementing partners in eight target oblasts, international donor organizations, and Ukrainian nongovernmental organizations (NGOs), AIHA is working to meet USAID's goals of providing comprehensive PMTCT services to 90 percent of all affected women in eight high-burden oblasts by 2008, as well as decreasing vertical transmission of HIV in the targeted oblasts over the course of the 30-month project.



Tatiana Tarasova, head of UNICEF's PMTCT project; Alina Yurova, of USAID/Ukraine; and SUAEC trainers Natalie Moiseeva, Svetlana Shevchenko, and Yevgeniya Stepanuk listen to presentations on AIHA's PMTCT project in Ukraine. (Photo: Vira Illiash)

Initially, the PMTCT project was launched in four oblasts—Cherkassy, Dnipropetrovsk, Kiev, and Nikolayev. Project Director Natalia Nizova explains how it was done: "As a result of baseline assessments and discussions with local stakeholders about how to improve PMTCT programs in target oblasts, we selected maternity houses as major PMTCT sites and allied them with women's consultations, AIDS centers, and NGOs that serve HIV patients." The latter, she noted, are valuable partners because they can provide counseling and support services to HIV-positive mothers and their children, as well as assure early referral to comprehensive prenatal and post-delivery services.

Within a year, Nizova said, AIHA has laid a strong administrative foundation for project development in the pilot regions. Oblast health administrations passed orders about PMTCT project implementation and each oblast created a task force and developed PMTCT work plans endorsed by local health authorities. Policymakers from each region, along with core teams of specialists from each site, were trained in WHO protocols and guidelines as well as related national recommendations. They also participated in clinical skills-building training sessions hosted at the Southern Ukraine AIDS Education Center (SUAEC), a PMTCT center of excellence established by AIHA and its partners at the Odessa Oblast Clinical Hospital.

To facilitate effective evaluation of quality improvement in PMTCT services at the pilot sites in the coming years, AIHA gathered baseline data on HIV-positive women and their infants delivered at the sites before project inception. AIHA also purchased necessary equipment and set up a PMTCT database at the AIDS Centers in the respective oblasts, providing related on-site training to its managers. The database system will help ensure continuous PMTCT data collection and analysis by tracking related procedures and interventions administered to HIV-positive pregnant women and their children throughout all levels of care.

During the meeting, pilot site representatives presented updates on HIV/AIDS prevalence and efforts to treat HIV-positive women in their regions. Most named similar factors that had contributed to improvements in outreach programs for this population during the previous year. Cooperation with NGOs had significantly increased awareness among HIV-positive pregnant women of how vertical transmission can be prevented. In turn, this made them more willing to undergo preventive therapy and seek appropriate prenatal care. Two other marked changes that were initiated thanks to AIHA's PMTCT project are the fact HIV-positive women who deliver at the replication sites are no longer kept in isolated wards and women with unknown HIV status receive timely antiretroviral prophylaxis during delivery.

According to the speakers, the project also helped identify a number of new problems. For example, a questionnaire administered by one Nikolayev NGO to HIV-positive pregnant women demonstrated that while 86 percent of these women were given antiretroviral drugs, 59 percent of that number did not adhere to the regimen. "This showed us that we need to pay much more attention to adherence and related issues," Nizova commented. And, because many of these women are injection drug users, she also stressed the importance of incorporating substance abuse clinics into the PMTCT programs.

According to results presented in the *National Report on Declaration of Commitment on HIV/AIDS Implementation. Interim Report: 01.2004 -12. 2005*, only 14 percent of the young

women questioned know all routes of HIV transmission. Explaining that the World Health Organization (WHO) recommended in 2005 that this figure should be roughly 95 percent, Nizova stated, "This demonstrates the vital necessity to educate our youth about HIV/AIDS prevention issues."



Representatives of PMTCT project replication sites join Tamara Irkina, of JSI/Ukraine; Olga Kovalenko, a specialist at the Ukrainian Ministry of Health's Department for Maternal and Child Healthcare; and Alla Scherbinskaya, head of the UNAC, at the February meeting in Kiev.

(Photo: Vira Illiash)

Switching the discussion to clinical issues, Nizova expressed concern about the difficulty of broaching the subject of surgical delivery with HIV-positive women during labor. "Contrary to WHO recommendations, the Ukrainian Ministry of Health recommendations do not support Caesarean sections as a method of preventing vertical transmission," she said. Nevertheless, the procedure is highly effective, she noted, as evidenced by a recent study conducted at Odessa Oblast Clinical Hospital. "A cohort of more than 200 HIV-positive women delivered by C-section and the vertical transmission rate in this group was close to 4 percent," she pointed out.

The speakers who reported on PMTCT project developments in their regions also emphasized some of the challenges they face, such as test system availability, irregular supply of antiretrovirals for post exposure prevention at maternity hospitals, and unstable supply of nevirapine for newborns as well as fact that the drug is packaged in dosages suitable for adults, not infants or children. Other challenges include limited access to PCR (polymerase chain reaction) tests for early diagnosis of HIV status of children born to HIV-positive mothers and effective antenatal care, which can better ensure the timely initiation of antiretroviral therapy for women and their children.

"While AIHA can train qualified PMTCT specialists, other international organizations who attended the meeting, such as WHO, UNICEF, PATH, POLICY, Holt Int., and John Snow International can offer complementary programs and resources to satisfy needs of this population in Ukraine," Nizova said. At the same time, she acknowledged that Ukraine's pediatric HIV/AIDS problem cannot be solved by the efforts of international organizations alone. "Strong involvement of state organizations and the Ministry of Health in revising national legislation is needed to achieve desirable results," she stressed, noting that in the meantime AIHA will be doing everything possible to ensure the steady progress of the PMTCT project, which has already entered phase two of the implementation process by launching the program in four other Ukrainian oblasts: Chernigov, Kherson, Odessa, and the Crimea. "The assessment visits were conducted, consensus with oblast stakeholders was created, the pilot sites and NGOs identified, and the PMTCT policymakers were trained at SUAEC," she reported.

At the conclusion of the meeting, all those present agreed to build a strong alliance in support of the project's goal of decreasing the rate of vertical transmission and reaching more women in need of PMTCT services. "This meeting provided an impetus for the advancement of the PMTCT project," Scherbinskaya concluded. "Our HIV problem will not be solved overnight and we are thankful to AIHA and other international organizations for supporting us in this critical moment."



CID Project Helps Russian Cities Learn More about Life-Saving Emergency Care Techniques

As part of the Communities for International Development Project (CID) supported by AIHA and World Service of La Crosse, Wisconsin, the three Russian industrial cities of Dubna, Izhevsk, and Snezhinsk recently hosted training workshops in emergency medical services. The trainings targeted physicians and feldshers of local ambulance stations, as well as representatives of a number of organizations that work in close cooperation with emergency services, including firefighters, militia, rescuers, sports coaches, secondary school teachers, and other professionals that perform highly challenging tasks or handle hazardous materials at their work places.

CID is a registered US non-profit organization that evolved from a grass-roots effort of American citizens who wanted to help their Russian counterparts address concerns shared by all communities in both countries, such as safety, health, education, culture, economic development, among other things. In 2005 AIHA and World Services received funding to implement health-related trainings developed through the successful partnership programs AIHA had been facilitating in Russia over the past 13 years. Through the CID project, nine pairs of US-Russian sister cities are working together to improve specific healthcare service delivery issues that present major concerns to their communities.

"When giving preference to emergency services programs, representatives of three sister-cities in Russia considered specific factors peculiar to their territories," explains Irina Makarova, CID project coordinator. "The cities have a number of enterprises where work conditions are extremely dangerous. At the same time, these cities are situated in areas that are prone to natural disasters such as tornados and floods, which often cause destruction and industrial catastrophes. Lastly, based on statistical data collected in Dubna, work place traumas and poisonings are the leading causes of death among people of working age."

The three cities share other problems as well, Makarova says the average time it takes an ambulance to arrive at the scene of an accident is unacceptably long in each of them and medical workers and first responders lack adequate knowledge and skills to perform effective on-site triage. Similarly, employees of industrial plants and other potentially dangerous enterprises responsible for work safety, as well as school teachers responsible for the welfare of the children they teach, also do not possess adequate knowledge about life-saving emergency procedures.



Representatives of the Damage Management Center at the Institute of Nuclear Research in Snezhinsk and deputy head of the City Fire Station No. 3 Aleksey Lipatnikov (in uniform) practice CPR techniques with trainer Maria Borodina, director of the Moscow EMCTC. (Photo: Sergey Vidiakin)



Maria Borodina facilitates a lecture on trauma management during the EMS workshop in Snezhinsk. (Photo: Sergey Vidiakin)

In response, AIHA arranged for expert trainers from the Moscow and Vladivostok Emergency Medical Services Training Centers (EMSTCs) to conduct the workshops. These centers were established in the mid-1990s through AIHA's now-graduated Moscow/Austin (Texas) and Vladivostok/Richmond (Virginia) partnerships and have a long history of providing state-of-the-art urgent care training to a wide range of first responders and other professionals.

The training curriculum used for the CID workshop combined lectures and hands-on skills-building sessions that gave trainees a chance to practice triage techniques and the principles of cardio-pulmonary resuscitation (CPR) for both children and adults. Participants also learned how to manage patients with different types of traumas, burns, poisoning, and radiation exposure, as well as how to clear obstructed airways and perform conicotomy. Among the many other useful skills they learned, the trainees were taught first aid techniques and even took part in a coordinated disaster response exercise.

As a result of three training workshops, 90 specialists received certificates in basic emergency medicine. These participants praised the quality of the material covered during the classes, as well as the teaching methods used and the qualifications of the trainers. "The high skill level of our trainers and their ability to energize such a big and diverse audience commands great respect," Anatoly Diakonov, head physician of the Izhevsk City Ambulance Station, said upon completion of the course. "Having observed their teaching methods and training techniques, I am dreaming about implementing a similar training program in Izhevsk, particularly because the skills it helps develop are indispensable for every inhabitant of our industrial city. People can learn to save lives under any circumstances," he pointed out.

According to Viktor Smirnov, head engineer of the technical shift at Volga Regional Hydraulic Station, the workshop he attended in Dubna helped dispel a wide-spread misconception that emergency care is something that only qualified medical specialists can provide. "In reality, everything turned out to be much simpler than it seemed. At the beginning, I was afraid I wouldn't be able to understand the terminology or act appropriately during medical manipulations. But the trainers were able to describe the procedures in an easy-to-follow, accessible language," he said. "My biggest surprise was that by the end of the first day I was able to perform procedures that I used to consider extremely complicated. I believe my colleagues at work, and the city in general, would benefit from such skills. The need for this sort of EMS training is enormous." he stressed.

AIHA plans to help three sister cities to establish EMSTCs in their territories, reports Marina Ayvazyan, AIHA program coordinator noting that the first of these centers is scheduled to open its doors in May while the other two will be launched by the end of this year.

Regional News

Human Rights Abuses Threaten to Undermine Ukrainian Anti-AIDS Efforts

Although Ukraine's recent anti-AIDS legislation has been deemed a model in the region, rampant discrimination against people living with HIV/AIDS, corruption in the healthcare system, and police brutality threaten to undermine progress, according to a recent report by Human Rights Watch. The 84-page report titled "Rhetoric and Risk: Human Rights Abuses Impeding Ukraine's Fight Against HIV/AIDS" identifies injection drug users (IDUs) and other marginalized groups as the most vulnerable and thus the most likely to suffer devastating health consequences if serious action is not taken to remedy the current situation.

In 2005, Ukraine officially became home to the worst HIV/AIDS epidemic in Europe, and one of the fastest growing in the world. Fueled largely by injection drug use, 416,000 Ukrainians—or 1.7 percent of the total population—are living with HIV/AIDS. Despite the fact that 70 percent of all registered cases between 1987 and 2000 were among IDUs, this group remains grossly neglected in the country's anti-AIDS efforts, according to the report.

Human Rights Watch set out to investigate how and why HIV-positive drug users are being denied the care they desperately need. The study consisted of a field visit in the summer of 2005, during which human rights workers conducted interviews with 101 Ukrainians living with, or at high risk for contracting, HIV/AIDS. Most of these individuals were members of fringe groups in society, such as drug users or sex workers.

Three main findings of emerged in response to these interviews, each reinforcing a different aspect of human rights abuses. Each of these issues has impeded access to HIV treatment, making it available to only a small fraction of the estimated 17,300 people currently in need of antiretroviral therapy.

First, participants repeatedly recounted similar stories documenting physical and psychological abuse from Ukrainian police officers. In order to meet monthly arrest quotas, police target drug users, forcing them to give false testimony or extorting money or information from them, the report states. Police are able to easily identify IDUs, many of whom attempt to obtain sterile needles from legal needle exchange sites. Although these sites have been set up by the government in an effort to stem the transmission of HIV via needles, they also make it easier for police to identify drug users. Because they are marginalized and the public at large remains unsympathetic to IDUs, they are especially vulnerable to police brutality.

In a similar vein, proposed changes in Ukraine's drug policies seek to criminalize the possession of smaller amounts of narcotics, making it easier for police to arrest and harass drug users. These new laws would likely also land more IDUs in prisons where conditions increase the probability of accelerating HIV progression.

Secondly, the report indicated widespread discrimination toward HIV patients, especially IDUs, among healthcare providers. Accounts of those surveyed highlight many forms of prejudice ranging from purposely providing sub-par care to HIV patients, discharging patients upon learning of their HIV status, or total refusal to provide care. This issue has been particularly noted at tuberculosis clinics in part because TB has emerged as a leading cause of death among HIV patients in Ukraine.

Lastly, interviewees expressed a general reluctance to seek any form of care because, among other things, Ukrainian law currently requires narcotics centers and drug treatment centers to report the names of all drug users referred to them for treatment. The police, as well as employers, have access to these records causing many drug users to avoid seeking treatment for addiction or for HIV out of fear of losing their jobs or falling victim to police brutality.

The Ukrainian government has attempted to remedy these problems by amending national HIV legislation in 1998 and again in 2001. These amendments were designed to protect patient confidentiality, including specific provisions to protect privacy for IDUs, and create new treatment centers for these patients. International donors have provided more than \$100 million to fund what has become the most rapid treatment expansion program in Eastern Europe.

Unfortunately, the new legislation has not made its way from paper into actual implementation. "The HIV/AIDS policies that Ukraine has put in place are generally good ones," Rebecca Schleifer, researcher with Human Rights Watch's HIV/AIDS program, says. "But until the government addresses the chronic abuses of people at highest risk of HIV/AIDS, it will have little hope of stemming its HIV epidemic."

The report recommends that several critical changes be made before any real progress can begin. First, the government needs to harness political support from all of its major departments, not just the Ministry of Health. Secondly, the Ministry of the Interior must be more stringent in sanctioning or dismissing law enforcement officers who violate Ukrainian or international legal and human rights standards. Third, Ukraine must speak out strongly against discriminatory practices against PLWHA, particularly HIV-positive drug users. Additionally, Human Rights Watch urges donors to express concerns that their HIV prevention investments are being undermined by the government's inability to fully implement its legislation.

Unless fundamental change is made in the near future, the HIV/AIDS epidemic threatens to spiral out of control, according to Schleifer. "Ukraine's ambitious HIV/AIDS programs won't succeed unless the government eliminates the abusive practices that undermine its prevention and treatment efforts. Protecting human rights is essential if Ukraine hopes to expand access to antiretroviral treatment to the scale necessary."

Smoking Deaths Expected to Double by 2020, WHO Seeks to Ramp Up Global Tobacco Control Efforts

Tobacco use currently accounts for some 5 million deaths worldwide each year, but that number is expected to more than double by 2020 if current trends are not reversed, experts say.

Reuters recently reported that a Global Youth Tobacco Survey (GYTS) of adolescents between the ages of 13-15 shows an alarming rise in the number of female smokers, suggesting that previous smoking death estimates may be too low. The study, which surveyed 750,000 teens in 131 countries, revealed that 9 percent of teens smoke cigarettes while 11 percent reported use of other tobacco products such as chewing tobacco, cigars, and pipes.

The GYTS also found that males were only 2.3 times more likely to smoke than females, and in some countries there was no difference between genders. This finding conflicts with previous statistics estimating that males were, on average, four times more likely to use tobacco products.

Dr. Charles Warren of the US Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia, told *Reuters*, "The high use of tobacco among young girls is the worst news we could have. . . . It is an indication that big change is occurring, which is very different from what we see from adult females."

The report also indicates that more than 40 percent of the students surveyed are exposed to secondhand smoke at home; 50 percent reported secondhand smoke exposure in public places.

These findings do not bode well for future generations. "The effect of tobacco use on worldwide deaths could be even greater than expected. Unless something is done . . . it will lead to higher death rates," Warren says, calling for the study findings to be used in new projections of smoking deaths. He also stresses the importance of stronger efforts to prevent smoking in teens, especially girls.

Another survey of 11,642 sixth and eighth grade students in 32 schools throughout India concluded that sixth graders were two to four times more likely to use tobacco than the eighth grade students, according to *Reuters Health*. Published in *The Lancet*, this study found an overall increase in tobacco use among children. Authors from the University of Minnesota School of Public Health expressed concern over these conclusions, stating, "The finding that sixth grade students use significantly more tobacco than eighth grade students is unusual and might indicate a new wave of increased tobacco use in urban India that warrants confirmation and early intervention."

In an attempt to counteract this worldwide trend, health officials from 113 countries have been discussing the possibility of expanding the Framework Convention on Tobacco Control. The global tobacco control treaty—which has for the past year facilitated a ban advertisements and sponsorship of tobacco products—may soon begin targeting tobacco advertisements on the Internet and satellite television, the World Health Organization (WHO) told *Reuters*.

Senior WHO officials have admitted that previous agreements have not dealt explicitly with cross-border advertising, an issue that representatives from participating nations wish to be addressed. A working group has been formed to study legally binding protocols that impede nations from cracking down on illicit trade and cross-border advertising and report back by mid-2007.

"There are complex technical issues that will have to be addressed to manage [tobacco advertising], regulate it, and obliterate it," Douglas Bettcher, coordinator of the WHO's Framework Tobacco Control Office, told *Reuters*. Denis Aitken, head of the WHO director-general's office added, "this is just the start of a protocol process, nobody committed yet to anything absolute. But the process has begun."

Most importantly, the treaty established a new secretariat for international tobacco control based in Geneva with an initial two-year budget of \$8 million. Although the process will undoubtedly be slow-going, these talks represent a step in the right direction in the war against tobacco. "I am confident that we are on track to save millions of lives in the near future thanks to this treaty," Juan Martabit, ambassador of Chile and chairman of the talks, told *Reuters*.

Unfortunately, these advancements have been met with opposition from many prominent tobacco companies, according to *Reuters Health*. Proponents of the treaty are outraged by the actions of major cigarette companies, whom they accuse of attempting to delay the treaty's implementation in developing countries. "From Africa to Latin America to the Middle East and Southeast Asia, we are hearing of attempts to interfere at the highest levels of government," affirmed Kathryn Mulvey, executive director of Corporate Accountability International.

"Mining" In Radioactive Waste Dumps May Cause Cancer

Desperate residents of the Kyrgyz village of Orlovka routinely jeopardize their health and safety sifting through radioactive rocks and soil left over from the Soviet Union's uranium enrichment programs. In this Central Asian nation where some 40 percent of the 5.1 million inhabitants live below the poverty line, the scraps of precious metal and silicon they hope to find can be sold for \$10 per kilo to China, where it is used to manufacture semiconductors, according to *IRIN*.

After the collapse of the Soviet Union in 1991, the industrial economy in Orlovka was crushed. Unemployment and poverty plagued the 8,000 residents, forcing many to turn to this dangerous sort of mining to supplement their incomes. Nurbek, a local taxi driver, claims that the practice began in 1994. "During that time, even I worked there. We were looking for copper, then for aluminum, and now people search for silicon."

Recently, local nongovernmental organizations and a national television channel have drawn attention to the issue, claiming that miners are falling ill due to exposure from the radioactive waste. Experts from the Kyrgyz Ministry of Emergency investigated the claims, finding that radioactivity levels in and around the dumps were up to 10 times higher than normal.

Local medical workers echo these claims, citing a marked relationship between mining activity and cancer rates in Orlovka. Physician Nuria Dotalieva told *IRIN* that cancer deaths have been steadily on the rise since 1997. "There are 108 registered cases in our village already, and that is not only among old people, but young ones as well," she said. This translates to approximately one out of every 75 citizens in Orlovka having cancer-14 percent above the national average.

Irina Mamatkulova, another family doctor in the village, also spoke to *IRIN*, noting, "Last year one person died from leukemia and in general there is a rise in pulmonary diseases among young adults and children."

Despite this sudden spike in disease, specialists from the State Epidemiological Monitoring Department (SEMD) adamantly maintain that radiation levels at the site are not responsible for declining health conditions.

The US-based Nuclear Threat Initiative (NTI) reports that there are 36 uranium-tailing sites and 25 uranium-dumping sites in Kyrgyzstan. Even after these sites are cleaned up, the ground remains contaminated. As a precautionary measure, the Orlovka council has shut down the site and banned illegal mining, but locals are not taking these new laws seriously. 40-year-old Kyialbek Baike told *IRIN*, "We have been working here for almost 10 years and we're still here." Baike and others have ignored health warnings, continuing their search for scrap metal to sell.

According to the locals, spring is the peak season for mining because work on the lands is just beginning. Another resident, Tynchtyk, commented, "We need to earn money to get fuel for tractors and to cultivate the land. In two weeks I am sure people will stop their work." For many in Orlovka, mining has become a way of life, one that they will not easily abandon.

—All articles in this section were prepared by Barret Jefferds, freelance journalist

Workshops, Conferences, Opportunities and Grants

European Congress on Epidemiology and Healthcare Practice 2006

Sponsored by the European Epidemiology Federation of the International Epidemiological Association (IEA-EEF), this congress will provide a comprehensive educational program exploring epidemiology in healthcare and public health, and will serve as a forum for showcasing the most advanced achievements in the field from the perspective of policymakers, professionals, and patients. The event will take place in Utrecht, Netherlands, June 28-July 1, 2006. For more information, please go to: www.juliuscenter.nl/euroepi2006/

Geneva Forum 2006: Towards Global Access to Health

Geneva University Hospitals and the Faculty of Medicine of the University of Geneva is partnering with major national and international organizations to sponsor "Towards Global Access to Health," an international forum that will provide an opportunity for all participants to explore innovative partnerships and programs that facilitate access to health in different countries. Major themes include access to health systems, access to drugs, vaccines and diagnosis, research and training, international mobility and health, civil society, and community based initiatives, among others. The forum will be held in Geneva, Switzerland, August 30-September 1, 2006. For more information please see: www.hcuge.ch/genevahealthforum/GeneralInformation.html

The 2006 World Congress of Cardiology

The meeting will be held in tandem with a meeting of the World Heart Federation's XV World Congress of Cardiology and the 2006 Congress of the European Society of Cardiology. Combining the strength of these two organizations, the event will attract a large number

healthcare professionals and scientists from across the globe. It will provide an opportunity to present new work and to share recent developments on the latest science of treatment and prevention of cardiovascular diseases in different groups of patients. The event will be held in Barcelona, Spain, September 2-6, 2006. For more information, see: www.escardio.org/congresses/world_agenda/World_Congress_Cardiology_2006.htm

Features

Skills-based Training for Medical Professionals Offers Prospect of a Brighter Future to Ukrainians Living with HIV/AIDS

Knowledge Hub Courses Combine International Expertise and National Best Practices to Help Ukrainian Specialists Provide ART to People Living with HIV/AIDS

Every disease has a human face, and HIV is no exception. In fact, HIV has many different faces that may be imagined in many different ways—the face of a child distorted by physical pain, the face of his mother exhausted by despair, or the stricken faces of young men and women when they learn their life-altering diagnosis. These faces, however, reflect only one side of the epidemic. When treatment and compassion are available, HIV can be overshadowed by the faces of the neighbors, friends, and loved ones who make up any society. These are unique individuals with stories to tell, contributions to make, and hopes to fulfill. In Ukraine, where 90,000 people are officially registered as HIV-positive and unofficial estimates are exponentially higher, the hope of a brighter future for those living with HIV/AIDS is increasingly becoming a reality.

"Today, I know I can live with this disease, but 10 years ago I was convinced that I was not long for this world," says Maxim Nikolayenko, a patient at the HIV/AIDS Treatment and Care Department of the Gromashevsky Institute of Epidemiology and Infectious Diseases in Kiev. Nikolayenko remembers how, many years ago, department head Svetlana Antoniuk helped dispel his gloomy thoughts. "She told me 'people in the West live with this problem and you will also live.' In those days, that sounded like a challenge, though, because there were no antiretroviral drugs in Ukraine and only intolerance toward people living with HIV/AIDS (PLWHA). She and her colleagues were the only specialists who helped us and we survived because they truly cared about us."

Only people who were themselves touched by HIV/AIDS realize how the burgeoning epidemic in Ukraine set off a battle for something there would seem to be no need to fight for in a civilized society—the right to life. PLWHA, their relatives and close friends, and the doctors who treated them paint a poignant picture of how things were, as do those who worked in the handful of international and nongovernmental organizations that recognized the early warning signs of the epidemic and answered their call.

"These people fought against stigma and discrimination. They fought for the right to be treated, for the right to work, to speak, to be heard. They fought for the right to keep on living and to have a future," Svetlana Antoniuk recalls. She was a legendary figure during that difficult period and virtually every resident of Ukraine who has encountered HIV/AIDS knows her name. She managed to do what nobody even dared think about during the height of the AIDS epidemic in the mid-1990s. A time when scarce healthcare funding allocated barely 50 cents a day for the feeding of gravely ill patients and requests by HIV-positive people to be seen at state-run hospitals and clinics were turned down without explanation. There was no question of treating patients with antiretroviral therapy then—it was



Yaroslava Lopatina (left) and Svetlana Antoniuk (right) with Angela and Maksim, two of their patients at the HIV/AIDS Treatment and Care Department. The couple says these doctors are like family to them. (Photo: Vira Illiash)

simply unavailable in the country.

In the face of these dire social and financial conditions, Antoniak armed herself with optimism and created a team of care providers from her department and representatives of public HIV service organizations founded by PLWHA. According to Antoniak, this close-knit multidisciplinary team has made the battle possible to endure. Through collaboration, the team managed to find funds to buy medicines and conditions began to improve for patients in the HIV/AIDS department. Then the alliance started to fight for patient rights, including the right to receive care through Ukraine's public healthcare system. Lobbying the government for access to life-saving antiretroviral medicines and more extensive cooperation with international organizations were next on their agenda.

Slowly, positive changes were made, until every patient who received treatment in Antoniak's department did everything in his or her power to stay under the team's care. And why not when the atmosphere at the clinic was nurturing and the staff highly professional? In addition, the department was the first place in Ukraine to administer antiretroviral therapy (ART). And so, with only 20 beds, it became an oasis attracting people from all over the country. Still, the number of people with AIDS continued to rise to a point where the problem could no longer be ignored. In 2004, life-saving antiretroviral drugs to treat large numbers of patients arrived in Ukraine thanks to support from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

"Before that, only 100 people in the entire country enjoyed the privilege of ART, but thousands of patients desperately needed treatment," Antoniak says, stressing the fact that having the drugs does not automatically mean that people's lives are saved. "For many years Ukraine was an isolated country and we really felt the effects of that situation. We had no experience with providing ART and there were no specialists in the country who knew even a little bit about it. We scavenged through the wilderness of the English-language literature, studying various regimens and how to administer them. We used WHO protocols as our practical guide. We collected crumbs of information. Then the international organizations came to our aid," she recounts.



After reviewing a complicated case study on ARV side-effects during one of the Knowledge Hub's training courses, Christian Trader, physician from the AIDS Clinic in Berlin answers questions of participants, while John Marangio, care manager at AIDS Healthcare Foundation/Positive Healthcare, and Alexander Telnov, project physician at Medecins sans Frontieres' office in Odessa look on. (Photo: Vira Illiash)

The Ministry of Health, the Ukrainian National AIDS Center, the International HIV/AIDS Alliance in Ukraine, and several other international organizations combined efforts to develop protocols for ART for adults and adolescents, for providing antiretrovirals to children, for treating opportunistic infections, and for laboratory monitoring of HIV. "We had the basics as of 2003, but everybody understood that without clinical experience, it would be impossible to introduce this therapy into practice. It is not enough just to have standards and protocols. You have to know how to put theories into action and we could only acquire this experience through close contact with international specialists who have been treating people living with HIV for a few decades," she explains.

The opportunity for Ukrainian doctors to initiate this contact came in March 2004 when the Regional Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia was opened in Kiev through a WHO project funded by the German Society for International

Cooperation (GTZ) and managed by the American International Health Alliance (AIHA) in cooperation with national and international strategic partners. The Knowledge Hub's mission is to help Ukraine—and other countries in the region—train qualified specialists to provide effective treatment and care to PLWHA.

"The opening of the Knowledge Hub was very timely because it preceded the launch of nationwide efforts to provide ART, which began in August 2004," Antoniak recalls. "It was a heady time. We had to introduce the therapy, while simultaneously training specialists. The coordination of these efforts was a notable achievement that can be credited to successful cooperation among the Ministry of Health, the National AIDS Center, and the International

HIV/AIDS Alliance, which was the principle recipient of the Global Fund's 'Overcoming the HIV/AIDS Epidemic in Ukraine' program," she says, explaining, "This grant provided financing for the training of Ukrainian specialists, and AIHA and other strategic partners at the Knowledge Hub provided crucial technical assistance and support."

HIV/AIDS experts from Europe and the Americas who have both clinical and teaching experience, along with regional HIV experts, were tapped as faculty and the Knowledge Hub began offering courses that focus on arming medical and allied healthcare professionals with the knowledge and skills they need to provide comprehensive treatment and support to PLWHA. Antoniak and the doctors from her department were also invited to share their experience as instructors, while the HIV/AIDS Treatment and Care Department itself became the clinical base for the center. Curricula are designed to address key HIV topics ranging from the provision of ART and patient counseling to palliative care and treating opportunistic infections. Each course is rooted in proven adult education methodology and features lectures, case studies, interactive discussions and role plays, and—most importantly—practical training in clinical settings.

"What is great about the Knowledge Hub is the fact that it gives healthcare professionals the knowledge they need for use at a patient's bedside," Antoniak affirms. In other words, course participants are given the opportunity not merely to listen to lectures on theory, but also to immediately practice what they learn through interaction with each other and with real patients. Another key element of the Knowledge Hub training methodology is its strong focus on continuous follow-up training and clinical mentoring. After a group of participants completes a five-day course, instructors travel to various regions of the country to supervise their work on site and help the newly trained healthcare providers select the most appropriate candidates for ART and prescribe the correct treatment regimen with a higher degree of confidence and professionalism. After several months, the trainees return to Kiev for more in-depth study of ART.

"Thanks to these training cycles, the physicians began to administer treatment with greater skill. They learned the importance of closely monitoring each patient and worked to improve the working relationship—or partnership—between clinicians and patients," Antoniak says, stressing that when it comes to treating HIV, there is nothing more important than trust. "Doctors should set an example of treating patients as human beings. That is the only way they can provide effective care to PLWHA because doing so requires understanding their problems."

Acknowledging that the Knowledge Hub's work has brought about changes in the system of care for PLWHA in Ukraine, Antoniak continues, "We were able to introduce the team approach to HIV/AIDS care. This model has long been used in the West and involves close collaboration among doctors, nurses, and social workers to better address medical issues and provide the psychological and social support each patient needs. This method helps us free doctors from the burden of dealing with every little problem, while at the same time ensuring the patient's adherence to therapy, improving his or her quality of life, and bringing our system of care up to international standards."

At this time, 76 care teams have been trained in Ukraine; 30 specialize in pediatric care thanks to funding from UNICEF and the International HIV/AIDS Alliance. Representatives from 24 Ukrainian regions have received training and the HIV/AIDS care team approach is currently operational in 19 of Ukraine's 26 oblasts. In real numbers that translates into 636 Ukrainian care providers trained. These practitioners are now treating 3,186 patients in 24 regions spanning the country. By the end of 2006, another 500 Ukrainian doctors, nurses, and allied health professionals will have been trained by the Knowledge Hub.

Today, approximately 600 people are receiving antiretrovirals in Kiev, although almost all Ukraine's ART patients were undergoing their treatment there until recently. "It is gratifying to see that the doctors involved in caring for PLWHA living in the regions are working with a high degree of self-sacrifice. All of them have developed a greater need to enhance their level of



Ukrainian multidisciplinary HIV/AIDS care teams attend a course on ART initiation for adults and adolescents last November in Kiev. (Photo: Andriy Styopkin)

knowledge and now they feel a strong sense of duty to the patients who come to them for help," Antoniak says, noting with satisfaction that thanks to the Knowledge Hub, the practitioners have begun to work together more closely and exchange experiences.

"In the time since the Knowledge Hub was established, we have surmounted a huge obstacle by breaking down a system that kept us closed off from our colleagues here in Ukraine and around the world, as well as from a whole group of patients who need us desperately," Antoniak stresses, explaining that only through close collaboration and complete mutual understanding is it possible to create effective care services for PLWHA in Ukraine. The goal, she concludes, is to create a system in which there will be no place for discrimination, where patients will feel that they are valued members of society with full civil rights and a guaranteed future. "Now in Ukraine, by building a strong core team of well-trained HIV/AIDS specialists, we have the opportunity to truly help PLWHA. And that is of paramount importance for their future and the future of our country."

Using Information and Communication Technology to Improve Medical Care

Learning Resource Center Project Gives Clinicians the Tools They Need to Implement Clinical Practices Rooted in Evidence-based Research

Evidence-based medicine has gained wider acceptance around the world as an effective paradigm for improving the quality of care in medical practice. In Russia, however, the concept is not taught in medical schools and the average physician there is, in most cases, unfamiliar with the theory and unable to apply it to his or her own clinical practice. Nonetheless, in recent years, evidence-based medicine has gained a growing number of supporters in Russia and other countries in the region and is being discussed more frequently in the healthcare field.

"This research principle makes it possible to obtain statistically valid data, which precisely fit a given clinical problem. It changes how our doctors think. It can't fail to catch the attention of people who genuinely want to provide the highest level of medical care that is possible today," says Yuri Medyantsev, who clearly knows what he is talking about. As an internist at the Tomsk City Hospital, he is continually striving to apply evidence-based medicine in his every day practice.

For several years, Medyantsev has supplemented his work as a physician by serving as information coordinator at the hospital's Learning Resource Center (LRC), which was established in 2001 under AIHA's Tomsk/Bemidji (Minnesota) partnership. Integrating evidence-based medicine into clinical practice at partnership institutions is the cornerstone of AIHA's LRC project and a key factor in the many successful programs and services introduced by partners throughout Eurasia.

The Internet, medical databases, electronic versions of leading international health and scientific publications—and the ability to make good use of all these resources—are all necessary elements of a successful "practice standard review," an approach that AIHA has introduced to apply evidence-based medicine to specific medical practices. As Medyantsev explains, the point of these reviews is to help ensure that the protocols clinicians follow when providing patient care make the most of limited resources and yield the best possible outcomes. His job as information coordinator is to create a procedure that enables healthcare specialists to find relevant literature on specific problems they face in clinical practice, evaluate the quality of the information found, select the best items, study the content of the selected sources, and then—on the basis of the evidence found—form conclusions and compare them with existing practice. "It is, of course, a lot of work," he admits, "but the results help determine the extent to which one's existing way of doing things is—or is not—in accord with the latest scientific data."



After his working hours in the hospital Dr. Medyantsev comes to the LRC to use its resources for the benefit of his patients' health. (Photo courtesy of Yuri Medyantsev)

Although the Tomsk/Bemidji partnership officially ended in 2004, the LRC remains dedicated to continually improving the quality of patient care through evidence-based research. Recently, Medyantsev and his colleagues have conducted several reviews on topics of interest to them, mainly concerning pregnant women and nursing mothers. Explaining the reason for this attention to young mothers, Medyantsev says, "In Russia there is no well-defined interaction between obstetricians and internists. As a result, women's post-partum problems do not come to the attention of their district physicians, while the mothers themselves are totally wrapped up in taking care of their new child and don't pay proper attention to their own health."

Russian medical specialists have tried to solve this problem by setting up obstetrical-internal medicine-pediatric commissions (OIPC) at various primary care institutions. But, Medyantsev notes, for these bodies to work more effectively, district doctors had to acquire additional knowledge in the area of diagnosing and treating the ailments common in pregnant and nursing women. "In the Russian literature, however, most of the available sources present information in the form of prohibitions and the recommendations are based on the opinions of individual specialists without being supported evidence," Medyantsev points out. "Therefore we decided to study what is done in other parts of the world, compare it with the ideas Russian specialists have, and then present the results in the form of practice standard reviews based on the principles of evidence-based medicine."



Yuri Medyantsev, Liliya Zhidkova and Yelena Lushnikova analyze materials found for their evidence-based research on high blood pressure treatment in nursing women. (Photo: Svetlana Krutikova)

For this purpose, hospital staff selected specific topics involving the most common ailments facing pregnant and nursing mothers and the work began in earnest. Real life intervened, changing these plans, however. "I had already begun to collect material for a review on anemia in pregnant women when three nursing mothers in a row came to the clinic with seriously high blood pressure," Medyantsev explains, noting that he did not know how to help these women at first because Russian literature recommends against using drugs to treat such cases. No other information on the topic could be found, so "it soon emerged as the most urgent clinical issue to be researched, and I set out to master it as a way of helping my patients."

Together with two of his colleagues at Tomsk City Hospital, internists Liliya Zhidkova and Yelena Lushnikova, Medyantsev searched the literature in the American Academy of Family Physicians database and Medline. "We were lucky. During that month we had access to full texts of articles from the Journal of Human Lactation and they served as the basis for our review. That was not enough, though. We wanted to have a comprehensive selection of information that contained an evaluation of various studies," he asserts, noting that they found a link to such a review, but had to pay a fee to access the full text of the article. "The problem was not how much it cost, but the fact that we had no way to pay the publisher over the Internet because the credit card system is not yet in use in Tomsk. Luckily, the AIHA partner community helped us." The team sent a request through AIHA's partnership mailing list and just one day later they received the full text of the article from partners in the Czech Republic and the United States.

What needed to happen next was a discussion of the findings with pediatricians and gynecologists, which presented no special difficulties because these specialists take part in OIPC meetings. Moreover, they work in the same building as the internal medicine doctors and see each other regularly. Several mini-conferences were organized as part of the OIPC sessions, including one on the topic of high blood pressure in pregnant and nursing women. The results of the evidence-based research were presented there.

"In our review, we identified the different groups of blood pressure drugs that can be used when nursing, thus demonstrating that our existing practice contradicted the latest scientific data," Medyantsev explains, noting that to date this review is the only source of information on treating hypertension in nursing mothers in Russia. The fact that it exists may have an impact on changing the existing medical practice, as well as on patient attitudes about the problem. He says that the prolonged lack of precise scientific information has produced a serious problem for these mothers—their hypertension remains untreated or they stop breastfeeding. The consequences are equally damaging, in the first instance to the health of the mother, and in the

second to the health of her baby.

Medyantsev and his colleagues are modest about their work, saying that despite the positive results, it would be incorrect for them to say that the new practice is in widespread use, partly because this particular medical problem is fortunately a rare one. "But what we can say for sure," he notes, "is that doctors received information that they didn't have before. When things that once were at a standstill start moving, some inkling of awareness dawns and that in itself is a big success."

The group plans to publish the information they found as a method guide and introduce it nationwide, Medyantsev says. In the meantime, the team continues its work, systematically conducting practice standard reviews.

According to Yelena Lushnikova, this has become a comfortable routine. "Realizing the possibility of applying the latest achievements in international medical science to our own daily work makes doctors interested in evidence-based medicine and its sources. That is bound to affect the process of accepting more advanced solutions and implementing new approaches in their practice," she says, explaining that using the Internet and advanced databases alone represents a significant expansion of horizons for doctors in Tomsk and all of Russia. These newly accessible vistas make them eager for further scientific exploration—and bolder and more confident about their own ability to improve the quality and scope of healthcare services they provide for their patients.

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



Yuri Medyantsev measures blood pressure to a patient who has hypertenion symptoms while providing counseling on its treatment and prevention. (Photo courtesy of Yuri Medyantsev)