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Partner News



Pediatric ART Training in Russia Promotes Practical Skills in Clinicians Providing Care and Treatment for Children Living with HIV/AIDS

More than 200 HIV-positive children currently live in the Russian cities of Orenburg, Saratov, St. Petersburg, and Togliatti where AIHA has created partnerships to help build institutional and human resource capacity to provide care, treatment, and support to people living with HIV/AIDS.

For clinicians in these regions, the prospect of providing life-saving care to children living with HIV is both a blessing and a challenge. According to Yuriy Fomin, deputy chief physician at the Republican Hospital of Infectious Diseases of the Ministry of Health of the Russian Federation (RHID) where staff have been managing pediatric HIV cases for 15 years, "ART has just recently been introduced in Russia and, consequently, physicians in many areas of the country lack experience administering and managing treatment regimens, especially in children."



During the case study exercises on ART initiation, teams from the Saratov and Togliatti AIDS Centers do physical assessments on RHID's little patients. (Photo: Elena Vovc.)

As part of a collaborative effort to build national capacity to provide care and support—including antiretroviral medications—to the youngest casualties of Russia's growing HIV/AIDS epidemic, the Regional Knowledge Hub for the Care and Treatment of HIV/AIDS in Eurasia (Knowledge Hub) joined forces with RHID to host an introductory training on pediatric ART June 27-July 1 in Ust Izhora, Leningrad Oblast. This initial training course combined didactic teaching with a substantial clinical component that used small-group sessions, case studies, and a great deal of interaction with qualified local and invited instructors to reinforce the development of practical skills among participants.

Designed to arm multidisciplinary teams from AIDS Centers in the four target regions with the knowledge and skills they need to effectively manage the treatment of children living with HIV/AIDS, the training was conducted by specialists from RHID and US experts from the National Institute of Child Health and Human Development in Bethesda, Maryland, and Elmhurst Hospital's Pediatric HIV Clinic of Queens in New York City. The curriculum incorporated both national and WHO protocols and guidelines on pediatric HIV/AIDS and included a wide spectrum of topics such as follow-up care for infants exposed to HIV, routine vaccinations for HIV-positive children, feeding and nutrition, administration of ART, common side effects of antiretroviral medications, and management of opportunistic infections.

Explaining that the most complicated topics at the workshop—those that dealt with the clinical aspects of providing ART to children—were also the most critical, Fomin stresses the fact that workshop participants were able to learn about different HIV/AIDS treatment regimens and the guidelines used for changing these regimens, as well as observe pediatric patients with ART-induced side effects and adverse reactions to medications first-hand. They also observed children with opportunistic infections and tuberculosis and saw patients who were experiencing therapeutic failure, discussing and analyzing each case with the child's healthcare providers.



Assisted by a nurse from the Orenburg AIDS Center, RHID Head Nurse Nina Riabova describes methods healthcare providers can use to prevent occupational exposure to HIV and other blood-borne pathogens while Vladimir Shukhov, specialist on prevention and treatment of HIV/AIDS and STIs at WHO/Europe; Alla Volokha, assistant professor at the Kiev Medical Academy of Post Graduate Education's Department of Pediatric Infectious Diseases; and Larisa Afonina, chief infectious disease specialist at RHID look on. (Photo: Elena Vovc.)

During the workshop, participants were afforded sufficient time to learn about various aspects of patient and family counseling. Through interactive role play sessions, nurses and social workers acquired the skills necessary to effectively interact with young patients and promote the best possible treatment outcomes. Over the course of the five-day training, team members had an opportunity to put themselves in the role of both counselor and caregiver to learn how to provide HIV-positive mothers with comprehensive counseling on infant feeding, post-exposure prophylaxis (PEP), vaccinations, and ART adherence and monitoring. In addition, all participants received training on psychological support for children on ART and were briefed on the psychological aspects of palliative care.

At the conclusion of the event, attendees learned about the work of RHID's laboratory and visited the bacteriology department

where local staff members described the infection control measures they follow to decrease occupational exposure to HIV and other blood-borne pathogens. Following this on-site session, participants were shown a movie demonstrating key preventive measures at the workplace and discussed individual cases of past professional exposure to HIV/AIDS.

Underscoring the fact that the workshop's curriculum emphasized hands-on training with participants spending a good deal of time learning from RHID's highly-qualified staff, Fomin says this close interaction sharpened the skills of the trainees and will help them put their theoretical knowledge into practice once they return to their own communities.



Adapted for Use in Former Soviet Countries, WHO/US Government PMTCT Protocols Are Introduced in Three Russian Cities

HIV/AIDS is called a women's disease in African countries because almost 60 percent of the people infected with the virus are women. This comparison may soon also be relevant for Russia where the relative share of women among people with HIV is rising steadily. In some regions it is already in excess of 40 percent. Russian experts attribute this situation to the development of the commercial sex trade, as well as to a rising rate of transmission through sexual contact with drug users. The gravest situation is the escalating incidence of HIV/AIDS among women of childbearing age, especially those between 15 and 30. More and more cases of the disease are being reported in this group. Many of them are diagnosed during pregnancy, which translates to a corresponding increase the number of HIV-infected children in Russia. At the start of 2005, approximately 10,000 such children had been registered, whereas in 1996 there were only 18 of them.

While it is practically impossible to prevent the spread of HIV/AIDS among adults, mother-to-child transmission of the virus can be controlled. The question, "How?" is complex and multifaceted. It was discussed in detail by participants in a series of workshops sponsored by UNICEF and AIHA in three Russian cities—Magnitogorsk, Orenburg, and Chelyabinsk—between May and August this year.



Healthcare providers from Chelyabinsk work on exercises related to specifics of care for women IDUs. (Photo: Stela Bivol.)

The workshops were conducted using an adapted version of the generic training curriculum developed by the World Health Organization (WHO), the US Centers for Disease Control and Prevention (CDC), and the US Department of Health and Human Services (HHS). In addition, Russia's national standards and protocols for PMTCT were reviewed during each meeting.

The trainers were leading specialists from the Southern Ukraine AIDS Education Center in Odessa; the Republican Infectious Diseases Hospital of the Russian Federation Ministry of Health (RF MOH) located in Ust Izhora, Leningrad Oblast; and the Oblast Clinical Hospital in Samara. All of the instructors have many years of practical experience in the implementation of successful PMTCT programs in their respective regions.

Other workshop participants included specialists from the regional AIDS Centers, staff members of OB/GYN institutions and pediatric services, and infectious disease specialists from the three Russian cities. As part of the training exercises, they presented data on the particulars of the HIV/AIDS epidemic in their regions. Despite the fact that the epidemiological situations in the cities where the workshops were held differ, similar trends of a rising incidence of HIV/AIDS among women are observed in all of them. In Orenburg, for example, in 2000 there was only one HIV-positive woman for every 15 infected men, but in 2004 the levels of infected men and women had drawn almost equal. In Magnitogorsk, the share of women among people infected with HIV rose from 47 percent in 2004 to 57 percent in just the first half of 2005. The same trend was observed with respect to HIV-infected pregnant women. Whereas only 90 HIV-infected pregnant women were identified in Magnitogorsk in all of last year, 70 such women had been diagnosed in the first half of 2005 alone.

At the outset of the training, the nine-module curriculum outlined in the WHO guidelines for prevention of vertical transmission was presented and, during lectures and discussion periods, the healthcare specialists studied each module in detail. They then had an opportunity to consolidate what they had learned during practice clinical sessions.

In the course of reviewing the HIV Testing and Counseling for PMTCT module, the instructors presented patient-friendly terminology that healthcare workers may use to facilitate better, more open and forthright communication with the people they treat. This lesson included playing through various scenarios in which the healthcare specialists could try out their counseling abilities. These role-playing exercises devoted a lot of attention to developing skills for explaining to patients, during pre-

test counseling, how HIV is transmitted and how it may be prevented, as well as to observing the principles of confidentiality during post-test counseling. Another topic was the continuity of counseling support across various maternal and child health services, anti-AIDS services, and nongovernmental organizations.

In the opinion of one workshop participant, pediatrician Marina Shepel from the Orenburg AIDS Center, effective counseling and continuity are very urgent issues for Russian specialists involved in caring for HIV-infected women. "The ability to give the patient the information she needs and to have a trusting dialogue with her is absolutely essential to keep from losing her," she says, stressing that in Russia all pregnant women receive pre-test counseling at the women's clinic, while post-test counseling takes place at the AIDS Center. In addition, there is a special maternity institution where HIV-infected pregnant women are sent for delivery. Thus, they have to deal with a different set of people each time, encountering these people's different attitudes toward their problem.

Regarding the positive role that specialists from maternal and child health services could play in developing continuity of counseling support for female patients with HIV, Shepel regretfully notes that all too frequently the delivery ward is precisely where HIV-infected pregnant women encounter hostility from healthcare workers. "Because of this, many of our patients look for doctors outside the system as a way to conceal their status." The pediatric infectious disease specialist says she believes that this is not a solution because that kind of situation poses a direct threat to the health of both the physician and the mother, and the infant even more so.

In connection with the problem of Russian healthcare workers' inappropriate attitude toward HIV-infected women, stigmatization and discrimination against women was a topic discussed in depth at the workshop. During the training sessions, participants had an opportunity to observe an exercise where the trainer discussed with several women living with HIV/AIDS their feelings upon learning the diagnosis and the emotions they experience when they interact with friends, co-workers, or healthcare workers. In addition, healthcare specialists from various institutions took part in a game called "labels," during which each person could get a taste of the attitude society associates with the social or behavioral status of people living with HIV/AIDS. After this exercise, many of the participants admitted that they had changed their negative attitude toward HIV-infected female patients because they had directly felt what it is like to be a social outcast.

Examining the topic Clinical Measures for PMTCT, workshop participants discussed HIV prevention methods using antiretroviral (ARV) drugs according to Russian and WHO standards. They also went step-by-step through the clinical procedures that doctors need to perform in the pre-delivery period, during delivery, and in the early neonatal period. Other topics were the feeding of infants born to HIV-infected mothers and role-playing games to practice counseling mothers on these questions.

During discussion of the module on Treatment, Care, and Support for HIV-infected Mothers and Children Exposed to HIV, the instructors presented in detail the principles of preventive check-ups and care for children, according to Russian government recommendations and WHO protocols. Questions of antiretroviral therapy (ART) and diagnosis were also fielded during this session. Situational problems were worked through for various clinical cases. Another important part of this module was the topic of cooperation between healthcare institutions and

nongovernmental organizations (NGOs) providing HIV services. During this lesson, participants received data on the services and programs offered by NGOs in their cities. Many of them acknowledged that they had not even suspected that such a valuable resource existed for providing better quality psychological and social support to their patients. During the discussion, participants agreed that comprehensive care and support for HIV-infected families is impossible without interaction with these organizations because healthcare institutions lack the resources and personnel.

A separate topic was PMTCT for female injection drug users (IDUs). Discussions covered the specifics of care during the prenatal and postpartum periods, as well as clinical and psychological care and follow-up support for IDU mothers and their infants.

According to the Russian MOH, in 2003, the number of women infected with HIV through injecting drug use amounted to 36 percent of all HIV-positive women, or nearly 20 percent of all people infected due to this mode of transmission. "Unfortunately, the dire statistics reflect not only the destroyed lives of thousands of Russian women. The most depressing thing is that their children actually become orphans even though their parents are still alive," comments Alexandr Degtyaryov, director of the "Civil Initiative," a Magnitogorsk-based charity fund working to address the problem of abandonment of children born to HIV-positive mothers. He says that the total number of abandoned children who were born to HIV-infected women in the region exceeds 16 percent, while only 2.8 percent of healthy women relinquish their children to the care of the state.

According to Degtyaryov, the problem is due to the fact that the existing system of providing care for people living with HIV/AIDS does not consider the needs of HIV-positive mothers, particularly IDUs, and very often they are overlooked by both healthcare workers and social service providers. The organization headed by Degtyaryov was established at the City AIDS Center in 2005 specifically to develop various programs for providing care to HIV-positive women and their children. The services provide mothers with psychological support and counseling on ART adherence, nutrition, and social adaptation of children. All these efforts are essential to reduce the abandonment of children born to HIV-positive women.

Another important topic covered during the workshops was prevention of occupational exposure to HIV. To date, in Russia there have been reported only a few cases of HIV infection acquired when conducting medical procedures. Yet, healthcare workers acknowledge that many are afraid of contracting the virus, so a detailed exploration of occupational safety issues, as well as procedures for disinfection and proper use of medical instruments, was quite appropriate. Case studies and discussion of the burnout syndrome also generated a lively interest, as they involved the daily problems of healthcare workers.

One of the final sessions at the workshops touched on PMTCT Monitoring and Evaluation programs in healthcare institutions. Following the presentations, participants were offered an opportunity to take part in the development of PMTCT indicators for their institutions and to work with reporting forms, and everybody agreed that it was just this kind of systemic approach that could assure good quality of care and improve PMTCT outcomes.

Although it is not the first year that all the workshop participants have been involved in PMTCT programs, many of them say that the training provided a wealth of new and valuable information that will enable them to deal with the HIV infection in women in a more competent and effective way, helping Russian mothers to keep their children healthy.



Astana Faculty Training Workshop Introduces New Social Work Curriculum, Advances AIHA's Project Integrating Social and Clinical Care Services in Kazakhstan

Historically, social work has never been a prestigious profession in the countries of the former Soviet Union. Low wages, a narrow scope of responsibilities, and the fact that the duties most commonly associated with this line of work are assisting elderly pensioners and monitoring the welfare of disabled children have all combined to make it less than attractive to prospective healthcare providers.

At Demeu Family Medicine Center in Astana, Kazakhstan, however, the integration of social services into the overall framework of primary care provision has proven that the role of social workers in improving patients' health is as important as that of doctors and nurses. In fact, Demeu's integrated clinical and social services have been so successful and well-received by patients and public health officials alike that they are serving as a model for introducing community-oriented primary care (COPC) in other Kazakh cities. (For more information about AIHA's COPC replication efforts, please see: ["Introduction of Combined Health and Social Services in Semey Brings New Meaning to Lives of Vulnerable Groups"](#).)



Workshop participants engage in an ice-breaking exercise facilitated by Columbia University's Helle Thorning (middle). (Photo courtesy of Assel Terlikbayeva.)

As part of its ongoing efforts to replicate the COPC model in Kazakhstan, AIHA sponsored a Social Work Practice Workshop at the newly-established Social Work Training Center (SWTC) located at Demeu. Held July 11-15, this workshop marked the introduction of a social work training curriculum developed by AIHA in cooperation with experts from the Columbia University School of Social Work and the British nongovernmental organization Voluntary Service Overseas (VSO). At the event, SWTC faculty received theoretical and practical training in various aspects of modern social work using the new curriculum, which was designed specifically to help Kazakhs integrate medical and social services in primary healthcare settings.

Although the workshop was designed primarily to provide training to specialists working at Demeu, healthcare practitioners from other institutions were also invited to attend. Representatives from the Department of Social Services at the Astana mayor's office; faculty from Astana Medical College and Eurasian University School of Social Work; members of the Kazakh Association of Family Doctors; specialists from the nongovernmental organization "Umai;" and doctors and social workers from the

replication sites in Almaty and Semey all took advantage of the opportunity to learn more about the highly effective COPC model pioneered at Demeu by AIHA's Astana/Pittsburgh partners since the center first opened in 2000.



International faculty team and AIHA staff gathered for a group photo after the successful workshop completion. (Photo courtesy of Assel Terlikbayeva).

Four Columbia University faculty—Ellen Lukens, Helle Thorning, Tazuko Shibusawa, and Lin Fang—in collaboration with two VSO volunteers, Marina Tabamo from the Philippines and Kevin Barnes-Ceeney from the United Kingdom, served as trainers at the workshop. They presented 12 modules of the curriculum, including skills-building sessions on how to establish relationships with patients, conduct interviews, work with the community, and organize social programs tailored to population-specific needs. During the event, attendees also learned how to work with families, mentor and advise new trainees, organize group work, and evaluate students.

According to Olga Zavadska, AIHA program analyst for Central Asia, the workshop helped determine conceptual and cultural appropriateness of the new curriculum and participant feedback on the event will be used to fine-tune the curriculum. In the meantime, the modules that have already been finalized will be used by SWTC faculty to educate various specialists working on different aspects of social work at Kazakh medical institutions.

"It is expected that the implementation of the country's first social work training curriculum will improve the knowledge and skills of social workers and possibly raise the prestige of this profession in Kazakhstan," says Zavadska, noting that most of the people who participated in the workshop were physicians, not social workers. Hopefully, these doctors will apply what they have learned at their respective institutions, Zavadska concludes, stressing that their support will help promote the integration of medical and social services, thus contributing to the establishment of a comprehensive network of clinical and social care for people throughout Kazakhstan.

Regional News

In Russia, Stigma and Discrimination Add to the Burden of HIV-positive Mothers and Children

As of January 2005, the Federal AIDS Center in Moscow reported that 9,529 HIV-positive women had given birth in Russia; 80 percent of these births occurred during the past three years. This unsettling statistic supports a belief held by many public health officials that the number of people infected with HIV in Russia is increasing at an exponential rate. Unfortunately, the Russian government has done little to counteract this problem or promote public awareness about HIV/AIDS. This lack of action has amplified the crisis in Russia and generated widespread AIDS-related stigma and discrimination that continues to have detrimental effects on those living

with the virus. Ignorance and misinformation has spawned a prejudice whereby HIV/AIDS has become associated with injecting drug use, commercial sex work, and other "fringe" behaviors. Essentially, much of the Russian public is under the grossly incorrect assumption that those infected with HIV deserve to suffer because their illness is a result of immoral lifestyle choices.

According to a report released July 15 by Human Rights Watch, HIV/AIDS-related stigma and discrimination has been particularly devastating for vulnerable groups in Russia, most importantly women and children.

Almost as soon as they conceive, HIV-positive expectant mothers are immediately confronted with an array of difficult decisions. Many of these women are not educated about the virus they carry, how it is transmitted, and how it can be prevented, so they believe their unborn children are destined to be HIV-positive. They are unaware that antiretroviral (ARV) drugs can greatly decrease the chances of mother-to-child transmission (MTCT) and that proper prenatal care including ARV prophylaxis can help ensure that most babies born to HIV-positive women remain uninfected. And, many of these expectant mothers are so fearful of the prejudice associated with HIV/AIDS that they choose to terminate their pregnancies rather than to pass the virus on to their unborn children.

Even when mothers do choose to give birth, 10 to 20 percent of them abandon their children, handing them over to the care of the state. Unjustified fear stemming from ignorance of the ways that HIV can be contracted has given rise to a system that advocates isolation of children in orphanages or hospital wards. Babies are often left in hospital wards for up to three years, grossly inhibiting their physical, mental, and emotional development.

Those infants fortunate enough to make it to an orphanage or "baby house" are often subjected to overcrowded conditions that prevent them from receiving the attention necessary for healthy development. HIV-positive children are often housed in separate orphanages to eliminate any possibility that they will spread the virus to other healthy children. It is extremely difficult for social workers to find families willing to adopt these children, let alone visit the baby houses, and most of them are forced to spend their entire childhood in an institutional setting. Although such discrimination is technically illegal, AIDS laws are largely un-enforced. Medical professionals and government officials justify such segregation on the grounds that they are protecting these children from a hostile outside world. In reality, however, the separation only serves to perpetuate the stigma associated with HIV/AIDS by keeping these children isolated from the rest of society and making such a practice seem acceptable.

Mothers who opt to keep their children face the most challenging path of all. Not only must they battle their own illness, but more often than not, they are forced to support themselves and care for their children alone. It is not uncommon for family members, even husbands, to abandon women upon learning that they are HIV-positive. Human Rights Watch interviewed one woman who explained, "Hiding your status from your parents or spouses is not the exception, it's the rule." Additionally, these women face almost certain dismissal from their jobs if their condition is discovered. People living with HIV/AIDS are supposedly protected by law, but employers will not hesitate to invent excuses to fire HIV-positive employees, according to the report.

This culture of HIV/AIDS-related stigma and discrimination has encouraged medical practitioners in many Russian clinics to refuse care to HIV-positive patients. These patients are deprived of the medications they need to treat their illness and are forced to travel long distances to visit overcrowded and inefficient AIDS clinics. Many mothers are so fearful of this stigma that they choose not seek care at all, thereby accelerating their illness and that of their child. Even if they do receive treatment, verbal abuse and neglect by doctors and nurses is not uncommon.

Mothers also face discrimination in schools where Russian law requires them to provide their children's medical records upon enrollment and HIV-positive children are prohibited from enrolling in kindergarten. The rule often extends to even healthy children with a parent who is HIV-positive. This practice has resulted in the creation of segregated kindergartens, limiting educational growth and again reinforcing HIV/AIDS prejudice.

In their report, Human Rights Watch urges President Putin and the Russian government to take action in combating the AIDS epidemic, first and foremost through eradicating HIV/AIDS stigma and the fear surrounding the disease. HIV/AIDS must be placed at the forefront of the political agenda before any real changes can be made. The government can help to reduce stigma by addressing the problem publicly, improving and expanding AIDS awareness campaigns, and organizing an official body to enforce AIDS laws. The report also demands complete abolishment of segregation-in orphanages, schools, health clinics, and the workplace-because reducing AIDS discrimination is the key to protecting the health of future generations.

—by Barret Jefferds, AIHA communications intern

Cultural Precedents Leave Lasting Impact on Health in Russia

Decades of Soviet leadership has instilled the Russian people with an attitude that champions work over health. People are taught to stay at the workplace even when they are sick or in poor health and, even as education on health issues continues to grow, this attitude has remained steadfast.

According to a recent article in *Pravda.ru*, opinion polls in Russia prove that awareness about health issues among citizens is good; knowledge of average life expectancy rates and the leading causes of death and disease is remarkably accurate. Most survey respondents correctly identified the factors having the most crucial effect on life expectancy, namely lifestyle choices, environmental conditions, heredity, and quality of health, respectively. Based on this data, it seems that the majority of the Russian people are fully aware that the decisions they make with regard to their lifestyle greatly impact their health. Yet, if this is the case, why is the Russian population still declining?

The answer, *Pravda.ru* reports, is that health is dangerously undervalued in modern Russian society. Some 82 percent of the participants polled confess that they try to ignore their health problems, while 70 percent admitted to knowingly enduring disease instead of seeking medical attention. Only 8 percent seek regular medical treatment for prevention purposes. When asked to explain these decisions, three-fourths of the participants claimed that they did not have time to see a doctor and many participants reported that they could not or did not wish to take time off from

work to seek medical attention. This reckless attitude toward health has manifested itself in society, contributing to countless preventable deaths and furthering the decline of the Russian population.

Unfortunately, the fall of the Soviet regime and the rise of a democratic system in Russia has done little to reverse this trend. Economic collapse stemming from political transition has only advanced epidemics such as HIV and tuberculosis. Reforms have been introduced rapidly and inefficiently, focusing on cost reduction and quick fixes rather than effective training and communication. Corruption has become endemic to the Russian primary care system, fostering distrust and skepticism among the Russian people. Until fundamental political and economic reforms are made, it is doubtful that Russian people will seek out much-needed medical care, *Pravda.ru* concludes.

—by Barret Jefferds, AIHA communications intern

Atlantis Program Battles Drug Addiction in Kyrgyz Prisons

A pilot program targeted at helping inmates overcome drug and alcohol addiction has recently been implemented at two prisons in Kyrgyzstan. The Atlantis Program was created in response to rising numbers of addicted inmates in the former Soviet republic and, provided that its initial success continues and more funding becomes available, this program may be expanded to as many as 31 other prisons in this Central Asian nation, according to a July 18 *IRIN* report.

Official government data indicates that the number of drug addicts in Kyrgyzstan has risen by 350 percent over the last five years. Furthermore, according to Raushan Abdildaeva, chair of the Atlantis Program, as many 50 to 60 percent of all inmates use drugs while in prison. These figures reflect an alarming health concern not only because of the obvious physical and psychological risks associated with drug use, but also due to the implicit link between injecting drug use and disease transmission.

Boris Shapiro, head of the Kyrgyz National AIDS Center articulates this concern, stating, "The problem is that in our country we undergo, so to speak, triple 'infection'-drug addiction, which leads to AIDS, and AIDS, which in turn leads to TB." The tendency of inmates to share needles when using drugs and the increasing popularity of injecting drugs such as heroin further enhances the likelihood of disease contraction.

The Atlantis solution relies on group therapy, peer-group support, and separation to help inmates overcome their addictions. Most of the patients are young, between 25 and 29 years, and many have been abusing drugs since their early teens. Lengthy addiction histories and the widespread availability of drugs in prison make the road to recovery a difficult process. Patients involved in the program must remain separated from other inmates to prevent them from accessing drugs while they undergo a grueling four to six months of intensive therapy. Only after treatment has been completed are patients allowed to reintegrate. Over the past two years, 56 patients have successfully completed the program and kicked their addictions. Twelve of these former inmates have returned to prisons after their release, working as trainers and peer-group educators.

Until recently a lack of resources has impeded expansion of the program, however

the overwhelming success of Atlantis has begun to attract the attention of the international community. The Ministry of Justice held a conference in May to discuss the possibility of initiating the program in other former Soviet republics. Although there is still much work to be done, the Atlantis program has taken important steps toward fighting drug addiction in Central Asia.

—by Barret Jefferds, AIHA communications intern

Workshops, Conferences, Opportunities and Grants

Symposium on Comprehensive Medical Management of HIV

Practicing clinicians including internists, family practitioners, infectious disease specialists, nurse practitioners, and physician's assistants are invited to participate in this symposium, which will provide specialists with a comprehensive review of optimum clinical care, the application of HIV therapy, concepts of pathogenesis, and laboratory monitoring. Scheduled for December 8-10, 2005, in San Francisco, California, this symposium is presented by the Division of AIDS—Positive Health Program, San Francisco General Hospital, Department of Medicine, University of California, School of Medicine. For more information, please visit: www.cme.ucsf.edu/cme/CourseDetail.aspx?coursenumber=MDM06K14

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International Conference on Diagnosis and Treatment of Inner Ear Disease

The main topics of this conference include ear implants, pediatric deafness and genetics, Miniere's disease, and others. The event will take place in Warsaw, Poland, November 18-19, 2005, under the auspices of the European Association of Neuro Oncology. For details, please visit: www.otolaryngology.pl/181105/181105.doc

Eighth ESSM Congress on Sexual Medicine

Sponsored by the European Society for Sexual Medicine, the congress will take place in Copenhagen, December 4-7, 2005. Advanced knowledge of sexual neuro-physiology, risk factors, causes, and world-wide common occurrence of sexual dysfunctions in men and women, as well as improved pharmacological options to treat various sexual dysfunctions will be discussed during this four-day event. For additional information, please go to: www1.essm2005.org/

XIV International Symposium on Atherosclerosis

The world's largest and most prestigious forum in the field will gather thousands of healthcare specialists interested in atherosclerosis and related cardiovascular diseases to discuss the most relevant and important findings in both experimental research and clinical care. The symposium will be held under the auspices of the International Atherosclerosis Society in Rome, Italy, June 18-22, 2006. For more information, go to: www.isa2006.org/index2.html.

Features

Introduction of Combined Health and Social Services in Semey Brings New Meaning to Lives of Vulnerable Groups

Editor's Note: The Demeu Family Medicine Center, which was opened in the capital of Kazakhstan in 2000 under the auspices of AIHA's Astana/Pittsburgh partnership, was the first healthcare institution in the country to integrate social programs into primary care. This approach not only led to better service and enhanced patient satisfaction, it also resulted in noticeable improvements in the health of the population served by the Center and, more importantly, people began to show greater concern and responsibility for their own health. These factors weighed heavily in the joint decision of the Kazakh Ministry of Health and Ministry of Labor and Social Welfare to initiate cooperation with AIHA to replicate the Demeu model in four more cities.

Semey, the Kazakh city once known as Semipalatinsk, was the first of these pilot sites to launch combined health and social services in its system of local outpatient clinics. Under the project, staff of the two family practice clinics (FPCs) in this northeastern city of almost 400,000 people received appropriate training. In June 2005, AIHA provided these institutions with furniture and office equipment necessary for creating an environment where community-oriented clinical and psychosocial programs could thrive. In the months since then, many significant changes have taken place in the lives of the people who need social services and human attention the most.

The destiny of 16-year-old Igor, who lives in Semey, seemed determined from the outset by the diagnosis he received as a newborn in the delivery ward: cerebral palsy. Despite his obvious native intelligence, Igor's illness has forced him to stay at home since he was a little child. As he grew up isolated from others, he became accustomed to his lonely existence to such an extent that he lost interest in what was happening outside his own tiny world.

Alarmed by their son's apathy, Igor's parents turned to Semey's Department of Social Protection for help. As a result, psychologist Gulnar Nikhambayeva came into Igor's life, becoming not only his counselor but also a reliable friend. In an attempt to develop Igor's interest in the outside world, for two long years Nikhambayeva called on her extensive arsenal of methods to engage the boy and spark his imagination. She read him stories and articles about the challenges various people have encountered in their lives, trying to get him to see that life is difficult in a different way for each person. She used a wide range of psychological techniques and role-play games, but all her efforts failed to produce the desired results. After these sessions, Igor would retreat back into himself. It seemed that all her work with the young man had been in vain.

But finally something Nikhambayeva suggested yielded the tiny flicker of interest she had long tried to spark and, from that moment forward, Igor began to gain a sense of hope for the future that knew no bounds.

A Chance for Self-realization Is As Close As a Keyboard

Two months ago, Nikhambayeva began working part-time at FPC No. 9 where staff are implementing AIHA's community-oriented primary care and social support

program. One of the innovative services they have introduced is a computer class for children with special needs. Hoping against all odds, she asked Igor if he would be interested in attending and, "To my great surprise and pleasure, he agreed without hesitation. What's more, he even started calling me up to ask when we would start the lesson," Nikhambayeva recounts in inspired tones.



Igor and his young student smile at the camera while participating in a computer class. (Photo courtesy of Kairat Davletov.)

Working on the computer opened up a whole new world for Igor, who mastered this new technology quickly and also began volunteering at FPC No. 9, helping to teach other children to use the computer and to play his favorite game—chess—Nikhambayeva says, her joy in his success obvious in every word. Igor is already an acknowledged specialist in this area, she continues, explaining, "Now Igor comes to us almost every day. He not only helps us with the other children, but he also takes part in the preparations for various events and holiday celebrations we organize for disabled children."

Igor himself takes great pride in his work as a volunteer and his parents can't stop thanking Nikhambayeva and all the social support

program participants at FPC No. 9 for giving their son the opportunity to live a full life. They also report, incidentally, that now that Igor has begun to feel needed by those around him his fears of the outside world have vanished. He rarely even thinks about his illness because it no longer seems to be an obstacle on his pathway through life.

Creating a Nurturing, Healing Environment

The story of Igor and his family is not the only tale demonstrating the success of the social programs at FPC No. 9. For more than two months now, the Victoria Club for mothers raising special-needs children has been meeting at the clinic, as have the Second Youth Club for lonely elderly people and a club for women who are preparing to become mothers.

While parents in the Victoria Club come together to share their experiences and talk among themselves to solve common problems, the children who come to the FPC with their mothers also find something to do in the game room or at computer class. "Our shared pain brought our children together just as it brought us as parents together," acknowledges one of the mothers, remarking that because of an earlier lack of government programs to integrate disabled children into public institutions these young people were totally isolated. Now they have someplace to go, she says, noting in a voice ripe with gratitude, "Here they joyfully rush to see each other; they reach out for one another."

The senior citizens who have joined the Second Youth Club are satisfied with the comfort they have found at the FPC, too. They meet every Wednesday at the clinic to share their problems and joys, as well as to do therapeutic physical and respiratory exercises. They also learn how to monitor—and regulate—their blood pressure and study the wisdom of nutritional science and plant healing. Gulnar Nikhambayeva conducts their lessons, never tiring of enriching the lives of those she cares for with

spiritual warmth and healing knowledge.

Nikhambayeva and the other specialists at FPC No. 9 are not the only ones who offer consolation and advice to the Semey residents who flock to the center. Seven volunteers from the Semey Medical Academy and Shakarim State University also work with club members, as does a legal authority who provides advice if needed, according to clinic director Zhanar Kuanysheva. And, Marina Tabamo—a professional social worker from the Philippines who was placed at the center by the British developmental organization Voluntary Service Overseas (VSO)—assists all these specialists, helping them fulfill their many duties. Tabamo was recruited by AIHA to help develop the social support project in Semey and ensure its success.



Zhanar Kuanysheva briefs local journalists about the community-oriented programs implemented at FPC No. 9. (Photo: Kairat Davletov.)

Explaining that the clinic's social support program had been under development for approximately two years before AIHA began working with staff there in February 2005, Kuanysheva notes that the project really took off once the collaboration started, rapidly becoming more meaningful, popular, and stable. Last winter, two nurses, a doctor, and a social worker traveled to Astana to train at Demeu, and Kuanysheva herself had the opportunity to witness first-hand the kinds of social programs that are commonly integrated into healthcare systems in the United States when she visited Astana's American partners in Pittsburgh, Pennsylvania. Impressed with what she learned there, she says she brought home a number of new ideas about how to improve the quality of life for the most vulnerable segments of the population, including disabled children and the elderly.

"World experience confirms that every person regardless of age, health, or social status can lead an active life and we are trying to transplant this experience to our soil as well," Kuanysheva admits. For this purpose, the healthcare professionals and volunteers taking part in the AIHA program have begun to hold joint workshops on social support issues for primary care workers with the Kazakhstan Association of Family Physicians. Noting that the first workshop took place in August, Kuanysheva says that it introduced a clear understanding of the essence of social support and its positive impact on a community. "Historically, social support in the countries of the former Soviet Union is associated with things like picking up pension money or cleaning the house for somebody who is gravely ill. But what we want to do is reshape the mind set of the healthcare community, making them aware of the fact that social programs should not only make life easier, but also enrich life for the people they serve."

In this connection, Kuanysheva notes that the equipment supplied by AIHA plays a substantial role in the success of social programs at the clinic. Each item was carefully selected and is earmarked for a particular use. For example, comfortable furniture and household appliances make things cozy, so that club meetings take place in a warm, homey atmosphere. Computers capture the interest and develop the minds of the younger generation while table games help brighten the leisure time

for children and adults alike. The clinic also has a library that was established with support from AIHA, along with audiovisual equipment and videos, which are used to educate patients about health issues and disease prevention.

Second Clinic in Semey Launches Its Own Social Programs to Better Serve Those in Need

Specialists at another clinic in Semey—FPC No. 11—also participate in AIHA's community-oriented primary care project, receiving training and material assistance. When staff first began exploring options for implementing social support programs at their center, they enlisted Tabamo's help with creating questionnaires and conducting a community survey to determine precisely which services would benefit their patients the most.



Club members speak to family physician Tatiana Krutova during a meeting at FPC No. 11. (Photo: Kairat Davletov.)

The study showed that 46 percent of the 17,000 residents of the community served by this clinic are retirees who, in many cases, live alone and are in need of combined healthcare and social support. With this significant population in mind, staff decided to establish a special program that would help these people live a fuller life. Thus the Golden Age Club was created along with similar clubs for other special-needs groups, such as young mothers, adolescents, and disabled children.

According to the pensioners, the club meetings give them something to look forward to—something that helps fill their often monotonous days with joy and camaraderie. Center staff are happy to report that club members always tell them how grateful they are to learn how to overcome stressful situations, monitor and regulate their blood pressure, and have the opportunity to speak with the doctors on various health-related topics and concerns. They also enjoy having the chance to get out of the house and chat with their contemporaries in a cozy atmosphere. For many, these meetings are one of the few chances they get to socialize all week long.

No less satisfied are the mothers and children with whom the clinic's trained staff members are working. The doctors see the success of their work in the satisfaction of those under their care and the certainty they receive from the knowledge acquired in their study sessions.

"The health education work these clubs do has resulted in a decrease in the number of appointments patients make for medical attention because the members have become better informed about health issues. Now, they themselves are teaching their neighbors, relatives, and friends about what we discuss with them during our meetings," reports Tatiana Svitch, director of FPC No. 11. In particular, teenagers have been very active in disseminating the knowledge they receive, she says, noting that the young people conduct polls in their schools to determine how informed people their age are about the harmful effects of drug dependency and the prevention of sexually transmitted infections. In addition, they have used their club as the venue for organizing their own resource and consultation center, which creates educational materials on disease prevention and high-risk behavior using the computers and copy machine supplied by AIHA.

One of the main strengths of these clubs is the fact that they give patients the chance to talk about their troubles and concerns in an open, nurturing environment, Svitich, explains, noting that only a few short months ago when the program was just starting up, most people—particularly the young mothers and pensioners—came exclusively to hear talks about ailments or complications. "This was due to their lack of confidence in themselves, which stemmed from lack of knowledge. Now that our patients have the information they need, however, they try to communicate and to help each other," she says. And, the interaction among peers is another valuable aspect of the club model, according to Svitich. "For young people, the club gives them the opportunity to openly discuss personal issues and problems they cannot always talk about with their parents and, for the older generation, full-fledged contact with others is therapeutic because it provides moral satisfaction and a feeling of being needed. The meetings also take their minds off their illnesses," she acknowledges.



Marina Tabamo, Tatiana Svitich, and a journalist from Semey TV station "K-6" during a press conference about the equipment hand-over to FPC No. 11 in June, 2005. (Photo: Kairat Davletov.)

"As a family doctor myself, I consider combined healthcare and social support programs tremendously useful. A family's health and its social problems are always interconnected," Svitich stresses, noting that such programs need to be developed everywhere. "Based on our experience at FPC No. 11, we have been able to see quite clearly how much the population needs such programs."

Discussing plans for the future, Svitich explains that clinic staff want to start a club for young fathers, as well as to draw in the fathers of disabled children to take part in study sessions. As a first step, a survey of men is now under way. Based on the results, an educational program will be designed to help them develop a greater interest and sense of responsibility for bringing up the younger generation. According to Svitich, this idea took shape because many women complain that their husbands take too much of a passive role in rearing their offspring.

The clinic staff is also working to organize a club for volunteers that will target activists from the already existing clubs as well as other people interested in becoming involved in the center's innovative social support programs. "Informing the population about our social programs and getting them to join in is a very important area of experience that our foreign colleagues have shared with us. Our collaboration has helped us see that it is only possible to improve people's quality of life if they want this to happen and play an active role in the process. Now we have a good resource base for our social programs, which provides comfortable work conditions and the opportunity to realize creative ideas for those who participate in our programs," Svitich concludes.

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